

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 05-31-2019

|                                                                                            |                       |                                             |                                                                          |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S<br>Parts I-III<br>Date/Time Prepared:<br>11/26/2018 11:42 am |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------------|

**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for Full or "L" for Low.

Contractor use only  
 5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
7. Contractor No.  
8.  Initial Report for this Provider CCN  
9.  Final Report for this Provider CCN

10. NPR Date:  
11. Contractor's Vendor Code: 4  
12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/26/2018 Time: 11:42 am

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL ( 14-0053 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

| Cost Center Description              | Title V | Title XVIII |        | HIT  | Title XIX |        |
|--------------------------------------|---------|-------------|--------|------|-----------|--------|
|                                      |         | Part A      | Part B |      |           |        |
|                                      | 1.00    | 2.00        | 3.00   | 4.00 | 5.00      |        |
| <b>PART III - SETTLEMENT SUMMARY</b> |         |             |        |      |           |        |
| 1.00 Hospital                        | 0       | 292,939     | 21,466 | 0    | 0         | 1.00   |
| 2.00 Subprovider - IPF               | 0       | 59,209      | 42     |      | 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   |
| 7.00 SKILLED NURSING FACILITY        | 0       | 0           | 0      |      | 0         | 7.00   |
| 9.00 HOME HEALTH AGENCY I            | 0       | 0           | 0      |      | 0         | 9.00   |
| 200.00 Total                         | 0       | 352,148     | 21,508 | 0    | 0         | 200.00 |

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Provider CCN: 14-0053               |                                        | Period:<br>From 07/01/2017<br>To 06/30/2018 |                                            | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |                                |                  |      |       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|--------------------------------|------------------|------|-------|
| 1.00                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00                                |                                        | 3.00                                        |                                            | 4.00                                                                 |                                |                  |      |       |
| Hospital and Hospital Health Care Complex Address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      |       |
| 1.00                                                          | Street: 800 EAST CARPENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        | PO Box:                                     |                                            |                                                                      |                                |                  |      | 1.00  |
| 2.00                                                          | City: SPRINGFIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        | State: IL                                   |                                            | Zip Code: 62769                                                      |                                | County: SANGAMON |      | 2.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Component Name                      | CCN Number                             | CBSA Number                                 | Provider Type                              | Date Certified                                                       | Payment System (P, T, O, or N) |                  |      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ST. JOHN'S HOSPITAL                 | 140053                                 | 44100                                       | 1                                          | 07/01/1966                                                           | N                              | P                | O    | 3.00  |
| 4.00                                                          | Subprovider - IPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ST. JOHN'S HOSPITAL PSYCH UNIT      | 14S053                                 | 44100                                       | 4                                          | 07/03/1984                                                           | N                              | P                | O    | 4.00  |
| 5.00                                                          | Subprovider - IRF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 5.00  |
| 6.00                                                          | Subprovider - (Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 6.00  |
| 7.00                                                          | Swing Beds - SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 7.00  |
| 8.00                                                          | Swing Beds - NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 8.00  |
| 9.00                                                          | Hospital-Based SNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST. JOHN'S HOSPITAL TCU             | 145225                                 | 44100                                       |                                            | 06/01/1977                                                           | N                              | P                | O    | 9.00  |
| 10.00                                                         | Hospital-Based NF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 10.00 |
| 11.00                                                         | Hospital-Based OLTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 11.00 |
| 12.00                                                         | Hospital-Based HHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST. JOHN'S HOME HEALTH AGENCY       | 147222                                 | 44100                                       |                                            | 01/01/1983                                                           | N                              | P                | N    | 12.00 |
| 13.00                                                         | Separately Certified ASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 13.00 |
| 14.00                                                         | Hospital-Based Hospice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ST. JOHN'S HOSPITAL HOSPICE PROGRAM | 141503                                 | 44100                                       |                                            | 05/24/1984                                                           |                                |                  |      | 14.00 |
| 15.00                                                         | Hospital-Based Health Clinic - RHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 15.00 |
| 16.00                                                         | Hospital-Based Health Clinic - FOHC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 16.00 |
| 17.00                                                         | Hospital-Based (CMHC) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 17.00 |
| 18.00                                                         | Renal Dialysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 18.00 |
| 19.00                                                         | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      | 19.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            | From:                                                                |                                | To:              |      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            | 1.00                                                                 |                                | 2.00             |      |       |
| 20.00                                                         | Cost Reporting Period (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                                             |                                            | 07/01/2017                                                           |                                | 06/30/2018       |      | 20.00 |
| 21.00                                                         | Type of Control (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                                             |                                            | 1                                                                    |                                |                  |      | 21.00 |
| Inpatient PPS Information                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            |                                                                      |                                |                  |      |       |
| 22.00                                                         | Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                              |                                     |                                        |                                             |                                            | Y                                                                    |                                | N                |      | 22.00 |
| 22.01                                                         | Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)                                                                                                                                                                                                                                   |                                     |                                        |                                             |                                            | Y                                                                    |                                | Y                |      | 22.01 |
| 22.02                                                         | Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.                                                                                                                                                                                                                       |                                     |                                        |                                             |                                            | N                                                                    |                                | N                |      | 22.02 |
| 22.03                                                         | Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. |                                     |                                        |                                             |                                            | N                                                                    |                                | N                |      | 22.03 |
| 23.00                                                         | Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                             |                                     |                                        |                                             |                                            |                                                                      |                                | 1                |      | 23.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | In-State Medicaid paid days         | In-State Medicaid eligible unpaid days | Out-of-State Medicaid paid days             | Out-of-State Medicaid eligible unpaid days | Medicaid HMO days                                                    | Other Medicaid days            |                  |      |       |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00                                | 2.00                                   | 3.00                                        | 4.00                                       | 5.00                                                                 | 6.00                           |                  |      |       |
| 24.00                                                         | If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.                                                                                                                                                                                                                                                    | 11,892                              | 15,767                                 | 0                                           | 0                                          | 3,380                                                                | 450                            |                  |      | 24.00 |
| 25.00                                                         | If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.                                                                                                                                                                                                                                                                                                    | 0                                   | 0                                      | 0                                           | 0                                          | 0                                                                    |                                |                  |      | 25.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provider CCN: 14-0053      | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |  |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|----------------------------------------------------------------------|-------|--|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Urban/Rural S<br>1.00      | Date of Geogr<br>2.00                       |                                                                      |       |  |
| 26.00                                                         | Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.                                                                                                                                                                                                                                                                                                              | 1                          |                                             |                                                                      | 26.00 |  |
| 27.00                                                         | Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.                                                                                                                                                                                                               | 1                          |                                             |                                                                      | 27.00 |  |
| 35.00                                                         | If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                        | 0                          |                                             |                                                                      | 35.00 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Beginning:<br>1.00         | Ending:<br>2.00                             |                                                                      |       |  |
| 36.00                                                         | Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                                                                   | 0                          |                                             |                                                                      | 36.00 |  |
| 37.00                                                         | If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.                                                                                                                                                                                                                                                                                                                                 | N                          |                                             |                                                                      | 37.00 |  |
| 37.01                                                         | Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                                                                                                                                                                                   | N                          |                                             |                                                                      | 37.01 |  |
| 38.00                                                         | If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.                                                                                                                                                                                                                                                                     |                            |                                             |                                                                      | 38.00 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y/N<br>1.00                | Y/N<br>2.00                                 |                                                                      |       |  |
| 39.00                                                         | Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)                                                                                          | N                          | N                                           |                                                                      | 39.00 |  |
| 40.00                                                         | Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)                                                                                                                                                                                                           | N                          | N                                           |                                                                      | 40.00 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V<br>1.00                  | XVIII<br>2.00                               | XIX<br>3.00                                                          |       |  |
| Prospective Payment System (PPS)-Capital                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                             |                                                                      |       |  |
| 45.00                                                         | Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)                                                                                                                                                                                                                                                                                                                  | N                          | Y                                           | N                                                                    | 45.00 |  |
| 46.00                                                         | Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.                                                                                                                                                                                                                                                                | N                          | N                                           | N                                                                    | 46.00 |  |
| 47.00                                                         | Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                     | N                          | N                                           | N                                                                    | 47.00 |  |
| 48.00                                                         | Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                           | N                          | N                                           | N                                                                    | 48.00 |  |
| Teaching Hospitals                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                             |                                                                      |       |  |
| 56.00                                                         | Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                      | Y                          |                                             |                                                                      | 56.00 |  |
| 57.00                                                         | If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. | N                          |                                             |                                                                      | 57.00 |  |
| 58.00                                                         | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.                                                                                                                                                                                                                                                                                                | N                          |                                             |                                                                      | 58.00 |  |
| 59.00                                                         | Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.                                                                                                                                                                                                                                                                                                                                                                                  | N                          |                                             |                                                                      | 59.00 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAHE 413.85<br>Y/N<br>1.00 | Worksheet A<br>Line #<br>2.00               | Pass-Through<br>Qualification<br>Criteria<br>Code<br>3.00            |       |  |
| 60.00                                                         | Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)                                                                                                                                                                                                                                                                                                                       | Y                          |                                             |                                                                      | 60.00 |  |
| 60.01                                                         | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                  |                            | 20.00                                       | 1                                                                    | 60.01 |  |
| 60.02                                                         | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                  |                            | 23.00                                       | 1                                                                    | 60.02 |  |
| 60.03                                                         | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                  |                            | 23.03                                       | 1                                                                    | 60.03 |  |
| 60.04                                                         | If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                  |                            | 23.04                                       | 1                                                                    | 60.04 |  |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 14-0053 |                                  | Period:<br>From 07/01/2017<br>To 06/30/2018 |                                   | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|---------------------------------------------|-----------------------------------|----------------------------------------------------------------------|-------|--|
|                                                               | Y/N                                                                                                                                                                                                                                                                                                                                                                                                                                | IME                   | Direct GME                       | IME                                         | Direct GME                        |                                                                      |       |  |
|                                                               | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                               | 2.00                  | 3.00                             | 4.00                                        | 5.00                              |                                                                      |       |  |
| 61.00                                                         | Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)                                                                                                                                                                                                                                                                                                        | N                     |                                  |                                             | 0.00                              | 0.00                                                                 | 61.00 |  |
| 61.01                                                         | Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)                                                                                                                                                                                                                                                             |                       |                                  |                                             |                                   |                                                                      | 61.01 |  |
| 61.02                                                         | Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)                                                                                                                                                                                                                                                 |                       |                                  |                                             |                                   |                                                                      | 61.02 |  |
| 61.03                                                         | Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)                                                                                                                                                                                                                                                                    |                       |                                  |                                             |                                   |                                                                      | 61.03 |  |
| 61.04                                                         | Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).                                                                                                                                                                                                                                                                                |                       |                                  |                                             |                                   |                                                                      | 61.04 |  |
| 61.05                                                         | Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)                                                                                                                                                                                                                              |                       |                                  |                                             |                                   |                                                                      | 61.05 |  |
| 61.06                                                         | Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)                                                                                                                                                                                                                                                                                  |                       |                                  |                                             |                                   |                                                                      | 61.06 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Program Name          | Program Code                     | Unweighted IME FTE Count                    | Unweighted Direct GME FTE Count   |                                                                      |       |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.00                  | 2.00                             | 3.00                                        | 4.00                              |                                                                      |       |  |
| 61.10                                                         | Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                                 |                       |                                  | 0.00                                        | 0.00                              |                                                                      | 61.10 |  |
| 61.20                                                         | Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.                                                                                       |                       |                                  | 0.00                                        | 0.00                              |                                                                      | 61.20 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                  |                                             | 1.00                              |                                                                      |       |  |
| 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 |  |
| 63.00                                                         | Teaching Hospitals that Claim Residents in Nonprovider Settings                                                                                                                                                                                                                                                                                                                                                                    |                       |                                  |                                             |                                   |                                                                      |       |  |
| 63.00                                                         | Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)                                                                                                                                                                                                                               |                       |                                  |                                             |                                   | N                                                                    | 63.00 |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Unweighted FTEs Nonprovider Site | Unweighted FTEs in Hospital                 | Ratio (col. 1/ (col. 1 + col. 2)) |                                                                      |       |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 1.00                             | 2.00                                        | 3.00                              |                                                                      |       |  |
| 64.00                                                         | Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.                                                                                                                                                                                                                                               |                       |                                  |                                             |                                   |                                                                      |       |  |
| 64.00                                                         | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) |                       |                                  | 0.00                                        | 0.00                              | 0.000000                                                             | 64.00 |  |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Provider CCN: 14-0053 |              | Period:<br>From 07/01/2017<br>To 06/30/2018 |                             | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |   |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------------|-----------------------------|----------------------------------------------------------------------|---|-------|
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name          | Program Code | Unweighted FTEs Nonprovider Site            | Unweighted FTEs in Hospital | Ratio (col. 3 / (col. 3 + col. 4))                                   |   |       |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00                  | 2.00         | 3.00                                        | 4.00                        | 5.00                                                                 |   |       |
| 65.00                                                                                                                                               | Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 65.00 |
| 65.01                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 65.01 |
| 65.02                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 65.02 |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | Unweighted FTEs Nonprovider Site            | Unweighted FTEs in Hospital | Ratio (col. 1 / (col. 1 + col. 2))                                   |   |       |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 1.00                                        | 2.00                        | 3.00                                                                 |   |       |
| Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              |                                             |                             |                                                                      |   |       |
| 66.00                                                                                                                                               | Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)                                                                                                                                                                                                                                                     |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 66.00 |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Program Name          | Program Code | Unweighted FTEs Nonprovider Site            | Unweighted FTEs in Hospital | Ratio (col. 3 / (col. 3 + col. 4))                                   |   |       |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00                  | 2.00         | 3.00                                        | 4.00                        | 5.00                                                                 |   |       |
| 67.00                                                                                                                                               | Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)                                                                                             |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 67.00 |
| 67.01                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 67.01 |
| 67.02                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 0.00                                        | 0.00                        | 0.000000                                                             |   | 67.02 |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              | 1.00                                        | 2.00                        | 3.00                                                                 |   |       |
| <b>Inpatient Psychiatric Facility PPS</b>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              |                                             |                             |                                                                      |   |       |
| 70.00                                                                                                                                               | Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |              |                                             | Y                           |                                                                      |   | 70.00 |
| 71.00                                                                                                                                               | If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)                                                                                              |                       |              |                                             | N                           | N                                                                    | 0 | 71.00 |
| <b>Inpatient Rehabilitation Facility PPS</b>                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |              |                                             |                             |                                                                      |   |       |
| 75.00                                                                                                                                               | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |              |                                             | N                           |                                                                      |   | 75.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  | 2.00                                        | 3.00                                                                 |        |
| 76.00                                                         | If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) |                       |                                             | 0                                                                    | 76.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  |                                             |                                                                      |        |
| <b>Long Term Care Hospital PPS</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      |        |
| 80.00                                                         | Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                             | N                                                                    | 80.00  |
| 81.00                                                         | Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                                 |                       |                                             | N                                                                    | 81.00  |
| <b>TEFRA Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      |        |
| 85.00                                                         | Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              |                       |                                             | N                                                                    | 85.00  |
| 86.00                                                         | Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.                                                                                                                                                                                                                                                                                                                                     |                       |                                             |                                                                      | 86.00  |
| 87.00                                                         | Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                        |                       |                                             | N                                                                    | 87.00  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V                     |                                             | XIX                                                                  |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.00                  |                                             | 2.00                                                                 |        |
| <b>Title V and XIX Services</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      |        |
| 90.00                                                         | Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                 |                       | 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.                                                                                                                                                                                                                                                                                                                       |                       |                                             | Y                                                                    | 92.00  |
| 93.00                                                         | Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                         |                       | N                                           | N                                                                    | 93.00  |
| 94.00                                                         | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                              |                       | N                                           | N                                                                    | 94.00  |
| 95.00                                                         | If line 94 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                  |                                             | 0.00                                                                 | 95.00  |
| 96.00                                                         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.                                                                                                                                                                                                                                                                                                                                                                              |                       | N                                           | N                                                                    | 96.00  |
| 97.00                                                         | If line 96 is "Y", enter the reduction percentage in the applicable column.                                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                  |                                             | 0.00                                                                 | 97.00  |
| 98.00                                                         | Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.                                                                                                                                                                                                                                                     |                       | N                                           | 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.                                                                                                                                                                                                                                                                                         |                       | N                                           | 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.                                                                                                                                                                                                                                                             |                       | N                                           | 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.                                                                                                                                                                                                                                                                            |                       | N                                           | 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.                                                                                                                                                                                                                                                                                    |                       | N                                           | Y                                                                    | 98.06  |
| <b>Rural Providers</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                                                                      |        |
| 105.00                                                        | Does this hospital qualify as a CAH?                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | N                                           |                                                                      | 105.00 |
| 106.00                                                        | If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)                                                                                                                                                                                                                                                                                                                                               |                       |                                             |                                                                      | 106.00 |
| 107.00                                                        | If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.                                                                                                                                                                   |                       |                                             |                                                                      | 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 |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Provider CCN: 14-0053 |              | Period: From 07/01/2017 To 06/30/2018 |             | Worksheet S-2 Part I Date/Time Prepared: 11/20/2018 3:53 pm |        |        |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|---------------------------------------|-------------|-------------------------------------------------------------|--------|--------|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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.                                                                                                                                                                                                                                                                                                    |                       |              |                                       |             |                                                             | 109.00 |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       | 1.00        |                                                             |        |        |
| 110.00                                                        | Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.                                                                                                                                                        |                       |              |                                       | N           |                                                             | 110.00 |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       | 1.00        | 2.00                                                        |        |        |
| 111.00                                                        | If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services. |                       |              |                                       | N           |                                                             | 111.00 |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       | 1.00        | 2.00                                                        | 3.00   |        |
| <b>Miscellaneous Cost Reporting Information</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |
| 115.00                                                        | Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.                                       |                       |              |                                       | N           |                                                             | 0      | 115.00 |
| 116.00                                                        | Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                                              |                       |              |                                       | N           |                                                             |        | 116.00 |
| 117.00                                                        | Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                                              |                       |              |                                       | Y           |                                                             |        | 117.00 |
| 118.00                                                        | Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.                                                                                                                                                                                                                                                                                                                      |                       |              |                                       | 2           |                                                             |        | 118.00 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premiums              |              | Losses                                |             | Insurance                                                   |        |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.00                  |              | 2.00                                  |             | 3.00                                                        |        |        |
| 118.01                                                        | List amounts of malpractice premiums and paid losses:                                                                                                                                                                                                                                                                                                                                                                                                           | 951,134               |              | 5,626,665                             |             | 7,094,483                                                   |        | 118.01 |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |
| 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 |
| DO NOT USE THIS LINE                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |
| 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                                                           |        | 119.00 |
| 121.00                                                        | Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                                                                                                                |                       |              |                                       | Y           |                                                             |        | 121.00 |
| 122.00                                                        | Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.                                                                                                                                                                                                                      |                       |              |                                       | N           |                                                             |        | 122.00 |
| <b>Transplant Center Information</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |
| 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                                                        | If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.                                                                                                                                                                                                                                                                                                             |                       |              |                                       |             |                                                             |        | 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                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |              |                                       |             |                                                             |        |        |

| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              | Provider CCN: 14-0053                           |        | Period:<br>From 07/01/2017<br>To 06/30/2018 |  | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------|---------------------------------------------|--|----------------------------------------------------------------------|--|
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                                            | 2.00   |                                             |  |                                                                      |  |
| 140.00                                                                                                                                                                                                                      | Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)                                                  | Y                                               | 148005 |                                             |  | 140.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                                            | 2.00   | 3.00                                        |  |                                                                      |  |
| If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.                                   |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  |                                                                      |  |
| 141.00                                                                                                                                                                                                                      | Name: HOSPITAL SISTERS HEALTH SYSTEM                                                                                                                                                                                                                                                                         | Contractor's Name: NATIONAL GOVERNMENT SERVICES |        | Contractor's Number: 00131                  |  | 141.00                                                               |  |
| 142.00                                                                                                                                                                                                                      | Street: 4936 LAVERNA ROAD                                                                                                                                                                                                                                                                                    | PO Box:                                         |        |                                             |  | 142.00                                                               |  |
| 143.00                                                                                                                                                                                                                      | City: SPRINGFIELD                                                                                                                                                                                                                                                                                            | State: IL                                       |        | Zip Code: 62794                             |  | 143.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 1.00                                                                 |  |
| 144.00                                                                                                                                                                                                                      | Are provider based physicians' costs included in Worksheet A?                                                                                                                                                                                                                                                |                                                 |        | Y                                           |  | 144.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 1.00                                                                 |  |
| 145.00                                                                                                                                                                                                                      | If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. | Y                                               |        |                                             |  | 145.00                                                               |  |
| 146.00                                                                                                                                                                                                                      | Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.                                                                             | N                                               |        |                                             |  | 146.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 1.00                                                                 |  |
| 147.00                                                                                                                                                                                                                      | Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                                |                                                 |        | N                                           |  | 147.00                                                               |  |
| 148.00                                                                                                                                                                                                                      | Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                              |                                                 |        | N                                           |  | 148.00                                                               |  |
| 149.00                                                                                                                                                                                                                      | Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                   |                                                 |        | N                                           |  | 149.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Part A                                          |        | Part B                                      |  | Title V                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 1.00                                            |        | 2.00                                        |  | 3.00                                                                 |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | Title XIX                                                            |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 4.00                                                                 |  |
| Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  |                                                                      |  |
| 155.00                                                                                                                                                                                                                      | Hospital                                                                                                                                                                                                                                                                                                     | N                                               |        | N                                           |  | N                                                                    |  |
| 156.00                                                                                                                                                                                                                      | Subprovider - IPF                                                                                                                                                                                                                                                                                            | N                                               |        | N                                           |  | N                                                                    |  |
| 157.00                                                                                                                                                                                                                      | Subprovider - IRF                                                                                                                                                                                                                                                                                            | N                                               |        | N                                           |  | N                                                                    |  |
| 158.00                                                                                                                                                                                                                      | SUBPROVIDER                                                                                                                                                                                                                                                                                                  | N                                               |        | N                                           |  | N                                                                    |  |
| 159.00                                                                                                                                                                                                                      | SNF                                                                                                                                                                                                                                                                                                          | N                                               |        | N                                           |  | N                                                                    |  |
| 160.00                                                                                                                                                                                                                      | HOME HEALTH AGENCY                                                                                                                                                                                                                                                                                           | N                                               |        | N                                           |  | N                                                                    |  |
| 161.00                                                                                                                                                                                                                      | CMHC                                                                                                                                                                                                                                                                                                         | N                                               |        | N                                           |  | N                                                                    |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 1.00                                                                 |  |
| Multi campus                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  |                                                                      |  |
| 165.00                                                                                                                                                                                                                      | Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.                                                                                                                                                                          |                                                 |        | N                                           |  | 165.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | Name                                            |        | County                                      |  | State                                                                |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              | 0                                               |        | 1.00                                        |  | 2.00                                                                 |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 3.00                                                                 |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 4.00                                                                 |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 5.00                                                                 |  |
| 166.00                                                                                                                                                                                                                      | If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)                                                                                                                     |                                                 |        |                                             |  | 0.00                                                                 |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 1.00                                                                 |  |
| Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  |                                                                      |  |
| 167.00                                                                                                                                                                                                                      | Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.                                                                                                                                                                                                                          |                                                 |        | Y                                           |  | 167.00                                                               |  |
| 168.00                                                                                                                                                                                                                      | If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)                                                                                                                                             |                                                 |        |                                             |  | 0                                                                    |  |
| 168.01                                                                                                                                                                                                                      | If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)                                                                                                                     |                                                 |        |                                             |  | 168.01                                                               |  |
| 169.00                                                                                                                                                                                                                      | If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)                                                                                                                                                                  |                                                 |        | 9.99                                        |  | 169.00                                                               |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        | Beginni ng                                  |  | Endi ng                                                              |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        | 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)                                                                                                                                                                                           |                                                 |        | 04/01/2017                                  |  | 06/30/2017                                                           |  |
|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                 |        |                                             |  | 170.00                                                               |  |



| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0053                                                                                                                                                                                                                                                                                            | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-2<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |         |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|---------|
|                                                               |                                                                                                                                                                                                                                                                                                                  | 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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions) | N                                           |                                                                      | 0171.00 |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | Provider CCN: 14-0053 |  | Period:<br>From 07/01/2017<br>To 06/30/2018 |             | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |            |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|---------------------------------------------|-------------|-----------------------------------------------------------------------|------------|
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        |                                                                       |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                       |            |
| General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| COMPLETED BY ALL HOSPITALS                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| Provider Organization and Operation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| 1.00                                                                                                                        | Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)                                                                                                                                                                                                                           |                       |  | N                                           |             |                                                                       | 1.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        | V/I                                                                   |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                  |            |
| 2.00                                                                                                                        | Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.                                                                                                                                                                                                                    |                       |  | N                                           |             |                                                                       | 2.00       |
| 3.00                                                                                                                        | Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) |                       |  | Y                                           |             |                                                                       | 3.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Type        | Date                                                                  |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                  |            |
| Financial Data and Reports                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| 4.00                                                                                                                        | Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.                                                                                                                           |                       |  | Y                                           | A           |                                                                       | 4.00       |
| 5.00                                                                                                                        | Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.                                                                                                                                                                                                                                                       |                       |  | Y                                           |             |                                                                       | 5.00       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Legal Oper. |                                                                       |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        |                                                                       |            |
| Approved Educational Activities                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| 6.00                                                                                                                        | Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?                                                                                                                                                                                                                                                                            |                       |  | Y                                           |             | Y                                                                     | 6.00       |
| 7.00                                                                                                                        | Are costs claimed for Allied Health Programs? If "Y" see instructions.                                                                                                                                                                                                                                                                                                                             |                       |  | Y                                           |             |                                                                       | 7.00       |
| 8.00                                                                                                                        | Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                              |                       |  | Y                                           |             |                                                                       | 8.00       |
| 9.00                                                                                                                        | Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.                                                                                                                                                                                                                                                |                       |  | Y                                           |             |                                                                       | 9.00       |
| 10.00                                                                                                                       | Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.                                                                                                                                                                                                                                                               |                       |  | N                                           |             |                                                                       | 10.00      |
| 11.00                                                                                                                       | Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.                                                                                                                                                                                                                                                          |                       |  | N                                           |             |                                                                       | 11.00      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | 1.00        |                                                                       |            |
| Bad Debts                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| 12.00                                                                                                                       | Is the provider seeking reimbursement for bad debts? If yes, see instructions.                                                                                                                                                                                                                                                                                                                     |                       |  |                                             |             | Y                                                                     | 12.00      |
| 13.00                                                                                                                       | If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.                                                                                                                                                                                                                                                                    |                       |  |                                             |             | 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.                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             | Y                                                                     | 15.00      |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Part A                                      |             | Part B                                                                |            |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | Y/N                                         | Date        | Y/N                                                                   | Date       |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  | 1.00                                        | 2.00        | 3.00                                                                  | 4.00       |
| PS&R Data                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                       |  |                                             |             |                                                                       |            |
| 16.00                                                                                                                       | Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)                                                                                                                                                                                                                |                       |  | N                                           |             | N                                                                     |            |
| 17.00                                                                                                                       | Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)                                                                                                                                                                                        |                       |  | Y                                           | 09/29/2018  | Y                                                                     | 09/29/2018 |
| 18.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.                                                                                                                                                                                    |                       |  | N                                           |             | N                                                                     | 18.00      |
| 19.00                                                                                                                       | If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.                                                                                                                                                                                                                                                     |                       |  | N                                           |             | N                                                                     | 19.00      |

| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE                             |                                                                                                                                                                            | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 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  |
| <b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b> |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| <b>Capital Related Cost</b>                                                               |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| 22.00                                                                                     | Have assets been relieved 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 |
| <b>Interest Expense</b>                                                                   |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| 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 |
| <b>Purchased Services</b>                                                                 |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| 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 |
| <b>Provider-Based Physicians</b>                                                          |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| 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  |
| <b>Home Office Costs</b>                                                                  |                                                                                                                                                                            |                       |                                             |                                                                       |       |
| 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  |
| <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.                                              | ROBIN                 |                                             | BARBER                                                                | 41.00 |
| 42.00                                                                                     | Enter the employer/company name of the cost report preparer.                                                                                                               | HSHS                  |                                             |                                                                       | 42.00 |
| 43.00                                                                                     | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                                                 | 217-544-6464          |                                             | ROBIN.BARBER@HSHS.ORG                                                 | 43.00 |

|                                                               |                                                                                                                               |                        |                                             |                                                                       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE |                                                                                                                               | Provider CCN: 14-0053  | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 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. | DIRECTOR OF ACCOUNTING |                                             | 41.00                                                                 |
| 42.00                                                         | Enter the employer/company name of the cost report preparer.                                                                  |                        |                                             | 42.00                                                                 |
| 43.00                                                         | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                    |                        |                                             | 43.00                                                                 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Component                                                                                                                                                                        | Worksheet A<br>Line Number | No. of Beds | Bed Days<br>Avai lable | CAH Hours | I/P Days /<br>O/P Vi s i t s /<br>Tri ps |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|------------------------|-----------|------------------------------------------|-------|
|                                                                                                                                                                                  |                            |             |                        |           | 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                      | 275         | 97,178                 | 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)                                                                                                        |                            | 275         | 97,178                 | 0.00      | 0                                        | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 31.00                      | 51          | 18,055                 | 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 HIGH RISK NEONATAL                                                                                                                                                         | 35.00                      | 43          | 15,695                 | 0.00      | 0                                        | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    | 43.00                      |             |                        |           | 0                                        | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   |                            | 369         | 130,928                | 0.00      | 0                                        | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 |                            |             |                        |           | 0                                        | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 40.00                      | 0           | 5,145                  |           | 0                                        | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          |                            |             |                        |           |                                          | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                            |             |                        |           |                                          | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 44.00                      | 0           | 0                      |           | 0                                        | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                            |             |                        |           |                                          | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                            |             |                        |           |                                          | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 101.00                     |             |                        |           | 0                                        | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                            |             |                        |           |                                          | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 116.00                     | 0           | 0                      |           |                                          | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 30.00                      |             |                        |           |                                          | 24.10 |
| 25.00 CMHC - CMHC                                                                                                                                                                |                            |             |                        |           |                                          | 25.00 |
| 26.00 RURAL HEALTH CLINIC                                                                                                                                                        |                            |             |                        |           |                                          | 26.00 |
| 26.25 FEDERALLY QUALIFIED HEALTH CENTER                                                                                                                                          | 89.00                      |             |                        |           | 0                                        | 26.25 |
| 27.00 Total (sum of lines 14-26)                                                                                                                                                 |                            | 369         |                        |           |                                          | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                            |             |                        |           | 0                                        | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            |                            |             |                        |           |                                          | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                            |             |                        |           |                                          | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                            |             |                        |           |                                          | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   |                            | 0           | 0                      |           |                                          | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                            |             |                        |           |                                          | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      |                            |             |                        |           |                                          | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      |                            |             |                        |           |                                          | 33.01 |

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Component                                                                                                                                                                        | I/P Days / O/P Visits / Trips |           |                    | Full Time Equivalents     |                      |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------|---------------------------|----------------------|-------|
|                                                                                                                                                                                  | Title XVII                    | Title XIX | Total All Patients | Total Interns & Residents | Employees On Payroll |       |
|                                                                                                                                                                                  | 6.00                          | 7.00      | 8.00               | 9.00                      | 10.00                |       |
| 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) | 28,310                        | 11,768    | 68,339             |                           |                      | 1.00  |
| 2.00 HMO and other (see instructions)                                                                                                                                            | 9,314                         | 6,885     |                    |                           |                      | 2.00  |
| 3.00 HMO IPF Subprovider                                                                                                                                                         | 31                            | 0         |                    |                           |                      | 3.00  |
| 4.00 HMO IRF Subprovider                                                                                                                                                         | 0                             | 0         |                    |                           |                      | 4.00  |
| 5.00 Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       | 0                             | 0         | 0                  |                           |                      | 5.00  |
| 6.00 Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                               | 0         | 0                  |                           |                      | 6.00  |
| 7.00 Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        | 28,310                        | 11,768    | 68,339             |                           |                      | 7.00  |
| 8.00 INTENSIVE CARE UNIT                                                                                                                                                         | 5,619                         | 2,928     | 11,485             |                           |                      | 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 HIGH RISK NEONATAL                                                                                                                                                         | 0                             | 7,957     | 13,192             |                           |                      | 12.00 |
| 13.00 NURSERY                                                                                                                                                                    |                               | 1,289     | 3,160              |                           |                      | 13.00 |
| 14.00 Total (see instructions)                                                                                                                                                   | 33,929                        | 23,942    | 96,176             | 66.98                     | 2,398.23             | 14.00 |
| 15.00 CAH visits                                                                                                                                                                 | 0                             | 0         | 0                  |                           |                      | 15.00 |
| 16.00 SUBPROVIDER - IPF                                                                                                                                                          | 2,766                         | 107       | 4,336              | 3.37                      | 24.92                | 16.00 |
| 17.00 SUBPROVIDER - IRF                                                                                                                                                          |                               |           |                    |                           |                      | 17.00 |
| 18.00 SUBPROVIDER                                                                                                                                                                |                               |           |                    |                           |                      | 18.00 |
| 19.00 SKILLED NURSING FACILITY                                                                                                                                                   | 0                             | 0         | 0                  | 0.00                      | 0.00                 | 19.00 |
| 20.00 NURSING FACILITY                                                                                                                                                           |                               |           |                    |                           |                      | 20.00 |
| 21.00 OTHER LONG TERM CARE                                                                                                                                                       |                               |           |                    |                           |                      | 21.00 |
| 22.00 HOME HEALTH AGENCY                                                                                                                                                         | 8,890                         | 0         | 28,663             | 0.00                      | 46.26                | 22.00 |
| 23.00 AMBULATORY SURGICAL CENTER (D.P.)                                                                                                                                          |                               |           |                    |                           |                      | 23.00 |
| 24.00 HOSPICE                                                                                                                                                                    | 0                             | 0         | 0                  | 0.00                      | 7.56                 | 24.00 |
| 24.10 HOSPICE (non-distinct part)                                                                                                                                                | 0                             | 0         | 596                |                           |                      | 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)                                                                                                                                                 |                               |           |                    | 70.35                     | 2,476.97             | 27.00 |
| 28.00 Observation Bed Days                                                                                                                                                       |                               | 730       | 2,505              |                           |                      | 28.00 |
| 29.00 Ambulance Trips                                                                                                                                                            | 0                             |           |                    |                           |                      | 29.00 |
| 30.00 Employee discount days (see instruction)                                                                                                                                   |                               |           | 2,485              |                           |                      | 30.00 |
| 31.00 Employee discount days - IRF                                                                                                                                               |                               |           | 0                  |                           |                      | 31.00 |
| 32.00 Labor & delivery days (see instructions)                                                                                                                                   | 0                             | 449       | 784                |                           |                      | 32.00 |
| 32.01 Total ancillary labor & delivery room outpatient days (see instructions)                                                                                                   |                               |           | 0                  |                           |                      | 32.01 |
| 33.00 LTCH non-covered days                                                                                                                                                      | 0                             |           |                    |                           |                      | 33.00 |
| 33.01 LTCH site neutral days and discharges                                                                                                                                      | 0                             |           |                    |                           |                      | 33.01 |

|                                                            |  |                       |                                             |                                                                      |
|------------------------------------------------------------|--|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-3<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 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     |
| 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       | 6,348       | 5,633                 | 18,602 | 1.00      |
| 2.00      | HMO and other (see instructions)                                                                                                                                            |                    |         | 1,805       | 0                     |        | 2.00      |
| 3.00      | HMO IPF Subprovider                                                                                                                                                         |                    |         |             | 0                     |        | 3.00      |
| 4.00      | HMO IRF Subprovider                                                                                                                                                         |                    |         |             | 0                     |        | 4.00      |
| 5.00      | Hospital Adults & Peds. Swing Bed SNF                                                                                                                                       |                    |         |             |                       |        | 5.00      |
| 6.00      | Hospital Adults & Peds. Swing Bed NF                                                                                                                                        |                    |         |             |                       |        | 6.00      |
| 7.00      | Total Adults and Peds. (exclude observation beds) (see instructions)                                                                                                        |                    |         |             |                       |        | 7.00      |
| 8.00      | INTENSIVE CARE UNIT                                                                                                                                                         |                    |         |             |                       |        | 8.00      |
| 9.00      | CORONARY CARE UNIT                                                                                                                                                          |                    |         |             |                       |        | 9.00      |
| 10.00     | BURN INTENSIVE CARE UNIT                                                                                                                                                    |                    |         |             |                       |        | 10.00     |
| 11.00     | SURGICAL INTENSIVE CARE UNIT                                                                                                                                                |                    |         |             |                       |        | 11.00     |
| 12.00     | HIGH RISK NEONATAL                                                                                                                                                          |                    |         |             |                       |        | 12.00     |
| 13.00     | NURSERY                                                                                                                                                                     |                    |         |             |                       |        | 13.00     |
| 14.00     | Total (see instructions)                                                                                                                                                    | 0.00               | 0       | 6,348       | 5,633                 | 18,602 | 14.00     |
| 15.00     | CAH visits                                                                                                                                                                  |                    |         |             |                       |        | 15.00     |
| 16.00     | SUBPROVIDER - IPF                                                                                                                                                           | 0.00               | 0       | 149         | 12                    | 278    | 16.00     |
| 17.00     | SUBPROVIDER - IRF                                                                                                                                                           |                    |         |             |                       |        | 17.00     |
| 18.00     | SUBPROVIDER                                                                                                                                                                 |                    |         |             |                       |        | 18.00     |
| 19.00     | SKILLED NURSING FACILITY                                                                                                                                                    | 0.00               |         |             |                       |        | 19.00     |
| 20.00     | NURSING FACILITY                                                                                                                                                            |                    |         |             |                       |        | 20.00     |
| 21.00     | OTHER LONG TERM CARE                                                                                                                                                        |                    |         |             |                       |        | 21.00     |
| 22.00     | HOME HEALTH AGENCY                                                                                                                                                          | 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: 14-0053

Period:  
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|                                        | Wkst. A Line Number                                                                   | Amount Reported | Reclassification of Salaries (from Wkst. A-6) | Adjusted Salaries (col. 2 ± col. 3) | Paid Hours Related to Salaries in col. 4 | Average Hourly Wage (col. 4 ÷ 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          | 146,816,359                                   | -4,028,829                          | 142,787,530                              | 5,154,163.81                          | 27.70  |
| 2.00                                   | Non-physician anesthetist Part A                                                      |                 | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00   |
| 3.00                                   | Non-physician anesthetist Part B                                                      |                 | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00   |
| 4.00                                   | Physician-Part A - Administrative                                                     |                 | 369,852                                       | 0                                   | 369,852                                  | 2,086.00                              | 177.30 |
| 4.01                                   | Physicians - Part A - Teaching                                                        |                 | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00   |
| 5.00                                   | Physician and Non-Physician-Part B                                                    |                 | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00   |
| 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           | 6,684,491                                     | 0                                   | 6,684,491                                | 250,336.40                            | 26.70  |
| 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           | 1,967                                         | -1,967                              | 0                                        | 0.00                                  | 0.00   |
| 10.00                                  | Excluded area salaries (see instructions)                                             |                 | 10,024,841                                    | 151,696                             | 10,176,537                               | 303,994.22                            | 33.48  |
| <b>OTHER WAGES &amp; RELATED COSTS</b> |                                                                                       |                 |                                               |                                     |                                          |                                       |        |
| 11.00                                  | Contract Labor: Direct Patient Care                                                   |                 | 5,304,990                                     | 0                                   | 5,304,990                                | 73,526.18                             | 72.15  |
| 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                                     |                 | 2,366,189                                     | 0                                   | 2,366,189                                | 14,514.54                             | 163.02 |
| 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                                                                  |                 | 15,634,232                                    | 0                                   | 15,634,232                               | 320,781.77                            | 48.74  |
| 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   |
| <b>WAGE-RELATED COSTS</b>              |                                                                                       |                 |                                               |                                     |                                          |                                       |        |
| 17.00                                  | Wage-related costs (core) (see instructions)                                          |                 | 54,065,741                                    | 0                                   | 54,065,741                               |                                       |        |
| 18.00                                  | Wage-related costs (other) (see instructions)                                         |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 19.00                                  | Excluded areas                                                                        |                 | 3,945,620                                     | 0                                   | 3,945,620                                |                                       |        |
| 20.00                                  | Non-physician anesthetist Part A                                                      |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 21.00                                  | Non-physician anesthetist Part B                                                      |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 22.00                                  | Physician Part A - Administrative                                                     |                 | 98,143                                        | 0                                   | 98,143                                   |                                       |        |
| 22.01                                  | Physician Part A - Teaching                                                           |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 23.00                                  | Physician Part B                                                                      |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 24.00                                  | Wage-related costs (RHC/FQHC)                                                         |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 25.00                                  | Interns & residents (in an approved program)                                          |                 | 1,739,723                                     | 0                                   | 1,739,723                                |                                       |        |
| 25.50                                  | Home office wage-related (core)                                                       |                 | 7,418,431                                     | 0                                   | 7,418,431                                |                                       |        |
| 25.51                                  | Related organization wage-related (core)                                              |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 25.52                                  | Home office: Physician Part A - Administrative - wage-related (core)                  |                 | 0                                             | 0                                   | 0                                        |                                       |        |
| 25.53                                  | Home office & Contract Physicians Part A - Teaching - wage-related (core)             |                 | 0                                             | 0                                   | 0                                        |                                       |        |



HOSPITAL WAGE INDEX INFORMATION

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|                                         | Wkst. A Line Number                                 | Amount Reported | Reclassification of Salaries (from Wkst. A-6) | Adjusted Salaries (col. 2 ± col. 3) | Paid Hours Related to Salaries in col. 4 | Average Hourly Wage (col. 4 ÷ col. 5) |       |       |
|-----------------------------------------|-----------------------------------------------------|-----------------|-----------------------------------------------|-------------------------------------|------------------------------------------|---------------------------------------|-------|-------|
|                                         | 1.00                                                | 2.00            | 3.00                                          | 4.00                                | 5.00                                     | 6.00                                  |       |       |
| <b>OVERHEAD COSTS - DIRECT SALARIES</b> |                                                     |                 |                                               |                                     |                                          |                                       |       |       |
| 26.00                                   | Employee Benefits Department                        | 4.00            | 2,226,623                                     | -1,358,842                          | 867,781                                  | 38,496.76                             | 22.54 | 26.00 |
| 27.00                                   | Administrative & General                            | 5.00            | 19,577,890                                    | -2,349,917                          | 17,227,973                               | 597,770.73                            | 28.82 | 27.00 |
| 28.00                                   | Administrative & General under contract (see inst.) |                 | 542,051                                       | 0                                   | 542,051                                  | 6,822.22                              | 79.45 | 28.00 |
| 29.00                                   | Maintenance & Repairs                               | 6.00            | 3,978,680                                     | -7,063                              | 3,971,617                                | 106,009.77                            | 37.46 | 29.00 |
| 30.00                                   | Operation of Plant                                  | 7.00            | 1,891,716                                     | -6,810                              | 1,884,906                                | 84,535.34                             | 22.30 | 30.00 |
| 31.00                                   | Laundry & Linen Service                             | 8.00            | 1,256,331                                     | -597,603                            | 658,728                                  | 49,737.56                             | 13.24 | 31.00 |
| 32.00                                   | Housekeeping                                        | 9.00            | 2,616,667                                     | -37,327                             | 2,579,340                                | 212,537.06                            | 12.14 | 32.00 |
| 33.00                                   | Housekeeping under contract (see instructions)      |                 | 18,519                                        | 0                                   | 18,519                                   | 1,156.00                              | 16.02 | 33.00 |
| 34.00                                   | Dietary                                             | 10.00           | 2,202,172                                     | -1,606,630                          | 595,542                                  | 47,068.95                             | 12.65 | 34.00 |
| 35.00                                   | Dietary under contract (see instructions)           |                 | 6,808                                         | 0                                   | 6,808                                    | 431.65                                | 15.77 | 35.00 |
| 36.00                                   | Cafeteria                                           | 11.00           | 0                                             | 1,592,113                           | 1,592,113                                | 122,838.97                            | 12.96 | 36.00 |
| 37.00                                   | Maintenance of Personnel                            | 12.00           | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00  | 37.00 |
| 38.00                                   | Nursing Administration                              | 13.00           | 2,877,824                                     | -87,123                             | 2,790,701                                | 73,174.67                             | 38.14 | 38.00 |
| 39.00                                   | Central Services and Supply                         | 14.00           | 574,345                                       | -8,319                              | 566,026                                  | 39,309.29                             | 14.40 | 39.00 |
| 40.00                                   | Pharmacy                                            | 15.00           | 5,300,446                                     | -164,797                            | 5,135,649                                | 122,954.15                            | 41.77 | 40.00 |
| 41.00                                   | Medical Records & Medical Records Library           | 16.00           | 2,235,684                                     | -22,751                             | 2,212,933                                | 94,989.03                             | 23.30 | 41.00 |
| 42.00                                   | Social Service                                      | 17.00           | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00  | 42.00 |
| 43.00                                   | Other General Service                               | 18.00           | 0                                             | 0                                   | 0                                        | 0.00                                  | 0.00  | 43.00 |

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                               | Worksheet A<br>Line Number                       | Amount<br>Reported | Recl assi fi cat<br>ion of<br>Sal aries<br>(from<br>Worksheet<br>A-6) | Adjusted<br>Sal aries<br>(col . 2 ± col .<br>3) | Pai d Hours<br>Related to<br>Sal aries in<br>col . 4 | Average<br>Hourly Wage<br>(col . 4 ÷<br>col . 5) |      |
|-----------------------------------------------|--------------------------------------------------|--------------------|-----------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|--------------------------------------------------|------|
|                                               | 1.00                                             | 2.00               | 3.00                                                                  | 4.00                                            | 5.00                                                 | 6.00                                             |      |
| <b>PART III - HOSPITAL WAGE INDEX SUMMARY</b> |                                                  |                    |                                                                       |                                                 |                                                      |                                                  |      |
| 1.00                                          | Net salaries (see instructions)                  | 140,699,246        | -4,028,829                                                            | 136,670,417                                     | 4,912,237.28                                         | 27.82                                            | 1.00 |
| 2.00                                          | Excluded area salaries (see instructions)        | 10,026,808         | 149,729                                                               | 10,176,537                                      | 303,994.22                                           | 33.48                                            | 2.00 |
| 3.00                                          | Subtotal salaries (line 1 minus line 2)          | 130,672,438        | -4,178,558                                                            | 126,493,880                                     | 4,608,243.06                                         | 27.45                                            | 3.00 |
| 4.00                                          | Subtotal other wages & related costs (see inst.) | 23,305,411         | 0                                                                     | 23,305,411                                      | 408,822.49                                           | 57.01                                            | 4.00 |
| 5.00                                          | Subtotal wage-related costs (see inst.)          | 61,582,315         | 0                                                                     | 61,582,315                                      | 0.00                                                 | 48.68                                            | 5.00 |
| 6.00                                          | Total (sum of lines 3 thru 5)                    | 215,560,164        | -4,178,558                                                            | 211,381,606                                     | 5,017,065.55                                         | 42.13                                            | 6.00 |
| 7.00                                          | Total overhead cost (see instructions)           | 45,305,756         | -4,655,069                                                            | 40,650,687                                      | 1,597,832.15                                         | 25.44                                            | 7.00 |

| HOSPITAL WAGE RELATED COSTS                                      |                                                                                                                             | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-3<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                                  |                                                                                                                             |                       |                                             | Amount Reported                                                       |
|                                                                  |                                                                                                                             |                       |                                             | 1.00                                                                  |
| <b>PART IV - WAGE RELATED COSTS</b>                              |                                                                                                                             |                       |                                             |                                                                       |
| <b>Part A - Core List</b>                                        |                                                                                                                             |                       |                                             |                                                                       |
| <b>RETIREMENT COST</b>                                           |                                                                                                                             |                       |                                             |                                                                       |
| 1.00                                                             | 401K Employer Contributions                                                                                                 |                       | 727,178                                     | 1.00                                                                  |
| 2.00                                                             | Tax Sheltered Annuity (TSA) Employer Contribution                                                                           |                       | 0                                           | 2.00                                                                  |
| 3.00                                                             | Nonqualified Defined Benefit Plan Cost (see instructions)                                                                   |                       | 0                                           | 3.00                                                                  |
| 4.00                                                             | Qualified Defined Benefit Plan Cost (see instructions)                                                                      |                       | 19,881,240                                  | 4.00                                                                  |
| <b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b> |                                                                                                                             |                       |                                             |                                                                       |
| 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                                                                  |
| <b>HEALTH AND INSURANCE COST</b>                                 |                                                                                                                             |                       |                                             |                                                                       |
| 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)                                                             |                       | 22,152,161                                  | 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                                                                                             |                       | 1,879,915                                   | 10.00                                                                 |
| 11.00                                                            | Life Insurance (If employee is owner or beneficiary)                                                                        |                       | 594,620                                     | 11.00                                                                 |
| 12.00                                                            | Accident Insurance (If employee is owner or beneficiary)                                                                    |                       | 0                                           | 12.00                                                                 |
| 13.00                                                            | Disability Insurance (If employee is owner or beneficiary)                                                                  |                       | 1,843,569                                   | 13.00                                                                 |
| 14.00                                                            | Long-Term Care Insurance (If employee is owner or beneficiary)                                                              |                       | 0                                           | 14.00                                                                 |
| 15.00                                                            | 'Workers' Compensation Insurance                                                                                            |                       | 1,529,343                                   | 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                                                                 |
| <b>TAXES</b>                                                     |                                                                                                                             |                       |                                             |                                                                       |
| 17.00                                                            | FICA-Employers Portion Only                                                                                                 |                       | 8,549,294                                   | 17.00                                                                 |
| 18.00                                                            | Medicare Taxes - Employers Portion Only                                                                                     |                       | 2,070,419                                   | 18.00                                                                 |
| 19.00                                                            | Unemployment Insurance                                                                                                      |                       | 134,385                                     | 19.00                                                                 |
| 20.00                                                            | State or Federal Unemployment Taxes                                                                                         |                       | 0                                           | 20.00                                                                 |
| <b>OTHER</b>                                                     |                                                                                                                             |                       |                                             |                                                                       |
| 21.00                                                            | Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))        |                       | 22,591                                      | 21.00                                                                 |
| 22.00                                                            | Day Care Cost and Allowances                                                                                                |                       | 179,130                                     | 22.00                                                                 |
| 23.00                                                            | Tuition Reimbursement                                                                                                       |                       | 285,383                                     | 23.00                                                                 |
| 24.00                                                            | Total Wage Related cost (Sum of lines 1 -23)                                                                                |                       | 59,849,228                                  | 24.00                                                                 |
| <b>Part B - Other than Core Related Cost</b>                     |                                                                                                                             |                       |                                             |                                                                       |
| 25.00                                                            | OTHER WAGE RELATED COSTS (SPECIFY)                                                                                          |                       | 0                                           | 25.00                                                                 |

| HOSPITAL CONTRACT LABOR AND BENEFIT COST              |                                                  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-3<br>Part V<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-------------------------------------------------------|--------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| Cost Center Description                               |                                                  | Contract Labor        | Benefit Cost                                |                                                                      |
| PART V - Contract Labor and Benefit Cost              |                                                  | 1.00                  | 2.00                                        |                                                                      |
| Hospital and Hospital-Based Component Identification: |                                                  |                       |                                             |                                                                      |
| 1.00                                                  | Total facility's contract labor and benefit cost | 5,304,990             | 59,849,228                                  | 1.00                                                                 |
| 2.00                                                  | Hospital                                         | 5,304,990             | 57,817,531                                  | 2.00                                                                 |
| 3.00                                                  | Subprovider - IPF                                | 0                     | 545,857                                     | 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                               | 0                     | 0                                           | 8.00                                                                 |
| 9.00                                                  | Hospital-Based NF                                |                       |                                             | 9.00                                                                 |
| 10.00                                                 | Hospital-Based OLTC                              |                       |                                             | 10.00                                                                |
| 11.00                                                 | Hospital-Based HHA                               | 0                     | 1,485,840                                   | 11.00                                                                |
| 12.00                                                 | Separately Certified ASC                         |                       |                                             | 12.00                                                                |
| 13.00                                                 | Hospital-Based Hospice                           | 0                     | 0                                           | 13.00                                                                |
| 14.00                                                 | Hospital-Based Health Clinic RHC                 |                       |                                             | 14.00                                                                |
| 15.00                                                 | Hospital-Based Health Clinic FQHC                |                       |                                             | 15.00                                                                |
| 16.00                                                 | Hospital-Based-CMHC                              |                       |                                             | 16.00                                                                |
| 17.00                                                 | Renal Dialysis                                   | 0                     | 0                                           | 17.00                                                                |
| 18.00                                                 | Other                                            | 0                     | 0                                           | 18.00                                                                |

| HOME HEALTH AGENCY STATISTICAL DATA      |                                                                                                                   | Provider CCN: 14-0053<br>Component CCN: 14-7222    |               | Period:<br>From 07/01/2017<br>To 06/30/2018 |                   | Worksheet S-4<br>Date/Time Prepared:<br>11/20/2018 3:53 pm<br>PPS |  |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|---------------------------------------------|-------------------|-------------------------------------------------------------------|--|
|                                          |                                                                                                                   |                                                    |               | Home Health Agency I                        |                   |                                                                   |  |
|                                          |                                                                                                                   |                                                    |               | 1.00                                        |                   |                                                                   |  |
| 0.00                                     | 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                                                  | 1,093         | 121                                         | 420               | 1,634                                                             |  |
| 2.00                                     | Unduplicated Census Count (see instructions)                                                                      | 0.00                                               | 601.00        | 282.00                                      | 1,271.00          | 2,154.00                                                          |  |
|                                          |                                                                                                                   |                                                    |               | Number of Employees (Full Time Equivalent)  |                   |                                                                   |  |
|                                          |                                                                                                                   | Enter the number of hours in 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                                                              |  |
| 4.00                                     | Director(s) and Assistant Director(s)                                                                             |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 5.00                                     | Other Administrative Personnel                                                                                    |                                                    |               | 12.95                                       | 0.00              | 12.95                                                             |  |
| 6.00                                     | Direct Nursing Service                                                                                            |                                                    |               | 20.95                                       | 0.00              | 20.95                                                             |  |
| 7.00                                     | Nursing Supervisor                                                                                                |                                                    |               | 0.70                                        | 0.00              | 0.70                                                              |  |
| 8.00                                     | Physical Therapy Service                                                                                          |                                                    |               | 6.64                                        | 0.00              | 6.64                                                              |  |
| 9.00                                     | Physical Therapy Supervisor                                                                                       |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 10.00                                    | Occupational Therapy Service                                                                                      |                                                    |               | 2.43                                        | 0.00              | 2.43                                                              |  |
| 11.00                                    | Occupational Therapy Supervisor                                                                                   |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 12.00                                    | Speech Pathology Service                                                                                          |                                                    |               | 0.19                                        | 0.00              | 0.19                                                              |  |
| 13.00                                    | Speech Pathology Supervisor                                                                                       |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 14.00                                    | Medical Social Service                                                                                            |                                                    |               | 0.97                                        | 0.00              | 0.97                                                              |  |
| 15.00                                    | Medical Social Service Supervisor                                                                                 |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 16.00                                    | Home Health Aide                                                                                                  |                                                    |               | 1.44                                        | 0.00              | 1.44                                                              |  |
| 17.00                                    | Home Health Aide Supervisor                                                                                       |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| 18.00                                    | Other (specify)                                                                                                   |                                                    |               | 0.00                                        | 0.00              | 0.00                                                              |  |
| HOME HEALTH AGENCY CBSA CODES            |                                                                                                                   |                                                    |               |                                             |                   |                                                                   |  |
| 19.00                                    | Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.               |                                                    |               | 6                                           |                   |                                                                   |  |
| 20.00                                    | List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code). |                                                    |               | 14010                                       |                   |                                                                   |  |
| 20.01                                    |                                                                                                                   |                                                    |               | 16580                                       |                   |                                                                   |  |
| 20.02                                    |                                                                                                                   |                                                    |               | 19500                                       |                   |                                                                   |  |
| 20.03                                    |                                                                                                                   |                                                    |               | 41180                                       |                   |                                                                   |  |
| 20.04                                    |                                                                                                                   |                                                    |               | 44100                                       |                   |                                                                   |  |
| 20.05                                    |                                                                                                                   |                                                    |               | 99914                                       |                   |                                                                   |  |
|                                          |                                                                                                                   |                                                    |               | Full Episodes                               |                   |                                                                   |  |
|                                          |                                                                                                                   | Without Outliers                                   | With Outliers | LUPA Episodes                               | PEP Only Episodes | Total (col s. 1-4)                                                |  |
|                                          |                                                                                                                   | 1.00                                               | 2.00          | 3.00                                        | 4.00              | 5.00                                                              |  |
| PPS ACTIVITY DATA                        |                                                                                                                   |                                                    |               |                                             |                   |                                                                   |  |
| 21.00                                    | Skilled Nursing Visits                                                                                            | 3,894                                              | 641           | 267                                         | 113               | 4,915                                                             |  |
| 22.00                                    | Skilled Nursing Visit Charges                                                                                     | 767,118                                            | 126,277       | 52,402                                      | 22,261            | 968,058                                                           |  |
| 23.00                                    | Physical Therapy Visits                                                                                           | 2,139                                              | 86            | 19                                          | 67                | 2,311                                                             |  |
| 24.00                                    | Physical Therapy Visit Charges                                                                                    | 449,190                                            | 18,060        | 3,990                                       | 14,070            | 485,310                                                           |  |
| 25.00                                    | Occupational Therapy Visits                                                                                       | 846                                                | 39            | 3                                           | 28                | 916                                                               |  |
| 26.00                                    | Occupational Therapy Visit Charges                                                                                | 177,660                                            | 8,190         | 630                                         | 5,880             | 192,360                                                           |  |
| 27.00                                    | Speech Pathology Visits                                                                                           | 12                                                 | 6             | 0                                           | 0                 | 18                                                                |  |
| 28.00                                    | Speech Pathology Visit Charges                                                                                    | 2,520                                              | 1,260         | 0                                           | 0                 | 3,780                                                             |  |
| 29.00                                    | Medical Social Service Visits                                                                                     | 95                                                 | 8             | 1                                           | 3                 | 107                                                               |  |
| 30.00                                    | Medical Social Service Visit Charges                                                                              | 24,700                                             | 2,080         | 260                                         | 780               | 27,820                                                            |  |
| 31.00                                    | Home Health Aide Visits                                                                                           | 522                                                | 63            | 3                                           | 35                | 623                                                               |  |
| 32.00                                    | Home Health Aide Visit Charges                                                                                    | 49,590                                             | 5,985         | 285                                         | 3,325             | 59,185                                                            |  |
| 33.00                                    | Total visits (sum of lines 21, 23, 25, 27, 29, and 31)                                                            | 7,508                                              | 843           | 293                                         | 246               | 8,890                                                             |  |
| 34.00                                    | Other Charges                                                                                                     | 0                                                  | 0             | 0                                           | 0                 | 0                                                                 |  |
| 35.00                                    | Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)                                                       | 1,470,778                                          | 161,852       | 57,567                                      | 46,316            | 1,736,513                                                         |  |
| 36.00                                    | Total Number of Episodes (standard/non outlier)                                                                   | 549                                                |               | 101                                         | 14                | 664                                                               |  |
| 37.00                                    | Total Number of Outlier Episodes                                                                                  |                                                    | 26            |                                             | 4                 | 30                                                                |  |
| 38.00                                    | Total Non-Routine Medical Supply Charges                                                                          | 80,499                                             | 26,327        | 9,343                                       | 4,676             | 120,845                                                           |  |

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-7

Date/Time Prepared:  
11/20/2018 3:53 pm

|      |                                                                                                                                                                                                          |      |      |      |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|
|      |                                                                                                                                                                                                          | 1.00 | 2.00 |      |
| 1.00 | If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet. |      |      | 1.00 |
| 2.00 | Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.   |      |      | 2.00 |

|       | Group | SNF Days | Swing Bed SNF Days | Total (sum of col. 2 + 3) |
|-------|-------|----------|--------------------|---------------------------|
|       | 1.00  | 2.00     | 3.00               | 4.00                      |
| 3.00  | RUX   | 0        | 0                  | 0 3.00                    |
| 4.00  | RUL   | 0        | 0                  | 0 4.00                    |
| 5.00  | RVX   | 0        | 0                  | 0 5.00                    |
| 6.00  | RVL   | 0        | 0                  | 0 6.00                    |
| 7.00  | RHX   | 0        | 0                  | 0 7.00                    |
| 8.00  | RHL   | 0        | 0                  | 0 8.00                    |
| 9.00  | RMX   | 0        | 0                  | 0 9.00                    |
| 10.00 | RML   | 0        | 0                  | 0 10.00                   |
| 11.00 | RLX   | 0        | 0                  | 0 11.00                   |
| 12.00 | RUC   | 0        | 0                  | 0 12.00                   |
| 13.00 | RUB   | 0        | 0                  | 0 13.00                   |
| 14.00 | RUA   | 0        | 0                  | 0 14.00                   |
| 15.00 | RVC   | 0        | 0                  | 0 15.00                   |
| 16.00 | RVB   | 0        | 0                  | 0 16.00                   |
| 17.00 | RVA   | 0        | 0                  | 0 17.00                   |
| 18.00 | RHC   | 0        | 0                  | 0 18.00                   |
| 19.00 | RHB   | 0        | 0                  | 0 19.00                   |
| 20.00 | RHA   | 0        | 0                  | 0 20.00                   |
| 21.00 | RMC   | 0        | 0                  | 0 21.00                   |
| 22.00 | RMB   | 0        | 0                  | 0 22.00                   |
| 23.00 | RMA   | 0        | 0                  | 0 23.00                   |
| 24.00 | RLB   | 0        | 0                  | 0 24.00                   |
| 25.00 | RLA   | 0        | 0                  | 0 25.00                   |
| 26.00 | ES3   | 0        | 0                  | 0 26.00                   |
| 27.00 | ES2   | 0        | 0                  | 0 27.00                   |
| 28.00 | ES1   | 0        | 0                  | 0 28.00                   |
| 29.00 | HE2   | 0        | 0                  | 0 29.00                   |
| 30.00 | HE1   | 0        | 0                  | 0 30.00                   |
| 31.00 | HD2   | 0        | 0                  | 0 31.00                   |
| 32.00 | HD1   | 0        | 0                  | 0 32.00                   |
| 33.00 | HC2   | 0        | 0                  | 0 33.00                   |
| 34.00 | HC1   | 0        | 0                  | 0 34.00                   |
| 35.00 | HB2   | 0        | 0                  | 0 35.00                   |
| 36.00 | HB1   | 0        | 0                  | 0 36.00                   |
| 37.00 | LE2   | 0        | 0                  | 0 37.00                   |
| 38.00 | LE1   | 0        | 0                  | 0 38.00                   |
| 39.00 | LD2   | 0        | 0                  | 0 39.00                   |
| 40.00 | LD1   | 0        | 0                  | 0 40.00                   |
| 41.00 | LC2   | 0        | 0                  | 0 41.00                   |
| 42.00 | LC1   | 0        | 0                  | 0 42.00                   |
| 43.00 | LB2   | 0        | 0                  | 0 43.00                   |
| 44.00 | LB1   | 0        | 0                  | 0 44.00                   |
| 45.00 | CE2   | 0        | 0                  | 0 45.00                   |
| 46.00 | CE1   | 0        | 0                  | 0 46.00                   |
| 47.00 | CD2   | 0        | 0                  | 0 47.00                   |
| 48.00 | CD1   | 0        | 0                  | 0 48.00                   |
| 49.00 | CC2   | 0        | 0                  | 0 49.00                   |
| 50.00 | CC1   | 0        | 0                  | 0 50.00                   |
| 51.00 | CB2   | 0        | 0                  | 0 51.00                   |
| 52.00 | CB1   | 0        | 0                  | 0 52.00                   |
| 53.00 | CA2   | 0        | 0                  | 0 53.00                   |
| 54.00 | CA1   | 0        | 0                  | 0 54.00                   |
| 55.00 | SE3   | 0        | 0                  | 0 55.00                   |
| 56.00 | SE2   | 0        | 0                  | 0 56.00                   |
| 57.00 | SE1   | 0        | 0                  | 0 57.00                   |
| 58.00 | SSC   | 0        | 0                  | 0 58.00                   |
| 59.00 | SSB   | 0        | 0                  | 0 59.00                   |
| 60.00 | SSA   | 0        | 0                  | 0 60.00                   |
| 61.00 | IB2   | 0        | 0                  | 0 61.00                   |
| 62.00 | IB1   | 0        | 0                  | 0 62.00                   |
| 63.00 | IA2   | 0        | 0                  | 0 63.00                   |
| 64.00 | IA1   | 0        | 0                  | 0 64.00                   |
| 65.00 | BB2   | 0        | 0                  | 0 65.00                   |
| 66.00 | BB1   | 0        | 0                  | 0 66.00                   |
| 67.00 | BA2   | 0        | 0                  | 0 67.00                   |
| 68.00 | BA1   | 0        | 0                  | 0 68.00                   |

|                                              |                       |                                             |                                                            |
|----------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
| PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-7<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|----------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|

|        | Group | SNF Days | Swing Bed SNF Days | Total (sum of col. 2 + 3) |        |
|--------|-------|----------|--------------------|---------------------------|--------|
|        | 1.00  | 2.00     | 3.00               | 4.00                      |        |
| 69.00  | PE2   | 0        | 0                  | 0                         | 69.00  |
| 70.00  | PE1   | 0        | 0                  | 0                         | 70.00  |
| 71.00  | PD2   | 0        | 0                  | 0                         | 71.00  |
| 72.00  | PD1   | 0        | 0                  | 0                         | 72.00  |
| 73.00  | PC2   | 0        | 0                  | 0                         | 73.00  |
| 74.00  | PC1   | 0        | 0                  | 0                         | 74.00  |
| 75.00  | PB2   | 0        | 0                  | 0                         | 75.00  |
| 76.00  | PB1   | 0        | 0                  | 0                         | 76.00  |
| 77.00  | PA2   | 0        | 0                  | 0                         | 77.00  |
| 78.00  | PA1   | 0        | 0                  | 0                         | 78.00  |
| 199.00 | AAA   | 0        | 0                  | 0                         | 199.00 |
| 200.00 | TOTAL | 0        | 0                  | 0                         | 200.00 |

|  | CBSA at Beginning of Cost Reporting Period | CBSA on/after October 1 of the Cost Reporting Period (if applicable) |  |
|--|--------------------------------------------|----------------------------------------------------------------------|--|
|  | 1.00                                       | 2.00                                                                 |  |

|        |              |                                                                                                                                                                                                                                                          |   |        |
|--------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| 201.00 | SNF SERVICES | Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). | 0 | 201.00 |
|--------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

|  | Expenses | Percentage | Associated with Direct Patient Care and Related Expenses? |  |
|--|----------|------------|-----------------------------------------------------------|--|
|  | 1.00     | 2.00       | 3.00                                                      |  |

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

|        |                                                             |   |      |        |
|--------|-------------------------------------------------------------|---|------|--------|
| 202.00 | Staffing                                                    | 0 | 0.00 | 202.00 |
| 203.00 | Recruitment                                                 | 0 | 0.00 | 203.00 |
| 204.00 | Retention of employees                                      | 0 | 0.00 | 204.00 |
| 205.00 | Training                                                    | 0 | 0.00 | 205.00 |
| 206.00 | OTHER (SPECIFY)                                             | 0 | 0.00 | 206.00 |
| 207.00 | Total SNF revenue (Worksheet G-2, Part I, line 7, column 3) | 0 |      | 207.00 |

|                                            |  |                                               |                                             |                                                                                  |
|--------------------------------------------|--|-----------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------|
| HOSPITAL-BASED HOSPICE IDENTIFICATION DATA |  | Provider CCN: 14-0053<br>Hospice CCN: 14-1503 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-9<br>PARTS I THROUGH IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|                                            |  | Hospice I                                     |                                             |                                                                                  |

|                                                                                             | Unduplicated Days                                                       | Hospice I   |           |                                      |                            |           | Total (sum of cols. 1, 2 & 5) |      |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|-----------|--------------------------------------|----------------------------|-----------|-------------------------------|------|
|                                                                                             |                                                                         | Title XVIII | Title XIX | Title XVIII Skilled Nursing Facility | Title XIX Nursing Facility | All Other |                               |      |
|                                                                                             |                                                                         | 1.00        | 2.00      | 3.00                                 | 4.00                       | 5.00      |                               |      |
| <b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b> |                                                                         |             |           |                                      |                            |           |                               |      |
| 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 |
| <b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>    |                                                                         |             |           |                                      |                            |           |                               |      |
| 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                             |       |
| <b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>            |                                |             |           |       |                                  |       |
| 10.00                                                                                                         | Hospice Continuous Home Care   | 0           | 0         | 0     | 0                                | 10.00 |
| 11.00                                                                                                         | Hospice Routine Home Care      | 4,333       | 128       | 2,192 | 6,653                            | 11.00 |
| 12.00                                                                                                         | Hospice Inpatient Respite Care | 17          | 2         | 19    | 38                               | 12.00 |
| 13.00                                                                                                         | Hospice General Inpatient Care | 412         | 29        | 198   | 639                              | 13.00 |
| 14.00                                                                                                         | Total Hospice Days             | 4,762       | 159       | 2,409 | 7,330                            | 14.00 |
| <b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b> |                                |             |           |       |                                  |       |
| 15.00                                                                                                         | Hospice Inpatient Respite Care | 0           | 0         | 0     | 0                                | 15.00 |
| 16.00                                                                                                         | Hospice General Inpatient Care | 0           | 0         | 0     | 0                                | 16.00 |



| HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA                                                                                            |                                                                                                                                                                             | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet S-10<br>Date/Time Prepared:<br>11/20/2018 3:53 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)                                                                                   |                       |                                             | 0.211662                                                    | 1.00  |
| Medicaid (see instructions for each line)                                                                                                |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 2.00                                                                                                                                     | Net revenue from Medicaid                                                                                                                                                   |                       |                                             | 69,701,904                                                  | 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                                                                                                                                                            |                       |                                             | 367,135,486                                                 | 6.00  |
| 7.00                                                                                                                                     | Medicaid cost (line 1 times line 6)                                                                                                                                         |                       |                                             | 77,708,631                                                  | 7.00  |
| 8.00                                                                                                                                     | Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)                                                |                       |                                             | 8,006,727                                                   | 8.00  |
| Children's Health Insurance Program (CHIP) (see instructions for each line)                                                              |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 9.00                                                                                                                                     | Net revenue from stand-alone CHIP                                                                                                                                           |                       |                                             | 0                                                           | 9.00  |
| 10.00                                                                                                                                    | Stand-alone CHIP charges                                                                                                                                                    |                       |                                             | 0                                                           | 10.00 |
| 11.00                                                                                                                                    | Stand-alone CHIP cost (line 1 times line 10)                                                                                                                                |                       |                                             | 0                                                           | 11.00 |
| 12.00                                                                                                                                    | Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)                                                             |                       |                                             | 0                                                           | 12.00 |
| Other state or local government indigent care program (see instructions for each line)                                                   |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 13.00                                                                                                                                    | Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)                                                                                     |                       |                                             | 0                                                           | 13.00 |
| 14.00                                                                                                                                    | Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)                                                                     |                       |                                             | 0                                                           | 14.00 |
| 15.00                                                                                                                                    | State or local indigent care program cost (line 1 times line 14)                                                                                                            |                       |                                             | 0                                                           | 15.00 |
| 16.00                                                                                                                                    | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)                                        |                       |                                             | 0                                                           | 16.00 |
| Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line) |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 17.00                                                                                                                                    | Private grants, donations, or endowment income restricted to funding charity care                                                                                           |                       |                                             | 369,114                                                     | 17.00 |
| 18.00                                                                                                                                    | Government grants, appropriations or transfers for support of hospital operations                                                                                           |                       |                                             | 443,507                                                     | 18.00 |
| 19.00                                                                                                                                    | Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)                                                           |                       |                                             | 8,006,727                                                   | 19.00 |
|                                                                                                                                          |                                                                                                                                                                             | Uninsured patients    | Insured patients                            | Total (col. 1 + col. 2)                                     |       |
|                                                                                                                                          |                                                                                                                                                                             | 1.00                  | 2.00                                        | 3.00                                                        |       |
| Uncompensated Care (see instructions for each line)                                                                                      |                                                                                                                                                                             |                       |                                             |                                                             |       |
| 20.00                                                                                                                                    | Charity care charges and uninsured discounts for the entire facility (see instructions)                                                                                     | 12,299,476            | 25,969,505                                  | 38,268,981                                                  | 20.00 |
| 21.00                                                                                                                                    | Cost of patients approved for charity care and uninsured discounts (see instructions)                                                                                       | 2,603,332             | 25,969,505                                  | 28,572,837                                                  | 21.00 |
| 22.00                                                                                                                                    | Payments received from patients for amounts previously written off as charity care                                                                                          | 110,099               | 23,063,002                                  | 23,173,101                                                  | 22.00 |
| 23.00                                                                                                                                    | Cost of charity care (line 21 minus line 22)                                                                                                                                | 2,493,233             | 2,906,503                                   | 5,399,736                                                   | 23.00 |
|                                                                                                                                          |                                                                                                                                                                             |                       |                                             | 1.00                                                        |       |
| 24.00                                                                                                                                    | Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program? |                       |                                             | N                                                           | 24.00 |
| 25.00                                                                                                                                    | If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit                                                               |                       |                                             | 0                                                           | 25.00 |
| 26.00                                                                                                                                    | Total bad debt expense for the entire hospital complex (see instructions)                                                                                                   |                       |                                             | 10,351,961                                                  | 26.00 |
| 27.00                                                                                                                                    | Medicare reimbursable bad debts for the entire hospital complex (see instructions)                                                                                          |                       |                                             | 1,936,217                                                   | 27.00 |
| 27.01                                                                                                                                    | Medicare allowable bad debts for the entire hospital complex (see instructions)                                                                                             |                       |                                             | 2,978,795                                                   | 27.01 |
| 28.00                                                                                                                                    | Non-Medicare bad debt expense (see instructions)                                                                                                                            |                       |                                             | 7,373,166                                                   | 28.00 |
| 29.00                                                                                                                                    | Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)                                                                                      |                       |                                             | 2,603,197                                                   | 29.00 |
| 30.00                                                                                                                                    | Cost of uncompensated care (line 23 column 3 plus line 29)                                                                                                                  |                       |                                             | 8,002,933                                                   | 30.00 |
| 31.00                                                                                                                                    | Total unreimbursed and uncompensated care cost (line 19 plus line 30)                                                                                                       |                       |                                             | 16,009,660                                                  | 31.00 |

| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |       |                                        |             | Provider CCN: 14-0053   | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet A<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |             |        |
|---------------------------------------------------------------|-------|----------------------------------------|-------------|-------------------------|---------------------------------------------|----------------------------------------------------------|-------------|--------|
| Cost Center Description                                       |       | Salaries                               | Other       | Total (col. 1 + col. 2) | Reclassified<br>ions (See<br>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              |             | 27,923,309              | 27,923,309                                  | -12,104,264                                              | 15,819,045  | 1.00   |
| 1.01                                                          | 00101 | CAP REL COSTS - CON                    |             | 0                       | 0                                           | 172,418                                                  | 172,418     | 1.01   |
| 2.00                                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |             | 0                       | 0                                           | 12,261,892                                               | 12,261,892  | 2.00   |
| 3.00                                                          | 00300 | OTHER CAP REL COSTS                    |             | 0                       | 0                                           | 0                                                        | 0           | 3.00   |
| 4.00                                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 2,226,623   | 30,975,887              | 33,202,510                                  | -593,646                                                 | 32,608,864  | 4.00   |
| 5.01                                                          | 00580 | COMMUNICATIONS                         | 328,095     | 305,293                 | 633,388                                     | 100,590                                                  | 733,978     | 5.01   |
| 5.02                                                          | 00540 | INFORMATION SYSTEMS                    | 511,508     | 28,425,961              | 28,937,469                                  | 59,480                                                   | 28,996,949  | 5.02   |
| 5.03                                                          | 00550 | PURCHASING/RECEIVING/STORES            | 622,998     | 497,824                 | 1,120,822                                   | 0                                                        | 1,120,822   | 5.03   |
| 5.04                                                          | 00570 | ADMINISTRATIVE                         | 1,428,109   | 77,941                  | 1,506,050                                   | -9,391                                                   | 1,496,659   | 5.04   |
| 5.05                                                          | 00560 | PATIENT ACCOUNTING                     | 3,026,109   | 875,267                 | 3,901,376                                   | 213,065                                                  | 4,114,441   | 5.05   |
| 5.06                                                          | 00590 | OTHER ADMIN & GENERAL                  | 13,661,071  | 109,971,000             | 123,632,071                                 | -11,876,028                                              | 111,756,043 | 5.06   |
| 6.00                                                          | 00600 | MAINTENANCE & REPAIRS                  | 3,978,680   | 7,939,777               | 11,918,457                                  | -7,063                                                   | 11,911,394  | 6.00   |
| 7.00                                                          | 00700 | OPERATION OF PLANT                     | 1,891,716   | 9,129,377               | 11,021,093                                  | -249,699                                                 | 10,771,394  | 7.00   |
| 8.00                                                          | 00800 | LAUNDRY & LINEN SERVICE                | 1,256,331   | 1,705,189               | 2,961,520                                   | -10,373                                                  | 2,951,147   | 8.00   |
| 9.00                                                          | 00900 | HOUSEKEEPING                           | 2,616,667   | 1,561,037               | 4,177,704                                   | -37,327                                                  | 4,140,377   | 9.00   |
| 10.00                                                         | 01000 | DIETARY                                | 2,202,172   | 936,537                 | 3,138,709                                   | -2,283,722                                               | 854,987     | 10.00  |
| 11.00                                                         | 01100 | CAFETERIA                              | 0           | 0                       | 0                                           | 2,269,205                                                | 2,269,205   | 11.00  |
| 13.00                                                         | 01300 | NURSING ADMINISTRATION                 | 2,877,824   | 862,437                 | 3,740,261                                   | -87,123                                                  | 3,653,138   | 13.00  |
| 14.00                                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 574,345     | 949,098                 | 1,523,443                                   | -826,568                                                 | 696,875     | 14.00  |
| 15.00                                                         | 01500 | PHARMACY                               | 5,300,446   | 14,760,170              | 20,060,616                                  | -13,027,615                                              | 7,033,001   | 15.00  |
| 16.00                                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 2,235,684   | 1,738,627               | 3,974,311                                   | -22,751                                                  | 3,951,560   | 16.00  |
| 20.00                                                         | 02000 | NURSING SCHOOL                         | 2,273,251   | 473,352                 | 2,746,603                                   | -8,303                                                   | 2,738,300   | 20.00  |
| 21.00                                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 6,684,491   | 74                      | 6,684,565                                   | 0                                                        | 6,684,565   | 21.00  |
| 22.00                                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0           | 0                       | 0                                           | 11,692,274                                               | 11,692,274  | 22.00  |
| 23.00                                                         | 02300 | PARAMEDICAL (CLINICAL LAB SCIENCE)     | 134,288     | 4,348                   | 138,636                                     | 0                                                        | 138,636     | 23.00  |
| 23.01                                                         | 02301 | PARAMEDICAL (RESPIRATORY THERAPY)      | 0           | 0                       | 0                                           | 0                                                        | 0           | 23.01  |
| 23.02                                                         | 02302 | PARAMEDICAL (ENDT)                     | 0           | 0                       | 0                                           | 0                                                        | 0           | 23.02  |
| 23.03                                                         | 02303 | PARAMEDICAL (PHARMACY)                 | 132,688     | 23,335                  | 156,023                                     | 177,625                                                  | 333,648     | 23.03  |
| 23.04                                                         | 02304 | PARAMEDICAL (PASTORAL CARE)            | 76,639      | 7,951                   | 84,590                                      | 746                                                      | 85,336      | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>                 |       |                                        |             |                         |                                             |                                                          |             |        |
| 30.00                                                         | 03000 | ADULTS & PEDIATRICS                    | 22,393,393  | 11,518,764              | 33,912,157                                  | -2,927,341                                               | 30,984,816  | 30.00  |
| 31.00                                                         | 03100 | INTENSIVE CARE UNIT                    | 6,464,238   | 3,114,874               | 9,579,112                                   | -320,655                                                 | 9,258,457   | 31.00  |
| 35.00                                                         | 02040 | HIGH RISK NEONATAL                     | 6,817,826   | 1,518,506               | 8,336,332                                   | -196,351                                                 | 8,139,981   | 35.00  |
| 40.00                                                         | 04000 | SUBPROVIDER - IPF                      | 1,283,448   | 395,320                 | 1,678,768                                   | 15,767                                                   | 1,694,535   | 40.00  |
| 43.00                                                         | 04300 | NURSERY                                | 0           | 185                     | 185                                         | 912,558                                                  | 912,743     | 43.00  |
| 44.00                                                         | 04400 | SKILLED NURSING FACILITY               | 1,967       | 11,315                  | 13,282                                      | -13,282                                                  | 0           | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>                         |       |                                        |             |                         |                                             |                                                          |             |        |
| 50.00                                                         | 05000 | OPERATING ROOM                         | 9,825,838   | 29,873,326              | 39,699,164                                  | -24,411,545                                              | 15,287,619  | 50.00  |
| 50.01                                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 735,106     | 813,083                 | 1,548,189                                   | -640,169                                                 | 908,020     | 50.01  |
| 50.02                                                         | 05002 | PAIN MANAGEMENT CENTER                 | 1,957       | 4,948                   | 6,905                                       | -6,905                                                   | 0           | 50.02  |
| 51.00                                                         | 05100 | RECOVERY ROOM                          | 1,831,385   | 134,034                 | 1,965,419                                   | -26,057                                                  | 1,939,362   | 51.00  |
| 52.00                                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 2,985,973   | 1,883,109               | 4,869,082                                   | 625,786                                                  | 5,494,868   | 52.00  |
| 53.00                                                         | 05300 | ANESTHESIOLOGY                         | 929,682     | 2,055,432               | 2,985,114                                   | -429,543                                                 | 2,555,571   | 53.00  |
| 54.00                                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 3,441,286   | 1,711,820               | 5,153,106                                   | -1,232,954                                               | 3,920,152   | 54.00  |
| 55.00                                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 271,819     | 211,791                 | 483,610                                     | 0                                                        | 483,610     | 55.00  |
| 56.00                                                         | 05600 | RADIOISOTOPE                           | 458,203     | 739,549                 | 1,197,752                                   | 48,438                                                   | 1,246,190   | 56.00  |
| 57.00                                                         | 05700 | CT SCAN                                | 681,816     | 382,166                 | 1,063,982                                   | -126,661                                                 | 937,321     | 57.00  |
| 58.00                                                         | 05800 | MRI                                    | 276,432     | 239,635                 | 516,067                                     | 43,411                                                   | 559,478     | 58.00  |
| 59.00                                                         | 05900 | CARDIAC CATHETERIZATION                | 5,211,034   | 34,319,567              | 39,530,601                                  | -31,137,790                                              | 8,392,811   | 59.00  |
| 60.00                                                         | 06000 | LABORATORY                             | 4,467,987   | 8,613,181               | 13,081,168                                  | -9,124                                                   | 13,072,044  | 60.00  |
| 65.00                                                         | 06500 | RESPIRATORY THERAPY                    | 3,297,771   | 1,217,500               | 4,515,271                                   | -740,650                                                 | 3,774,621   | 65.00  |
| 66.00                                                         | 06600 | PHYSICAL THERAPY                       | 5,054,791   | 1,411,479               | 6,466,270                                   | -51,273                                                  | 6,414,997   | 66.00  |
| 69.00                                                         | 06900 | ELECTROCARDIOLOGY                      | 2,355,971   | 3,374,392               | 5,730,363                                   | -62,220                                                  | 5,668,143   | 69.00  |
| 70.00                                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 738,656     | 409,479                 | 1,148,135                                   | -15,129                                                  | 1,133,006   | 70.00  |
| 71.00                                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0           | 0                       | 0                                           | 26,606,590                                               | 26,606,590  | 71.00  |
| 72.00                                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0           | 0                       | 0                                           | 35,964,791                                               | 35,964,791  | 72.00  |
| 73.00                                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0           | 0                       | 0                                           | 11,769,683                                               | 11,769,683  | 73.00  |
| 74.00                                                         | 07400 | RENAL DIALYSIS                         | 0           | 996,575                 | 996,575                                     | -31,925                                                  | 964,650     | 74.00  |
| 76.00                                                         | 03020 | OTHER ANCILLARY                        | 1,117,633   | 90,826                  | 1,208,459                                   | 1,275,536                                                | 2,483,995   | 76.00  |
| 76.97                                                         | 07697 | CARDIAC REHABILITATION                 | 580,380     | 24,907                  | 605,287                                     | 5,911                                                    | 611,198     | 76.97  |
| 76.98                                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 511,294     | 532,589                 | 1,043,883                                   | -187,789                                                 | 856,094     | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>                        |       |                                        |             |                         |                                             |                                                          |             |        |
| 91.00                                                         | 09100 | EMERGENCY                              | 4,916,211   | 6,111,550               | 11,027,761                                  | -31,505                                                  | 10,996,256  | 91.00  |
| 92.00                                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |             |                         |                                             |                                                          |             | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>                        |       |                                        |             |                         |                                             |                                                          |             |        |
| 101.00                                                        | 10100 | HOME HEALTH AGENCY                     | 3,562,437   | 656,425                 | 4,218,862                                   | -177,563                                                 | 4,041,299   | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>                           |       |                                        |             |                         |                                             |                                                          |             |        |
| 113.00                                                        | 11300 | INTEREST EXPENSE                       |             | 4,448,074               | 4,448,074                                   | 0                                                        | 4,448,074   | 113.00 |
| 116.00                                                        | 11600 | HOSPICE                                | 518,685     | 650,984                 | 1,169,669                                   | -29,130                                                  | 1,140,539   | 116.00 |
| 117.00                                                        | 06950 | HOME INFUSION                          | 740,549     | 2,960,916               | 3,701,465                                   | -251,077                                                 | 3,450,388   | 117.00 |
| 118.00                                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 145,513,503 | 359,570,092             | 505,083,595                                 | 15,255                                                   | 505,098,850 | 118.00 |

| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES |       |                                      | Provider CCN: 14-0053 |             | Period:<br>From 07/01/2017<br>To 06/30/2018 |                                | Worksheet A<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|---------------------------------------------------------------|-------|--------------------------------------|-----------------------|-------------|---------------------------------------------|--------------------------------|----------------------------------------------------------|--------|
| Cost Center Description                                       |       |                                      | Salaries              | Other       | Total (col. 1<br>+ col. 2)                  | Reclassifications (See<br>A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4)   |        |
|                                                               |       |                                      | 1.00                  | 2.00        | 3.00                                        | 4.00                           | 5.00                                                     |        |
| <b>NONREIMBURSABLE COST CENTERS</b>                           |       |                                      |                       |             |                                             |                                |                                                          |        |
| 190.00                                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 51,303                | 216,773     | 268,076                                     | 0                              | 268,076                                                  | 190.00 |
| 192.00                                                        | 19200 | PHYSICIANS' PRIVATE OFFICES          | 0                     | 1,221,610   | 1,221,610                                   | 0                              | 1,221,610                                                | 192.00 |
| 194.00                                                        | 07950 | NON REIMBURSABLE-OTHER               | 674,576               | 676,156     | 1,350,732                                   | -4,465                         | 1,346,267                                                | 194.00 |
| 194.01                                                        | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT    | 576,977               | -738,439    | -161,462                                    | -10,790                        | -172,252                                                 | 194.01 |
| 200.00                                                        |       | TOTAL (SUM OF LINES 118 through 199) | 146,816,359           | 360,946,192 | 507,762,551                                 | 0                              | 507,762,551                                              | 200.00 |

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       |                                        | Adjustments<br>(See A-8) | Net Expenses<br>For<br>Allocation |        |
|-----------------------------------------------|-------|----------------------------------------|--------------------------|-----------------------------------|--------|
|                                               |       |                                        | 6.00                     | 7.00                              |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                          |                                   |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              | 0                        | 15,819,045                        | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    | 0                        | 172,418                           | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              | 0                        | 12,261,892                        | 2.00   |
| 3.00                                          | 00300 | OTHER CAP REL COSTS                    | 0                        | 0                                 | 3.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 12,480,597               | 45,089,461                        | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         | -196,133                 | 537,845                           | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    | 3,851,070                | 32,848,019                        | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            | -225                     | 1,120,597                         | 5.03   |
| 5.04                                          | 00570 | ADMINISTRATIVE                         | -1,239                   | 1,495,420                         | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     | -448,355                 | 3,666,086                         | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  | -86,153,448              | 25,602,595                        | 5.06   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | -99,205                  | 11,812,189                        | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | -1,576,842               | 9,194,552                         | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | -57,107                  | 2,894,040                         | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | -500                     | 4,139,877                         | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | -24,116                  | 830,871                           | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                        | 2,269,205                         | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | -87,509                  | 3,565,629                         | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 0                        | 696,875                           | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | -89,045                  | 6,943,956                         | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | -1,686                   | 3,949,874                         | 16.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | -2,524,386               | 213,914                           | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | -678,802                 | 6,005,763                         | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                        | 11,692,274                        | 22.00  |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)      | -41,451                  | 97,185                            | 23.00  |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0                        | 0                                 | 23.01  |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0                        | 0                                 | 23.02  |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | -16,450                  | 317,198                           | 23.03  |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | -4,496                   | 80,840                            | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                          |                                   |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | -5,300,389               | 25,684,427                        | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 0                        | 9,258,457                         | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | -132,257                 | 8,007,724                         | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | -291,284                 | 1,403,251                         | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 0                        | 912,743                           | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                        | 0                                 | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                          |                                   |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | -1,547,196               | 13,740,423                        | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 0                        | 908,020                           | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                        | 0                                 | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 0                        | 1,939,362                         | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | -1,314,000               | 4,180,868                         | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | -206,760                 | 2,348,811                         | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | -28,342                  | 3,891,810                         | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                        | 483,610                           | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 0                        | 1,246,190                         | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 0                        | 937,321                           | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                        | 559,478                           | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | -564,282                 | 7,828,529                         | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | -42,592                  | 13,029,452                        | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | -23,291                  | 3,751,330                         | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | -574,439                 | 5,840,558                         | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | -2,957,651               | 2,710,492                         | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | -48,320                  | 1,084,686                         | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                        | 26,606,590                        | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                        | 35,964,791                        | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                        | 11,769,683                        | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | -37,000                  | 927,650                           | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 0                        | 2,483,995                         | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | -38,884                  | 572,314                           | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                        | 856,094                           | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                          |                                   |        |
| 91.00                                         | 09100 | EMERGENCY                              | -4,339,688               | 6,656,568                         | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                          |                                   | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                          |                                   |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 0                        | 4,041,299                         | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                          |                                   |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       | -4,448,074               | 0                                 | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | -312                     | 1,140,227                         | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | -35,111                  | 3,415,277                         | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | -97,599,200              | 407,499,650                       | 118.00 |

|                                                               |                       |                                             |                                                          |
|---------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet A<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|---------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------|

| Cost Center Description      |       | Adjustments<br>(See A-8)             | Net Expenses<br>For<br>Allocation |             |        |
|------------------------------|-------|--------------------------------------|-----------------------------------|-------------|--------|
|                              |       | 6.00                                 | 7.00                              |             |        |
| NONREIMBURSABLE COST CENTERS |       |                                      |                                   |             |        |
| 190.00                       | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                                 | 268,076     | 190.00 |
| 192.00                       | 19200 | PHYSICIANS' PRIVATE OFFICES          | 0                                 | 1,221,610   | 192.00 |
| 194.00                       | 07950 | NON REIMBURSABLE-OTHER               | 0                                 | 1,346,267   | 194.00 |
| 194.01                       | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT    | 0                                 | -172,252    | 194.01 |
| 200.00                       |       | TOTAL (SUM OF LINES 118 through 199) | -97,599,200                       | 410,163,351 | 200.00 |

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                   |                                     | Increases |           |            |       |
|---------------------------------------------------|-------------------------------------|-----------|-----------|------------|-------|
| Cost Center                                       |                                     | Line #    | Salary    | Other      |       |
| 2.00                                              |                                     | 3.00      | 4.00      | 5.00       |       |
| <b>A - COLLEGE OF NURSING DEPREC COSTS</b>        |                                     |           |           |            |       |
| 1.00                                              | CAP REL COSTS - CON                 | 1.01      | 0         | 170,154    | 1.00  |
|                                                   | O                                   |           | 0         | 170,154    |       |
| <b>B - NONPAID WORKERS</b>                        |                                     |           |           |            |       |
| 1.00                                              | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0         | 11,403     | 1.00  |
|                                                   | O                                   |           | 0         | 11,403     |       |
| <b>C - MEDICAL CARE ADMIN COSTS</b>               |                                     |           |           |            |       |
| 1.00                                              | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00     | 43,146    | 0          | 1.00  |
|                                                   | O                                   |           | 43,146    | 0          |       |
| <b>D - CAFETERIA COSTS</b>                        |                                     |           |           |            |       |
| 1.00                                              | CAFETERIA                           | 11.00     | 1,592,113 | 677,092    | 1.00  |
|                                                   | O                                   |           | 1,592,113 | 677,092    |       |
| <b>E - NURSERY AND LABOR/DELIVERY COSTS</b>       |                                     |           |           |            |       |
| 1.00                                              | NURSERY                             | 43.00     | 747,772   | 171,212    | 1.00  |
| 2.00                                              | DELIVERY ROOM & LABOR ROOM          | 52.00     | 474,070   | 223,966    | 2.00  |
|                                                   | O                                   |           | 1,221,842 | 395,178    |       |
| <b>F - MOVE LEFTOVER SNF EXP'S</b>                |                                     |           |           |            |       |
| 1.00                                              | ADULTS & PEDIATRICS                 | 30.00     | 1,967     | 11,315     | 1.00  |
|                                                   | TOTALS                              |           | 1,967     | 11,315     |       |
| <b>G - TO KEEP EXPS CONSISTENT WITH REVS</b>      |                                     |           |           |            |       |
| 1.00                                              | EMERGENCY                           | 91.00     | 1,957     | 4,948      | 1.00  |
|                                                   | TOTALS                              |           | 1,957     | 4,948      |       |
| <b>I - INTERPRETER SERVICES</b>                   |                                     |           |           |            |       |
| 1.00                                              | ADULTS & PEDIATRICS                 | 30.00     | 0         | 68,482     | 1.00  |
|                                                   | TOTALS                              |           | 0         | 68,482     |       |
| <b>J - DRUGS CHARGED TO PATIENTS</b>              |                                     |           |           |            |       |
| 1.00                                              | DRUGS CHARGED TO PATIENTS           | 73.00     | 0         | 11,769,683 | 1.00  |
| 2.00                                              |                                     | 0.00      | 0         | 0          | 2.00  |
| 3.00                                              |                                     | 0.00      | 0         | 0          | 3.00  |
| 4.00                                              |                                     | 0.00      | 0         | 0          | 4.00  |
| 5.00                                              |                                     | 0.00      | 0         | 0          | 5.00  |
| 6.00                                              |                                     | 0.00      | 0         | 0          | 6.00  |
| 7.00                                              |                                     | 0.00      | 0         | 0          | 7.00  |
| 8.00                                              |                                     | 0.00      | 0         | 0          | 8.00  |
| 9.00                                              |                                     | 0.00      | 0         | 0          | 9.00  |
| 10.00                                             |                                     | 0.00      | 0         | 0          | 10.00 |
| 11.00                                             |                                     | 0.00      | 0         | 0          | 11.00 |
| 12.00                                             |                                     | 0.00      | 0         | 0          | 12.00 |
|                                                   | O                                   |           | 0         | 11,769,683 |       |
| <b>K - WORKERS COMPENSATION COSTS</b>             |                                     |           |           |            |       |
| 1.00                                              |                                     | 0.00      | 0         | 0          | 1.00  |
|                                                   | O                                   |           | 0         | 0          |       |
| <b>L - MEDICAL &amp; IMPLANTABLE SUPPLY COSTS</b> |                                     |           |           |            |       |
| 1.00                                              | MEDICAL SUPPLIES CHARGED TO PATIENT | 71.00     | 0         | 26,606,590 | 1.00  |
| 2.00                                              | IMPL. DEV. CHARGED TO PATIENTS      | 72.00     | 0         | 35,964,791 | 2.00  |
| 3.00                                              |                                     | 0.00      | 0         | 0          | 3.00  |
| 4.00                                              |                                     | 0.00      | 0         | 0          | 4.00  |
| 5.00                                              |                                     | 0.00      | 0         | 0          | 5.00  |
| 6.00                                              |                                     | 0.00      | 0         | 0          | 6.00  |
| 7.00                                              |                                     | 0.00      | 0         | 0          | 7.00  |
| 8.00                                              |                                     | 0.00      | 0         | 0          | 8.00  |
| 9.00                                              |                                     | 0.00      | 0         | 0          | 9.00  |
| 10.00                                             |                                     | 0.00      | 0         | 0          | 10.00 |
| 11.00                                             |                                     | 0.00      | 0         | 0          | 11.00 |
| 12.00                                             |                                     | 0.00      | 0         | 0          | 12.00 |
| 13.00                                             |                                     | 0.00      | 0         | 0          | 13.00 |
| 14.00                                             |                                     | 0.00      | 0         | 0          | 14.00 |
| 15.00                                             |                                     | 0.00      | 0         | 0          | 15.00 |
| 16.00                                             |                                     | 0.00      | 0         | 0          | 16.00 |
| 17.00                                             |                                     | 0.00      | 0         | 0          | 17.00 |
| 18.00                                             |                                     | 0.00      | 0         | 0          | 18.00 |
| 19.00                                             |                                     | 0.00      | 0         | 0          | 19.00 |
| 20.00                                             |                                     | 0.00      | 0         | 0          | 20.00 |
| 21.00                                             |                                     | 0.00      | 0         | 0          | 21.00 |
| 22.00                                             |                                     | 0.00      | 0         | 0          | 22.00 |
| 23.00                                             |                                     | 0.00      | 0         | 0          | 23.00 |
| 24.00                                             |                                     | 0.00      | 0         | 0          | 24.00 |
| 25.00                                             |                                     | 0.00      | 0         | 0          | 25.00 |
| 26.00                                             |                                     | 0.00      | 0         | 0          | 26.00 |
| 27.00                                             |                                     | 0.00      | 0         | 0          | 27.00 |
| 28.00                                             |                                     | 0.00      | 0         | 0          | 28.00 |

|                                         |                                     | Increases |         |            |       |
|-----------------------------------------|-------------------------------------|-----------|---------|------------|-------|
| Cost Center                             |                                     | Line #    | Salary  | Other      |       |
| 2.00                                    |                                     | 3.00      | 4.00    | 5.00       |       |
|                                         | 0                                   |           | 0       | 62,571,381 |       |
| M - RN-BSN PROGRAM/EDUCATION            |                                     |           |         |            |       |
| 1.00                                    |                                     | 0.00      | 0       | 0          | 1.00  |
|                                         | 0                                   |           | 0       | 0          |       |
| N - LEGAL FEES                          |                                     |           |         |            |       |
| 1.00                                    | OTHER ADMIN & GENERAL               | 5.06      | 0       | 261,650    | 1.00  |
|                                         | 0                                   |           | 0       | 261,650    |       |
| O - UTILITIES/TELEPHONE FOR PDC         |                                     |           |         |            |       |
| 1.00                                    | COMMUNICATIONS                      | 5.01      | 0       | 108,194    | 1.00  |
| 2.00                                    |                                     | 0.00      | 0       | 0          | 2.00  |
|                                         | 0                                   |           | 0       | 108,194    |       |
| P - PHARMACY CONTINUING EDUCATION/SERVI |                                     |           |         |            |       |
| 1.00                                    | PARAMED ED (PHARMACY)               | 23.03     | 172,625 | 5,000      | 1.00  |
|                                         | 0                                   |           | 172,625 | 5,000      |       |
| Q - NURSING BONUSES                     |                                     |           |         |            |       |
| 1.00                                    | ADULTS & PEDIATRICALS               | 30.00     | 7,118   | 0          | 1.00  |
| 2.00                                    | INTENSIVE CARE UNIT                 | 31.00     | 5,011   | 0          | 2.00  |
| 3.00                                    | HIGH RISK NEONATAL                  | 35.00     | 2,547   | 0          | 3.00  |
| 4.00                                    | OPERATING ROOM                      | 50.00     | 2,553   | 0          | 4.00  |
| 5.00                                    | DELIVERY ROOM & LABOR ROOM          | 52.00     | 4,041   | 0          | 5.00  |
| 6.00                                    | CARDIAC CATHETERIZATION             | 59.00     | 1,063   | 0          | 6.00  |
| 7.00                                    | ELECTROCARDIOLOGY                   | 69.00     | 1,018   | 0          | 7.00  |
| 8.00                                    | OTHER ANCILLARY                     | 76.00     | 1,009   | 0          | 8.00  |
| 9.00                                    | CARDIAC REHABILITATION              | 76.97     | 501     | 0          | 9.00  |
| 10.00                                   | HYPERBARIC OXYGEN THERAPY           | 76.98     | 518     | 0          | 10.00 |
| 11.00                                   | EMERGENCY                           | 91.00     | 3,577   | 0          | 11.00 |
| 12.00                                   | HOME INFUSION                       | 117.00    | 513     | 0          | 12.00 |
|                                         | 0                                   |           | 29,469  | 0          |       |
| R - NEW GRAD RN ONSITE TRAINING         |                                     |           |         |            |       |
| 1.00                                    | NURSING SCHOOL                      | 20.00     | 1,424   | 0          | 1.00  |
| 2.00                                    | ADULTS & PEDIATRICALS               | 30.00     | 6,975   | 0          | 2.00  |
| 3.00                                    | INTENSIVE CARE UNIT                 | 31.00     | 2,434   | 0          | 3.00  |
| 4.00                                    | HIGH RISK NEONATAL                  | 35.00     | 5       | 0          | 4.00  |
| 5.00                                    | NURSERY                             | 43.00     | 3,397   | 0          | 5.00  |
| 6.00                                    | DELIVERY ROOM & LABOR ROOM          | 52.00     | 6,016   | 0          | 6.00  |
| 7.00                                    | EMERGENCY                           | 91.00     | 7,825   | 0          | 7.00  |
|                                         | 0                                   |           | 28,076  | 0          |       |
| S - ACADEMIC SUPPORT                    |                                     |           |         |            |       |
| 1.00                                    | I&R SERVICES-OTHER PRGM COSTS APPRV | 22.00     | 0       | 11,649,128 | 1.00  |
|                                         | 0                                   |           | 0       | 11,649,128 |       |
| T - OUTPATIENT ROUTINE SERVICES         |                                     |           |         |            |       |
| 1.00                                    | OTHER ANCILLARY                     | 76.00     | 862,304 | 440,590    | 1.00  |
| 2.00                                    |                                     | 0.00      | 0       | 0          | 2.00  |
| 3.00                                    |                                     | 0.00      | 0       | 0          | 3.00  |
| 4.00                                    |                                     | 0.00      | 0       | 0          | 4.00  |
| 5.00                                    |                                     | 0.00      | 0       | 0          | 5.00  |
|                                         | 0                                   |           | 862,304 | 440,590    |       |
| U - RADIOLOGY ADMINISTRATION            |                                     |           |         |            |       |
| 1.00                                    | RADIOISOTOPE                        | 56.00     | 71,809  | 52,830     | 1.00  |
| 2.00                                    | CT SCAN                             | 57.00     | 106,854 | 27,300     | 2.00  |
| 3.00                                    | MRI                                 | 58.00     | 43,322  | 17,118     | 3.00  |
|                                         | 0                                   |           | 221,985 | 97,248     |       |
| V - SHORT-TERM DISABILITY               |                                     |           |         |            |       |
| 1.00                                    | EMPLOYEE BENEFITS DEPARTMENT        | 4.00      | 0       | 1,015,443  | 1.00  |
| 2.00                                    |                                     | 0.00      | 0       | 0          | 2.00  |
| 3.00                                    |                                     | 0.00      | 0       | 0          | 3.00  |
| 4.00                                    |                                     | 0.00      | 0       | 0          | 4.00  |
| 5.00                                    |                                     | 0.00      | 0       | 0          | 5.00  |
| 6.00                                    |                                     | 0.00      | 0       | 0          | 6.00  |
| 7.00                                    |                                     | 0.00      | 0       | 0          | 7.00  |
| 8.00                                    |                                     | 0.00      | 0       | 0          | 8.00  |
| 9.00                                    |                                     | 0.00      | 0       | 0          | 9.00  |
| 10.00                                   |                                     | 0.00      | 0       | 0          | 10.00 |
| 11.00                                   |                                     | 0.00      | 0       | 0          | 11.00 |
| 12.00                                   |                                     | 0.00      | 0       | 0          | 12.00 |
| 13.00                                   |                                     | 0.00      | 0       | 0          | 13.00 |
| 14.00                                   |                                     | 0.00      | 0       | 0          | 14.00 |
| 15.00                                   |                                     | 0.00      | 0       | 0          | 15.00 |
| 16.00                                   |                                     | 0.00      | 0       | 0          | 16.00 |
| 17.00                                   |                                     | 0.00      | 0       | 0          | 17.00 |
| 18.00                                   |                                     | 0.00      | 0       | 0          | 18.00 |
| 19.00                                   |                                     | 0.00      | 0       | 0          | 19.00 |
| 20.00                                   |                                     | 0.00      | 0       | 0          | 20.00 |

|                                     |                            | Increases |           |             |        |
|-------------------------------------|----------------------------|-----------|-----------|-------------|--------|
| Cost Center                         |                            | Line #    | Salary    | Other       |        |
| 2.00                                |                            | 3.00      | 4.00      | 5.00        |        |
| 21.00                               |                            | 0.00      | 0         | 0           | 21.00  |
| 22.00                               |                            | 0.00      | 0         | 0           | 22.00  |
| 23.00                               |                            | 0.00      | 0         | 0           | 23.00  |
| 24.00                               |                            | 0.00      | 0         | 0           | 24.00  |
| 25.00                               |                            | 0.00      | 0         | 0           | 25.00  |
| 26.00                               |                            | 0.00      | 0         | 0           | 26.00  |
| 27.00                               |                            | 0.00      | 0         | 0           | 27.00  |
| 28.00                               |                            | 0.00      | 0         | 0           | 28.00  |
| 29.00                               |                            | 0.00      | 0         | 0           | 29.00  |
| 30.00                               |                            | 0.00      | 0         | 0           | 30.00  |
| 31.00                               |                            | 0.00      | 0         | 0           | 31.00  |
| 32.00                               |                            | 0.00      | 0         | 0           | 32.00  |
| 33.00                               |                            | 0.00      | 0         | 0           | 33.00  |
| 34.00                               |                            | 0.00      | 0         | 0           | 34.00  |
| 35.00                               |                            | 0.00      | 0         | 0           | 35.00  |
| 36.00                               |                            | 0.00      | 0         | 0           | 36.00  |
| 37.00                               |                            | 0.00      | 0         | 0           | 37.00  |
| 38.00                               |                            | 0.00      | 0         | 0           | 38.00  |
|                                     |                            |           | 0         | 1,015,443   |        |
| W - MACARTHUR LEASE EXPENSE         |                            |           |           |             |        |
| 1.00                                | PATIENT ACCOUNTING         | 5.05      | 0         | 201,913     | 1.00   |
| 2.00                                | OTHER ADMIN & GENERAL      | 5.06      | 0         | 39,093      | 2.00   |
|                                     |                            |           | 0         | 241,006     |        |
| X - MOVEABLE EQUIPMENT DEPRECIATION |                            |           |           |             |        |
| 1.00                                | CAP REL COSTS-MVBLE EQUIP  | 2.00      | 0         | 12,188,731  | 1.00   |
|                                     |                            |           | 0         | 12,188,731  |        |
| Y - CAPITAL INSURANCE EXPENSE       |                            |           |           |             |        |
| 1.00                                | OTHER CAP REL COSTS        | 3.00      | 0         | 330,046     | 1.00   |
|                                     |                            |           | 0         | 330,046     |        |
| Z - PASTORAL CARE                   |                            |           |           |             |        |
| 1.00                                | PARAMED ED (PASTORAL CARE) | 23.04     | 746       | 0           | 1.00   |
|                                     | TOTALS                     |           | 746       | 0           |        |
| AA - SHARED COLLEAGUES RECLASS      |                            |           |           |             |        |
| 1.00                                | OTHER ADMIN & GENERAL      | 5.06      | 0         | 2,426,156   | 1.00   |
| 2.00                                | LAUNDRY & LINEN SERVICE    | 8.00      | 0         | 587,230     | 2.00   |
|                                     |                            |           | 0         | 3,013,386   |        |
| AB - SIGN ON & RETENTION BONUS      |                            |           |           |             |        |
| 1.00                                | INFORMATION SYSTEMS        | 5.02      | 59,480    | 0           | 1.00   |
| 2.00                                | PATIENT ACCOUNTING         | 5.05      | 32,068    | 0           | 2.00   |
| 3.00                                | OTHER ADMIN & GENERAL      | 5.06      | 116,155   | 0           | 3.00   |
| 4.00                                | DIETARY                    | 10.00     | 1,431     | 0           | 4.00   |
| 5.00                                | NURSING ADMINISTRATION     | 13.00     | 25,292    | 0           | 5.00   |
| 6.00                                | CENTRAL SERVICES & SUPPLY  | 14.00     | 2         | 0           | 6.00   |
| 7.00                                | PHARMACY                   | 15.00     | 9,920     | 0           | 7.00   |
| 8.00                                | NURSING SCHOOL             | 20.00     | 1,150     | 0           | 8.00   |
| 9.00                                | ADULTS & PEDIATRICS        | 30.00     | 414,305   | 0           | 9.00   |
| 10.00                               | INTENSIVE CARE UNIT        | 31.00     | 214,223   | 0           | 10.00  |
| 11.00                               | HIGH RISK NEONATAL         | 35.00     | 48,535    | 0           | 11.00  |
| 12.00                               | SUBPROVIDER - IPF          | 40.00     | 25,492    | 0           | 12.00  |
| 13.00                               | OPERATING ROOM             | 50.00     | 85,448    | 0           | 13.00  |
| 14.00                               | GASTRODIAGNOSTIC UNIT      | 50.01     | 4,877     | 0           | 14.00  |
| 15.00                               | DELIVERY ROOM & LABOR ROOM | 52.00     | 32,910    | 0           | 15.00  |
| 16.00                               | RADIOLOGY-DIAGNOSTIC       | 54.00     | 5,000     | 0           | 16.00  |
| 17.00                               | CARDIAC CATHETERIZATION    | 59.00     | 81,273    | 0           | 17.00  |
| 18.00                               | LABORATORY                 | 60.00     | 4,995     | 0           | 18.00  |
| 19.00                               | RESPIRATORY THERAPY        | 65.00     | 28,066    | 0           | 19.00  |
| 20.00                               | PHYSICAL THERAPY           | 66.00     | 34,392    | 0           | 20.00  |
| 21.00                               | ELECTROCARDIOLOGY          | 69.00     | 19,015    | 0           | 21.00  |
| 22.00                               | ELECTROENCEPHALOGRAPHY     | 70.00     | 97        | 0           | 22.00  |
| 23.00                               | OTHER ANCILLARY            | 76.00     | 54        | 0           | 23.00  |
| 24.00                               | CARDIAC REHABILITATION     | 76.97     | 5,485     | 0           | 24.00  |
| 25.00                               | HYPERBARIC OXYGEN THERAPY  | 76.98     | 1,497     | 0           | 25.00  |
| 26.00                               | EMERGENCY                  | 91.00     | 102,721   | 0           | 26.00  |
| 27.00                               | HOME HEALTH AGENCY         | 101.00    | 4,902     | 0           | 27.00  |
| 28.00                               | HOSPICE                    | 116.00    | 57        | 0           | 28.00  |
|                                     | TOTALS                     |           | 1,358,842 | 0           |        |
| 500.00                              | Grand Total: Increases     |           | 5,535,072 | 105,030,058 | 500.00 |



RECLASSIFICATIONS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                   |                            | Decreases |           |            |                |       |
|---------------------------------------------------|----------------------------|-----------|-----------|------------|----------------|-------|
|                                                   | Cost Center                | Line #    | Salary    | Other      | Wkst. A-7 Ref. |       |
|                                                   | 6.00                       | 7.00      | 8.00      | 9.00       | 10.00          |       |
| <b>A - COLLEGE OF NURSING DEPREC COSTS</b>        |                            |           |           |            |                |       |
| 1.00                                              | CAP REL COSTS-BLDG & FIXT  | 1.00      | 0         | 170,154    | 9              | 1.00  |
|                                                   | O                          |           | 0         | 170,154    |                |       |
| <b>B - NONPAID WORKERS</b>                        |                            |           |           |            |                |       |
| 1.00                                              | HOSPICE                    | 116.00    | 0         | 11,403     | 0              | 1.00  |
|                                                   | O                          |           | 0         | 11,403     |                |       |
| <b>C - MEDICAL CARE ADMIN COSTS</b>               |                            |           |           |            |                |       |
| 1.00                                              | OTHER ADMIN & GENERAL      | 5.06      | 43,146    | 0          | 0              | 1.00  |
|                                                   | O                          |           | 43,146    | 0          |                |       |
| <b>D - CAFETERIA COSTS</b>                        |                            |           |           |            |                |       |
| 1.00                                              | DIETARY                    | 10.00     | 1,592,113 | 677,092    | 0              | 1.00  |
|                                                   | O                          |           | 1,592,113 | 677,092    |                |       |
| <b>E - NURSERY AND LABOR/DELIVERY COSTS</b>       |                            |           |           |            |                |       |
| 1.00                                              | ADULTS & PEDIATRICS        | 30.00     | 1,221,842 | 395,178    | 0              | 1.00  |
| 2.00                                              | O                          | 0.00      | 0         | 0          | 0              | 2.00  |
|                                                   | O                          |           | 1,221,842 | 395,178    |                |       |
| <b>F - MOVE LEFTOVER SNF EXP'S</b>                |                            |           |           |            |                |       |
| 1.00                                              | SKILLED NURSING FACILITY   | 44.00     | 1,967     | 11,315     | 0              | 1.00  |
|                                                   | TOTALS                     |           | 1,967     | 11,315     |                |       |
| <b>G - TO KEEP EXPS CONSISTENT WITH REVS</b>      |                            |           |           |            |                |       |
| 1.00                                              | PAIN MANAGEMENT CENTER     | 50.02     | 1,957     | 4,948      | 0              | 1.00  |
|                                                   | TOTALS                     |           | 1,957     | 4,948      |                |       |
| <b>I - INTERPRETER SERVICES</b>                   |                            |           |           |            |                |       |
| 1.00                                              | OTHER ADMIN & GENERAL      | 5.06      | 0         | 68,482     | 0              | 1.00  |
|                                                   | TOTALS                     |           | 0         | 68,482     |                |       |
| <b>J - DRUGS CHARGED TO PATIENTS</b>              |                            |           |           |            |                |       |
| 1.00                                              | PHARMACY                   | 15.00     | 0         | 11,158,869 | 0              | 1.00  |
| 2.00                                              | ADULTS & PEDIATRICS        | 30.00     | 0         | 246        | 0              | 2.00  |
| 3.00                                              | INTENSIVE CARE UNIT        | 31.00     | 0         | 147        | 0              | 3.00  |
| 4.00                                              | OPERATING ROOM             | 50.00     | 0         | 16,219     | 0              | 4.00  |
| 5.00                                              | GASTRODIAGNOSTIC UNIT      | 50.01     | 0         | 11,270     | 0              | 5.00  |
| 6.00                                              | ANESTHESIOLOGY             | 53.00     | 0         | 33         | 0              | 6.00  |
| 7.00                                              | RADIOLOGY-DIAGNOSTIC       | 54.00     | 0         | 103,976    | 0              | 7.00  |
| 8.00                                              | RADIOISOTOPE               | 56.00     | 0         | 75,254     | 0              | 8.00  |
| 9.00                                              | CT SCAN                    | 57.00     | 0         | 218,641    | 0              | 9.00  |
| 10.00                                             | MRI                        | 58.00     | 0         | 11         | 0              | 10.00 |
| 11.00                                             | CARDIAC CATHETERIZATION    | 59.00     | 0         | 104,211    | 0              | 11.00 |
| 12.00                                             | HYPERBARIC OXYGEN THERAPY  | 76.98     | 0         | 80,806     | 0              | 12.00 |
|                                                   | O                          |           | 0         | 11,769,683 |                |       |
| <b>K - WORKERS COMPENSATION COSTS</b>             |                            |           |           |            |                |       |
| 1.00                                              |                            | 0.00      | 0         | 0          | 0              | 1.00  |
|                                                   | O                          |           | 0         | 0          |                |       |
| <b>L - MEDICAL &amp; IMPLANTABLE SUPPLY COSTS</b> |                            |           |           |            |                |       |
| 1.00                                              | OTHER ADMIN & GENERAL      | 5.06      | 0         | 151,717    | 0              | 1.00  |
| 2.00                                              | CENTRAL SERVICES & SUPPLY  | 14.00     | 0         | 818,249    | 0              | 2.00  |
| 3.00                                              | PHARMACY                   | 15.00     | 0         | 1,698,949  | 0              | 3.00  |
| 4.00                                              | ADULTS & PEDIATRICS        | 30.00     | 0         | 434,637    | 0              | 4.00  |
| 5.00                                              | INTENSIVE CARE UNIT        | 31.00     | 0         | 449,037    | 0              | 5.00  |
| 6.00                                              | HIGH RISK NEONATAL         | 35.00     | 0         | 140,083    | 0              | 6.00  |
| 7.00                                              | SUBPROVIDER - IPF          | 40.00     | 0         | 3,063      | 0              | 7.00  |
| 8.00                                              | OPERATING ROOM             | 50.00     | 0         | 24,396,693 | 0              | 8.00  |
| 9.00                                              | GASTRODIAGNOSTIC UNIT      | 50.01     | 0         | 633,724    | 0              | 9.00  |
| 10.00                                             | RECOVERY ROOM              | 51.00     | 0         | 498        | 0              | 10.00 |
| 11.00                                             | DELIVERY ROOM & LABOR ROOM | 52.00     | 0         | 84,789     | 0              | 11.00 |
| 12.00                                             | ANESTHESIOLOGY             | 53.00     | 0         | 427,301    | 0              | 12.00 |
| 13.00                                             | RADIOLOGY-DIAGNOSTIC       | 54.00     | 0         | 774,691    | 0              | 13.00 |
| 14.00                                             | RADIOISOTOPE               | 56.00     | 0         | 947        | 0              | 14.00 |
| 15.00                                             | CT SCAN                    | 57.00     | 0         | 34,396     | 0              | 15.00 |
| 16.00                                             | MRI                        | 58.00     | 0         | 11,374     | 0              | 16.00 |
| 17.00                                             | CARDIAC CATHETERIZATION    | 59.00     | 0         | 30,943,674 | 0              | 17.00 |
| 18.00                                             | RESPIRATORY THERAPY        | 65.00     | 0         | 718,964    | 0              | 18.00 |
| 19.00                                             | PHYSICAL THERAPY           | 66.00     | 0         | 59,670     | 0              | 19.00 |
| 20.00                                             | ELECTROCARDIOLOGY          | 69.00     | 0         | 76,617     | 0              | 20.00 |
| 21.00                                             | RENAL DIALYSIS             | 74.00     | 0         | 31,925     | 0              | 21.00 |
| 22.00                                             | OTHER ANCILLARY            | 76.00     | 0         | 20,559     | 0              | 22.00 |
| 23.00                                             | CARDIAC REHABILITATION     | 76.97     | 0         | 75         | 0              | 23.00 |
| 24.00                                             | HYPERBARIC OXYGEN THERAPY  | 76.98     | 0         | 94,784     | 0              | 24.00 |
| 25.00                                             | EMERGENCY                  | 91.00     | 0         | 135,566    | 0              | 25.00 |
| 26.00                                             | HOME HEALTH AGENCY         | 101.00    | 0         | 160,025    | 0              | 26.00 |
| 27.00                                             | HOSPICE                    | 116.00    | 0         | 17,784     | 0              | 27.00 |
| 28.00                                             | HOME INFUSION              | 117.00    | 0         | 251,590    | 0              | 28.00 |
|                                                   | O                          |           | 0         | 62,571,381 |                |       |

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                |                              | Decreases |         |            |                |       |
|------------------------------------------------|------------------------------|-----------|---------|------------|----------------|-------|
|                                                | Cost Center                  | Line #    | Salary  | Other      | Wkst. A-7 Ref. |       |
|                                                | 6.00                         | 7.00      | 8.00    | 9.00       | 10.00          |       |
| <b>M - RN-BSN PROGRAM/EDUCATION</b>            |                              |           |         |            |                |       |
| 1.00                                           |                              | 0.00      | 0       | 0          | 0              | 1.00  |
|                                                |                              |           | 0       | 0          |                |       |
| <b>N - LEGAL FEES</b>                          |                              |           |         |            |                |       |
| 1.00                                           | EMPLOYEE BENEFITS DEPARTMENT | 4.00      | 0       | 261,650    | 0              | 1.00  |
|                                                |                              |           | 0       | 261,650    |                |       |
| <b>O - UTILITIES/TELEPHONE FOR PDC</b>         |                              |           |         |            |                |       |
| 1.00                                           | CARDIAC CATHETERIZATION      | 59.00     | 0       | 106,311    | 0              | 1.00  |
| 2.00                                           | OPERATION OF PLANT           | 7.00      | 0       | 1,883      | 0              | 2.00  |
|                                                |                              |           | 0       | 108,194    |                |       |
| <b>P - PHARMACY CONTINUING EDUCATION/SERVI</b> |                              |           |         |            |                |       |
| 1.00                                           | PHARMACY                     | 15.00     | 172,625 | 5,000      | 0              | 1.00  |
|                                                |                              |           | 172,625 | 5,000      |                |       |
| <b>Q - NURSING BONUSES</b>                     |                              |           |         |            |                |       |
| 1.00                                           | NURSING ADMINISTRATION       | 13.00     | 29,469  | 0          | 0              | 1.00  |
| 2.00                                           |                              | 0.00      | 0       | 0          | 0              | 2.00  |
| 3.00                                           |                              | 0.00      | 0       | 0          | 0              | 3.00  |
| 4.00                                           |                              | 0.00      | 0       | 0          | 0              | 4.00  |
| 5.00                                           |                              | 0.00      | 0       | 0          | 0              | 5.00  |
| 6.00                                           |                              | 0.00      | 0       | 0          | 0              | 6.00  |
| 7.00                                           |                              | 0.00      | 0       | 0          | 0              | 7.00  |
| 8.00                                           |                              | 0.00      | 0       | 0          | 0              | 8.00  |
| 9.00                                           |                              | 0.00      | 0       | 0          | 0              | 9.00  |
| 10.00                                          |                              | 0.00      | 0       | 0          | 0              | 10.00 |
| 11.00                                          |                              | 0.00      | 0       | 0          | 0              | 11.00 |
| 12.00                                          |                              | 0.00      | 0       | 0          | 0              | 12.00 |
|                                                |                              |           | 29,469  | 0          |                |       |
| <b>R - NEW GRAD RN ON SITE TRAINING</b>        |                              |           |         |            |                |       |
| 1.00                                           | NURSING ADMINISTRATION       | 13.00     | 28,076  | 0          | 0              | 1.00  |
| 2.00                                           |                              | 0.00      | 0       | 0          | 0              | 2.00  |
| 3.00                                           |                              | 0.00      | 0       | 0          | 0              | 3.00  |
| 4.00                                           |                              | 0.00      | 0       | 0          | 0              | 4.00  |
| 5.00                                           |                              | 0.00      | 0       | 0          | 0              | 5.00  |
| 6.00                                           |                              | 0.00      | 0       | 0          | 0              | 6.00  |
| 7.00                                           |                              | 0.00      | 0       | 0          | 0              | 7.00  |
|                                                |                              |           | 28,076  | 0          |                |       |
| <b>S - ACADEMIC SUPPORT</b>                    |                              |           |         |            |                |       |
| 1.00                                           | OTHER ADMIN & GENERAL        | 5.06      | 0       | 11,649,128 | 0              | 1.00  |
|                                                |                              |           | 0       | 11,649,128 |                |       |
| <b>T - OUTPATIENT ROUTINE SERVICES</b>         |                              |           |         |            |                |       |
| 1.00                                           | ADULTS & PEDIATRICS          | 30.00     | 799,891 | 415,743    | 0              | 1.00  |
| 2.00                                           | INTENSIVE CARE UNIT          | 31.00     | 53,238  | 22,812     | 0              | 2.00  |
| 3.00                                           | HIGH RISK NEONATAL           | 35.00     | 1,071   | 227        | 0              | 3.00  |
| 4.00                                           | SUBPROVIDER - IPF            | 40.00     | 68      | 21         | 0              | 4.00  |
| 5.00                                           | NURSERY                      | 43.00     | 8,036   | 1,787      | 0              | 5.00  |
|                                                |                              |           | 862,304 | 440,590    |                |       |
| <b>U - RADIOLOGY ADMINISTRATION</b>            |                              |           |         |            |                |       |
| 1.00                                           | RADIOLOGY-DIAGNOSTIC         | 54.00     | 221,985 | 97,248     | 0              | 1.00  |
| 2.00                                           |                              | 0.00      | 0       | 0          | 0              | 2.00  |
| 3.00                                           |                              | 0.00      | 0       | 0          | 0              | 3.00  |
|                                                |                              |           | 221,985 | 97,248     |                |       |
| <b>V - SHORT-TERM DISABILITY</b>               |                              |           |         |            |                |       |
| 1.00                                           | COMMUNICATIONS               | 5.01      | 7,604   | 0          | 0              | 1.00  |
| 2.00                                           | ADMINISTRATION               | 5.04      | 9,391   | 0          | 0              | 2.00  |
| 3.00                                           | PATIENT ACCOUNTING           | 5.05      | 20,916  | 0          | 0              | 3.00  |
| 4.00                                           | OTHER ADMIN & GENERAL        | 5.06      | 49,661  | 0          | 0              | 4.00  |
| 5.00                                           | MAINTENANCE & REPAIRS        | 6.00      | 7,063   | 0          | 0              | 5.00  |
| 6.00                                           | OPERATION OF PLANT           | 7.00      | 6,810   | 0          | 0              | 6.00  |
| 7.00                                           | LAUNDRY & LINEN SERVICE      | 8.00      | 10,373  | 0          | 0              | 7.00  |
| 8.00                                           | HOUSEKEEPING                 | 9.00      | 37,327  | 0          | 0              | 8.00  |
| 9.00                                           | DIETARY                      | 10.00     | 15,948  | 0          | 0              | 9.00  |
| 10.00                                          | NURSING ADMINISTRATION       | 13.00     | 54,870  | 0          | 0              | 10.00 |
| 11.00                                          | CENTRAL SERVICES & SUPPLY    | 14.00     | 8,321   | 0          | 0              | 11.00 |
| 12.00                                          | PHARMACY                     | 15.00     | 2,092   | 0          | 0              | 12.00 |
| 13.00                                          | MEDICAL RECORDS & LIBRARY    | 16.00     | 22,751  | 0          | 0              | 13.00 |
| 14.00                                          | NURSING SCHOOL               | 20.00     | 10,877  | 0          | 0              | 14.00 |
| 15.00                                          | ADULTS & PEDIATRICS          | 30.00     | 169,966 | 0          | 0              | 15.00 |
| 16.00                                          | INTENSIVE CARE UNIT          | 31.00     | 17,089  | 0          | 0              | 16.00 |
| 17.00                                          | HIGH RISK NEONATAL           | 35.00     | 106,057 | 0          | 0              | 17.00 |
| 18.00                                          | SUBPROVIDER - IPF            | 40.00     | 6,573   | 0          | 0              | 18.00 |
| 19.00                                          | OPERATING ROOM               | 50.00     | 86,634  | 0          | 0              | 19.00 |
| 20.00                                          | GASTRODIAGNOSTIC UNIT        | 50.01     | 52      | 0          | 0              | 20.00 |
| 21.00                                          | RECOVERY ROOM                | 51.00     | 25,559  | 0          | 0              | 21.00 |
| 22.00                                          | DELIVERY ROOM & LABOR ROOM   | 52.00     | 30,428  | 0          | 0              | 22.00 |

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                     |                                   | Decreases |           |             |                |  |  |        |
|-------------------------------------|-----------------------------------|-----------|-----------|-------------|----------------|--|--|--------|
| Cost Center                         |                                   | Line #    | Salary    | Other       | Wkst. A-7 Ref. |  |  |        |
| 6.00                                |                                   | 7.00      | 8.00      | 9.00        | 10.00          |  |  |        |
| 23.00                               | ANESTHESIOLOGY                    | 53.00     | 2,209     | 0           | 0              |  |  | 23.00  |
| 24.00                               | RADIOLOGY-DIAGNOSTIC              | 54.00     | 40,054    | 0           | 0              |  |  | 24.00  |
| 25.00                               | CT SCAN                           | 57.00     | 7,778     | 0           | 0              |  |  | 25.00  |
| 26.00                               | MRI                               | 58.00     | 5,644     | 0           | 0              |  |  | 26.00  |
| 27.00                               | CARDIAC CATHETERIZATION           | 59.00     | 65,930    | 0           | 0              |  |  | 27.00  |
| 28.00                               | LABORATORY                        | 60.00     | 14,119    | 0           | 0              |  |  | 28.00  |
| 29.00                               | RESPIRATORY THERAPY               | 65.00     | 49,752    | 0           | 0              |  |  | 29.00  |
| 30.00                               | PHYSICAL THERAPY                  | 66.00     | 25,995    | 0           | 0              |  |  | 30.00  |
| 31.00                               | ELECTROCARDIOLOGY                 | 69.00     | 5,636     | 0           | 0              |  |  | 31.00  |
| 32.00                               | ELECTROENCEPHALOGRAPHY            | 70.00     | 15,226    | 0           | 0              |  |  | 32.00  |
| 33.00                               | OTHER ANCILLARY                   | 76.00     | 7,862     | 0           | 0              |  |  | 33.00  |
| 34.00                               | HYPERBARIC OXYGEN THERAPY         | 76.98     | 14,214    | 0           | 0              |  |  | 34.00  |
| 35.00                               | EMERGENCY                         | 91.00     | 16,967    | 0           | 0              |  |  | 35.00  |
| 36.00                               | HOME HEALTH AGENCY                | 101.00    | 22,440    | 0           | 0              |  |  | 36.00  |
| 37.00                               | NON REIMBURSABLE-OTHER            | 194.00    | 4,465     | 0           | 0              |  |  | 37.00  |
| 38.00                               | NON REIMBURSABLE-FUND DEVELOPMENT | 194.01    | 10,790    | 0           | 0              |  |  | 38.00  |
| O                                   |                                   |           | 1,015,443 | 0           | 0              |  |  |        |
| W - MACARTHUR LEASE EXPENSE         |                                   |           |           |             |                |  |  |        |
| 1.00                                | OPERATION OF PLANT                | 7.00      | 0         | 241,006     | 0              |  |  | 1.00   |
| 2.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 2.00   |
| O                                   |                                   |           | 0         | 241,006     | 0              |  |  |        |
| X - MOVEABLE EQUIPMENT DEPRECIATION |                                   |           |           |             |                |  |  |        |
| 1.00                                | CAP REL COSTS-BLDG & FIXT         | 1.00      | 0         | 12,188,731  | 9              |  |  | 1.00   |
| O                                   |                                   |           | 0         | 12,188,731  | 0              |  |  |        |
| Y - CAPITAL INSURANCE EXPENSE       |                                   |           |           |             |                |  |  |        |
| 1.00                                | OTHER ADMIN & GENERAL             | 5.06      | 0         | 330,046     | 0              |  |  | 1.00   |
| O                                   |                                   |           | 0         | 330,046     | 0              |  |  |        |
| Z - PASTORAL CARE                   |                                   |           |           |             |                |  |  |        |
| 1.00                                | OTHER ADMIN & GENERAL             | 5.06      | 746       | 0           | 0              |  |  | 1.00   |
| TOTALS                              |                                   |           | 746       | 0           | 0              |  |  |        |
| AA - SHARED COLLEAGUES RECLASS      |                                   |           |           |             |                |  |  |        |
| 1.00                                | OTHER ADMIN & GENERAL             | 5.06      | 2,426,156 | 0           | 0              |  |  | 1.00   |
| 2.00                                | LAUNDRY & LINEN SERVICE           | 8.00      | 587,230   | 0           | 0              |  |  | 2.00   |
| O                                   |                                   |           | 3,013,386 | 0           | 0              |  |  |        |
| AB - SIGN ON & RETENTION BONUS      |                                   |           |           |             |                |  |  |        |
| 1.00                                | EMPLOYEE BENEFITS DEPARTMENT      | 4.00      | 1,358,842 | 0           | 0              |  |  | 1.00   |
| 2.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 2.00   |
| 3.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 3.00   |
| 4.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 4.00   |
| 5.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 5.00   |
| 6.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 6.00   |
| 7.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 7.00   |
| 8.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 8.00   |
| 9.00                                |                                   | 0.00      | 0         | 0           | 0              |  |  | 9.00   |
| 10.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 10.00  |
| 11.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 11.00  |
| 12.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 12.00  |
| 13.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 13.00  |
| 14.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 14.00  |
| 15.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 15.00  |
| 16.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 16.00  |
| 17.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 17.00  |
| 18.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 18.00  |
| 19.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 19.00  |
| 20.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 20.00  |
| 21.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 21.00  |
| 22.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 22.00  |
| 23.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 23.00  |
| 24.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 24.00  |
| 25.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 25.00  |
| 26.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 26.00  |
| 27.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 27.00  |
| 28.00                               |                                   | 0.00      | 0         | 0           | 0              |  |  | 28.00  |
| TOTALS                              |                                   |           | 1,358,842 | 0           | 0              |  |  |        |
| 500.00                              | Grand Total: Decreases            |           | 9,563,901 | 101,001,229 |                |  |  | 500.00 |

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                               |                             | Acquisitions       |                          |          | Disposals and Retirements |       |       |
|---------------------------------------------------------------|-----------------------------|--------------------|--------------------------|----------|---------------------------|-------|-------|
|                                                               |                             | Beginning Balances | Purchases                | Donation |                           |       | Total |
|                                                               |                             | 1.00               | 2.00                     | 3.00     |                           |       | 4.00  |
| <b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b> |                             |                    |                          |          |                           |       |       |
| 1.00                                                          | Land                        | 23,002,427         | 0                        | 0        | 0                         | 1.00  |       |
| 2.00                                                          | Land Improvements           | 9,982,348          | 1,525,683                | 0        | 1,525,683                 | 2.00  |       |
| 3.00                                                          | Buildings and Fixtures      | 508,477,262        | 12,877,582               | 0        | 12,877,582                | 3.00  |       |
| 4.00                                                          | Building Improvements       | 11,237,011         | 6,249,208                | 0        | 6,249,208                 | 4.00  |       |
| 5.00                                                          | Fixed Equipment             | 0                  | 0                        | 0        | 0                         | 5.00  |       |
| 6.00                                                          | Movable Equipment           | 164,990,237        | 12,701,537               | 0        | 12,701,537                | 6.00  |       |
| 7.00                                                          | HIT designated Assets       | 42,138,146         | 0                        | 0        | 0                         | 7.00  |       |
| 8.00                                                          | Subtotal (sum of lines 1-7) | 759,827,431        | 33,354,010               | 0        | 33,354,010                | 8.00  |       |
| 9.00                                                          | Reconciling Items           | 7,899,766          | 7,496,080                | 0        | 7,496,080                 | 9.00  |       |
| 10.00                                                         | Total (line 8 minus line 9) | 751,927,665        | 25,857,930               | 0        | 25,857,930                | 10.00 |       |
|                                                               |                             | Ending Balance     | Fully Depreciated Assets |          |                           |       |       |
|                                                               |                             | 6.00               | 7.00                     |          |                           |       |       |
| <b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b> |                             |                    |                          |          |                           |       |       |
| 1.00                                                          | Land                        | 23,002,427         | 0                        |          |                           | 1.00  |       |
| 2.00                                                          | Land Improvements           | 11,508,031         | 0                        |          |                           | 2.00  |       |
| 3.00                                                          | Buildings and Fixtures      | 521,354,844        | 0                        |          |                           | 3.00  |       |
| 4.00                                                          | Building Improvements       | 17,486,219         | 0                        |          |                           | 4.00  |       |
| 5.00                                                          | Fixed Equipment             | 0                  | 0                        |          |                           | 5.00  |       |
| 6.00                                                          | Movable Equipment           | 175,293,131        | 0                        |          |                           | 6.00  |       |
| 7.00                                                          | HIT designated Assets       | 42,138,146         | 0                        |          |                           | 7.00  |       |
| 8.00                                                          | Subtotal (sum of lines 1-7) | 790,782,798        | 0                        |          |                           | 8.00  |       |
| 9.00                                                          | Reconciling Items           | 15,395,846         | 0                        |          |                           | 9.00  |       |
| 10.00                                                         | Total (line 8 minus line 9) | 775,386,952        | 0                        |          |                           | 10.00 |       |

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 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 | 27,923,309                                     | 0                                     | 0        | 0                            | 0                        | 1.00 |
| 1.01                                                                          | CAP REL COSTS - CON       | 0                                              | 0                                     | 0        | 0                            | 0                        | 1.01 |
| 2.00                                                                          | CAP REL COSTS-MVBLE EQUIP | 0                                              | 0                                     | 0        | 0                            | 0                        | 2.00 |
| 3.00                                                                          | Total (sum of lines 1-2)  | 27,923,309                                     | 0                                     | 0        | 0                            | 0                        | 3.00 |
| Cost Center Description                                                       |                           | SUMMARY OF CAPITAL                             |                                       |          |                              |                          |      |
|                                                                               |                           | Other Capital-Related Costs (see instructions) | Total (1) (sum of cols. 9 through 14) |          |                              |                          |      |
|                                                                               |                           | 14.00                                          | 15.00                                 |          |                              |                          |      |
| PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2 |                           |                                                |                                       |          |                              |                          |      |
| 1.00                                                                          | CAP REL COSTS-BLDG & FIXT | 0                                              | 27,923,309                            |          |                              |                          | 1.00 |
| 1.01                                                                          | CAP REL COSTS - CON       | 0                                              | 0                                     |          |                              |                          | 1.01 |
| 2.00                                                                          | CAP REL COSTS-MVBLE EQUIP | 0                                              | 0                                     |          |                              |                          | 2.00 |
| 3.00                                                                          | Total (sum of lines 1-2)  | 0                                              | 27,923,309                            |          |                              |                          | 3.00 |

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/20/2018 3:53 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 | 610,065,165                 | 0                            | 610,065,165                              | 0.771470                                       | 254,621                               | 1.00 |
| 1.01                                               | CAP REL COSTS - CON       | 5,424,502                   | 0                            | 5,424,502                                | 0.006860                                       | 2,264                                 | 1.01 |
| 2.00                                               | CAP REL COSTS-MVBLE EQUIP | 175,293,131                 | 0                            | 175,293,131                              | 0.221670                                       | 73,161                                | 2.00 |
| 3.00                                               | Total (sum of lines 1-2)  | 790,782,798                 | 0                            | 790,782,798                              | 1.000000                                       | 330,046                               | 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                            | 254,621                                  | 15,564,424                                     | 0                                     | 1.00 |
| 1.01                                               | CAP REL COSTS - CON       | 0                           | 0                            | 2,264                                    | 170,154                                        | 0                                     | 1.01 |
| 2.00                                               | CAP REL COSTS-MVBLE EQUIP | 0                           | 0                            | 73,161                                   | 12,188,731                                     | 0                                     | 2.00 |
| 3.00                                               | Total (sum of lines 1-2)  | 0                           | 0                            | 330,046                                  | 27,923,309                                     | 0                                     | 3.00 |
| Cost Center Description                            |                           | SUMMARY OF CAPITAL          |                              |                                          |                                                |                                       |      |
|                                                    |                           | Interest                    | Insurance (see instructions) | Taxes (see instructions)                 | Other Capital-Related Costs (see instructions) | Total (2) (sum of cols. 9 through 14) |      |
|                                                    |                           | 11.00                       | 12.00                        | 13.00                                    | 14.00                                          | 15.00                                 |      |
| PART III - RECONCILIATION OF CAPITAL COSTS CENTERS |                           |                             |                              |                                          |                                                |                                       |      |
| 1.00                                               | CAP REL COSTS-BLDG & FIXT | 0                           | 254,621                      | 0                                        | 0                                              | 15,819,045                            | 1.00 |
| 1.01                                               | CAP REL COSTS - CON       | 0                           | 2,264                        | 0                                        | 0                                              | 172,418                               | 1.01 |
| 2.00                                               | CAP REL COSTS-MVBLE EQUIP | 0                           | 73,161                       | 0                                        | 0                                              | 12,261,892                            | 2.00 |
| 3.00                                               | Total (sum of lines 1-2)  | 0                           | 330,046                      | 0                                        | 0                                              | 28,253,355                            | 3.00 |

| Cost Center Description                                                                       | Basis/Code (2) | Amount      | Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted |                             |                |      |       |
|-----------------------------------------------------------------------------------------------|----------------|-------------|----------------------------------------------------------------------------------|-----------------------------|----------------|------|-------|
|                                                                                               |                |             | Cost Center                                                                      | Line #                      | Wkst. A-7 Ref. |      |       |
|                                                                                               |                |             | 1.00                                                                             | 2.00                        | 3.00           | 4.00 | 5.00  |
| 1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)                                |                |             | 0                                                                                | CAP REL COSTS-BLDG & FIXT   | 1.00           | 0    | 1.00  |
| 1.01 Investment income - CAP REL COSTS - CON (chapter 2)                                      |                |             | 0                                                                                | CAP REL COSTS - CON         | 1.01           | 0    | 1.01  |
| 2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)                                |                |             | 0                                                                                | CAP REL COSTS-MVBLE EQUIP   | 2.00           | 0    | 2.00  |
| 3.00 Investment income - other (chapter 2)                                                    |                |             | 0                                                                                |                             | 0.00           | 0    | 3.00  |
| 4.00 Trade, quantity, and time discounts (chapter 8)                                          |                |             | 0                                                                                |                             | 0.00           | 0    | 4.00  |
| 5.00 Refunds and rebates of expenses (chapter 8)                                              |                |             | 0                                                                                |                             | 0.00           | 0    | 5.00  |
| 6.00 Rental of provider space by suppliers (chapter 8)                                        |                |             | 0                                                                                |                             | 0.00           | 0    | 6.00  |
| 7.00 Telephone services (pay stations excluded) (chapter 21)                                  | A              | -36,974     |                                                                                  | COMMUNICATIONS              | 5.01           | 0    | 7.00  |
| 8.00 Television and radio service (chapter 21)                                                |                |             | 0                                                                                |                             | 0.00           | 0    | 8.00  |
| 9.00 Parking lot (chapter 21)                                                                 | B              | -71,170     |                                                                                  | OPERATION OF PLANT          | 7.00           | 0    | 9.00  |
| 10.00 Provider-based physician adjustment                                                     | A-8-2          | -27,949,331 |                                                                                  |                             |                | 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          | 3,601,283   |                                                                                  |                             |                | 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 employees and others                                              |                |             | 0                                                                                |                             | 0.00           | 0    | 15.00 |
| 16.00 Sale of medical and surgical supplies to other than patients                            |                |             | 0                                                                                |                             | 0.00           | 0    | 16.00 |
| 17.00 Sale of drugs to other than patients                                                    | B              | -79,686     |                                                                                  | PHARMACY                    | 15.00          | 0    | 17.00 |
| 18.00 Sale of medical records and abstracts                                                   | B              | -110        |                                                                                  | MEDICAL RECORDS & LIBRARY   | 16.00          | 0    | 18.00 |
| 19.00 Nursing and allied health education (tuition, fees, books, etc.)                        | B              | -2,452,897  |                                                                                  | NURSING SCHOOL              | 20.00          | 0    | 19.00 |
| 20.00 Vending machines                                                                        | B              | -24,116     |                                                                                  | DIETARY                     | 10.00          | 0    | 20.00 |
| 21.00 Income from imposition of interest, finance or penalty charges (chapter 21)             |                |             | 0                                                                                |                             | 0.00           | 0    | 21.00 |
| 22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                |             | 0                                                                                |                             | 0.00           | 0    | 22.00 |
| 23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)           | A-8-3          |             | 0                                                                                | RESPIRATORY THERAPY         | 65.00          |      | 23.00 |
| 24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)              | A-8-3          |             | 0                                                                                | PHYSICAL THERAPY            | 66.00          |      | 24.00 |
| 25.00 Utilization review - physicians' compensation (chapter 21)                              |                |             | 0                                                                                | *** Cost Center Deleted *** | 114.00         |      | 25.00 |
| 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT                                                |                |             | 0                                                                                | CAP REL COSTS-BLDG & FIXT   | 1.00           | 0    | 26.00 |
| 26.01 Depreciation - CAP REL COSTS - CON                                                      |                |             | 0                                                                                | CAP REL COSTS - CON         | 1.01           | 0    | 26.01 |
| 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP                                                |                |             | 0                                                                                | CAP REL COSTS-MVBLE EQUIP   | 2.00           | 0    | 27.00 |
| 28.00 Non-physician Anesthetist                                                               |                |             | 0                                                                                | *** Cost Center Deleted *** | 19.00          |      | 28.00 |
| 29.00 Physicians' assistant                                                                   |                |             | 0                                                                                |                             | 0.00           | 0    | 29.00 |
| 30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)          | A-8-3          |             | 0                                                                                | *** Cost Center Deleted *** | 67.00          |      | 30.00 |

| Cost Center Description                                                          | Basis/Code (2) | Amount     | Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted |                                     |        | Wkst. A-7 Ref. |       |
|----------------------------------------------------------------------------------|----------------|------------|----------------------------------------------------------------------------------|-------------------------------------|--------|----------------|-------|
|                                                                                  |                |            | Cost Center                                                                      |                                     | Line # |                |       |
|                                                                                  |                |            | 1.00                                                                             | 2.00                                | 3.00   |                |       |
| 30.99 Hospice (non-distinct) (see instructions)                                  |                |            | 0                                                                                | ADULTS & PEDIATRICS                 | 30.00  |                | 30.99 |
| 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) | A-8-3          | 0          | ***                                                                              | Cost Center Deleted ***             | 68.00  |                | 31.00 |
| 32.00 CAH HIT Adjustment for Depreciation and Interest                           |                | 0          |                                                                                  |                                     | 0.00   | 0              | 32.00 |
| 33.00 TUITIUN, FEES, BOOKS, ETC.                                                 | B              | -41,451    |                                                                                  | PARAMED ED (CLINICAL LAB SCIENCE)   | 23.00  | 0              | 33.00 |
| 33.01 TUITIUN, FEES, BOOKS, ETC.                                                 | B              | -16,450    |                                                                                  | PARAMED ED (PHARMACY)               | 23.03  | 0              | 33.01 |
| 33.02 TUITIUN, FEES, BOOKS, ETC.                                                 | B              | -4,496     |                                                                                  | PARAMED ED (PASTORAL CARE)          | 23.04  | 0              | 33.02 |
| 33.03 MISCELLANEOUS OTHER OPERATING R                                            | B              | -2,866     |                                                                                  | EMPLOYEE BENEFITS DEPARTMENT        | 4.00   | 0              | 33.03 |
| 33.04 MISCELLANEOUS OTHER OPERATING R                                            | B              | -156,714   |                                                                                  | COMMUNICATIONS                      | 5.01   | 0              | 33.04 |
| 33.05 MISCELLANEOUS OTHER OPERATING R                                            | B              | -25        |                                                                                  | PURCHASING/RECEIVING/STORES         | 5.03   | 0              | 33.05 |
| 34.00 MISCELLANEOUS OTHER OPERATING R                                            | B              | -451,406   |                                                                                  | PATIENT ACCOUNTING                  | 5.05   | 0              | 34.00 |
| 34.01 MISCELLANEOUS OTHER OPERATING R                                            | B              | -101,789   |                                                                                  | OTHER ADMIN & GENERAL               | 5.06   | 0              | 34.01 |
| 34.02 MISCELLANEOUS OTHER OPERATING R                                            | B              | -43,870    |                                                                                  | MAINTENANCE & REPAIRS               | 6.00   | 0              | 34.02 |
| 35.00 MISCELLANEOUS OTHER OPERATING R                                            | B              | -10,398    |                                                                                  | OPERATION OF PLANT                  | 7.00   | 0              | 35.00 |
| 35.01 MISCELLANEOUS OTHER OPERATING R                                            | B              | -57,107    |                                                                                  | LAUNDRY & LINEN SERVICE             | 8.00   | 0              | 35.01 |
| 35.02 MISCELLANEOUS OTHER OPERATING R                                            | B              | -500       |                                                                                  | HOUSEKEEPING                        | 9.00   | 0              | 35.02 |
| 35.03 MISCELLANEOUS OTHER OPERATING R                                            | B              | -34,497    |                                                                                  | NURSING ADMINISTRATION              | 13.00  | 0              | 35.03 |
| 36.00 MISCELLANEOUS OTHER OPERATING R                                            | B              | -15,099    |                                                                                  | NURSING SCHOOL                      | 20.00  | 0              | 36.00 |
| 36.01 MISCELLANEOUS OTHER OPERATING R                                            | B              | -678,802   |                                                                                  | I&R SERVICES-SALARY & FRINGES APPRV | 21.00  | 0              | 36.01 |
| 36.03 MISCELLANEOUS OTHER OPERATING R                                            | B              | 27,296     |                                                                                  | ADULTS & PEDIATRICS                 | 30.00  | 0              | 36.03 |
| 36.05 MISCELLANEOUS OTHER OPERATING R                                            | B              | 3,400      |                                                                                  | OPERATING ROOM                      | 50.00  | 0              | 36.05 |
| 36.06 MISCELLANEOUS OTHER OPERATING R                                            | B              | -3,075     |                                                                                  | RADIOLOGY-DIAGNOSTIC                | 54.00  | 0              | 36.06 |
| 36.07 MISCELLANEOUS OTHER OPERATING R                                            | B              | -704       |                                                                                  | LABORATORY                          | 60.00  | 0              | 36.07 |
| 36.08 MISCELLANEOUS OTHER OPERATING R                                            | B              | -52,377    |                                                                                  | PHYSICAL THERAPY                    | 66.00  | 0              | 36.08 |
| 36.10 MISCELLANEOUS OTHER OPERATING R                                            | B              | -239,896   |                                                                                  | ELECTROCARDIOLOGY                   | 69.00  | 0              | 36.10 |
| 36.11 MISCELLANEOUS OTHER OPERATING R                                            | B              | -7,150     |                                                                                  | ELECTROENCEPHALOGRAPHY              | 70.00  | 0              | 36.11 |
| 36.12 MISCELLANEOUS OTHER OPERATING R                                            | B              | -38,884    |                                                                                  | CARDIAC REHABILITATION              | 76.97  | 0              | 36.12 |
| 36.13 MISCELLANEOUS OTHER OPERATING R                                            | B              | -121,519   |                                                                                  | EMERGENCY                           | 91.00  | 0              | 36.13 |
| 36.14 MISCELLANEOUS OTHER OPERATING R                                            | B              | -35,111    |                                                                                  | HOME INFUSION                       | 117.00 | 0              | 36.14 |
| 36.17 RENTAL OF HOSPITAL SPACE                                                   | B              | -423       |                                                                                  | OTHER ADMIN & GENERAL               | 5.06   | 0              | 36.17 |
| 36.18 RENTAL OF HOSPITAL SPACE                                                   | B              | -166,588   |                                                                                  | OPERATION OF PLANT                  | 7.00   | 0              | 36.18 |
| 36.19 RENTAL OF HOSPITAL SPACE                                                   | B              | -1,186     |                                                                                  | NURSING SCHOOL                      | 20.00  | 0              | 36.19 |
| 37.00 RENTAL OF HOSPITAL SPACE                                                   | B              | -5,948     |                                                                                  | PHYSICAL THERAPY                    | 66.00  | 0              | 37.00 |
| 37.01 RENTAL OF HOSPITAL SPACE                                                   | B              | -30,927    |                                                                                  | ELECTROCARDIOLOGY                   | 69.00  | 0              | 37.01 |
| 37.02 INTERCOMPANY REVENUE                                                       | B              | -1,942     |                                                                                  | COMMUNICATIONS                      | 5.01   | 0              | 37.02 |
| 37.04 INTERCOMPANY REVENUE                                                       | B              | -1,985     |                                                                                  | INFORMATION SYSTEMS                 | 5.02   | 0              | 37.04 |
| 37.06 INTERCOMPANY REVENUE                                                       | B              | 3,173      |                                                                                  | PATIENT ACCOUNTING                  | 5.05   | 0              | 37.06 |
| 37.07 INTERCOMPANY REVENUE                                                       | B              | -3,039,801 |                                                                                  | OTHER ADMIN & GENERAL               | 5.06   | 0              | 37.07 |
| 37.08 INTERCOMPANY REVENUE                                                       | B              | -48,901    |                                                                                  | MAINTENANCE & REPAIRS               | 6.00   | 0              | 37.08 |
| 37.09 INTERCOMPANY REVENUE                                                       | B              | -1,127,688 |                                                                                  | OPERATION OF PLANT                  | 7.00   | 0              | 37.09 |
| 37.11 INTERCOMPANY REVENUE                                                       | B              | -40,833    |                                                                                  | NURSING ADMINISTRATION              | 13.00  | 0              | 37.11 |



| Line # | Cost Center Description                                                          | Basis/Code (2) | Amount      | Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted |        | Wkst. A-7 Ref. |       |
|--------|----------------------------------------------------------------------------------|----------------|-------------|----------------------------------------------------------------------------------|--------|----------------|-------|
|        |                                                                                  |                |             | Cost Center                                                                      | Line # |                |       |
|        |                                                                                  |                |             | 3.00                                                                             | 4.00   |                |       |
| 1.00   | 2.00                                                                             | 3.00           | 4.00        | 5.00                                                                             |        |                |       |
| 37.12  | INTERCOMPANY REVENUE                                                             | B              | -9,213      | PHARMACY                                                                         | 15.00  | 0              | 37.12 |
| 37.13  | INTERCOMPANY REVENUE                                                             | B              | -849,594    | ADULTS & PEDIATRICS                                                              | 30.00  | 0              | 37.13 |
| 37.14  | INTERCOMPANY REVENUE                                                             | B              | -24,899     | RADIOLOGY-DIAGNOSTIC                                                             | 54.00  | 0              | 37.14 |
| 37.15  | INTERCOMPANY REVENUE                                                             | B              | -550,775    | CARDIAC CATHETERIZATION                                                          | 59.00  | 0              | 37.15 |
| 37.16  | INTERCOMPANY REVENUE                                                             | B              | -40,781     | LABORATORY                                                                       | 60.00  | 0              | 37.16 |
| 37.17  | INTERCOMPANY REVENUE                                                             | B              | -48,524     | PHYSICAL THERAPY                                                                 | 66.00  | 0              | 37.17 |
| 37.18  | INTERCOMPANY REVENUE                                                             | B              | -77,589     | ELECTROCARDIOLOGY                                                                | 69.00  | 0              | 37.18 |
| 37.21  | EMPLOYEE HEALTH INSURANCE                                                        | B              | -16,829,115 | EMPLOYEE BENEFITS DEPARTMENT                                                     | 4.00   | 0              | 37.21 |
| 38.00  | ADVERTISING/SPONSORSHIP                                                          | A              | -327        | EMPLOYEE BENEFITS DEPARTMENT                                                     | 4.00   | 0              | 38.00 |
| 39.00  | ADVERTISING/SPONSORSHIP                                                          | A              | -755,207    | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 39.00 |
| 39.02  | ADVERTISING/SPONSORSHIP                                                          | A              | -5,825      | NURSING ADMINISTRATION                                                           | 13.00  | 0              | 39.02 |
| 39.03  | ADVERTISING/SPONSORSHIP                                                          | A              | -27,744     | NURSING SCHOOL                                                                   | 20.00  | 0              | 39.03 |
| 39.04  | ADVERTISING/SPONSORSHIP                                                          | A              | -7,360      | CARDIAC CATHETERIZATION                                                          | 59.00  | 0              | 39.04 |
| 39.05  | ADVERTISING/SPONSORSHIP                                                          | A              | -431        | PHYSICAL THERAPY                                                                 | 66.00  | 0              | 39.05 |
| 40.00  | ADVERTISING/SPONSORSHIP                                                          | A              | -125        | EMERGENCY                                                                        | 91.00  | 0              | 40.00 |
| 40.01  | LOBBYING COSTS                                                                   | A              | -55,650     | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 40.01 |
| 40.02  | COUNTRY CLUB DUES                                                                | A              | -9,013      | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 40.02 |
| 41.00  | PHYSICIAN RECRUITMENT                                                            | A              | -154,026    | ADULTS & PEDIATRICS                                                              | 30.00  | 0              | 41.00 |
| 41.01  | PHYSICIAN RECRUITMENT                                                            | A              | -10,000     | SUBPROVIDER - IPF                                                                | 40.00  | 0              | 41.01 |
| 42.00  | INTANGIBLE AMORTIZATION/GAIN-LO                                                  | A              | -1,550,596  | OPERATING ROOM                                                                   | 50.00  | 0              | 42.00 |
| 42.01  | INTANGIBLE AMORTIZATION/GAIN-LO                                                  | A              | -466,032    | PHYSICAL THERAPY                                                                 | 66.00  | 0              | 42.01 |
| 42.02  | INTANGIBLE AMORTIZATION/GAIN-LO                                                  | A              | -115,580    | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 42.02 |
| 44.00  | PENSION                                                                          | A              | 29,559,859  | EMPLOYEE BENEFITS DEPARTMENT                                                     | 4.00   | 0              | 44.00 |
| 44.01  | NONALLOWABLE FOOD/DRI NK                                                         | A              | -125        | INFORMATION SYSTEMS                                                              | 5.02   | 0              | 44.01 |
| 44.02  | NONALLOWABLE FOOD/DRI NK                                                         | A              | -63         | PURCHASING/RECEIVING/STORES                                                      | 5.03   | 0              | 44.02 |
| 44.03  | NONALLOWABLE FOOD/DRI NK                                                         | A              | -14,754     | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 44.03 |
| 44.04  | MEDICAL GROUP PURCHASED SERVICE                                                  | A              | -49,750,683 | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 44.04 |
| 45.00  | PROPERTY TAX                                                                     | A              | -238,852    | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 45.00 |
| 46.00  | PROPERTY TAX                                                                     | A              | -4,000      | MAINTENANCE & REPAIRS                                                            | 6.00   | 0              | 46.00 |
| 46.01  | PROPERTY TAX                                                                     | A              | -200,998    | OPERATION OF PLANT                                                               | 7.00   | 0              | 46.01 |
| 46.03  | MEDICAL ASSESSMENT                                                               | A              | -16,867,629 | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 46.03 |
| 46.04  | NONALLOWABLE INTEREST                                                            | A              | -4,448,074  | INTEREST EXPENSE                                                                 | 113.00 | 0              | 46.04 |
| 47.00  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,324      | EMPLOYEE BENEFITS DEPARTMENT                                                     | 4.00   | 0              | 47.00 |
| 47.01  | NON-PATIENT CARE TRAVEL                                                          | A              | -503        | COMMUNICATIONS                                                                   | 5.01   | 0              | 47.01 |
| 47.02  | NON-PATIENT CARE TRAVEL                                                          | A              | -137        | PURCHASING/RECEIVING/STORES                                                      | 5.03   | 0              | 47.02 |
| 47.03  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,239      | ADMINISTRATIVE                                                                   | 5.04   | 0              | 47.03 |
| 47.04  | NON-PATIENT CARE TRAVEL                                                          | A              | -122        | PATIENT ACCOUNTING                                                               | 5.05   | 0              | 47.04 |
| 47.05  | NON-PATIENT CARE TRAVEL                                                          | A              | -74,373     | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 47.05 |
| 47.06  | NON-PATIENT CARE TRAVEL                                                          | A              | -2,434      | MAINTENANCE & REPAIRS                                                            | 6.00   | 0              | 47.06 |
| 47.07  | NON-PATIENT CARE TRAVEL                                                          | A              | -6,131      | NURSING ADMINISTRATION                                                           | 13.00  | 0              | 47.07 |
| 47.08  | NON-PATIENT CARE TRAVEL                                                          | A              | -146        | PHARMACY                                                                         | 15.00  | 0              | 47.08 |
| 47.09  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,576      | MEDICAL RECORDS & LIBRARY                                                        | 16.00  | 0              | 47.09 |
| 47.10  | NON-PATIENT CARE TRAVEL                                                          | A              | -16,974     | NURSING SCHOOL                                                                   | 20.00  | 0              | 47.10 |
| 47.11  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,356      | HIGH RISK NEONATAL                                                               | 35.00  | 0              | 47.11 |
| 47.12  | NON-PATIENT CARE TRAVEL                                                          | A              | -368        | RADIOLOGY-DIAGNOSTIC                                                             | 54.00  | 0              | 47.12 |
| 47.13  | NON-PATIENT CARE TRAVEL                                                          | A              | -6,147      | CARDIAC CATHETERIZATION                                                          | 59.00  | 0              | 47.13 |
| 47.14  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,107      | LABORATORY                                                                       | 60.00  | 0              | 47.14 |
| 47.15  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,127      | PHYSICAL THERAPY                                                                 | 66.00  | 0              | 47.15 |
| 47.16  | NON-PATIENT CARE TRAVEL                                                          | A              | -2,277      | ELECTROCARDIOLOGY                                                                | 69.00  | 0              | 47.16 |
| 47.17  | NON-PATIENT CARE TRAVEL                                                          | A              | -1,638      | EMERGENCY                                                                        | 91.00  | 0              | 47.17 |
| 47.18  | NON-PATIENT CARE TRAVEL                                                          | A              | -312        | HOSPICE                                                                          | 116.00 | 0              | 47.18 |
| 48.00  | NONALLOWABLE MEALS                                                               | A              | -366,644    | OTHER ADMIN & GENERAL                                                            | 5.06   | 0              | 48.00 |
| 50.00  | TOTAL (sum of lines 1 thru 49)<br>(Transfer to Worksheet A, column 6, line 200.) |                | -97,599,200 |                                                                                  |        |                | 50.00 |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 14-0053  
 Period: From 07/01/2017 To 06/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 11/20/2018 3:53 pm

| Line No.                                                                                                                         | Cost Center                                                                                        | Expense Items                | Amount of Allowable Cost | Amount Included in Wks. A, column 5 |                 |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------------------|-----------------|
| 1.00                                                                                                                             | 2.00                                                                                               | 3.00                         | 4.00                     | 5.00                                |                 |
| A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS: |                                                                                                    |                              |                          |                                     |                 |
| 1.00                                                                                                                             | 4.00                                                                                               | EMPLOYEE BENEFITS DEPARTMENT | HEALTH & DENTAL PREMIUM  | 27,155,580                          | 27,401,210 1.00 |
| 2.00                                                                                                                             | 5.02                                                                                               | INFORMATION SYSTEMS          | CONTRACTED SERVICES ISC  | 32,265,885                          | 28,412,705 2.00 |
| 3.00                                                                                                                             | 5.06                                                                                               | OTHER ADMIN & GENERAL        | CONTRACTED SERVICES-SSC  | 8,644,548                           | 8,640,329 3.00  |
| 3.01                                                                                                                             | 20.00                                                                                              | NURSING SCHOOL               | CONTRACTED SERVICES-HSHS | 205,037                             | 215,523 3.01    |
| 3.02                                                                                                                             | 5.06                                                                                               | OTHER ADMIN & GENERAL        | RELATED SERVICES - HSHS  | 1,030,599                           | 1,030,599 3.02  |
| 4.00                                                                                                                             | 0.00                                                                                               |                              |                          | 0                                   | 0 4.00          |
| 5.00                                                                                                                             | TOTALS (sum of lines 1-4).<br>Transfer column 6, line 5 to<br>Worksheet A-8, column 2,<br>line 12. |                              |                          | 69,301,649                          | 65,700,366 5.00 |

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

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

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

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

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

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

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

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                                                                                                        | Net Adjustments (col. 4 minus col. 5)* | Wkst. A-7 Ref. |  |      |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|--|------|
|                                                                                                                                        | 6.00                                   | 7.00           |  |      |
| <b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b> |                                        |                |  |      |
| 1.00                                                                                                                                   | -245,630                               | 0              |  | 1.00 |
| 2.00                                                                                                                                   | 3,853,180                              | 0              |  | 2.00 |
| 3.00                                                                                                                                   | 4,219                                  | 0              |  | 3.00 |
| 3.01                                                                                                                                   | -10,486                                | 0              |  | 3.01 |
| 3.02                                                                                                                                   | 0                                      | 0              |  | 3.02 |
| 4.00                                                                                                                                   | 0                                      | 0              |  | 4.00 |
| 5.00                                                                                                                                   | 3,601,283                              |                |  | 5.00 |

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/20/2018 3:53 pm

|        | Wkst. A Line # | Cost Center/Physician Identifier | Total Remuneration                  | Professional Component            | Provider Component                         | RCE Amount                          | Physician/Provider Component Hours      |        |
|--------|----------------|----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------|-----------------------------------------|--------|
|        | 1.00           | 2.00                             | 3.00                                | 4.00                              | 5.00                                       | 6.00                                | 7.00                                    |        |
| 1.00   | 5.06           | OTHER ADMIN & GENERAL            | 15,335,065                          | 14,106,068                        | 1,228,997                                  | 211,500                             | 5,584                                   | 1.00   |
| 2.00   | 13.00          | NURSING ADMINISTRATION           | 4,290                               | 0                                 | 4,290                                      | 211,500                             | 40                                      | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 4,463,980                           | 4,264,209                         | 199,771                                    | 211,500                             | 1,376                                   | 3.00   |
| 4.00   | 35.00          | HIGH RISK NEONATAL               | 207,875                             | 93,600                            | 114,275                                    | 211,500                             | 757                                     | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 281,284                             | 281,284                           | 0                                          | 181,300                             | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 1,314,000                           | 1,314,000                         | 0                                          | 246,400                             | 0                                       | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 378,484                             | 0                                 | 378,484                                    | 239,400                             | 1,492                                   | 7.00   |
| 8.00   | 60.00          | LABORATORY                       | 165,000                             | 0                                 | 165,000                                    | 260,300                             | 3,640                                   | 8.00   |
| 9.00   | 65.00          | RESPIRATORY THERAPY              | 23,291                              | 23,291                            | 0                                          | 211,500                             | 0                                       | 9.00   |
| 10.00  | 69.00          | ELECTROCARDIOLOGY                | 2,773,620                           | 2,363,875                         | 409,745                                    | 211,500                             | 1,639                                   | 10.00  |
| 11.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 50,525                              | 37,000                            | 13,525                                     | 211,500                             | 92                                      | 11.00  |
| 12.00  | 74.00          | RENAL DIALYSIS                   | 37,000                              | 37,000                            | 0                                          | 211,500                             | 0                                       | 12.00  |
| 13.00  | 76.98          | HYPERBARIC OXYGEN THERAPY        | 109,760                             | 0                                 | 109,760                                    | 211,500                             | 1,313                                   | 13.00  |
| 14.00  | 91.00          | EMERGENCY                        | 4,284,330                           | 4,172,136                         | 112,194                                    | 211,500                             | 668                                     | 14.00  |
| 200.00 |                |                                  | 29,428,504                          | 26,692,463                        | 2,736,041                                  |                                     | 16,601                                  | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Unadjusted RCE Limit                | 5 Percent of Unadjusted RCE Limit | Cost of Memberships & Continuing Education | Provider Component Share of col. 12 | Physician Cost of Malpractice Insurance |        |
|        | 1.00           | 2.00                             | 8.00                                | 9.00                              | 12.00                                      | 13.00                               | 14.00                                   |        |
| 1.00   | 5.06           | OTHER ADMIN & GENERAL            | 567,796                             | 28,390                            | 0                                          | 0                                   | 0                                       | 1.00   |
| 2.00   | 13.00          | NURSING ADMINISTRATION           | 4,067                               | 203                               | 0                                          | 0                                   | 0                                       | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 139,915                             | 6,996                             | 0                                          | 0                                   | 0                                       | 3.00   |
| 4.00   | 35.00          | HIGH RISK NEONATAL               | 76,974                              | 3,849                             | 0                                          | 0                                   | 0                                       | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 171,724                             | 8,586                             | 0                                          | 0                                   | 0                                       | 7.00   |
| 8.00   | 60.00          | LABORATORY                       | 455,525                             | 22,776                            | 0                                          | 0                                   | 0                                       | 8.00   |
| 9.00   | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 9.00   |
| 10.00  | 69.00          | ELECTROCARDIOLOGY                | 166,658                             | 8,333                             | 0                                          | 0                                   | 0                                       | 10.00  |
| 11.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 9,355                               | 468                               | 0                                          | 0                                   | 0                                       | 11.00  |
| 12.00  | 74.00          | RENAL DIALYSIS                   | 0                                   | 0                                 | 0                                          | 0                                   | 0                                       | 12.00  |
| 13.00  | 76.98          | HYPERBARIC OXYGEN THERAPY        | 133,509                             | 6,675                             | 0                                          | 0                                   | 0                                       | 13.00  |
| 14.00  | 91.00          | EMERGENCY                        | 67,924                              | 3,396                             | 0                                          | 0                                   | 0                                       | 14.00  |
| 200.00 |                |                                  | 1,793,447                           | 89,672                            | 0                                          | 0                                   | 0                                       | 200.00 |
|        | Wkst. A Line # | Cost Center/Physician Identifier | Provider Component Share of col. 14 | Adjusted RCE Limit                | RCE Disallowance                           | Adjustment                          |                                         |        |
|        | 1.00           | 2.00                             | 15.00                               | 16.00                             | 17.00                                      | 18.00                               |                                         |        |
| 1.00   | 5.06           | OTHER ADMIN & GENERAL            | 0                                   | 567,796                           | 661,201                                    | 14,767,269                          |                                         | 1.00   |
| 2.00   | 13.00          | NURSING ADMINISTRATION           | 0                                   | 4,067                             | 223                                        | 223                                 |                                         | 2.00   |
| 3.00   | 30.00          | ADULTS & PEDIATRICS              | 0                                   | 139,915                           | 59,856                                     | 4,324,065                           |                                         | 3.00   |
| 4.00   | 35.00          | HIGH RISK NEONATAL               | 0                                   | 76,974                            | 37,301                                     | 130,901                             |                                         | 4.00   |
| 5.00   | 40.00          | SUBPROVIDER - IPF                | 0                                   | 0                                 | 0                                          | 281,284                             |                                         | 5.00   |
| 6.00   | 52.00          | DELIVERY ROOM & LABOR ROOM       | 0                                   | 0                                 | 0                                          | 1,314,000                           |                                         | 6.00   |
| 7.00   | 53.00          | ANESTHESIOLOGY                   | 0                                   | 171,724                           | 206,760                                    | 206,760                             |                                         | 7.00   |
| 8.00   | 60.00          | LABORATORY                       | 0                                   | 455,525                           | 0                                          | 0                                   |                                         | 8.00   |
| 9.00   | 65.00          | RESPIRATORY THERAPY              | 0                                   | 0                                 | 0                                          | 23,291                              |                                         | 9.00   |
| 10.00  | 69.00          | ELECTROCARDIOLOGY                | 0                                   | 166,658                           | 243,087                                    | 2,606,962                           |                                         | 10.00  |
| 11.00  | 70.00          | ELECTROENCEPHALOGRAPHY           | 0                                   | 9,355                             | 4,170                                      | 41,170                              |                                         | 11.00  |
| 12.00  | 74.00          | RENAL DIALYSIS                   | 0                                   | 0                                 | 0                                          | 37,000                              |                                         | 12.00  |
| 13.00  | 76.98          | HYPERBARIC OXYGEN THERAPY        | 0                                   | 133,509                           | 0                                          | 0                                   |                                         | 13.00  |
| 14.00  | 91.00          | EMERGENCY                        | 0                                   | 67,924                            | 44,270                                     | 4,216,406                           |                                         | 14.00  |
| 200.00 |                |                                  | 0                                   | 1,793,447                         | 1,256,868                                  | 27,949,331                          |                                         | 200.00 |

|                                         |  |                       |                                             |                                                                    |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|

| Cost Center Description                       | Net Expenses for Cost Allocation (from Wkst A col. 7) | CAPITAL RELATED COSTS |                     |             | EMPLOYEE BENEFITS DEPARTMENT |            |
|-----------------------------------------------|-------------------------------------------------------|-----------------------|---------------------|-------------|------------------------------|------------|
|                                               |                                                       | BLDG & FIXT           | CAP REL COSTS - CON | MVBLE EQUIP |                              |            |
|                                               |                                                       | 1.00                  | 1.01                | 2.00        |                              |            |
| <b>GENERAL SERVICE COST CENTERS</b>           |                                                       |                       |                     |             |                              |            |
| 1.00 00100                                    | CAP REL COSTS-BLDG & FIXT                             | 15,819,045            | 15,819,045          |             |                              | 1.00       |
| 1.01 00101                                    | CAP REL COSTS - CON                                   | 172,418               | 0                   | 172,418     |                              | 1.01       |
| 2.00 00200                                    | CAP REL COSTS-MVBLE EQUIP                             | 12,261,892            |                     |             | 12,261,892                   | 2.00       |
| 4.00 00400                                    | EMPLOYEE BENEFITS DEPARTMENT                          | 45,089,461            | 71,803              | 0           | 11,002                       | 45,172,266 |
| 5.01 00580                                    | COMMUNICATIONS                                        | 537,845               | 39,920              | 0           | 1,421,923                    | 102,011    |
| 5.02 00540                                    | INFORMATION SYSTEMS                                   | 32,848,019            | 176,111             | 0           | 0                            | 181,743    |
| 5.03 00550                                    | PURCHASING/RECEIVING/STORES                           | 1,120,597             | 304,337             | 0           | 5,068                        | 198,298    |
| 5.04 00570                                    | ADMINISTRATIVE                                        | 1,495,420             | 39,659              | 0           | 52,107                       | 451,572    |
| 5.05 00560                                    | PATIENT ACCOUNTING                                    | 3,666,086             | 6,401               | 0           | 31,053                       | 966,748    |
| 5.06 00590                                    | OTHER ADMIN & GENERAL                                 | 25,602,595            | 1,227,573           | 0           | 319,290                      | 3,583,223  |
| 6.00 00600                                    | MAINTENANCE & REPAIRS                                 | 11,812,189            | 54,687              | 0           | 114,673                      | 1,264,150  |
| 7.00 00700                                    | OPERATION OF PLANT                                    | 9,194,552             | 7,209,823           | 0           | 82,807                       | 599,958    |
| 8.00 00800                                    | LAUNDRY & LINEN SERVICE                               | 2,894,040             | 513,245             | 0           | 567,508                      | 209,670    |
| 9.00 00900                                    | HOUSEKEEPING                                          | 4,139,877             | 91,487              | 0           | 1,961                        | 820,994    |
| 10.00 01000                                   | DIETARY                                               | 830,871               | 83,290              | 0           | 1,095                        | 189,559    |
| 11.00 01100                                   | CAFETERIA                                             | 2,269,205             | 217,395             | 0           | 2,856                        | 506,763    |
| 13.00 01300                                   | NURSING ADMINISTRATION                                | 3,565,629             | 167,363             | 0           | 68,307                       | 888,269    |
| 14.00 01400                                   | CENTRAL SERVICES & SUPPLY                             | 696,875               | 417,755             | 0           | 196,788                      | 180,164    |
| 15.00 01500                                   | PHARMACY                                              | 6,943,956             | 88,136              | 0           | 37,467                       | 1,634,657  |
| 16.00 01600                                   | MEDICAL RECORDS & LIBRARY                             | 3,949,874             | 82,106              | 0           | 11,739                       | 704,368    |
| 20.00 02000                                   | NURSING SCHOOL                                        | 213,914               | 0                   | 172,418     | 111,904                      | 720,924    |
| 21.00 02100                                   | I&R SERVICES-SALARY & FRINGES APPRV                   | 6,005,763             | 0                   | 0           | 0                            | 2,127,647  |
| 22.00 02200                                   | I&R SERVICES-OTHER PRGM COSTS APPRV                   | 11,692,274            | 146,756             | 0           | 0                            | 13,733     |
| 23.00 02300                                   | PARAMEDICAL (CLINICAL LAB SCIENCE)                    | 97,185                | 4,916               | 0           | 0                            | 42,743     |
| 23.01 02301                                   | PARAMEDICAL (RESPIRATORY THERAPY)                     | 0                     | 0                   | 0           | 0                            | 0          |
| 23.02 02302                                   | PARAMEDICAL (ENDT)                                    | 0                     | 0                   | 0           | 0                            | 0          |
| 23.03 02303                                   | PARAMEDICAL (PHARMACY)                                | 317,198               | 0                   | 0           | 0                            | 97,180     |
| 23.04 02304                                   | PARAMEDICAL (PASTORAL CARE)                           | 80,840                | 2,919               | 0           | 0                            | 24,404     |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                                       |                       |                     |             |                              |            |
| 30.00 03000                                   | ADULTS & PEDIATRICS                                   | 25,684,427            | 957,446             | 0           | 700,814                      | 6,567,104  |
| 31.00 03100                                   | INTENSIVE CARE UNIT                                   | 9,258,457             | 305,040             | 0           | 217,439                      | 2,105,712  |
| 35.00 02040                                   | HIGH RISK NEONATAL                                    | 8,007,724             | 132,169             | 0           | 151,346                      | 2,152,249  |
| 40.00 04000                                   | SUBPROVIDER - IPF                                     | 1,403,251             | 108,733             | 0           | 15,417                       | 414,517    |
| 43.00 04300                                   | NURSERY                                               | 912,743               | 29,967              | 0           | 15,763                       | 236,536    |
| 44.00 04400                                   | SKILLED NURSING FACILITY                              | 0                     | 0                   | 0           | 0                            | 0          |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                                       |                       |                     |             |                              |            |
| 50.00 05000                                   | OPERATING ROOM                                        | 13,740,423            | 524,612             | 0           | 2,822,571                    | 3,127,960  |
| 50.01 05001                                   | GASTRODIAGNOSTIC UNIT                                 | 908,020               | 57,697              | 0           | 277,158                      | 235,517    |
| 50.02 05002                                   | PAIN MANAGEMENT CENTER                                | 0                     | 0                   | 0           | 0                            | 0          |
| 51.00 05100                                   | RECOVERY ROOM                                         | 1,939,362             | 121,213             | 0           | 136,337                      | 574,787    |
| 52.00 05200                                   | DELIVERY ROOM & LABOR ROOM                            | 4,180,868             | 138,730             | 0           | 72,966                       | 1,105,309  |
| 53.00 05300                                   | ANESTHESIOLOGY                                        | 2,348,811             | 7,866               | 0           | 289,426                      | 295,211    |
| 54.00 05400                                   | RADIOLOGY-DIAGNOSTIC                                  | 3,891,810             | 186,686             | 0           | 853,774                      | 1,013,533  |
| 55.00 05500                                   | RADIOLOGY-THERAPEUTIC                                 | 483,610               | 0                   | 0           | 452,347                      | 86,519     |
| 56.00 05600                                   | RADIOISOTOPE                                          | 1,246,190             | 74,582              | 0           | 135,919                      | 168,701    |
| 57.00 05700                                   | CT SCAN                                               | 937,321               | 26,386              | 0           | 281,770                      | 248,555    |
| 58.00 05800                                   | MRI                                                   | 559,478               | 30,900              | 0           | 381,648                      | 99,980     |
| 59.00 05900                                   | CARDIAC CATHETERIZATION                               | 7,828,529             | 323,389             | 0           | 1,490,951                    | 1,663,873  |
| 60.00 06000                                   | LABORATORY                                            | 13,029,452            | 202,387             | 0           | 195,688                      | 1,419,238  |
| 65.00 06500                                   | RESPIRATORY THERAPY                                   | 3,751,330             | 33,268              | 0           | 176,000                      | 1,042,765  |
| 66.00 06600                                   | PHYSICAL THERAPY                                      | 5,840,558             | 64,660              | 0           | 29,208                       | 1,611,592  |
| 69.00 06900                                   | ELECTROCARDIOLOGY                                     | 2,710,492             | 310,076             | 0           | 205,244                      | 754,479    |
| 70.00 07000                                   | ELECTROENCEPHALOGRAPHY                                | 1,084,686             | 18,470              | 0           | 63,472                       | 230,296    |
| 71.00 07100                                   | MEDICAL SUPPLIES CHARGED TO PATIENT                   | 26,606,590            | 0                   | 0           | 0                            | 0          |
| 72.00 07200                                   | IMPL. DEV. CHARGED TO PATIENTS                        | 35,964,791            | 0                   | 0           | 0                            | 0          |
| 73.00 07300                                   | DRUGS CHARGED TO PATIENTS                             | 11,769,683            | 0                   | 0           | 0                            | 0          |
| 74.00 07400                                   | RENAL DIALYSIS                                        | 927,650               | 16,433              | 0           | 318                          | 0          |
| 76.00 03020                                   | OTHER ANCILLARY                                       | 2,483,995             | 37,141              | 0           | 3,662                        | 628,042    |
| 76.97 07697                                   | CARDIAC REHABILITATION                                | 572,314               | 57,366              | 0           | 35,003                       | 186,638    |
| 76.98 07698                                   | HYPERBARIC OXYGEN THERAPY                             | 856,094               | 26,978              | 0           | 14,791                       | 158,860    |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                                       |                       |                     |             |                              |            |
| 91.00 09100                                   | EMERGENCY                                             | 6,656,568             | 166,460             | 0           | 162,125                      | 1,596,358  |
| 92.00 09200                                   | OBSERVATION BEDS (NON-DISTINCT PART)                  |                       |                     |             |                              |            |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                                       |                       |                     |             |                              |            |
| 101.00 10100                                  | HOME HEALTH AGENCY                                    | 4,041,299             | 45,999              | 0           | 1,304                        | 1,128,327  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                                       |                       |                     |             |                              |            |
| 113.00 11300                                  | INTEREST EXPENSE                                      |                       |                     |             |                              |            |
| 116.00 11600                                  | HOSPICE                                               | 1,140,227             | 15,330              | 0           | 0                            | 165,114    |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 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 |        |
|-------------------------------------|-------|----------------------------------------|-------------------------------------------------------------------|-----------------------|------------------------|-------------|------------------------------------|--------|
|                                     |       |                                        |                                                                   | BLDG & FIXT           | CAP REL COSTS<br>- CON | MVBLE EQUIP |                                    |        |
|                                     |       |                                        | 0                                                                 | 1.00                  | 1.01                   | 2.00        | 4.00                               |        |
| 117.00                              | 06950 | HOME INFUSION                          | 3,415,277                                                         | 0                     | 0                      | 25,645      | 235,877                            | 117.00 |
| 118.00                              |       | SUBTOTALS (SUM OF LINES 1 through 117) | 407,499,650                                                       | 14,965,666            | 172,418                | 12,245,654  | 44,762,427                         | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                        |                                                                   |                       |                        |             |                                    |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 268,076                                                           | 64,891                | 0                      | 109         | 16,330                             | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES            | 1,221,610                                                         | 680,799               | 0                      | 10,057      | 0                                  | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                 | 1,346,267                                                         | 88,587                | 0                      | 6,072       | 213,294                            | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT      | -172,252                                                          | 19,102                | 0                      | 0           | 180,215                            | 194.01 |
| 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)      | 410,163,351                                                       | 15,819,045            | 172,418                | 12,261,892  | 45,172,266                         | 202.00 |

| COST ALLOCATION - GENERAL SERVICE COSTS       |       |                                        | Provider CCN: 14-0053 |                     | Period: From 07/01/2017 To 06/30/2018 |                | Worksheet B Part I Date/Time Prepared: 11/20/2018 3:53 pm |        |
|-----------------------------------------------|-------|----------------------------------------|-----------------------|---------------------|---------------------------------------|----------------|-----------------------------------------------------------|--------|
| Cost Center Description                       |       |                                        | COMMUNICATIONS        | INFORMATION SYSTEMS | PURCHASING/RECEIVING/STORES           | ADMINISTRATIVE | PATIENT ACCOUNTING                                        |        |
|                                               |       |                                        | 5.01                  | 5.02                | 5.03                                  | 5.04           | 5.05                                                      |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                       |                     |                                       |                |                                                           |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                       |                     |                                       |                |                                                           | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                       |                     |                                       |                |                                                           | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                       |                     |                                       |                |                                                           | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                       |                     |                                       |                |                                                           | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         | 2,101,699             |                     |                                       |                |                                                           | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    | 137,041               | 33,342,914          |                                       |                |                                                           | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            | 3,032                 | 177,226             | 1,808,558                             |                |                                                           | 5.03   |
| 5.04                                          | 00570 | ADMINISTRATIVE                         | 36,079                | 653,902             | 922                                   | 2,729,661      |                                                           | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     | 37,292                | 4,540,650           | 0                                     | 0              | 9,248,230                                                 | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  | 277,720               | 1,613,367           | 10,579                                | 0              | 0                                                         | 5.06   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 22,133                | 250,561             | 30,286                                | 0              | 0                                                         | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 9,096                 | 134,447             | 6,870                                 | 0              | 0                                                         | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 4,548                 | 0                   | 21,119                                | 0              | 0                                                         | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 9,702                 | 116,114             | 3,308                                 | 0              | 0                                                         | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 18,191                | 67,224              | 0                                     | 0              | 0                                                         | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                     | 165,003             | 0                                     | 0              | 0                                                         | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 33,047                | 213,893             | 1,258                                 | 0              | 0                                                         | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 11,824                | 91,669              | 0                                     | 0              | 0                                                         | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 25,468                | 812,795             | 284,190                               | 0              | 0                                                         | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 27,893                | 1,344,472           | 0                                     | 0              | 0                                                         | 16.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 21,223                | 990,021             | 960                                   | 0              | 0                                                         | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 606                   | 18,334              | 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 (CLINICAL LAB SCIENCE)      | 910                   | 24,445              | 15                                    | 0              | 0                                                         | 23.00  |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0                     | 0                   | 0                                     | 0              | 0                                                         | 23.01  |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0                     | 0                   | 0                                     | 0              | 0                                                         | 23.02  |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | 0                     | 0                   | 0                                     | 0              | 0                                                         | 23.03  |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | 0                     | 18,334              | 13                                    | 0              | 0                                                         | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                       |                     |                                       |                |                                                           |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 418,094               | 6,954,587           | 35,028                                | 169,420        | 574,092                                                   | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 65,792                | 800,572             | 20,357                                | 59,138         | 200,393                                                   | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 21,830                | 684,459             | 7,768                                 | 76,953         | 260,761                                                   | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - I/PF                     | 26,074                | 103,891             | 563                                   | 7,454          | 25,258                                                    | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 0                     | 177,226             | 1,871                                 | 6,743          | 22,847                                                    | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                     | 0                   | 0                                     | 0              | 0                                                         | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                       |                     |                                       |                |                                                           |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 157,355               | 3,067,841           | 54,398                                | 291,855        | 988,968                                                   | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 8,186                 | 189,448             | 5,402                                 | 35,924         | 121,729                                                   | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                     | 0                   | 0                                     | 0              | 0                                                         | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 11,521                | 556,123             | 1,709                                 | 28,607         | 96,938                                                    | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 606                   | 812,795             | 18,509                                | 31,211         | 105,759                                                   | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 8,792                 | 684,459             | 25,088                                | 69,472         | 235,409                                                   | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 64,579                | 910,574             | 9,073                                 | 117,233        | 397,253                                                   | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 9,399                 | 348,341             | 47                                    | 12,446         | 42,174                                                    | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 35,170                | 165,003             | 15,112                                | 34,219         | 115,952                                                   | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 4,245                 | 24,445              | 4,806                                 | 170,254        | 576,918                                                   | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                     | 97,780              | 1,320                                 | 23,280         | 78,887                                                    | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 48,813                | 220,005             | 115,473                               | 376,398        | 1,274,048                                                 | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 55,787                | 1,210,025           | 66,065                                | 192,277        | 651,542                                                   | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 10,612                | 250,561             | 17,016                                | 70,365         | 238,438                                                   | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 58,212                | 733,349             | 1,709                                 | 50,813         | 172,184                                                   | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 167,663               | 446,120             | 1,991                                 | 134,631        | 456,204                                                   | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 7,883                 | 79,446              | 711                                   | 22,975         | 77,852                                                    | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                     | 0                   | 408,474                               | 147,523        | 499,892                                                   | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                     | 0                   | 551,610                               | 180,520        | 611,705                                                   | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                     | 0                   | 0                                     | 225,359        | 763,643                                                   | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 2,426                 | 67,224              | 143                                   | 5,399          | 18,294                                                    | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 26,984                | 134,447             | 1,497                                 | 16,466         | 55,796                                                    | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 303                   | 140,558             | 383                                   | 4,444          | 15,059                                                    | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 5,761                 | 128,336             | 390                                   | 7,593          | 25,728                                                    | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                       |                     |                                       |                |                                                           |        |
| 91.00                                         | 09100 | EMERGENCY                              | 84,893                | 1,234,470           | 22,259                                | 141,330        | 478,907                                                   | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                       |                     |                                       |                |                                                           | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                       |                     |                                       |                |                                                           |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 38,202                | 1,185,580           | 673                                   | 8,266          | 28,010                                                    | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                       |                     |                                       |                |                                                           |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                       |                     |                                       |                |                                                           | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 6,064                 | 0                   | 1,485                                 | 3,407          | 11,544                                                    | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | 3,335                 | 128,336             | 49,029                                | 7,686          | 26,046                                                    | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 2,024,386             | 32,768,458          | 1,799,479                             | 2,729,661      | 9,248,230                                                 | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                       |                     |                                       |                |                                                           |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 2,426                 | 0                   | 3,887                                 | 0              | 0                                                         | 190.00 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description |       | COMMUNICATIONS                    | INFORMATION SYSTEMS | PURCHASING/RECEIVING/STORES | ADMINISTRATIVE | PATIENT ACCOUNTING |           |
|-------------------------|-------|-----------------------------------|---------------------|-----------------------------|----------------|--------------------|-----------|
|                         |       | 5.01                              | 5.02                | 5.03                        | 5.04           | 5.05               |           |
| 192.00                  | 19200 | PHYSICIANS' PRIVATE OFFICES       | 13,340              | 525,566                     | 12             | 0                  | 192.00    |
| 194.00                  | 07950 | NON REIMBURSABLE-OTHER            | 47,904              | 48,890                      | 2,064          | 0                  | 194.00    |
| 194.01                  | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 13,643              | 0                           | 3,116          | 0                  | 194.01    |
| 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) | 2,101,699           | 33,342,914                  | 1,808,558      | 2,729,661          | 9,248,230 |



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | Subtotal    | OTHER ADMIN & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |        |
|-----------------------------------------------|-------|-------------|-----------------------|-----------------------|--------------------|-------------------------|--------|
|                                               |       | 5A.05       | 5.06                  | 6.00                  | 7.00               | 8.00                    |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |             |                       |                       |                    |                         |        |
| 1.00                                          | 00100 |             |                       |                       |                    |                         | 1.00   |
| 1.01                                          | 00101 |             |                       |                       |                    |                         | 1.01   |
| 2.00                                          | 00200 |             |                       |                       |                    |                         | 2.00   |
| 4.00                                          | 00400 |             |                       |                       |                    |                         | 4.00   |
| 5.01                                          | 00580 |             |                       |                       |                    |                         | 5.01   |
| 5.02                                          | 00540 |             |                       |                       |                    |                         | 5.02   |
| 5.03                                          | 00550 |             |                       |                       |                    |                         | 5.03   |
| 5.04                                          | 00570 |             |                       |                       |                    |                         | 5.04   |
| 5.05                                          | 00560 |             |                       |                       |                    |                         | 5.05   |
| 5.06                                          | 00590 | 32,634,347  | 32,634,347            |                       |                    |                         | 5.06   |
| 6.00                                          | 00600 | 13,548,679  | 1,171,175             | 14,719,854            |                    |                         | 6.00   |
| 7.00                                          | 00700 | 17,237,553  | 1,490,049             | 1,995,577             | 20,723,179         |                         | 7.00   |
| 8.00                                          | 00800 | 4,210,130   | 363,932               | 11,211                | 1,534,510          | 6,119,783               | 8.00   |
| 9.00                                          | 00900 | 5,183,443   | 448,067               | 250,931               | 273,529            | 0                       | 9.00   |
| 10.00                                         | 01000 | 1,190,230   | 102,886               | 108,814               | 249,023            | 0                       | 10.00  |
| 11.00                                         | 01100 | 3,161,222   | 273,262               | 284,235               | 649,973            | 0                       | 11.00  |
| 13.00                                         | 01300 | 4,937,766   | 426,830               | 287,202               | 500,385            | 0                       | 13.00  |
| 14.00                                         | 01400 | 1,595,075   | 137,881               | 468,229               | 1,249,013          | 17,288                  | 14.00  |
| 15.00                                         | 01500 | 9,826,669   | 849,437               | 68,586                | 263,511            | 10,521                  | 15.00  |
| 16.00                                         | 01600 | 6,120,452   | 529,064               | 24,730                | 245,483            | 0                       | 16.00  |
| 20.00                                         | 02000 | 2,231,364   | 192,884               | 111,122               | 725,081            | 433                     | 20.00  |
| 21.00                                         | 02100 | 8,152,350   | 704,705               | 0                     | 0                  | 27,679                  | 21.00  |
| 22.00                                         | 02200 | 11,852,763  | 1,024,577             | 0                     | 438,774            | 0                       | 22.00  |
| 23.00                                         | 02300 | 170,214     | 14,714                | 12,200                | 14,698             | 0                       | 23.00  |
| 23.01                                         | 02301 | 0           | 0                     | 0                     | 0                  | 0                       | 23.01  |
| 23.02                                         | 02302 | 0           | 0                     | 0                     | 0                  | 0                       | 23.02  |
| 23.03                                         | 02303 | 414,378     | 35,820                | 0                     | 0                  | 0                       | 23.03  |
| 23.04                                         | 02304 | 126,510     | 10,936                | 0                     | 8,729              | 0                       | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |             |                       |                       |                    |                         |        |
| 30.00                                         | 03000 | 42,061,012  | 3,635,822             | 1,710,353             | 2,862,595          | 970,655                 | 30.00  |
| 31.00                                         | 03100 | 13,032,900  | 1,126,590             | 685,196               | 912,014            | 170,317                 | 31.00  |
| 35.00                                         | 02040 | 11,495,259  | 993,673               | 599,794               | 395,161            | 103,600                 | 35.00  |
| 40.00                                         | 04000 | 2,105,158   | 181,974               | 137,171               | 325,091            | 36,435                  | 40.00  |
| 43.00                                         | 04300 | 1,403,696   | 121,338               | 86,391                | 89,597             | 28,713                  | 43.00  |
| 44.00                                         | 04400 | 0           | 0                     | 0                     | 0                  | 0                       | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |             |                       |                       |                    |                         |        |
| 50.00                                         | 05000 | 24,775,983  | 2,141,686             | 2,449,956             | 1,568,495          | 354,683                 | 50.00  |
| 50.01                                         | 05001 | 1,839,081   | 158,974               | 149,042               | 172,504            | 26,708                  | 50.01  |
| 50.02                                         | 05002 | 0           | 0                     | 0                     | 0                  | 0                       | 50.02  |
| 51.00                                         | 05100 | 3,466,597   | 299,660               | 155,307               | 362,406            | 76,567                  | 51.00  |
| 52.00                                         | 05200 | 6,466,753   | 558,999               | 399,643               | 414,778            | 132,909                 | 52.00  |
| 53.00                                         | 05300 | 3,964,534   | 342,702               | 755,101               | 23,516             | 13,003                  | 53.00  |
| 54.00                                         | 05400 | 7,444,515   | 643,519               | 350,512               | 558,156            | 110,369                 | 54.00  |
| 55.00                                         | 05500 | 1,434,883   | 124,034               | 45,834                | 0                  | 3,537                   | 55.00  |
| 56.00                                         | 05600 | 1,990,848   | 172,093               | 42,207                | 222,987            | 5,242                   | 56.00  |
| 57.00                                         | 05700 | 2,274,700   | 196,630               | 43,525                | 78,888             | 0                       | 57.00  |
| 58.00                                         | 05800 | 1,273,273   | 110,064               | 65,948                | 92,386             | 0                       | 58.00  |
| 59.00                                         | 05900 | 13,341,479  | 1,153,264             | 539,122               | 966,875            | 141,291                 | 59.00  |
| 60.00                                         | 06000 | 17,022,461  | 1,471,456             | 377,221               | 605,099            | 1,289                   | 60.00  |
| 65.00                                         | 06500 | 5,590,355   | 483,241               | 834,238               | 99,465             | 1,206                   | 65.00  |
| 66.00                                         | 06600 | 8,562,285   | 740,141               | 86,062                | 193,321            | 25,014                  | 66.00  |
| 69.00                                         | 06900 | 5,186,900   | 448,366               | 301,381               | 927,071            | 52,843                  | 69.00  |
| 70.00                                         | 07000 | 1,585,791   | 137,079               | 89,689                | 55,222             | 18,133                  | 70.00  |
| 71.00                                         | 07100 | 27,662,479  | 2,391,200             | 0                     | 0                  | 0                       | 71.00  |
| 72.00                                         | 07200 | 37,308,626  | 3,225,032             | 0                     | 0                  | 0                       | 72.00  |
| 73.00                                         | 07300 | 12,758,685  | 1,102,886             | 0                     | 0                  | 0                       | 73.00  |
| 74.00                                         | 07400 | 1,037,887   | 89,717                | 21,433                | 49,133             | 2,944                   | 74.00  |
| 76.00                                         | 03020 | 3,388,030   | 292,868               | 67,267                | 111,043            | 6,534                   | 76.00  |
| 76.97                                         | 07697 | 1,012,068   | 87,485                | 115,738               | 171,514            | 0                       | 76.97  |
| 76.98                                         | 07698 | 1,224,531   | 105,851               | 15,168                | 80,658             | 16,572                  | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |             |                       |                       |                    |                         |        |
| 91.00                                         | 09100 | 10,543,370  | 911,390               | 520,327               | 497,686            | 362,726                 | 91.00  |
| 92.00                                         | 09200 | 0           |                       |                       |                    |                         | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |             |                       |                       |                    |                         |        |
| 101.00                                        | 10100 | 6,477,660   | 559,942               | 161,242               | 137,529            | 0                       | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |             |                       |                       |                    |                         |        |
| 113.00                                        | 11300 |             |                       |                       |                    |                         | 113.00 |
| 116.00                                        | 11600 | 1,343,171   | 116,106               | 3,297                 | 45,833             | 0                       | 116.00 |
| 117.00                                        | 06950 | 3,891,231   | 336,366               | 113,760               | 0                  | 0                       | 117.00 |
| 118.00                                        |       | 405,559,346 | 32,236,367            | 14,544,762            | 18,171,732         | 2,717,211               | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |             |                       |                       |                    |                         |        |
| 190.00                                        | 19000 | 355,719     | 30,749                | 10,552                | 194,011            | 0                       | 190.00 |
| 192.00                                        | 19200 | 2,451,384   | 211,903               | 9,233                 | 2,035,465          | 0                       | 192.00 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description |       |                                   | Subtotal    | OTHER ADMIN & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |          |
|-------------------------|-------|-----------------------------------|-------------|-----------------------|-----------------------|--------------------|-------------------------|----------|
|                         |       |                                   | 5A.05       | 5.06                  | 6.00                  | 7.00               | 8.00                    |          |
| 194.00                  | 07950 | NON REIMBURSABLE-OTHER            | 1,753,078   | 151,540               | 154,318               | 264,860            | 3,402,572               | 194.00   |
| 194.01                  | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 43,824      | 3,788                 | 989                   | 57,111             |                         | 0 194.01 |
| 200.00                  |       | Cross Foot Adjustments            | 0           |                       |                       |                    |                         | 200.00   |
| 201.00                  |       | Negative Cost Centers             | 0           | 0                     | 0                     | 0                  |                         | 0 201.00 |
| 202.00                  |       | TOTAL (sum lines 118 through 201) | 410,163,351 | 32,634,347            | 14,719,854            | 20,723,179         | 6,119,783               | 202.00   |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | HOUSEKEEPING                           | DIETARY   | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY |           |
|-----------------------------------------------|-------|----------------------------------------|-----------|-----------|---------------------------|---------------------------------|-----------|
|                                               |       | 9.00                                   | 10.00     | 11.00     | 13.00                     | 14.00                           |           |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |           |           |                           |                                 |           |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |           |           |                           |                                 | 1.00      |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |           |           |                           |                                 | 1.01      |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |           |           |                           |                                 | 2.00      |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |           |           |                           |                                 | 4.00      |
| 5.01                                          | 00580 | COMMUNICATIONS                         |           |           |                           |                                 | 5.01      |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    |           |           |                           |                                 | 5.02      |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            |           |           |                           |                                 | 5.03      |
| 5.04                                          | 00570 | ADMINING                               |           |           |                           |                                 | 5.04      |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     |           |           |                           |                                 | 5.05      |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  |           |           |                           |                                 | 5.06      |
| 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                           | 6,155,970 |           |                           |                                 | 9.00      |
| 10.00                                         | 01000 | DIETARY                                | 329,363   | 1,980,316 |                           |                                 | 10.00     |
| 11.00                                         | 01100 | CAFETERIA                              | 0         | 0         | 4,368,692                 |                                 | 11.00     |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 210,305   | 0         | 82,070                    | 6,444,558                       | 13.00     |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 486,389   | 0         | 44,091                    | 0                               | 3,997,966 |
| 15.00                                         | 01500 | PHARMACY                               | 104,450   | 0         | 137,895                   | 0                               | 0         |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0         | 0         | 106,542                   | 0                               | 0         |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 140,594   | 0         | 64,760                    | 0                               | 0         |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 169,340   | 0         | 280,759                   | 0                               | 0         |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0         | 0         | 513                       | 0                               | 0         |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)      | 5,805     | 0         | 4,199                     | 0                               | 0         |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0         | 0         | 0                         | 0                               | 0         |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0         | 0         | 0                         | 0                               | 0         |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | 0         | 0         | 10,101                    | 0                               | 0         |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | 3,277     | 0         | 2,380                     | 0                               | 0         |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |           |           |                           |                                 |           |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 1,170,118 | 1,463,231 | 904,681                   | 2,282,769                       | 0         |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 352,069   | 253,691   | 275,953                   | 696,310                         | 0         |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 136,099   | 0         | 217,585                   | 549,030                         | 0         |
| 40.00                                         | 04000 | SUBPROVIDER - I/PF                     | 126,548   | 99,822    | 58,135                    | 146,691                         | 0         |
| 43.00                                         | 04300 | NURSERY                                | 2,200     | 0         | 27,714                    | 69,931                          | 0         |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0         | 0         | 0                         | 0                               | 0         |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |           |           |                           |                                 |           |
| 50.00                                         | 05000 | OPERATING ROOM                         | 22,988    | 0         | 365,908                   | 923,292                         | 0         |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 65,311    | 0         | 27,108                    | 68,401                          | 0         |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0         | 0         | 0                         | 0                               | 0         |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 137,925   | 0         | 60,538                    | 152,754                         | 0         |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 64,281    | 85,021    | 129,030                   | 325,580                         | 0         |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 9,317     | 0         | 68,936                    | 173,945                         | 0         |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 211,148   | 0         | 122,918                   | 0                               | 0         |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0         | 0         | 8,305                     | 20,956                          | 0         |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 88,579    | 0         | 16,867                    | 0                               | 0         |
| 57.00                                         | 05700 | CT SCAN                                | 31,227    | 0         | 28,974                    | 0                               | 0         |
| 58.00                                         | 05800 | MRI                                    | 30,478    | 0         | 12,178                    | 0                               | 0         |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 280,391   | 8,732     | 176,667                   | 0                               | 0         |
| 60.00                                         | 06000 | LABORATORY                             | 231,139   | 0         | 211,637                   | 0                               | 0         |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 27,061    | 0         | 114,520                   | 0                               | 0         |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 72,287    | 0         | 162,507                   | 0                               | 0         |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 359,326   | 0         | 88,579                    | 0                               | 0         |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 21,021    | 0         | 30,280                    | 0                               | 0         |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0         | 0         | 0                         | 0                               | 1,700,002 |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0         | 0         | 0                         | 0                               | 2,297,964 |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0         | 0         | 0                         | 0                               | 0         |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 17,931    | 0         | 0                         | 0                               | 0         |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 46,911    | 0         | 75,235                    | 189,838                         | 0         |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 68,588    | 0         | 21,486                    | 0                               | 0         |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 36,611    | 0         | 18,919                    | 0                               | 0         |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |           |           |                           |                                 |           |
| 91.00                                         | 09100 | EMERGENCY                              | 185,398   | 33,589    | 209,350                   | 528,251                         | 0         |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |           |           |                           |                                 | 0         |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |           |           |                           |                                 |           |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 0         | 0         | 107,918                   | 272,308                         | 0         |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |           |           |                           |                                 |           |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |           |           |                           |                                 | 113.00    |
| 116.00                                        | 11600 | HOSPICE                                | 0         | 0         | 17,636                    | 44,502                          | 0         |
| 117.00                                        | 06950 | HOME INFUSION                          | 0         | 0         | 23,982                    | 0                               | 0         |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 5,244,475 | 1,944,086 | 4,316,856                 | 6,444,558                       | 3,997,966 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |           |           |                           |                                 |           |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 42,370    | 0         | 2,333                     | 0                               | 0         |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description |       | HOUSEKEEPING                      | DIETARY   | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY |           |        |
|-------------------------|-------|-----------------------------------|-----------|-----------|---------------------------|---------------------------------|-----------|--------|
|                         |       | 9.00                              | 10.00     | 11.00     | 13.00                     | 14.00                           |           |        |
| 192.00                  | 19200 | PHYSICIANS' PRIVATE OFFICES       | 856,484   | 0         | 0                         | 0                               | 0         | 192.00 |
| 194.00                  | 07950 | NON REIMBURSABLE-OTHER            | 12,641    | 36,230    | 29,021                    | 0                               | 0         | 194.00 |
| 194.01                  | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 0         | 0         | 20,482                    | 0                               | 0         | 194.01 |
| 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) | 6,155,970 | 1,980,316 | 4,368,692                 | 6,444,558                       | 3,997,966 | 202.00 |

|                                         |  |                       |                                             |                                                                    |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|

| Cost Center Description                       | PHARMACY                               | MEDICAL RECORDS & LIBRARY | NURSING SCHOOL | INTERNS & RESIDENTS             |                                 |            |        |
|-----------------------------------------------|----------------------------------------|---------------------------|----------------|---------------------------------|---------------------------------|------------|--------|
|                                               |                                        |                           |                | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |            |        |
|                                               |                                        |                           |                | 15.00                           | 16.00                           |            | 20.00  |
| <b>GENERAL SERVICE COST CENTERS</b>           |                                        |                           |                |                                 |                                 |            |        |
| 1.00 00100                                    | CAP REL COSTS-BLDG & FIXT              |                           |                |                                 |                                 | 1.00       |        |
| 1.01 00101                                    | CAP REL COSTS - CON                    |                           |                |                                 |                                 | 1.01       |        |
| 2.00 00200                                    | CAP REL COSTS-MVBLE EQUIP              |                           |                |                                 |                                 | 2.00       |        |
| 4.00 00400                                    | EMPLOYEE BENEFITS DEPARTMENT           |                           |                |                                 |                                 | 4.00       |        |
| 5.01 00580                                    | COMMUNICATIONS                         |                           |                |                                 |                                 | 5.01       |        |
| 5.02 00540                                    | INFORMATION SYSTEMS                    |                           |                |                                 |                                 | 5.02       |        |
| 5.03 00550                                    | PURCHASING/RECEIVING/STORES            |                           |                |                                 |                                 | 5.03       |        |
| 5.04 00570                                    | ADMINISTRATIVE                         |                           |                |                                 |                                 | 5.04       |        |
| 5.05 00560                                    | PATIENT ACCOUNTING                     |                           |                |                                 |                                 | 5.05       |        |
| 5.06 00590                                    | OTHER ADMIN & GENERAL                  |                           |                |                                 |                                 | 5.06       |        |
| 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      |        |
| 13.00 01300                                   | NURSING ADMINISTRATION                 |                           |                |                                 |                                 | 13.00      |        |
| 14.00 01400                                   | CENTRAL SERVICES & SUPPLY              |                           |                |                                 |                                 | 14.00      |        |
| 15.00 01500                                   | PHARMACY                               | 11,261,069                |                |                                 |                                 | 15.00      |        |
| 16.00 01600                                   | MEDICAL RECORDS & LIBRARY              | 0                         | 7,026,271      |                                 |                                 | 16.00      |        |
| 20.00 02000                                   | NURSING SCHOOL                         | 808                       | 0              | 3,467,046                       |                                 | 20.00      |        |
| 21.00 02100                                   | I&R SERVICES-SALARY & FRINGES APPRV    | 0                         | 0              | 0                               | 9,334,833                       | 21.00      |        |
| 22.00 02200                                   | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                         | 0              | 0                               | 0                               | 22.00      |        |
| 23.00 02300                                   | PARAMEDICAL (CLINICAL LAB SCIENCE)     | 0                         | 0              | 0                               | 0                               | 23.00      |        |
| 23.01 02301                                   | PARAMEDICAL (RESPIRATORY THERAPY)      | 0                         | 0              | 0                               | 0                               | 23.01      |        |
| 23.02 02302                                   | PARAMEDICAL (ENDT)                     | 0                         | 0              | 0                               | 0                               | 23.02      |        |
| 23.03 02303                                   | PARAMEDICAL (PHARMACY)                 | 0                         | 0              | 0                               | 0                               | 23.03      |        |
| 23.04 02304                                   | PARAMEDICAL (PASTORAL CARE)            | 0                         | 0              | 0                               | 0                               | 23.04      |        |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                        |                           |                |                                 |                                 |            |        |
| 30.00 03000                                   | ADULTS & PEDIATRICS                    | 122,075                   | 3,554,436      | 2,258,066                       | 3,713,789                       | 5,297,914  | 30.00  |
| 31.00 03100                                   | INTENSIVE CARE UNIT                    | 61,283                    | 554,280        | 295,880                         | 273,885                         | 390,712    | 31.00  |
| 35.00 02040                                   | HIGH RISK NEONATAL                     | 5,372                     | 150,362        | 473,717                         | 219,786                         | 313,537    | 35.00  |
| 40.00 04000                                   | SUBPROVIDER - IPF                      | 807                       | 61,562         | 0                               | 540,064                         | 770,430    | 40.00  |
| 43.00 04300                                   | NURSERY                                | 4,714                     | 183,800        | 49,956                          | 166,998                         | 238,231    | 43.00  |
| 44.00 04400                                   | SKILLED NURSING FACILITY               | 0                         | 0              | 0                               | 0                               | 0          | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                        |                           |                |                                 |                                 |            |        |
| 50.00 05000                                   | OPERATING ROOM                         | 116,144                   | 0              | 0                               | 3,088,106                       | 4,405,345  | 50.00  |
| 50.01 05001                                   | GASTRODIAGNOSTIC UNIT                  | 13,070                    | 0              | 0                               | 0                               | 0          | 50.01  |
| 50.02 05002                                   | PAIN MANAGEMENT CENTER                 | 0                         | 0              | 0                               | 0                               | 0          | 50.02  |
| 51.00 05100                                   | RECOVERY ROOM                          | 11,968                    | 0              | 0                               | 0                               | 0          | 51.00  |
| 52.00 05200                                   | DELIVERY ROOM & LABOR ROOM             | 21,822                    | 0              | 231,458                         | 267,489                         | 381,587    | 52.00  |
| 53.00 05300                                   | ANESTHESIOLOGY                         | 159,035                   | 0              | 0                               | 24,892                          | 35,509     | 53.00  |
| 54.00 05400                                   | RADIOLOGY-DIAGNOSTIC                   | 0                         | 0              | 0                               | 145,188                         | 207,119    | 54.00  |
| 55.00 05500                                   | RADIOLOGY-THERAPEUTIC                  | 0                         | 0              | 0                               | 0                               | 0          | 55.00  |
| 56.00 05600                                   | RADIOISOTOPE                           | 0                         | 0              | 0                               | 13,178                          | 18,799     | 56.00  |
| 57.00 05700                                   | CT SCAN                                | 0                         | 0              | 0                               | 3,622                           | 5,167      | 57.00  |
| 58.00 05800                                   | MRI                                    | 0                         | 0              | 0                               | 18,033                          | 25,725     | 58.00  |
| 59.00 05900                                   | CARDIAC CATHETERIZATION                | 32,487                    | 0              | 24,882                          | 4,624                           | 6,596      | 59.00  |
| 60.00 06000                                   | LABORATORY                             | 548                       | 0              | 0                               | 0                               | 0          | 60.00  |
| 65.00 06500                                   | RESPIRATORY THERAPY                    | 11,953                    | 0              | 35,104                          | 617                             | 879        | 65.00  |
| 66.00 06600                                   | PHYSICAL THERAPY                       | 586                       | 0              | 0                               | 0                               | 0          | 66.00  |
| 69.00 06900                                   | ELECTROCARDIOLOGY                      | 2,154                     | 0              | 9,258                           | 0                               | 0          | 69.00  |
| 70.00 07000                                   | ELECTROENCEPHALOGRAPHY                 | 0                         | 0              | 0                               | 925                             | 1,319      | 70.00  |
| 71.00 07100                                   | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                         | 0              | 0                               | 0                               | 0          | 71.00  |
| 72.00 07200                                   | IMPL. DEV. CHARGED TO PATIENTS         | 0                         | 0              | 0                               | 0                               | 0          | 72.00  |
| 73.00 07300                                   | DRUGS CHARGED TO PATIENTS              | 8,393,434                 | 0              | 0                               | 0                               | 0          | 73.00  |
| 74.00 07400                                   | RENAL DIALYSIS                         | 5,494                     | 0              | 0                               | 0                               | 0          | 74.00  |
| 76.00 03020                                   | OTHER ANCILLARY                        | 1,877                     | 0              | 0                               | 0                               | 0          | 76.00  |
| 76.97 07697                                   | CARDIAC REHABILITATION                 | 0                         | 0              | 50,149                          | 0                               | 0          | 76.97  |
| 76.98 07698                                   | HYPERBARIC OXYGEN THERAPY              | 214                       | 0              | 20,831                          | 0                               | 0          | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                        |                           |                |                                 |                                 |            |        |
| 91.00 09100                                   | EMERGENCY                              | 57,367                    | 2,521,831      | 0                               | 853,637                         | 1,217,758  | 91.00  |
| 92.00 09200                                   | OBSERVATION BEDS (NON-DISTINCT PART)   |                           |                |                                 |                                 |            | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                        |                           |                |                                 |                                 |            |        |
| 101.00 10100                                  | HOME HEALTH AGENCY                     | 1,943                     | 0              | 17,745                          | 0                               | 0          | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                        |                           |                |                                 |                                 |            |        |
| 113.00 11300                                  | INTEREST EXPENSE                       |                           |                |                                 |                                 |            | 113.00 |
| 116.00 11600                                  | HOSPICE                                | 61,882                    | 0              | 0                               |                                 |            | 116.00 |
| 117.00 06950                                  | HOME INFUSION                          | 2,174,032                 | 0              | 0                               | 0                               | 0          | 117.00 |
| 118.00                                        | SUBTOTALS (SUM OF LINES 1 through 117) | 11,261,069                | 7,026,271      | 3,467,046                       | 9,334,833                       | 13,316,627 | 118.00 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             | PHARMACY                            | MEDICAL RECORDS & LIBRARY | NURSING SCHOOL | INTERNS & RESIDENTS             |                                 |            |        |
|-------------------------------------|-------------------------------------|---------------------------|----------------|---------------------------------|---------------------------------|------------|--------|
|                                     |                                     |                           |                | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |            |        |
|                                     |                                     |                           |                | 15.00                           | 16.00                           |            | 20.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                     |                           |                |                                 |                                 |            |        |
| 190.00 19000                        | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0                         | 0              | 0                               | 0                               | 0          | 190.00 |
| 192.00 19200                        | PHYSICIANS' PRIVATE OFFICES         | 0                         | 0              | 0                               | 0                               | 0          | 192.00 |
| 194.00 07950                        | NON REIMBURSABLE-OTHER              | 0                         | 0              | 0                               | 0                               | 0          | 194.00 |
| 194.01 07951                        | NON REIMBURSABLE-FUND DEVELOPMENT   | 0                         | 0              | 0                               | 0                               | 0          | 194.01 |
| 200.00                              | Cross Foot Adjustments              |                           |                | 0                               | 0                               | 0          | 200.00 |
| 201.00                              | Negative Cost Centers               |                           |                | 0                               | 0                               | 0          | 201.00 |
| 202.00                              | TOTAL (sum lines 118 through 201)   | 11,261,069                | 7,026,271      | 3,467,046                       | 9,334,833                       | 13,316,627 | 202.00 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                |       |                                        | PARAMED ED<br>(CLINICAL LAB<br>SCIENCE) | PARAMED ED<br>(RESPIRATORY<br>THERAPY) | PARAMED ED<br>(ENDT) | PARAMED ED<br>(PHARMACY) | PARAMED ED<br>(PASTORAL<br>CARE) |        |
|----------------------------------------|-------|----------------------------------------|-----------------------------------------|----------------------------------------|----------------------|--------------------------|----------------------------------|--------|
|                                        |       |                                        | 23.00                                   | 23.01                                  | 23.02                | 23.03                    | 23.04                            |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                                         |                                        |                      |                          |                                  | 1.00   |
| 1.01                                   | 00101 | CAP REL COSTS - CON                    |                                         |                                        |                      |                          |                                  | 1.01   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                         |                                        |                      |                          |                                  | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                         |                                        |                      |                          |                                  | 4.00   |
| 5.01                                   | 00580 | COMMUNICATIONS                         |                                         |                                        |                      |                          |                                  | 5.01   |
| 5.02                                   | 00540 | INFORMATION SYSTEMS                    |                                         |                                        |                      |                          |                                  | 5.02   |
| 5.03                                   | 00550 | PURCHASING/RECEIVING/STORES            |                                         |                                        |                      |                          |                                  | 5.03   |
| 5.04                                   | 00570 | ADMINISTRATIVE                         |                                         |                                        |                      |                          |                                  | 5.04   |
| 5.05                                   | 00560 | PATIENT ACCOUNTING                     |                                         |                                        |                      |                          |                                  | 5.05   |
| 5.06                                   | 00590 | OTHER ADMIN & GENERAL                  |                                         |                                        |                      |                          |                                  | 5.06   |
| 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  |
| 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  |
| 20.00                                  | 02000 | NURSING SCHOOL                         |                                         |                                        |                      |                          |                                  | 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 (CLINICAL LAB SCIENCE)      | 221,830                                 |                                        |                      |                          |                                  | 23.00  |
| 23.01                                  | 02301 | PARAMED ED (RESPIRATORY THERAPY)       |                                         | 0                                      |                      |                          |                                  | 23.01  |
| 23.02                                  | 02302 | PARAMED ED (ENDT)                      |                                         |                                        | 0                    |                          |                                  | 23.02  |
| 23.03                                  | 02303 | PARAMED ED (PHARMACY)                  |                                         |                                        |                      | 460,299                  |                                  | 23.03  |
| 23.04                                  | 02304 | PARAMED ED (PASTORAL CARE)             |                                         |                                        |                      |                          | 151,832                          | 23.04  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 0                                       | 0                                      | 0                    | 0                        | 119,396                          | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 0                                       | 0                                      | 0                    | 0                        | 13,803                           | 31.00  |
| 35.00                                  | 02040 | HIGH RISK NEONATAL                     | 0                                       | 0                                      | 0                    | 0                        | 1,035                            | 35.00  |
| 40.00                                  | 04000 | SUBPROVIDER - I/PF                     | 0                                       | 0                                      | 0                    | 0                        | 4,486                            | 40.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                                       | 0                                      | 0                    | 0                        | 345                              | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                                       | 0                                      | 0                    | 0                        | 0                                | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                                       | 0                                      | 0                    | 0                        | 5,176                            | 50.00  |
| 50.01                                  | 05001 | GASTRODIAGNOSTIC UNIT                  | 0                                       | 0                                      | 0                    | 0                        | 0                                | 50.01  |
| 50.02                                  | 05002 | PAIN MANAGEMENT CENTER                 | 0                                       | 0                                      | 0                    | 0                        | 0                                | 50.02  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                                       | 0                                      | 0                    | 0                        | 1,725                            | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 0                                       | 0                                      | 0                    | 0                        | 2,070                            | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                                       | 0                                      | 0                    | 0                        | 0                                | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                                       | 0                                      | 0                    | 0                        | 0                                | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                                       | 0                                      | 0                    | 0                        | 0                                | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                                       | 0                                      | 0                    | 0                        | 0                                | 56.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                                       | 0                                      | 0                    | 0                        | 0                                | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                                       | 0                                      | 0                    | 0                        | 0                                | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 0                                       | 0                                      | 0                    | 0                        | 1,035                            | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 221,830                                 | 0                                      | 0                    | 0                        | 0                                | 60.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                                       | 0                                      | 0                    | 0                        | 0                                | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                                       | 0                                      | 0                    | 0                        | 0                                | 66.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                                       | 0                                      | 0                    | 0                        | 0                                | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                                       | 0                                      | 0                    | 0                        | 0                                | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                       | 0                                      | 0                    | 0                        | 0                                | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                       | 0                                      | 0                    | 0                        | 0                                | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                       | 0                                      | 0                    | 460,299                  | 0                                | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                                       | 0                                      | 0                    | 0                        | 0                                | 74.00  |
| 76.00                                  | 03020 | OTHER ANCILLARY                        | 0                                       | 0                                      | 0                    | 0                        | 345                              | 76.00  |
| 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  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 91.00                                  | 09100 | EMERGENCY                              | 0                                       | 0                                      | 0                    | 0                        | 2,416                            | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                         |                                        |                      |                          |                                  | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                                       | 0                                      | 0                    | 0                        | 0                                | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                                         |                                        |                      |                          |                                  | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 0                                       | 0                                      | 0                    | 0                        | 0                                | 116.00 |
| 117.00                                 | 06950 | HOME INFUSION                          | 0                                       | 0                                      | 0                    | 0                        | 0                                | 117.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 221,830                                 | 0                                      | 0                    | 460,299                  | 151,832                          | 118.00 |
| NONREIMBURSABLE COST CENTERS           |       |                                        |                                         |                                        |                      |                          |                                  |        |
| 190.00                                 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                                       | 0                                      | 0                    | 0                        | 0                                | 190.00 |

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description |       | PARAMED ED<br>(CLINICAL LAB<br>SCIENCE) | PARAMED ED<br>(RESPIRATORY<br>THERAPY) | PARAMED ED<br>(ENDT) | PARAMED ED<br>(PHARMACY) | PARAMED ED<br>(PASTORAL<br>CARE) |         |        |
|-------------------------|-------|-----------------------------------------|----------------------------------------|----------------------|--------------------------|----------------------------------|---------|--------|
|                         |       | 23.00                                   | 23.01                                  | 23.02                | 23.03                    | 23.04                            |         |        |
| 192.00                  | 19200 | PHYSICIANS' PRIVATE OFFICES             | 0                                      | 0                    | 0                        | 0                                | 0       | 192.00 |
| 194.00                  | 07950 | NON REIMBURSABLE-OTHER                  | 0                                      | 0                    | 0                        | 0                                | 0       | 194.00 |
| 194.01                  | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT       | 0                                      | 0                    | 0                        | 0                                | 0       | 194.01 |
| 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)       | 221,830                                | 0                    | 0                        | 460,299                          | 151,832 | 202.00 |



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | Subtotal    | Intern & Residents Cost & Post Stepdown Adjustments | Total       |        |
|-----------------------------------------------|-------|-------------|-----------------------------------------------------|-------------|--------|
|                                               |       | 24.00       | 25.00                                               | 26.00       |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |             |                                                     |             |        |
| 1.00                                          | 00100 |             |                                                     |             | 1.00   |
| 1.01                                          | 00101 |             |                                                     |             | 1.01   |
| 2.00                                          | 00200 |             |                                                     |             | 2.00   |
| 4.00                                          | 00400 |             |                                                     |             | 4.00   |
| 5.01                                          | 00580 |             |                                                     |             | 5.01   |
| 5.02                                          | 00540 |             |                                                     |             | 5.02   |
| 5.03                                          | 00550 |             |                                                     |             | 5.03   |
| 5.04                                          | 00570 |             |                                                     |             | 5.04   |
| 5.05                                          | 00560 |             |                                                     |             | 5.05   |
| 5.06                                          | 00590 |             |                                                     |             | 5.06   |
| 6.00                                          | 00600 |             |                                                     |             | 6.00   |
| 7.00                                          | 00700 |             |                                                     |             | 7.00   |
| 8.00                                          | 00800 |             |                                                     |             | 8.00   |
| 9.00                                          | 00900 |             |                                                     |             | 9.00   |
| 10.00                                         | 01000 |             |                                                     |             | 10.00  |
| 11.00                                         | 01100 |             |                                                     |             | 11.00  |
| 13.00                                         | 01300 |             |                                                     |             | 13.00  |
| 14.00                                         | 01400 |             |                                                     |             | 14.00  |
| 15.00                                         | 01500 |             |                                                     |             | 15.00  |
| 16.00                                         | 01600 |             |                                                     |             | 16.00  |
| 20.00                                         | 02000 |             |                                                     |             | 20.00  |
| 21.00                                         | 02100 |             |                                                     |             | 21.00  |
| 22.00                                         | 02200 |             |                                                     |             | 22.00  |
| 23.00                                         | 02300 |             |                                                     |             | 23.00  |
| 23.01                                         | 02301 |             |                                                     |             | 23.01  |
| 23.02                                         | 02302 |             |                                                     |             | 23.02  |
| 23.03                                         | 02303 |             |                                                     |             | 23.03  |
| 23.04                                         | 02304 |             |                                                     |             | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |             |                                                     |             |        |
| 30.00                                         | 03000 | 72,126,912  | -9,011,703                                          | 63,115,209  | 30.00  |
| 31.00                                         | 03100 | 19,094,883  | -664,597                                            | 18,430,286  | 31.00  |
| 35.00                                         | 02040 | 15,654,010  | -533,323                                            | 15,120,687  | 35.00  |
| 40.00                                         | 04000 | 4,594,374   | -1,310,494                                          | 3,283,880   | 40.00  |
| 43.00                                         | 04300 | 2,473,624   | -405,229                                            | 2,068,395   | 43.00  |
| 44.00                                         | 04400 | 0           | 0                                                   | 0           | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |             |                                                     |             |        |
| 50.00                                         | 05000 | 40,217,762  | -7,493,451                                          | 32,724,311  | 50.00  |
| 50.01                                         | 05001 | 2,520,199   | 0                                                   | 2,520,199   | 50.01  |
| 50.02                                         | 05002 | 0           | 0                                                   | 0           | 50.02  |
| 51.00                                         | 05100 | 4,725,447   | 0                                                   | 4,725,447   | 51.00  |
| 52.00                                         | 05200 | 9,481,420   | -649,076                                            | 8,832,344   | 52.00  |
| 53.00                                         | 05300 | 5,570,490   | -60,401                                             | 5,510,089   | 53.00  |
| 54.00                                         | 05400 | 9,793,444   | -352,307                                            | 9,441,137   | 54.00  |
| 55.00                                         | 05500 | 1,637,549   | 0                                                   | 1,637,549   | 55.00  |
| 56.00                                         | 05600 | 2,570,800   | -31,977                                             | 2,538,823   | 56.00  |
| 57.00                                         | 05700 | 2,662,733   | -8,789                                              | 2,653,944   | 57.00  |
| 58.00                                         | 05800 | 1,628,085   | -43,758                                             | 1,584,327   | 58.00  |
| 59.00                                         | 05900 | 16,677,445  | -11,220                                             | 16,666,225  | 59.00  |
| 60.00                                         | 06000 | 20,142,680  | 0                                                   | 20,142,680  | 60.00  |
| 65.00                                         | 06500 | 7,198,639   | -1,496                                              | 7,197,143   | 65.00  |
| 66.00                                         | 06600 | 9,842,203   | 0                                                   | 9,842,203   | 66.00  |
| 69.00                                         | 06900 | 7,375,878   | 0                                                   | 7,375,878   | 69.00  |
| 70.00                                         | 07000 | 1,939,459   | -2,244                                              | 1,937,215   | 70.00  |
| 71.00                                         | 07100 | 31,753,681  | 0                                                   | 31,753,681  | 71.00  |
| 72.00                                         | 07200 | 42,831,622  | 0                                                   | 42,831,622  | 72.00  |
| 73.00                                         | 07300 | 22,715,304  | 0                                                   | 22,715,304  | 73.00  |
| 74.00                                         | 07400 | 1,224,539   | 0                                                   | 1,224,539   | 74.00  |
| 76.00                                         | 03020 | 4,179,948   | 0                                                   | 4,179,948   | 76.00  |
| 76.97                                         | 07697 | 1,527,028   | 0                                                   | 1,527,028   | 76.97  |
| 76.98                                         | 07698 | 1,519,355   | 0                                                   | 1,519,355   | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |             |                                                     |             |        |
| 91.00                                         | 09100 | 18,445,096  | -2,071,395                                          | 16,373,701  | 91.00  |
| 92.00                                         | 09200 |             | 0                                                   |             | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |             |                                                     |             |        |
| 101.00                                        | 10100 | 7,736,287   | 0                                                   | 7,736,287   | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |             |                                                     |             |        |
| 113.00                                        | 11300 |             |                                                     |             | 113.00 |
| 116.00                                        | 11600 | 1,632,427   | 0                                                   | 1,632,427   | 116.00 |
| 117.00                                        | 06950 | 6,539,371   | 0                                                   | 6,539,371   | 117.00 |
| 118.00                                        |       | 398,032,694 | -22,651,460                                         | 375,381,234 | 118.00 |

|                                         |  |                       |                                             |                                                                    |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|

| Cost Center Description             |       | Subtotal                            | Intern & Residents Cost & Post Stepdown Adjustments | Total       |             |        |
|-------------------------------------|-------|-------------------------------------|-----------------------------------------------------|-------------|-------------|--------|
|                                     |       | 24.00                               | 25.00                                               | 26.00       |             |        |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                     |                                                     |             |             |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 635,734                                             | 0           | 635,734     | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES         | 5,564,469                                           | 0           | 5,564,469   | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER              | 5,804,260                                           | 0           | 5,804,260   | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT   | 126,194                                             | 0           | 126,194     | 194.01 |
| 200.00                              |       | Cross Foot Adjustments              | 0                                                   | 0           | 0           | 200.00 |
| 201.00                              |       | Negative Cost Centers               | 0                                                   | 0           | 0           | 201.00 |
| 202.00                              |       | TOTAL (sum lines 118 through 201)   | 410,163,351                                         | -22,651,460 | 387,511,891 | 202.00 |

|                                     |  |                       |                                             |                                                                     |
|-------------------------------------|--|-----------------------|---------------------------------------------|---------------------------------------------------------------------|
| ALLOCATION OF CAPITAL RELATED COSTS |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-------------------------------------|--|-----------------------|---------------------------------------------|---------------------------------------------------------------------|

| Cost Center Description                       | Directly Assigned New Capital Related Costs | CAPITAL RELATED COSTS |                     |             | Subtotal  |                 |
|-----------------------------------------------|---------------------------------------------|-----------------------|---------------------|-------------|-----------|-----------------|
|                                               |                                             | BLDG & FIXT           | CAP REL COSTS - CON | MVBLE EQUIP |           |                 |
|                                               |                                             | 1.00                  | 1.01                | 2.00        |           |                 |
| <b>GENERAL SERVICE COST CENTERS</b>           |                                             |                       |                     |             |           |                 |
| 1.00 00100                                    | CAP REL COSTS-BLDG & FIXT                   |                       |                     |             |           | 1.00            |
| 1.01 00101                                    | CAP REL COSTS - CON                         |                       |                     |             |           | 1.01            |
| 2.00 00200                                    | CAP REL COSTS-MVBLE EQUIP                   |                       |                     |             |           | 2.00            |
| 4.00 00400                                    | EMPLOYEE BENEFITS DEPARTMENT                | 0                     | 71,803              | 0           | 11,002    | 82,805 4.00     |
| 5.01 00580                                    | COMMUNICATIONS                              | 0                     | 39,920              | 0           | 1,421,923 | 1,461,843 5.01  |
| 5.02 00540                                    | INFORMATION SYSTEMS                         | 8,564,489             | 176,111             | 0           | 0         | 8,740,600 5.02  |
| 5.03 00550                                    | PURCHASING/RECEIVING/STORES                 | 0                     | 304,337             | 0           | 5,068     | 309,405 5.03    |
| 5.04 00570                                    | ADMINISTRATIVE                              | 0                     | 39,659              | 0           | 52,107    | 91,766 5.04     |
| 5.05 00560                                    | PATIENT ACCOUNTING                          | 12,246                | 6,401               | 0           | 31,053    | 49,700 5.05     |
| 5.06 00590                                    | OTHER ADMIN & GENERAL                       | 1,231,752             | 1,227,573           | 0           | 319,290   | 2,778,615 5.06  |
| 6.00 00600                                    | MAINTENANCE & REPAIRS                       | 709                   | 54,687              | 0           | 114,673   | 170,069 6.00    |
| 7.00 00700                                    | OPERATION OF PLANT                          | 0                     | 7,209,823           | 0           | 82,807    | 7,292,630 7.00  |
| 8.00 00800                                    | LAUNDRY & LINEN SERVICE                     | 184,047               | 513,245             | 0           | 567,508   | 1,264,800 8.00  |
| 9.00 00900                                    | HOUSEKEEPING                                | 0                     | 91,487              | 0           | 1,961     | 93,448 9.00     |
| 10.00 01000                                   | DIETARY                                     | 0                     | 83,290              | 0           | 1,095     | 84,385 10.00    |
| 11.00 01100                                   | CAFETERIA                                   | 0                     | 217,395             | 0           | 2,856     | 220,251 11.00   |
| 13.00 01300                                   | NURSING ADMINISTRATION                      | 0                     | 167,363             | 0           | 68,307    | 235,670 13.00   |
| 14.00 01400                                   | CENTRAL SERVICES & SUPPLY                   | 0                     | 417,755             | 0           | 196,788   | 614,543 14.00   |
| 15.00 01500                                   | PHARMACY                                    | 710,038               | 88,136              | 0           | 37,467    | 835,641 15.00   |
| 16.00 01600                                   | MEDICAL RECORDS & LIBRARY                   | 0                     | 82,106              | 0           | 11,739    | 93,845 16.00    |
| 20.00 02000                                   | NURSING SCHOOL                              | 0                     | 0                   | 172,418     | 111,904   | 284,322 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                     | 146,756             | 0           | 0         | 146,756 22.00   |
| 23.00 02300                                   | PARAMED ED (CLINICAL LAB SCIENCE)           | 0                     | 4,916               | 0           | 0         | 4,916 23.00     |
| 23.01 02301                                   | PARAMED ED (RESPIRATORY THERAPY)            | 0                     | 0                   | 0           | 0         | 0 23.01         |
| 23.02 02302                                   | PARAMED ED (ENDT)                           | 0                     | 0                   | 0           | 0         | 0 23.02         |
| 23.03 02303                                   | PARAMED ED (PHARMACY)                       | 0                     | 0                   | 0           | 0         | 0 23.03         |
| 23.04 02304                                   | PARAMED ED (PASTORAL CARE)                  | 0                     | 2,919               | 0           | 0         | 2,919 23.04     |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                             |                       |                     |             |           |                 |
| 30.00 03000                                   | ADULTS & PEDIATRICS                         | 0                     | 957,446             | 0           | 700,814   | 1,658,260 30.00 |
| 31.00 03100                                   | INTENSIVE CARE UNIT                         | 13,560                | 305,040             | 0           | 217,439   | 536,039 31.00   |
| 35.00 02040                                   | HIGH RISK NEONATAL                          | 0                     | 132,169             | 0           | 151,346   | 283,515 35.00   |
| 40.00 04000                                   | SUBPROVIDER - IPF                           | 0                     | 108,733             | 0           | 15,417    | 124,150 40.00   |
| 43.00 04300                                   | NURSERY                                     | 0                     | 29,967              | 0           | 15,763    | 45,730 43.00    |
| 44.00 04400                                   | SKILLED NURSING FACILITY                    | 0                     | 0                   | 0           | 0         | 0 44.00         |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                             |                       |                     |             |           |                 |
| 50.00 05000                                   | OPERATING ROOM                              | 194,568               | 524,612             | 0           | 2,822,571 | 3,541,751 50.00 |
| 50.01 05001                                   | GASTRODIAGNOSTIC UNIT                       | 1,900                 | 57,697              | 0           | 277,158   | 336,755 50.01   |
| 50.02 05002                                   | PAIN MANAGEMENT CENTER                      | 0                     | 0                   | 0           | 0         | 0 50.02         |
| 51.00 05100                                   | RECOVERY ROOM                               | 0                     | 121,213             | 0           | 136,337   | 257,550 51.00   |
| 52.00 05200                                   | DELIVERY ROOM & LABOR ROOM                  | 0                     | 138,730             | 0           | 72,966    | 211,696 52.00   |
| 53.00 05300                                   | ANESTHESIOLOGY                              | 0                     | 7,866               | 0           | 289,426   | 297,292 53.00   |
| 54.00 05400                                   | RADIOLOGY-DIAGNOSTIC                        | 9,630                 | 186,686             | 0           | 853,774   | 1,050,090 54.00 |
| 55.00 05500                                   | RADIOLOGY-THERAPEUTIC                       | 0                     | 0                   | 0           | 452,347   | 452,347 55.00   |
| 56.00 05600                                   | RADIOISOTOPE                                | 0                     | 74,582              | 0           | 135,919   | 210,501 56.00   |
| 57.00 05700                                   | CT SCAN                                     | 0                     | 26,386              | 0           | 281,770   | 308,156 57.00   |
| 58.00 05800                                   | MRI                                         | 0                     | 30,900              | 0           | 381,648   | 412,548 58.00   |
| 59.00 05900                                   | CARDIAC CATHETERIZATION                     | 6,000                 | 323,389             | 0           | 1,490,951 | 1,820,340 59.00 |
| 60.00 06000                                   | LABORATORY                                  | 321,461               | 202,387             | 0           | 195,688   | 719,536 60.00   |
| 65.00 06500                                   | RESPIRATORY THERAPY                         | 32,203                | 33,268              | 0           | 176,000   | 241,471 65.00   |
| 66.00 06600                                   | PHYSICAL THERAPY                            | 0                     | 64,660              | 0           | 29,208    | 93,868 66.00    |
| 69.00 06900                                   | ELECTROCARDIOLOGY                           | 121,646               | 310,076             | 0           | 205,244   | 636,966 69.00   |
| 70.00 07000                                   | ELECTROENCEPHALOGRAPHY                      | 1,620                 | 18,470              | 0           | 63,472    | 83,562 70.00    |
| 71.00 07100                                   | MEDICAL SUPPLIES CHARGED TO PATIENT         | 0                     | 0                   | 0           | 0         | 0 71.00         |
| 72.00 07200                                   | IMPL. DEV. CHARGED TO PATIENTS              | 0                     | 0                   | 0           | 0         | 0 72.00         |
| 73.00 07300                                   | DRUGS CHARGED TO PATIENTS                   | 0                     | 0                   | 0           | 0         | 0 73.00         |
| 74.00 07400                                   | RENAL DIALYSIS                              | 0                     | 16,433              | 0           | 318       | 16,751 74.00    |
| 76.00 03020                                   | OTHER ANCILLARY                             | 0                     | 37,141              | 0           | 3,662     | 40,803 76.00    |
| 76.97 07697                                   | CARDIAC REHABILITATION                      | 0                     | 57,366              | 0           | 35,003    | 92,369 76.97    |
| 76.98 07698                                   | HYPERBARIC OXYGEN THERAPY                   | 0                     | 26,978              | 0           | 14,791    | 41,769 76.98    |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                             |                       |                     |             |           |                 |
| 91.00 09100                                   | EMERGENCY                                   | 0                     | 166,460             | 0           | 162,125   | 328,585 91.00   |
| 92.00 09200                                   | OBSERVATION BEDS (NON-DISTINCT PART)        | 0                     | 0                   | 0           | 0         | 0 92.00         |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                             |                       |                     |             |           |                 |
| 101.00 10100                                  | HOME HEALTH AGENCY                          | 0                     | 45,999              | 0           | 1,304     | 47,303 101.00   |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                             |                       |                     |             |           |                 |
| 113.00 11300                                  | INTEREST EXPENSE                            | 0                     | 0                   | 0           | 0         | 0 113.00        |
| 116.00 11600                                  | HOSPICE                                     | 0                     | 15,330              | 0           | 0         | 15,330 116.00   |
| 117.00 06950                                  | HOME INFUSION                               | 10,421                | 0                   | 0           | 25,645    | 36,066 117.00   |

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description      | Directly Assigned New Capital Related Costs | CAPITAL RELATED COSTS                  |                     |             | Subtotal   |            |            |            |            |        |
|------------------------------|---------------------------------------------|----------------------------------------|---------------------|-------------|------------|------------|------------|------------|------------|--------|
|                              |                                             | BLDG & FIXT                            | CAP REL COSTS - CON | MVBLE EQUIP |            |            |            |            |            |        |
|                              |                                             | 0                                      | 1.00                | 1.01        |            |            | 2.00       | 2A         |            |        |
| 118.00                       |                                             | SUBTOTALS (SUM OF LINES 1 through 117) |                     |             | 11,416,290 | 14,965,666 | 172,418    | 12,245,654 | 38,800,028 | 118.00 |
| NONREIMBURSABLE COST CENTERS |                                             |                                        |                     |             |            |            |            |            |            |        |
| 190.00                       | 19000                                       | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                   | 64,891      | 0          | 0          | 109        | 65,000     | 190.00     |        |
| 192.00                       | 19200                                       | PHYSICIANS' PRIVATE OFFICES            | 0                   | 680,799     | 0          | 0          | 10,057     | 690,856    | 192.00     |        |
| 194.00                       | 07950                                       | NON REIMBURSABLE-OTHER                 | 0                   | 88,587      | 0          | 0          | 6,072      | 94,659     | 194.00     |        |
| 194.01                       | 07951                                       | NON REIMBURSABLE-FUND DEVELOPMENT      | 0                   | 19,102      | 0          | 0          | 0          | 19,102     | 194.01     |        |
| 200.00                       |                                             | Cross Foot Adjustments                 |                     |             |            |            |            | 0          | 200.00     |        |
| 201.00                       |                                             | Negative Cost Centers                  |                     | 0           | 0          | 0          | 0          | 0          | 201.00     |        |
| 202.00                       |                                             | TOTAL (sum lines 118 through 201)      | 11,416,290          | 15,819,045  | 172,418    | 12,261,892 | 39,669,645 | 202.00     |            |        |

| ALLOCATION OF CAPITAL RELATED COSTS           |       |                                        | Provider CCN: 14-0053                | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |                                     |                        |        |
|-----------------------------------------------|-------|----------------------------------------|--------------------------------------|---------------------------------------------|---------------------------------------------------------------------|-------------------------------------|------------------------|--------|
| Cost Center Description                       |       |                                        | EMPLOYEE BENEFITS DEPARTMENT<br>4.00 | COMMUNICATIONS<br>5.01                      | INFORMATION SYSTEMS<br>5.02                                         | PURCHASING/RECEIVING/STORES<br>5.03 | ADMINISTRATIVE<br>5.04 |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                                      |                                             |                                                                     |                                     | 1.00                   |        |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                                      |                                             |                                                                     |                                     | 1.01                   |        |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                      |                                             |                                                                     |                                     | 2.00                   |        |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           | 82,805                               |                                             |                                                                     |                                     | 4.00                   |        |
| 5.01                                          | 00580 | COMMUNICATIONS                         | 187                                  | 1,462,030                                   |                                                                     |                                     | 5.01                   |        |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    | 333                                  | 95,331                                      | 8,836,264                                                           |                                     | 5.02                   |        |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            | 363                                  | 2,109                                       | 46,967                                                              | 358,844                             | 5.03                   |        |
| 5.04                                          | 00570 | ADMINISTRATIVE                         | 827                                  | 25,098                                      | 173,292                                                             | 183                                 | 5.04                   |        |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     | 1,771                                | 25,942                                      | 1,203,326                                                           | 0                                   | 5.05                   |        |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  | 6,563                                | 193,194                                     | 427,561                                                             | 2,099                               | 5.06                   |        |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 2,315                                | 15,396                                      | 66,402                                                              | 6,009                               | 6.00                   |        |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 1,099                                | 6,327                                       | 35,630                                                              | 1,363                               | 7.00                   |        |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 384                                  | 3,164                                       | 0                                                                   | 4,190                               | 8.00                   |        |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 1,504                                | 6,749                                       | 30,771                                                              | 656                                 | 9.00                   |        |
| 10.00                                         | 01000 | DIETARY                                | 347                                  | 12,655                                      | 17,815                                                              | 0                                   | 10.00                  |        |
| 11.00                                         | 01100 | CAFETERIA                              | 928                                  | 0                                           | 43,728                                                              | 0                                   | 11.00                  |        |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 1,627                                | 22,989                                      | 56,684                                                              | 249                                 | 13.00                  |        |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 330                                  | 8,226                                       | 24,293                                                              | 0                                   | 14.00                  |        |
| 15.00                                         | 01500 | PHARMACY                               | 2,994                                | 17,716                                      | 215,400                                                             | 56,382                              | 15.00                  |        |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 1,290                                | 19,404                                      | 356,301                                                             | 0                                   | 16.00                  |        |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 1,320                                | 14,764                                      | 262,367                                                             | 190                                 | 20.00                  |        |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 3,897                                | 422                                         | 4,859                                                               | 0                                   | 21.00                  |        |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 25                                   | 0                                           | 0                                                                   | 0                                   | 22.00                  |        |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)      | 78                                   | 633                                         | 6,478                                                               | 3                                   | 23.00                  |        |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0                                    | 0                                           | 0                                                                   | 0                                   | 23.01                  |        |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0                                    | 0                                           | 0                                                                   | 0                                   | 23.02                  |        |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | 178                                  | 0                                           | 0                                                                   | 0                                   | 23.03                  |        |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | 45                                   | 0                                           | 4,859                                                               | 3                                   | 23.04                  |        |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 12,096                               | 290,844                                     | 1,843,046                                                           | 6,949                               | 18,054                 | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 3,857                                | 45,768                                      | 212,161                                                             | 4,039                               | 6,302                  | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 3,942                                | 15,186                                      | 181,390                                                             | 1,541                               | 8,200                  | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - I/PF                     | 759                                  | 18,138                                      | 27,532                                                              | 112                                 | 794                    | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 433                                  | 0                                           | 46,967                                                              | 371                                 | 719                    | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                                    | 0                                           | 0                                                                   | 0                                   | 0                      | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 5,729                                | 109,462                                     | 813,014                                                             | 10,792                              | 31,101                 | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 431                                  | 5,695                                       | 50,206                                                              | 1,072                               | 3,828                  | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                                    | 0                                           | 0                                                                   | 0                                   | 0                      | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 1,053                                | 8,015                                       | 147,379                                                             | 339                                 | 3,048                  | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 2,025                                | 422                                         | 215,400                                                             | 3,672                               | 3,326                  | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 541                                  | 6,116                                       | 181,390                                                             | 4,977                               | 7,403                  | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 1,856                                | 44,924                                      | 241,313                                                             | 1,800                               | 12,493                 | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 158                                  | 6,538                                       | 92,314                                                              | 9                                   | 1,326                  | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 309                                  | 24,466                                      | 43,728                                                              | 2,998                               | 3,646                  | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 455                                  | 2,953                                       | 6,478                                                               | 954                                 | 18,143                 | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 183                                  | 0                                           | 25,913                                                              | 262                                 | 2,481                  | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 3,048                                | 33,957                                      | 58,304                                                              | 22,909                              | 40,395                 | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 2,600                                | 38,807                                      | 320,671                                                             | 13,107                              | 20,490                 | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 1,910                                | 7,382                                       | 66,402                                                              | 3,376                               | 7,498                  | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 2,952                                | 40,495                                      | 194,346                                                             | 339                                 | 5,415                  | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 1,382                                | 116,633                                     | 118,227                                                             | 395                                 | 14,347                 | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 422                                  | 5,484                                       | 21,054                                                              | 141                                 | 2,448                  | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                                    | 0                                           | 0                                                                   | 81,040                              | 15,720                 | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                                    | 0                                           | 0                                                                   | 109,473                             | 19,237                 | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                                    | 0                                           | 0                                                                   | 0                                   | 24,015                 | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 0                                    | 1,687                                       | 17,815                                                              | 28                                  | 575                    | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 1,150                                | 18,771                                      | 35,630                                                              | 297                                 | 1,755                  | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 342                                  | 211                                         | 37,250                                                              | 76                                  | 474                    | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 291                                  | 4,007                                       | 34,011                                                              | 77                                  | 809                    | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 91.00                                         | 09100 | EMERGENCY                              | 2,924                                | 59,055                                      | 327,149                                                             | 4,416                               | 15,061                 | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                                      |                                             |                                                                     |                                     |                        | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 2,067                                | 26,575                                      | 314,193                                                             | 134                                 | 881                    | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                                      |                                             |                                                                     |                                     |                        | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 302                                  | 4,218                                       | 0                                                                   | 295                                 | 363                    | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | 432                                  | 2,320                                       | 34,011                                                              | 9,727                               | 819                    | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 82,054                               | 1,408,248                                   | 8,684,027                                                           | 357,044                             | 291,166                | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                                      |                                             |                                                                     |                                     |                        |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 30                                   | 1,687                                       | 0                                                                   | 771                                 | 0                      | 190.00 |

| ALLOCATION OF CAPITAL RELATED COSTS |       |                                   | Provider CCN: 14-0053                |                        | Period:<br>From 07/01/2017<br>To 06/30/2018 |                                     | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|-------------------------------------|-------|-----------------------------------|--------------------------------------|------------------------|---------------------------------------------|-------------------------------------|---------------------------------------------------------------------|--------|
| Cost Center Description             |       |                                   | EMPLOYEE BENEFITS DEPARTMENT<br>4.00 | COMMUNICATIONS<br>5.01 | INFORMATION SYSTEMS<br>5.02                 | PURCHASING/RECEIVING/STORES<br>5.03 | ADMINISTRATIVE<br>5.04                                              |        |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES       | 0                                    | 9,280                  | 139,281                                     | 2                                   | 0                                                                   | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER            | 391                                  | 33,324                 | 12,956                                      | 409                                 | 0                                                                   | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 330                                  | 9,491                  | 0                                           | 618                                 | 0                                                                   | 194.01 |
| 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) | 82,805                               | 1,462,030              | 8,836,264                                   | 358,844                             | 291,166                                                             | 202.00 |

| ALLOCATION OF CAPITAL RELATED COSTS           |       |                                        | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |                    |                         |        |
|-----------------------------------------------|-------|----------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|--------------------|-------------------------|--------|
| Cost Center Description                       |       |                                        | PATIENT ACCOUNTING    | OTHER ADMIN & GENERAL                       | MAINTENANCE & REPAIRS                                               | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |        |
|                                               |       |                                        | 5.05                  | 5.06                                        | 6.00                                                                | 7.00               | 8.00                    |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                       |                                             |                                                                     |                    |                         | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                       |                                             |                                                                     |                    |                         | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                       |                                             |                                                                     |                    |                         | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                       |                                             |                                                                     |                    |                         | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         |                       |                                             |                                                                     |                    |                         | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    |                       |                                             |                                                                     |                    |                         | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            |                       |                                             |                                                                     |                    |                         | 5.03   |
| 5.04                                          | 00570 | ADMINISTRATIVE                         |                       |                                             |                                                                     |                    |                         | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     | 1,280,739             |                                             |                                                                     |                    |                         | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  | 0                     | 3,408,032                                   |                                                                     |                    |                         | 5.06   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                  | 0                     | 122,304                                     | 382,495                                                             |                    |                         | 6.00   |
| 7.00                                          | 00700 | OPERATION OF PLANT                     | 0                     | 155,603                                     | 51,855                                                              | 7,544,507          |                         | 7.00   |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                | 0                     | 38,005                                      | 291                                                                 | 558,656            | 1,869,490               | 8.00   |
| 9.00                                          | 00900 | HOUSEKEEPING                           | 0                     | 46,791                                      | 6,520                                                               | 99,581             | 0                       | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 0                     | 10,744                                      | 2,828                                                               | 90,660             | 0                       | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                     | 28,536                                      | 7,386                                                               | 236,630            | 0                       | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 0                     | 44,573                                      | 7,463                                                               | 182,171            | 0                       | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 0                     | 14,399                                      | 12,167                                                              | 454,717            | 5,281                   | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 0                     | 88,705                                      | 1,782                                                               | 95,934             | 3,214                   | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0                     | 55,249                                      | 643                                                                 | 89,371             | 0                       | 16.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 0                     | 20,143                                      | 2,887                                                               | 263,974            | 132                     | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                     | 73,591                                      | 0                                                                   | 0                  | 8,455                   | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                     | 106,995                                     | 0                                                                   | 159,741            | 0                       | 22.00  |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)      | 0                     | 1,537                                       | 317                                                                 | 5,351              | 0                       | 23.00  |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0                     | 0                                           | 0                                                                   | 0                  | 0                       | 23.01  |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0                     | 0                                           | 0                                                                   | 0                  | 0                       | 23.02  |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | 0                     | 3,741                                       | 0                                                                   | 0                  | 0                       | 23.03  |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | 0                     | 1,142                                       | 0                                                                   | 3,178              | 0                       | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 79,481                | 379,760                                     | 44,443                                                              | 1,042,159          | 296,518                 | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 27,744                | 117,648                                     | 17,805                                                              | 332,029            | 52,029                  | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 36,102                | 103,768                                     | 15,586                                                              | 143,863            | 31,648                  | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 3,497                 | 19,003                                      | 3,564                                                               | 118,353            | 11,130                  | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 3,163                 | 12,671                                      | 2,245                                                               | 32,619             | 8,771                   | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                     | 0                                           | 0                                                                   | 0                  | 0                       | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 136,919               | 223,653                                     | 63,661                                                              | 571,028            | 108,349                 | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 16,853                | 16,601                                      | 3,873                                                               | 62,802             | 8,159                   | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                     | 0                                           | 0                                                                   | 0                  | 0                       | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 13,421                | 31,293                                      | 4,036                                                               | 131,938            | 23,390                  | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 14,642                | 58,375                                      | 10,385                                                              | 151,005            | 40,601                  | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 32,592                | 35,788                                      | 19,621                                                              | 8,561              | 3,972                   | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 54,998                | 67,202                                      | 9,108                                                               | 203,203            | 33,716                  | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 5,839                 | 12,953                                      | 1,191                                                               | 0                  | 1,081                   | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 16,053                | 17,971                                      | 1,097                                                               | 81,181             | 1,601                   | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 79,872                | 20,534                                      | 1,131                                                               | 28,720             | 0                       | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 10,922                | 11,494                                      | 1,714                                                               | 33,634             | 0                       | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 176,739               | 120,434                                     | 14,009                                                              | 352,002            | 43,162                  | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 90,204                | 153,662                                     | 9,802                                                               | 220,293            | 394                     | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 33,011                | 50,464                                      | 21,678                                                              | 36,211             | 368                     | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 23,838                | 77,292                                      | 2,236                                                               | 70,381             | 7,641                   | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 63,160                | 46,822                                      | 7,831                                                               | 337,511            | 16,143                  | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 10,778                | 14,315                                      | 2,331                                                               | 20,104             | 5,539                   | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 69,208                | 249,709                                     | 0                                                                   | 0                  | 0                       | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 84,689                | 336,785                                     | 0                                                                   | 0                  | 0                       | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 105,724               | 115,173                                     | 0                                                                   | 0                  | 0                       | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 2,533                 | 9,369                                       | 557                                                                 | 17,887             | 899                     | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 7,725                 | 30,584                                      | 1,748                                                               | 40,427             | 1,996                   | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 2,085                 | 9,136                                       | 3,007                                                               | 62,442             | 0                       | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 3,562                 | 11,054                                      | 394                                                                 | 29,364             | 5,063                   | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 91.00                                         | 09100 | EMERGENCY                              | 66,303                | 95,175                                      | 13,521                                                              | 181,188            | 110,806                 | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                       |                                             |                                                                     |                    |                         | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 3,878                 | 58,474                                      | 4,190                                                               | 50,069             | 0                       | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                       |                                             |                                                                     |                    |                         | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 1,598                 | 12,125                                      | 86                                                                  | 16,686             | 0                       | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | 3,606                 | 35,126                                      | 2,956                                                               | 0                  | 0                       | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,280,739             | 3,366,471                                   | 377,945                                                             | 6,615,624          | 830,058                 | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                       |                                             |                                                                     |                    |                         |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 0                     | 3,211                                       | 274                                                                 | 70,632             | 0                       | 190.00 |
| 192.00                                        | 19200 | PHYSICIANS' PRIVATE OFFICES            | 0                     | 22,129                                      | 240                                                                 | 741,034            | 0                       | 192.00 |

| ALLOCATION OF CAPITAL RELATED COSTS |       |                                   | Provider CCN: 14-0053 |                          |                          | Period:<br>From 07/01/2017<br>To 06/30/2018 |                            | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |  |
|-------------------------------------|-------|-----------------------------------|-----------------------|--------------------------|--------------------------|---------------------------------------------|----------------------------|---------------------------------------------------------------------|--|
| Cost Center Description             |       |                                   | PATIENT<br>ACCOUNTING | OTHER ADMIN &<br>GENERAL | MAINTENANCE &<br>REPAIRS | OPERATION OF<br>PLANT                       | LAUNDRY &<br>LINEN SERVICE |                                                                     |  |
|                                     |       |                                   | 5.05                  | 5.06                     | 6.00                     | 7.00                                        | 8.00                       |                                                                     |  |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER            | 0                     | 15,825                   | 4,010                    | 96,425                                      | 1,039,432                  | 194.00                                                              |  |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 0                     | 396                      | 26                       | 20,792                                      | 0                          | 194.01                                                              |  |
| 200.00                              |       | Cross Foot Adjustments            |                       |                          |                          |                                             |                            | 200.00                                                              |  |
| 201.00                              |       | Negative Cost Centers             | 0                     | 0                        | 0                        | 0                                           | 0                          | 201.00                                                              |  |
| 202.00                              |       | TOTAL (sum lines 118 through 201) | 1,280,739             | 3,408,032                | 382,495                  | 7,544,507                                   | 1,869,490                  | 202.00                                                              |  |



| ALLOCATION OF CAPITAL RELATED COSTS           |       |                                        | Provider CCN: 14-0053 |         | Period: From 07/01/2017 To 06/30/2018 |                        | Worksheet B Part II Date/Time Prepared: 11/20/2018 3:53 pm |        |
|-----------------------------------------------|-------|----------------------------------------|-----------------------|---------|---------------------------------------|------------------------|------------------------------------------------------------|--------|
| Cost Center Description                       |       |                                        | HOUSEKEEPING          | DIETARY | CAFETERIA                             | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY                                  |        |
|                                               |       |                                        | 9.00                  | 10.00   | 11.00                                 | 13.00                  | 14.00                                                      |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                       |         |                                       |                        |                                                            |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                       |         |                                       |                        |                                                            | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                       |         |                                       |                        |                                                            | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                       |         |                                       |                        |                                                            | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                       |         |                                       |                        |                                                            | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         |                       |         |                                       |                        |                                                            | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    |                       |         |                                       |                        |                                                            | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            |                       |         |                                       |                        |                                                            | 5.03   |
| 5.04                                          | 00570 | ADMINISTRATIVE                         |                       |         |                                       |                        |                                                            | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     |                       |         |                                       |                        |                                                            | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  |                       |         |                                       |                        |                                                            | 5.06   |
| 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                           | 286,020               |         |                                       |                        |                                                            | 9.00   |
| 10.00                                         | 01000 | DIETARY                                | 15,303                | 234,737 |                                       |                        |                                                            | 10.00  |
| 11.00                                         | 01100 | CAFETERIA                              | 0                     | 0       | 537,459                               |                        |                                                            | 11.00  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 | 9,771                 | 0       | 10,097                                | 571,294                |                                                            | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              | 22,599                | 0       | 5,424                                 | 0                      | 1,161,979                                                  | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 4,853                 | 0       | 16,965                                | 0                      | 0                                                          | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0                     | 0       | 13,107                                | 0                      | 0                                                          | 16.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 6,532                 | 0       | 7,967                                 | 0                      | 0                                                          | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 7,868                 | 0       | 34,540                                | 0                      | 0                                                          | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                     | 0       | 63                                    | 0                      | 0                                                          | 22.00  |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)      | 270                   | 0       | 517                                   | 0                      | 0                                                          | 23.00  |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       | 0                     | 0       | 0                                     | 0                      | 0                                                          | 23.01  |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      | 0                     | 0       | 0                                     | 0                      | 0                                                          | 23.02  |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  | 0                     | 0       | 1,243                                 | 0                      | 0                                                          | 23.03  |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             | 152                   | 0       | 293                                   | 0                      | 0                                                          | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                       |         |                                       |                        |                                                            |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 54,366                | 173,445 | 111,297                               | 202,362                | 0                                                          | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 16,358                | 30,071  | 33,949                                | 61,726                 | 0                                                          | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 6,323                 | 0       | 26,768                                | 48,670                 | 0                                                          | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - I/PF                     | 5,880                 | 11,832  | 7,152                                 | 13,004                 | 0                                                          | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 102                   | 0       | 3,410                                 | 6,199                  | 0                                                          | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                     | 0       | 0                                     | 0                      | 0                                                          | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                       |         |                                       |                        |                                                            |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 1,068                 | 0       | 45,016                                | 81,847                 | 0                                                          | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 3,034                 | 0       | 3,335                                 | 6,064                  | 0                                                          | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                     | 0       | 0                                     | 0                      | 0                                                          | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 6,408                 | 0       | 7,448                                 | 13,541                 | 0                                                          | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 2,987                 | 10,078  | 15,874                                | 28,862                 | 0                                                          | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 433                   | 0       | 8,481                                 | 15,420                 | 0                                                          | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 9,810                 | 0       | 15,122                                | 0                      | 0                                                          | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                     | 0       | 1,022                                 | 1,858                  | 0                                                          | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 4,116                 | 0       | 2,075                                 | 0                      | 0                                                          | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 1,451                 | 0       | 3,565                                 | 0                      | 0                                                          | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 1,416                 | 0       | 1,498                                 | 0                      | 0                                                          | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 13,028                | 1,035   | 21,735                                | 0                      | 0                                                          | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 10,739                | 0       | 26,037                                | 0                      | 0                                                          | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 1,257                 | 0       | 14,089                                | 0                      | 0                                                          | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 3,359                 | 0       | 19,992                                | 0                      | 0                                                          | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 16,695                | 0       | 10,897                                | 0                      | 0                                                          | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 977                   | 0       | 3,725                                 | 0                      | 0                                                          | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                     | 0       | 0                                     | 0                      | 494,084                                                    | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                     | 0       | 0                                     | 0                      | 667,895                                                    | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 0                     | 0       | 0                                     | 0                      | 0                                                          | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 833                   | 0       | 0                                     | 0                      | 0                                                          | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 2,180                 | 0       | 9,256                                 | 16,829                 | 0                                                          | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 3,187                 | 0       | 2,643                                 | 0                      | 0                                                          | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 1,701                 | 0       | 2,328                                 | 0                      | 0                                                          | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                       |         |                                       |                        |                                                            |        |
| 91.00                                         | 09100 | EMERGENCY                              | 8,614                 | 3,981   | 25,755                                | 46,828                 | 0                                                          | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                       |         |                                       |                        |                                                            | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                       |         |                                       |                        |                                                            |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 0                     | 0       | 13,277                                | 24,139                 | 0                                                          | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                       |         |                                       |                        |                                                            |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                       |         |                                       |                        |                                                            | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 0                     | 0       | 2,170                                 | 3,945                  | 0                                                          | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | 0                     | 0       | 2,950                                 | 0                      | 0                                                          | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 243,670               | 230,442 | 531,082                               | 571,294                | 1,161,979                                                  | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                       |         |                                       |                        |                                                            |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    | 1,969                 | 0       | 287                                   | 0                      | 0                                                          | 190.00 |

| ALLOCATION OF CAPITAL RELATED COSTS |       |                                   | Provider CCN: 14-0053 |         | Period:<br>From 07/01/2017<br>To 06/30/2018 |                           | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|-------------------------------------|-------|-----------------------------------|-----------------------|---------|---------------------------------------------|---------------------------|---------------------------------------------------------------------|--------|
| Cost Center Description             |       |                                   | HOUSEKEEPING          | DIETARY | CAFETERIA                                   | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY                                     |        |
|                                     |       |                                   | 9.00                  | 10.00   | 11.00                                       | 13.00                     | 14.00                                                               |        |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES       | 39,794                | 0       | 0                                           | 0                         | 0                                                                   | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER            | 587                   | 4,295   | 3,570                                       | 0                         | 0                                                                   | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT | 0                     | 0       | 2,520                                       | 0                         | 0                                                                   | 194.01 |
| 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) | 286,020               | 234,737 | 537,459                                     | 571,294                   | 1,161,979                                                           | 202.00 |

| ALLOCATION OF CAPITAL RELATED COSTS           |       |                                        | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |                                 |                                 |        |
|-----------------------------------------------|-------|----------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------|---------------------------------|---------------------------------|--------|
| Cost Center Description                       |       |                                        | PHARMACY              | MEDICAL RECORDS & LIBRARY                   | NURSING SCHOOL                                                      | INTERNS & RESIDENTS             |                                 |        |
|                                               |       |                                        |                       |                                             |                                                                     | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |        |
|                                               |       |                                        | 15.00                 | 16.00                                       | 20.00                                                               | 21.00                           | 22.00                           |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                       |                                             |                                                                     |                                 |                                 | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                       |                                             |                                                                     |                                 |                                 | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                       |                                             |                                                                     |                                 |                                 | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                       |                                             |                                                                     |                                 |                                 | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         |                       |                                             |                                                                     |                                 |                                 | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    |                       |                                             |                                                                     |                                 |                                 | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            |                       |                                             |                                                                     |                                 |                                 | 5.03   |
| 5.04                                          | 00570 | ADMINISTRATIVE                         |                       |                                             |                                                                     |                                 |                                 | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     |                       |                                             |                                                                     |                                 |                                 | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  |                       |                                             |                                                                     |                                 |                                 | 5.06   |
| 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  |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                 |                       |                                             |                                                                     |                                 |                                 | 13.00  |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY              |                       |                                             |                                                                     |                                 |                                 | 14.00  |
| 15.00                                         | 01500 | PHARMACY                               | 1,339,586             |                                             |                                                                     |                                 |                                 | 15.00  |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY              | 0                     | 629,210                                     |                                                                     |                                 |                                 | 16.00  |
| 20.00                                         | 02000 | NURSING SCHOOL                         | 96                    | 0                                           | 864,694                                                             |                                 |                                 | 20.00  |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                     | 0                                           | 0                                                                   | 133,632                         |                                 | 21.00  |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                     | 0                                           | 0                                                                   | 0                               | 413,580                         | 22.00  |
| 23.00                                         | 02300 | PARAMEDICAL (CLINICAL LAB SCIENCE)     | 0                     | 0                                           | 0                                                                   | 0                               | 0                               | 23.00  |
| 23.01                                         | 02301 | PARAMEDICAL (RESPIRATORY THERAPY)      | 0                     | 0                                           | 0                                                                   | 0                               | 0                               | 23.01  |
| 23.02                                         | 02302 | PARAMEDICAL (ENDT)                     | 0                     | 0                                           | 0                                                                   | 0                               | 0                               | 23.02  |
| 23.03                                         | 02303 | PARAMEDICAL (PHARMACY)                 | 0                     | 0                                           | 0                                                                   | 0                               | 0                               | 23.03  |
| 23.04                                         | 02304 | PARAMEDICAL (PASTORAL CARE)            | 0                     | 0                                           | 0                                                                   | 0                               | 0                               | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    | 14,522                | 318,303                                     |                                                                     |                                 |                                 | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    | 7,290                 | 49,636                                      |                                                                     |                                 |                                 | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     | 639                   | 13,465                                      |                                                                     |                                 |                                 | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                      | 96                    | 5,513                                       |                                                                     |                                 |                                 | 40.00  |
| 43.00                                         | 04300 | NURSERY                                | 561                   | 16,460                                      |                                                                     |                                 |                                 | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               | 0                     | 0                                           |                                                                     |                                 |                                 | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 50.00                                         | 05000 | OPERATING ROOM                         | 13,816                | 0                                           |                                                                     |                                 |                                 | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  | 1,555                 | 0                                           |                                                                     |                                 |                                 | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 | 0                     | 0                                           |                                                                     |                                 |                                 | 50.02  |
| 51.00                                         | 05100 | RECOVERY ROOM                          | 1,424                 | 0                                           |                                                                     |                                 |                                 | 51.00  |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM             | 2,596                 | 0                                           |                                                                     |                                 |                                 | 52.00  |
| 53.00                                         | 05300 | ANESTHESIOLOGY                         | 18,918                | 0                                           |                                                                     |                                 |                                 | 53.00  |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                     | 0                                           |                                                                     |                                 |                                 | 54.00  |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                     | 0                                           |                                                                     |                                 |                                 | 55.00  |
| 56.00                                         | 05600 | RADIOISOTOPE                           | 0                     | 0                                           |                                                                     |                                 |                                 | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                | 0                     | 0                                           |                                                                     |                                 |                                 | 57.00  |
| 58.00                                         | 05800 | MRI                                    | 0                     | 0                                           |                                                                     |                                 |                                 | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                | 3,865                 | 0                                           |                                                                     |                                 |                                 | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             | 65                    | 0                                           |                                                                     |                                 |                                 | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    | 1,422                 | 0                                           |                                                                     |                                 |                                 | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       | 70                    | 0                                           |                                                                     |                                 |                                 | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      | 256                   | 0                                           |                                                                     |                                 |                                 | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                     | 0                                           |                                                                     |                                 |                                 | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                     | 0                                           |                                                                     |                                 |                                 | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                     | 0                                           |                                                                     |                                 |                                 | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              | 998,461               | 0                                           |                                                                     |                                 |                                 | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         | 654                   | 0                                           |                                                                     |                                 |                                 | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        | 223                   | 0                                           |                                                                     |                                 |                                 | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 | 0                     | 0                                           |                                                                     |                                 |                                 | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              | 25                    | 0                                           |                                                                     |                                 |                                 | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 91.00                                         | 09100 | EMERGENCY                              | 6,824                 | 225,833                                     |                                                                     |                                 |                                 | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                       |                                             |                                                                     |                                 |                                 | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     | 231                   | 0                                           |                                                                     |                                 |                                 | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                       |                                             |                                                                     |                                 |                                 |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                       |                                             |                                                                     |                                 |                                 | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                | 7,361                 | 0                                           |                                                                     |                                 |                                 | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          | 258,616               | 0                                           |                                                                     |                                 |                                 | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 1,339,586             | 629,210                                     | 0                                                                   | 0                               | 0                               | 118.00 |

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             | PHARMACY                            | MEDICAL RECORDS & LIBRARY | NURSING SCHOOL | INTERNS & RESIDENTS             |                                 |         |        |
|-------------------------------------|-------------------------------------|---------------------------|----------------|---------------------------------|---------------------------------|---------|--------|
|                                     |                                     |                           |                | SERVICES-SALARY & FRINGES APPRV | SERVICES-OTHER PRGM COSTS APPRV |         |        |
|                                     |                                     |                           |                | 15.00                           | 16.00                           |         | 20.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                     |                           |                |                                 |                                 |         |        |
| 190.00 19000                        | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 0                         | 0              |                                 |                                 |         | 190.00 |
| 192.00 19200                        | PHYSICIANS' PRIVATE OFFICES         | 0                         | 0              |                                 |                                 |         | 192.00 |
| 194.00 07950                        | NON REIMBURSABLE-OTHER              | 0                         | 0              |                                 |                                 |         | 194.00 |
| 194.01 07951                        | NON REIMBURSABLE-FUND DEVELOPMENT   | 0                         | 0              |                                 |                                 |         | 194.01 |
| 200.00                              | Cross Foot Adjustments              |                           |                | 864,694                         | 133,632                         | 413,580 | 200.00 |
| 201.00                              | Negative Cost Centers               | 0                         | 0              | 0                               | 0                               | 0       | 201.00 |
| 202.00                              | TOTAL (sum lines 118 through 201)   | 1,339,586                 | 629,210        | 864,694                         | 133,632                         | 413,580 | 202.00 |

| ALLOCATION OF CAPITAL RELATED COSTS           |       |                                        | Provider CCN: 14-0053                   | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |                          |                                  |        |
|-----------------------------------------------|-------|----------------------------------------|-----------------------------------------|---------------------------------------------|---------------------------------------------------------------------|--------------------------|----------------------------------|--------|
| Cost Center Description                       |       |                                        | PARAMED ED<br>(CLINICAL LAB<br>SCIENCE) | PARAMED ED<br>(RESPIRATORY<br>THERAPY)      | PARAMED ED<br>(ENDT)                                                | PARAMED ED<br>(PHARMACY) | PARAMED ED<br>(PASTORAL<br>CARE) |        |
|                                               |       |                                        | 23.00                                   | 23.01                                       | 23.02                                                               | 23.03                    | 23.04                            |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT              |                                         |                                             |                                                                     |                          |                                  | 1.00   |
| 1.01                                          | 00101 | CAP REL COSTS - CON                    |                                         |                                             |                                                                     |                          |                                  | 1.01   |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP              |                                         |                                             |                                                                     |                          |                                  | 2.00   |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                                         |                                             |                                                                     |                          |                                  | 4.00   |
| 5.01                                          | 00580 | COMMUNICATIONS                         |                                         |                                             |                                                                     |                          |                                  | 5.01   |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                    |                                         |                                             |                                                                     |                          |                                  | 5.02   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES            |                                         |                                             |                                                                     |                          |                                  | 5.03   |
| 5.04                                          | 00570 | ADMITTING                              |                                         |                                             |                                                                     |                          |                                  | 5.04   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                     |                                         |                                             |                                                                     |                          |                                  | 5.05   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                  |                                         |                                             |                                                                     |                          |                                  | 5.06   |
| 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  |
| 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  |
| 20.00                                         | 02000 | NURSING SCHOOL                         |                                         |                                             |                                                                     |                          |                                  | 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 (CLINICAL LAB SCIENCE)      | 20,100                                  |                                             |                                                                     |                          |                                  | 23.00  |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)       |                                         | 0                                           |                                                                     |                          |                                  | 23.01  |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                      |                                         |                                             | 0                                                                   |                          |                                  | 23.02  |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                  |                                         |                                             |                                                                     | 5,162                    |                                  | 23.03  |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)             |                                         |                                             |                                                                     |                          | 12,591                           | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                    |                                         |                                             |                                                                     |                          |                                  | 30.00  |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                    |                                         |                                             |                                                                     |                          |                                  | 31.00  |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                     |                                         |                                             |                                                                     |                          |                                  | 35.00  |
| 40.00                                         | 04000 | SUBPROVIDER - I/PF                     |                                         |                                             |                                                                     |                          |                                  | 40.00  |
| 43.00                                         | 04300 | NURSERY                                |                                         |                                             |                                                                     |                          |                                  | 43.00  |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY               |                                         |                                             |                                                                     |                          |                                  | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 50.00                                         | 05000 | OPERATING ROOM                         |                                         |                                             |                                                                     |                          |                                  | 50.00  |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                  |                                         |                                             |                                                                     |                          |                                  | 50.01  |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                 |                                         |                                             |                                                                     |                          |                                  | 50.02  |
| 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  |
| 56.00                                         | 05600 | RADIOISOTOPE                           |                                         |                                             |                                                                     |                          |                                  | 56.00  |
| 57.00                                         | 05700 | CT SCAN                                |                                         |                                             |                                                                     |                          |                                  | 57.00  |
| 58.00                                         | 05800 | MRI                                    |                                         |                                             |                                                                     |                          |                                  | 58.00  |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                |                                         |                                             |                                                                     |                          |                                  | 59.00  |
| 60.00                                         | 06000 | LABORATORY                             |                                         |                                             |                                                                     |                          |                                  | 60.00  |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                    |                                         |                                             |                                                                     |                          |                                  | 65.00  |
| 66.00                                         | 06600 | PHYSICAL THERAPY                       |                                         |                                             |                                                                     |                          |                                  | 66.00  |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                      |                                         |                                             |                                                                     |                          |                                  | 69.00  |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                 |                                         |                                             |                                                                     |                          |                                  | 70.00  |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    |                                         |                                             |                                                                     |                          |                                  | 71.00  |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS         |                                         |                                             |                                                                     |                          |                                  | 72.00  |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS              |                                         |                                             |                                                                     |                          |                                  | 73.00  |
| 74.00                                         | 07400 | RENAL DIALYSIS                         |                                         |                                             |                                                                     |                          |                                  | 74.00  |
| 76.00                                         | 03020 | OTHER ANCILLARY                        |                                         |                                             |                                                                     |                          |                                  | 76.00  |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                 |                                         |                                             |                                                                     |                          |                                  | 76.97  |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY              |                                         |                                             |                                                                     |                          |                                  | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 91.00                                         | 09100 | EMERGENCY                              |                                         |                                             |                                                                     |                          |                                  | 91.00  |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART    |                                         |                                             |                                                                     |                          |                                  | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                     |                                         |                                             |                                                                     |                          |                                  | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 113.00                                        | 11300 | INTEREST EXPENSE                       |                                         |                                             |                                                                     |                          |                                  | 113.00 |
| 116.00                                        | 11600 | HOSPICE                                |                                         |                                             |                                                                     |                          |                                  | 116.00 |
| 117.00                                        | 06950 | HOME INFUSION                          |                                         |                                             |                                                                     |                          |                                  | 117.00 |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117) | 0                                       | 0                                           | 0                                                                   | 0                        | 0                                | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>           |       |                                        |                                         |                                             |                                                                     |                          |                                  |        |
| 190.00                                        | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN    |                                         |                                             |                                                                     |                          |                                  | 190.00 |

| ALLOCATION OF CAPITAL RELATED COSTS |       | Provider CCN: 14-0053                   |                                        | Period:<br>From 07/01/2017<br>To 06/30/2018 |                          | Worksheet B<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|-------------------------------------|-------|-----------------------------------------|----------------------------------------|---------------------------------------------|--------------------------|---------------------------------------------------------------------|--------|
| Cost Center Description             |       | PARAMED ED<br>(CLINICAL LAB<br>SCIENCE) | PARAMED ED<br>(RESPIRATORY<br>THERAPY) | PARAMED ED<br>(ENDT)                        | PARAMED ED<br>(PHARMACY) | PARAMED ED<br>(PASTORAL<br>CARE)                                    |        |
|                                     |       | 23.00                                   | 23.01                                  | 23.02                                       | 23.03                    | 23.04                                                               |        |
| 192.00                              | 19200 |                                         |                                        |                                             |                          |                                                                     | 192.00 |
| 194.00                              | 07950 |                                         |                                        |                                             |                          |                                                                     | 194.00 |
| 194.01                              | 07951 |                                         |                                        |                                             |                          |                                                                     | 194.01 |
| 200.00                              |       | 20,100                                  | 0                                      | 0                                           | 5,162                    | 12,591                                                              | 200.00 |
| 201.00                              |       | 0                                       | 0                                      | 0                                           | 0                        | 0                                                                   | 201.00 |
| 202.00                              |       | 20,100                                  | 0                                      | 0                                           | 5,162                    | 12,591                                                              | 202.00 |

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | Subtotal   | Intern & Residents Cost & Post Stepdown Adjustments | Total      |        |
|-----------------------------------------------|-------|------------|-----------------------------------------------------|------------|--------|
|                                               |       | 24.00      | 25.00                                               | 26.00      |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |            |                                                     |            |        |
| 1.00                                          | 00100 |            |                                                     |            | 1.00   |
| 1.01                                          | 00101 |            |                                                     |            | 1.01   |
| 2.00                                          | 00200 |            |                                                     |            | 2.00   |
| 4.00                                          | 00400 |            |                                                     |            | 4.00   |
| 5.01                                          | 00580 |            |                                                     |            | 5.01   |
| 5.02                                          | 00540 |            |                                                     |            | 5.02   |
| 5.03                                          | 00550 |            |                                                     |            | 5.03   |
| 5.04                                          | 00570 |            |                                                     |            | 5.04   |
| 5.05                                          | 00560 |            |                                                     |            | 5.05   |
| 5.06                                          | 00590 |            |                                                     |            | 5.06   |
| 6.00                                          | 00600 |            |                                                     |            | 6.00   |
| 7.00                                          | 00700 |            |                                                     |            | 7.00   |
| 8.00                                          | 00800 |            |                                                     |            | 8.00   |
| 9.00                                          | 00900 |            |                                                     |            | 9.00   |
| 10.00                                         | 01000 |            |                                                     |            | 10.00  |
| 11.00                                         | 01100 |            |                                                     |            | 11.00  |
| 13.00                                         | 01300 |            |                                                     |            | 13.00  |
| 14.00                                         | 01400 |            |                                                     |            | 14.00  |
| 15.00                                         | 01500 |            |                                                     |            | 15.00  |
| 16.00                                         | 01600 |            |                                                     |            | 16.00  |
| 20.00                                         | 02000 |            |                                                     |            | 20.00  |
| 21.00                                         | 02100 |            |                                                     |            | 21.00  |
| 22.00                                         | 02200 |            |                                                     |            | 22.00  |
| 23.00                                         | 02300 |            |                                                     |            | 23.00  |
| 23.01                                         | 02301 |            |                                                     |            | 23.01  |
| 23.02                                         | 02302 |            |                                                     |            | 23.02  |
| 23.03                                         | 02303 |            |                                                     |            | 23.03  |
| 23.04                                         | 02304 |            |                                                     |            | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |            |                                                     |            |        |
| 30.00                                         | 03000 | 6,545,905  | 0                                                   | 6,545,905  | 30.00  |
| 31.00                                         | 03100 | 1,554,451  | 0                                                   | 1,554,451  | 31.00  |
| 35.00                                         | 02040 | 920,606    | 0                                                   | 920,606    | 35.00  |
| 40.00                                         | 04000 | 370,509    | 0                                                   | 370,509    | 40.00  |
| 43.00                                         | 04300 | 180,421    | 0                                                   | 180,421    | 43.00  |
| 44.00                                         | 04400 | 0          | 0                                                   | 0          | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |            |                                                     |            |        |
| 50.00                                         | 05000 | 5,757,206  | 0                                                   | 5,757,206  | 50.00  |
| 50.01                                         | 05001 | 520,263    | 0                                                   | 520,263    | 50.01  |
| 50.02                                         | 05002 | 0          | 0                                                   | 0          | 50.02  |
| 51.00                                         | 05100 | 650,283    | 0                                                   | 650,283    | 51.00  |
| 52.00                                         | 05200 | 771,946    | 0                                                   | 771,946    | 52.00  |
| 53.00                                         | 05300 | 641,505    | 0                                                   | 641,505    | 53.00  |
| 54.00                                         | 05400 | 1,745,635  | 0                                                   | 1,745,635  | 54.00  |
| 55.00                                         | 05500 | 576,636    | 0                                                   | 576,636    | 55.00  |
| 56.00                                         | 05600 | 409,742    | 0                                                   | 409,742    | 56.00  |
| 57.00                                         | 05700 | 472,412    | 0                                                   | 472,412    | 57.00  |
| 58.00                                         | 05800 | 502,065    | 0                                                   | 502,065    | 58.00  |
| 59.00                                         | 05900 | 2,724,962  | 0                                                   | 2,724,962  | 59.00  |
| 60.00                                         | 06000 | 1,626,407  | 0                                                   | 1,626,407  | 60.00  |
| 65.00                                         | 06500 | 486,539    | 0                                                   | 486,539    | 65.00  |
| 66.00                                         | 06600 | 542,224    | 0                                                   | 542,224    | 66.00  |
| 69.00                                         | 06900 | 1,387,265  | 0                                                   | 1,387,265  | 69.00  |
| 70.00                                         | 07000 | 170,880    | 0                                                   | 170,880    | 70.00  |
| 71.00                                         | 07100 | 909,761    | 0                                                   | 909,761    | 71.00  |
| 72.00                                         | 07200 | 1,218,079  | 0                                                   | 1,218,079  | 72.00  |
| 73.00                                         | 07300 | 1,243,373  | 0                                                   | 1,243,373  | 73.00  |
| 74.00                                         | 07400 | 69,588     | 0                                                   | 69,588     | 74.00  |
| 76.00                                         | 03020 | 209,374    | 0                                                   | 209,374    | 76.00  |
| 76.97                                         | 07697 | 213,222    | 0                                                   | 213,222    | 76.97  |
| 76.98                                         | 07698 | 134,455    | 0                                                   | 134,455    | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |            |                                                     |            |        |
| 91.00                                         | 09100 | 1,522,018  | 0                                                   | 1,522,018  | 91.00  |
| 92.00                                         | 09200 |            | 0                                                   |            | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |            |                                                     |            |        |
| 101.00                                        | 10100 | 545,411    | 0                                                   | 545,411    | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |            |                                                     |            |        |
| 113.00                                        | 11300 |            |                                                     |            | 113.00 |
| 116.00                                        | 11600 | 64,479     | 0                                                   | 64,479     | 116.00 |
| 117.00                                        | 06950 | 386,629    | 0                                                   | 386,629    | 117.00 |
| 118.00                                        |       | 35,074,251 | 0                                                   | 35,074,251 | 118.00 |

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             |       | Subtotal                            | Intern & Residents Cost & Post Stepdown Adjustments | Total |            |        |
|-------------------------------------|-------|-------------------------------------|-----------------------------------------------------|-------|------------|--------|
|                                     |       | 24.00                               | 25.00                                               | 26.00 |            |        |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                     |                                                     |       |            |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 143,861                                             | 0     | 143,861    | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES         | 1,642,616                                           | 0     | 1,642,616  | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER              | 1,305,883                                           | 0     | 1,305,883  | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT   | 53,275                                              | 0     | 53,275     | 194.01 |
| 200.00                              |       | Cross Foot Adjustments              | 1,449,759                                           | 0     | 1,449,759  | 200.00 |
| 201.00                              |       | Negative Cost Centers               | 0                                                   | 0     | 0          | 201.00 |
| 202.00                              |       | TOTAL (sum lines 118 through 201)   | 39,669,645                                          | 0     | 39,669,645 | 202.00 |



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | CAPITAL RELATED COSTS                |                                      |                            | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | COMMUNICATIONS (TELEPHONES) |       |
|-----------------------------------------------|-------|--------------------------------------|--------------------------------------|----------------------------|-----------------------------------------------|-----------------------------|-------|
|                                               |       | BLDG & FIXT (SQUARE FEET)            | CAP REL COSTS - CON (SQUARE FOOTAGE) | MVBLE EQUIP (DOLLAR VALUE) |                                               |                             |       |
|                                               |       | 1.00                                 | 1.01                                 | 2.00                       | 4.00                                          | 5.01                        |       |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                      |                                      |                            |                                               |                             |       |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT            | 1,576,772                            |                            |                                               |                             | 1.00  |
| 1.01                                          | 00101 | CAP REL COSTS - CON                  | 0                                    | 24,173                     |                                               |                             | 1.01  |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP            |                                      |                            | 12,188,730                                    |                             | 2.00  |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT         | 7,157                                | 0                          | 10,936                                        | 141,919,034                 | 4.00  |
| 5.01                                          | 00580 | COMMUNICATIONS                       | 3,979                                | 0                          | 1,413,440                                     | 320,491                     | 6,932 |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                  | 17,554                               | 0                          | 0                                             | 570,988                     | 452   |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES          | 30,335                               | 0                          | 5,038                                         | 622,998                     | 10    |
| 5.04                                          | 00570 | ADMINISTRATIVE                       | 3,953                                | 0                          | 51,796                                        | 1,418,718                   | 119   |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                   | 638                                  | 0                          | 30,868                                        | 3,037,261                   | 123   |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                | 122,359                              | 0                          | 317,385                                       | 11,257,517                  | 916   |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                | 5,451                                | 0                          | 113,989                                       | 3,971,617                   | 73    |
| 7.00                                          | 00700 | OPERATION OF PLANT                   | 718,643                              | 0                          | 82,313                                        | 1,884,906                   | 30    |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE              | 51,158                               | 0                          | 564,122                                       | 658,728                     | 15    |
| 9.00                                          | 00900 | HOUSEKEEPING                         | 9,119                                | 0                          | 1,949                                         | 2,579,340                   | 32    |
| 10.00                                         | 01000 | DIETARY                              | 8,302                                | 0                          | 1,088                                         | 595,542                     | 60    |
| 11.00                                         | 01100 | CAFETERIA                            | 21,669                               | 0                          | 2,839                                         | 1,592,113                   | 0     |
| 13.00                                         | 01300 | NURSING ADMINISTRATION               | 16,682                               | 0                          | 67,899                                        | 2,790,701                   | 109   |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY            | 41,640                               | 0                          | 195,614                                       | 566,026                     | 39    |
| 15.00                                         | 01500 | PHARMACY                             | 8,785                                | 0                          | 37,243                                        | 5,135,649                   | 84    |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY            | 8,184                                | 0                          | 11,669                                        | 2,212,933                   | 92    |
| 20.00                                         | 02000 | NURSING SCHOOL                       | 0                                    | 24,173                     | 111,236                                       | 2,264,948                   | 70    |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV  | 0                                    | 0                          | 0                                             | 6,684,491                   | 2     |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV  | 14,628                               | 0                          | 0                                             | 43,146                      | 0     |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)    | 490                                  | 0                          | 0                                             | 134,288                     | 3     |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)     | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                    | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                | 0                                    | 0                          | 0                                             | 305,313                     | 0     |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)           | 291                                  | 0                          | 0                                             | 76,670                      | 0     |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                      |                                      |                            |                                               |                             |       |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                  | 95,434                               | 0                          | 696,633                                       | 20,632,059                  | 1,379 |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                  | 30,405                               | 0                          | 216,142                                       | 6,615,579                   | 217   |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                   | 13,174                               | 0                          | 150,443                                       | 6,761,785                   | 72    |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                    | 10,838                               | 0                          | 15,325                                        | 1,302,299                   | 86    |
| 43.00                                         | 04300 | NURSERY                              | 2,987                                | 0                          | 15,669                                        | 743,133                     | 0     |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY             | 0                                    | 0                          | 0                                             | 0                           | 0     |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                      |                                      |                            |                                               |                             |       |
| 50.00                                         | 05000 | OPERATING ROOM                       | 52,291                               | 0                          | 2,805,728                                     | 9,827,205                   | 519   |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                | 5,751                                | 0                          | 275,504                                       | 739,931                     | 27    |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER               | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 51.00                                         | 05100 | RECOVERY ROOM                        | 12,082                               | 0                          | 135,524                                       | 1,805,826                   | 38    |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM           | 13,828                               | 0                          | 72,531                                        | 3,472,582                   | 2     |
| 53.00                                         | 05300 | ANESTHESIOLOGY                       | 784                                  | 0                          | 287,699                                       | 927,473                     | 29    |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                 | 18,608                               | 0                          | 848,680                                       | 3,184,247                   | 213   |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                | 0                                    | 0                          | 449,648                                       | 271,819                     | 31    |
| 56.00                                         | 05600 | RADIOISOTOPE                         | 7,434                                | 0                          | 135,108                                       | 530,012                     | 116   |
| 57.00                                         | 05700 | CT SCAN                              | 2,630                                | 0                          | 280,089                                       | 780,892                     | 14    |
| 58.00                                         | 05800 | MRI                                  | 3,080                                | 0                          | 379,371                                       | 314,110                     | 0     |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION              | 32,234                               | 0                          | 1,482,056                                     | 5,227,440                   | 161   |
| 60.00                                         | 06000 | LABORATORY                           | 20,173                               | 0                          | 194,520                                       | 4,458,863                   | 184   |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                  | 3,316                                | 0                          | 174,950                                       | 3,276,085                   | 35    |
| 66.00                                         | 06600 | PHYSICAL THERAPY                     | 6,445                                | 0                          | 29,034                                        | 5,063,188                   | 192   |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                    | 30,907                               | 0                          | 204,019                                       | 2,370,368                   | 553   |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY               | 1,841                                | 0                          | 63,093                                        | 723,527                     | 26    |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS            | 0                                    | 0                          | 0                                             | 0                           | 0     |
| 74.00                                         | 07400 | RENAL DIALYSIS                       | 1,638                                | 0                          | 316                                           | 0                           | 8     |
| 76.00                                         | 03020 | OTHER ANCILLARY                      | 3,702                                | 0                          | 3,640                                         | 1,973,138                   | 89    |
| 76.97                                         | 07697 | CARDIAC REHABILITATION               | 5,718                                | 0                          | 34,794                                        | 586,366                     | 1     |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY            | 2,689                                | 0                          | 14,703                                        | 499,095                     | 19    |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                      |                                      |                            |                                               |                             |       |
| 91.00                                         | 09100 | EMERGENCY                            | 16,592                               | 0                          | 161,158                                       | 5,015,324                   | 280   |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) |                                      |                            |                                               |                             |       |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                      |                                      |                            |                                               |                             |       |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                   | 4,585                                | 0                          | 1,296                                         | 3,544,899                   | 126   |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                      |                                      |                            |                                               |                             |       |
| 113.00                                        | 11300 | INTEREST EXPENSE                     |                                      |                            |                                               |                             |       |
| 116.00                                        | 11600 | HOSPICE                              | 1,528                                | 0                          | 0                                             | 518,742                     | 20    |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             |       | CAPITAL RELATED COSTS                                  |                                      |                            | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | COMMUNICATIONS (TELEPHONES) |            |        |
|-------------------------------------|-------|--------------------------------------------------------|--------------------------------------|----------------------------|-----------------------------------------------|-----------------------------|------------|--------|
|                                     |       | BLDG & FIXT (SQUARE FEET)                              | CAP REL COSTS - CON (SQUARE FOOTAGE) | MVBLE EQUIP (DOLLAR VALUE) |                                               |                             |            |        |
|                                     |       | 1.00                                                   | 1.01                                 | 2.00                       |                                               |                             |            |        |
| 117.00                              | 06950 | HOME INFUSION                                          | 0                                    | 0                          | 25,492                                        | 741,062                     | 11         | 117.00 |
| 118.00                              |       | SUBTOTALS (SUM OF LINES 1 through 117)                 | 1,491,711                            | 24,173                     | 12,172,589                                    | 140,631,433                 | 6,677      | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                                        |                                      |                            |                                               |                             |            |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 6,468                                | 0                          | 108                                           | 51,303                      | 8          | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 67,859                               | 0                          | 9,997                                         | 0                           | 44         | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                                 | 8,830                                | 0                          | 6,036                                         | 670,111                     | 158        | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT                      | 1,904                                | 0                          | 0                                             | 566,187                     | 45         | 194.01 |
| 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)             | 15,819,045                           | 172,418                    | 12,261,892                                    | 45,172,266                  | 2,101,699  | 202.00 |
| 203.00                              |       | Unit cost multiplier (Wkst. B, Part I)                 | 10.032551                            | 7.132669                   | 1.006002                                      | 0.318296                    | 303.187969 | 203.00 |
| 204.00                              |       | Cost to be allocated (per Wkst. B, Part II)            |                                      |                            |                                               | 82,805                      | 1,462,030  | 204.00 |
| 205.00                              |       | Unit cost multiplier (Wkst. B, Part II)                |                                      |                            |                                               | 0.000583                    | 210.910271 | 205.00 |
| 206.00                              |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                      |                            |                                               |                             |            | 206.00 |
| 207.00                              |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                      |                            |                                               |                             |            | 207.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | INFORMATION SYSTEMS (PIECES OF EQUIPMENT)                            | PURCHASING/RECEIVING/STORES (SUPPLIES) | ADMITTING (GROSS CHARGES) | PATIENT ACCOUNTING (GROSS CHARGES) | Reconciliation |             |
|-----------------------------------------------|-------|----------------------------------------------------------------------|----------------------------------------|---------------------------|------------------------------------|----------------|-------------|
|                                               |       | 5.02                                                                 | 5.03                                   | 5.04                      | 5.05                               | 5A.06          |             |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                                                      |                                        |                           |                                    |                |             |
| 1.00                                          | 00100 | CAP REL COSTS-BLDG & FIXT                                            |                                        |                           |                                    |                | 1.00        |
| 1.01                                          | 00101 | CAP REL COSTS - CON                                                  |                                        |                           |                                    |                | 1.01        |
| 2.00                                          | 00200 | CAP REL COSTS-MVBLE EQUIP                                            |                                        |                           |                                    |                | 2.00        |
| 4.00                                          | 00400 | EMPLOYEE BENEFITS DEPARTMENT                                         |                                        |                           |                                    |                | 4.00        |
| 5.01                                          | 00580 | COMMUNICATIONS                                                       |                                        |                           |                                    |                | 5.01        |
| 5.02                                          | 00540 | INFORMATION SYSTEMS                                                  | 5,456                                  |                           |                                    |                | 5.02        |
| 5.03                                          | 00550 | PURCHASING/RECEIVING/STORES                                          | 29                                     | 85,820,108                |                                    |                | 5.03        |
| 5.04                                          | 00570 | ADMITTING                                                            | 107                                    | 43,745                    | 1,773,490,031                      |                | 5.04        |
| 5.05                                          | 00560 | PATIENT ACCOUNTING                                                   | 743                                    | 0                         | 0                                  | 1,773,490,031  | 5.05        |
| 5.06                                          | 00590 | OTHER ADMIN & GENERAL                                                | 264                                    | 501,983                   | 0                                  | 0              | -32,634,347 |
| 6.00                                          | 00600 | MAINTENANCE & REPAIRS                                                | 41                                     | 1,437,106                 | 0                                  | 0              | 0           |
| 7.00                                          | 00700 | OPERATION OF PLANT                                                   | 22                                     | 325,991                   | 0                                  | 0              | 0           |
| 8.00                                          | 00800 | LAUNDRY & LINEN SERVICE                                              | 0                                      | 1,002,157                 | 0                                  | 0              | 0           |
| 9.00                                          | 00900 | HOUSEKEEPING                                                         | 19                                     | 156,992                   | 0                                  | 0              | 0           |
| 10.00                                         | 01000 | DIETARY                                                              | 11                                     | 0                         | 0                                  | 0              | 0           |
| 11.00                                         | 01100 | CAFETERIA                                                            | 27                                     | 0                         | 0                                  | 0              | 0           |
| 13.00                                         | 01300 | NURSING ADMINISTRATION                                               | 35                                     | 59,672                    | 0                                  | 0              | 0           |
| 14.00                                         | 01400 | CENTRAL SERVICES & SUPPLY                                            | 15                                     | 0                         | 0                                  | 0              | 0           |
| 15.00                                         | 01500 | PHARMACY                                                             | 133                                    | 13,485,360                | 0                                  | 0              | 0           |
| 16.00                                         | 01600 | MEDICAL RECORDS & LIBRARY                                            | 220                                    | 0                         | 0                                  | 0              | 0           |
| 20.00                                         | 02000 | NURSING SCHOOL                                                       | 162                                    | 45,549                    | 0                                  | 0              | 0           |
| 21.00                                         | 02100 | I&R SERVICES-SALARY & FRINGES APPRV                                  | 3                                      | 0                         | 0                                  | 0              | 0           |
| 22.00                                         | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV                                  | 0                                      | 0                         | 0                                  | 0              | 0           |
| 23.00                                         | 02300 | PARAMED ED (CLINICAL LAB SCIENCE)                                    | 4                                      | 717                       | 0                                  | 0              | 0           |
| 23.01                                         | 02301 | PARAMED ED (RESPIRATORY THERAPY)                                     | 0                                      | 0                         | 0                                  | 0              | 0           |
| 23.02                                         | 02302 | PARAMED ED (ENDT)                                                    | 0                                      | 0                         | 0                                  | 0              | 0           |
| 23.03                                         | 02303 | PARAMED ED (PHARMACY)                                                | 0                                      | 0                         | 0                                  | 0              | 0           |
| 23.04                                         | 02304 | PARAMED ED (PASTORAL CARE)                                           | 3                                      | 622                       | 0                                  | 0              | 0           |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                                                      |                                        |                           |                                    |                |             |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                                                  | 1,138                                  | 1,662,124                 | 110,084,721                        | 110,084,721    | 0           |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                                                  | 131                                    | 965,986                   | 38,426,240                         | 38,426,240     | 0           |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                                                   | 112                                    | 368,612                   | 50,002,106                         | 50,002,106     | 0           |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                                                    | 17                                     | 26,692                    | 4,843,403                          | 4,843,403      | 0           |
| 43.00                                         | 04300 | NURSERY                                                              | 29                                     | 88,804                    | 4,381,106                          | 4,381,106      | 0           |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY                                             | 0                                      | 0                         | 0                                  | 0              | 0           |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                                                      |                                        |                           |                                    |                |             |
| 50.00                                         | 05000 | OPERATING ROOM                                                       | 502                                    | 2,581,279                 | 189,639,065                        | 189,639,065    | 0           |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT                                                | 31                                     | 256,326                   | 23,342,173                         | 23,342,173     | 0           |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER                                               | 0                                      | 0                         | 0                                  | 0              | 0           |
| 51.00                                         | 05100 | RECOVERY ROOM                                                        | 91                                     | 81,099                    | 18,588,270                         | 18,588,270     | 0           |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM                                           | 133                                    | 878,289                   | 20,279,852                         | 20,279,852     | 0           |
| 53.00                                         | 05300 | ANESTHESIOLOGY                                                       | 112                                    | 1,190,484                 | 45,140,808                         | 45,140,808     | 0           |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                                                 | 149                                    | 430,536                   | 76,175,027                         | 76,175,027     | 0           |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC                                                | 57                                     | 2,227                     | 8,087,102                          | 8,087,102      | 0           |
| 56.00                                         | 05600 | RADIOISOTOPE                                                         | 27                                     | 717,088                   | 22,234,261                         | 22,234,261     | 0           |
| 57.00                                         | 05700 | CT SCAN                                                              | 4                                      | 228,065                   | 110,626,664                        | 110,626,664    | 0           |
| 58.00                                         | 05800 | MRI                                                                  | 16                                     | 62,617                    | 15,126,889                         | 15,126,889     | 0           |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION                                              | 36                                     | 5,479,412                 | 244,404,421                        | 244,404,421    | 0           |
| 60.00                                         | 06000 | LABORATORY                                                           | 198                                    | 3,134,919                 | 124,936,233                        | 124,936,233    | 0           |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                                                  | 41                                     | 807,455                   | 45,721,512                         | 45,721,512     | 0           |
| 66.00                                         | 06600 | PHYSICAL THERAPY                                                     | 120                                    | 81,085                    | 33,017,044                         | 33,017,044     | 0           |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                                                    | 73                                     | 94,483                    | 87,479,208                         | 87,479,208     | 0           |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY                                               | 13                                     | 33,732                    | 14,928,475                         | 14,928,475     | 0           |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                  | 0                                      | 19,382,826                | 95,856,647                         | 95,856,647     | 0           |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                       | 0                                      | 26,175,620                | 117,297,142                        | 117,297,142    | 0           |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS                                            | 0                                      | 0                         | 146,432,006                        | 146,432,006    | 0           |
| 74.00                                         | 07400 | RENAL DIALYSIS                                                       | 11                                     | 6,777                     | 3,507,891                          | 3,507,891      | 0           |
| 76.00                                         | 03020 | OTHER ANCILLARY                                                      | 22                                     | 71,043                    | 10,699,081                         | 10,699,081     | 0           |
| 76.97                                         | 07697 | CARDIAC REHABILITATION                                               | 23                                     | 18,164                    | 2,887,617                          | 2,887,617      | 0           |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY                                            | 21                                     | 18,503                    | 4,933,514                          | 4,933,514      | 0           |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                                                      |                                        |                           |                                    |                |             |
| 91.00                                         | 09100 | EMERGENCY                                                            | 202                                    | 1,056,213                 | 91,832,613                         | 91,832,613     | 0           |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS) |                                        |                           |                                    |                | 92.00       |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                                                   | 194                                    | 31,947                    | 5,371,000                          | 5,371,000      | 0           |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                                                      |                                        |                           |                                    |                |             |
| 113.00                                        | 11300 | INTEREST EXPENSE                                                     |                                        |                           |                                    |                | 113.00      |
| 116.00                                        | 11600 | HOSPICE                                                              | 0                                      | 70,450                    | 2,213,554                          | 2,213,554      | 0           |
| 117.00                                        | 06950 | HOME INFUSION                                                        | 21                                     | 2,326,537                 | 4,994,386                          | 4,994,386      | 0           |
| 118.00                                        |       | SUBTOTALS (SUM OF LINES 1 through 117)                               | 5,362                                  | 85,389,288                | 1,773,490,031                      | 1,773,490,031  | -32,634,347 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             |       |                                                        | INFORMATION SYSTEMS (PIECES OF EQUIPMENT) | PURCHASING/RECEIVING/STORES (SUPPLIES) | ADMINISTRATIVE (GROSS CHARGES) | PATIENT ACCOUNTING (GROSS CHARGES) | Reconciliation |        |
|-------------------------------------|-------|--------------------------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------|------------------------------------|----------------|--------|
|                                     |       |                                                        | 5.02                                      | 5.03                                   | 5.04                           | 5.05                               | 5A.06          |        |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                                        |                                           |                                        |                                |                                    |                |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                                         | 184,449                                | 0                              | 0                                  |                | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 86                                        | 586                                    | 0                              | 0                                  |                | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                                 | 8                                         | 97,930                                 | 0                              | 0                                  |                | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT                      | 0                                         | 147,855                                | 0                              | 0                                  |                | 194.01 |
| 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)             | 33,342,914                                | 1,808,558                              | 2,729,661                      | 9,248,230                          |                | 202.00 |
| 203.00                              |       | Unit cost multiplier (Wkst. B, Part I)                 | 6,111.237903                              | 0.021074                               | 0.001539                       | 0.005215                           |                | 203.00 |
| 204.00                              |       | Cost to be allocated (per Wkst. B, Part II)            | 8,836,264                                 | 358,844                                | 291,166                        | 1,280,739                          |                | 204.00 |
| 205.00                              |       | Unit cost multiplier (Wkst. B, Part II)                | 1,619.549853                              | 0.004181                               | 0.000164                       | 0.000722                           |                | 205.00 |
| 206.00                              |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                           |                                        |                                |                                    |                | 206.00 |
| 207.00                              |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                           |                                        |                                |                                    |                | 207.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
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| Cost Center Description                       |       | OTHER ADMIN & GENERAL (ACCUM COST) | MAINTENANCE & REPAIRS (HOURS) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) |        |
|-----------------------------------------------|-------|------------------------------------|-------------------------------|----------------------------------|---------------------------------------------|---------------------------------|--------|
|                                               |       | 5.06                               | 6.00                          | 7.00                             | 8.00                                        | 9.00                            |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                    |                               |                                  |                                             |                                 |        |
| 1.00                                          | 00100 |                                    |                               |                                  |                                             |                                 | 1.00   |
| 1.01                                          | 00101 |                                    |                               |                                  |                                             |                                 | 1.01   |
| 2.00                                          | 00200 |                                    |                               |                                  |                                             |                                 | 2.00   |
| 4.00                                          | 00400 |                                    |                               |                                  |                                             |                                 | 4.00   |
| 5.01                                          | 00580 |                                    |                               |                                  |                                             |                                 | 5.01   |
| 5.02                                          | 00540 |                                    |                               |                                  |                                             |                                 | 5.02   |
| 5.03                                          | 00550 |                                    |                               |                                  |                                             |                                 | 5.03   |
| 5.04                                          | 00570 |                                    |                               |                                  |                                             |                                 | 5.04   |
| 5.05                                          | 00560 |                                    |                               |                                  |                                             |                                 | 5.05   |
| 5.06                                          | 00590 |                                    |                               |                                  |                                             |                                 | 5.06   |
| 6.00                                          | 00600 | 377,529,004                        |                               |                                  |                                             |                                 | 6.00   |
| 7.00                                          | 00700 |                                    | 44,641                        |                                  |                                             |                                 | 7.00   |
| 8.00                                          | 00800 |                                    |                               | 690,876                          |                                             |                                 | 8.00   |
| 9.00                                          | 00900 |                                    |                               |                                  | 6,216,002                                   |                                 | 9.00   |
| 10.00                                         | 01000 |                                    |                               |                                  |                                             | 131,488                         | 10.00  |
| 11.00                                         | 01100 |                                    |                               |                                  |                                             |                                 | 11.00  |
| 13.00                                         | 01300 |                                    |                               |                                  |                                             | 4,492                           | 13.00  |
| 14.00                                         | 01400 |                                    | 1,420                         | 41,640                           | 17,560                                      | 10,389                          | 14.00  |
| 15.00                                         | 01500 |                                    | 208                           | 8,785                            | 10,686                                      | 2,231                           | 15.00  |
| 16.00                                         | 01600 |                                    | 75                            | 8,184                            |                                             |                                 | 16.00  |
| 20.00                                         | 02000 |                                    | 337                           | 24,173                           | 440                                         | 3,003                           | 20.00  |
| 21.00                                         | 02100 |                                    | 0                             | 0                                | 28,114                                      | 3,617                           | 21.00  |
| 22.00                                         | 02200 |                                    | 0                             | 14,628                           |                                             |                                 | 22.00  |
| 23.00                                         | 02300 |                                    | 37                            | 490                              |                                             | 124                             | 23.00  |
| 23.01                                         | 02301 |                                    | 0                             | 0                                |                                             | 0                               | 23.01  |
| 23.02                                         | 02302 |                                    | 0                             | 0                                |                                             | 0                               | 23.02  |
| 23.03                                         | 02303 |                                    | 0                             | 0                                |                                             | 0                               | 23.03  |
| 23.04                                         | 02304 |                                    | 0                             | 291                              |                                             | 70                              | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                    |                               |                                  |                                             |                                 |        |
| 30.00                                         | 03000 | 42,061,012                         | 5,187                         | 95,434                           | 985,916                                     | 24,993                          | 30.00  |
| 31.00                                         | 03100 | 13,032,900                         | 2,078                         | 30,405                           | 172,995                                     | 7,520                           | 31.00  |
| 35.00                                         | 02040 | 11,495,259                         | 1,819                         | 13,174                           | 105,229                                     | 2,907                           | 35.00  |
| 40.00                                         | 04000 | 2,105,158                          | 416                           | 10,838                           | 37,008                                      | 2,703                           | 40.00  |
| 43.00                                         | 04300 | 1,403,696                          | 262                           | 2,987                            | 29,164                                      | 47                              | 43.00  |
| 44.00                                         | 04400 | 0                                  | 0                             | 0                                | 0                                           | 0                               | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                    |                               |                                  |                                             |                                 |        |
| 50.00                                         | 05000 | 24,775,983                         | 7,430                         | 52,291                           | 360,259                                     | 491                             | 50.00  |
| 50.01                                         | 05001 | 1,839,081                          | 452                           | 5,751                            | 27,128                                      | 1,395                           | 50.01  |
| 50.02                                         | 05002 | 0                                  | 0                             | 0                                | 0                                           | 0                               | 50.02  |
| 51.00                                         | 05100 | 3,466,597                          | 471                           | 12,082                           | 77,771                                      | 2,946                           | 51.00  |
| 52.00                                         | 05200 | 6,466,753                          | 1,212                         | 13,828                           | 134,999                                     | 1,373                           | 52.00  |
| 53.00                                         | 05300 | 3,964,534                          | 2,290                         | 784                              | 13,207                                      | 199                             | 53.00  |
| 54.00                                         | 05400 | 7,444,515                          | 1,063                         | 18,608                           | 112,104                                     | 4,510                           | 54.00  |
| 55.00                                         | 05500 | 1,434,883                          | 139                           | 0                                | 3,593                                       | 0                               | 55.00  |
| 56.00                                         | 05600 | 1,990,848                          | 128                           | 7,434                            | 5,324                                       | 1,892                           | 56.00  |
| 57.00                                         | 05700 | 2,274,700                          | 132                           | 2,630                            | 0                                           | 667                             | 57.00  |
| 58.00                                         | 05800 | 1,273,273                          | 200                           | 3,080                            | 0                                           | 651                             | 58.00  |
| 59.00                                         | 05900 | 13,341,479                         | 1,635                         | 32,234                           | 143,512                                     | 5,989                           | 59.00  |
| 60.00                                         | 06000 | 17,022,461                         | 1,144                         | 20,173                           | 1,309                                       | 4,937                           | 60.00  |
| 65.00                                         | 06500 | 5,590,355                          | 2,530                         | 3,316                            | 1,225                                       | 578                             | 65.00  |
| 66.00                                         | 06600 | 8,562,285                          | 261                           | 6,445                            | 25,407                                      | 1,544                           | 66.00  |
| 69.00                                         | 06900 | 5,186,900                          | 914                           | 30,907                           | 53,674                                      | 7,675                           | 69.00  |
| 70.00                                         | 07000 | 1,585,791                          | 272                           | 1,841                            | 18,418                                      | 449                             | 70.00  |
| 71.00                                         | 07100 | 27,662,479                         | 0                             | 0                                | 0                                           | 0                               | 71.00  |
| 72.00                                         | 07200 | 37,308,626                         | 0                             | 0                                | 0                                           | 0                               | 72.00  |
| 73.00                                         | 07300 | 12,758,685                         | 0                             | 0                                | 0                                           | 0                               | 73.00  |
| 74.00                                         | 07400 | 1,037,887                          | 65                            | 1,638                            | 2,990                                       | 383                             | 74.00  |
| 76.00                                         | 03020 | 3,388,030                          | 204                           | 3,702                            | 6,637                                       | 1,002                           | 76.00  |
| 76.97                                         | 07697 | 1,012,068                          | 351                           | 5,718                            | 0                                           | 1,465                           | 76.97  |
| 76.98                                         | 07698 | 1,224,531                          | 46                            | 2,689                            | 16,833                                      | 782                             | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                    |                               |                                  |                                             |                                 |        |
| 91.00                                         | 09100 | 10,543,370                         | 1,578                         | 16,592                           | 368,429                                     | 3,960                           | 91.00  |
| 92.00                                         | 09200 |                                    |                               |                                  |                                             |                                 | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                    |                               |                                  |                                             |                                 |        |
| 101.00                                        | 10100 | 6,477,660                          | 489                           | 4,585                            | 0                                           | 0                               | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                    |                               |                                  |                                             |                                 |        |
| 113.00                                        | 11300 |                                    |                               |                                  |                                             |                                 | 113.00 |
| 116.00                                        | 11600 | 1,343,171                          | 10                            | 1,528                            | 0                                           | 0                               | 116.00 |
| 117.00                                        | 06950 | 3,891,231                          | 345                           | 0                                | 0                                           | 0                               | 117.00 |
| 118.00                                        |       | 372,924,999                        | 44,110                        | 605,815                          | 2,759,931                                   | 112,019                         | 118.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

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| Cost Center Description             |       | OTHER ADMIN & GENERAL (ACCUM COST)                     | MAINTENANCE & REPAIRS (HOURS) | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) |           |        |
|-------------------------------------|-------|--------------------------------------------------------|-------------------------------|----------------------------------|---------------------------------------------|---------------------------------|-----------|--------|
|                                     |       | 5.06                                                   | 6.00                          | 7.00                             | 8.00                                        | 9.00                            |           |        |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                                        |                               |                                  |                                             |                                 |           |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 355,719                       | 32                               | 6,468                                       | 0                               | 905       | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 2,451,384                     | 28                               | 67,859                                      | 0                               | 18,294    | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                                 | 1,753,078                     | 468                              | 8,830                                       | 3,456,071                       | 270       | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT                      | 43,824                        | 3                                | 1,904                                       | 0                               | 0         | 194.01 |
| 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)             | 32,634,347                    | 14,719,854                       | 20,723,179                                  | 6,119,783                       | 6,155,970 | 202.00 |
| 203.00                              |       | Unit cost multiplier (Wkst. B, Part I)                 | 0.086442                      | 329.738447                       | 29.995511                                   | 0.984521                        | 46.817732 | 203.00 |
| 204.00                              |       | Cost to be allocated (per Wkst. B, Part II)            | 3,408,032                     | 382,495                          | 7,544,507                                   | 1,869,490                       | 286,020   | 204.00 |
| 205.00                              |       | Unit cost multiplier (Wkst. B, Part II)                | 0.009027                      | 8.568244                         | 10.920204                                   | 0.300754                        | 2.175256  | 205.00 |
| 206.00                              |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                               |                                  |                                             |                                 |           | 206.00 |
| 207.00                              |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                               |                                  |                                             |                                 |           | 207.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

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| Cost Center Description                |       |                                        | DIETARY<br>(MEALS<br>SERVED) | CAFETERIA<br>(MEALS<br>SERVED) | NURSING<br>ADMINISTRATIVE<br>(NUMBER<br>HOUSED) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |        |
|----------------------------------------|-------|----------------------------------------|------------------------------|--------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------|--------|
|                                        |       |                                        | 10.00                        | 11.00                          | 13.00                                           | 14.00                                                  | 15.00                           |        |
| GENERAL SERVICE COST CENTERS           |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 1.00                                   | 00100 | CAP REL COSTS-BLDG & FIXT              |                              |                                |                                                 |                                                        |                                 | 1.00   |
| 1.01                                   | 00101 | CAP REL COSTS - CON                    |                              |                                |                                                 |                                                        |                                 | 1.01   |
| 2.00                                   | 00200 | CAP REL COSTS-MVBLE EQUIP              |                              |                                |                                                 |                                                        |                                 | 2.00   |
| 4.00                                   | 00400 | EMPLOYEE BENEFITS DEPARTMENT           |                              |                                |                                                 |                                                        |                                 | 4.00   |
| 5.01                                   | 00580 | COMMUNICATIONS                         |                              |                                |                                                 |                                                        |                                 | 5.01   |
| 5.02                                   | 00540 | INFORMATION SYSTEMS                    |                              |                                |                                                 |                                                        |                                 | 5.02   |
| 5.03                                   | 00550 | PURCHASING/RECEIVING/STORES            |                              |                                |                                                 |                                                        |                                 | 5.03   |
| 5.04                                   | 00570 | ADMINISTRATIVE                         |                              |                                |                                                 |                                                        |                                 | 5.04   |
| 5.05                                   | 00560 | PATIENT ACCOUNTING                     |                              |                                |                                                 |                                                        |                                 | 5.05   |
| 5.06                                   | 00590 | OTHER ADMIN & GENERAL                  |                              |                                |                                                 |                                                        |                                 | 5.06   |
| 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                                | 291,664                      |                                |                                                 |                                                        |                                 | 10.00  |
| 11.00                                  | 01100 | CAFETERIA                              | 0                            | 187,268                        |                                                 |                                                        |                                 | 11.00  |
| 13.00                                  | 01300 | NURSING ADMINISTRATION                 | 0                            | 3,518                          | 109,481                                         |                                                        |                                 | 13.00  |
| 14.00                                  | 01400 | CENTRAL SERVICES & SUPPLY              | 0                            | 1,890                          | 0                                               | 62,571,382                                             |                                 | 14.00  |
| 15.00                                  | 01500 | PHARMACY                               | 0                            | 5,911                          | 0                                               | 0                                                      | 11,885,728                      | 15.00  |
| 16.00                                  | 01600 | MEDICAL RECORDS & LIBRARY              | 0                            | 4,567                          | 0                                               | 0                                                      | 0                               | 16.00  |
| 20.00                                  | 02000 | NURSING SCHOOL                         | 0                            | 2,776                          | 0                                               | 0                                                      | 853                             | 20.00  |
| 21.00                                  | 02100 | I&R SERVICES-SALARY & FRINGES APPRV    | 0                            | 12,035                         | 0                                               | 0                                                      | 0                               | 21.00  |
| 22.00                                  | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                            | 22                             | 0                                               | 0                                                      | 0                               | 22.00  |
| 23.00                                  | 02300 | PARAMEDICAL (CLINICAL LAB SCIENCE)     | 0                            | 180                            | 0                                               | 0                                                      | 0                               | 23.00  |
| 23.01                                  | 02301 | PARAMEDICAL (RESPIRATORY THERAPY)      | 0                            | 0                              | 0                                               | 0                                                      | 0                               | 23.01  |
| 23.02                                  | 02302 | PARAMEDICAL (ENDT)                     | 0                            | 0                              | 0                                               | 0                                                      | 0                               | 23.02  |
| 23.03                                  | 02303 | PARAMEDICAL (PHARMACY)                 | 0                            | 433                            | 0                                               | 0                                                      | 0                               | 23.03  |
| 23.04                                  | 02304 | PARAMEDICAL (PASTORAL CARE)            | 0                            | 102                            | 0                                               | 0                                                      | 0                               | 23.04  |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                    | 215,507                      | 38,780                         | 38,780                                          | 0                                                      | 128,847                         | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                    | 37,364                       | 11,829                         | 11,829                                          | 0                                                      | 64,682                          | 31.00  |
| 35.00                                  | 02040 | HIGH RISK NEONATAL                     | 0                            | 9,327                          | 9,327                                           | 0                                                      | 5,670                           | 35.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                      | 14,702                       | 2,492                          | 2,492                                           | 0                                                      | 852                             | 40.00  |
| 43.00                                  | 04300 | NURSERY                                | 0                            | 1,188                          | 1,188                                           | 0                                                      | 4,976                           | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY               | 0                            | 0                              | 0                                               | 0                                                      | 0                               | 44.00  |
| ANCILLARY SERVICE COST CENTERS         |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 50.00                                  | 05000 | OPERATING ROOM                         | 0                            | 15,685                         | 15,685                                          | 0                                                      | 122,587                         | 50.00  |
| 50.01                                  | 05001 | GASTRODIAGNOSTIC UNIT                  | 0                            | 1,162                          | 1,162                                           | 0                                                      | 13,795                          | 50.01  |
| 50.02                                  | 05002 | PAIN MANAGEMENT CENTER                 | 0                            | 0                              | 0                                               | 0                                                      | 0                               | 50.02  |
| 51.00                                  | 05100 | RECOVERY ROOM                          | 0                            | 2,595                          | 2,595                                           | 0                                                      | 12,632                          | 51.00  |
| 52.00                                  | 05200 | DELIVERY ROOM & LABOR ROOM             | 12,522                       | 5,531                          | 5,531                                           | 0                                                      | 23,032                          | 52.00  |
| 53.00                                  | 05300 | ANESTHESIOLOGY                         | 0                            | 2,955                          | 2,955                                           | 0                                                      | 167,857                         | 53.00  |
| 54.00                                  | 05400 | RADIOLOGY-DIAGNOSTIC                   | 0                            | 5,269                          | 0                                               | 0                                                      | 0                               | 54.00  |
| 55.00                                  | 05500 | RADIOLOGY-THERAPEUTIC                  | 0                            | 356                            | 356                                             | 0                                                      | 0                               | 55.00  |
| 56.00                                  | 05600 | RADIOISOTOPE                           | 0                            | 723                            | 0                                               | 0                                                      | 0                               | 56.00  |
| 57.00                                  | 05700 | CT SCAN                                | 0                            | 1,242                          | 0                                               | 0                                                      | 0                               | 57.00  |
| 58.00                                  | 05800 | MRI                                    | 0                            | 522                            | 0                                               | 0                                                      | 0                               | 58.00  |
| 59.00                                  | 05900 | CARDIAC CATHETERIZATION                | 1,286                        | 7,573                          | 0                                               | 0                                                      | 34,289                          | 59.00  |
| 60.00                                  | 06000 | LABORATORY                             | 0                            | 9,072                          | 0                                               | 0                                                      | 578                             | 60.00  |
| 65.00                                  | 06500 | RESPIRATORY THERAPY                    | 0                            | 4,909                          | 0                                               | 0                                                      | 12,616                          | 65.00  |
| 66.00                                  | 06600 | PHYSICAL THERAPY                       | 0                            | 6,966                          | 0                                               | 0                                                      | 619                             | 66.00  |
| 69.00                                  | 06900 | ELECTROCARDIOLOGY                      | 0                            | 3,797                          | 0                                               | 0                                                      | 2,273                           | 69.00  |
| 70.00                                  | 07000 | ELECTROENCEPHALOGRAPHY                 | 0                            | 1,298                          | 0                                               | 0                                                      | 0                               | 70.00  |
| 71.00                                  | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                            | 0                              | 0                                               | 26,606,591                                             | 0                               | 71.00  |
| 72.00                                  | 07200 | IMPL. DEV. CHARGED TO PATIENTS         | 0                            | 0                              | 0                                               | 35,964,791                                             | 0                               | 72.00  |
| 73.00                                  | 07300 | DRUGS CHARGED TO PATIENTS              | 0                            | 0                              | 0                                               | 0                                                      | 8,859,023                       | 73.00  |
| 74.00                                  | 07400 | RENAL DIALYSIS                         | 0                            | 0                              | 0                                               | 0                                                      | 5,799                           | 74.00  |
| 76.00                                  | 03020 | OTHER ANCILLARY                        | 0                            | 3,225                          | 3,225                                           | 0                                                      | 1,981                           | 76.00  |
| 76.97                                  | 07697 | CARDIAC REHABILITATION                 | 0                            | 921                            | 0                                               | 0                                                      | 0                               | 76.97  |
| 76.98                                  | 07698 | HYPERBARIC OXYGEN THERAPY              | 0                            | 811                            | 0                                               | 0                                                      | 226                             | 76.98  |
| OUTPATIENT SERVICE COST CENTERS        |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 91.00                                  | 09100 | EMERGENCY                              | 4,947                        | 8,974                          | 8,974                                           | 0                                                      | 60,549                          | 91.00  |
| 92.00                                  | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)   |                              |                                |                                                 |                                                        |                                 | 92.00  |
| OTHER REIMBURSABLE COST CENTERS        |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 101.00                                 | 10100 | HOME HEALTH AGENCY                     | 0                            | 4,626                          | 4,626                                           | 0                                                      | 2,051                           | 101.00 |
| SPECIAL PURPOSE COST CENTERS           |       |                                        |                              |                                |                                                 |                                                        |                                 |        |
| 113.00                                 | 11300 | INTEREST EXPENSE                       |                              |                                |                                                 |                                                        |                                 | 113.00 |
| 116.00                                 | 11600 | HOSPICE                                | 0                            | 756                            | 756                                             | 0                                                      | 65,315                          | 116.00 |
| 117.00                                 | 06950 | HOME INFUSION                          | 0                            | 1,028                          | 0                                               | 0                                                      | 2,294,626                       | 117.00 |
| 118.00                                 |       | SUBTOTALS (SUM OF LINES 1 through 117) | 286,328                      | 185,046                        | 109,481                                         | 62,571,382                                             | 11,885,728                      | 118.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             |       | DIETARY<br>(MEALS<br>SERVED)                           | CAFETERIA<br>(MEALS<br>SERVED) | NURSING<br>ADMINISTRATION<br>(NUMBER<br>HOUSED) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(COSTED<br>REQUIS.) | PHARMACY<br>(COSTED<br>REQUIS.) |            |
|-------------------------------------|-------|--------------------------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------|------------|
|                                     |       | 10.00                                                  | 11.00                          | 13.00                                           | 14.00                                                  | 15.00                           |            |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                                        |                                |                                                 |                                                        |                                 |            |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                    | 0                              | 100                                             | 0                                                      | 0                               | 190.00     |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES                            | 0                              | 0                                               | 0                                                      | 0                               | 192.00     |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                                 | 5,336                          | 1,244                                           | 0                                                      | 0                               | 194.00     |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT                      | 0                              | 878                                             | 0                                                      | 0                               | 194.01     |
| 200.00                              |       | Cross Foot Adjustments                                 |                                |                                                 |                                                        |                                 | 200.00     |
| 201.00                              |       | Negative Cost Centers                                  |                                |                                                 |                                                        |                                 | 201.00     |
| 202.00                              |       | Cost to be allocated (per Wkst. B, Part I)             | 1,980,316                      | 4,368,692                                       | 6,444,558                                              | 3,997,966                       | 11,261,069 |
| 203.00                              |       | Unit cost multiplier (Wkst. B, Part I)                 | 6.789717                       | 23.328556                                       | 58.864625                                              | 0.063894                        | 0.947445   |
| 204.00                              |       | Cost to be allocated (per Wkst. B, Part II)            | 234,737                        | 537,459                                         | 571,294                                                | 1,161,979                       | 1,339,586  |
| 205.00                              |       | Unit cost multiplier (Wkst. B, Part II)                | 0.804820                       | 2.869999                                        | 5.218202                                               | 0.018570                        | 0.112705   |
| 206.00                              |       | NAHE adjustment amount to be allocated (per Wkst. B-2) |                                |                                                 |                                                        |                                 | 206.00     |
| 207.00                              |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)  |                                |                                                 |                                                        |                                 | 207.00     |



| COST ALLOCATION - STATISTICAL BASIS           |                                        |                                | Provider CCN: 14-0053                           | Period:<br>From 07/01/2017<br>To 06/30/2018     | Worksheet B-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |           |
|-----------------------------------------------|----------------------------------------|--------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|-----------|
| Cost Center Description                       | MEDICAL RECORDS & LIBRARY (DISCHARGES) | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS                             |                                                 | PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)             |           |
|                                               | 16.00                                  | 20.00                          | SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME) | SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) |                                                            |           |
|                                               | 16.00                                  | 20.00                          | 21.00                                           | 22.00                                           | 23.00                                                      |           |
| <b>GENERAL SERVICE COST CENTERS</b>           |                                        |                                |                                                 |                                                 |                                                            |           |
| 1.00 00100                                    | CAP REL COSTS-BLDG & FIXT              |                                |                                                 |                                                 |                                                            | 1.00      |
| 1.01 00101                                    | CAP REL COSTS - CON                    |                                |                                                 |                                                 |                                                            | 1.01      |
| 2.00 00200                                    | CAP REL COSTS-MVBLE EQUIP              |                                |                                                 |                                                 |                                                            | 2.00      |
| 4.00 00400                                    | EMPLOYEE BENEFITS DEPARTMENT           |                                |                                                 |                                                 |                                                            | 4.00      |
| 5.01 00580                                    | COMMUNICATIONS                         |                                |                                                 |                                                 |                                                            | 5.01      |
| 5.02 00540                                    | INFORMATION SYSTEMS                    |                                |                                                 |                                                 |                                                            | 5.02      |
| 5.03 00550                                    | PURCHASING/RECEIVING/STORES            |                                |                                                 |                                                 |                                                            | 5.03      |
| 5.04 00570                                    | ADMINISTRATIVE                         |                                |                                                 |                                                 |                                                            | 5.04      |
| 5.05 00560                                    | PATIENT ACCOUNTING                     |                                |                                                 |                                                 |                                                            | 5.05      |
| 5.06 00590                                    | OTHER ADMIN & GENERAL                  |                                |                                                 |                                                 |                                                            | 5.06      |
| 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     |
| 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              | 31,729                         |                                                 |                                                 |                                                            | 16.00     |
| 20.00 02000                                   | NURSING SCHOOL                         | 0                              | 17,975                                          |                                                 |                                                            | 20.00     |
| 21.00 02100                                   | I&R SERVICES-SALARY & FRINGES APPRV    | 0                              |                                                 | 121,131                                         |                                                            | 21.00     |
| 22.00 02200                                   | I&R SERVICES-OTHER PRGM COSTS APPRV    | 0                              |                                                 |                                                 | 121,131                                                    | 22.00     |
| 23.00 02300                                   | PARAMED (CLINICAL LAB SCIENCE)         | 0                              |                                                 |                                                 |                                                            | 100 23.00 |
| 23.01 02301                                   | PARAMED (RESPIRATORY THERAPY)          | 0                              |                                                 |                                                 |                                                            | 23.01     |
| 23.02 02302                                   | PARAMED (ENDT)                         | 0                              |                                                 |                                                 |                                                            | 23.02     |
| 23.03 02303                                   | PARAMED (PHARMACY)                     | 0                              |                                                 |                                                 |                                                            | 23.03     |
| 23.04 02304                                   | PARAMED (PASTORAL CARE)                | 0                              |                                                 |                                                 |                                                            | 23.04     |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                        |                                |                                                 |                                                 |                                                            |           |
| 30.00 03000                                   | ADULTS & PEDIATRICS                    | 16,051                         | 11,707                                          | 48,191                                          | 48,191                                                     | 0 30.00   |
| 31.00 03100                                   | INTENSIVE CARE UNIT                    | 2,503                          | 1,534                                           | 3,554                                           | 3,554                                                      | 0 31.00   |
| 35.00 02040                                   | HIGH RISK NEONATAL                     | 679                            | 2,456                                           | 2,852                                           | 2,852                                                      | 0 35.00   |
| 40.00 04000                                   | SUBPROVIDER - IPF                      | 278                            | 0                                               | 7,008                                           | 7,008                                                      | 0 40.00   |
| 43.00 04300                                   | NURSERY                                | 830                            | 259                                             | 2,167                                           | 2,167                                                      | 0 43.00   |
| 44.00 04400                                   | SKILLED NURSING FACILITY               | 0                              | 0                                               | 0                                               | 0                                                          | 0 44.00   |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                        |                                |                                                 |                                                 |                                                            |           |
| 50.00 05000                                   | OPERATING ROOM                         | 0                              | 0                                               | 40,072                                          | 40,072                                                     | 0 50.00   |
| 50.01 05001                                   | GASTRODIAGNOSTIC UNIT                  | 0                              | 0                                               | 0                                               | 0                                                          | 0 50.01   |
| 50.02 05002                                   | PAIN MANAGEMENT CENTER                 | 0                              | 0                                               | 0                                               | 0                                                          | 0 50.02   |
| 51.00 05100                                   | RECOVERY ROOM                          | 0                              | 0                                               | 0                                               | 0                                                          | 0 51.00   |
| 52.00 05200                                   | DELIVERY ROOM & LABOR ROOM             | 0                              | 1,200                                           | 3,471                                           | 3,471                                                      | 0 52.00   |
| 53.00 05300                                   | ANESTHESIOLOGY                         | 0                              | 0                                               | 323                                             | 323                                                        | 0 53.00   |
| 54.00 05400                                   | RADIOLOGY-DIAGNOSTIC                   | 0                              | 0                                               | 1,884                                           | 1,884                                                      | 0 54.00   |
| 55.00 05500                                   | RADIOLOGY-THERAPEUTIC                  | 0                              | 0                                               | 0                                               | 0                                                          | 0 55.00   |
| 56.00 05600                                   | RADIOISOTOPE                           | 0                              | 0                                               | 171                                             | 171                                                        | 0 56.00   |
| 57.00 05700                                   | CT SCAN                                | 0                              | 0                                               | 47                                              | 47                                                         | 0 57.00   |
| 58.00 05800                                   | MRI                                    | 0                              | 0                                               | 234                                             | 234                                                        | 0 58.00   |
| 59.00 05900                                   | CARDIAC CATHETERIZATION                | 0                              | 129                                             | 60                                              | 60                                                         | 0 59.00   |
| 60.00 06000                                   | LABORATORY                             | 0                              | 0                                               | 0                                               | 0                                                          | 100 60.00 |
| 65.00 06500                                   | RESPIRATORY THERAPY                    | 0                              | 182                                             | 8                                               | 8                                                          | 0 65.00   |
| 66.00 06600                                   | PHYSICAL THERAPY                       | 0                              | 0                                               | 0                                               | 0                                                          | 0 66.00   |
| 69.00 06900                                   | ELECTROCARDIOLOGY                      | 0                              | 48                                              | 0                                               | 0                                                          | 0 69.00   |
| 70.00 07000                                   | ELECTROENCEPHALOGRAPHY                 | 0                              | 0                                               | 12                                              | 12                                                         | 0 70.00   |
| 71.00 07100                                   | MEDICAL SUPPLIES CHARGED TO PATIENT    | 0                              | 0                                               | 0                                               | 0                                                          | 0 71.00   |
| 72.00 07200                                   | IMPL. DEV. CHARGED TO PATIENTS         | 0                              | 0                                               | 0                                               | 0                                                          | 0 72.00   |
| 73.00 07300                                   | DRUGS CHARGED TO PATIENTS              | 0                              | 0                                               | 0                                               | 0                                                          | 0 73.00   |
| 74.00 07400                                   | RENAL DIALYSIS                         | 0                              | 0                                               | 0                                               | 0                                                          | 0 74.00   |
| 76.00 03020                                   | OTHER ANCILLARY                        | 0                              | 0                                               | 0                                               | 0                                                          | 0 76.00   |
| 76.97 07697                                   | CARDIAC REHABILITATION                 | 0                              | 260                                             | 0                                               | 0                                                          | 0 76.97   |
| 76.98 07698                                   | HYPERBARI C OXYGEN THERAPY             | 0                              | 108                                             | 0                                               | 0                                                          | 0 76.98   |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                        |                                |                                                 |                                                 |                                                            |           |
| 91.00 09100                                   | EMERGENCY                              | 11,388                         | 0                                               | 11,077                                          | 11,077                                                     | 0 91.00   |
| 92.00 09200                                   | OBSERVATION BEDS (NON-DISTINCT PART)   |                                |                                                 |                                                 |                                                            | 0 92.00   |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                        |                                |                                                 |                                                 |                                                            |           |
| 101.00 10100                                  | HOME HEALTH AGENCY                     | 0                              | 92                                              | 0                                               | 0                                                          | 0 101.00  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                        |                                |                                                 |                                                 |                                                            |           |
| 113.00 11300                                  | INTEREST EXPENSE                       |                                |                                                 |                                                 |                                                            | 113.00    |
| 116.00 11600                                  | HOSPICE                                | 0                              | 0                                               |                                                 |                                                            | 0 116.00  |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                                       | MEDICAL RECORDS & LIBRARY (DISCHARGES) | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS                             |                                                 | PARAMEDICAL (CLINICAL LAB SCIENCE) (ASSIGNED TIME) |        |
|---------------------------------------------------------------|----------------------------------------|--------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------|
|                                                               |                                        |                                | SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME) | SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) |                                                    |        |
|                                                               | 16.00                                  | 20.00                          | 21.00                                           | 22.00                                           | 23.00                                              |        |
| 117.00 06950 HOME INFUSION                                    | 0                                      | 0                              | 0                                               | 0                                               | 0                                                  | 117.00 |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                 | 31,729                                 | 17,975                         | 121,131                                         | 121,131                                         | 100                                                | 118.00 |
| <b>NONREIMBURSABLE COST CENTERS</b>                           |                                        |                                |                                                 |                                                 |                                                    |        |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN              | 0                                      | 0                              | 0                                               | 0                                               | 0                                                  | 190.00 |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES                      | 0                                      | 0                              | 0                                               | 0                                               | 0                                                  | 192.00 |
| 194.00 07950 NON REIMBURSABLE-OTHER                           | 0                                      | 0                              | 0                                               | 0                                               | 0                                                  | 194.00 |
| 194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT                | 0                                      | 0                              | 0                                               | 0                                               | 0                                                  | 194.01 |
| 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)             | 7,026,271                              | 3,467,046                      | 9,334,833                                       | 13,316,627                                      | 221,830                                            | 202.00 |
| 203.00 Unit cost multiplier (Wkst. B, Part I)                 | 221.446342                             | 192.881558                     | 77.063947                                       | 109.935747                                      | 2,218.300000                                       | 203.00 |
| 204.00 Cost to be allocated (per Wkst. B, Part II)            | 629,210                                | 864,694                        | 133,632                                         | 413,580                                         | 20,100                                             | 204.00 |
| 205.00 Unit cost multiplier (Wkst. B, Part II)                | 19.830754                              | 48.105369                      | 1.103202                                        | 3.414320                                        | 201.000000                                         | 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                       |                                                 |                                                 | 0.000000                                           | 207.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description                       |       | PARAMED ED<br>(RESPIRATORY<br>THERAPY)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(ENDT)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(PHARMACY)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(PASTORAL<br>CARE)<br>(HOURS) |        |
|-----------------------------------------------|-------|--------------------------------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|--------|
|                                               |       | 23.01                                                        | 23.02                                      | 23.03                                          | 23.04                                       |        |
| <b>GENERAL SERVICE COST CENTERS</b>           |       |                                                              |                                            |                                                |                                             |        |
| 1.00                                          | 00100 |                                                              |                                            |                                                |                                             | 1.00   |
| 1.01                                          | 00101 |                                                              |                                            |                                                |                                             | 1.01   |
| 2.00                                          | 00200 |                                                              |                                            |                                                |                                             | 2.00   |
| 4.00                                          | 00400 |                                                              |                                            |                                                |                                             | 4.00   |
| 5.01                                          | 00580 |                                                              |                                            |                                                |                                             | 5.01   |
| 5.02                                          | 00540 |                                                              |                                            |                                                |                                             | 5.02   |
| 5.03                                          | 00550 |                                                              |                                            |                                                |                                             | 5.03   |
| 5.04                                          | 00570 |                                                              |                                            |                                                |                                             | 5.04   |
| 5.05                                          | 00560 |                                                              |                                            |                                                |                                             | 5.05   |
| 5.06                                          | 00590 |                                                              |                                            |                                                |                                             | 5.06   |
| 6.00                                          | 00600 |                                                              |                                            |                                                |                                             | 6.00   |
| 7.00                                          | 00700 |                                                              |                                            |                                                |                                             | 7.00   |
| 8.00                                          | 00800 |                                                              |                                            |                                                |                                             | 8.00   |
| 9.00                                          | 00900 |                                                              |                                            |                                                |                                             | 9.00   |
| 10.00                                         | 01000 |                                                              |                                            |                                                |                                             | 10.00  |
| 11.00                                         | 01100 |                                                              |                                            |                                                |                                             | 11.00  |
| 13.00                                         | 01300 |                                                              |                                            |                                                |                                             | 13.00  |
| 14.00                                         | 01400 |                                                              |                                            |                                                |                                             | 14.00  |
| 15.00                                         | 01500 |                                                              |                                            |                                                |                                             | 15.00  |
| 16.00                                         | 01600 |                                                              |                                            |                                                |                                             | 16.00  |
| 20.00                                         | 02000 |                                                              |                                            |                                                |                                             | 20.00  |
| 21.00                                         | 02100 |                                                              |                                            |                                                |                                             | 21.00  |
| 22.00                                         | 02200 |                                                              |                                            |                                                |                                             | 22.00  |
| 23.00                                         | 02300 |                                                              |                                            |                                                |                                             | 23.00  |
| 23.01                                         | 02301 | 0                                                            |                                            |                                                |                                             | 23.01  |
| 23.02                                         | 02302 |                                                              | 0                                          |                                                |                                             | 23.02  |
| 23.03                                         | 02303 |                                                              |                                            | 100                                            |                                             | 23.03  |
| 23.04                                         | 02304 |                                                              |                                            |                                                | 440                                         | 23.04  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                                              |                                            |                                                |                                             |        |
| 30.00                                         | 03000 | 0                                                            | 0                                          | 0                                              | 346                                         | 30.00  |
| 31.00                                         | 03100 | 0                                                            | 0                                          | 0                                              | 40                                          | 31.00  |
| 35.00                                         | 02040 | 0                                                            | 0                                          | 0                                              | 3                                           | 35.00  |
| 40.00                                         | 04000 | 0                                                            | 0                                          | 0                                              | 13                                          | 40.00  |
| 43.00                                         | 04300 | 0                                                            | 0                                          | 0                                              | 1                                           | 43.00  |
| 44.00                                         | 04400 | 0                                                            | 0                                          | 0                                              | 0                                           | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                                              |                                            |                                                |                                             |        |
| 50.00                                         | 05000 | 0                                                            | 0                                          | 0                                              | 15                                          | 50.00  |
| 50.01                                         | 05001 | 0                                                            | 0                                          | 0                                              | 0                                           | 50.01  |
| 50.02                                         | 05002 | 0                                                            | 0                                          | 0                                              | 0                                           | 50.02  |
| 51.00                                         | 05100 | 0                                                            | 0                                          | 0                                              | 5                                           | 51.00  |
| 52.00                                         | 05200 | 0                                                            | 0                                          | 0                                              | 6                                           | 52.00  |
| 53.00                                         | 05300 | 0                                                            | 0                                          | 0                                              | 0                                           | 53.00  |
| 54.00                                         | 05400 | 0                                                            | 0                                          | 0                                              | 0                                           | 54.00  |
| 55.00                                         | 05500 | 0                                                            | 0                                          | 0                                              | 0                                           | 55.00  |
| 56.00                                         | 05600 | 0                                                            | 0                                          | 0                                              | 0                                           | 56.00  |
| 57.00                                         | 05700 | 0                                                            | 0                                          | 0                                              | 0                                           | 57.00  |
| 58.00                                         | 05800 | 0                                                            | 0                                          | 0                                              | 0                                           | 58.00  |
| 59.00                                         | 05900 | 0                                                            | 0                                          | 0                                              | 3                                           | 59.00  |
| 60.00                                         | 06000 | 0                                                            | 0                                          | 0                                              | 0                                           | 60.00  |
| 65.00                                         | 06500 | 0                                                            | 0                                          | 0                                              | 0                                           | 65.00  |
| 66.00                                         | 06600 | 0                                                            | 0                                          | 0                                              | 0                                           | 66.00  |
| 69.00                                         | 06900 | 0                                                            | 0                                          | 0                                              | 0                                           | 69.00  |
| 70.00                                         | 07000 | 0                                                            | 0                                          | 0                                              | 0                                           | 70.00  |
| 71.00                                         | 07100 | 0                                                            | 0                                          | 0                                              | 0                                           | 71.00  |
| 72.00                                         | 07200 | 0                                                            | 0                                          | 0                                              | 0                                           | 72.00  |
| 73.00                                         | 07300 | 0                                                            | 0                                          | 100                                            | 0                                           | 73.00  |
| 74.00                                         | 07400 | 0                                                            | 0                                          | 0                                              | 0                                           | 74.00  |
| 76.00                                         | 03020 | 0                                                            | 0                                          | 0                                              | 1                                           | 76.00  |
| 76.97                                         | 07697 | 0                                                            | 0                                          | 0                                              | 0                                           | 76.97  |
| 76.98                                         | 07698 | 0                                                            | 0                                          | 0                                              | 0                                           | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                                              |                                            |                                                |                                             |        |
| 91.00                                         | 09100 | 0                                                            | 0                                          | 0                                              | 7                                           | 91.00  |
| 92.00                                         | 09200 | 0                                                            | 0                                          | 0                                              | 0                                           | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                                              |                                            |                                                |                                             |        |
| 101.00                                        | 10100 | 0                                                            | 0                                          | 0                                              | 0                                           | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                                              |                                            |                                                |                                             |        |
| 113.00                                        | 11300 |                                                              |                                            |                                                |                                             | 113.00 |
| 116.00                                        | 11600 | 0                                                            | 0                                          | 0                                              | 0                                           | 116.00 |
| 117.00                                        | 06950 | 0                                                            | 0                                          | 0                                              | 0                                           | 117.00 |
| 118.00                                        |       | 0                                                            | 0                                          | 100                                            | 440                                         | 118.00 |

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description             |       | PARAMED ED<br>(RESPIRATORY<br>THERAPY)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(ENDT)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(PHARMACY)<br>(ASSIGNED<br>TIME) | PARAMED ED<br>(PASTORAL<br>CARE)<br>(HOURS) |            |        |
|-------------------------------------|-------|--------------------------------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|------------|--------|
|                                     |       | 23.01                                                        | 23.02                                      | 23.03                                          | 23.04                                       |            |        |
| <b>NONREIMBURSABLE COST CENTERS</b> |       |                                                              |                                            |                                                |                                             |            |        |
| 190.00                              | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN                          | 0                                          | 0                                              | 0                                           | 0          | 190.00 |
| 192.00                              | 19200 | PHYSICIANS' PRIVATE OFFICES                                  | 0                                          | 0                                              | 0                                           | 0          | 192.00 |
| 194.00                              | 07950 | NON REIMBURSABLE-OTHER                                       | 0                                          | 0                                              | 0                                           | 0          | 194.00 |
| 194.01                              | 07951 | NON REIMBURSABLE-FUND DEVELOPMENT                            | 0                                          | 0                                              | 0                                           | 0          | 194.01 |
| 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                                              | 460,299                                     | 151,832    | 202.00 |
| 203.00                              |       | Unit cost multiplier (Wkst. B, Part I)                       | 0.000000                                   | 0.000000                                       | 4,602.990000                                | 345.072727 | 203.00 |
| 204.00                              |       | Cost to be allocated (per Wkst. B, Part II)                  | 0                                          | 0                                              | 5,162                                       | 12,591     | 204.00 |
| 205.00                              |       | Unit cost multiplier (Wkst. B, Part II)                      | 0.000000                                   | 0.000000                                       | 51.620000                                   | 28.615909  | 205.00 |
| 206.00                              |       | NAHE adjustment amount to be allocated (per Wkst. B-2)       | 0                                          | 0                                              | 0                                           | 0          | 206.00 |
| 207.00                              |       | NAHE unit cost multiplier (Wkst. D, Parts III and IV)        | 0.000000                                   | 0.000000                                       | 0.000000                                    | 0.000000   | 207.00 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                               |                                                     | Title XVIII           |             | Hospital            |             | PPS    |  |
|-----------------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|--|
| Cost Center Description                       | Total Cost<br>(from Wkst.<br>B, Part I,<br>col. 26) | Therapy Limit<br>Adj. | Costs       |                     |             |        |  |
|                                               |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |        |  |
|                                               | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                                     |                       |             |                     |             |        |  |
| 30.00                                         | 03000 ADULTS & PEDIATRICS                           | 63,115,209            | 63,115,209  | 59,856              | 63,175,065  | 30.00  |  |
| 31.00                                         | 03100 INTENSIVE CARE UNIT                           | 18,430,286            | 18,430,286  | 0                   | 18,430,286  | 31.00  |  |
| 35.00                                         | 02040 HIGH RISK NEONATAL                            | 15,120,687            | 15,120,687  | 37,301              | 15,157,988  | 35.00  |  |
| 40.00                                         | 04000 SUBPROVIDER - IPF                             | 3,283,880             | 3,283,880   | 0                   | 3,283,880   | 40.00  |  |
| 43.00                                         | 04300 NURSERY                                       | 2,068,395             | 2,068,395   | 0                   | 2,068,395   | 43.00  |  |
| 44.00                                         | 04400 SKILLED NURSING FACILITY                      | 0                     | 0           | 0                   | 0           | 44.00  |  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                                     |                       |             |                     |             |        |  |
| 50.00                                         | 05000 OPERATING ROOM                                | 32,724,311            | 32,724,311  | 0                   | 32,724,311  | 50.00  |  |
| 50.01                                         | 05001 GASTRODIAGNOSTIC UNIT                         | 2,520,199             | 2,520,199   | 0                   | 2,520,199   | 50.01  |  |
| 50.02                                         | 05002 PAIN MANAGEMENT CENTER                        | 0                     | 0           | 0                   | 0           | 50.02  |  |
| 51.00                                         | 05100 RECOVERY ROOM                                 | 4,725,447             | 4,725,447   | 0                   | 4,725,447   | 51.00  |  |
| 52.00                                         | 05200 DELIVERY ROOM & LABOR ROOM                    | 8,832,344             | 8,832,344   | 0                   | 8,832,344   | 52.00  |  |
| 53.00                                         | 05300 ANESTHESIOLOGY                                | 5,510,089             | 5,510,089   | 206,760             | 5,716,849   | 53.00  |  |
| 54.00                                         | 05400 RADIOLOGY-DIAGNOSTIC                          | 9,441,137             | 9,441,137   | 0                   | 9,441,137   | 54.00  |  |
| 55.00                                         | 05500 RADIOLOGY-THERAPEUTIC                         | 1,637,549             | 1,637,549   | 0                   | 1,637,549   | 55.00  |  |
| 56.00                                         | 05600 RADIOISOTOPE                                  | 2,538,823             | 2,538,823   | 0                   | 2,538,823   | 56.00  |  |
| 57.00                                         | 05700 CT SCAN                                       | 2,653,944             | 2,653,944   | 0                   | 2,653,944   | 57.00  |  |
| 58.00                                         | 05800 MRI                                           | 1,584,327             | 1,584,327   | 0                   | 1,584,327   | 58.00  |  |
| 59.00                                         | 05900 CARDIAC CATHETERIZATION                       | 16,666,225            | 16,666,225  | 0                   | 16,666,225  | 59.00  |  |
| 60.00                                         | 06000 LABORATORY                                    | 20,142,680            | 20,142,680  | 0                   | 20,142,680  | 60.00  |  |
| 65.00                                         | 06500 RESPIRATORY THERAPY                           | 7,197,143             | 7,197,143   | 0                   | 7,197,143   | 65.00  |  |
| 66.00                                         | 06600 PHYSICAL THERAPY                              | 9,842,203             | 9,842,203   | 0                   | 9,842,203   | 66.00  |  |
| 69.00                                         | 06900 ELECTROCARDIOLOGY                             | 7,375,878             | 7,375,878   | 243,087             | 7,618,965   | 69.00  |  |
| 70.00                                         | 07000 ELECTROENCEPHALOGRAPHY                        | 1,937,215             | 1,937,215   | 4,170               | 1,941,385   | 70.00  |  |
| 71.00                                         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT           | 31,753,681            | 31,753,681  | 0                   | 31,753,681  | 71.00  |  |
| 72.00                                         | 07200 IMPL. DEV. CHARGED TO PATIENTS                | 42,831,622            | 42,831,622  | 0                   | 42,831,622  | 72.00  |  |
| 73.00                                         | 07300 DRUGS CHARGED TO PATIENTS                     | 22,715,304            | 22,715,304  | 0                   | 22,715,304  | 73.00  |  |
| 74.00                                         | 07400 RENAL DIALYSIS                                | 1,224,539             | 1,224,539   | 0                   | 1,224,539   | 74.00  |  |
| 76.00                                         | 03020 OTHER ANCILLARY                               | 4,179,948             | 4,179,948   | 0                   | 4,179,948   | 76.00  |  |
| 76.97                                         | 07697 CARDIAC REHABILITATION                        | 1,527,028             | 1,527,028   | 0                   | 1,527,028   | 76.97  |  |
| 76.98                                         | 07698 HYPERBARIC OXYGEN THERAPY                     | 1,519,355             | 1,519,355   | 0                   | 1,519,355   | 76.98  |  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                                     |                       |             |                     |             |        |  |
| 91.00                                         | 09100 EMERGENCY                                     | 16,373,701            | 16,373,701  | 44,270              | 16,417,971  | 91.00  |  |
| 92.00                                         | 09200 OBSERVATION BEDS (NON-DISTINCT PART)          | 2,233,834             | 2,233,834   | 0                   | 2,233,834   | 92.00  |  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                                     |                       |             |                     |             |        |  |
| 101.00                                        | 10100 HOME HEALTH AGENCY                            | 7,736,287             | 7,736,287   | 0                   | 7,736,287   | 101.00 |  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                                     |                       |             |                     |             |        |  |
| 113.00                                        | 11300 INTEREST EXPENSE                              |                       |             |                     |             | 113.00 |  |
| 116.00                                        | 11600 HOSPICE                                       | 1,632,427             | 1,632,427   | 0                   | 1,632,427   | 116.00 |  |
| 117.00                                        | 06950 HOME INFUSION                                 | 6,539,371             | 6,539,371   | 0                   | 6,539,371   | 117.00 |  |
| 200.00                                        | Subtotal (see instructions)                         | 377,615,068           | 377,615,068 | 595,444             | 378,210,512 | 200.00 |  |
| 201.00                                        | Less Observation Beds                               | 2,233,834             | 2,233,834   | 0                   | 2,233,834   | 201.00 |  |
| 202.00                                        | Total (see instructions)                            | 375,381,234           | 375,381,234 | 595,444             | 375,976,678 | 202.00 |  |

| COMPUTATION OF RATIO OF COSTS TO CHARGES |       |                                      | Provider CCN: 14-0053 |             | Period: From 07/01/2017 To 06/30/2018 |                     | Worksheet C Part I Date/Time Prepared: 11/20/2018 3:53 pm |     |        |
|------------------------------------------|-------|--------------------------------------|-----------------------|-------------|---------------------------------------|---------------------|-----------------------------------------------------------|-----|--------|
|                                          |       |                                      | Title XVIII           |             |                                       | Hospital            |                                                           | PPS |        |
| Cost Center Description                  |       |                                      | Charges               |             |                                       | Cost or Other Ratio | TEFRA Inpatient Ratio                                     |     |        |
|                                          |       |                                      | Inpatient             | Outpatient  | Total (col. 6 + col. 7)               |                     |                                                           |     |        |
|                                          |       |                                      | 6.00                  | 7.00        | 8.00                                  | 9.00                | 10.00                                                     |     |        |
| INPATIENT ROUTINE SERVICE COST CENTERS   |       |                                      |                       |             |                                       |                     |                                                           |     |        |
| 30.00                                    | 03000 | ADULTS & PEDIATRICS                  | 104,596,584           |             | 104,596,584                           |                     |                                                           |     | 30.00  |
| 31.00                                    | 03100 | INTENSIVE CARE UNIT                  | 38,426,240            |             | 38,426,240                            |                     |                                                           |     | 31.00  |
| 35.00                                    | 02040 | HIGH RISK NEONATAL                   | 50,002,106            |             | 50,002,106                            |                     |                                                           |     | 35.00  |
| 40.00                                    | 04000 | SUBPROVIDER - IPF                    | 4,843,403             |             | 4,843,403                             |                     |                                                           |     | 40.00  |
| 43.00                                    | 04300 | NURSERY                              | 4,381,106             |             | 4,381,106                             |                     |                                                           |     | 43.00  |
| 44.00                                    | 04400 | SKILLED NURSING FACILITY             | 0                     |             | 0                                     |                     |                                                           |     | 44.00  |
| ANCILLARY SERVICE COST CENTERS           |       |                                      |                       |             |                                       |                     |                                                           |     |        |
| 50.00                                    | 05000 | OPERATING ROOM                       | 93,340,278            | 96,298,787  | 189,639,065                           | 0.172561            | 0.000000                                                  |     | 50.00  |
| 50.01                                    | 05001 | GASTRODIAGNOSTIC UNIT                | 7,099,630             | 16,242,543  | 23,342,173                            | 0.107968            | 0.000000                                                  |     | 50.01  |
| 50.02                                    | 05002 | PAIN MANAGEMENT CENTER               | 0                     | 0           | 0                                     | 0.000000            | 0.000000                                                  |     | 50.02  |
| 51.00                                    | 05100 | RECOVERY ROOM                        | 6,069,705             | 12,518,565  | 18,588,270                            | 0.254217            | 0.000000                                                  |     | 51.00  |
| 52.00                                    | 05200 | DELIVERY ROOM & LABOR ROOM           | 19,574,399            | 705,453     | 20,279,852                            | 0.435523            | 0.000000                                                  |     | 52.00  |
| 53.00                                    | 05300 | ANESTHESIOLOGY                       | 21,034,478            | 24,106,330  | 45,140,808                            | 0.122064            | 0.000000                                                  |     | 53.00  |
| 54.00                                    | 05400 | RADIOLOGY-DIAGNOSTIC                 | 24,891,355            | 51,283,672  | 76,175,027                            | 0.123940            | 0.000000                                                  |     | 54.00  |
| 55.00                                    | 05500 | RADIOLOGY-THERAPEUTIC                | 997,572               | 7,089,530   | 8,087,102                             | 0.202489            | 0.000000                                                  |     | 55.00  |
| 56.00                                    | 05600 | RADIOISOTOPE                         | 3,428,284             | 18,805,977  | 22,234,261                            | 0.114185            | 0.000000                                                  |     | 56.00  |
| 57.00                                    | 05700 | CT SCAN                              | 44,327,311            | 66,299,353  | 110,626,664                           | 0.023990            | 0.000000                                                  |     | 57.00  |
| 58.00                                    | 05800 | MRI                                  | 6,927,152             | 8,199,737   | 15,126,889                            | 0.104736            | 0.000000                                                  |     | 58.00  |
| 59.00                                    | 05900 | CARDIAC CATHETERIZATION              | 83,570,572            | 160,833,849 | 244,404,421                           | 0.068191            | 0.000000                                                  |     | 59.00  |
| 60.00                                    | 06000 | LABORATORY                           | 76,013,803            | 48,922,430  | 124,936,233                           | 0.161224            | 0.000000                                                  |     | 60.00  |
| 65.00                                    | 06500 | RESPIRATORY THERAPY                  | 43,095,188            | 2,626,324   | 45,721,512                            | 0.157413            | 0.000000                                                  |     | 65.00  |
| 66.00                                    | 06600 | PHYSICAL THERAPY                     | 14,557,687            | 18,459,357  | 33,017,044                            | 0.298095            | 0.000000                                                  |     | 66.00  |
| 69.00                                    | 06900 | ELECTROCARDIOLOGY                    | 36,404,700            | 51,074,508  | 87,479,208                            | 0.084316            | 0.000000                                                  |     | 69.00  |
| 70.00                                    | 07000 | ELECTROENCEPHALOGRAPHY               | 6,609,172             | 8,319,303   | 14,928,475                            | 0.129766            | 0.000000                                                  |     | 70.00  |
| 71.00                                    | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT  | 51,747,322            | 44,109,325  | 95,856,647                            | 0.331262            | 0.000000                                                  |     | 71.00  |
| 72.00                                    | 07200 | IMPL. DEV. CHARGED TO PATIENTS       | 68,185,952            | 49,111,190  | 117,297,142                           | 0.365155            | 0.000000                                                  |     | 72.00  |
| 73.00                                    | 07300 | DRUGS CHARGED TO PATIENTS            | 97,110,503            | 49,321,503  | 146,432,006                           | 0.155125            | 0.000000                                                  |     | 73.00  |
| 74.00                                    | 07400 | RENAL DIALYSIS                       | 3,507,891             | 0           | 3,507,891                             | 0.349081            | 0.000000                                                  |     | 74.00  |
| 76.00                                    | 03020 | OTHER ANCILLARY                      | 802,723               | 9,896,358   | 10,699,081                            | 0.390683            | 0.000000                                                  |     | 76.00  |
| 76.97                                    | 07697 | CARDIAC REHABILITATION               | 1,123,597             | 1,764,020   | 2,887,617                             | 0.528819            | 0.000000                                                  |     | 76.97  |
| 76.98                                    | 07698 | HYPERBARIC OXYGEN THERAPY            | 22,678                | 4,910,836   | 4,933,514                             | 0.307966            | 0.000000                                                  |     | 76.98  |
| OUTPATIENT SERVICE COST CENTERS          |       |                                      |                       |             |                                       |                     |                                                           |     |        |
| 91.00                                    | 09100 | EMERGENCY                            | 27,489,708            | 64,342,905  | 91,832,613                            | 0.178299            | 0.000000                                                  |     | 91.00  |
| 92.00                                    | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | 1,203,400             | 4,284,737   | 5,488,137                             | 0.407030            | 0.000000                                                  |     | 92.00  |
| OTHER REIMBURSABLE COST CENTERS          |       |                                      |                       |             |                                       |                     |                                                           |     |        |
| 101.00                                   | 10100 | HOME HEALTH AGENCY                   | 0                     | 5,371,000   | 5,371,000                             |                     |                                                           |     | 101.00 |
| SPECIAL PURPOSE COST CENTERS             |       |                                      |                       |             |                                       |                     |                                                           |     |        |
| 113.00                                   | 11300 | INTEREST EXPENSE                     |                       |             |                                       |                     |                                                           |     | 113.00 |
| 116.00                                   | 11600 | HOSPICE                              | 0                     | 2,213,554   | 2,213,554                             |                     |                                                           |     | 116.00 |
| 117.00                                   | 06950 | HOME INFUSION                        | 0                     | 4,994,386   | 4,994,386                             |                     |                                                           |     | 117.00 |
| 200.00                                   |       | Subtotal (see instructions)          | 941,384,499           | 832,105,532 | 1,773,490,031                         |                     |                                                           |     | 200.00 |
| 201.00                                   |       | Less Observation Beds                |                       |             |                                       |                     |                                                           |     | 201.00 |
| 202.00                                   |       | Total (see instructions)             | 941,384,499           | 832,105,532 | 1,773,490,031                         |                     |                                                           |     | 202.00 |

| COMPUTATION OF RATIO OF COSTS TO CHARGES      |       |                                     | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------|-------|-------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| Cost Center Description                       |       |                                     | PPS Inpatient Ratio   | Title XVIII                                 | Hospital PPS                                                       |
|                                               |       |                                     | 11.00                 |                                             |                                                                    |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |       |                                     |                       |                                             |                                                                    |
| 30.00                                         | 03000 | ADULTS & PEDIATRICS                 |                       |                                             | 30.00                                                              |
| 31.00                                         | 03100 | INTENSIVE CARE UNIT                 |                       |                                             | 31.00                                                              |
| 35.00                                         | 02040 | HIGH RISK NEONATAL                  |                       |                                             | 35.00                                                              |
| 40.00                                         | 04000 | SUBPROVIDER - IPF                   |                       |                                             | 40.00                                                              |
| 43.00                                         | 04300 | NURSERY                             |                       |                                             | 43.00                                                              |
| 44.00                                         | 04400 | SKILLED NURSING FACILITY            |                       |                                             | 44.00                                                              |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |       |                                     |                       |                                             |                                                                    |
| 50.00                                         | 05000 | OPERATING ROOM                      | 0.172561              |                                             | 50.00                                                              |
| 50.01                                         | 05001 | GASTRODIAGNOSTIC UNIT               | 0.107968              |                                             | 50.01                                                              |
| 50.02                                         | 05002 | PAIN MANAGEMENT CENTER              | 0.000000              |                                             | 50.02                                                              |
| 51.00                                         | 05100 | RECOVERY ROOM                       | 0.254217              |                                             | 51.00                                                              |
| 52.00                                         | 05200 | DELIVERY ROOM & LABOR ROOM          | 0.435523              |                                             | 52.00                                                              |
| 53.00                                         | 05300 | ANESTHESIOLOGY                      | 0.126645              |                                             | 53.00                                                              |
| 54.00                                         | 05400 | RADIOLOGY-DIAGNOSTIC                | 0.123940              |                                             | 54.00                                                              |
| 55.00                                         | 05500 | RADIOLOGY-THERAPEUTIC               | 0.202489              |                                             | 55.00                                                              |
| 56.00                                         | 05600 | RADIOISOTOPE                        | 0.114185              |                                             | 56.00                                                              |
| 57.00                                         | 05700 | CT SCAN                             | 0.023990              |                                             | 57.00                                                              |
| 58.00                                         | 05800 | MRI                                 | 0.104736              |                                             | 58.00                                                              |
| 59.00                                         | 05900 | CARDIAC CATHETERIZATION             | 0.068191              |                                             | 59.00                                                              |
| 60.00                                         | 06000 | LABORATORY                          | 0.161224              |                                             | 60.00                                                              |
| 65.00                                         | 06500 | RESPIRATORY THERAPY                 | 0.157413              |                                             | 65.00                                                              |
| 66.00                                         | 06600 | PHYSICAL THERAPY                    | 0.298095              |                                             | 66.00                                                              |
| 69.00                                         | 06900 | ELECTROCARDIOLOGY                   | 0.087095              |                                             | 69.00                                                              |
| 70.00                                         | 07000 | ELECTROENCEPHALOGRAPHY              | 0.130046              |                                             | 70.00                                                              |
| 71.00                                         | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0.331262              |                                             | 71.00                                                              |
| 72.00                                         | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0.365155              |                                             | 72.00                                                              |
| 73.00                                         | 07300 | DRUGS CHARGED TO PATIENTS           | 0.155125              |                                             | 73.00                                                              |
| 74.00                                         | 07400 | RENAL DIALYSIS                      | 0.349081              |                                             | 74.00                                                              |
| 76.00                                         | 03020 | OTHER ANCILLARY                     | 0.390683              |                                             | 76.00                                                              |
| 76.97                                         | 07697 | CARDIAC REHABILITATION              | 0.528819              |                                             | 76.97                                                              |
| 76.98                                         | 07698 | HYPERBARIC OXYGEN THERAPY           | 0.307966              |                                             | 76.98                                                              |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |       |                                     |                       |                                             |                                                                    |
| 91.00                                         | 09100 | EMERGENCY                           | 0.178781              |                                             | 91.00                                                              |
| 92.00                                         | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0.407030              |                                             | 92.00                                                              |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |       |                                     |                       |                                             |                                                                    |
| 101.00                                        | 10100 | HOME HEALTH AGENCY                  |                       |                                             | 101.00                                                             |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |       |                                     |                       |                                             |                                                                    |
| 113.00                                        | 11300 | INTEREST EXPENSE                    |                       |                                             | 113.00                                                             |
| 116.00                                        | 11600 | HOSPICE                             |                       |                                             | 116.00                                                             |
| 117.00                                        | 06950 | HOME INFUSION                       |                       |                                             | 117.00                                                             |
| 200.00                                        |       | Subtotal (see instructions)         |                       |                                             | 200.00                                                             |
| 201.00                                        |       | Less Observation Beds               |                       |                                             | 201.00                                                             |
| 202.00                                        |       | Total (see instructions)            |                       |                                             | 202.00                                                             |

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                               |                                                     | Title XIX             |             | Hospital            |             | Cost   |
|-----------------------------------------------|-----------------------------------------------------|-----------------------|-------------|---------------------|-------------|--------|
| Cost Center Description                       | Total Cost<br>(from Wkst.<br>B, Part I,<br>col. 26) | Therapy Limit<br>Adj. | Costs       |                     |             |        |
|                                               |                                                     |                       | Total Costs | RCE<br>Disallowance | Total Costs |        |
|                                               | 1.00                                                | 2.00                  | 3.00        | 4.00                | 5.00        |        |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                                     |                       |             |                     |             |        |
| 30.00                                         | 03000 ADULTS & PEDIATRICS                           | 63,115,209            | 63,115,209  | 59,856              | 63,175,065  | 30.00  |
| 31.00                                         | 03100 INTENSIVE CARE UNIT                           | 18,430,286            | 18,430,286  | 0                   | 18,430,286  | 31.00  |
| 35.00                                         | 02040 HIGH RISK NEONATAL                            | 15,120,687            | 15,120,687  | 37,301              | 15,157,988  | 35.00  |
| 40.00                                         | 04000 SUBPROVIDER - IPF                             | 3,283,880             | 3,283,880   | 0                   | 3,283,880   | 40.00  |
| 43.00                                         | 04300 NURSERY                                       | 2,068,395             | 2,068,395   | 0                   | 2,068,395   | 43.00  |
| 44.00                                         | 04400 SKILLED NURSING FACILITY                      | 0                     | 0           | 0                   | 0           | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                                     |                       |             |                     |             |        |
| 50.00                                         | 05000 OPERATING ROOM                                | 32,724,311            | 32,724,311  | 0                   | 32,724,311  | 50.00  |
| 50.01                                         | 05001 GASTRODIAGNOSTIC UNIT                         | 2,520,199             | 2,520,199   | 0                   | 2,520,199   | 50.01  |
| 50.02                                         | 05002 PAIN MANAGEMENT CENTER                        | 0                     | 0           | 0                   | 0           | 50.02  |
| 51.00                                         | 05100 RECOVERY ROOM                                 | 4,725,447             | 4,725,447   | 0                   | 4,725,447   | 51.00  |
| 52.00                                         | 05200 DELIVERY ROOM & LABOR ROOM                    | 8,832,344             | 8,832,344   | 0                   | 8,832,344   | 52.00  |
| 53.00                                         | 05300 ANESTHESIOLOGY                                | 5,510,089             | 5,510,089   | 206,760             | 5,716,849   | 53.00  |
| 54.00                                         | 05400 RADIOLOGY-DIAGNOSTIC                          | 9,441,137             | 9,441,137   | 0                   | 9,441,137   | 54.00  |
| 55.00                                         | 05500 RADIOLOGY-THERAPEUTIC                         | 1,637,549             | 1,637,549   | 0                   | 1,637,549   | 55.00  |
| 56.00                                         | 05600 RADIOISOTOPE                                  | 2,538,823             | 2,538,823   | 0                   | 2,538,823   | 56.00  |
| 57.00                                         | 05700 CT SCAN                                       | 2,653,944             | 2,653,944   | 0                   | 2,653,944   | 57.00  |
| 58.00                                         | 05800 MRI                                           | 1,584,327             | 1,584,327   | 0                   | 1,584,327   | 58.00  |
| 59.00                                         | 05900 CARDIAC CATHETERIZATION                       | 16,666,225            | 16,666,225  | 0                   | 16,666,225  | 59.00  |
| 60.00                                         | 06000 LABORATORY                                    | 20,142,680            | 20,142,680  | 0                   | 20,142,680  | 60.00  |
| 65.00                                         | 06500 RESPIRATORY THERAPY                           | 7,197,143             | 7,197,143   | 0                   | 7,197,143   | 65.00  |
| 66.00                                         | 06600 PHYSICAL THERAPY                              | 9,842,203             | 9,842,203   | 0                   | 9,842,203   | 66.00  |
| 69.00                                         | 06900 ELECTROCARDIOLOGY                             | 7,375,878             | 7,375,878   | 243,087             | 7,618,965   | 69.00  |
| 70.00                                         | 07000 ELECTROENCEPHALOGRAPHY                        | 1,937,215             | 1,937,215   | 4,170               | 1,941,385   | 70.00  |
| 71.00                                         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT           | 31,753,681            | 31,753,681  | 0                   | 31,753,681  | 71.00  |
| 72.00                                         | 07200 IMPL. DEV. CHARGED TO PATIENTS                | 42,831,622            | 42,831,622  | 0                   | 42,831,622  | 72.00  |
| 73.00                                         | 07300 DRUGS CHARGED TO PATIENTS                     | 22,715,304            | 22,715,304  | 0                   | 22,715,304  | 73.00  |
| 74.00                                         | 07400 RENAL DIALYSIS                                | 1,224,539             | 1,224,539   | 0                   | 1,224,539   | 74.00  |
| 76.00                                         | 03020 OTHER ANCILLARY                               | 4,179,948             | 4,179,948   | 0                   | 4,179,948   | 76.00  |
| 76.97                                         | 07697 CARDIAC REHABILITATION                        | 1,527,028             | 1,527,028   | 0                   | 1,527,028   | 76.97  |
| 76.98                                         | 07698 HYPERBARIC OXYGEN THERAPY                     | 1,519,355             | 1,519,355   | 0                   | 1,519,355   | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                                     |                       |             |                     |             |        |
| 91.00                                         | 09100 EMERGENCY                                     | 16,373,701            | 16,373,701  | 44,270              | 16,417,971  | 91.00  |
| 92.00                                         | 09200 OBSERVATION BEDS (NON-DISTINCT PART)          | 2,233,834             | 2,233,834   | 0                   | 2,233,834   | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                                     |                       |             |                     |             |        |
| 101.00                                        | 10100 HOME HEALTH AGENCY                            | 7,736,287             | 7,736,287   | 0                   | 7,736,287   | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                                     |                       |             |                     |             |        |
| 113.00                                        | 11300 INTEREST EXPENSE                              |                       |             |                     |             | 113.00 |
| 116.00                                        | 11600 HOSPICE                                       | 1,632,427             | 1,632,427   | 0                   | 1,632,427   | 116.00 |
| 117.00                                        | 06950 HOME INFUSION                                 | 6,539,371             | 6,539,371   | 0                   | 6,539,371   | 117.00 |
| 200.00                                        | Subtotal (see instructions)                         | 377,615,068           | 377,615,068 | 595,444             | 378,210,512 | 200.00 |
| 201.00                                        | Less Observation Beds                               | 2,233,834             | 2,233,834   | 0                   | 2,233,834   | 201.00 |
| 202.00                                        | Total (see instructions)                            | 375,381,234           | 375,381,234 | 595,444             | 375,976,678 | 202.00 |



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                               |           | Title XIX                            |                         |                     | Hospital              | Cost     |        |
|-----------------------------------------------|-----------|--------------------------------------|-------------------------|---------------------|-----------------------|----------|--------|
| Cost Center Description                       | Charges   |                                      |                         | Cost or Other Ratio | TEFRA Inpatient Ratio |          |        |
|                                               | Inpatient | Outpatient                           | Total (col. 6 + col. 7) |                     |                       |          |        |
|                                               | 6.00      | 7.00                                 | 8.00                    |                     |                       |          | 9.00   |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |           |                                      |                         |                     |                       |          |        |
| 30.00                                         | 03000     | ADULTS & PEDIATRICS                  | 104,596,584             |                     | 104,596,584           |          | 30.00  |
| 31.00                                         | 03100     | INTENSIVE CARE UNIT                  | 38,426,240              |                     | 38,426,240            |          | 31.00  |
| 35.00                                         | 02040     | HIGH RISK NEONATAL                   | 50,002,106              |                     | 50,002,106            |          | 35.00  |
| 40.00                                         | 04000     | SUBPROVIDER - IPF                    | 4,843,403               |                     | 4,843,403             |          | 40.00  |
| 43.00                                         | 04300     | NURSERY                              | 4,381,106               |                     | 4,381,106             |          | 43.00  |
| 44.00                                         | 04400     | SKILLED NURSING FACILITY             | 0                       |                     | 0                     |          | 44.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |           |                                      |                         |                     |                       |          |        |
| 50.00                                         | 05000     | OPERATING ROOM                       | 93,340,278              | 96,298,787          | 189,639,065           | 0.172561 | 50.00  |
| 50.01                                         | 05001     | GASTRODIAGNOSTIC UNIT                | 7,099,630               | 16,242,543          | 23,342,173            | 0.107968 | 50.01  |
| 50.02                                         | 05002     | PAIN MANAGEMENT CENTER               | 0                       | 0                   | 0                     | 0.000000 | 50.02  |
| 51.00                                         | 05100     | RECOVERY ROOM                        | 6,069,705               | 12,518,565          | 18,588,270            | 0.254217 | 51.00  |
| 52.00                                         | 05200     | DELIVERY ROOM & LABOR ROOM           | 19,574,399              | 705,453             | 20,279,852            | 0.435523 | 52.00  |
| 53.00                                         | 05300     | ANESTHESIOLOGY                       | 21,034,478              | 24,106,330          | 45,140,808            | 0.122064 | 53.00  |
| 54.00                                         | 05400     | RADIOLOGY-DIAGNOSTIC                 | 24,891,355              | 51,283,672          | 76,175,027            | 0.123940 | 54.00  |
| 55.00                                         | 05500     | RADIOLOGY-THERAPEUTIC                | 997,572                 | 7,089,530           | 8,087,102             | 0.202489 | 55.00  |
| 56.00                                         | 05600     | RADIOISOTOPE                         | 3,428,284               | 18,805,977          | 22,234,261            | 0.114185 | 56.00  |
| 57.00                                         | 05700     | CT SCAN                              | 44,327,311              | 66,299,353          | 110,626,664           | 0.023990 | 57.00  |
| 58.00                                         | 05800     | MRI                                  | 6,927,152               | 8,199,737           | 15,126,889            | 0.104736 | 58.00  |
| 59.00                                         | 05900     | CARDIAC CATHETERIZATION              | 83,570,572              | 160,833,849         | 244,404,421           | 0.068191 | 59.00  |
| 60.00                                         | 06000     | LABORATORY                           | 76,013,803              | 48,922,430          | 124,936,233           | 0.161224 | 60.00  |
| 65.00                                         | 06500     | RESPIRATORY THERAPY                  | 43,095,188              | 2,626,324           | 45,721,512            | 0.157413 | 65.00  |
| 66.00                                         | 06600     | PHYSICAL THERAPY                     | 14,557,687              | 18,459,357          | 33,017,044            | 0.298095 | 66.00  |
| 69.00                                         | 06900     | ELECTROCARDIOLOGY                    | 36,404,700              | 51,074,508          | 87,479,208            | 0.084316 | 69.00  |
| 70.00                                         | 07000     | ELECTROENCEPHALOGRAPHY               | 6,609,172               | 8,319,303           | 14,928,475            | 0.129766 | 70.00  |
| 71.00                                         | 07100     | MEDICAL SUPPLIES CHARGED TO PATIENT  | 51,747,322              | 44,109,325          | 95,856,647            | 0.331262 | 71.00  |
| 72.00                                         | 07200     | IMPL. DEV. CHARGED TO PATIENTS       | 68,185,952              | 49,111,190          | 117,297,142           | 0.365155 | 72.00  |
| 73.00                                         | 07300     | DRUGS CHARGED TO PATIENTS            | 97,110,503              | 49,321,503          | 146,432,006           | 0.155125 | 73.00  |
| 74.00                                         | 07400     | RENAL DIALYSIS                       | 3,507,891               | 0                   | 3,507,891             | 0.349081 | 74.00  |
| 76.00                                         | 03020     | OTHER ANCILLARY                      | 802,723                 | 9,896,358           | 10,699,081            | 0.390683 | 76.00  |
| 76.97                                         | 07697     | CARDIAC REHABILITATION               | 1,123,597               | 1,764,020           | 2,887,617             | 0.528819 | 76.97  |
| 76.98                                         | 07698     | HYPERBARIC OXYGEN THERAPY            | 22,678                  | 4,910,836           | 4,933,514             | 0.307966 | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |           |                                      |                         |                     |                       |          |        |
| 91.00                                         | 09100     | EMERGENCY                            | 27,489,708              | 64,342,905          | 91,832,613            | 0.178299 | 91.00  |
| 92.00                                         | 09200     | OBSERVATION BEDS (NON-DISTINCT PART) | 1,203,400               | 4,284,737           | 5,488,137             | 0.407030 | 92.00  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |           |                                      |                         |                     |                       |          |        |
| 101.00                                        | 10100     | HOME HEALTH AGENCY                   | 0                       | 5,371,000           | 5,371,000             |          | 101.00 |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |           |                                      |                         |                     |                       |          |        |
| 113.00                                        | 11300     | INTEREST EXPENSE                     |                         |                     |                       |          | 113.00 |
| 116.00                                        | 11600     | HOSPICE                              | 0                       | 2,213,554           | 2,213,554             |          | 116.00 |
| 117.00                                        | 06950     | HOME INFUSION                        | 0                       | 4,994,386           | 4,994,386             |          | 117.00 |
| 200.00                                        |           | Subtotal (see instructions)          | 941,384,499             | 832,105,532         | 1,773,490,031         |          | 200.00 |
| 201.00                                        |           | Less Observation Beds                |                         |                     |                       |          | 201.00 |
| 202.00                                        |           | Total (see instructions)             | 941,384,499             | 832,105,532         | 1,773,490,031         |          | 202.00 |

| COMPUTATION OF RATIO OF COSTS TO CHARGES      |                                           | Provider CCN: 14-0053           | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet C<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------|-------------------------------------------|---------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| Cost Center Description                       |                                           | PPS Inpatient<br>Ratio<br>11.00 | Title XIX                                   | Hospital<br>Cost                                                   |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                           |                                 |                                             |                                                                    |
| 30.00                                         | 03000 ADULTS & PEDIATRICS                 |                                 |                                             | 30.00                                                              |
| 31.00                                         | 03100 INTENSIVE CARE UNIT                 |                                 |                                             | 31.00                                                              |
| 35.00                                         | 02040 HIGH RISK NEONATAL                  |                                 |                                             | 35.00                                                              |
| 40.00                                         | 04000 SUBPROVIDER - IPF                   |                                 |                                             | 40.00                                                              |
| 43.00                                         | 04300 NURSERY                             |                                 |                                             | 43.00                                                              |
| 44.00                                         | 04400 SKILLED NURSING FACILITY            |                                 |                                             | 44.00                                                              |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                           |                                 |                                             |                                                                    |
| 50.00                                         | 05000 OPERATING ROOM                      | 0.000000                        |                                             | 50.00                                                              |
| 50.01                                         | 05001 GASTRODIAGNOSTIC UNIT               | 0.000000                        |                                             | 50.01                                                              |
| 50.02                                         | 05002 PAIN MANAGEMENT CENTER              | 0.000000                        |                                             | 50.02                                                              |
| 51.00                                         | 05100 RECOVERY ROOM                       | 0.000000                        |                                             | 51.00                                                              |
| 52.00                                         | 05200 DELIVERY ROOM & LABOR ROOM          | 0.000000                        |                                             | 52.00                                                              |
| 53.00                                         | 05300 ANESTHESIOLOGY                      | 0.000000                        |                                             | 53.00                                                              |
| 54.00                                         | 05400 RADIOLOGY-DIAGNOSTIC                | 0.000000                        |                                             | 54.00                                                              |
| 55.00                                         | 05500 RADIOLOGY-THERAPEUTIC               | 0.000000                        |                                             | 55.00                                                              |
| 56.00                                         | 05600 RADIOISOTOPE                        | 0.000000                        |                                             | 56.00                                                              |
| 57.00                                         | 05700 CT SCAN                             | 0.000000                        |                                             | 57.00                                                              |
| 58.00                                         | 05800 MRI                                 | 0.000000                        |                                             | 58.00                                                              |
| 59.00                                         | 05900 CARDIAC CATHETERIZATION             | 0.000000                        |                                             | 59.00                                                              |
| 60.00                                         | 06000 LABORATORY                          | 0.000000                        |                                             | 60.00                                                              |
| 65.00                                         | 06500 RESPIRATORY THERAPY                 | 0.000000                        |                                             | 65.00                                                              |
| 66.00                                         | 06600 PHYSICAL THERAPY                    | 0.000000                        |                                             | 66.00                                                              |
| 69.00                                         | 06900 ELECTROCARDIOLOGY                   | 0.000000                        |                                             | 69.00                                                              |
| 70.00                                         | 07000 ELECTROENCEPHALOGRAPHY              | 0.000000                        |                                             | 70.00                                                              |
| 71.00                                         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                        |                                             | 71.00                                                              |
| 72.00                                         | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0.000000                        |                                             | 72.00                                                              |
| 73.00                                         | 07300 DRUGS CHARGED TO PATIENTS           | 0.000000                        |                                             | 73.00                                                              |
| 74.00                                         | 07400 RENAL DIALYSIS                      | 0.000000                        |                                             | 74.00                                                              |
| 76.00                                         | 03020 OTHER ANCILLARY                     | 0.000000                        |                                             | 76.00                                                              |
| 76.97                                         | 07697 CARDIAC REHABILITATION              | 0.000000                        |                                             | 76.97                                                              |
| 76.98                                         | 07698 HYPERBARIC OXYGEN THERAPY           | 0.000000                        |                                             | 76.98                                                              |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                           |                                 |                                             |                                                                    |
| 91.00                                         | 09100 EMERGENCY                           | 0.000000                        |                                             | 91.00                                                              |
| 92.00                                         | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.000000                        |                                             | 92.00                                                              |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                           |                                 |                                             |                                                                    |
| 101.00                                        | 10100 HOME HEALTH AGENCY                  |                                 |                                             | 101.00                                                             |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                           |                                 |                                             |                                                                    |
| 113.00                                        | 11300 INTEREST EXPENSE                    |                                 |                                             | 113.00                                                             |
| 116.00                                        | 11600 HOSPICE                             |                                 |                                             | 116.00                                                             |
| 117.00                                        | 06950 HOME INFUSION                       |                                 |                                             | 117.00                                                             |
| 200.00                                        | Subtotal (see instructions)               |                                 |                                             | 200.00                                                             |
| 201.00                                        | Less Observation Beds                     |                                 |                                             | 201.00                                                             |
| 202.00                                        | Total (see instructions)                  |                                 |                                             | 202.00                                                             |

|                                                          |                       |                                             |                                                                    |
|----------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|----------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|

| Cost Center Description                |                              | Capital Related Cost<br>(from Wkst. B, Part II, col. 26) | Swing Bed Adjustment                                | Reduced Capital Related Cost<br>(col. 1 - col. 2) | Total Patient Days | Per Diem<br>(col. 3 / col. 4) |        |
|----------------------------------------|------------------------------|----------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|--------------------|-------------------------------|--------|
|                                        |                              | 1.00                                                     | 2.00                                                | 3.00                                              | 4.00               | 5.00                          |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |                              |                                                          |                                                     |                                                   |                    |                               |        |
| 30.00                                  | ADULTS & PEDIATRICS          | 6,545,905                                                | 0                                                   | 6,545,905                                         | 70,844             | 92.40                         | 30.00  |
| 31.00                                  | INTENSIVE CARE UNIT          | 1,554,451                                                |                                                     | 1,554,451                                         | 11,485             | 135.35                        | 31.00  |
| 35.00                                  | HIGH RISK NEONATAL           | 920,606                                                  |                                                     | 920,606                                           | 13,192             | 69.79                         | 35.00  |
| 40.00                                  | SUBPROVIDER - IPF            | 370,509                                                  | 0                                                   | 370,509                                           | 4,336              | 85.45                         | 40.00  |
| 43.00                                  | NURSERY                      | 180,421                                                  |                                                     | 180,421                                           | 3,160              | 57.10                         | 43.00  |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                        |                                                     | 0                                                 | 0                  | 0.00                          | 44.00  |
| 200.00                                 | Total (lines 30 through 199) | 9,571,892                                                |                                                     | 9,571,892                                         | 103,017            |                               | 200.00 |
| Cost Center Description                |                              | Inpatient Program days                                   | Inpatient Program Capital Cost<br>(col. 5 x col. 6) |                                                   |                    |                               |        |
|                                        |                              | 6.00                                                     | 7.00                                                |                                                   |                    |                               |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |                              |                                                          |                                                     |                                                   |                    |                               |        |
| 30.00                                  | ADULTS & PEDIATRICS          | 28,310                                                   | 2,615,844                                           |                                                   |                    |                               |        |
| 31.00                                  | INTENSIVE CARE UNIT          | 5,619                                                    | 760,532                                             |                                                   |                    |                               |        |
| 35.00                                  | HIGH RISK NEONATAL           | 0                                                        | 0                                                   |                                                   |                    |                               |        |
| 40.00                                  | SUBPROVIDER - IPF            | 2,766                                                    | 236,355                                             |                                                   |                    |                               |        |
| 43.00                                  | NURSERY                      | 0                                                        | 0                                                   |                                                   |                    |                               |        |
| 44.00                                  | SKILLED NURSING FACILITY     | 0                                                        | 0                                                   |                                                   |                    |                               |        |
| 200.00                                 | Total (lines 30 through 199) | 36,695                                                   | 3,612,731                                           |                                                   |                    |                               |        |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Description         |       | Capital Related Cost<br>(from Wkst. C, Part II, col. 26) | Total Charges<br>(from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges<br>(col. 1 ÷ col. 2) | Title XVIII |             | Capital Costs<br>(column 3 x column 4) |        |
|---------------------------------|-------|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------|-------------|----------------------------------------|--------|
|                                 |       |                                                          |                                                 |                                               | Hospital    | PPS         |                                        |        |
|                                 |       | 1.00                                                     | 2.00                                            | 3.00                                          | 4.00        | 5.00        |                                        |        |
| ANCILLARY SERVICE COST CENTERS  |       |                                                          |                                                 |                                               |             |             |                                        |        |
| 50.00                           | 05000 | OPERATING ROOM                                           | 5,757,206                                       | 189,639,065                                   | 0.030359    | 43,130,421  | 1,309,396                              | 50.00  |
| 50.01                           | 05001 | GASTRODIAGNOSTIC UNIT                                    | 520,263                                         | 23,342,173                                    | 0.022289    | 3,854,764   | 85,919                                 | 50.01  |
| 50.02                           | 05002 | PAIN MANAGEMENT CENTER                                   | 0                                               | 0                                             | 0.000000    | 0           | 0                                      | 50.02  |
| 51.00                           | 05100 | RECOVERY ROOM                                            | 650,283                                         | 18,588,270                                    | 0.034984    | 2,842,145   | 99,430                                 | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM                               | 771,946                                         | 20,279,852                                    | 0.038065    | 1,726,290   | 65,711                                 | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                                           | 641,505                                         | 45,140,808                                    | 0.014211    | 8,394,927   | 119,300                                | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                                     | 1,745,635                                       | 76,175,027                                    | 0.022916    | 11,431,857  | 261,972                                | 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC                                    | 576,636                                         | 8,087,102                                     | 0.071303    | 506,111     | 36,087                                 | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                                             | 409,742                                         | 22,234,261                                    | 0.018428    | 1,795,787   | 33,093                                 | 56.00  |
| 57.00                           | 05700 | CT SCAN                                                  | 472,412                                         | 110,626,664                                   | 0.004270    | 19,215,519  | 82,050                                 | 57.00  |
| 58.00                           | 05800 | MRI                                                      | 502,065                                         | 15,126,889                                    | 0.033190    | 2,444,467   | 81,132                                 | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION                                  | 2,724,962                                       | 244,404,421                                   | 0.011149    | 43,610,636  | 486,215                                | 59.00  |
| 60.00                           | 06000 | LABORATORY                                               | 1,626,407                                       | 124,936,233                                   | 0.013018    | 32,046,037  | 417,175                                | 60.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                                      | 486,539                                         | 45,721,512                                    | 0.010641    | 15,676,925  | 166,818                                | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                                         | 542,224                                         | 33,017,044                                    | 0.016423    | 7,279,861   | 119,557                                | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                                        | 1,387,265                                       | 87,479,208                                    | 0.015858    | 18,503,334  | 293,426                                | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY                                   | 170,880                                         | 14,928,475                                    | 0.011447    | 1,963,847   | 22,480                                 | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                      | 909,761                                         | 95,856,647                                    | 0.009491    | 22,990,781  | 218,206                                | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS                           | 1,218,079                                       | 117,297,142                                   | 0.010385    | 35,356,474  | 367,177                                | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS                                | 1,243,373                                       | 146,432,006                                   | 0.008491    | 38,174,843  | 324,143                                | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                                           | 69,588                                          | 3,507,891                                     | 0.019838    | 2,006,859   | 39,812                                 | 74.00  |
| 76.00                           | 03020 | OTHER ANCILLARY                                          | 209,374                                         | 10,699,081                                    | 0.019569    | 345,514     | 6,761                                  | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION                                   | 213,222                                         | 2,887,617                                     | 0.073840    | 622,662     | 45,977                                 | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY                                | 134,455                                         | 4,933,514                                     | 0.027253    | 13,360      | 364                                    | 76.98  |
| OUTPATIENT SERVICE COST CENTERS |       |                                                          |                                                 |                                               |             |             |                                        |        |
| 91.00                           | 09100 | EMERGENCY                                                | 1,522,018                                       | 91,832,613                                    | 0.016574    | 9,869,022   | 163,569                                | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                      | 231,459                                         | 5,488,137                                     | 0.042174    | 446,871     | 18,846                                 | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)                             | 24,737,299                                      | 1,558,661,652                                 |             | 324,249,314 | 4,864,616                              | 200.00 |

|                                                                     |                       |                                             |                                                                      |
|---------------------------------------------------------------------|-----------------------|---------------------------------------------|----------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part III<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
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| Cost Center Description                |       | Nursing School Post-Stepdown Adjustments              | Nursing School                                        | Allied Health Post-Stepdown Adjustments | Allied Health Cost         | All Other Medical Education Cost |               |        |
|----------------------------------------|-------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|----------------------------|----------------------------------|---------------|--------|
|                                        |       | 1A                                                    | 1.00                                                  | 2A                                      | 2.00                       | 3.00                             |               |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                                       |                                                       |                                         |                            |                                  |               |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                                   | 0                                                     | 2,258,066                               | 0                          | 119,396                          | 0 30.00       |        |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                                   | 0                                                     | 295,880                                 | 0                          | 13,803                           | 0 31.00       |        |
| 35.00                                  | 02040 | HIGH RISK NEONATAL                                    | 0                                                     | 473,717                                 | 0                          | 1,035                            | 0 35.00       |        |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                                     | 0                                                     | 0                                       | 0                          | 4,486                            | 0 40.00       |        |
| 43.00                                  | 04300 | NURSERY                                               | 0                                                     | 49,956                                  | 0                          | 345                              | 0 43.00       |        |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY                              | 0                                                     | 0                                       | 0                          | 0                                | 0 44.00       |        |
| 200.00                                 |       | Total (lines 30 through 199)                          | 0                                                     | 3,077,619                               | 0                          | 139,065                          | 0 200.00      |        |
| Cost Center Description                |       | Swing-Bed Adjustment Amount (see instructions)        | Total Costs (sum of col.s. 1 through 3, minus col. 4) | Total Patient Days                      | Per Diem (col. 5 ÷ col. 6) | Inpatient Program Days           |               |        |
|                                        |       | 4.00                                                  | 5.00                                                  | 6.00                                    | 7.00                       | 8.00                             |               |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                                       |                                                       |                                         |                            |                                  |               |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                                   | 0                                                     | 2,377,462                               | 70,844                     | 33.56                            | 28,310 30.00  |        |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                                   |                                                       | 309,683                                 | 11,485                     | 26.96                            | 5,619 31.00   |        |
| 35.00                                  | 02040 | HIGH RISK NEONATAL                                    |                                                       | 474,752                                 | 13,192                     | 35.99                            | 0 35.00       |        |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                                     | 0                                                     | 4,486                                   | 4,336                      | 1.03                             | 2,766 40.00   |        |
| 43.00                                  | 04300 | NURSERY                                               |                                                       | 50,301                                  | 3,160                      | 15.92                            | 0 43.00       |        |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY                              |                                                       | 0                                       | 0                          | 0.00                             | 0 44.00       |        |
| 200.00                                 |       | Total (lines 30 through 199)                          |                                                       | 3,216,684                               | 103,017                    |                                  | 36,695 200.00 |        |
| Cost Center Description                |       | Inpatient Program Pass-Through Cost (col. 7 x col. 8) |                                                       |                                         |                            |                                  |               |        |
|                                        |       | 9.00                                                  |                                                       |                                         |                            |                                  |               |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |       |                                                       |                                                       |                                         |                            |                                  |               |        |
| 30.00                                  | 03000 | ADULTS & PEDIATRICS                                   | 950,084                                               |                                         |                            |                                  |               | 30.00  |
| 31.00                                  | 03100 | INTENSIVE CARE UNIT                                   | 151,488                                               |                                         |                            |                                  |               | 31.00  |
| 35.00                                  | 02040 | HIGH RISK NEONATAL                                    | 0                                                     |                                         |                            |                                  |               | 35.00  |
| 40.00                                  | 04000 | SUBPROVIDER - IPF                                     | 2,849                                                 |                                         |                            |                                  |               | 40.00  |
| 43.00                                  | 04300 | NURSERY                                               | 0                                                     |                                         |                            |                                  |               | 43.00  |
| 44.00                                  | 04400 | SKILLED NURSING FACILITY                              | 0                                                     |                                         |                            |                                  |               | 44.00  |
| 200.00                                 |       | Total (lines 30 through 199)                          | 1,104,421                                             |                                         |                            |                                  |               | 200.00 |

|                                                                                  |                       |                                             |                                                                     |
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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
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| Cost Center Description                | Title XVIII                    |                                          |                |                                         | Hospital      |     | Allied Health |        |
|----------------------------------------|--------------------------------|------------------------------------------|----------------|-----------------------------------------|---------------|-----|---------------|--------|
|                                        | Non Physician Anesthetist Cost | Nursing School Post-Stepdown Adjustments | Nursing School | Allied Health Post-Stepdown Adjustments | Allied Health | PPS |               |        |
|                                        | 1.00                           | 2A                                       | 2.00           | 3A                                      | 3.00          |     |               |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                |                                          |                |                                         |               |     |               |        |
| 50.00                                  | 05000                          | OPERATING ROOM                           | 0              | 0                                       | 0             | 0   | 5,176         | 50.00  |
| 50.01                                  | 05001                          | GASTRODIAGNOSTIC UNIT                    | 0              | 0                                       | 0             | 0   | 0             | 50.01  |
| 50.02                                  | 05002                          | PAIN MANAGEMENT CENTER                   | 0              | 0                                       | 0             | 0   | 0             | 50.02  |
| 51.00                                  | 05100                          | RECOVERY ROOM                            | 0              | 0                                       | 0             | 0   | 1,725         | 51.00  |
| 52.00                                  | 05200                          | DELIVERY ROOM & LABOR ROOM               | 0              | 0                                       | 231,458       | 0   | 2,070         | 52.00  |
| 53.00                                  | 05300                          | ANESTHESIOLOGY                           | 0              | 0                                       | 0             | 0   | 0             | 53.00  |
| 54.00                                  | 05400                          | RADIOLOGY-DIAGNOSTIC                     | 0              | 0                                       | 0             | 0   | 0             | 54.00  |
| 55.00                                  | 05500                          | RADIOLOGY-THERAPEUTIC                    | 0              | 0                                       | 0             | 0   | 0             | 55.00  |
| 56.00                                  | 05600                          | RADIOISOTOPE                             | 0              | 0                                       | 0             | 0   | 0             | 56.00  |
| 57.00                                  | 05700                          | CT SCAN                                  | 0              | 0                                       | 0             | 0   | 0             | 57.00  |
| 58.00                                  | 05800                          | MRI                                      | 0              | 0                                       | 0             | 0   | 0             | 58.00  |
| 59.00                                  | 05900                          | CARDIAC CATHETERIZATION                  | 0              | 0                                       | 24,882        | 0   | 1,035         | 59.00  |
| 60.00                                  | 06000                          | LABORATORY                               | 0              | 0                                       | 0             | 0   | 221,830       | 60.00  |
| 65.00                                  | 06500                          | RESPIRATORY THERAPY                      | 0              | 0                                       | 35,104        | 0   | 0             | 65.00  |
| 66.00                                  | 06600                          | PHYSICAL THERAPY                         | 0              | 0                                       | 0             | 0   | 0             | 66.00  |
| 69.00                                  | 06900                          | ELECTROCARDIOLOGY                        | 0              | 0                                       | 9,258         | 0   | 0             | 69.00  |
| 70.00                                  | 07000                          | ELECTROENCEPHALOGRAPHY                   | 0              | 0                                       | 0             | 0   | 0             | 70.00  |
| 71.00                                  | 07100                          | MEDICAL SUPPLIES CHARGED TO PATIENT      | 0              | 0                                       | 0             | 0   | 0             | 71.00  |
| 72.00                                  | 07200                          | IMPL. DEV. CHARGED TO PATIENTS           | 0              | 0                                       | 0             | 0   | 0             | 72.00  |
| 73.00                                  | 07300                          | DRUGS CHARGED TO PATIENTS                | 0              | 0                                       | 0             | 0   | 460,299       | 73.00  |
| 74.00                                  | 07400                          | RENAL DIALYSIS                           | 0              | 0                                       | 0             | 0   | 0             | 74.00  |
| 76.00                                  | 03020                          | OTHER ANCILLARY                          | 0              | 0                                       | 0             | 0   | 345           | 76.00  |
| 76.97                                  | 07697                          | CARDIAC REHABILITATION                   | 0              | 0                                       | 50,149        | 0   | 0             | 76.97  |
| 76.98                                  | 07698                          | HYPERBARIC OXYGEN THERAPY                | 0              | 0                                       | 20,831        | 0   | 0             | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                |                                          |                |                                         |               |     |               |        |
| 91.00                                  | 09100                          | EMERGENCY                                | 0              | 0                                       | 0             | 0   | 2,416         | 91.00  |
| 92.00                                  | 09200                          | OBSERVATION BEDS (NON-DISTINCT PART      | 0              | 0                                       | 79,844        | 0   | 4,222         | 92.00  |
| 200.00                                 |                                | Total (lines 50 through 199)             | 0              | 0                                       | 451,526       | 0   | 699,118       | 200.00 |

|                                                                                  |                       |                                       |                                                            |
|----------------------------------------------------------------------------------|-----------------------|---------------------------------------|------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm |
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| Cost Center Description                         | Title XVIII                      |                                         |                                                | Hospital                                     | PPS                                        |        |
|-------------------------------------------------|----------------------------------|-----------------------------------------|------------------------------------------------|----------------------------------------------|--------------------------------------------|--------|
|                                                 | All Other Medical Education Cost | Total Cost (sum of col 1 through col 4) | Total Outpatient Cost (sum of col. 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges (col. 5 ÷ col. 7) |        |
|                                                 | 4.00                             | 5.00                                    | 6.00                                           | 7.00                                         | 8.00                                       |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>           |                                  |                                         |                                                |                                              |                                            |        |
| 50.00 05000 OPERATING ROOM                      | 0                                | 5,176                                   | 5,176                                          | 189,639,065                                  | 0.000027                                   | 50.00  |
| 50.01 05001 GASTRODIAGNOSTIC UNIT               | 0                                | 0                                       | 0                                              | 23,342,173                                   | 0.000000                                   | 50.01  |
| 50.02 05002 PAIN MANAGEMENT CENTER              | 0                                | 0                                       | 0                                              | 0                                            | 0.000000                                   | 50.02  |
| 51.00 05100 RECOVERY ROOM                       | 0                                | 1,725                                   | 1,725                                          | 18,588,270                                   | 0.000093                                   | 51.00  |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM          | 0                                | 233,528                                 | 233,528                                        | 20,279,852                                   | 0.011515                                   | 52.00  |
| 53.00 05300 ANESTHESIOLOGY                      | 0                                | 0                                       | 0                                              | 45,140,808                                   | 0.000000                                   | 53.00  |
| 54.00 05400 RADIOLOGY-DIAGNOSTIC                | 0                                | 0                                       | 0                                              | 76,175,027                                   | 0.000000                                   | 54.00  |
| 55.00 05500 RADIOLOGY-THERAPEUTIC               | 0                                | 0                                       | 0                                              | 8,087,102                                    | 0.000000                                   | 55.00  |
| 56.00 05600 RADIOISOTOPE                        | 0                                | 0                                       | 0                                              | 22,234,261                                   | 0.000000                                   | 56.00  |
| 57.00 05700 CT SCAN                             | 0                                | 0                                       | 0                                              | 110,626,664                                  | 0.000000                                   | 57.00  |
| 58.00 05800 MRI                                 | 0                                | 0                                       | 0                                              | 15,126,889                                   | 0.000000                                   | 58.00  |
| 59.00 05900 CARDIAC CATHETERIZATION             | 0                                | 25,917                                  | 25,917                                         | 244,404,421                                  | 0.000106                                   | 59.00  |
| 60.00 06000 LABORATORY                          | 0                                | 221,830                                 | 221,830                                        | 124,936,233                                  | 0.001776                                   | 60.00  |
| 65.00 06500 RESPIRATORY THERAPY                 | 0                                | 35,104                                  | 35,104                                         | 45,721,512                                   | 0.000768                                   | 65.00  |
| 66.00 06600 PHYSICAL THERAPY                    | 0                                | 0                                       | 0                                              | 33,017,044                                   | 0.000000                                   | 66.00  |
| 69.00 06900 ELECTROCARDIOLOGY                   | 0                                | 9,258                                   | 9,258                                          | 87,479,208                                   | 0.000106                                   | 69.00  |
| 70.00 07000 ELECTROENCEPHALOGRAPHY              | 0                                | 0                                       | 0                                              | 14,928,475                                   | 0.000000                                   | 70.00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                | 0                                       | 0                                              | 95,856,647                                   | 0.000000                                   | 71.00  |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0                                | 0                                       | 0                                              | 117,297,142                                  | 0.000000                                   | 72.00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           | 0                                | 460,299                                 | 460,299                                        | 146,432,006                                  | 0.003143                                   | 73.00  |
| 74.00 07400 RENAL DIALYSIS                      | 0                                | 0                                       | 0                                              | 3,507,891                                    | 0.000000                                   | 74.00  |
| 76.00 03020 OTHER ANCILLARY                     | 0                                | 345                                     | 345                                            | 10,699,081                                   | 0.000032                                   | 76.00  |
| 76.97 07697 CARDIAC REHABILITATION              | 0                                | 50,149                                  | 50,149                                         | 2,887,617                                    | 0.017367                                   | 76.97  |
| 76.98 07698 HYPERBARIC OXYGEN THERAPY           | 0                                | 20,831                                  | 20,831                                         | 4,933,514                                    | 0.004222                                   | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>          |                                  |                                         |                                                |                                              |                                            |        |
| 91.00 09100 EMERGENCY                           | 0                                | 2,416                                   | 2,416                                          | 91,832,613                                   | 0.000026                                   | 91.00  |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0                                | 84,066                                  | 84,066                                         | 5,488,137                                    | 0.015318                                   | 92.00  |
| 200.00 Total (lines 50 through 199)             | 0                                | 1,150,644                               | 1,150,644                                      | 1,558,661,652                                |                                            | 200.00 |

|                                                                                  |                       |                                       |                                                            |
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| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053 | Period: From 07/01/2017 To 06/30/2018 | Worksheet D Part IV Date/Time Prepared: 11/20/2018 3:53 pm |
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| Cost Center Description         |                                           | Title XVIII                                           |                           |                                                         | Hospital                   |                                                          | PPS    |
|---------------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------|--------|
|                                 |                                           | Outpatient Ratio of Cost to Charges (col. 6 + col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) |        |
|                                 |                                           | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                      | 13.00                                                    |        |
| ANCILLARY SERVICE COST CENTERS  |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 50.00                           | 05000 OPERATING ROOM                      | 0.000027                                              | 43,130,421                | 1,165                                                   | 29,704,104                 | 802                                                      | 50.00  |
| 50.01                           | 05001 GASTRODIAGNOSTIC UNIT               | 0.000000                                              | 3,854,764                 | 0                                                       | 4,228,921                  | 0                                                        | 50.01  |
| 50.02                           | 05002 PAIN MANAGEMENT CENTER              | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 50.02  |
| 51.00                           | 05100 RECOVERY ROOM                       | 0.000093                                              | 2,842,145                 | 264                                                     | 2,926,779                  | 272                                                      | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM          | 0.011515                                              | 1,726,290                 | 19,878                                                  | 121,340                    | 1,397                                                    | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                      | 0.000000                                              | 8,394,927                 | 0                                                       | 6,275,717                  | 0                                                        | 53.00  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                | 0.000000                                              | 11,431,857                | 0                                                       | 10,954,660                 | 0                                                        | 54.00  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC               | 0.000000                                              | 506,111                   | 0                                                       | 2,119,258                  | 0                                                        | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                        | 0.000000                                              | 1,795,787                 | 0                                                       | 8,107,664                  | 0                                                        | 56.00  |
| 57.00                           | 05700 CT SCAN                             | 0.000000                                              | 19,215,519                | 0                                                       | 17,703,699                 | 0                                                        | 57.00  |
| 58.00                           | 05800 MRI                                 | 0.000000                                              | 2,444,467                 | 0                                                       | 1,496,690                  | 0                                                        | 58.00  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION             | 0.000106                                              | 43,610,636                | 4,623                                                   | 72,764,017                 | 7,713                                                    | 59.00  |
| 60.00                           | 06000 LABORATORY                          | 0.001776                                              | 32,046,037                | 56,914                                                  | 7,462,754                  | 13,254                                                   | 60.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                 | 0.000768                                              | 15,676,925                | 12,040                                                  | 601,450                    | 462                                                      | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                    | 0.000000                                              | 7,279,861                 | 0                                                       | 319,837                    | 0                                                        | 66.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                   | 0.000106                                              | 18,503,334                | 1,961                                                   | 17,961,136                 | 1,904                                                    | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY              | 0.000000                                              | 1,963,847                 | 0                                                       | 1,856,730                  | 0                                                        | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                                              | 22,990,781                | 0                                                       | 17,265,011                 | 0                                                        | 71.00  |
| 72.00                           | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0.000000                                              | 35,356,474                | 0                                                       | 22,997,174                 | 0                                                        | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS           | 0.003143                                              | 38,174,843                | 119,984                                                 | 14,890,774                 | 46,802                                                   | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                      | 0.000000                                              | 2,006,859                 | 0                                                       | 0                          | 0                                                        | 74.00  |
| 76.00                           | 03020 OTHER ANCILLARY                     | 0.000032                                              | 345,514                   | 11                                                      | 3,045,370                  | 97                                                       | 76.00  |
| 76.97                           | 07697 CARDIAC REHABILITATION              | 0.017367                                              | 622,662                   | 10,814                                                  | 632,890                    | 10,991                                                   | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY           | 0.004222                                              | 13,360                    | 56                                                      | 1,846,416                  | 7,796                                                    | 76.98  |
| OUTPATIENT SERVICE COST CENTERS |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 91.00                           | 09100 EMERGENCY                           | 0.000026                                              | 9,869,022                 | 257                                                     | 10,125,776                 | 263                                                      | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.015318                                              | 446,871                   | 6,845                                                   | 856,246                    | 13,116                                                   | 92.00  |
| 200.00                          | Total (lines 50 through 199)              |                                                       | 324,249,314               | 234,812                                                 | 256,264,413                | 104,869                                                  | 200.00 |



|                                                                  |  |                       |                                             |                                                                    |
|------------------------------------------------------------------|--|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|                                                                  |  | Title XVIII           | Hospital                                    | PPS                                                                |

| Cost Center Description                | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges                                            |                                                               |                                                                   | Costs                    |         |            |        |
|----------------------------------------|-------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|---------|------------|--------|
|                                        |                                                       | PPS Reimbursed Services (see inst.)                | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | PPS Services (see inst.) |         |            |        |
|                                        | 1.00                                                  | 2.00                                               | 3.00                                                          | 4.00                                                              | 5.00                     |         |            |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                                       |                                                    |                                                               |                                                                   |                          |         |            |        |
| 50.00                                  | 05000                                                 | OPERATING ROOM                                     | 0.172561                                                      | 29,704,104                                                        | 0                        | 0       | 5,125,770  | 50.00  |
| 50.01                                  | 05001                                                 | GASTRODIAGNOSTIC UNIT                              | 0.107968                                                      | 4,228,921                                                         | 0                        | 0       | 456,588    | 50.01  |
| 50.02                                  | 05002                                                 | PAIN MANAGEMENT CENTER                             | 0.000000                                                      | 0                                                                 | 0                        | 0       | 0          | 50.02  |
| 51.00                                  | 05100                                                 | RECOVERY ROOM                                      | 0.254217                                                      | 2,926,779                                                         | 0                        | 0       | 744,037    | 51.00  |
| 52.00                                  | 05200                                                 | DELIVERY ROOM & LABOR ROOM                         | 0.435523                                                      | 121,340                                                           | 0                        | 1       | 52,846     | 52.00  |
| 53.00                                  | 05300                                                 | ANESTHESIOLOGY                                     | 0.122064                                                      | 6,275,717                                                         | 0                        | 0       | 766,039    | 53.00  |
| 54.00                                  | 05400                                                 | RADIOLOGY-DIAGNOSTIC                               | 0.123940                                                      | 10,954,660                                                        | 0                        | 0       | 1,357,721  | 54.00  |
| 55.00                                  | 05500                                                 | RADIOLOGY-THERAPEUTIC                              | 0.202489                                                      | 2,119,258                                                         | 0                        | 0       | 429,126    | 55.00  |
| 56.00                                  | 05600                                                 | RADIO SOTOPE                                       | 0.114185                                                      | 8,107,664                                                         | 0                        | 0       | 925,774    | 56.00  |
| 57.00                                  | 05700                                                 | CT SCAN                                            | 0.023990                                                      | 17,703,699                                                        | 0                        | 0       | 424,712    | 57.00  |
| 58.00                                  | 05800                                                 | MRI                                                | 0.104736                                                      | 1,496,690                                                         | 0                        | 0       | 156,757    | 58.00  |
| 59.00                                  | 05900                                                 | CARDIAC CATHETERIZATION                            | 0.068191                                                      | 72,764,017                                                        | 0                        | 0       | 4,961,851  | 59.00  |
| 60.00                                  | 06000                                                 | LABORATORY                                         | 0.161224                                                      | 7,462,754                                                         | 0                        | 0       | 1,203,175  | 60.00  |
| 65.00                                  | 06500                                                 | RESPIRATORY THERAPY                                | 0.157413                                                      | 601,450                                                           | 0                        | 0       | 94,676     | 65.00  |
| 66.00                                  | 06600                                                 | PHYSICAL THERAPY                                   | 0.298095                                                      | 319,837                                                           | 0                        | 0       | 95,342     | 66.00  |
| 69.00                                  | 06900                                                 | ELECTROCARDIOLOGY                                  | 0.084316                                                      | 17,961,136                                                        | 0                        | 0       | 1,514,411  | 69.00  |
| 70.00                                  | 07000                                                 | ELECTROENCEPHALOGRAPHY                             | 0.129766                                                      | 1,856,730                                                         | 0                        | 0       | 240,940    | 70.00  |
| 71.00                                  | 07100                                                 | MEDICAL SUPPLIES CHARGED TO PATIENT                | 0.331262                                                      | 17,265,011                                                        | 0                        | 0       | 5,719,242  | 71.00  |
| 72.00                                  | 07200                                                 | IMPL. DEV. CHARGED TO PATIENTS                     | 0.365155                                                      | 22,997,174                                                        | 80,550                   | 0       | 8,397,533  | 72.00  |
| 73.00                                  | 07300                                                 | DRUGS CHARGED TO PATIENTS                          | 0.155125                                                      | 14,890,774                                                        | 0                        | 241,632 | 2,309,931  | 73.00  |
| 74.00                                  | 07400                                                 | RENAL DIALYSIS                                     | 0.349081                                                      | 0                                                                 | 0                        | 0       | 0          | 74.00  |
| 76.00                                  | 03020                                                 | OTHER ANCILLARY                                    | 0.390683                                                      | 3,045,370                                                         | 0                        | 0       | 1,189,774  | 76.00  |
| 76.97                                  | 07697                                                 | CARDIAC REHABILITATION                             | 0.528819                                                      | 632,890                                                           | 0                        | 0       | 334,684    | 76.97  |
| 76.98                                  | 07698                                                 | HYPERBARIC OXYGEN THERAPY                          | 0.307966                                                      | 1,846,416                                                         | 0                        | 0       | 568,633    | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                                       |                                                    |                                                               |                                                                   |                          |         |            |        |
| 91.00                                  | 09100                                                 | EMERGENCY                                          | 0.178299                                                      | 10,125,776                                                        | 0                        | 7       | 1,805,416  | 91.00  |
| 92.00                                  | 09200                                                 | OBSERVATION BEDS (NON-DISTINCT PART                | 0.407030                                                      | 856,246                                                           | 0                        | 0       | 348,518    | 92.00  |
| 200.00                                 |                                                       | Subtotal (see instructions)                        |                                                               | 256,264,413                                                       | 80,550                   | 241,640 | 39,223,496 | 200.00 |
| 201.00                                 |                                                       | Less PBP Clinic Lab. Services-Program Only Charges |                                                               |                                                                   | 0                        | 0       |            | 201.00 |
| 202.00                                 |                                                       | Net Charges (line 200 - line 201)                  |                                                               | 256,264,413                                                       | 80,550                   | 241,640 | 39,223,496 | 202.00 |

|                                                                  |                       |                                             |                                                                    |
|------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/20/2018 3:53 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                                                              |        |        |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                                               |                                                                   |        |        |        |
| 50.00                                  | 05000                                                         | OPERATING ROOM                                                    | 0      | 0      | 50.00  |
| 50.01                                  | 05001                                                         | GASTRODIAGNOSTIC UNIT                                             | 0      | 0      | 50.01  |
| 50.02                                  | 05002                                                         | PAIN MANAGEMENT CENTER                                            | 0      | 0      | 50.02  |
| 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  |
| 56.00                                  | 05600                                                         | RADIOISOTOPE                                                      | 0      | 0      | 56.00  |
| 57.00                                  | 05700                                                         | CT SCAN                                                           | 0      | 0      | 57.00  |
| 58.00                                  | 05800                                                         | MRI                                                               | 0      | 0      | 58.00  |
| 59.00                                  | 05900                                                         | CARDIAC CATHETERIZATION                                           | 0      | 0      | 59.00  |
| 60.00                                  | 06000                                                         | LABORATORY                                                        | 0      | 0      | 60.00  |
| 65.00                                  | 06500                                                         | RESPIRATORY THERAPY                                               | 0      | 0      | 65.00  |
| 66.00                                  | 06600                                                         | PHYSICAL THERAPY                                                  | 0      | 0      | 66.00  |
| 69.00                                  | 06900                                                         | ELECTROCARDIOLOGY                                                 | 0      | 0      | 69.00  |
| 70.00                                  | 07000                                                         | ELECTROENCEPHALOGRAPHY                                            | 0      | 0      | 70.00  |
| 71.00                                  | 07100                                                         | MEDICAL SUPPLIES CHARGED TO PATIENT                               | 0      | 0      | 71.00  |
| 72.00                                  | 07200                                                         | IMPL. DEV. CHARGED TO PATIENTS                                    | 29,413 | 0      | 72.00  |
| 73.00                                  | 07300                                                         | DRUGS CHARGED TO PATIENTS                                         | 0      | 37,483 | 73.00  |
| 74.00                                  | 07400                                                         | RENAL DIALYSIS                                                    | 0      | 0      | 74.00  |
| 76.00                                  | 03020                                                         | OTHER ANCILLARY                                                   | 0      | 0      | 76.00  |
| 76.97                                  | 07697                                                         | CARDIAC REHABILITATION                                            | 0      | 0      | 76.97  |
| 76.98                                  | 07698                                                         | HYPERBARIC OXYGEN THERAPY                                         | 0      | 0      | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                                               |                                                                   |        |        |        |
| 91.00                                  | 09100                                                         | EMERGENCY                                                         | 0      | 1      | 91.00  |
| 92.00                                  | 09200                                                         | OBSERVATION BEDS (NON-DISTINCT PART                               | 0      | 0      | 92.00  |
| 200.00                                 |                                                               | Subtotal (see instructions)                                       | 29,413 | 37,484 | 200.00 |
| 201.00                                 |                                                               | Less PBP Clinic Lab. Services-Program Only Charges                | 0      |        | 201.00 |
| 202.00                                 |                                                               | Net Charges (line 200 - line 201)                                 | 29,413 | 37,484 | 202.00 |

| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS |       | Provider CCN: 14-0053<br>Component CCN: 14-S053          |                                                 | Period:<br>From 07/01/2017<br>To 06/30/2018   |                           | Worksheet D<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |        |
|------------------------------------------------------------|-------|----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------------|---------------------------------------------------------------------|--------|--------|
| Title XVIII                                                |       |                                                          |                                                 | Subprovider -<br>IPF                          |                           | PPS                                                                 |        |        |
| Cost Center Description                                    |       | Capital Related Cost<br>(from Wkst. B, Part II, col. 26) | Total Charges<br>(from Wkst. C, Part I, col. 8) | Ratio of Cost to Charges<br>(col. 1 + col. 2) | Inpatient Program Charges | Capital Costs<br>(column 3 x column 4)                              |        |        |
|                                                            |       | 1.00                                                     | 2.00                                            | 3.00                                          | 4.00                      | 5.00                                                                |        |        |
| ANCILLARY SERVICE COST CENTERS                             |       |                                                          |                                                 |                                               |                           |                                                                     |        |        |
| 50.00                                                      | 05000 | OPERATING ROOM                                           | 5,757,206                                       | 189,639,065                                   | 0.030359                  | 1,943                                                               | 59     | 50.00  |
| 50.01                                                      | 05001 | GASTRODIAGNOSTIC UNIT                                    | 520,263                                         | 23,342,173                                    | 0.022289                  | 4,512                                                               | 101    | 50.01  |
| 50.02                                                      | 05002 | PAIN MANAGEMENT CENTER                                   | 0                                               | 0                                             | 0.000000                  | 0                                                                   | 0      | 50.02  |
| 51.00                                                      | 05100 | RECOVERY ROOM                                            | 650,283                                         | 18,588,270                                    | 0.034984                  | 12,605                                                              | 441    | 51.00  |
| 52.00                                                      | 05200 | DELIVERY ROOM & LABOR ROOM                               | 771,946                                         | 20,279,852                                    | 0.038065                  | 7,374                                                               | 281    | 52.00  |
| 53.00                                                      | 05300 | ANESTHESIOLOGY                                           | 641,505                                         | 45,140,808                                    | 0.014211                  | 45,881                                                              | 652    | 53.00  |
| 54.00                                                      | 05400 | RADIOLOGY-DIAGNOSTIC                                     | 1,745,635                                       | 76,175,027                                    | 0.022916                  | 72,413                                                              | 1,659  | 54.00  |
| 55.00                                                      | 05500 | RADIOLOGY-THERAPEUTIC                                    | 576,636                                         | 8,087,102                                     | 0.071303                  | 5                                                                   | 0      | 55.00  |
| 56.00                                                      | 05600 | RADIOISOTOPE                                             | 409,742                                         | 22,234,261                                    | 0.018428                  | 5,391                                                               | 99     | 56.00  |
| 57.00                                                      | 05700 | CT SCAN                                                  | 472,412                                         | 110,626,664                                   | 0.004270                  | 217,815                                                             | 930    | 57.00  |
| 58.00                                                      | 05800 | MRI                                                      | 502,065                                         | 15,126,889                                    | 0.033190                  | 21,880                                                              | 726    | 58.00  |
| 59.00                                                      | 05900 | CARDIAC CATHETERIZATION                                  | 2,724,962                                       | 244,404,421                                   | 0.011149                  | 15,109                                                              | 168    | 59.00  |
| 60.00                                                      | 06000 | LABORATORY                                               | 1,626,407                                       | 124,936,233                                   | 0.013018                  | 355,193                                                             | 4,624  | 60.00  |
| 65.00                                                      | 06500 | RESPIRATORY THERAPY                                      | 486,539                                         | 45,721,512                                    | 0.010641                  | 44,739                                                              | 476    | 65.00  |
| 66.00                                                      | 06600 | PHYSICAL THERAPY                                         | 542,224                                         | 33,017,044                                    | 0.016423                  | 102,980                                                             | 1,691  | 66.00  |
| 69.00                                                      | 06900 | ELECTROCARDIOLOGY                                        | 1,387,265                                       | 87,479,208                                    | 0.015858                  | 142,282                                                             | 2,256  | 69.00  |
| 70.00                                                      | 07000 | ELECTROENCEPHALOGRAPHY                                   | 170,880                                         | 14,928,475                                    | 0.011447                  | 26,330                                                              | 301    | 70.00  |
| 71.00                                                      | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                      | 909,761                                         | 95,856,647                                    | 0.009491                  | 83,896                                                              | 796    | 71.00  |
| 72.00                                                      | 07200 | IMPL. DEV. CHARGED TO PATIENTS                           | 1,218,079                                       | 117,297,142                                   | 0.010385                  | 0                                                                   | 0      | 72.00  |
| 73.00                                                      | 07300 | DRUGS CHARGED TO PATIENTS                                | 1,243,373                                       | 146,432,006                                   | 0.008491                  | 796,436                                                             | 6,763  | 73.00  |
| 74.00                                                      | 07400 | RENAL DIALYSIS                                           | 69,588                                          | 3,507,891                                     | 0.019838                  | 92                                                                  | 2      | 74.00  |
| 76.00                                                      | 03020 | OTHER ANCILLARY                                          | 209,374                                         | 10,699,081                                    | 0.019569                  | 151,880                                                             | 2,972  | 76.00  |
| 76.97                                                      | 07697 | CARDIAC REHABILITATION                                   | 213,222                                         | 2,887,617                                     | 0.073840                  | 402                                                                 | 30     | 76.97  |
| 76.98                                                      | 07698 | HYPERBARIC OXYGEN THERAPY                                | 134,455                                         | 4,933,514                                     | 0.027253                  | 36                                                                  | 1      | 76.98  |
| OUTPATIENT SERVICE COST CENTERS                            |       |                                                          |                                                 |                                               |                           |                                                                     |        |        |
| 91.00                                                      | 09100 | EMERGENCY                                                | 1,522,018                                       | 91,832,613                                    | 0.016574                  | 105,121                                                             | 1,742  | 91.00  |
| 92.00                                                      | 09200 | OBSERVATION BEDS (NON-DISTINCT PART                      | 0                                               | 5,488,137                                     | 0.000000                  | 2,978                                                               | 0      | 92.00  |
| 200.00                                                     |       | Total (lines 50 through 199)                             | 24,505,840                                      | 1,558,661,652                                 |                           | 2,217,293                                                           | 26,770 | 200.00 |

|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                                      |                                                 | Subprovider -<br>IPF                        | PPS                                                                 |

| Cost Center Description         |       | Non Physician Anesthetist Cost      | Nursing School Post-Stepdown Adjustments | Nursing School | 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                                       | 5,176         | 50.00  |
| 50.01                           | 05001 | GASTRODIAGNOSTIC UNIT               | 0                                        | 0              | 0                                       | 0             | 50.01  |
| 50.02                           | 05002 | PAIN MANAGEMENT CENTER              | 0                                        | 0              | 0                                       | 0             | 50.02  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 0                                        | 0              | 0                                       | 1,725         | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                        | 0              | 231,458                                 | 2,070         | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 0                                        | 0              | 0                                       | 0             | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                        | 0              | 0                                       | 0             | 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                        | 0              | 0                                       | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                        | 0                                        | 0              | 0                                       | 0             | 56.00  |
| 57.00                           | 05700 | CT SCAN                             | 0                                        | 0              | 0                                       | 0             | 57.00  |
| 58.00                           | 05800 | MRI                                 | 0                                        | 0              | 0                                       | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 0                                        | 0              | 24,882                                  | 1,035         | 59.00  |
| 60.00                           | 06000 | LABORATORY                          | 0                                        | 0              | 0                                       | 221,830       | 60.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 0                                        | 0              | 35,104                                  | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 0                                        | 0              | 0                                       | 0             | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                                        | 0              | 9,258                                   | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                        | 0              | 0                                       | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                        | 0              | 0                                       | 0             | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                        | 0              | 0                                       | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                        | 0              | 0                                       | 460,299       | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                        | 0              | 0                                       | 0             | 74.00  |
| 76.00                           | 03020 | OTHER ANCILLARY                     | 0                                        | 0              | 0                                       | 345           | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 0                                        | 0              | 50,149                                  | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                        | 0              | 20,831                                  | 0             | 76.98  |
| OUTPATIENT SERVICE COST CENTERS |       |                                     |                                          |                |                                         |               |        |
| 91.00                           | 09100 | EMERGENCY                           | 0                                        | 0              | 0                                       | 2,416         | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                        | 0              | 0                                       | 0             | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                                        | 0              | 371,682                                 | 694,896       | 200.00 |

|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                                      |                                                 | Subprovider -<br>IPF                        | PPS                                                                 |

| Cost Center Description                | All Other Medical Education Cost | Total Cost (sum of col 1 through col 4) | Total Outpatient Cost (sum of col 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col 8) | Ratio of Cost to Charges (col 5 ÷ col 7) |               |          |        |
|----------------------------------------|----------------------------------|-----------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------|---------------|----------|--------|
|                                        | 4.00                             | 5.00                                    | 6.00                                          | 7.00                                        | 8.00                                     |               |          |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                  |                                         |                                               |                                             |                                          |               |          |        |
| 50.00                                  | 05000                            | OPERATING ROOM                          | 0                                             | 5,176                                       | 5,176                                    | 189,639,065   | 0.000027 | 50.00  |
| 50.01                                  | 05001                            | GASTRODIAGNOSTIC UNIT                   | 0                                             | 0                                           | 0                                        | 23,342,173    | 0.000000 | 50.01  |
| 50.02                                  | 05002                            | PAIN MANAGEMENT CENTER                  | 0                                             | 0                                           | 0                                        | 0             | 0.000000 | 50.02  |
| 51.00                                  | 05100                            | RECOVERY ROOM                           | 0                                             | 1,725                                       | 1,725                                    | 18,588,270    | 0.000093 | 51.00  |
| 52.00                                  | 05200                            | DELIVERY ROOM & LABOR ROOM              | 0                                             | 233,528                                     | 233,528                                  | 20,279,852    | 0.011515 | 52.00  |
| 53.00                                  | 05300                            | ANESTHESIOLOGY                          | 0                                             | 0                                           | 0                                        | 45,140,808    | 0.000000 | 53.00  |
| 54.00                                  | 05400                            | RADIOLOGY-DIAGNOSTIC                    | 0                                             | 0                                           | 0                                        | 76,175,027    | 0.000000 | 54.00  |
| 55.00                                  | 05500                            | RADIOLOGY-THERAPEUTIC                   | 0                                             | 0                                           | 0                                        | 8,087,102     | 0.000000 | 55.00  |
| 56.00                                  | 05600                            | RADIOISOTOPE                            | 0                                             | 0                                           | 0                                        | 22,234,261    | 0.000000 | 56.00  |
| 57.00                                  | 05700                            | CT SCAN                                 | 0                                             | 0                                           | 0                                        | 110,626,664   | 0.000000 | 57.00  |
| 58.00                                  | 05800                            | MRI                                     | 0                                             | 0                                           | 0                                        | 15,126,889    | 0.000000 | 58.00  |
| 59.00                                  | 05900                            | CARDIAC CATHETERIZATION                 | 0                                             | 25,917                                      | 25,917                                   | 244,404,421   | 0.000106 | 59.00  |
| 60.00                                  | 06000                            | LABORATORY                              | 0                                             | 221,830                                     | 221,830                                  | 124,936,233   | 0.001776 | 60.00  |
| 65.00                                  | 06500                            | RESPIRATORY THERAPY                     | 0                                             | 35,104                                      | 35,104                                   | 45,721,512    | 0.000768 | 65.00  |
| 66.00                                  | 06600                            | PHYSICAL THERAPY                        | 0                                             | 0                                           | 0                                        | 33,017,044    | 0.000000 | 66.00  |
| 69.00                                  | 06900                            | ELECTROCARDIOLOGY                       | 0                                             | 9,258                                       | 9,258                                    | 87,479,208    | 0.000106 | 69.00  |
| 70.00                                  | 07000                            | ELECTROENCEPHALOGRAPHY                  | 0                                             | 0                                           | 0                                        | 14,928,475    | 0.000000 | 70.00  |
| 71.00                                  | 07100                            | MEDICAL SUPPLIES CHARGED TO PATIENT     | 0                                             | 0                                           | 0                                        | 95,856,647    | 0.000000 | 71.00  |
| 72.00                                  | 07200                            | IMPL. DEV. CHARGED TO PATIENTS          | 0                                             | 0                                           | 0                                        | 117,297,142   | 0.000000 | 72.00  |
| 73.00                                  | 07300                            | DRUGS CHARGED TO PATIENTS               | 0                                             | 460,299                                     | 460,299                                  | 146,432,006   | 0.003143 | 73.00  |
| 74.00                                  | 07400                            | RENAL DIALYSIS                          | 0                                             | 0                                           | 0                                        | 3,507,891     | 0.000000 | 74.00  |
| 76.00                                  | 03020                            | OTHER ANCILLARY                         | 0                                             | 345                                         | 345                                      | 10,699,081    | 0.000032 | 76.00  |
| 76.97                                  | 07697                            | CARDIAC REHABILITATION                  | 0                                             | 50,149                                      | 50,149                                   | 2,887,617     | 0.017367 | 76.97  |
| 76.98                                  | 07698                            | HYPERBARIC OXYGEN THERAPY               | 0                                             | 20,831                                      | 20,831                                   | 4,933,514     | 0.004222 | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                  |                                         |                                               |                                             |                                          |               |          |        |
| 91.00                                  | 09100                            | EMERGENCY                               | 0                                             | 2,416                                       | 2,416                                    | 91,832,613    | 0.000026 | 91.00  |
| 92.00                                  | 09200                            | OBSERVATION BEDS (NON-DISTINCT PART     | 0                                             | 0                                           | 0                                        | 5,488,137     | 0.000000 | 92.00  |
| 200.00                                 |                                  | Total (lines 50 through 199)            | 0                                             | 1,066,578                                   | 1,066,578                                | 1,558,661,652 |          | 200.00 |

|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                                      |                                                 | Subprovider -<br>IPF                        | PPS                                                                 |

| Cost Center Description         |                                           | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) |        |
|---------------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------|--------|
|                                 |                                           | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                      | 13.00                                                    |        |
| ANCILLARY SERVICE COST CENTERS  |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 50.00                           | 05000 OPERATING ROOM                      | 0.000027                                              | 1,943                     | 0                                                       | 158                        | 0                                                        | 50.00  |
| 50.01                           | 05001 GASTRODIAGNOSTIC UNIT               | 0.000000                                              | 4,512                     | 0                                                       | 90                         | 0                                                        | 50.01  |
| 50.02                           | 05002 PAIN MANAGEMENT CENTER              | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 50.02  |
| 51.00                           | 05100 RECOVERY ROOM                       | 0.000093                                              | 12,605                    | 1                                                       | 513                        | 0                                                        | 51.00  |
| 52.00                           | 05200 DELIVERY ROOM & LABOR ROOM          | 0.011515                                              | 7,374                     | 85                                                      | 30                         | 0                                                        | 52.00  |
| 53.00                           | 05300 ANESTHESIOLOGY                      | 0.000000                                              | 45,881                    | 0                                                       | 1,799                      | 0                                                        | 53.00  |
| 54.00                           | 05400 RADIOLOGY-DIAGNOSTIC                | 0.000000                                              | 72,413                    | 0                                                       | 2,405                      | 0                                                        | 54.00  |
| 55.00                           | 05500 RADIOLOGY-THERAPEUTIC               | 0.000000                                              | 5                         | 0                                                       | 0                          | 0                                                        | 55.00  |
| 56.00                           | 05600 RADIOISOTOPE                        | 0.000000                                              | 5,391                     | 0                                                       | 0                          | 0                                                        | 56.00  |
| 57.00                           | 05700 CT SCAN                             | 0.000000                                              | 217,815                   | 0                                                       | 14,315                     | 0                                                        | 57.00  |
| 58.00                           | 05800 MRI                                 | 0.000000                                              | 21,880                    | 0                                                       | 0                          | 0                                                        | 58.00  |
| 59.00                           | 05900 CARDIAC CATHETERIZATION             | 0.000106                                              | 15,109                    | 2                                                       | 123                        | 0                                                        | 59.00  |
| 60.00                           | 06000 LABORATORY                          | 0.001776                                              | 355,193                   | 631                                                     | 20,557                     | 37                                                       | 60.00  |
| 65.00                           | 06500 RESPIRATORY THERAPY                 | 0.000768                                              | 44,739                    | 34                                                      | 1,195                      | 1                                                        | 65.00  |
| 66.00                           | 06600 PHYSICAL THERAPY                    | 0.000000                                              | 102,980                   | 0                                                       | 0                          | 0                                                        | 66.00  |
| 69.00                           | 06900 ELECTROCARDIOLOGY                   | 0.000106                                              | 142,282                   | 15                                                      | 4,124                      | 0                                                        | 69.00  |
| 70.00                           | 07000 ELECTROENCEPHALOGRAPHY              | 0.000000                                              | 26,330                    | 0                                                       | 0                          | 0                                                        | 70.00  |
| 71.00                           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                                              | 83,896                    | 0                                                       | 323                        | 0                                                        | 71.00  |
| 72.00                           | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 72.00  |
| 73.00                           | 07300 DRUGS CHARGED TO PATIENTS           | 0.003143                                              | 796,436                   | 2,503                                                   | 3,949                      | 12                                                       | 73.00  |
| 74.00                           | 07400 RENAL DIALYSIS                      | 0.000000                                              | 92                        | 0                                                       | 0                          | 0                                                        | 74.00  |
| 76.00                           | 03020 OTHER ANCILLARY                     | 0.000032                                              | 151,880                   | 5                                                       | 9,776                      | 0                                                        | 76.00  |
| 76.97                           | 07697 CARDIAC REHABILITATION              | 0.017367                                              | 402                       | 7                                                       | 0                          | 0                                                        | 76.97  |
| 76.98                           | 07698 HYPERBARIC OXYGEN THERAPY           | 0.004222                                              | 36                        | 0                                                       | 78                         | 0                                                        | 76.98  |
| OUTPATIENT SERVICE COST CENTERS |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 91.00                           | 09100 EMERGENCY                           | 0.000026                                              | 105,121                   | 3                                                       | 47,079                     | 1                                                        | 91.00  |
| 92.00                           | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.000000                                              | 2,978                     | 0                                                       | 32,530                     | 0                                                        | 92.00  |
| 200.00                          | Total (lines 50 through 199)              |                                                       | 2,217,293                 | 3,286                                                   | 139,044                    | 51                                                       | 200.00 |

|                                                                  |                                                 |                                             |                                                                    |
|------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                      |                                                 | Subprovider -<br>IPF                        | PPS                                                                |

| Cost Center Description                          | Cost to Charge Ratio From Worksheet C, Part I, col. 9 | Charges                                            |                                                               |                                                                   | Costs                    |        |        |
|--------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|--------|--------|
|                                                  |                                                       | PPS Reimbursed Services (see inst.)                | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) | PPS Services (see inst.) |        |        |
|                                                  |                                                       | 1.00                                               | 2.00                                                          | 3.00                                                              | 4.00                     |        | 5.00   |
| <b>ANCILLARY SERVICE COST CENTERS</b>            |                                                       |                                                    |                                                               |                                                                   |                          |        |        |
| 50.00 05000 OPERATING ROOM                       | 0.172561                                              | 158                                                | 0                                                             | 0                                                                 | 27                       | 50.00  |        |
| 50.01 05001 GASTRODIAGNOSTIC UNIT                | 0.107968                                              | 90                                                 | 0                                                             | 0                                                                 | 10                       | 50.01  |        |
| 50.02 05002 PAIN MANAGEMENT CENTER               | 0.000000                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 50.02  |        |
| 51.00 05100 RECOVERY ROOM                        | 0.254217                                              | 513                                                | 0                                                             | 0                                                                 | 130                      | 51.00  |        |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM           | 0.435523                                              | 30                                                 | 0                                                             | 0                                                                 | 13                       | 52.00  |        |
| 53.00 05300 ANESTHESIOLOGY                       | 0.122064                                              | 1,799                                              | 0                                                             | 0                                                                 | 220                      | 53.00  |        |
| 54.00 05400 RADIOLOGY-DIAGNOSTIC                 | 0.123940                                              | 2,405                                              | 0                                                             | 0                                                                 | 298                      | 54.00  |        |
| 55.00 05500 RADIOLOGY-THERAPEUTIC                | 0.202489                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 55.00  |        |
| 56.00 05600 RADIOISOTOPE                         | 0.114185                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 56.00  |        |
| 57.00 05700 CT SCAN                              | 0.023990                                              | 14,315                                             | 0                                                             | 0                                                                 | 343                      | 57.00  |        |
| 58.00 05800 MRI                                  | 0.104736                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 58.00  |        |
| 59.00 05900 CARDIAC CATHETERIZATION              | 0.068191                                              | 123                                                | 0                                                             | 0                                                                 | 8                        | 59.00  |        |
| 60.00 06000 LABORATORY                           | 0.161224                                              | 20,557                                             | 0                                                             | 0                                                                 | 3,314                    | 60.00  |        |
| 65.00 06500 RESPIRATORY THERAPY                  | 0.157413                                              | 1,195                                              | 0                                                             | 0                                                                 | 188                      | 65.00  |        |
| 66.00 06600 PHYSICAL THERAPY                     | 0.298095                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 66.00  |        |
| 69.00 06900 ELECTROCARDIOLOGY                    | 0.084316                                              | 4,124                                              | 0                                                             | 0                                                                 | 348                      | 69.00  |        |
| 70.00 07000 ELECTROENCEPHALOGRAPHY               | 0.129766                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 70.00  |        |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 0.331262                                              | 323                                                | 0                                                             | 0                                                                 | 107                      | 71.00  |        |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS       | 0.365155                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 72.00  |        |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0.155125                                              | 3,949                                              | 0                                                             | 77                                                                | 613                      | 73.00  |        |
| 74.00 07400 RENAL DIALYSIS                       | 0.349081                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 74.00  |        |
| 76.00 03020 OTHER ANCILLARY                      | 0.390683                                              | 9,776                                              | 0                                                             | 0                                                                 | 3,819                    | 76.00  |        |
| 76.97 07697 CARDIAC REHABILITATION               | 0.528819                                              | 0                                                  | 0                                                             | 0                                                                 | 0                        | 76.97  |        |
| 76.98 07698 HYPERBARIC OXYGEN THERAPY            | 0.307966                                              | 78                                                 | 0                                                             | 0                                                                 | 24                       | 76.98  |        |
| <b>OUTPATIENT SERVICE COST CENTERS</b>           |                                                       |                                                    |                                                               |                                                                   |                          |        |        |
| 91.00 09100 EMERGENCY                            | 0.178299                                              | 47,079                                             | 0                                                             | 0                                                                 | 8,394                    | 91.00  |        |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0.407030                                              | 32,530                                             | 0                                                             | 0                                                                 | 13,241                   | 92.00  |        |
| 200.00                                           |                                                       | Subtotal (see instructions)                        | 139,044                                                       | 0                                                                 | 77                       | 31,097 | 200.00 |
| 201.00                                           |                                                       | Less PBP Clinic Lab. Services-Program Only Charges |                                                               | 0                                                                 | 0                        |        | 201.00 |
| 202.00                                           |                                                       | Net Charges (line 200 - line 201)                  | 139,044                                                       | 0                                                                 | 77                       | 31,097 | 202.00 |

|                                                                  |                                                 |                                             |                                                                    |
|------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part V<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                      |                                                 | Subprovider -<br>IPF                        | PPS                                                                |

| Cost Center Description                                   | Costs                                                         |                                                                   |        |
|-----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|--------|
|                                                           | Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) | Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) |        |
|                                                           | 6.00                                                          | 7.00                                                              |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>                     |                                                               |                                                                   |        |
| 50.00 05000 OPERATING ROOM                                | 0                                                             | 0                                                                 | 50.00  |
| 50.01 05001 GASTRODIAGNOSTIC UNIT                         | 0                                                             | 0                                                                 | 50.01  |
| 50.02 05002 PAIN MANAGEMENT CENTER                        | 0                                                             | 0                                                                 | 50.02  |
| 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  |
| 56.00 05600 RADIOISOTOPE                                  | 0                                                             | 0                                                                 | 56.00  |
| 57.00 05700 CT SCAN                                       | 0                                                             | 0                                                                 | 57.00  |
| 58.00 05800 MRI                                           | 0                                                             | 0                                                                 | 58.00  |
| 59.00 05900 CARDIAC CATHETERIZATION                       | 0                                                             | 0                                                                 | 59.00  |
| 60.00 06000 LABORATORY                                    | 0                                                             | 0                                                                 | 60.00  |
| 65.00 06500 RESPIRATORY THERAPY                           | 0                                                             | 0                                                                 | 65.00  |
| 66.00 06600 PHYSICAL THERAPY                              | 0                                                             | 0                                                                 | 66.00  |
| 69.00 06900 ELECTROCARDIOLOGY                             | 0                                                             | 0                                                                 | 69.00  |
| 70.00 07000 ELECTROENCEPHALOGRAPHY                        | 0                                                             | 0                                                                 | 70.00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT           | 0                                                             | 0                                                                 | 71.00  |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                | 0                                                             | 0                                                                 | 72.00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                     | 0                                                             | 12                                                                | 73.00  |
| 74.00 07400 RENAL DIALYSIS                                | 0                                                             | 0                                                                 | 74.00  |
| 76.00 03020 OTHER ANCILLARY                               | 0                                                             | 0                                                                 | 76.00  |
| 76.97 07697 CARDIAC REHABILITATION                        | 0                                                             | 0                                                                 | 76.97  |
| 76.98 07698 HYPERBARIC OXYGEN THERAPY                     | 0                                                             | 0                                                                 | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>                    |                                                               |                                                                   |        |
| 91.00 09100 EMERGENCY                                     | 0                                                             | 0                                                                 | 91.00  |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART           | 0                                                             | 0                                                                 | 92.00  |
| 200.00 Subtotal (see instructions)                        | 0                                                             | 12                                                                | 200.00 |
| 201.00 Less PBP Clinic Lab. Services-Program Only Charges | 0                                                             |                                                                   | 201.00 |
| 202.00 Net Charges (line 200 - line 201)                  | 0                                                             | 12                                                                | 202.00 |



|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                                      |                                                 | Skilled Nursing Facility                    | PPS                                                                 |

| Cost Center Description         |       | Non Physician Anesthetist Cost      | Nursing School Post-Stepdown Adjustments | Nursing School | 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                                       | 5,176         | 50.00  |
| 50.01                           | 05001 | GASTRODIAGNOSTIC UNIT               | 0                                        | 0              | 0                                       | 0             | 50.01  |
| 50.02                           | 05002 | PAIN MANAGEMENT CENTER              | 0                                        | 0              | 0                                       | 0             | 50.02  |
| 51.00                           | 05100 | RECOVERY ROOM                       | 0                                        | 0              | 0                                       | 1,725         | 51.00  |
| 52.00                           | 05200 | DELIVERY ROOM & LABOR ROOM          | 0                                        | 0              | 231,458                                 | 2,070         | 52.00  |
| 53.00                           | 05300 | ANESTHESIOLOGY                      | 0                                        | 0              | 0                                       | 0             | 53.00  |
| 54.00                           | 05400 | RADIOLOGY-DIAGNOSTIC                | 0                                        | 0              | 0                                       | 0             | 54.00  |
| 55.00                           | 05500 | RADIOLOGY-THERAPEUTIC               | 0                                        | 0              | 0                                       | 0             | 55.00  |
| 56.00                           | 05600 | RADIOISOTOPE                        | 0                                        | 0              | 0                                       | 0             | 56.00  |
| 57.00                           | 05700 | CT SCAN                             | 0                                        | 0              | 0                                       | 0             | 57.00  |
| 58.00                           | 05800 | MRI                                 | 0                                        | 0              | 0                                       | 0             | 58.00  |
| 59.00                           | 05900 | CARDIAC CATHETERIZATION             | 0                                        | 0              | 24,882                                  | 1,035         | 59.00  |
| 60.00                           | 06000 | LABORATORY                          | 0                                        | 0              | 0                                       | 221,830       | 60.00  |
| 65.00                           | 06500 | RESPIRATORY THERAPY                 | 0                                        | 0              | 35,104                                  | 0             | 65.00  |
| 66.00                           | 06600 | PHYSICAL THERAPY                    | 0                                        | 0              | 0                                       | 0             | 66.00  |
| 69.00                           | 06900 | ELECTROCARDIOLOGY                   | 0                                        | 0              | 9,258                                   | 0             | 69.00  |
| 70.00                           | 07000 | ELECTROENCEPHALOGRAPHY              | 0                                        | 0              | 0                                       | 0             | 70.00  |
| 71.00                           | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                        | 0              | 0                                       | 0             | 71.00  |
| 72.00                           | 07200 | IMPL. DEV. CHARGED TO PATIENTS      | 0                                        | 0              | 0                                       | 0             | 72.00  |
| 73.00                           | 07300 | DRUGS CHARGED TO PATIENTS           | 0                                        | 0              | 0                                       | 460,299       | 73.00  |
| 74.00                           | 07400 | RENAL DIALYSIS                      | 0                                        | 0              | 0                                       | 0             | 74.00  |
| 76.00                           | 03020 | OTHER ANCILLARY                     | 0                                        | 0              | 0                                       | 345           | 76.00  |
| 76.97                           | 07697 | CARDIAC REHABILITATION              | 0                                        | 0              | 50,149                                  | 0             | 76.97  |
| 76.98                           | 07698 | HYPERBARIC OXYGEN THERAPY           | 0                                        | 0              | 20,831                                  | 0             | 76.98  |
| OUTPATIENT SERVICE COST CENTERS |       |                                     |                                          |                |                                         |               |        |
| 91.00                           | 09100 | EMERGENCY                           | 0                                        | 0              | 0                                       | 2,416         | 91.00  |
| 92.00                           | 09200 | OBSERVATION BEDS (NON-DISTINCT PART | 0                                        | 0              | 0                                       | 0             | 92.00  |
| 200.00                          |       | Total (lines 50 through 199)        | 0                                        | 0              | 371,682                                 | 694,896       | 200.00 |

|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
| Title XVIII                                                                      |                                                 | Skilled Nursing Facility                    | PPS                                                                 |

| Cost Center Description                |                                           | All Other Medical Education Cost | Total Cost (sum of col 1 through col 4) | Total Outpatient Cost (sum of col 2, 3 and 4) | Total Charges (from Wkst. C, Part I, col 8) | Ratio of Cost to Charges (col 5 ÷ col 7) |        |
|----------------------------------------|-------------------------------------------|----------------------------------|-----------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------|--------|
|                                        |                                           | 4.00                             | 5.00                                    | 6.00                                          | 7.00                                        | 8.00                                     |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                           |                                  |                                         |                                               |                                             |                                          |        |
| 50.00                                  | 05000 OPERATING ROOM                      | 0                                | 5,176                                   | 5,176                                         | 189,639,065                                 | 0.000027                                 | 50.00  |
| 50.01                                  | 05001 GASTRODIAGNOSTIC UNIT               | 0                                | 0                                       | 0                                             | 23,342,173                                  | 0.000000                                 | 50.01  |
| 50.02                                  | 05002 PAIN MANAGEMENT CENTER              | 0                                | 0                                       | 0                                             | 0                                           | 0.000000                                 | 50.02  |
| 51.00                                  | 05100 RECOVERY ROOM                       | 0                                | 1,725                                   | 1,725                                         | 18,588,270                                  | 0.000093                                 | 51.00  |
| 52.00                                  | 05200 DELIVERY ROOM & LABOR ROOM          | 0                                | 233,528                                 | 233,528                                       | 20,279,852                                  | 0.011515                                 | 52.00  |
| 53.00                                  | 05300 ANESTHESIOLOGY                      | 0                                | 0                                       | 0                                             | 45,140,808                                  | 0.000000                                 | 53.00  |
| 54.00                                  | 05400 RADIOLOGY-DIAGNOSTIC                | 0                                | 0                                       | 0                                             | 76,175,027                                  | 0.000000                                 | 54.00  |
| 55.00                                  | 05500 RADIOLOGY-THERAPEUTIC               | 0                                | 0                                       | 0                                             | 8,087,102                                   | 0.000000                                 | 55.00  |
| 56.00                                  | 05600 RADIOISOTOPE                        | 0                                | 0                                       | 0                                             | 22,234,261                                  | 0.000000                                 | 56.00  |
| 57.00                                  | 05700 CT SCAN                             | 0                                | 0                                       | 0                                             | 110,626,664                                 | 0.000000                                 | 57.00  |
| 58.00                                  | 05800 MRI                                 | 0                                | 0                                       | 0                                             | 15,126,889                                  | 0.000000                                 | 58.00  |
| 59.00                                  | 05900 CARDIAC CATHETERIZATION             | 0                                | 25,917                                  | 25,917                                        | 244,404,421                                 | 0.000106                                 | 59.00  |
| 60.00                                  | 06000 LABORATORY                          | 0                                | 221,830                                 | 221,830                                       | 124,936,233                                 | 0.001776                                 | 60.00  |
| 65.00                                  | 06500 RESPIRATORY THERAPY                 | 0                                | 35,104                                  | 35,104                                        | 45,721,512                                  | 0.000768                                 | 65.00  |
| 66.00                                  | 06600 PHYSICAL THERAPY                    | 0                                | 0                                       | 0                                             | 33,017,044                                  | 0.000000                                 | 66.00  |
| 69.00                                  | 06900 ELECTROCARDIOLOGY                   | 0                                | 9,258                                   | 9,258                                         | 87,479,208                                  | 0.000106                                 | 69.00  |
| 70.00                                  | 07000 ELECTROENCEPHALOGRAPHY              | 0                                | 0                                       | 0                                             | 14,928,475                                  | 0.000000                                 | 70.00  |
| 71.00                                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0                                | 0                                       | 0                                             | 95,856,647                                  | 0.000000                                 | 71.00  |
| 72.00                                  | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0                                | 0                                       | 0                                             | 117,297,142                                 | 0.000000                                 | 72.00  |
| 73.00                                  | 07300 DRUGS CHARGED TO PATIENTS           | 0                                | 460,299                                 | 460,299                                       | 146,432,006                                 | 0.003143                                 | 73.00  |
| 74.00                                  | 07400 RENAL DIALYSIS                      | 0                                | 0                                       | 0                                             | 3,507,891                                   | 0.000000                                 | 74.00  |
| 76.00                                  | 03020 OTHER ANCILLARY                     | 0                                | 345                                     | 345                                           | 10,699,081                                  | 0.000032                                 | 76.00  |
| 76.97                                  | 07697 CARDIAC REHABILITATION              | 0                                | 50,149                                  | 50,149                                        | 2,887,617                                   | 0.017367                                 | 76.97  |
| 76.98                                  | 07698 HYPERBARIC OXYGEN THERAPY           | 0                                | 20,831                                  | 20,831                                        | 4,933,514                                   | 0.004222                                 | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                           |                                  |                                         |                                               |                                             |                                          |        |
| 91.00                                  | 09100 EMERGENCY                           | 0                                | 2,416                                   | 2,416                                         | 91,832,613                                  | 0.000026                                 | 91.00  |
| 92.00                                  | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0                                | 0                                       | 0                                             | 5,488,137                                   | 0.000000                                 | 92.00  |
| 200.00                                 | Total (lines 50 through 199)              | 0                                | 1,066,578                               | 1,066,578                                     | 1,558,661,652                               |                                          | 200.00 |

|                                                                                  |                                                 |                                             |                                                                     |
|----------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D<br>Part IV<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
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|  |             |                          |     |
|--|-------------|--------------------------|-----|
|  | Title XVIII | Skilled Nursing Facility | PPS |
|--|-------------|--------------------------|-----|

| Cost Center Description                |                                           | Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) | Inpatient Program Charges | Inpatient Program Pass-Through Costs (col. 8 x col. 10) | Outpatient Program Charges | Outpatient Program Pass-Through Costs (col. 9 x col. 12) |        |
|----------------------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------|--------|
|                                        |                                           | 9.00                                                  | 10.00                     | 11.00                                                   | 12.00                      | 13.00                                                    |        |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 50.00                                  | 05000 OPERATING ROOM                      | 0.000027                                              | 0                         | 0                                                       | 0                          | 0                                                        | 50.00  |
| 50.01                                  | 05001 GASTRODIAGNOSTIC UNIT               | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 50.01  |
| 50.02                                  | 05002 PAIN MANAGEMENT CENTER              | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 50.02  |
| 51.00                                  | 05100 RECOVERY ROOM                       | 0.000093                                              | 0                         | 0                                                       | 0                          | 0                                                        | 51.00  |
| 52.00                                  | 05200 DELIVERY ROOM & LABOR ROOM          | 0.011515                                              | 0                         | 0                                                       | 0                          | 0                                                        | 52.00  |
| 53.00                                  | 05300 ANESTHESIOLOGY                      | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 53.00  |
| 54.00                                  | 05400 RADIOLOGY-DIAGNOSTIC                | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 54.00  |
| 55.00                                  | 05500 RADIOLOGY-THERAPEUTIC               | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 55.00  |
| 56.00                                  | 05600 RADIOISOTOPE                        | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 56.00  |
| 57.00                                  | 05700 CT SCAN                             | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 57.00  |
| 58.00                                  | 05800 MRI                                 | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 58.00  |
| 59.00                                  | 05900 CARDIAC CATHETERIZATION             | 0.000106                                              | 0                         | 0                                                       | 0                          | 0                                                        | 59.00  |
| 60.00                                  | 06000 LABORATORY                          | 0.001776                                              | 0                         | 0                                                       | 0                          | 0                                                        | 60.00  |
| 65.00                                  | 06500 RESPIRATORY THERAPY                 | 0.000768                                              | 0                         | 0                                                       | 0                          | 0                                                        | 65.00  |
| 66.00                                  | 06600 PHYSICAL THERAPY                    | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 66.00  |
| 69.00                                  | 06900 ELECTROCARDIOLOGY                   | 0.000106                                              | 0                         | 0                                                       | 0                          | 0                                                        | 69.00  |
| 70.00                                  | 07000 ELECTROENCEPHALOGRAPHY              | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 70.00  |
| 71.00                                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 71.00  |
| 72.00                                  | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 72.00  |
| 73.00                                  | 07300 DRUGS CHARGED TO PATIENTS           | 0.003143                                              | 0                         | 0                                                       | 0                          | 0                                                        | 73.00  |
| 74.00                                  | 07400 RENAL DIALYSIS                      | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 74.00  |
| 76.00                                  | 03020 OTHER ANCILLARY                     | 0.000032                                              | 0                         | 0                                                       | 0                          | 0                                                        | 76.00  |
| 76.97                                  | 07697 CARDIAC REHABILITATION              | 0.017367                                              | 0                         | 0                                                       | 0                          | 0                                                        | 76.97  |
| 76.98                                  | 07698 HYPERBARIC OXYGEN THERAPY           | 0.004222                                              | 0                         | 0                                                       | 0                          | 0                                                        | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                           |                                                       |                           |                                                         |                            |                                                          |        |
| 91.00                                  | 09100 EMERGENCY                           | 0.000026                                              | 0                         | 0                                                       | 0                          | 0                                                        | 91.00  |
| 92.00                                  | 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0.000000                                              | 0                         | 0                                                       | 0                          | 0                                                        | 92.00  |
| 200.00                                 | Total (lines 50 through 199)              |                                                       | 0                         | 0                                                       | 0                          | 0                                                        | 200.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 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)                                                                                                        |                       | 70,844                                      | 1.00                                                       |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                       | 70,844                                      | 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)                                                                                                                     |                       | 68,339                                      | 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)                                                                         |                       | 28,310                                      | 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)                                                                                                                           |                       | 63,175,065                                  | 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)                                                                                                      |                       | 63,175,065                                  | 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)                                                                   |                       | 63,175,065                                  | 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)                                                                                                               |                       | 891.75                                      | 38.00                                                      |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                       | 25,245,443                                  | 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)                                                                                                                  |                       | 25,245,443                                  | 41.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                      |                      | Provider CCN: 14-0053              | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 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                                                          | 42.00 |
| Intensive Care Type Inpatient Hospital Units                                                                                                                                                                                                                          |                      |                      |                                    |                                             |                                                            |       |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 18,430,286           | 11,485               | 1,604.73                           | 5,619                                       | 9,016,978                                                  | 43.00 |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |                                             |                                                            | 44.00 |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |                                             |                                                            | 45.00 |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |                                             |                                                            | 46.00 |
| 47.00 HIGH RISK NEONATAL                                                                                                                                                                                                                                              | 15,157,988           | 13,192               | 1,149.03                           | 0                                           | 0                                                          | 47.00 |
| Cost Center Description                                                                                                                                                                                                                                               |                      |                      |                                    |                                             |                                                            |       |
|                                                                                                                                                                                                                                                                       |                      |                      |                                    |                                             | 1.00                                                       |       |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |                                             | 57,046,635                                                 | 48.00 |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |                                             | 91,309,056                                                 | 49.00 |
| PASS THROUGH COST ADJUSTMENTS                                                                                                                                                                                                                                         |                      |                      |                                    |                                             |                                                            |       |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |                                             | 4,477,948                                                  | 50.00 |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |                                             | 5,099,428                                                  | 51.00 |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |                                             | 9,577,376                                                  | 52.00 |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)                                                                                                                |                      |                      |                                    |                                             | 81,731,680                                                 | 53.00 |
| TARGET AMOUNT AND LIMIT COMPUTATION                                                                                                                                                                                                                                   |                      |                      |                                    |                                             |                                                            |       |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |                                             | 0                                                          | 54.00 |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |                                             | 0.00                                                       | 55.00 |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |                                             | 0                                                          | 56.00 |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |                                             | 0                                                          | 57.00 |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |                                             | 0                                                          | 58.00 |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |                                             | 0.00                                                       | 59.00 |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |                                             | 0.00                                                       | 60.00 |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |                                             | 0                                                          | 61.00 |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |                                             | 0                                                          | 62.00 |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |                                             | 0                                                          | 63.00 |
| PROGRAM INPATIENT ROUTINE SWING BED COST                                                                                                                                                                                                                              |                      |                      |                                    |                                             |                                                            |       |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |                                             | 0                                                          | 64.00 |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |                                             | 0                                                          | 65.00 |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |                                             | 0                                                          | 66.00 |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |                                             | 0                                                          | 67.00 |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |                                             | 0                                                          | 68.00 |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |                                             | 0                                                          | 69.00 |
| PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY                                                                                                                                                                                         |                      |                      |                                    |                                             |                                                            |       |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |                                             |                                                            | 70.00 |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |                                             |                                                            | 71.00 |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |                                             |                                                            | 72.00 |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |                                             |                                                            | 73.00 |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |                                             |                                                            | 74.00 |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |                                             |                                                            | 75.00 |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |                                             |                                                            | 76.00 |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |                                             |                                                            | 77.00 |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |                                             |                                                            | 78.00 |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |                                             |                                                            | 79.00 |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |                                             |                                                            | 80.00 |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |                                             |                                                            | 81.00 |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |                                             |                                                            | 82.00 |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |                                             |                                                            | 83.00 |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |                                             |                                                            | 84.00 |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |                                             |                                                            | 85.00 |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |                                             |                                                            | 86.00 |
| PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST                                                                                                                                                                                                            |                      |                      |                                    |                                             |                                                            |       |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |                                             | 2,505                                                      | 87.00 |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |                                             | 891.75                                                     | 88.00 |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |                                             | 2,233,834                                                  | 89.00 |

| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 14-0053 |                                   | Period:<br>From 07/01/2017<br>To 06/30/2018 |                                                       | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm                            |       |
|--------------------------------------------------|-----------------------------|-----------------------|-----------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|-------|
| Cost Center Description                          |                             | Cost                  | Routine Cost<br>(from line<br>21) | column 1 +<br>column 2                      | Total<br>Observation<br>Bed Cost<br>(from line<br>89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x<br>col. 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        | 6,545,905             | 63,175,065                        | 0.103615                                    | 2,233,834                                             | 231,459                                                                               | 90.00 |
| 91.00                                            | Nursing School cost         | 2,258,066             | 63,175,065                        | 0.035743                                    | 2,233,834                                             | 79,844                                                                                | 91.00 |
| 92.00                                            | Allied health cost          | 119,396               | 63,175,065                        | 0.001890                                    | 2,233,834                                             | 4,222                                                                                 | 92.00 |
| 93.00                                            | All other Medical Education | 0                     | 63,175,065                        | 0.000000                                    | 2,233,834                                             | 0                                                                                     | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                        |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 |                                             | 1.00                                                       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 | 4,336                                       | 1.00                                                       |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 | 4,336                                       | 2.00                                                       |
| 3.00                                                                         | Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.                                                          |                                                 | 0                                           | 3.00                                                       |
| 4.00                                                                         | Semi-private room days (excluding swing-bed and observation bed days)                                                                                                                     |                                                 | 4,336                                       | 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)                                                                         |                                                 | 2,766                                       | 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)                                                                                                                           |                                                 | 3,283,880                                   | 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)                                                                                                      |                                                 | 3,283,880                                   | 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)                                                                   |                                                 | 3,283,880                                   | 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)                                                                                                               |                                                 | 757.35                                      | 38.00                                                      |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 | 2,094,830                                   | 39.00                                                      |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                                                 | 0                                           | 40.00                                                      |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                                                 | 2,094,830                                   | 41.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                      |                      |                                    | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                      |                      |                                    | Title XVIII                                     | Subprovider -<br>IPF                        | 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                                           | 42.00                                                      |
| <b>Intensive Care Type Inpatient Hospital Units</b>                                                                                                                                                                                                                   |                      |                      |                                    |                                                 |                                             |                                                            |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             | 0                    | 0                    | 0.00                               | 0                                               | 0                                           | 43.00                                                      |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |                                                 |                                             | 44.00                                                      |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |                                                 |                                             | 45.00                                                      |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |                                                 |                                             | 46.00                                                      |
| 47.00 HIGH RISK NEONATAL                                                                                                                                                                                                                                              | 0                    | 0                    | 0.00                               | 0                                               | 0                                           | 47.00                                                      |
| <b>Cost Center Description</b>                                                                                                                                                                                                                                        |                      |                      |                                    |                                                 |                                             |                                                            |
|                                                                                                                                                                                                                                                                       |                      |                      |                                    |                                                 | 1.00                                        |                                                            |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |                                                 | 372,949                                     | 48.00                                                      |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |                                                 | 2,467,779                                   | 49.00                                                      |
| <b>PASS THROUGH COST ADJUSTMENTS</b>                                                                                                                                                                                                                                  |                      |                      |                                    |                                                 |                                             |                                                            |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |                                                 | 239,204                                     | 50.00                                                      |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |                                                 | 30,056                                      | 51.00                                                      |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |                                                 | 269,260                                     | 52.00                                                      |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)                                                                                                           |                      |                      |                                    |                                                 | 2,198,519                                   | 53.00                                                      |
| <b>TARGET AMOUNT AND LIMIT COMPUTATION</b>                                                                                                                                                                                                                            |                      |                      |                                    |                                                 |                                             |                                                            |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |                                                 | 0                                           | 54.00                                                      |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |                                                 | 0.00                                        | 55.00                                                      |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |                                                 | 0                                           | 56.00                                                      |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |                                                 | 0                                           | 57.00                                                      |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |                                                 | 0                                           | 58.00                                                      |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |                                                 | 0.00                                        | 59.00                                                      |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |                                                 | 0.00                                        | 60.00                                                      |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |                                                 | 0                                           | 61.00                                                      |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |                                                 | 0                                           | 62.00                                                      |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |                                                 | 0                                           | 63.00                                                      |
| <b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>                                                                                                                                                                                                                       |                      |                      |                                    |                                                 |                                             |                                                            |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |                                                 | 0                                           | 64.00                                                      |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |                                                 | 0                                           | 65.00                                                      |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |                                                 | 0                                           | 66.00                                                      |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |                                                 | 0                                           | 67.00                                                      |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |                                                 | 0                                           | 68.00                                                      |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |                                                 | 0                                           | 69.00                                                      |
| <b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>                                                                                                                                                                                  |                      |                      |                                    |                                                 |                                             |                                                            |
| 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                                                      |
| <b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>                                                                                                                                                                                                     |                      |                      |                                    |                                                 |                                             |                                                            |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |                                                 | 0                                           | 87.00                                                      |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |                                                 | 0.00                                        | 88.00                                                      |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |                                                 | 0                                           | 89.00                                                      |



| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 14-0053<br>Component CCN: 14-S053 |                        | Period:<br>From 07/01/2017<br>To 06/30/2018           |                                                                                       | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|-------|
|                                                  |                             | Title XVIII                                     |                        | Subprovider -<br>IPF                                  |                                                                                       | PPS                                                        |       |
| Cost Center Description                          | Cost                        | Routine Cost<br>(from line<br>21)               | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost<br>(from line<br>89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x<br>col. 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        | 370,509                                         | 3,283,880              | 0.112827                                              | 0                                                                                     | 0                                                          | 90.00 |
| 91.00                                            | Nursing School cost         | 0                                               | 3,283,880              | 0.000000                                              | 0                                                                                     | 0                                                          | 91.00 |
| 92.00                                            | Allied health cost          | 4,486                                           | 3,283,880              | 0.001366                                              | 0                                                                                     | 0                                                          | 92.00 |
| 93.00                                            | All other Medical Education | 0                                               | 3,283,880              | 0.000000                                              | 0                                                                                     | 0                                                          | 93.00 |

| COMPUTATION OF INPATIENT OPERATING COST                                      |                                                                                                                                                                                           | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                           | Title XVIII                                     | Skilled Nursing Facility                    | PPS                                                        |
| Cost Center Description                                                      |                                                                                                                                                                                           |                                                 |                                             | 1.00                                                       |
| <b>PART I - ALL PROVIDER COMPONENTS</b>                                      |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| <b>INPATIENT DAYS</b>                                                        |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 1.00                                                                         | Inpatient days (including private room days and swing-bed days, excluding newborn)                                                                                                        |                                                 |                                             | 0 1.00                                                     |
| 2.00                                                                         | Inpatient days (including private room days, excluding swing-bed and newborn days)                                                                                                        |                                                 |                                             | 0 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)                                                                                                                     |                                                 |                                             | 0 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)                                                                         |                                                 |                                             | 0 9.00                                                     |
| 10.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)                        |                                                 |                                             | 0 10.00                                                    |
| 11.00                                                                        | Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)    |                                                 |                                             | 0 11.00                                                    |
| 12.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period                                        |                                                 |                                             | 0 12.00                                                    |
| 13.00                                                                        | Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) |                                                 |                                             | 0 13.00                                                    |
| 14.00                                                                        | Medically necessary private room days applicable to the Program (excluding swing-bed days)                                                                                                |                                                 |                                             | 0 14.00                                                    |
| 15.00                                                                        | Total nursery days (title V or XIX only)                                                                                                                                                  |                                                 |                                             | 0 15.00                                                    |
| 16.00                                                                        | Nursery days (title V or XIX only)                                                                                                                                                        |                                                 |                                             | 0 16.00                                                    |
| <b>SWING BED ADJUSTMENT</b>                                                  |                                                                                                                                                                                           |                                                 |                                             |                                                            |
| 17.00                                                                        | Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period                                                                          |                                                 |                                             | 0.00 17.00                                                 |
| 18.00                                                                        | Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period                                                                            |                                                 |                                             | 0.00 18.00                                                 |
| 19.00                                                                        | Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period                                                                           |                                                 |                                             | 0.00 19.00                                                 |
| 20.00                                                                        | Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                                                                             |                                                 |                                             | 0.00 20.00                                                 |
| 21.00                                                                        | Total general inpatient routine service cost (see instructions)                                                                                                                           |                                                 |                                             | 0 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)                                                                                                      |                                                 |                                             | 0 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)                                                                   |                                                 |                                             | 0 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)                                                                                                               |                                                 |                                             | 38.00                                                      |
| 39.00                                                                        | Program general inpatient routine service cost (line 9 x line 38)                                                                                                                         |                                                 |                                             | 39.00                                                      |
| 40.00                                                                        | Medically necessary private room cost applicable to the Program (line 14 x line 35)                                                                                                       |                                                 |                                             | 40.00                                                      |
| 41.00                                                                        | Total Program general inpatient routine service cost (line 39 + line 40)                                                                                                                  |                                                 |                                             | 41.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST                                                                                                                                                                                                                               |                      |                      |                                    | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------------------|-------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                                                                                                                       |                      |                      |                                    | Title XVIII                                     | Skilled Nursing Facility                    | 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)              |                                                            |
| 42.00 NURSERY (title V & XIX only)                                                                                                                                                                                                                                    | 1.00                 | 2.00                 | 3.00                               | 4.00                                            | 5.00                                        | 42.00                                                      |
| <b>Intensive Care Type Inpatient Hospital Units</b>                                                                                                                                                                                                                   |                      |                      |                                    |                                                 |                                             |                                                            |
| 43.00 INTENSIVE CARE UNIT                                                                                                                                                                                                                                             |                      |                      |                                    |                                                 |                                             | 43.00                                                      |
| 44.00 CORONARY CARE UNIT                                                                                                                                                                                                                                              |                      |                      |                                    |                                                 |                                             | 44.00                                                      |
| 45.00 BURN INTENSIVE CARE UNIT                                                                                                                                                                                                                                        |                      |                      |                                    |                                                 |                                             | 45.00                                                      |
| 46.00 SURGICAL INTENSIVE CARE UNIT                                                                                                                                                                                                                                    |                      |                      |                                    |                                                 |                                             | 46.00                                                      |
| 47.00 HIGH RISK NEONATAL                                                                                                                                                                                                                                              |                      |                      |                                    |                                                 |                                             | 47.00                                                      |
| Cost Center Description                                                                                                                                                                                                                                               |                      |                      |                                    |                                                 | 1.00                                        |                                                            |
| 48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)                                                                                                                                                                                          |                      |                      |                                    |                                                 |                                             | 48.00                                                      |
| 49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)                                                                                                                                                                                    |                      |                      |                                    |                                                 |                                             | 49.00                                                      |
| <b>PASS THROUGH COST ADJUSTMENTS</b>                                                                                                                                                                                                                                  |                      |                      |                                    |                                                 |                                             |                                                            |
| 50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)                                                                                                                                                      |                      |                      |                                    |                                                 |                                             | 50.00                                                      |
| 51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)                                                                                                                                                    |                      |                      |                                    |                                                 |                                             | 51.00                                                      |
| 52.00 Total Program excludable cost (sum of lines 50 and 51)                                                                                                                                                                                                          |                      |                      |                                    |                                                 |                                             | 52.00                                                      |
| 53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)                                                                                                           |                      |                      |                                    |                                                 |                                             | 53.00                                                      |
| <b>TARGET AMOUNT AND LIMIT COMPUTATION</b>                                                                                                                                                                                                                            |                      |                      |                                    |                                                 |                                             |                                                            |
| 54.00 Program discharges                                                                                                                                                                                                                                              |                      |                      |                                    |                                                 |                                             | 54.00                                                      |
| 55.00 Target amount per discharge                                                                                                                                                                                                                                     |                      |                      |                                    |                                                 |                                             | 55.00                                                      |
| 56.00 Target amount (line 54 x line 55)                                                                                                                                                                                                                               |                      |                      |                                    |                                                 |                                             | 56.00                                                      |
| 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)                                                                                                                                                                  |                      |                      |                                    |                                                 |                                             | 57.00                                                      |
| 58.00 Bonus payment (see instructions)                                                                                                                                                                                                                                |                      |                      |                                    |                                                 |                                             | 58.00                                                      |
| 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket                                                                                                                                             |                      |                      |                                    |                                                 |                                             | 59.00                                                      |
| 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket                                                                                                                                                                           |                      |                      |                                    |                                                 |                                             | 60.00                                                      |
| 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) |                      |                      |                                    |                                                 |                                             | 61.00                                                      |
| 62.00 Relief payment (see instructions)                                                                                                                                                                                                                               |                      |                      |                                    |                                                 |                                             | 62.00                                                      |
| 63.00 Allowable Inpatient cost plus incentive payment (see instructions)                                                                                                                                                                                              |                      |                      |                                    |                                                 |                                             | 63.00                                                      |
| <b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>                                                                                                                                                                                                                       |                      |                      |                                    |                                                 |                                             |                                                            |
| 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                            |                      |                      |                                    |                                                 |                                             | 64.00                                                      |
| 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)                                                                                                                              |                      |                      |                                    |                                                 |                                             | 65.00                                                      |
| 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)                                                                                                                                       |                      |                      |                                    |                                                 |                                             | 66.00                                                      |
| 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)                                                                                                                                        |                      |                      |                                    |                                                 |                                             | 67.00                                                      |
| 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)                                                                                                                                          |                      |                      |                                    |                                                 |                                             | 68.00                                                      |
| 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)                                                                                                                                                                                   |                      |                      |                                    |                                                 |                                             | 69.00                                                      |
| <b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>                                                                                                                                                                                  |                      |                      |                                    |                                                 |                                             |                                                            |
| 70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)                                                                                                                                                                          |                      |                      |                                    |                                                 | 0                                           | 70.00                                                      |
| 71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)                                                                                                                                                                                     |                      |                      |                                    |                                                 | 0.00                                        | 71.00                                                      |
| 72.00 Program routine service cost (line 9 x line 71)                                                                                                                                                                                                                 |                      |                      |                                    |                                                 | 0                                           | 72.00                                                      |
| 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)                                                                                                                                                                                 |                      |                      |                                    |                                                 | 0                                           | 73.00                                                      |
| 74.00 Total Program general inpatient routine service costs (line 72 + line 73)                                                                                                                                                                                       |                      |                      |                                    |                                                 | 0                                           | 74.00                                                      |
| 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)                                                                                                                                               |                      |                      |                                    |                                                 | 0                                           | 75.00                                                      |
| 76.00 Per diem capital-related costs (line 75 ÷ line 2)                                                                                                                                                                                                               |                      |                      |                                    |                                                 | 0.00                                        | 76.00                                                      |
| 77.00 Program capital-related costs (line 9 x line 76)                                                                                                                                                                                                                |                      |                      |                                    |                                                 | 0                                           | 77.00                                                      |
| 78.00 Inpatient routine service cost (line 74 minus line 77)                                                                                                                                                                                                          |                      |                      |                                    |                                                 | 0                                           | 78.00                                                      |
| 79.00 Aggregate charges to beneficiaries for excess costs (from provider records)                                                                                                                                                                                     |                      |                      |                                    |                                                 | 0                                           | 79.00                                                      |
| 80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)                                                                                                                                                               |                      |                      |                                    |                                                 | 0                                           | 80.00                                                      |
| 81.00 Inpatient routine service cost per diem limitation                                                                                                                                                                                                              |                      |                      |                                    |                                                 | 0.00                                        | 81.00                                                      |
| 82.00 Inpatient routine service cost limitation (line 9 x line 81)                                                                                                                                                                                                    |                      |                      |                                    |                                                 | 0                                           | 82.00                                                      |
| 83.00 Reasonable inpatient routine service costs (see instructions)                                                                                                                                                                                                   |                      |                      |                                    |                                                 | 0                                           | 83.00                                                      |
| 84.00 Program inpatient ancillary services (see instructions)                                                                                                                                                                                                         |                      |                      |                                    |                                                 | 0                                           | 84.00                                                      |
| 85.00 Utilization review - physician compensation (see instructions)                                                                                                                                                                                                  |                      |                      |                                    |                                                 | 0                                           | 85.00                                                      |
| 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)                                                                                                                                                                                            |                      |                      |                                    |                                                 | 0                                           | 86.00                                                      |
| <b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>                                                                                                                                                                                                     |                      |                      |                                    |                                                 |                                             |                                                            |
| 87.00 Total observation bed days (see instructions)                                                                                                                                                                                                                   |                      |                      |                                    |                                                 | 0                                           | 87.00                                                      |
| 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)                                                                                                                                                                                             |                      |                      |                                    |                                                 | 0.00                                        | 88.00                                                      |
| 89.00 Observation bed cost (line 87 x line 88) (see instructions)                                                                                                                                                                                                     |                      |                      |                                    |                                                 | 0                                           | 89.00                                                      |

| COMPUTATION OF INPATIENT OPERATING COST          |                             | Provider CCN: 14-0053<br>Component CCN: 14-5225 |                        | Period:<br>From 07/01/2017<br>To 06/30/2018        |                                                                                       | Worksheet D-1<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |
|--------------------------------------------------|-----------------------------|-------------------------------------------------|------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|-------|
|                                                  |                             | Title XVIII                                     |                        | Skilled Nursing Facility                           |                                                                                       | PPS                                                        |       |
| Cost Center Description                          | Cost                        | Routine Cost<br>(from line 21)                  | column 1 ÷<br>column 2 | Total<br>Observation<br>Bed Cost<br>(from line 89) | Observation<br>Bed Pass<br>Through Cost<br>(col. 3 x<br>col. 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        | 0                                               | 0                      | 0.000000                                           | 0                                                                                     | 0                                                          | 90.00 |
| 91.00                                            | Nursing School cost         | 0                                               | 0                      | 0.000000                                           | 0                                                                                     | 0                                                          | 91.00 |
| 92.00                                            | Allied health cost          | 0                                               | 0                      | 0.000000                                           | 0                                                                                     | 0                                                          | 92.00 |
| 93.00                                            | All other Medical Education | 0                                               | 0                      | 0.000000                                           | 0                                                                                     | 0                                                          | 93.00 |

|                                                |                       |                                             |                                                            |
|------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|

| Cost Center Description                |                                                                    | Ratio of Cost To Charges | Inpatient Program Charges | Inpatient Program Costs (col. 1 x col. 2) |        |
|----------------------------------------|--------------------------------------------------------------------|--------------------------|---------------------------|-------------------------------------------|--------|
|                                        |                                                                    | 1.00                     | 2.00                      | 3.00                                      |        |
| INPATIENT ROUTINE SERVICE COST CENTERS |                                                                    |                          |                           |                                           |        |
| 30.00                                  | 03000 ADULTS & PEDIATRICS                                          |                          | 40,886,177                |                                           | 30.00  |
| 31.00                                  | 03100 INTENSIVE CARE UNIT                                          |                          | 15,250,686                |                                           | 31.00  |
| 35.00                                  | 02040 HIGH RISK NEONATAL                                           |                          | 0                         |                                           | 35.00  |
| 40.00                                  | 04000 SUBPROVIDER - IPF                                            |                          | 0                         |                                           | 40.00  |
| 43.00                                  | 04300 NURSERY                                                      |                          |                           |                                           | 43.00  |
| ANCILLARY SERVICE COST CENTERS         |                                                                    |                          |                           |                                           |        |
| 50.00                                  | 05000 OPERATING ROOM                                               | 0.172561                 | 43,130,421                | 7,442,629                                 | 50.00  |
| 50.01                                  | 05001 GASTRODIAGNOSTIC UNIT                                        | 0.107968                 | 3,854,764                 | 416,191                                   | 50.01  |
| 50.02                                  | 05002 PAIN MANAGEMENT CENTER                                       | 0.000000                 | 0                         | 0                                         | 50.02  |
| 51.00                                  | 05100 RECOVERY ROOM                                                | 0.254217                 | 2,842,145                 | 722,522                                   | 51.00  |
| 52.00                                  | 05200 DELIVERY ROOM & LABOR ROOM                                   | 0.435523                 | 1,726,290                 | 751,839                                   | 52.00  |
| 53.00                                  | 05300 ANESTHESIOLOGY                                               | 0.126645                 | 8,394,927                 | 1,063,176                                 | 53.00  |
| 54.00                                  | 05400 RADIOLOGY-DIAGNOSTIC                                         | 0.123940                 | 11,431,857                | 1,416,864                                 | 54.00  |
| 55.00                                  | 05500 RADIOLOGY-THERAPEUTIC                                        | 0.202489                 | 506,111                   | 102,482                                   | 55.00  |
| 56.00                                  | 05600 RADIOISOTOPE                                                 | 0.114185                 | 1,795,787                 | 205,052                                   | 56.00  |
| 57.00                                  | 05700 CT SCAN                                                      | 0.023990                 | 19,215,519                | 460,980                                   | 57.00  |
| 58.00                                  | 05800 MRI                                                          | 0.104736                 | 2,444,467                 | 256,024                                   | 58.00  |
| 59.00                                  | 05900 CARDIAC CATHETERIZATION                                      | 0.068191                 | 43,610,636                | 2,973,853                                 | 59.00  |
| 60.00                                  | 06000 LABORATORY                                                   | 0.161224                 | 32,046,037                | 5,166,590                                 | 60.00  |
| 65.00                                  | 06500 RESPIRATORY THERAPY                                          | 0.157413                 | 15,676,925                | 2,467,752                                 | 65.00  |
| 66.00                                  | 06600 PHYSICAL THERAPY                                             | 0.298095                 | 7,279,861                 | 2,170,090                                 | 66.00  |
| 69.00                                  | 06900 ELECTROCARDIOLOGY                                            | 0.087095                 | 18,503,334                | 1,611,548                                 | 69.00  |
| 70.00                                  | 07000 ELECTROENCEPHALOGRAPHY                                       | 0.130046                 | 1,963,847                 | 255,390                                   | 70.00  |
| 71.00                                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 0.331262                 | 22,990,781                | 7,615,972                                 | 71.00  |
| 72.00                                  | 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 0.365155                 | 35,356,474                | 12,910,593                                | 72.00  |
| 73.00                                  | 07300 DRUGS CHARGED TO PATIENTS                                    | 0.155125                 | 38,174,843                | 5,921,873                                 | 73.00  |
| 74.00                                  | 07400 RENAL DIALYSIS                                               | 0.349081                 | 2,006,859                 | 700,556                                   | 74.00  |
| 76.00                                  | 03020 OTHER ANCILLARY                                              | 0.390683                 | 345,514                   | 134,986                                   | 76.00  |
| 76.97                                  | 07697 CARDIAC REHABILITATION                                       | 0.528819                 | 622,662                   | 329,275                                   | 76.97  |
| 76.98                                  | 07698 HYPERBARIC OXYGEN THERAPY                                    | 0.307966                 | 13,360                    | 4,114                                     | 76.98  |
| OUTPATIENT SERVICE COST CENTERS        |                                                                    |                          |                           |                                           |        |
| 91.00                                  | 09100 EMERGENCY                                                    | 0.178781                 | 9,869,022                 | 1,764,394                                 | 91.00  |
| 92.00                                  | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                         | 0.407030                 | 446,871                   | 181,890                                   | 92.00  |
| 200.00                                 | Total (sum of lines 50 through 94 and 96 through 98)               |                          | 324,249,314               | 57,046,635                                | 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)                              |                          | 324,249,314               |                                           | 202.00 |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT |       | Provider CCN: 14-0053<br>Component CCN: 14-S053                    | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet D-3<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|------------------------------------------------|-------|--------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------|
|                                                |       | Title XVIII                                                        | Subprovider -<br>IPF                        | PPS                                                        |        |
| Cost Center Description                        |       | Ratio of Cost<br>To Charges                                        | Inpatient<br>Program<br>Charges             | Inpatient<br>Program Costs<br>(col. 1 x<br>col. 2)         |        |
|                                                |       | 1.00                                                               | 2.00                                        | 3.00                                                       |        |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b>  |       |                                                                    |                                             |                                                            |        |
| 30.00                                          | 03000 | ADULTS & PEDIATRICS                                                |                                             | 0                                                          | 30.00  |
| 31.00                                          | 03100 | INTENSIVE CARE UNIT                                                |                                             | 0                                                          | 31.00  |
| 35.00                                          | 02040 | HIGH RISK NEONATAL                                                 |                                             | 0                                                          | 35.00  |
| 40.00                                          | 04000 | SUBPROVIDER - IPF                                                  |                                             | 3,068,392                                                  | 40.00  |
| 43.00                                          | 04300 | NURSERY                                                            |                                             |                                                            | 43.00  |
| <b>ANCILLARY SERVICE COST CENTERS</b>          |       |                                                                    |                                             |                                                            |        |
| 50.00                                          | 05000 | OPERATING ROOM                                                     | 0.172561                                    | 1,943                                                      | 50.00  |
| 50.01                                          | 05001 | GASTRODIAGNOSTIC UNIT                                              | 0.107968                                    | 4,512                                                      | 50.01  |
| 50.02                                          | 05002 | PAIN MANAGEMENT CENTER                                             | 0.000000                                    | 0                                                          | 50.02  |
| 51.00                                          | 05100 | RECOVERY ROOM                                                      | 0.254217                                    | 12,605                                                     | 51.00  |
| 52.00                                          | 05200 | DELIVERY ROOM & LABOR ROOM                                         | 0.435523                                    | 7,374                                                      | 52.00  |
| 53.00                                          | 05300 | ANESTHESIOLOGY                                                     | 0.126645                                    | 45,881                                                     | 53.00  |
| 54.00                                          | 05400 | RADIOLOGY-DIAGNOSTIC                                               | 0.123940                                    | 72,413                                                     | 54.00  |
| 55.00                                          | 05500 | RADIOLOGY-THERAPEUTIC                                              | 0.202489                                    | 5                                                          | 55.00  |
| 56.00                                          | 05600 | RADIOISOTOPE                                                       | 0.114185                                    | 5,391                                                      | 56.00  |
| 57.00                                          | 05700 | CT SCAN                                                            | 0.023990                                    | 217,815                                                    | 57.00  |
| 58.00                                          | 05800 | MRI                                                                | 0.104736                                    | 21,880                                                     | 58.00  |
| 59.00                                          | 05900 | CARDIAC CATHETERIZATION                                            | 0.068191                                    | 15,109                                                     | 59.00  |
| 60.00                                          | 06000 | LABORATORY                                                         | 0.161224                                    | 355,193                                                    | 60.00  |
| 65.00                                          | 06500 | RESPIRATORY THERAPY                                                | 0.157413                                    | 44,739                                                     | 65.00  |
| 66.00                                          | 06600 | PHYSICAL THERAPY                                                   | 0.298095                                    | 102,980                                                    | 66.00  |
| 69.00                                          | 06900 | ELECTROCARDIOLOGY                                                  | 0.087095                                    | 142,282                                                    | 69.00  |
| 70.00                                          | 07000 | ELECTROENCEPHALOGRAPHY                                             | 0.130046                                    | 26,330                                                     | 70.00  |
| 71.00                                          | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0.331262                                    | 83,896                                                     | 71.00  |
| 72.00                                          | 07200 | IMPL. DEV. CHARGED TO PATIENTS                                     | 0.365155                                    | 0                                                          | 72.00  |
| 73.00                                          | 07300 | DRUGS CHARGED TO PATIENTS                                          | 0.155125                                    | 796,436                                                    | 73.00  |
| 74.00                                          | 07400 | RENAL DIALYSIS                                                     | 0.349081                                    | 92                                                         | 74.00  |
| 76.00                                          | 03020 | OTHER ANCILLARY                                                    | 0.390683                                    | 151,880                                                    | 76.00  |
| 76.97                                          | 07697 | CARDIAC REHABILITATION                                             | 0.528819                                    | 402                                                        | 76.97  |
| 76.98                                          | 07698 | HYPERBARIC OXYGEN THERAPY                                          | 0.307966                                    | 36                                                         | 76.98  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>         |       |                                                                    |                                             |                                                            |        |
| 91.00                                          | 09100 | EMERGENCY                                                          | 0.178781                                    | 105,121                                                    | 91.00  |
| 92.00                                          | 09200 | OBSERVATION BEDS (NON-DISTINCT PART)                               | 0.407030                                    | 2,978                                                      | 92.00  |
| 200.00                                         |       | Total (sum of lines 50 through 94 and 96 through 98)               |                                             | 2,217,293                                                  | 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)                              |                                             | 2,217,293                                                  | 202.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                          |                                                                                                                                                                                                                                         | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                                  |                                                                                                                                                                                                                                         | Title XVIII           | Hospital                                    | PPS                                                                |
|                                                                                  |                                                                                                                                                                                                                                         | 1.00                  |                                             |                                                                    |
| <b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>                           |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |
| 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)                                                                                                                                  |                       | 17,186,527                                  | 1.01                                                               |
| 1.02                                                                             | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)                                                                                                                               |                       | 53,741,819                                  | 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)                                                                                                                                                                                     |                       | 1,902,211                                   | 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                                                               |
| 3.00                                                                             | Managed Care Simulated Payments                                                                                                                                                                                                         |                       | 19,124,742                                  | 3.00                                                               |
| 4.00                                                                             | Bed days available divided by number of days in the cost reporting period (see instructions)                                                                                                                                            |                       | 350.21                                      | 4.00                                                               |
| <b>Indirect Medical Education Adjustment</b>                                     |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |
| 5.00                                                                             | FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)                                                                                          |                       | 59.19                                       | 5.00                                                               |
| 6.00                                                                             | FTE count for allopathic and osteopathic programs which 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)                                                                                                                                   |                       | 59.19                                       | 9.00                                                               |
| 10.00                                                                            | FTE count for allopathic and osteopathic programs in the current year from your records                                                                                                                                                 |                       | 68.14                                       | 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)                                                                                                                                                                                           |                       | 59.19                                       | 12.00                                                              |
| 13.00                                                                            | Total allowable FTE count for the prior year.                                                                                                                                                                                           |                       | 59.19                                       | 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.                                                                                                             |                       | 59.19                                       | 14.00                                                              |
| 15.00                                                                            | Sum of lines 12 through 14 divided by 3.                                                                                                                                                                                                |                       | 59.19                                       | 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                                                                                                                                                                                                      |                       | 59.19                                       | 18.00                                                              |
| 19.00                                                                            | Current year resident to bed ratio (line 18 divided by line 4).                                                                                                                                                                         |                       | 0.169013                                    | 19.00                                                              |
| 20.00                                                                            | Prior year resident to bed ratio (see instructions)                                                                                                                                                                                     |                       | 0.173151                                    | 20.00                                                              |
| 21.00                                                                            | Enter the lesser of lines 19 or 20 (see instructions)                                                                                                                                                                                   |                       | 0.169013                                    | 21.00                                                              |
| 22.00                                                                            | IME payment adjustment (see instructions)                                                                                                                                                                                               |                       | 6,251,553                                   | 22.00                                                              |
| 22.01                                                                            | IME payment adjustment - Managed Care (see instructions)                                                                                                                                                                                |                       | 1,685,636                                   | 22.01                                                              |
| <b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b> |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |
| 23.00                                                                            | Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).                                                                                                                          |                       | 0.00                                        | 23.00                                                              |
| 24.00                                                                            | IME FTE Resident Count Over Cap (see instructions)                                                                                                                                                                                      |                       | 8.95                                        | 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)                                                                                                                                                                                              |                       | 6,251,553                                   | 29.00                                                              |
| 29.01                                                                            | Total IME payment - Managed Care (sum of lines 22.01 and 28.01)                                                                                                                                                                         |                       | 1,685,636                                   | 29.01                                                              |
| <b>Disproportionate Share Adjustment</b>                                         |                                                                                                                                                                                                                                         |                       |                                             |                                                                    |
| 30.00                                                                            | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)                                                                                                                                             |                       | 4.80                                        | 30.00                                                              |
| 31.00                                                                            | Percentage of Medicaid patient days (see instructions)                                                                                                                                                                                  |                       | 31.66                                       | 31.00                                                              |
| 32.00                                                                            | Sum of lines 30 and 31                                                                                                                                                                                                                  |                       | 36.46                                       | 32.00                                                              |
| 33.00                                                                            | Allowable disproportionate share percentage (see instructions)                                                                                                                                                                          |                       | 19.30                                       | 33.00                                                              |
| 34.00                                                                            | Disproportionate share adjustment (see instructions)                                                                                                                                                                                    |                       | 3,422,293                                   | 34.00                                                              |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                            |                                                                                                                                   | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/20/2018 3:53 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)                                                                                | 5,977,483,147         | 6,766,695,164                               | 35.00                                                              |  |
| 35.01                                                                                              | Factor 3 (see instructions)                                                                                                       | 0.000727871           | 0.000575252                                 | 35.01                                                              |  |
| 35.02                                                                                              | Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)                              | 4,350,836             | 3,892,554                                   | 35.02                                                              |  |
| 35.03                                                                                              | Pro rata share of the hospital uncompensated care payment amount (see instructions)                                               | 1,096,650             | 2,911,416                                   | 35.03                                                              |  |
| 36.00                                                                                              | Total uncompensated care (sum of columns 1 and 2 on line 35.03)                                                                   | 4,008,066             |                                             | 36.00                                                              |  |
| <b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b> |                                                                                                                                   |                       |                                             |                                                                    |  |
| 40.00                                                                                              | Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions) | 0                     |                                             | 40.00                                                              |  |
|                                                                                                    |                                                                                                                                   | Before 1/1            | On/After 1/1                                |                                                                    |  |
|                                                                                                    |                                                                                                                                   | 1.00                  | 1.01                                        |                                                                    |  |
| 41.00                                                                                              | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                                   | 0                     | 0                                           | 41.00                                                              |  |
| 41.01                                                                                              | Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                  | 0                     | 0                                           | 41.01                                                              |  |
| 42.00                                                                                              | Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)                                                   | 0.00                  |                                             | 42.00                                                              |  |
| 43.00                                                                                              | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)                               | 0                     |                                             | 43.00                                                              |  |
| 44.00                                                                                              | Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)                                        | 0.000000              |                                             | 44.00                                                              |  |
| 45.00                                                                                              | Average weekly cost for dialysis treatments (see instructions)                                                                    | 0.00                  | 0.00                                        | 45.00                                                              |  |
| 46.00                                                                                              | Total additional payment (line 45 times line 44 times line 41.01)                                                                 | 0                     |                                             | 46.00                                                              |  |
| 47.00                                                                                              | Subtotal (see instructions)                                                                                                       | 86,512,469            |                                             | 47.00                                                              |  |
| 48.00                                                                                              | Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)                        | 0                     |                                             | 48.00                                                              |  |
|                                                                                                    |                                                                                                                                   |                       | Amount                                      |                                                                    |  |
|                                                                                                    |                                                                                                                                   |                       | 1.00                                        |                                                                    |  |
| 49.00                                                                                              | Total payment for inpatient operating costs (see instructions)                                                                    |                       | 88,198,105                                  | 49.00                                                              |  |
| 50.00                                                                                              | Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)                                             |                       | 6,843,862                                   | 50.00                                                              |  |
| 51.00                                                                                              | Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)                                              |                       | 0                                           | 51.00                                                              |  |
| 52.00                                                                                              | Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).                                             |                       | 1,620,559                                   | 52.00                                                              |  |
| 53.00                                                                                              | Nursing and Allied Health Managed Care payment                                                                                    |                       | 524,486                                     | 53.00                                                              |  |
| 54.00                                                                                              | Special add-on payments for new technologies                                                                                      |                       | 56,532                                      | 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).                                  |                       | 1,101,572                                   | 57.00                                                              |  |
| 58.00                                                                                              | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)                                                |                       | 234,812                                     | 58.00                                                              |  |
| 59.00                                                                                              | Total (sum of amounts on lines 49 through 58)                                                                                     |                       | 98,579,928                                  | 59.00                                                              |  |
| 60.00                                                                                              | Primary payer payments                                                                                                            |                       | 56,049                                      | 60.00                                                              |  |
| 61.00                                                                                              | Total amount payable for program beneficiaries (line 59 minus line 60)                                                            |                       | 98,523,879                                  | 61.00                                                              |  |
| 62.00                                                                                              | Deductibles billed to program beneficiaries                                                                                       |                       | 5,945,976                                   | 62.00                                                              |  |
| 63.00                                                                                              | Coinsurance billed to program beneficiaries                                                                                       |                       | 257,567                                     | 63.00                                                              |  |
| 64.00                                                                                              | Allowable bad debts (see instructions)                                                                                            |                       | 1,577,741                                   | 64.00                                                              |  |
| 65.00                                                                                              | Adjusted reimbursable bad debts (see instructions)                                                                                |                       | 1,025,532                                   | 65.00                                                              |  |
| 66.00                                                                                              | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                            |                       | 1,275,112                                   | 66.00                                                              |  |
| 67.00                                                                                              | Subtotal (line 61 plus line 65 minus lines 62 and 63)                                                                             |                       | 93,345,868                                  | 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)                                                            |                       |                                             | 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)                                                                                 |                       | -220,166                                    | 70.93                                                              |  |
| 70.94                                                                                              | HRR adjustment amount (see instructions)                                                                                          |                       | -1,718                                      | 70.94                                                              |  |
| 70.95                                                                                              | Recovery of accelerated depreciation                                                                                              |                       | 0                                           | 70.95                                                              |  |



| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                                     |                                                                                                                                                | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part A<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|--------|
|                                                                                                                             |                                                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                                |        |
|                                                                                                                             |                                                                                                                                                | FFY (yyyy)            | Amount                                      |                                                                    |        |
|                                                                                                                             |                                                                                                                                                | 0                     | 1.00                                        |                                                                    |        |
| 70.96                                                                                                                       | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)           | 0                     |                                             | 0                                                                  | 70.96  |
| 70.97                                                                                                                       | Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1) | 0                     |                                             | 0                                                                  | 70.97  |
| 70.98                                                                                                                       | Low Volume Payment-3                                                                                                                           |                       |                                             | 0                                                                  | 70.98  |
| 70.99                                                                                                                       | HAC adjustment amount (see instructions)                                                                                                       |                       |                                             | 0                                                                  | 70.99  |
| 71.00                                                                                                                       | Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)                                                                          |                       |                                             | 93,123,984                                                         | 71.00  |
| 71.01                                                                                                                       | Sequestration adjustment (see instructions)                                                                                                    |                       |                                             | 1,862,480                                                          | 71.01  |
| 71.02                                                                                                                       | Demonstration payment adjustment amount after sequestration                                                                                    |                       |                                             | 0                                                                  | 71.02  |
| 72.00                                                                                                                       | Interim payments                                                                                                                               |                       |                                             | 90,968,565                                                         | 72.00  |
| 73.00                                                                                                                       | Tentative settlement (for contractor use only)                                                                                                 |                       |                                             | 0                                                                  | 73.00  |
| 74.00                                                                                                                       | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)                                                                    |                       |                                             | 292,939                                                            | 74.00  |
| 75.00                                                                                                                       | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                         |                       |                                             | 1,082,428                                                          | 75.00  |
| <b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>                                                                  |                                                                                                                                                |                       |                                             |                                                                    |        |
| 90.00                                                                                                                       | Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)                                                                        |                       |                                             | 0                                                                  | 90.00  |
| 91.00                                                                                                                       | Capital outlier from Wkst. L, Pt. I, line 2                                                                                                    |                       |                                             | 0                                                                  | 91.00  |
| 92.00                                                                                                                       | Operating outlier reconciliation adjustment amount (see instructions)                                                                          |                       |                                             | 0                                                                  | 92.00  |
| 93.00                                                                                                                       | Capital outlier reconciliation adjustment amount (see instructions)                                                                            |                       |                                             | 0                                                                  | 93.00  |
| 94.00                                                                                                                       | The rate used to calculate the time value of money (see instructions)                                                                          |                       |                                             | 0.00                                                               | 94.00  |
| 95.00                                                                                                                       | Time value of money for operating expenses (see instructions)                                                                                  |                       |                                             | 0                                                                  | 95.00  |
| 96.00                                                                                                                       | Time value of money for capital related expenses (see instructions)                                                                            |                       |                                             | 0                                                                  | 96.00  |
|                                                                                                                             |                                                                                                                                                |                       | Prior to 10/1                               | On/After 10/1                                                      |        |
|                                                                                                                             |                                                                                                                                                |                       | 1.00                                        | 2.00                                                               |        |
| <b>HSP Bonus Payment Amount</b>                                                                                             |                                                                                                                                                |                       |                                             |                                                                    |        |
| 100.00                                                                                                                      | HSP bonus amount (see instructions)                                                                                                            |                       |                                             | 0                                                                  | 100.00 |
| <b>HVBP Adjustment for HSP Bonus Payment</b>                                                                                |                                                                                                                                                |                       |                                             |                                                                    |        |
| 101.00                                                                                                                      | HVBP adjustment factor (see instructions)                                                                                                      |                       | 0.0000000000                                | 0.0000000000                                                       | 101.00 |
| 102.00                                                                                                                      | HVBP adjustment amount for HSP bonus payment (see instructions)                                                                                |                       |                                             | 0                                                                  | 102.00 |
| <b>HRR Adjustment for HSP Bonus Payment</b>                                                                                 |                                                                                                                                                |                       |                                             |                                                                    |        |
| 103.00                                                                                                                      | HRR adjustment factor (see instructions)                                                                                                       |                       | 0.0000                                      | 0.0000                                                             | 103.00 |
| 104.00                                                                                                                      | HRR adjustment amount for HSP bonus payment (see instructions)                                                                                 |                       |                                             | 0                                                                  | 104.00 |
| <b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>                                      |                                                                                                                                                |                       |                                             |                                                                    |        |
| 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 |
| <b>Cost Reimbursement</b>                                                                                                   |                                                                                                                                                |                       |                                             |                                                                    |        |
| 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 |
| <b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b> |                                                                                                                                                |                       |                                             |                                                                    |        |
| 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 |
| <b>Adjustment to Medicare Part A Inpatient Reimbursement</b>                                                                |                                                                                                                                                |                       |                                             |                                                                    |        |
| 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 |
| <b>Comparison of PPS versus Cost Reimbursement</b>                                                                          |                                                                                                                                                |                       |                                             |                                                                    |        |
| 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 |

| HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5                      |                                                                                                       | Provider CCN: 14-0053     |                 | Period: From 07/01/2017 To 06/30/2018 |                       | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2018 3:53 pm |       |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------|-----------------|---------------------------------------|-----------------------|---------------------------------------------------------------------|-------|
|                                                                                        |                                                                                                       | Title XVIII               |                 | Hospital                              |                       | PPS                                                                 |       |
|                                                                                        | Wkst. E, Pt. A, line                                                                                  | Amt. from Wkst. E, Pt. A) | Period to 10/01 | Period on after 10/01                 | Total (cols. 2 and 3) |                                                                     |       |
|                                                                                        | 0                                                                                                     | 1.00                      | 2.00            | 3.00                                  | 4.00                  |                                                                     |       |
| 1.00                                                                                   | DRG amounts other than outlier payments                                                               | 1.00                      |                 |                                       |                       |                                                                     | 1.00  |
| 1.01                                                                                   | DRG amounts other than outlier payments for discharges occurring prior to October 1                   | 1.01                      | 17,186,527      | 17,186,527                            |                       | 17,186,527                                                          | 1.01  |
| 1.02                                                                                   | DRG amounts other than outlier payments for discharges occurring on or after October 1                | 1.02                      | 53,741,819      |                                       | 53,741,819            | 53,741,819                                                          | 1.02  |
| 1.03                                                                                   | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1              | 1.03                      | 0               | 0                                     |                       | 0                                                                   | 1.03  |
| 1.04                                                                                   | DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1           | 1.04                      | 0               |                                       | 0                     | 0                                                                   | 1.04  |
| 2.00                                                                                   | Outlier payments for discharges (see instructions)                                                    | 2.00                      | 1,902,211       | 537,322                               | 1,364,889             | 1,902,211                                                           | 2.00  |
| 2.01                                                                                   | Outlier payments for discharges for Model 4 BPCI                                                      | 2.02                      | 0               | 0                                     | 0                     | 0                                                                   | 2.01  |
| 3.00                                                                                   | Operating outlier reconciliation                                                                      | 2.01                      | 0               | 0                                     | 0                     | 0                                                                   | 3.00  |
| 4.00                                                                                   | Managed care simulated payments                                                                       | 3.00                      | 19,124,742      | 4,532,623                             | 14,592,119            | 19,124,742                                                          | 4.00  |
| <b>Indirect Medical Education Adjustment</b>                                           |                                                                                                       |                           |                 |                                       |                       |                                                                     |       |
| 5.00                                                                                   | Amount from Worksheet E, Part A, line 21 (see instructions)                                           | 21.00                     | 0.169013        | 0.169013                              | 0.169013              |                                                                     | 5.00  |
| 6.00                                                                                   | IME payment adjustment (see instructions)                                                             | 22.00                     | 6,251,553       | 1,514,803                             | 4,736,750             | 6,251,553                                                           | 6.00  |
| 6.01                                                                                   | IME payment adjustment for managed care (see instructions)                                            | 22.01                     | 1,685,636       | 399,501                               | 1,286,135             | 1,685,636                                                           | 6.01  |
| <b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b> |                                                                                                       |                           |                 |                                       |                       |                                                                     |       |
| 7.00                                                                                   | IME payment adjustment factor (see instructions)                                                      | 27.00                     | 0.000000        | 0.000000                              | 0.000000              |                                                                     | 7.00  |
| 8.00                                                                                   | IME adjustment (see instructions)                                                                     | 28.00                     | 0               | 0                                     | 0                     | 0                                                                   | 8.00  |
| 8.01                                                                                   | IME payment adjustment add on for managed care (see instructions)                                     | 28.01                     | 0               | 0                                     | 0                     | 0                                                                   | 8.01  |
| 9.00                                                                                   | Total IME payment (sum of lines 6 and 8)                                                              | 29.00                     | 6,251,553       | 1,514,803                             | 4,736,750             | 6,251,553                                                           | 9.00  |
| 9.01                                                                                   | Total IME payment for managed care (sum of lines 6.01 and 8.01)                                       | 29.01                     | 1,685,636       | 399,501                               | 1,286,135             | 1,685,636                                                           | 9.01  |
| <b>Disproportionate Share Adjustment</b>                                               |                                                                                                       |                           |                 |                                       |                       |                                                                     |       |
| 10.00                                                                                  | Allowable disproportionate share percentage (see instructions)                                        | 33.00                     | 0.1930          | 0.1930                                | 0.1930                |                                                                     | 10.00 |
| 11.00                                                                                  | Disproportionate share adjustment (see instructions)                                                  | 34.00                     | 3,422,293       | 829,250                               | 2,593,043             | 3,422,293                                                           | 11.00 |
| 11.01                                                                                  | Uncompensated care payments                                                                           | 36.00                     | 4,008,066       | 1,096,650                             | 2,911,416             | 4,008,066                                                           | 11.01 |
| <b>Additional payment for high percentage of ESRD beneficiary discharges</b>           |                                                                                                       |                           |                 |                                       |                       |                                                                     |       |
| 12.00                                                                                  | Total ESRD additional payment (see instructions)                                                      | 46.00                     | 0               | 0                                     | 0                     | 0                                                                   | 12.00 |
| 13.00                                                                                  | Subtotal (see instructions)                                                                           | 47.00                     | 86,512,469      | 21,164,552                            | 65,347,917            | 86,512,469                                                          | 13.00 |
| 14.00                                                                                  | Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions) | 48.00                     | 0               | 0                                     | 0                     | 0                                                                   | 14.00 |
| 15.00                                                                                  | Total payment for inpatient operating costs (see instructions)                                        | 49.00                     | 88,198,105      | 21,564,053                            | 66,634,052            | 88,198,105                                                          | 15.00 |
| 16.00                                                                                  | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)                            | 50.00                     | 6,843,862       | 1,665,493                             | 5,178,369             | 6,843,862                                                           | 16.00 |
| 17.00                                                                                  | Special add-on payments for new technologies                                                          | 54.00                     | 56,532          | 2,071                                 | 54,461                | 56,532                                                              | 17.00 |
| 17.01                                                                                  | Net organ acquisition cost                                                                            |                           |                 |                                       |                       |                                                                     | 17.01 |
| 17.02                                                                                  | Credits received from manufacturers for replaced devices for applicable MS-DRGs                       | 68.00                     | 0               | 0                                     | 0                     | 0                                                                   | 17.02 |
| 18.00                                                                                  | Capital outlier reconciliation adjustment amount (see instructions)                                   | 93.00                     | 0               | 0                                     | 0                     | 0                                                                   | 18.00 |
| 19.00                                                                                  | <b>SUBTOTAL</b>                                                                                       |                           |                 | 23,231,617                            | 71,866,882            | 95,098,499                                                          | 19.00 |

|                                                                   |  |                       |                                             |                                                                              |     |
|-------------------------------------------------------------------|--|-----------------------|---------------------------------------------|------------------------------------------------------------------------------|-----|
| HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 |  | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part A Exhibit 5<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |     |
| Title XVIII                                                       |  |                       | Hospital                                    |                                                                              | PPS |

|        |                                                                  | Wkst. L, line        | (Amt. from<br>Wkst. L)        |           |           |                             |        |
|--------|------------------------------------------------------------------|----------------------|-------------------------------|-----------|-----------|-----------------------------|--------|
|        |                                                                  | 0                    | 1.00                          | 2.00      | 3.00      | 4.00                        |        |
| 20.00  | Capital DRG other than outlier                                   | 1.00                 | 5,736,652                     | 1,383,216 | 4,353,436 | 5,736,652                   | 20.00  |
| 20.01  | Model 4 BPCI Capital DRG other than outlier                      | 1.01                 | 0                             | 0         | 0         | 0                           | 20.01  |
| 21.00  | Capital DRG outlier payments                                     | 2.00                 | 293,179                       | 85,999    | 207,180   | 293,179                     | 21.00  |
| 21.01  | Model 4 BPCI Capital DRG outlier payments                        | 2.01                 | 0                             | 0         | 0         | 0                           | 21.01  |
| 22.00  | Indirect medical education percentage (see instructions)         | 5.00                 | 0.0653                        | 0.0653    | 0.0653    |                             | 22.00  |
| 23.00  | Indirect medical education adjustment (see instructions)         | 6.00                 | 374,603                       | 90,324    | 284,279   | 374,603                     | 23.00  |
| 24.00  | Allowable disproportionate share percentage (see instructions)   | 10.00                | 0.0766                        | 0.0766    | 0.0766    |                             | 24.00  |
| 25.00  | Disproportionate share adjustment (see instructions)             | 11.00                | 439,428                       | 105,954   | 333,474   | 439,428                     | 25.00  |
| 26.00  | Total prospective capital payments (see instructions)            | 12.00                | 6,843,862                     | 1,665,493 | 5,178,369 | 6,843,862                   | 26.00  |
|        |                                                                  | Wkst. E, Pt. A, line | (Amt. from<br>Wkst. E, Pt. A) |           |           |                             |        |
|        |                                                                  | 0                    | 1.00                          | 2.00      | 3.00      | 4.00                        |        |
| 27.00  |                                                                  |                      |                               |           |           |                             | 27.00  |
| 28.00  | Low volume adjustment prior to October 1                         | 70.96                | 0                             | 0         |           | 0                           | 28.00  |
| 29.00  | Low volume adjustment on or after October 1                      | 70.97                | 0                             |           | 0         | 0                           | 29.00  |
| 30.00  | HVBP payment adjustment (see instructions)                       | 70.93                | -220,166                      | -87,719   | -132,447  | -220,166                    | 30.00  |
| 30.01  | HVBP payment adjustment for HSP bonus payment (see instructions) | 70.90                | 0                             | 0         | 0         | 0                           | 30.01  |
| 31.00  | HRR adjustment (see instructions)                                | 70.94                | -1,718                        | -1,718    | 0         | -1,718                      | 31.00  |
| 31.01  | HRR adjustment for HSP bonus payment (see instructions)          | 70.91                | 0                             | 0         | 0         | 0                           | 31.01  |
|        |                                                                  |                      |                               |           |           | (Amt. to<br>Wkst. E, Pt. A) |        |
|        |                                                                  | 0                    | 1.00                          | 2.00      | 3.00      | 4.00                        |        |
| 32.00  | HAC Reduction Program adjustment (see instructions)              | 70.99                |                               | 0         | 0         | 0                           | 32.00  |
| 100.00 | Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.     |                      | N                             |           |           |                             | 100.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII           | Hospital                                    | PPS                                                                |
|                                                                          |                                                                                                                                                                       | 1.00                  |                                             |                                                                    |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                       |                                             |                                                                    |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                       | 66,897                                      | 1.00                                                               |
| 2.00                                                                     | Medical and other services reimbursed under OPPTS (see instructions)                                                                                                  |                       | 39,118,627                                  | 2.00                                                               |
| 3.00                                                                     | OPPTS payments                                                                                                                                                        |                       | 41,505,971                                  | 3.00                                                               |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                       | 80,457                                      | 4.00                                                               |
| 4.01                                                                     | Outlier reconciliation amount (see instructions)                                                                                                                      |                       | 0                                           | 4.01                                                               |
| 5.00                                                                     | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                       | 0.000                                       | 5.00                                                               |
| 6.00                                                                     | Line 2 times line 5                                                                                                                                                   |                       | 0                                           | 6.00                                                               |
| 7.00                                                                     | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                        |                       | 0.00                                        | 7.00                                                               |
| 8.00                                                                     | Transitional corridor payment (see instructions)                                                                                                                      |                       | 0                                           | 8.00                                                               |
| 9.00                                                                     | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                    |                       | 104,869                                     | 9.00                                                               |
| 10.00                                                                    | Organ acquisitions                                                                                                                                                    |                       | 0                                           | 10.00                                                              |
| 11.00                                                                    | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                       | 66,897                                      | 11.00                                                              |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                       |                                             |                                                                    |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                       |                                             |                                                                    |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                       | 322,190                                     | 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)                                                                                                                     |                       | 322,190                                     | 14.00                                                              |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                       |                                             |                                                                    |
| 15.00                                                                    | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                   |                       | 0                                           | 15.00                                                              |
| 16.00                                                                    | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                       | 0                                           | 16.00                                                              |
| 17.00                                                                    | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                  |                       | 0.000000                                    | 17.00                                                              |
| 18.00                                                                    | Total customary charges (see instructions)                                                                                                                            |                       | 322,190                                     | 18.00                                                              |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                       | 255,293                                     | 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)                                                                                                                          |                       | 66,897                                      | 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)                                                                                                          |                       | 41,691,297                                  | 24.00                                                              |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                       |                                             |                                                                    |
| 25.00                                                                    | Deductibles and coinsurance (for CAH, see instructions)                                                                                                               |                       | 16,110                                      | 25.00                                                              |
| 26.00                                                                    | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)                                                                                 |                       | 6,573,508                                   | 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)                                                      |                       | 35,168,576                                  | 27.00                                                              |
| 28.00                                                                    | Direct graduate medical education payments (from Wkst. E-4, line 50)                                                                                                  |                       | 679,872                                     | 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)                                                                                                                                 |                       | 35,848,448                                  | 30.00                                                              |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                       | 2,844                                       | 31.00                                                              |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                       | 35,845,604                                  | 32.00                                                              |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                       |                                             |                                                                    |
| 33.00                                                                    | Composite rate ESRD (from Wkst. I-5, line 11)                                                                                                                         |                       | 0                                           | 33.00                                                              |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                       | 1,317,543                                   | 34.00                                                              |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                       | 856,403                                     | 35.00                                                              |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                       | 968,914                                     | 36.00                                                              |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                       | 36,702,007                                  | 37.00                                                              |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                       | -257                                        | 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)                                                                           |                       | 15,840                                      | 39.98                                                              |
| 39.99                                                                    | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                       | 0                                           | 39.99                                                              |
| 40.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                       | 36,702,264                                  | 40.00                                                              |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                       | 734,045                                     | 40.01                                                              |
| 40.02                                                                    | Demonstration payment adjustment amount after sequestration                                                                                                           |                       | 0                                           | 40.02                                                              |
| 41.00                                                                    | Interim payments                                                                                                                                                      |                       | 35,946,753                                  | 41.00                                                              |
| 42.00                                                                    | Tentative settlement (for contractors use only)                                                                                                                       |                       | 0                                           | 42.00                                                              |
| 43.00                                                                    | Balance due provider/program (see instructions)                                                                                                                       |                       | 21,466                                      | 43.00                                                              |
| 44.00                                                                    | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                |                       | 0                                           | 44.00                                                              |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                       |                                             |                                                                    |
| 90.00                                                                    | Original outlier amount (see instructions)                                                                                                                            |                       | 0                                           | 90.00                                                              |
| 91.00                                                                    | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                       | 0                                           | 91.00                                                              |
| 92.00                                                                    | The rate used to calculate the Time Value of Money                                                                                                                    |                       | 0.00                                        | 92.00                                                              |
| 93.00                                                                    | Time Value of Money (see instructions)                                                                                                                                |                       | 0                                           | 93.00                                                              |
| 94.00                                                                    | Total (sum of lines 91 and 93)                                                                                                                                        |                       | 0                                           | 94.00                                                              |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                  |                                                                                                                                                                       | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E<br>Part B<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                       | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                                |
|                                                                          |                                                                                                                                                                       |                                                 |                                             | 1.00                                                               |
| <b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>                        |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 1.00                                                                     | Medical and other services (see instructions)                                                                                                                         |                                                 | 12                                          | 1.00                                                               |
| 2.00                                                                     | Medical and other services reimbursed under OPPS (see instructions)                                                                                                   |                                                 | 31,046                                      | 2.00                                                               |
| 3.00                                                                     | OPPS payments                                                                                                                                                         |                                                 | 43,291                                      | 3.00                                                               |
| 4.00                                                                     | Outlier payment (see instructions)                                                                                                                                    |                                                 | 0                                           | 4.00                                                               |
| 4.01                                                                     | Outlier reconciliation amount (see instructions)                                                                                                                      |                                                 | 0                                           | 4.01                                                               |
| 5.00                                                                     | Enter the hospital specific payment to cost ratio (see instructions)                                                                                                  |                                                 | 0.000                                       | 5.00                                                               |
| 6.00                                                                     | Line 2 times line 5                                                                                                                                                   |                                                 | 0                                           | 6.00                                                               |
| 7.00                                                                     | Sum of lines 3, 4, and 4.01, divided by line 6                                                                                                                        |                                                 | 0.00                                        | 7.00                                                               |
| 8.00                                                                     | Transitional corridor payment (see instructions)                                                                                                                      |                                                 | 0                                           | 8.00                                                               |
| 9.00                                                                     | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200                                                                                    |                                                 | 51                                          | 9.00                                                               |
| 10.00                                                                    | Organ acquisitions                                                                                                                                                    |                                                 | 0                                           | 10.00                                                              |
| 11.00                                                                    | Total cost (sum of lines 1 and 10) (see instructions)                                                                                                                 |                                                 | 12                                          | 11.00                                                              |
| <b>COMPUTATION OF LESSER OF COST OR CHARGES</b>                          |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| <b>Reasonable charges</b>                                                |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 12.00                                                                    | Ancillary service charges                                                                                                                                             |                                                 | 77                                          | 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)                                                                                                                     |                                                 | 77                                          | 14.00                                                              |
| <b>Customary charges</b>                                                 |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 15.00                                                                    | Aggregate amount actually collected from patients liable for payment for services on a charge basis                                                                   |                                                 | 0                                           | 15.00                                                              |
| 16.00                                                                    | Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e) |                                                 | 0                                           | 16.00                                                              |
| 17.00                                                                    | Ratio of line 15 to line 16 (not to exceed 1.000000)                                                                                                                  |                                                 | 0.000000                                    | 17.00                                                              |
| 18.00                                                                    | Total customary charges (see instructions)                                                                                                                            |                                                 | 77                                          | 18.00                                                              |
| 19.00                                                                    | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)                                                        |                                                 | 65                                          | 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)                                                                                                                          |                                                 | 12                                          | 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)                                                                                                          |                                                 | 43,342                                      | 24.00                                                              |
| <b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>                           |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 25.00                                                                    | Deductibles and coinsurance (for CAH, see instructions)                                                                                                               |                                                 | 0                                           | 25.00                                                              |
| 26.00                                                                    | Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)                                                                                 |                                                 | 8,651                                       | 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)                                                      |                                                 | 34,703                                      | 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)                                                                                                                                 |                                                 | 34,703                                      | 30.00                                                              |
| 31.00                                                                    | Primary payer payments                                                                                                                                                |                                                 | 0                                           | 31.00                                                              |
| 32.00                                                                    | Subtotal (line 30 minus line 31)                                                                                                                                      |                                                 | 34,703                                      | 32.00                                                              |
| <b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b> |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 33.00                                                                    | Composite rate ESRD (from Wkst. 1-5, line 11)                                                                                                                         |                                                 | 0                                           | 33.00                                                              |
| 34.00                                                                    | Allowable bad debts (see instructions)                                                                                                                                |                                                 | 0                                           | 34.00                                                              |
| 35.00                                                                    | Adjusted reimbursable bad debts (see instructions)                                                                                                                    |                                                 | 0                                           | 35.00                                                              |
| 36.00                                                                    | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                |                                                 | 0                                           | 36.00                                                              |
| 37.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 34,703                                      | 37.00                                                              |
| 38.00                                                                    | MSP-LCC reconciliation amount from PS&R                                                                                                                               |                                                 | 0                                           | 38.00                                                              |
| 39.00                                                                    | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                        |                                                 | 0                                           | 39.00                                                              |
| 39.50                                                                    | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                       |                                                 | 39.50                                       |                                                                    |
| 39.97                                                                    | Demonstration payment adjustment amount before sequestration                                                                                                          |                                                 | 0                                           | 39.97                                                              |
| 39.98                                                                    | Partial or full credits received from manufacturers for replaced devices (see instructions)                                                                           |                                                 | 0                                           | 39.98                                                              |
| 39.99                                                                    | RECOVERY OF ACCELERATED DEPRECIATION                                                                                                                                  |                                                 | 0                                           | 39.99                                                              |
| 40.00                                                                    | Subtotal (see instructions)                                                                                                                                           |                                                 | 34,703                                      | 40.00                                                              |
| 40.01                                                                    | Sequestration adjustment (see instructions)                                                                                                                           |                                                 | 694                                         | 40.01                                                              |
| 40.02                                                                    | Demonstration payment adjustment amount after sequestration                                                                                                           |                                                 | 0                                           | 40.02                                                              |
| 41.00                                                                    | Interim payments                                                                                                                                                      |                                                 | 33,967                                      | 41.00                                                              |
| 42.00                                                                    | Tentative settlement (for contractors use only)                                                                                                                       |                                                 | 0                                           | 42.00                                                              |
| 43.00                                                                    | Balance due provider/program (see instructions)                                                                                                                       |                                                 | 42                                          | 43.00                                                              |
| 44.00                                                                    | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                |                                                 | 0                                           | 44.00                                                              |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                                     |                                                                                                                                                                       |                                                 |                                             |                                                                    |
| 90.00                                                                    | Original outlier amount (see instructions)                                                                                                                            |                                                 | 0                                           | 90.00                                                              |
| 91.00                                                                    | Outlier reconciliation adjustment amount (see instructions)                                                                                                           |                                                 | 0                                           | 91.00                                                              |
| 92.00                                                                    | The rate used to calculate the Time Value of Money                                                                                                                    |                                                 | 0.00                                        | 92.00                                                              |
| 93.00                                                                    | Time Value of Money (see instructions)                                                                                                                                |                                                 | 0                                           | 93.00                                                              |
| 94.00                                                                    | Total (sum of lines 91 and 93)                                                                                                                                        |                                                 | 0                                           | 94.00                                                              |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 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                                                                                                                                                                                |                  | 90,801,637 |                   | 35,711,309           | 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                                                                                                                                                                                                | 01/25/2018       | 166,928    | 01/25/2018        | 235,444              | 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)                                                                                                                                                         |                  | 166,928    |                   | 235,444              | 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)                                                                                                |                  | 90,968,565 |                   | 35,946,753           | 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                                                                                                                                                                                                 |                  | 292,939    |                   | 21,466               | 6.01 |      |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0          |                   | 0                    | 6.02 |      |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 91,261,504 |                   | 35,968,219           | 7.00 |      |
|                               |                                                                                                                                                                                                                        |                  |            | Contractor Number | NPR Date (Mo/Day/Yr) |      |      |
|                               |                                                                                                                                                                                                                        | 0                |            | 1.00              | 2.00                 |      |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |            |                   |                      |      | 8.00 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0053  
Component CCN: 14-S053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm  
PPS

Title XVIII

Subprovider -  
IPF

|                               |                                                                                                                                                                                                                        | Inpatient Part A |           | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount    | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00      | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  |           |                   |                      | 1.00 |
| 2.00                          | Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero                          |                  | 2,211,425 |                   | 33,967               | 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)                                                                                                |                  | 2,211,425 |                   | 33,967               | 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                                                                                                                                                                                                 |                  | 59,209    |                   | 42                   | 6.01 |
| 6.02                          | SETTLEMENT TO PROGRAM                                                                                                                                                                                                  |                  | 0         |                   | 0                    | 6.02 |
| 7.00                          | Total Medicare program liability (see instructions)                                                                                                                                                                    |                  | 2,270,634 |                   | 34,009               | 7.00 |
|                               |                                                                                                                                                                                                                        |                  |           | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        |                  | 0         | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |           |                   |                      | 8.00 |

| CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT                      |                                                                                                                | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E-1<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                                      |                                                                                                                | Title XVIII           | Hospital                                    | PPS                                                                   |
|                                                                      |                                                                                                                |                       |                                             | 1.00                                                                  |
| <b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>    |                                                                                                                |                       |                                             |                                                                       |
| <b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b> |                                                                                                                |                       |                                             |                                                                       |
| 1.00                                                                 | Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14                       |                       |                                             | 1.00                                                                  |
| 2.00                                                                 | Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12                                               |                       |                                             | 2.00                                                                  |
| 3.00                                                                 | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                                                        |                       |                                             | 3.00                                                                  |
| 4.00                                                                 | Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12                                               |                       |                                             | 4.00                                                                  |
| 5.00                                                                 | Total hospital charges from Wkst C, Pt. I, col. 8 line 200                                                     |                       |                                             | 5.00                                                                  |
| 6.00                                                                 | Total hospital charity care charges from Wkst. S-10, col. 3 line 20                                            |                       |                                             | 6.00                                                                  |
| 7.00                                                                 | CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168 |                       |                                             | 7.00                                                                  |
| 8.00                                                                 | Calculation of the HIT incentive payment (see instructions)                                                    |                       |                                             | 8.00                                                                  |
| 9.00                                                                 | Sequestration adjustment amount (see instructions)                                                             |                       |                                             | 9.00                                                                  |
| 10.00                                                                | Calculation of the HIT incentive payment after sequestration (see instructions)                                |                       |                                             | 10.00                                                                 |
| <b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>          |                                                                                                                |                       |                                             |                                                                       |
| 30.00                                                                | Initial/interim HIT payment adjustment (see instructions)                                                      |                       |                                             | 30.00                                                                 |
| 31.00                                                                | Other Adjustment (specify)                                                                                     |                       |                                             | 31.00                                                                 |
| 32.00                                                                | Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)                        |                       |                                             | 32.00                                                                 |



| CALCULATION OF REIMBURSEMENT SETTLEMENT             |                                                                                                                                                                                                                                                                | Provider CCN: 14-0053<br>Component CCN: 14-S053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E-3<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                     |                                                                                                                                                                                                                                                                | Title XVIII                                     | Subprovider -<br>IPF                        | PPS                                                                   |
|                                                     |                                                                                                                                                                                                                                                                |                                                 |                                             | 1.00                                                                  |
| <b>PART II - MEDICARE PART A SERVICES - IPF PPS</b> |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                       |
| 1.00                                                | Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)                                                                                                                                                                          |                                                 |                                             | 2,387,372 1.00                                                        |
| 2.00                                                | Net IPF PPS Outlier Payments                                                                                                                                                                                                                                   |                                                 |                                             | 149,894 2.00                                                          |
| 3.00                                                | Net IPF PPS ECT Payments                                                                                                                                                                                                                                       |                                                 |                                             | 43,090 3.00                                                           |
| 4.00                                                | Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)                                                                                                                               |                                                 |                                             | 0.00 4.00                                                             |
| 4.01                                                | Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions) |                                                 |                                             | 0.00 4.01                                                             |
| 5.00                                                | New Teaching program adjustment. (see instructions)                                                                                                                                                                                                            |                                                 |                                             | 0.00 5.00                                                             |
| 6.00                                                | Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 6.00                                                             |
| 7.00                                                | Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)                                                                                                                      |                                                 |                                             | 0.00 7.00                                                             |
| 8.00                                                | Intern and resident count for IPF PPS medical education adjustment (see instructions)                                                                                                                                                                          |                                                 |                                             | 0.00 8.00                                                             |
| 9.00                                                | Average Daily Census (see instructions)                                                                                                                                                                                                                        |                                                 |                                             | 11.879452 9.00                                                        |
| 10.00                                               | Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .                                                                                                                                               |                                                 |                                             | 0.000000 10.00                                                        |
| 11.00                                               | Teaching Adjustment (line 1 multiplied by line 10).                                                                                                                                                                                                            |                                                 |                                             | 0 11.00                                                               |
| 12.00                                               | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)                                                                                                                                                                                                    |                                                 |                                             | 2,580,356 12.00                                                       |
| 13.00                                               | Nursing and Allied Health Managed Care payment (see instruction)                                                                                                                                                                                               |                                                 |                                             | 0 13.00                                                               |
| 14.00                                               | Organ acquisition (DO NOT USE THIS LINE)                                                                                                                                                                                                                       |                                                 |                                             | 0 14.00                                                               |
| 15.00                                               | Cost of physicians' services in a teaching hospital (see instructions)                                                                                                                                                                                         |                                                 |                                             | 0 15.00                                                               |
| 16.00                                               | Subtotal (see instructions)                                                                                                                                                                                                                                    |                                                 |                                             | 2,580,356 16.00                                                       |
| 17.00                                               | Primary payer payments                                                                                                                                                                                                                                         |                                                 |                                             | 0 17.00                                                               |
| 18.00                                               | Subtotal (line 16 less line 17).                                                                                                                                                                                                                               |                                                 |                                             | 2,580,356 18.00                                                       |
| 19.00                                               | Deductibles                                                                                                                                                                                                                                                    |                                                 |                                             | 122,176 19.00                                                         |
| 20.00                                               | Subtotal (line 18 minus line 19)                                                                                                                                                                                                                               |                                                 |                                             | 2,458,180 20.00                                                       |
| 21.00                                               | Coinsurance                                                                                                                                                                                                                                                    |                                                 |                                             | 201,624 21.00                                                         |
| 22.00                                               | Subtotal (line 20 minus line 21)                                                                                                                                                                                                                               |                                                 |                                             | 2,256,556 22.00                                                       |
| 23.00                                               | Allowable bad debts (exclude bad debts for professional services) (see instructions)                                                                                                                                                                           |                                                 |                                             | 83,511 23.00                                                          |
| 24.00                                               | Adjusted reimbursable bad debts (see instructions)                                                                                                                                                                                                             |                                                 |                                             | 54,282 24.00                                                          |
| 25.00                                               | Allowable bad debts for dual eligible beneficiaries (see instructions)                                                                                                                                                                                         |                                                 |                                             | 72,971 25.00                                                          |
| 26.00                                               | Subtotal (sum of lines 22 and 24)                                                                                                                                                                                                                              |                                                 |                                             | 2,310,838 26.00                                                       |
| 27.00                                               | Direct graduate medical education payments (from Wkst. E-4, line 49)                                                                                                                                                                                           |                                                 |                                             | 0 27.00                                                               |
| 28.00                                               | Other pass through costs (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 6,135 28.00                                                           |
| 29.00                                               | Outlier payments reconciliation                                                                                                                                                                                                                                |                                                 |                                             | 0 29.00                                                               |
| 30.00                                               | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                                                                                                                                                 |                                                 |                                             | 0 30.00                                                               |
| 30.50                                               | Pioneer ACO demonstration payment adjustment (see instructions)                                                                                                                                                                                                |                                                 |                                             | 0 30.50                                                               |
| 30.99                                               | Demonstration payment adjustment amount before sequestration                                                                                                                                                                                                   |                                                 |                                             | 0 30.99                                                               |
| 31.00                                               | Total amount payable to the provider (see instructions)                                                                                                                                                                                                        |                                                 |                                             | 2,316,973 31.00                                                       |
| 31.01                                               | Sequestration adjustment (see instructions)                                                                                                                                                                                                                    |                                                 |                                             | 46,339 31.01                                                          |
| 31.02                                               | Demonstration payment adjustment amount after sequestration                                                                                                                                                                                                    |                                                 |                                             | 0 31.02                                                               |
| 32.00                                               | Interim payments                                                                                                                                                                                                                                               |                                                 |                                             | 2,211,425 32.00                                                       |
| 33.00                                               | Tentative settlement (for contractor use only)                                                                                                                                                                                                                 |                                                 |                                             | 0 33.00                                                               |
| 34.00                                               | Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)                                                                                                                                                                                     |                                                 |                                             | 59,209 34.00                                                          |
| 35.00                                               | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2                                                                                                                                                         |                                                 |                                             | 0 35.00                                                               |
| <b>TO BE COMPLETED BY CONTRACTOR</b>                |                                                                                                                                                                                                                                                                |                                                 |                                             |                                                                       |
| 50.00                                               | Original outlier amount from Worksheet E-3, Part II, line 2                                                                                                                                                                                                    |                                                 |                                             | 149,894 50.00                                                         |
| 51.00                                               | Outlier reconciliation adjustment amount (see instructions)                                                                                                                                                                                                    |                                                 |                                             | 0 51.00                                                               |
| 52.00                                               | The rate used to calculate the Time Value of Money                                                                                                                                                                                                             |                                                 |                                             | 0.00 52.00                                                            |
| 53.00                                               | Time Value of Money (see instructions)                                                                                                                                                                                                                         |                                                 |                                             | 0 53.00                                                               |

| CALCULATION OF REIMBURSEMENT SETTLEMENT                                                                               |                                                                                                                                      | Provider CCN: 14-0053<br>Component CCN: 14-5225 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E-3<br>Part VI<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
|                                                                                                                       |                                                                                                                                      | Title XVIII                                     | Skilled Nursing Facility                    | PPS                                                                   |
|                                                                                                                       |                                                                                                                                      |                                                 |                                             | 1.00                                                                  |
| PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES |                                                                                                                                      |                                                 |                                             |                                                                       |
| PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)                                                                         |                                                                                                                                      |                                                 |                                             |                                                                       |
| 1.00                                                                                                                  | Resource Utilization Group Payment (RUGS)                                                                                            |                                                 | 0                                           | 1.00                                                                  |
| 2.00                                                                                                                  | Routine service other pass through costs                                                                                             |                                                 | 0                                           | 2.00                                                                  |
| 3.00                                                                                                                  | Ancillary service other pass through costs                                                                                           |                                                 | 0                                           | 3.00                                                                  |
| 4.00                                                                                                                  | Subtotal (sum of lines 1 through 3)                                                                                                  |                                                 | 0                                           | 4.00                                                                  |
| COMPUTATION OF NET COST OF COVERED SERVICES                                                                           |                                                                                                                                      |                                                 |                                             |                                                                       |
| 5.00                                                                                                                  | Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.) |                                                 |                                             | 5.00                                                                  |
| 6.00                                                                                                                  | Deductible                                                                                                                           |                                                 | 0                                           | 6.00                                                                  |
| 7.00                                                                                                                  | Coinsurance                                                                                                                          |                                                 | 0                                           | 7.00                                                                  |
| 8.00                                                                                                                  | Allowable bad debts (see instructions)                                                                                               |                                                 | 0                                           | 8.00                                                                  |
| 9.00                                                                                                                  | Reimbursable bad debts for dual eligible beneficiaries (see instructions)                                                            |                                                 | 0                                           | 9.00                                                                  |
| 10.00                                                                                                                 | Adjusted reimbursable bad debts (see instructions)                                                                                   |                                                 | 0                                           | 10.00                                                                 |
| 11.00                                                                                                                 | Utilization review                                                                                                                   |                                                 | 0                                           | 11.00                                                                 |
| 12.00                                                                                                                 | Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)                                             |                                                 | 0                                           | 12.00                                                                 |
| 13.00                                                                                                                 | Inpatient primary payer payments                                                                                                     |                                                 | 0                                           | 13.00                                                                 |
| 14.00                                                                                                                 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)                                                                                       |                                                 | 0                                           | 14.00                                                                 |
| 14.50                                                                                                                 | Pioneer ACO demonstration payment adjustment (see instructions)                                                                      |                                                 | 0                                           | 14.50                                                                 |
| 14.99                                                                                                                 | Demonstration payment adjustment amount before sequestration                                                                         |                                                 | 0                                           | 14.99                                                                 |
| 15.00                                                                                                                 | Subtotal (see instructions)                                                                                                          |                                                 | 0                                           | 15.00                                                                 |
| 15.01                                                                                                                 | Sequestration adjustment (see instructions)                                                                                          |                                                 | 0                                           | 15.01                                                                 |
| 15.02                                                                                                                 | Demonstration payment adjustment amount after sequestration                                                                          |                                                 | 0                                           | 15.02                                                                 |
| 16.00                                                                                                                 | Interim payments                                                                                                                     |                                                 | 0                                           | 16.00                                                                 |
| 17.00                                                                                                                 | Tentative settlement (for contractor use only)                                                                                       |                                                 | 0                                           | 17.00                                                                 |
| 18.00                                                                                                                 | Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)                                                          |                                                 | 0                                           | 18.00                                                                 |
| 19.00                                                                                                                 | Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2                            |                                                 | 0                                           | 19.00                                                                 |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS |                                                                                                                                                                    | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|-------|
|                                                                                          |                                                                                                                                                                    | Title XVIII           | Hospital                                    | PPS                                                        |       |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                       |       |
| <b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>                                            |                                                                                                                                                                    |                       |                                             |                                                            |       |
| 1.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.                            |                       |                                             | 72.35                                                      | 1.00  |
| 2.00                                                                                     | Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)                                                                     |                       |                                             | 0.00                                                       | 2.00  |
| 3.00                                                                                     | Amount of reduction to Direct GME cap under section 422 of MMA                                                                                                     |                       |                                             | 12.38                                                      | 3.00  |
| 3.01                                                                                     | Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)           |                       |                                             | 0.00                                                       | 3.01  |
| 4.00                                                                                     | Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) |                       |                                             | 0.00                                                       | 4.00  |
| 4.01                                                                                     | ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)                                              |                       |                                             | 0.00                                                       | 4.01  |
| 4.02                                                                                     | ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)                                   |                       |                                             | 0.00                                                       | 4.02  |
| 5.00                                                                                     | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)                               |                       |                                             | 59.97                                                      | 5.00  |
| 6.00                                                                                     | Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)                                    |                       |                                             | 70.35                                                      | 6.00  |
| 7.00                                                                                     | Enter the lesser of line 5 or line 6                                                                                                                               |                       |                                             | 59.97                                                      | 7.00  |
|                                                                                          |                                                                                                                                                                    | Primary Care          | Other                                       | Total                                                      |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                       |       |
| 8.00                                                                                     | Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.                                                                   | 34.46                 | 35.32                                       | 69.78                                                      | 8.00  |
| 9.00                                                                                     | If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.                       | 29.38                 | 30.11                                       | 59.49                                                      | 9.00  |
| 10.00                                                                                    | Weighted dental and podiatric resident FTE count for the current year                                                                                              |                       | 0.00                                        |                                                            | 10.00 |
| 10.01                                                                                    | Unweighted dental and podiatric resident FTE count for the current year                                                                                            |                       | 0.00                                        |                                                            | 10.01 |
| 11.00                                                                                    | Total weighted FTE count                                                                                                                                           | 29.38                 | 30.11                                       |                                                            | 11.00 |
| 12.00                                                                                    | Total weighted resident FTE count for the prior cost reporting year (see instructions)                                                                             | 28.63                 | 31.34                                       |                                                            | 12.00 |
| 13.00                                                                                    | Total weighted resident FTE count for the penultimate cost reporting year (see instructions)                                                                       | 30.08                 | 27.50                                       |                                                            | 13.00 |
| 14.00                                                                                    | Rolling average FTE count (sum of lines 11 through 13 divided by 3).                                                                                               | 29.36                 | 29.65                                       |                                                            | 14.00 |
| 15.00                                                                                    | Adjustment for residents in initial years of new programs                                                                                                          | 0.00                  | 0.00                                        |                                                            | 15.00 |
| 15.01                                                                                    | Unweighted adjustment for residents in initial years of new programs                                                                                               | 0.00                  | 0.00                                        |                                                            | 15.01 |
| 16.00                                                                                    | Adjustment for residents displaced by program or hospital closure                                                                                                  | 0.00                  | 0.00                                        |                                                            | 16.00 |
| 16.01                                                                                    | Unweighted adjustment for residents displaced by program or hospital closure                                                                                       | 0.00                  | 0.00                                        |                                                            | 16.01 |
| 17.00                                                                                    | Adjusted rolling average FTE count                                                                                                                                 | 29.36                 | 29.65                                       |                                                            | 17.00 |
| 18.00                                                                                    | Per resident amount                                                                                                                                                | 85,548.92             | 85,548.92                                   |                                                            | 18.00 |
| 19.00                                                                                    | Approved amount for resident costs                                                                                                                                 | 2,511,716             | 2,536,525                                   | 5,048,241                                                  | 19.00 |
|                                                                                          |                                                                                                                                                                    |                       |                                             | 1.00                                                       |       |
| 20.00                                                                                    | Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)                                             |                       |                                             | 0.00                                                       | 20.00 |
| 21.00                                                                                    | Direct GME FTE unweighted resident count over cap (see instructions)                                                                                               |                       |                                             | 10.38                                                      | 21.00 |
| 22.00                                                                                    | Allowable additional direct GME FTE Resident Count (see instructions)                                                                                              |                       |                                             | 0.00                                                       | 22.00 |
| 23.00                                                                                    | Enter the locality adjustment national average per resident amount (see instructions)                                                                              |                       |                                             | 0.00                                                       | 23.00 |
| 24.00                                                                                    | Multiply line 22 time line 23                                                                                                                                      |                       |                                             | 0                                                          | 24.00 |
| 25.00                                                                                    | Total direct GME amount (sum of lines 19 and 24)                                                                                                                   |                       |                                             | 5,048,241                                                  | 25.00 |
|                                                                                          |                                                                                                                                                                    | Inpatient Part A      | Managed care                                |                                                            |       |
|                                                                                          |                                                                                                                                                                    | 1.00                  | 2.00                                        | 3.00                                                       |       |
| <b>COMPUTATION OF PROGRAM PATIENT LOAD</b>                                               |                                                                                                                                                                    |                       |                                             |                                                            |       |
| 26.00                                                                                    | Inpatient Days (see instructions)                                                                                                                                  | 36,695                | 9,345                                       |                                                            | 26.00 |
| 27.00                                                                                    | Total Inpatient Days (see instructions)                                                                                                                            | 98,136                | 98,136                                      |                                                            | 27.00 |
| 28.00                                                                                    | Ratio of inpatient days to total inpatient days                                                                                                                    | 0.373920              | 0.095225                                    |                                                            | 28.00 |
| 29.00                                                                                    | Program direct GME amount                                                                                                                                          | 1,887,638             | 480,719                                     |                                                            | 29.00 |
| 30.00                                                                                    | Reduction for direct GME payments for Medicare Advantage                                                                                                           |                       | 67,926                                      |                                                            | 30.00 |
| 31.00                                                                                    | Net Program direct GME amount                                                                                                                                      |                       |                                             | 2,300,431                                                  | 31.00 |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS                                          |                                                                                                             | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet E-4<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------|
|                                                                                                                                   |                                                                                                             | Title XVIII           | Hospital                                    | PPS                                                        |
|                                                                                                                                   |                                                                                                             | 1.00                  |                                             |                                                            |
| <b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b> |                                                                                                             |                       |                                             |                                                            |
| 32.00                                                                                                                             | Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94) |                       | 0                                           | 32.00                                                      |
| 33.00                                                                                                                             | Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)             |                       | 3,507,891                                   | 33.00                                                      |
| 34.00                                                                                                                             | Ratio of direct medical education costs to total charges (line 32 ÷ line 33)                                |                       | 0.000000                                    | 34.00                                                      |
| 35.00                                                                                                                             | Medicare outpatient ESRD charges (see instructions)                                                         |                       | 0                                           | 35.00                                                      |
| 36.00                                                                                                                             | Medicare outpatient ESRD direct medical education costs (line 34 x line 35)                                 |                       | 0                                           | 36.00                                                      |
| <b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>                                                         |                                                                                                             |                       |                                             |                                                            |
| <b>Part A Reasonable Cost</b>                                                                                                     |                                                                                                             |                       |                                             |                                                            |
| 37.00                                                                                                                             | Reasonable cost (see instructions)                                                                          |                       | 93,776,835                                  | 37.00                                                      |
| 38.00                                                                                                                             | Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)                                               |                       | 0                                           | 38.00                                                      |
| 39.00                                                                                                                             | Cost of physicians' services in a teaching hospital (see instructions)                                      |                       | 0                                           | 39.00                                                      |
| 40.00                                                                                                                             | Primary payer payments (see instructions)                                                                   |                       | 56,049                                      | 40.00                                                      |
| 41.00                                                                                                                             | Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)                                     |                       | 93,720,786                                  | 41.00                                                      |
| <b>Part B Reasonable Cost</b>                                                                                                     |                                                                                                             |                       |                                             |                                                            |
| 42.00                                                                                                                             | Reasonable cost (see instructions)                                                                          |                       | 39,321,502                                  | 42.00                                                      |
| 43.00                                                                                                                             | Primary payer payments (see instructions)                                                                   |                       | 2,844                                       | 43.00                                                      |
| 44.00                                                                                                                             | Total Part B reasonable cost (line 42 minus line 43)                                                        |                       | 39,318,658                                  | 44.00                                                      |
| 45.00                                                                                                                             | Total reasonable cost (sum of lines 41 and 44)                                                              |                       | 133,039,444                                 | 45.00                                                      |
| 46.00                                                                                                                             | Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)                                |                       | 0.704459                                    | 46.00                                                      |
| 47.00                                                                                                                             | Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)                                |                       | 0.295541                                    | 47.00                                                      |
| <b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>                                                          |                                                                                                             |                       |                                             |                                                            |
| 48.00                                                                                                                             | Total program GME payment (line 31)                                                                         |                       | 2,300,431                                   | 48.00                                                      |
| 49.00                                                                                                                             | Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)                            |                       | 1,620,559                                   | 49.00                                                      |
| 50.00                                                                                                                             | Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)                            |                       | 679,872                                     | 50.00                                                      |

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G

Date/Time Prepared:  
11/20/2018 3:53 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                                                          | 11,688,500   | 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                                                            | 413,280,560  | 0                     | 0              | 0          | 4.00  |
| 5.00                         | Other receivable                                                               | 3,879,629    | 0                     | 0              | 0          | 5.00  |
| 6.00                         | Allowances for uncollectible notes and accounts receivable                     | -291,056,549 | 0                     | 0              | 0          | 6.00  |
| 7.00                         | Inventory                                                                      | 13,310,566   | 0                     | 0              | 0          | 7.00  |
| 8.00                         | Prepaid expenses                                                               | 4,069,081    | 0                     | 0              | 0          | 8.00  |
| 9.00                         | Other current assets                                                           | 93,575,952   | 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)                                       | 248,747,739  | 0                     | 0              | 0          | 11.00 |
| <b>FIXED ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 12.00                        | Land                                                                           | 23,002,427   | 0                     | 0              | 0          | 12.00 |
| 13.00                        | Land improvements                                                              | 11,508,031   | 0                     | 0              | 0          | 13.00 |
| 14.00                        | Accumulated depreciation                                                       | -5,386,453   | 0                     | 0              | 0          | 14.00 |
| 15.00                        | Buildings                                                                      | 287,431,415  | 0                     | 0              | 0          | 15.00 |
| 16.00                        | Accumulated depreciation                                                       | -120,998,307 | 0                     | 0              | 0          | 16.00 |
| 17.00                        | Leasehold improvements                                                         | 4,865,796    | 0                     | 0              | 0          | 17.00 |
| 18.00                        | Accumulated depreciation                                                       | -3,165,164   | 0                     | 0              | 0          | 18.00 |
| 19.00                        | Fixed equipment                                                                | 233,923,429  | 0                     | 0              | 0          | 19.00 |
| 20.00                        | Accumulated depreciation                                                       | -129,999,706 | 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                                                        | 214,655,854  | 0                     | 0              | 0          | 23.00 |
| 24.00                        | Accumulated depreciation                                                       | -171,706,627 | 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                                                 | 15,395,846   | 0                     | 0              | 0          | 29.00 |
| 30.00                        | Total fixed assets (sum of lines 12-29)                                        | 359,526,541  | 0                     | 0              | 0          | 30.00 |
| <b>OTHER ASSETS</b>          |                                                                                |              |                       |                |            |       |
| 31.00                        | Investments                                                                    | -11,025,726  | 0                     | 0              | 0          | 31.00 |
| 32.00                        | Deposits on leases                                                             | 0            | 0                     | 0              | 0          | 32.00 |
| 33.00                        | Due from owners/officers                                                       | 29,674,362   | 0                     | 0              | 0          | 33.00 |
| 34.00                        | Other assets                                                                   | 2,547,785    | 0                     | 0              | 0          | 34.00 |
| 35.00                        | Total other assets (sum of lines 31-34)                                        | 21,196,421   | 0                     | 0              | 0          | 35.00 |
| 36.00                        | Total assets (sum of lines 11, 30, and 35)                                     | 629,470,701  | 0                     | 0              | 0          | 36.00 |
| <b>CURRENT LIABILITIES</b>   |                                                                                |              |                       |                |            |       |
| 37.00                        | Accounts payable                                                               | 18,168,445   | 0                     | 0              | 0          | 37.00 |
| 38.00                        | Salaries, wages, and fees payable                                              | 18,511,864   | 0                     | 0              | 0          | 38.00 |
| 39.00                        | Payroll taxes payable                                                          | 0            | 0                     | 0              | 0          | 39.00 |
| 40.00                        | Notes and loans payable (short term)                                           | 93,575,840   | 0                     | 0              | 0          | 40.00 |
| 41.00                        | Deferred income                                                                | 0            | 0                     | 0              | 0          | 41.00 |
| 42.00                        | Accelerated payments                                                           | 0            | 0                     | 0              | 0          | 42.00 |
| 43.00                        | Due to other funds                                                             | 8,309,038    | 0                     | 0              | 0          | 43.00 |
| 44.00                        | Other current liabilities                                                      | 22,544,976   | 0                     | 0              | 0          | 44.00 |
| 45.00                        | Total current liabilities (sum of lines 37 thru 44)                            | 161,110,163  | 0                     | 0              | 0          | 45.00 |
| <b>LONG TERM LIABILITIES</b> |                                                                                |              |                       |                |            |       |
| 46.00                        | Mortgage payable                                                               | 160,251,733  | 0                     | 0              | 0          | 46.00 |
| 47.00                        | Notes payable                                                                  | 41,436,283   | 0                     | 0              | 0          | 47.00 |
| 48.00                        | Unsecured loans                                                                | 0            | 0                     | 0              | 0          | 48.00 |
| 49.00                        | Other long term liabilities                                                    | 0            | 0                     | 0              | 0          | 49.00 |
| 50.00                        | Total long term liabilities (sum of lines 46 thru 49)                          | 201,688,016  | 0                     | 0              | 0          | 50.00 |
| 51.00                        | Total liabilities (sum of lines 45 and 50)                                     | 362,798,179  | 0                     | 0              | 0          | 51.00 |
| <b>CAPITAL ACCOUNTS</b>      |                                                                                |              |                       |                |            |       |
| 52.00                        | General fund balance                                                           | 266,672,522  |                       |                |            | 52.00 |
| 53.00                        | Specific purpose fund                                                          |              | 0                     |                |            | 53.00 |
| 54.00                        | Donor created - endowment fund balance - restricted                            |              |                       | 0              |            | 54.00 |
| 55.00                        | Donor created - endowment fund balance - unrestricted                          |              |                       | 0              |            | 55.00 |
| 56.00                        | Governing body created - endowment fund balance                                |              |                       | 0              |            | 56.00 |
| 57.00                        | Plant fund balance - invested in plant                                         |              |                       |                | 0          | 57.00 |
| 58.00                        | Plant fund balance - reserve for plant improvement, replacement, and expansion |              |                       |                | 0          | 58.00 |
| 59.00                        | Total fund balances (sum of lines 52 thru 58)                                  | 266,672,522  | 0                     | 0              | 0          | 59.00 |
| 60.00                        | Total liabilities and fund balances (sum of lines 51 and 59)                   | 629,470,701  | 0                     | 0              | 0          | 60.00 |

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/20/2018 3:53 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                                    |                | 269,855,316 |                      | 0    |                | 1.00  |
| 2.00  | Net income (loss) (From Wkst. G-3, line 29)                             |                | 26,514,388  |                      |      |                | 2.00  |
| 3.00  | Total (sum of line 1 and line 2)                                        |                | 296,369,704 |                      | 0    |                | 3.00  |
| 4.00  | NET INCOME ROUNDING                                                     | 0              |             | 0                    |      | 0              | 4.00  |
| 5.00  |                                                                         | 0              |             | 0                    |      | 0              | 5.00  |
| 6.00  |                                                                         | 0              |             | 0                    |      | 0              | 6.00  |
| 7.00  |                                                                         | 0              |             | 0                    |      | 0              | 7.00  |
| 8.00  |                                                                         | 0              |             | 0                    |      | 0              | 8.00  |
| 9.00  |                                                                         | 0              |             | 0                    |      | 0              | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       |                | 0           |                      | 0    |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          |                | 296,369,704 |                      | 0    |                | 11.00 |
| 12.00 | CHANGE IN NET ASSETS                                                    | 29,697,173     |             | 0                    |      | 0              | 12.00 |
| 13.00 | NET INCOME ROUNDING                                                     | 9              |             | 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)                                   |                | 29,697,182  |                      | 0    |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) |                | 266,672,522 |                      | 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  | NET INCOME ROUNDING                                                     |                | 0           |                      |      |                | 4.00  |
| 5.00  |                                                                         |                | 0           |                      |      |                | 5.00  |
| 6.00  |                                                                         |                | 0           |                      |      |                | 6.00  |
| 7.00  |                                                                         |                | 0           |                      |      |                | 7.00  |
| 8.00  |                                                                         |                | 0           |                      |      |                | 8.00  |
| 9.00  |                                                                         |                | 0           |                      |      |                | 9.00  |
| 10.00 | Total additions (sum of line 4-9)                                       | 0              |             | 0                    |      |                | 10.00 |
| 11.00 | Subtotal (line 3 plus line 10)                                          | 0              |             | 0                    |      |                | 11.00 |
| 12.00 | CHANGE IN NET ASSETS                                                    |                | 0           |                      |      |                | 12.00 |
| 13.00 | NET INCOME ROUNDING                                                     |                | 0           |                      |      |                | 13.00 |
| 14.00 |                                                                         |                | 0           |                      |      |                | 14.00 |
| 15.00 |                                                                         |                | 0           |                      |      |                | 15.00 |
| 16.00 |                                                                         |                | 0           |                      |      |                | 16.00 |
| 17.00 |                                                                         |                | 0           |                      |      |                | 17.00 |
| 18.00 | Total deductions (sum of lines 12-17)                                   | 0              |             | 0                    |      |                | 18.00 |
| 19.00 | Fund balance at end of period per balance sheet (line 11 minus line 18) | 0              |             | 0                    |      |                | 19.00 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/20/2018 3:53 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                                                                                       | 110,285,803 |             | 110,285,803   | 1.00  |
| 2.00                                                   | SUBPROVIDER - IPF                                                                              | 4,843,403   |             | 4,843,403     | 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                                                                       | 0           |             | 0             | 7.00  |
| 8.00                                                   | NURSING FACILITY                                                                               |             |             |               | 8.00  |
| 9.00                                                   | OTHER LONG TERM CARE                                                                           |             |             |               | 9.00  |
| 10.00                                                  | Total general inpatient care services (sum of lines 1-9)                                       | 115,129,206 |             | 115,129,206   | 10.00 |
| <b>Intensive Care Type Inpatient Hospital Services</b> |                                                                                                |             |             |               |       |
| 11.00                                                  | INTENSIVE CARE UNIT                                                                            | 38,780,094  |             | 38,780,094    | 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                                                  | HIGH RISK NEONATAL                                                                             | 52,442,850  |             | 52,442,850    | 15.00 |
| 16.00                                                  | Total intensive care type inpatient hospital services (sum of lines 11-15)                     | 91,222,944  |             | 91,222,944    | 16.00 |
| 17.00                                                  | Total inpatient routine care services (sum of lines 10 and 16)                                 | 206,352,150 |             | 206,352,150   | 17.00 |
| 18.00                                                  | Ancillary services                                                                             | 720,735,309 | 770,566,531 | 1,491,301,840 | 18.00 |
| 19.00                                                  | Outpatient services                                                                            | 29,061,975  | 69,892,434  | 98,954,409    | 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                                                                             |             | 5,371,000   | 5,371,000     | 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           | 2,213,554   | 2,213,554     | 26.00 |
| 27.00                                                  | HOME INFUSION                                                                                  | 0           | 4,994,386   | 4,994,386     | 27.00 |
| 27.01                                                  | PRO FEES                                                                                       | 5,509,153   | 7,683,712   | 13,192,865    | 27.01 |
| 28.00                                                  | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)            | 961,658,587 | 860,721,617 | 1,822,380,204 | 28.00 |
| <b>PART II - OPERATING EXPENSES</b>                    |                                                                                                |             |             |               |       |
| 29.00                                                  | Operating expenses (per Wkst. A, column 3, line 200)                                           |             | 507,762,551 |               | 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) |             | 507,762,551 |               | 43.00 |

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-3

Date/Time Prepared:  
11/20/2018 3:53 pm

|                     |                                                                           | 1.00          |       |
|---------------------|---------------------------------------------------------------------------|---------------|-------|
| 1.00                | Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)        | 1,822,380,204 | 1.00  |
| 2.00                | Less contractual allowances and discounts on patients' accounts           | 1,317,811,573 | 2.00  |
| 3.00                | Net patient revenues (line 1 minus line 2)                                | 504,568,631   | 3.00  |
| 4.00                | Less total operating expenses (from Wkst. G-2, Part II, line 43)          | 507,762,551   | 4.00  |
| 5.00                | Net income from service to patients (line 3 minus line 4)                 | -3,193,920    | 5.00  |
| <b>OTHER INCOME</b> |                                                                           |               |       |
| 6.00                | Contributions, donations, bequests, etc                                   | 0             | 6.00  |
| 7.00                | Income from investments                                                   | 10,904,855    | 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                                                      | 71,170        | 12.00 |
| 13.00               | Revenue from laundry and linen service                                    | 57,107        | 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                         | 79,686        | 17.00 |
| 18.00               | Revenue from sale of medical records and abstracts                        | 110           | 18.00 |
| 19.00               | Tuition (fees, sale of textbooks, uniforms, etc.)                         | 2,515,294     | 19.00 |
| 20.00               | Revenue from gifts, flowers, coffee shops, and canteen                    | 337,116       | 20.00 |
| 21.00               | Rental of vending machines                                                | 24,116        | 21.00 |
| 22.00               | Rental of hospital space                                                  | 2,633,805     | 22.00 |
| 23.00               | Governmental appropriations                                               | 0             | 23.00 |
| 24.00               | MISC INC                                                                  | 2,018,918     | 24.00 |
| 24.01               | GRANTS                                                                    | 443,507       | 24.01 |
| 24.02               | INTER CO                                                                  | 9,398,501     | 24.02 |
| 24.03               | NET ASSETS RELEASED                                                       | 1,769,916     | 24.03 |
| 25.00               | Total other income (sum of lines 6-24)                                    | 30,254,101    | 25.00 |
| 26.00               | Total (line 5 plus line 25)                                               | 27,060,181    | 26.00 |
| 27.00               | NON OPERATING EXP'S                                                       | 165,882       | 27.00 |
| 27.01               | DISPOSAL OF ASSETS                                                        | 146,256       | 27.01 |
| 27.02               | SWAP PYMTS                                                                | 233,655       | 27.02 |
| 28.00               | Total other expenses (sum of line 27 and subscripts)                      | 545,793       | 28.00 |
| 29.00               | Net income (or loss) for the period (line 26 minus line 28)               | 26,514,388    | 29.00 |



|                                                     |  |                       |                                       |                                        |
|-----------------------------------------------------|--|-----------------------|---------------------------------------|----------------------------------------|
| ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS |  | Provider CCN: 14-0053 | Period: From 07/01/2017 To 06/30/2018 | Worksheet H                            |
|                                                     |  | HHA CCN: 14-7222      |                                       | Date/Time Prepared: 11/20/2018 3:53 pm |
|                                                     |  |                       | Home Health Agency I                  | PPS                                    |

|                                     | Salaries                            | Employee Benefits                            | Transportation (see instructions) | Contracted/Purchased Services                 | Other Costs | Total (sum of col. 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                            | 3.00  |
| 4.00                                | Transportation                      | 0                                            | 0                                 | 0                                             | 0           | 0                            | 4.00  |
| 5.00                                | Administrative and General          | 910,154                                      | 0                                 | 8,856                                         | 0           | 426,005                      | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>    |                                     |                                              |                                   |                                               |             |                              |       |
| 6.00                                | Skilled Nursing Care                | 1,666,411                                    | 0                                 | 134,712                                       | 0           | 1,801,123                    | 6.00  |
| 7.00                                | Physical Therapy                    | 629,334                                      | 0                                 | 54,474                                        | 0           | 683,808                      | 7.00  |
| 8.00                                | Occupational Therapy                | 245,550                                      | 0                                 | 18,651                                        | 0           | 264,201                      | 8.00  |
| 9.00                                | Speech Pathology                    | 11,249                                       | 0                                 | 1,405                                         | 0           | 12,654                       | 9.00  |
| 10.00                               | Medical Social Services             | 54,428                                       | 0                                 | 3,143                                         | 0           | 57,571                       | 10.00 |
| 11.00                               | Home Health Aide                    | 45,311                                       | 0                                 | 9,179                                         | 0           | 54,490                       | 11.00 |
| 12.00                               | Supplies (see instructions)         | 0                                            | 0                                 | 0                                             | 0           | 0                            | 12.00 |
| 13.00                               | Drugs                               | 0                                            | 0                                 | 0                                             | 0           | 0                            | 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                               | Tel emedicine                       | 0                                            | 0                                 | 0                                             | 0           | 0                            | 23.50 |
| 24.00                               | Total (sum of lines 1-23)           | 3,562,437                                    | 0                                 | 230,420                                       | 0           | 426,005                      | 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          | -160,025                                     | 1,184,990                         | 0                                             | 1,184,990   |                              | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>    |                                     |                                              |                                   |                                               |             |                              |       |
| 6.00                                | Skilled Nursing Care                | -17,538                                      | 1,783,585                         | 0                                             | 1,783,585   |                              | 6.00  |
| 7.00                                | Physical Therapy                    | 0                                            | 683,808                           | 0                                             | 683,808     |                              | 7.00  |
| 8.00                                | Occupational Therapy                | 0                                            | 264,201                           | 0                                             | 264,201     |                              | 8.00  |
| 9.00                                | Speech Pathology                    | 0                                            | 12,654                            | 0                                             | 12,654      |                              | 9.00  |
| 10.00                               | Medical Social Services             | 0                                            | 57,571                            | 0                                             | 57,571      |                              | 10.00 |
| 11.00                               | Home Health Aide                    | 0                                            | 54,490                            | 0                                             | 54,490      |                              | 11.00 |
| 12.00                               | Supplies (see instructions)         | 0                                            | 0                                 | 0                                             | 0           |                              | 12.00 |
| 13.00                               | Drugs                               | 0                                            | 0                                 | 0                                             | 0           |                              | 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                               | Tel emedicine                       | 0                                            | 0                                 | 0                                             | 0           |                              | 23.50 |
| 24.00                               | Total (sum of lines 1-23)           | -177,563                                     | 4,041,299                         | 0                                             | 4,041,299   |                              | 24.00 |

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

| COST ALLOCATION - HHA GENERAL SERVICE COST |                                                          | Provider CCN: 14-0053<br>HHA CCN: 14-7222 |                      | Period: From 07/01/2017 To 06/30/2018 |                | Worksheet H-1 Part I<br>Date/Time Prepared: 11/20/2018 3:53 pm<br>PPS |       |
|--------------------------------------------|----------------------------------------------------------|-------------------------------------------|----------------------|---------------------------------------|----------------|-----------------------------------------------------------------------|-------|
|                                            | Net Expenses for Cost Allocation (from Wkst. H, col. 10) | Capital Related Costs                     |                      | Plant Operation & Maintenance         | Transportation | Subtotal (cols. 0-4)                                                  |       |
|                                            |                                                          | Bldgs & Fixtures                          | Movable Equipment    |                                       |                |                                                                       |       |
|                                            | 0                                                        | 1.00                                      | 2.00                 | 3.00                                  | 4.00           | 4A.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                                                                     | 3.00  |
| 4.00                                       | Transportation                                           | 0                                         | 0                    | 0                                     | 0              | 0                                                                     | 4.00  |
| 5.00                                       | Administrative and General                               | 1,184,990                                 | 0                    | 0                                     | 0              | 1,184,990                                                             | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>           |                                                          |                                           |                      |                                       |                |                                                                       |       |
| 6.00                                       | Skilled Nursing Care                                     | 1,783,585                                 | 0                    | 0                                     | 0              | 1,783,585                                                             | 6.00  |
| 7.00                                       | Physical Therapy                                         | 683,808                                   | 0                    | 0                                     | 0              | 683,808                                                               | 7.00  |
| 8.00                                       | Occupational Therapy                                     | 264,201                                   | 0                    | 0                                     | 0              | 264,201                                                               | 8.00  |
| 9.00                                       | Speech Pathology                                         | 12,654                                    | 0                    | 0                                     | 0              | 12,654                                                                | 9.00  |
| 10.00                                      | Medical Social Services                                  | 57,571                                    | 0                    | 0                                     | 0              | 57,571                                                                | 10.00 |
| 11.00                                      | Home Health Aide                                         | 54,490                                    | 0                    | 0                                     | 0              | 54,490                                                                | 11.00 |
| 12.00                                      | Supplies (see instructions)                              | 0                                         | 0                    | 0                                     | 0              | 0                                                                     | 12.00 |
| 13.00                                      | Drugs                                                    | 0                                         | 0                    | 0                                     | 0              | 0                                                                     | 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                                      | Tel emedicine                                            | 0                                         | 0                    | 0                                     | 0              | 0                                                                     | 23.50 |
| 24.00                                      | Total (sum of lines 1-23)                                | 4,041,299                                 | 0                    | 0                                     | 0              | 4,041,299                                                             | 24.00 |
|                                            | Administrative & General                                 | 5.00                                      | Total (cols. 4A + 5) |                                       |                |                                                                       |       |
|                                            |                                                          |                                           | 6.00                 |                                       |                |                                                                       |       |
| <b>GENERAL SERVICE COST CENTERS</b>        |                                                          |                                           |                      |                                       |                |                                                                       |       |
| 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                               | 1,184,990                                 |                      |                                       |                |                                                                       | 5.00  |
| <b>HHA REIMBURSABLE SERVICES</b>           |                                                          |                                           |                      |                                       |                |                                                                       |       |
| 6.00                                       | Skilled Nursing Care                                     | 739,951                                   | 2,523,536            |                                       |                |                                                                       | 6.00  |
| 7.00                                       | Physical Therapy                                         | 283,690                                   | 967,498              |                                       |                |                                                                       | 7.00  |
| 8.00                                       | Occupational Therapy                                     | 109,609                                   | 373,810              |                                       |                |                                                                       | 8.00  |
| 9.00                                       | Speech Pathology                                         | 5,250                                     | 17,904               |                                       |                |                                                                       | 9.00  |
| 10.00                                      | Medical Social Services                                  | 23,884                                    | 81,455               |                                       |                |                                                                       | 10.00 |
| 11.00                                      | Home Health Aide                                         | 22,606                                    | 77,096               |                                       |                |                                                                       | 11.00 |
| 12.00                                      | Supplies (see instructions)                              | 0                                         | 0                    |                                       |                |                                                                       | 12.00 |
| 13.00                                      | Drugs                                                    | 0                                         | 0                    |                                       |                |                                                                       | 13.00 |
| 14.00                                      | DME                                                      | 0                                         | 0                    |                                       |                |                                                                       | 14.00 |
| <b>HHA NONREIMBURSABLE SERVICES</b>        |                                                          |                                           |                      |                                       |                |                                                                       |       |
| 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                                      | Tel emedicine                                            | 0                                         | 0                    |                                       |                |                                                                       | 23.50 |
| 24.00                                      | Total (sum of lines 1-23)                                |                                           | 4,041,299            |                                       |                |                                                                       | 24.00 |

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet H-1

HHA CCN: 14-7222

To 06/30/2018

Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

Home Health  
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|                                     | Capital Related Costs                            |                                           | Plant<br>Operation &<br>Maintenance<br>(SQUARE FEET) | Transportation<br>(MILEAGE) | Reconciliation | Administrative & General<br>(ACCUM. COST) |           |
|-------------------------------------|--------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------|----------------|-------------------------------------------|-----------|
|                                     | Bldgs &<br>Fixtures<br>(SQUARE FEET)             | Movable<br>Equipment<br>(DOLLAR<br>VALUE) |                                                      |                             |                |                                           |           |
|                                     | 1.00                                             | 2.00                                      |                                                      |                             |                |                                           |           |
| <b>GENERAL SERVICE COST CENTERS</b> |                                                  |                                           |                                                      |                             |                |                                           |           |
| 1.00                                | Capital Related - Bldg. & Fixtures               | 0                                         |                                                      |                             | 0              |                                           | 1.00      |
| 2.00                                | Capital Related - Movable Equipment              |                                           | 0                                                    |                             | 0              |                                           | 2.00      |
| 3.00                                | Plant Operation & Maintenance                    | 0                                         | 0                                                    | 0                           | 0              |                                           | 3.00      |
| 4.00                                | Transportation (see instructions)                | 0                                         | 0                                                    | 0                           | 0              |                                           | 4.00      |
| 5.00                                | Administrative and General                       | 0                                         | 0                                                    | 0                           | 0              | -1,184,990                                | 2,856,309 |
| <b>HHA REIMBURSABLE SERVICES</b>    |                                                  |                                           |                                                      |                             |                |                                           |           |
| 6.00                                | Skilled Nursing Care                             | 0                                         | 0                                                    | 0                           | 0              | 1,783,585                                 | 6.00      |
| 7.00                                | Physical Therapy                                 | 0                                         | 0                                                    | 0                           | 0              | 683,808                                   | 7.00      |
| 8.00                                | Occupational Therapy                             | 0                                         | 0                                                    | 0                           | 0              | 264,201                                   | 8.00      |
| 9.00                                | Speech Pathology                                 | 0                                         | 0                                                    | 0                           | 0              | 12,654                                    | 9.00      |
| 10.00                               | Medical Social Services                          | 0                                         | 0                                                    | 0                           | 0              | 57,571                                    | 10.00     |
| 11.00                               | Home Health Aide                                 | 0                                         | 0                                                    | 0                           | 0              | 54,490                                    | 11.00     |
| 12.00                               | Supplies (see instructions)                      | 0                                         | 0                                                    | 0                           | 0              | 0                                         | 12.00     |
| 13.00                               | Drugs                                            | 0                                         | 0                                                    | 0                           | 0              | 0                                         | 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              | -1,184,990                                | 2,856,309 |
| 25.00                               | Cost To Be Allocated (per Worksheet H-1, Part I) | 0                                         | 0                                                    | 0                           | 0              | 1,184,990                                 | 1,184,990 |
| 26.00                               | Unit Cost Multiplier                             | 0.000000                                  | 0.000000                                             | 0.000000                    | 0.000000       |                                           | 0.414868  |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7222

To 06/30/2018

Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

Home Health Agency I

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| Cost Center Description                                                                                                                      | HHA Trial Balance (1) | CAPITAL RELATED COSTS       |                     |                    | EMPLOYEE BENEFITS DEPARTMENT | COMMUNICATIONS        |       |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|---------------------|--------------------|------------------------------|-----------------------|-------|
|                                                                                                                                              |                       | BLDG & FIXT                 | CAP REL COSTS - CON | MVBLE EQUIP        |                              |                       |       |
|                                                                                                                                              |                       | 1.00                        | 1.01                | 2.00               |                              |                       |       |
|                                                                                                                                              | 0                     | 45,999                      | 0                   | 1,304              | 289,698                      | 38,202                | 1.00  |
| 1.00 Administrative and General                                                                                                              | 0                     | 45,999                      | 0                   | 1,304              | 289,698                      | 38,202                | 1.00  |
| 2.00 Skilled Nursing Care                                                                                                                    | 2,523,536             | 0                           | 0                   | 0                  | 524,830                      | 0                     | 2.00  |
| 3.00 Physical Therapy                                                                                                                        | 967,498               | 0                           | 0                   | 0                  | 200,314                      | 0                     | 3.00  |
| 4.00 Occupational Therapy                                                                                                                    | 373,810               | 0                           | 0                   | 0                  | 78,158                       | 0                     | 4.00  |
| 5.00 Speech Pathology                                                                                                                        | 17,904                | 0                           | 0                   | 0                  | 3,581                        | 0                     | 5.00  |
| 6.00 Medical Social Services                                                                                                                 | 81,455                | 0                           | 0                   | 0                  | 17,324                       | 0                     | 6.00  |
| 7.00 Home Health Aide                                                                                                                        | 77,096                | 0                           | 0                   | 0                  | 14,422                       | 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)                                                                                                          | 4,041,299             | 45,999                      | 0                   | 1,304              | 1,128,327                    | 38,202                | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                       |                             |                     |                    |                              |                       | 21.00 |
| Cost Center Description                                                                                                                      | INFORMATION SYSTEMS   | PURCHASING/RECEIVING/STORES | ADMITTING           | PATIENT ACCOUNTING | Subtotal                     | OTHER ADMIN & GENERAL |       |
|                                                                                                                                              | 5.02                  | 5.03                        | 5.04                | 5.05               | 5A.05                        | 5.06                  |       |
| 1.00 Administrative and General                                                                                                              | 1,185,580             | 673                         | 8,266               | 28,010             | 1,597,732                    | 138,111               | 1.00  |
| 2.00 Skilled Nursing Care                                                                                                                    | 0                     | 0                           | 0                   | 0                  | 3,048,366                    | 263,507               | 2.00  |
| 3.00 Physical Therapy                                                                                                                        | 0                     | 0                           | 0                   | 0                  | 1,167,812                    | 100,948               | 3.00  |
| 4.00 Occupational Therapy                                                                                                                    | 0                     | 0                           | 0                   | 0                  | 451,968                      | 39,069                | 4.00  |
| 5.00 Speech Pathology                                                                                                                        | 0                     | 0                           | 0                   | 0                  | 21,485                       | 1,857                 | 5.00  |
| 6.00 Medical Social Services                                                                                                                 | 0                     | 0                           | 0                   | 0                  | 98,779                       | 8,539                 | 6.00  |
| 7.00 Home Health Aide                                                                                                                        | 0                     | 0                           | 0                   | 0                  | 91,518                       | 7,911                 | 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)                                                                                                          | 1,185,580             | 673                         | 8,266               | 28,010             | 6,477,660                    | 559,942               | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                       |                             |                     |                    | 0.000000                     |                       | 21.00 |

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7222

To 06/30/2018

Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

Home Health Agency I

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| Cost Center Description                                                                                                                      | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |       |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------------|--------------|---------|-----------|-------|
|                                                                                                                                              | 6.00                  | 7.00               | 8.00                    | 9.00         | 10.00   | 11.00     |       |
| 1.00 Administrative and General                                                                                                              | 161,242               | 137,529            | 0                       | 0            | 0       | 107,918   | 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)                                                                                                          | 161,242               | 137,529            | 0                       | 0            | 0       | 107,918   | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                       |                    |                         |              |         |           | 21.00 |

  

| Cost Center Description                                                                                                                      | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | NURSING SCHOOL | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV |       |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|----------|---------------------------|----------------|-----------------------------------------------------|-------|
|                                                                                                                                              | 13.00                  | 14.00                     | 15.00    | 16.00                     | 20.00          | 21.00                                               |       |
| 1.00 Administrative and General                                                                                                              | 272,308                | 0                         | 1,943    | 0                         | 0              | 0                                                   | 1.00  |
| 2.00 Skilled Nursing Care                                                                                                                    | 0                      | 0                         | 0        | 0                         | 17,745         | 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)                                                                                                          | 272,308                | 0                         | 1,943    | 0                         | 17,745         | 0                                                   | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                        |                           |          |                           |                |                                                     | 21.00 |

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7222

To 06/30/2018

Part I Date/Time Prepared: 11/20/2018 3:53 pm

Home Health Agency I

PPS

| Cost Center Description                                                                                                                      | INTERNS & RESIDENTS             | PARAMED ED (CLINICAL LAB SCIENCE)                   | PARAMED ED (RESPIRATORY THERAPY) | PARAMED ED (ENDT)               | PARAMED ED (PHARMACY) | PARAMED ED (PASTORAL CARE) |       |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|----------------------------------|---------------------------------|-----------------------|----------------------------|-------|
|                                                                                                                                              | SERVICES-OTHER PRGM COSTS APPRV |                                                     |                                  |                                 |                       |                            |       |
|                                                                                                                                              | 22.00                           |                                                     |                                  |                                 |                       |                            |       |
| 1.00 Administrative and General                                                                                                              | 0                               | 0                                                   | 0                                | 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) (2)                                                                                                          | 0                               | 0                                                   | 0                                | 0                               | 0                     | 0                          | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                                 |                                                     |                                  |                                 |                       |                            | 21.00 |
| Cost Center Description                                                                                                                      | Subtotal                        | Intern & Residents Cost & Post Stepdown Adjustments | Subtotal                         | Allocated HHA A&G (see Part II) | Total HHA Costs       |                            |       |
|                                                                                                                                              | 24.00                           | 25.00                                               | 26.00                            | 27.00                           | 28.00                 |                            |       |
| 1.00 Administrative and General                                                                                                              | 2,416,783                       | 0                                                   | 2,416,783                        |                                 |                       |                            | 1.00  |
| 2.00 Skilled Nursing Care                                                                                                                    | 3,329,618                       | 0                                                   | 3,329,618                        | 1,512,729                       | 4,842,347             |                            | 2.00  |
| 3.00 Physical Therapy                                                                                                                        | 1,268,760                       | 0                                                   | 1,268,760                        | 576,429                         | 1,845,189             |                            | 3.00  |
| 4.00 Occupational Therapy                                                                                                                    | 491,037                         | 0                                                   | 491,037                          | 223,090                         | 714,127               |                            | 4.00  |
| 5.00 Speech Pathology                                                                                                                        | 23,342                          | 0                                                   | 23,342                           | 10,605                          | 33,947                |                            | 5.00  |
| 6.00 Medical Social Services                                                                                                                 | 107,318                         | 0                                                   | 107,318                          | 48,757                          | 156,075               |                            | 6.00  |
| 7.00 Home Health Aide                                                                                                                        | 99,429                          | 0                                                   | 99,429                           | 45,173                          | 144,602               |                            | 7.00  |
| 8.00 Supplies (see instructions)                                                                                                             | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 8.00  |
| 9.00 Drugs                                                                                                                                   | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 9.00  |
| 10.00 DME                                                                                                                                    | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 10.00 |
| 11.00 Home Dialysis Aide Services                                                                                                            | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 11.00 |
| 12.00 Respiratory Therapy                                                                                                                    | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 12.00 |
| 13.00 Private Duty Nursing                                                                                                                   | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 13.00 |
| 14.00 Clinic                                                                                                                                 | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 14.00 |
| 15.00 Health Promotion Activities                                                                                                            | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 15.00 |
| 16.00 Day Care Program                                                                                                                       | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 16.00 |
| 17.00 Home Delivered Meals Program                                                                                                           | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 17.00 |
| 18.00 Homemaker Service                                                                                                                      | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 18.00 |
| 19.00 All Others (specify)                                                                                                                   | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 19.00 |
| 19.50 Telemedicine                                                                                                                           | 0                               | 0                                                   | 0                                | 0                               | 0                     |                            | 19.50 |
| 20.00 Total (sum of lines 1-19) (2)                                                                                                          | 7,736,287                       | 0                                                   | 7,736,287                        | 2,416,783                       | 7,736,287             |                            | 20.00 |
| 21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places. |                                 |                                                     |                                  | 0.454325                        |                       |                            | 21.00 |

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

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

|                                                                           |  |                                           |                                             |                                                                              |
|---------------------------------------------------------------------------|--|-------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS |  | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm<br>PPS |
|                                                                           |  |                                           | Home Health Agency I                        |                                                                              |

| Cost Center Description            | CAPITAL RELATED COSTS                  |                                      |                                    | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | COMMUNICATIONS (TELEPHONES)        | INFORMATION SYSTEMS (PIECES OF EQUIPMENT) |       |
|------------------------------------|----------------------------------------|--------------------------------------|------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------------|-------|
|                                    | BLDG & FIXT (SQUARE FEET)              | CAP REL COSTS - CON (SQUARE FOOTAGE) | MVBLE EQUIP (DOLLAR VALUE)         |                                               |                                    |                                           |       |
|                                    | 1.00                                   | 1.01                                 | 2.00                               |                                               |                                    |                                           |       |
| 1.00 Administrative and General    | 4,585                                  | 0                                    | 1,296                              | 910,154                                       | 126                                | 194                                       | 1.00  |
| 2.00 Skilled Nursing Care          | 0                                      | 0                                    | 0                                  | 1,648,873                                     | 0                                  | 0                                         | 2.00  |
| 3.00 Physical Therapy              | 0                                      | 0                                    | 0                                  | 629,334                                       | 0                                  | 0                                         | 3.00  |
| 4.00 Occupational Therapy          | 0                                      | 0                                    | 0                                  | 245,550                                       | 0                                  | 0                                         | 4.00  |
| 5.00 Speech Pathology              | 0                                      | 0                                    | 0                                  | 11,249                                        | 0                                  | 0                                         | 5.00  |
| 6.00 Medical Social Services       | 0                                      | 0                                    | 0                                  | 54,428                                        | 0                                  | 0                                         | 6.00  |
| 7.00 Home Health Aide              | 0                                      | 0                                    | 0                                  | 45,311                                        | 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)    | 4,585                                  | 0                                    | 1,296                              | 3,544,899                                     | 126                                | 194                                       | 20.00 |
| 21.00 Total cost to be allocated   | 45,999                                 | 0                                    | 1,304                              | 1,128,327                                     | 38,202                             | 1,185,580                                 | 21.00 |
| 22.00 Unit cost multiplier         | 10.032497                              | 0.000000                             | 1.006173                           | 0.318296                                      | 303.190476                         | 6,111.237113                              | 22.00 |
| Cost Center Description            | PURCHASING/RECEIVING/STORES (SUPPLIES) | ADMITTING (GROSS CHARGES)            | PATIENT ACCOUNTING (GROSS CHARGES) | Reconciliation                                | OTHER ADMIN & GENERAL (ACCUM COST) | MAINTENANCE & REPAIRS (HOURS)             |       |
|                                    | 5.03                                   | 5.04                                 | 5.05                               | 5A.06                                         | 5.06                               | 6.00                                      |       |
| 1.00 Administrative and General    | 31,947                                 | 5,371,000                            | 5,371,000                          | 0                                             | 1,597,732                          | 489                                       | 1.00  |
| 2.00 Skilled Nursing Care          | 0                                      | 0                                    | 0                                  | 0                                             | 3,048,366                          | 0                                         | 2.00  |
| 3.00 Physical Therapy              | 0                                      | 0                                    | 0                                  | 0                                             | 1,167,812                          | 0                                         | 3.00  |
| 4.00 Occupational Therapy          | 0                                      | 0                                    | 0                                  | 0                                             | 451,968                            | 0                                         | 4.00  |
| 5.00 Speech Pathology              | 0                                      | 0                                    | 0                                  | 0                                             | 21,485                             | 0                                         | 5.00  |
| 6.00 Medical Social Services       | 0                                      | 0                                    | 0                                  | 0                                             | 98,779                             | 0                                         | 6.00  |
| 7.00 Home Health Aide              | 0                                      | 0                                    | 0                                  | 0                                             | 91,518                             | 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)    | 31,947                                 | 5,371,000                            | 5,371,000                          | 0                                             | 6,477,660                          | 489                                       | 20.00 |
| 21.00 Total cost to be allocated   | 673                                    | 8,266                                | 28,010                             | 0                                             | 559,942                            | 161,242                                   | 21.00 |
| 22.00 Unit cost multiplier         | 0.021066                               | 0.001539                             | 0.005215                           | 0                                             | 0.086442                           | 329.738241                                | 22.00 |

|                                                                           |  |                                           |                                             |                                                                       |
|---------------------------------------------------------------------------|--|-------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS |  | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
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|  |  |  | Home Health Agency I | PPS |
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| Cost Center Description |                              | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (MEALS SERVED) | NURSING ADMINISTRATION (NUMBER HOUSED) |       |
|-------------------------|------------------------------|----------------------------------|---------------------------------------------|---------------------------------|------------------------|--------------------------|----------------------------------------|-------|
|                         |                              | 7.00                             | 8.00                                        | 9.00                            | 10.00                  | 11.00                    | 13.00                                  |       |
| 1.00                    | Administrative and General   | 4,585                            | 0                                           | 0                               | 0                      | 4,626                    | 4,626                                  | 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)    | 4,585                            | 0                                           | 0                               | 0                      | 4,626                    | 4,626                                  | 20.00 |
| 21.00                   | Total cost to be allocated   | 137,529                          | 0                                           | 0                               | 0                      | 107,918                  | 272,308                                | 21.00 |
| 22.00                   | Unit cost multiplier         | 29.995420                        | 0.000000                                    | 0.000000                        | 0.000000               | 23.328578                | 58.864678                              | 22.00 |

| Cost Center Description |                              | CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (DISCHARGES) | NURSING SCHOOL (ASSIGNED TIME) | INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME) | SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) |       |
|-------------------------|------------------------------|--------------------------------------------|---------------------------|----------------------------------------|--------------------------------|---------------------------------------------------------------------|-------------------------------------------------|-------|
|                         |                              | 14.00                                      | 15.00                     | 16.00                                  | 20.00                          | 21.00                                                               | 22.00                                           |       |
| 1.00                    | Administrative and General   | 0                                          | 2,051                     | 0                                      | 0                              | 0                                                                   | 0                                               | 1.00  |
| 2.00                    | Skilled Nursing Care         | 0                                          | 0                         | 0                                      | 92                             | 0                                                                   | 0                                               | 2.00  |
| 3.00                    | Physical Therapy             | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 3.00  |
| 4.00                    | Occupational Therapy         | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 4.00  |
| 5.00                    | Speech Pathology             | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 5.00  |
| 6.00                    | Medical Social Services      | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 6.00  |
| 7.00                    | Home Health Aide             | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 7.00  |
| 8.00                    | Supplies (see instructions)  | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 8.00  |
| 9.00                    | Drugs                        | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 9.00  |
| 10.00                   | DME                          | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 10.00 |
| 11.00                   | Home Dialysis Aide Services  | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 11.00 |
| 12.00                   | Respiratory Therapy          | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 12.00 |
| 13.00                   | Private Duty Nursing         | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 13.00 |
| 14.00                   | Clinic                       | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 14.00 |
| 15.00                   | Health Promotion Activities  | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 15.00 |
| 16.00                   | Day Care Program             | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 16.00 |
| 17.00                   | Home Delivered Meals Program | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 17.00 |
| 18.00                   | Homemaker Service            | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 18.00 |
| 19.00                   | All Others (specify)         | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 19.00 |
| 19.50                   | Telemedicine                 | 0                                          | 0                         | 0                                      | 0                              | 0                                                                   | 0                                               | 19.50 |
| 20.00                   | Total (sum of lines 1-19)    | 0                                          | 2,051                     | 0                                      | 92                             | 0                                                                   | 0                                               | 20.00 |
| 21.00                   | Total cost to be allocated   | 0                                          | 1,943                     | 0                                      | 17,745                         | 0                                                                   | 0                                               | 21.00 |
| 22.00                   | Unit cost multiplier         | 0.000000                                   | 0.947343                  | 0.000000                               | 192.880435                     | 0.000000                                                            | 0.000000                                        | 22.00 |



|                                                                           |                                           |                                             |                                                                              |
|---------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-2<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm<br>PPS |
|                                                                           |                                           | Home Health Agency I                        |                                                                              |

| Cost Center Description            | PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME) | PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME) | PARAMED ED (ENDT) (ASSIGNED TIME) | PARAMED ED (PHARMACY) (ASSIGNED TIME) | PARAMED ED (PASTORAL CARE) (HOURS) |  |       |
|------------------------------------|---------------------------------------------------|--------------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------|--|-------|
|                                    | 23.00                                             | 23.01                                            | 23.02                             | 23.03                                 | 23.04                              |  |       |
| 1.00 Administrative and General    | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 1.00  |
| 2.00 Skilled Nursing Care          | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 2.00  |
| 3.00 Physical Therapy              | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 3.00  |
| 4.00 Occupational Therapy          | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 4.00  |
| 5.00 Speech Pathology              | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 5.00  |
| 6.00 Medical Social Services       | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 6.00  |
| 7.00 Home Health Aide              | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 7.00  |
| 8.00 Supplies (see instructions)   | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 8.00  |
| 9.00 Drugs                         | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 9.00  |
| 10.00 DME                          | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 10.00 |
| 11.00 Home Dialysis Aide Services  | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 11.00 |
| 12.00 Respiratory Therapy          | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 12.00 |
| 13.00 Private Duty Nursing         | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 13.00 |
| 14.00 Clinic                       | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 14.00 |
| 15.00 Health Promotion Activities  | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 15.00 |
| 16.00 Day Care Program             | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 16.00 |
| 17.00 Home Delivered Meals Program | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 17.00 |
| 18.00 Homemaker Service            | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 18.00 |
| 19.00 All Others (specify)         | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 19.00 |
| 19.50 Telemedicine                 | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 19.50 |
| 20.00 Total (sum of lines 1-19)    | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 20.00 |
| 21.00 Total cost to be allocated   | 0                                                 | 0                                                | 0                                 | 0                                     | 0                                  |  | 21.00 |
| 22.00 Unit cost multiplier         | 0.000000                                          | 0.000000                                         | 0.000000                          | 0.000000                              | 0.000000                           |  | 22.00 |

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet H-3

HHA CCN: 14-7222

To 06/30/2018

Part I  
Date/Time Prepared: 11/20/2018 3:53 pm

Title XVIII

Home Health Agency I

PPS

| Cost Center Description                                                                                                            | From, Wkst. H-2, Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I) | Shared Ancillary Costs (from Part II) | Total HHA Costs (cols. 1 + 2)            | Total Visits           | Average Cost Per Visit (col. 3 ÷ col. 4) |        |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|------------------------------------------|------------------------|------------------------------------------|--------|
|                                                                                                                                    | 0                                      | 1.00                                    | 2.00                                  | 3.00                                     | 4.00                   | 5.00                                     |        |
| PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION |                                        |                                         |                                       |                                          |                        |                                          |        |
| Cost Per Visit Computation                                                                                                         |                                        |                                         |                                       |                                          |                        |                                          |        |
| 1.00                                                                                                                               | Skilled Nursing Care                   | 2.00                                    | 4,842,347                             |                                          | 4,842,347              | 17,425                                   | 277.90 |
| 2.00                                                                                                                               | Physical Therapy                       | 3.00                                    | 1,845,189                             | 0                                        | 1,845,189              | 6,824                                    | 270.40 |
| 3.00                                                                                                                               | Occupational Therapy                   | 4.00                                    | 714,127                               | 0                                        | 714,127                | 2,370                                    | 301.32 |
| 4.00                                                                                                                               | Speech Pathology                       | 5.00                                    | 33,947                                | 0                                        | 33,947                 | 119                                      | 285.27 |
| 5.00                                                                                                                               | Medical Social Services                | 6.00                                    | 156,075                               |                                          | 156,075                | 339                                      | 460.40 |
| 6.00                                                                                                                               | Home Health Aide                       | 7.00                                    | 144,602                               |                                          | 144,602                | 1,586                                    | 91.17  |
| 7.00                                                                                                                               | Total (sum of lines 1-6)               |                                         | 7,736,287                             | 0                                        | 7,736,287              | 28,663                                   |        |
| Program Visits                                                                                                                     |                                        |                                         |                                       |                                          |                        |                                          |        |
| Cost Center Description                                                                                                            | Cost Limits                            | CBSA No. (1)                            | Part A                                | 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                   |                                         | 14010                                 | 0                                        | 59                     |                                          | 8.00   |
| 8.01                                                                                                                               | Skilled Nursing Care                   |                                         | 16580                                 | 0                                        | 22                     |                                          | 8.01   |
| 8.02                                                                                                                               | Skilled Nursing Care                   |                                         | 19500                                 | 0                                        | 2,068                  |                                          | 8.02   |
| 8.03                                                                                                                               | Skilled Nursing Care                   |                                         | 41180                                 | 0                                        | 143                    |                                          | 8.03   |
| 8.04                                                                                                                               | Skilled Nursing Care                   |                                         | 44100                                 | 0                                        | 1,920                  |                                          | 8.04   |
| 8.05                                                                                                                               | Skilled Nursing Care                   |                                         | 99914                                 | 0                                        | 703                    |                                          | 8.05   |
| 9.00                                                                                                                               | Physical Therapy                       |                                         | 14010                                 | 0                                        | 42                     |                                          | 9.00   |
| 9.01                                                                                                                               | Physical Therapy                       |                                         | 16580                                 | 0                                        | 14                     |                                          | 9.01   |
| 9.02                                                                                                                               | Physical Therapy                       |                                         | 19500                                 | 0                                        | 1,118                  |                                          | 9.02   |
| 9.03                                                                                                                               | Physical Therapy                       |                                         | 41180                                 | 0                                        | 18                     |                                          | 9.03   |
| 9.04                                                                                                                               | Physical Therapy                       |                                         | 44100                                 | 0                                        | 829                    |                                          | 9.04   |
| 9.05                                                                                                                               | Physical Therapy                       |                                         | 99914                                 | 0                                        | 290                    |                                          | 9.05   |
| 10.00                                                                                                                              | Occupational Therapy                   |                                         | 14010                                 | 0                                        | 6                      |                                          | 10.00  |
| 10.01                                                                                                                              | Occupational Therapy                   |                                         | 16580                                 | 0                                        | 5                      |                                          | 10.01  |
| 10.02                                                                                                                              | Occupational Therapy                   |                                         | 19500                                 | 0                                        | 513                    |                                          | 10.02  |
| 10.03                                                                                                                              | Occupational Therapy                   |                                         | 41180                                 | 0                                        | 9                      |                                          | 10.03  |
| 10.04                                                                                                                              | Occupational Therapy                   |                                         | 44100                                 | 0                                        | 220                    |                                          | 10.04  |
| 10.05                                                                                                                              | Occupational Therapy                   |                                         | 99914                                 | 0                                        | 163                    |                                          | 10.05  |
| 11.00                                                                                                                              | Speech Pathology                       |                                         | 14010                                 | 0                                        | 0                      |                                          | 11.00  |
| 11.01                                                                                                                              | Speech Pathology                       |                                         | 16580                                 | 0                                        | 0                      |                                          | 11.01  |
| 11.02                                                                                                                              | Speech Pathology                       |                                         | 19500                                 | 0                                        | 0                      |                                          | 11.02  |
| 11.03                                                                                                                              | Speech Pathology                       |                                         | 41180                                 | 0                                        | 0                      |                                          | 11.03  |
| 11.04                                                                                                                              | Speech Pathology                       |                                         | 44100                                 | 0                                        | 18                     |                                          | 11.04  |
| 11.05                                                                                                                              | Speech Pathology                       |                                         | 99914                                 | 0                                        | 0                      |                                          | 11.05  |
| 12.00                                                                                                                              | Medical Social Services                |                                         | 14010                                 | 0                                        | 1                      |                                          | 12.00  |
| 12.01                                                                                                                              | Medical Social Services                |                                         | 16580                                 | 0                                        | 0                      |                                          | 12.01  |
| 12.02                                                                                                                              | Medical Social Services                |                                         | 19500                                 | 0                                        | 56                     |                                          | 12.02  |
| 12.03                                                                                                                              | Medical Social Services                |                                         | 41180                                 | 0                                        | 0                      |                                          | 12.03  |
| 12.04                                                                                                                              | Medical Social Services                |                                         | 44100                                 | 0                                        | 31                     |                                          | 12.04  |
| 12.05                                                                                                                              | Medical Social Services                |                                         | 99914                                 | 0                                        | 19                     |                                          | 12.05  |
| 13.00                                                                                                                              | Home Health Aide                       |                                         | 14010                                 | 0                                        | 0                      |                                          | 13.00  |
| 13.01                                                                                                                              | Home Health Aide                       |                                         | 16580                                 | 0                                        | 4                      |                                          | 13.01  |
| 13.02                                                                                                                              | Home Health Aide                       |                                         | 19500                                 | 0                                        | 230                    |                                          | 13.02  |
| 13.03                                                                                                                              | Home Health Aide                       |                                         | 41180                                 | 0                                        | 27                     |                                          | 13.03  |
| 13.04                                                                                                                              | Home Health Aide                       |                                         | 44100                                 | 0                                        | 281                    |                                          | 13.04  |
| 13.05                                                                                                                              | Home Health Aide                       |                                         | 99914                                 | 0                                        | 81                     |                                          | 13.05  |
| 14.00                                                                                                                              | Total (sum of lines 8-13)              |                                         |                                       | 0                                        | 8,890                  |                                          | 14.00  |

| APPORTIONMENT OF PATIENT SERVICE COSTS                                                                                             |                                      |                                         |                                       | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-3<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |       |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|-------|
|                                                                                                                                    |                                      |                                         |                                       | Title XVIII                               | Home Health Agency I                        | PPS                                                                  |       |
| Cost Center Description                                                                                                            | From Wkst. H-2 Part I, col. 28, line | Facility Costs (from Wkst. H-2, Part I) | Shared Ancillary Costs (from Part II) | Total HHA Costs (col. 1 + 2)              | Total Charges (From HHA Records)            | Ratio (col. 3 ÷ col. 4)                                              |       |
|                                                                                                                                    | 0                                    | 1.00                                    | 2.00                                  | 3.00                                      | 4.00                                        | 5.00                                                                 |       |
| <b>Supplies and Drugs Cost Computations</b>                                                                                        |                                      |                                         |                                       |                                           |                                             |                                                                      |       |
| 15.00                                                                                                                              | Cost of Medical Supplies             | 8.00                                    | 0                                     | 40,032                                    | 120,846                                     | 0.331265                                                             | 15.00 |
| 16.00                                                                                                                              | Cost of Drugs                        | 9.00                                    | 0                                     | 0                                         | 0                                           | 0.000000                                                             | 16.00 |
| <b>Program Visits</b>                                                                                                              |                                      |                                         |                                       |                                           |                                             |                                                                      |       |
| Cost Center Description                                                                                                            | Part A                               | Part B                                  |                                       | Part A                                    | Part B                                      | Subject to Deductibles & Insurance                                   |       |
|                                                                                                                                    |                                      | Not Subject to Deductibles & Insurance  | Subject to Deductibles & Insurance    |                                           |                                             |                                                                      |       |
|                                                                                                                                    |                                      | 6.00                                    | 7.00                                  |                                           |                                             |                                                                      | 8.00  |
| 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                                       | 4,915                                 | 0                                         | 1,365,879                                   |                                                                      | 1.00  |
| 2.00                                                                                                                               | Physical Therapy                     | 0                                       | 2,311                                 | 0                                         | 624,894                                     |                                                                      | 2.00  |
| 3.00                                                                                                                               | Occupational Therapy                 | 0                                       | 916                                   | 0                                         | 276,009                                     |                                                                      | 3.00  |
| 4.00                                                                                                                               | Speech Pathology                     | 0                                       | 18                                    | 0                                         | 5,135                                       |                                                                      | 4.00  |
| 5.00                                                                                                                               | Medical Social Services              | 0                                       | 107                                   | 0                                         | 49,263                                      |                                                                      | 5.00  |
| 6.00                                                                                                                               | Home Health Aide                     | 0                                       | 623                                   | 0                                         | 56,799                                      |                                                                      | 6.00  |
| 7.00                                                                                                                               | Total (sum of lines 1-6)             | 0                                       | 8,890                                 | 0                                         | 2,377,979                                   |                                                                      | 7.00  |
| Cost Center Description                                                                                                            |                                      |                                         |                                       |                                           |                                             |                                                                      |       |
|                                                                                                                                    |                                      | 6.00                                    | 7.00                                  | 8.00                                      | 9.00                                        | 10.00                                                                | 11.00 |
| Limitation Cost Computation                                                                                                        |                                      |                                         |                                       |                                           |                                             |                                                                      |       |
| 8.00                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.00  |
| 8.01                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.01  |
| 8.02                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.02  |
| 8.03                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.03  |
| 8.04                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.04  |
| 8.05                                                                                                                               | Skilled Nursing Care                 |                                         |                                       |                                           |                                             |                                                                      | 8.05  |
| 9.00                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.00  |
| 9.01                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.01  |
| 9.02                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.02  |
| 9.03                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.03  |
| 9.04                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.04  |
| 9.05                                                                                                                               | Physical Therapy                     |                                         |                                       |                                           |                                             |                                                                      | 9.05  |
| 10.00                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.00 |
| 10.01                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.01 |
| 10.02                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.02 |
| 10.03                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.03 |
| 10.04                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.04 |
| 10.05                                                                                                                              | Occupational Therapy                 |                                         |                                       |                                           |                                             |                                                                      | 10.05 |
| 11.00                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.00 |
| 11.01                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.01 |
| 11.02                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.02 |
| 11.03                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.03 |
| 11.04                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.04 |
| 11.05                                                                                                                              | Speech Pathology                     |                                         |                                       |                                           |                                             |                                                                      | 11.05 |
| 12.00                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.00 |
| 12.01                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.01 |
| 12.02                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.02 |
| 12.03                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.03 |
| 12.04                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.04 |
| 12.05                                                                                                                              | Medical Social Services              |                                         |                                       |                                           |                                             |                                                                      | 12.05 |
| 13.00                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.00 |
| 13.01                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.01 |
| 13.02                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.02 |
| 13.03                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.03 |
| 13.04                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.04 |
| 13.05                                                                                                                              | Home Health Aide                     |                                         |                                       |                                           |                                             |                                                                      | 13.05 |
| 14.00                                                                                                                              | Total (sum of lines 8-13)            |                                         |                                       |                                           |                                             |                                                                      | 14.00 |

| APPORTIONMENT OF PATIENT SERVICE COSTS                                                                                             |                           |                                          |                                      | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-3<br>Part I<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |   |       |  |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|--------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|---|-------|--|
|                                                                                                                                    |                           |                                          |                                      | Title XVIII                               | Home Health Agency I                        | PPS                                                                  |   |       |  |
| Cost Center Description                                                                                                            | Program Covered Charges   |                                          |                                      | Cost of Services                          |                                             |                                                                      |   |       |  |
|                                                                                                                                    | Part A                    | Part B                                   |                                      |                                           |                                             |                                                                      |   |       |  |
|                                                                                                                                    |                           | 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                                        | 1,857,359                            | 0                                         | 0                                           | 615,278                                                              | 0 | 15.00 |  |
| 16.00                                                                                                                              | Cost of Drugs             |                                          | 0                                    | 0                                         |                                             | 0                                                                    | 0 | 16.00 |  |
| Cost Center Description                                                                                                            |                           | Total Program Cost (sum of col.s. 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      | 1,365,879                                |                                      |                                           |                                             |                                                                      |   | 1.00  |  |
| 2.00                                                                                                                               | Physical Therapy          | 624,894                                  |                                      |                                           |                                             |                                                                      |   | 2.00  |  |
| 3.00                                                                                                                               | Occupational Therapy      | 276,009                                  |                                      |                                           |                                             |                                                                      |   | 3.00  |  |
| 4.00                                                                                                                               | Speech Pathology          | 5,135                                    |                                      |                                           |                                             |                                                                      |   | 4.00  |  |
| 5.00                                                                                                                               | Medical Social Services   | 49,263                                   |                                      |                                           |                                             |                                                                      |   | 5.00  |  |
| 6.00                                                                                                                               | Home Health Aide          | 56,799                                   |                                      |                                           |                                             |                                                                      |   | 6.00  |  |
| 7.00                                                                                                                               | Total (sum of lines 1-6)  | 2,377,979                                |                                      |                                           |                                             |                                                                      |   | 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  |  |
| 8.03                                                                                                                               | Skilled Nursing Care      |                                          |                                      |                                           |                                             |                                                                      |   | 8.03  |  |
| 8.04                                                                                                                               | Skilled Nursing Care      |                                          |                                      |                                           |                                             |                                                                      |   | 8.04  |  |
| 8.05                                                                                                                               | Skilled Nursing Care      |                                          |                                      |                                           |                                             |                                                                      |   | 8.05  |  |
| 9.00                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.00  |  |
| 9.01                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.01  |  |
| 9.02                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.02  |  |
| 9.03                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.03  |  |
| 9.04                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.04  |  |
| 9.05                                                                                                                               | Physical Therapy          |                                          |                                      |                                           |                                             |                                                                      |   | 9.05  |  |
| 10.00                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.00 |  |
| 10.01                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.01 |  |
| 10.02                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.02 |  |
| 10.03                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.03 |  |
| 10.04                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.04 |  |
| 10.05                                                                                                                              | Occupational Therapy      |                                          |                                      |                                           |                                             |                                                                      |   | 10.05 |  |
| 11.00                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.00 |  |
| 11.01                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.01 |  |
| 11.02                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.02 |  |
| 11.03                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.03 |  |
| 11.04                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.04 |  |
| 11.05                                                                                                                              | Speech Pathology          |                                          |                                      |                                           |                                             |                                                                      |   | 11.05 |  |
| 12.00                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.00 |  |
| 12.01                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.01 |  |
| 12.02                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.02 |  |
| 12.03                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.03 |  |
| 12.04                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.04 |  |
| 12.05                                                                                                                              | Medical Social Services   |                                          |                                      |                                           |                                             |                                                                      |   | 12.05 |  |
| 13.00                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.00 |  |
| 13.01                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.01 |  |
| 13.02                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.02 |  |
| 13.03                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.03 |  |
| 13.04                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.04 |  |
| 13.05                                                                                                                              | Home Health Aide          |                                          |                                      |                                           |                                             |                                                                      |   | 13.05 |  |
| 14.00                                                                                                                              | Total (sum of lines 8-13) |                                          |                                      |                                           |                                             |                                                                      |   | 14.00 |  |

|                                        |  |                                           |                                             |                                                                              |
|----------------------------------------|--|-------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| APPORTIONMENT OF PATIENT SERVICE COSTS |  | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-3<br>Part II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm<br>PPS |
| Title XVIII                            |  |                                           | Home Health Agency I                        |                                                                              |

| Cost Center Description                                                                         | From Wkst. C,<br>Part I, col.<br>9, line | Cost to<br>Charge 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                                  |      |
| <b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b> |                                          |                         |                                                   |                                                       |                                       |      |
| 1.00 Physical Therapy                                                                           | 66.00                                    | 0.298095                | 0                                                 | 0                                                     | col. 2, line 2.00                     | 1.00 |
| 2.00 Occupational Therapy                                                                       |                                          |                         |                                                   |                                                       |                                       | 2.00 |
| 3.00 Speech Pathology                                                                           |                                          |                         |                                                   |                                                       |                                       | 3.00 |
| 4.00 Cost of Medical Supplies                                                                   | 71.00                                    | 0.331262                | 120,846                                           | 40,032                                                | col. 2, line 15.00                    | 4.00 |
| 5.00 Cost of Drugs                                                                              | 73.00                                    | 0.155125                | 0                                                 | 0                                                     | col. 2, line 16.00                    | 5.00 |

| CALCULATION OF HHA REIMBURSEMENT SETTLEMENT                                       |                                                                                                                                                                      | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-4<br>Part I-II<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|
|                                                                                   |                                                                                                                                                                      | Title XVIII                               | Home Health Agency I                        | PPS                                                                     |
|                                                                                   |                                                                                                                                                                      | Part A                                    | Part B                                      |                                                                         |
|                                                                                   |                                                                                                                                                                      |                                           | Not Subject to Deductibles & Coinsurance    | Subject to Deductibles & 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                                                                       |
| <b>Customary Charges</b>                                                          |                                                                                                                                                                      |                                           |                                             |                                                                         |
| 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 Services                             | Part B 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                                           | 1,397,394                                                               |
| 12.00                                                                             | Total PPS Reimbursement - Full Episodes with Outliers                                                                                                                |                                           | 0                                           | 70,117                                                                  |
| 13.00                                                                             | Total PPS Reimbursement - LUPA Episodes                                                                                                                              |                                           | 0                                           | 45,035                                                                  |
| 14.00                                                                             | Total PPS Reimbursement - PEP Episodes                                                                                                                               |                                           | 0                                           | 20,964                                                                  |
| 15.00                                                                             | Total PPS Outlier Reimbursement - Full Episodes with Outliers                                                                                                        |                                           | 0                                           | 25,758                                                                  |
| 16.00                                                                             | Total PPS Outlier Reimbursement - PEP Episodes                                                                                                                       |                                           | 0                                           | 2,023                                                                   |
| 17.00                                                                             | Total Other Payments                                                                                                                                                 |                                           | 0                                           | 0                                                                       |
| 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                                           | 1,561,291                                                               |
| 23.00                                                                             | Excess reasonable cost (from line 8)                                                                                                                                 |                                           | 0                                           | 0                                                                       |
| 24.00                                                                             | Subtotal (line 22 minus line 23)                                                                                                                                     |                                           | 0                                           | 1,561,291                                                               |
| 25.00                                                                             | Coinurance billed to program patients (from your records)                                                                                                            |                                           | 0                                           | 0                                                                       |
| 26.00                                                                             | Net cost (line 24 minus line 25)                                                                                                                                     |                                           | 0                                           | 1,561,291                                                               |
| 27.00                                                                             | Reimbursable bad debts (from your records)                                                                                                                           |                                           |                                             | 0                                                                       |
| 28.00                                                                             | Reimbursable bad debts for dual eligible beneficiaries (see instructions)                                                                                            |                                           |                                             | 0                                                                       |
| 29.00                                                                             | Total costs - current cost reporting period (line 26 plus line 27)                                                                                                   |                                           | 0                                           | 1,561,291                                                               |
| 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                                           | 1,561,291                                                               |
| 31.01                                                                             | Sequestration adjustment (see instructions)                                                                                                                          |                                           | 0                                           | 31,207                                                                  |
| 31.02                                                                             | Demonstration payment adjustment amount after sequestration                                                                                                          |                                           | 0                                           | 0                                                                       |
| 32.00                                                                             | Interim payments (see instructions)                                                                                                                                  |                                           | 0                                           | 1,530,084                                                               |
| 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 BENEFICIARIES | Provider CCN: 14-0053<br>HHA CCN: 14-7222 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet H-5<br>Date/Time Prepared:<br>11/20/2018 3:53 pm<br>PPS |
|                                                                                            |                                           | Home Health Agency I                        |                                                                   |

|                               |                                                                                                                                                                                                                        | Inpatient Part A |        | Part B            |                      |      |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|-------------------|----------------------|------|
|                               |                                                                                                                                                                                                                        | mm/dd/yyyy       | Amount | mm/dd/yyyy        | Amount               |      |
|                               |                                                                                                                                                                                                                        | 1.00             | 2.00   | 3.00              | 4.00                 |      |
| 1.00                          | Total interim payments paid to provider                                                                                                                                                                                |                  | 0      |                   | 1,530,084            | 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      |                   | 1,530,084            | 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      |                   | 1,530,084            | 7.00 |
|                               |                                                                                                                                                                                                                        | 0                |        | Contractor Number | NPR Date (Mo/Day/Yr) |      |
|                               |                                                                                                                                                                                                                        |                  |        | 1.00              | 2.00                 |      |
| 8.00                          | Name of Contractor                                                                                                                                                                                                     |                  |        |                   |                      | 8.00 |

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet 0

Hospice CCN: 14-1503

To 06/30/2018

Date/Time Prepared: 11/20/2018 3:53 pm

|                                                 |                                         | Hospice I |         |                                     |                         |           |
|-------------------------------------------------|-----------------------------------------|-----------|---------|-------------------------------------|-------------------------|-----------|
|                                                 |                                         | SALARIES  | OTHER   | SUBTOTAL<br>(col. 1 plus<br>col. 2) | RECLASSIFI -<br>CATIONS | SUBTOTAL  |
|                                                 |                                         | 1.00      | 2.00    | 3.00                                | 4.00                    | 5.00      |
| <b>GENERAL SERVICE COST CENTERS</b>             |                                         |           |         |                                     |                         |           |
| 1.00                                            | CAP REL COSTS-BLDG & FIXT*              |           | 0       | 0                                   | 0                       | 0         |
| 2.00                                            | CAP REL COSTS-MVBLE EQUIP*              |           | 0       | 0                                   | 0                       | 0         |
| 3.00                                            | EMPLOYEE BENEFITS DEPARTMENT*           | 0         | 0       | 0                                   | 0                       | 0         |
| 4.00                                            | ADMINISTRATIVE & GENERAL*               | 10,828    | 0       | 10,828                              | 0                       | 10,828    |
| 5.00                                            | PLANT OPERATION & MAINTENANCE*          | 0         | 0       | 0                                   | 0                       | 0         |
| 6.00                                            | LAUNDRY & LINEN SERVICE*                | 0         | 29      | 29                                  | 0                       | 29        |
| 7.00                                            | HOUSEKEEPING*                           | 0         | 0       | 0                                   | 0                       | 0         |
| 8.00                                            | DIETARY*                                | 0         | 1,919   | 1,919                               | 0                       | 1,919     |
| 9.00                                            | NURSING ADMINISTRATION*                 | 93,792    | 0       | 93,792                              | 0                       | 93,792    |
| 10.00                                           | ROUTINE MEDICAL SUPPLIES*               | 0         | 0       | 0                                   | 0                       | 0         |
| 11.00                                           | MEDICAL RECORDS*                        | 0         | 0       | 0                                   | 0                       | 0         |
| 12.00                                           | STAFF TRANSPORTATION*                   | 0         | 30,653  | 30,653                              | 0                       | 30,653    |
| 13.00                                           | VOLUNTEER SERVICE COORDINATION*         | 52,991    | 0       | 52,991                              | 0                       | 52,991    |
| 14.00                                           | PHARMACY*                               | 0         | 65,315  | 65,315                              | 0                       | 65,315    |
| 15.00                                           | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0         | 0       | 0                                   | 0                       | 0         |
| 16.00                                           | OTHER GENERAL SERVICE*                  | 2,578     | 285,914 | 288,492                             | 0                       | 288,492   |
| 17.00                                           | PATIENT/RESIDENTIAL CARE SERVICES       |           |         |                                     |                         |           |
| <b>DIRECT PATIENT CARE SERVICE COST CENTERS</b> |                                         |           |         |                                     |                         |           |
| 25.00                                           | INPATIENT CARE-CONTRACTED**             |           | 0       | 0                                   | 0                       | 0         |
| 26.00                                           | PHYSICIAN SERVICES**                    | 0         | 52,556  | 52,556                              | 0                       | 52,556    |
| 27.00                                           | NURSE PRACTITIONER**                    | 0         | 0       | 0                                   | 0                       | 0         |
| 28.00                                           | REGISTERED NURSE**                      | 301,559   | 0       | 301,559                             | 57                      | 301,616   |
| 29.00                                           | LPN/LVN**                               | 0         | 0       | 0                                   | 0                       | 0         |
| 30.00                                           | PHYSICAL THERAPY**                      | 38        | 0       | 38                                  | 0                       | 38        |
| 31.00                                           | OCCUPATIONAL THERAPY**                  | 34        | 0       | 34                                  | 0                       | 34        |
| 32.00                                           | SPEECH/LANGUAGE PATHOLOGY**             | 0         | 0       | 0                                   | 0                       | 0         |
| 33.00                                           | MEDICAL SOCIAL SERVICES**               | 33,171    | 0       | 33,171                              | 0                       | 33,171    |
| 34.00                                           | SPIRITUAL COUNSELING**                  | 0         | 45,152  | 45,152                              | -11,403                 | 33,749    |
| 35.00                                           | DIETARY COUNSELING**                    | 0         | 0       | 0                                   | 0                       | 0         |
| 36.00                                           | COUNSELING - OTHER**                    | 0         | 0       | 0                                   | 0                       | 0         |
| 37.00                                           | HOSPICE AIDE & HOME MAKER SERVICES**    | 23,694    | 0       | 23,694                              | 0                       | 23,694    |
| 38.00                                           | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0         | 127,647 | 127,647                             | 0                       | 127,647   |
| 39.00                                           | PATIENT TRANSPORTATION**                | 0         | 21,987  | 21,987                              | 0                       | 21,987    |
| 40.00                                           | IMAGING SERVICES**                      | 0         | 254     | 254                                 | 0                       | 254       |
| 41.00                                           | LABS & DIAGNOSTICS**                    | 0         | 0       | 0                                   | 0                       | 0         |
| 42.00                                           | MEDICAL SUPPLIES-NON-ROUTINE**          | 0         | 19,558  | 19,558                              | -17,784                 | 1,774     |
| 42.50                                           | DRUGS CHARGED TO PATIENTS**             | 0         | 0       | 0                                   | 0                       | 0         |
| 43.00                                           | OUTPATIENT SERVICES**                   | 0         | 0       | 0                                   | 0                       | 0         |
| 44.00                                           | PALLIATIVE RADIATION THERAPY**          | 0         | 0       | 0                                   | 0                       | 0         |
| 45.00                                           | PALLIATIVE CHEMOTHERAPY**               | 0         | 0       | 0                                   | 0                       | 0         |
| 46.00                                           | OTHER PATIENT CARE SERVICES (SPECIFY)** | 0         | 0       | 0                                   | 0                       | 0         |
| <b>NONREIMBURSABLE COST CENTERS</b>             |                                         |           |         |                                     |                         |           |
| 60.00                                           | BEREAVEMENT PROGRAM *                   | 0         | 0       | 0                                   | 0                       | 0         |
| 61.00                                           | VOLUNTEER PROGRAM *                     | 0         | 0       | 0                                   | 0                       | 0         |
| 62.00                                           | FUNDRAISING*                            | 0         | 0       | 0                                   | 0                       | 0         |
| 63.00                                           | HOSPICE/PALLIATIVE MEDICINE FELLOWS*    | 0         | 0       | 0                                   | 0                       | 0         |
| 64.00                                           | PALLIATIVE CARE PROGRAM*                | 0         | 0       | 0                                   | 0                       | 0         |
| 65.00                                           | OTHER PHYSICIAN SERVICES*               | 0         | 0       | 0                                   | 0                       | 0         |
| 66.00                                           | RESIDENTIAL CARE*                       | 0         | 0       | 0                                   | 0                       | 0         |
| 67.00                                           | ADVERTISING*                            | 0         | 0       | 0                                   | 0                       | 0         |
| 68.00                                           | TELEHEALTH/TELEMONITORING*              | 0         | 0       | 0                                   | 0                       | 0         |
| 69.00                                           | THRIFT STORE*                           | 0         | 0       | 0                                   | 0                       | 0         |
| 70.00                                           | NURSING FACILITY ROOM & BOARD*          | 0         | 0       | 0                                   | 0                       | 0         |
| 71.00                                           | OTHER NONREIMBURSABLE (SPECIFY)*        | 0         | 0       | 0                                   | 0                       | 0         |
| 100.00                                          | TOTAL                                   | 518,685   | 650,984 | 1,169,669                           | -29,130                 | 1,140,539 |

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

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



|                                          |                       |                         |                                        |
|------------------------------------------|-----------------------|-------------------------|----------------------------------------|
| ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS | Provider CCN: 14-0053 | Period: From 07/01/2017 | Worksheet 0                            |
|                                          | Hospice CCN: 14-1503  | To 06/30/2018           | Date/Time Prepared: 11/20/2018 3:53 pm |

|                                                 |                                         | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) | Hospice I |
|-------------------------------------------------|-----------------------------------------|-------------|----------------------------|-----------|
|                                                 |                                         | 6.00        | 7.00                       |           |
| <b>GENERAL SERVICE COST CENTERS</b>             |                                         |             |                            |           |
| 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           | 0                          | 3.00      |
| 4.00                                            | ADMINISTRATIVE & GENERAL*               | 0           | 10,828                     | 4.00      |
| 5.00                                            | PLANT OPERATION & MAINTENANCE*          | 0           | 0                          | 5.00      |
| 6.00                                            | LAUNDRY & LINEN SERVICE*                | 0           | 29                         | 6.00      |
| 7.00                                            | HOUSEKEEPING*                           | 0           | 0                          | 7.00      |
| 8.00                                            | DIETARY*                                | 0           | 1,919                      | 8.00      |
| 9.00                                            | NURSING ADMINISTRATION*                 | 0           | 93,792                     | 9.00      |
| 10.00                                           | ROUTINE MEDICAL SUPPLIES*               | 0           | 0                          | 10.00     |
| 11.00                                           | MEDICAL RECORDS*                        | 0           | 0                          | 11.00     |
| 12.00                                           | STAFF TRANSPORTATION*                   | -312        | 30,341                     | 12.00     |
| 13.00                                           | VOLUNTEER SERVICE COORDINATION*         | 0           | 52,991                     | 13.00     |
| 14.00                                           | PHARMACY*                               | 0           | 65,315                     | 14.00     |
| 15.00                                           | PHYSICIAN ADMINISTRATIVE SERVICES*      | 0           | 0                          | 15.00     |
| 16.00                                           | OTHER GENERAL SERVICE*                  | 0           | 288,492                    | 16.00     |
| 17.00                                           | PATIENT/RESIDENTIAL CARE SERVICES       |             |                            | 17.00     |
| <b>DIRECT PATIENT CARE SERVICE COST CENTERS</b> |                                         |             |                            |           |
| 25.00                                           | INPATIENT CARE-CONTRACTED**             | 0           | 0                          | 25.00     |
| 26.00                                           | PHYSICIAN SERVICES**                    | 0           | 52,556                     | 26.00     |
| 27.00                                           | NURSE PRACTITIONER**                    | 0           | 0                          | 27.00     |
| 28.00                                           | REGISTERED NURSE**                      | 0           | 301,616                    | 28.00     |
| 29.00                                           | LPN/LVN**                               | 0           | 0                          | 29.00     |
| 30.00                                           | PHYSICAL THERAPY**                      | 0           | 38                         | 30.00     |
| 31.00                                           | OCCUPATIONAL THERAPY**                  | 0           | 34                         | 31.00     |
| 32.00                                           | SPEECH/LANGUAGE PATHOLOGY**             | 0           | 0                          | 32.00     |
| 33.00                                           | MEDICAL SOCIAL SERVICES**               | 0           | 33,171                     | 33.00     |
| 34.00                                           | SPIRITUAL COUNSELING**                  | 0           | 33,749                     | 34.00     |
| 35.00                                           | DIETARY COUNSELING**                    | 0           | 0                          | 35.00     |
| 36.00                                           | COUNSELING - OTHER**                    | 0           | 0                          | 36.00     |
| 37.00                                           | HOSPICE AIDE & HOME MAKER SERVICES**    | 0           | 23,694                     | 37.00     |
| 38.00                                           | DURABLE MEDICAL EQUIPMENT/OXYGEN**      | 0           | 127,647                    | 38.00     |
| 39.00                                           | PATIENT TRANSPORTATION**                | 0           | 21,987                     | 39.00     |
| 40.00                                           | IMAGING SERVICES**                      | 0           | 254                        | 40.00     |
| 41.00                                           | LABS & DIAGNOSTICS**                    | 0           | 0                          | 41.00     |
| 42.00                                           | MEDICAL SUPPLIES-NON-ROUTINE**          | 0           | 1,774                      | 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     |
| <b>NONREIMBURSABLE COST CENTERS</b>             |                                         |             |                            |           |
| 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           | 0                          | 64.00     |
| 65.00                                           | OTHER PHYSICIAN SERVICES*               | 0           | 0                          | 65.00     |
| 66.00                                           | RESIDENTIAL CARE*                       | 0           | 0                          | 66.00     |
| 67.00                                           | ADVERTISING*                            | 0           | 0                          | 67.00     |
| 68.00                                           | TELEHEALTH/TELEMONITORING*              | 0           | 0                          | 68.00     |
| 69.00                                           | THRIFT STORE*                           | 0           | 0                          | 69.00     |
| 70.00                                           | NURSING FACILITY ROOM & BOARD*          | 0           | 0                          | 70.00     |
| 71.00                                           | OTHER NONREIMBURSABLE (SPECIFY)*        | 0           | 0                          | 71.00     |
| 100.00                                          | TOTAL                                   | -312        | 1,140,227                  | 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 CONTINUOUS HOME CARE

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-1

Hospice CCN: 14-1503

Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                  | Hospice I |       |                                  |                        |      | SUBTOTAL |
|--------------------------------------------------|-----------|-------|----------------------------------|------------------------|------|----------|
|                                                  | SALARIES  | OTHER | SUBTOTAL<br>(col. 1 +<br>col. 2) | RECLASSIFI-<br>CATIONS |      |          |
|                                                  | 1.00      | 2.00  | 3.00                             | 4.00                   | 5.00 |          |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |           |       |                                  |                        |      |          |
| 25.00                                            |           |       |                                  |                        |      | 25.00    |
| 26.00                                            |           |       |                                  |                        |      | 26.00    |
| 27.00                                            |           |       |                                  |                        |      | 27.00    |
| 28.00                                            |           |       |                                  |                        |      | 28.00    |
| 29.00                                            |           |       |                                  |                        |      | 29.00    |
| 30.00                                            |           |       |                                  |                        |      | 30.00    |
| 31.00                                            |           |       |                                  |                        |      | 31.00    |
| 32.00                                            |           |       |                                  |                        |      | 32.00    |
| 33.00                                            |           |       |                                  |                        |      | 33.00    |
| 34.00                                            |           |       |                                  |                        |      | 34.00    |
| 35.00                                            |           |       |                                  |                        |      | 35.00    |
| 36.00                                            |           |       |                                  |                        |      | 36.00    |
| 37.00                                            |           |       |                                  |                        |      | 37.00    |
| 38.00                                            |           |       |                                  |                        |      | 38.00    |
| 39.00                                            |           |       |                                  |                        |      | 39.00    |
| 40.00                                            |           |       |                                  |                        |      | 40.00    |
| 41.00                                            |           |       |                                  |                        |      | 41.00    |
| 42.00                                            |           |       |                                  |                        |      | 42.00    |
| 42.50                                            |           |       |                                  |                        |      | 42.50    |
| 43.00                                            |           |       |                                  |                        |      | 43.00    |
| 44.00                                            |           |       |                                  |                        |      | 44.00    |
| 45.00                                            |           |       |                                  |                        |      | 45.00    |
| 46.00                                            |           |       |                                  |                        |      | 46.00    |
| 100.00                                           |           |       |                                  |                        |      | 100.00   |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

|                                                  | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) |        |
|--------------------------------------------------|-------------|----------------------------|--------|
|                                                  | 6.00        | 7.00                       |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |             |                            |        |
| 25.00                                            |             |                            | 25.00  |
| 26.00                                            |             |                            | 26.00  |
| 27.00                                            |             |                            | 27.00  |
| 28.00                                            |             |                            | 28.00  |
| 29.00                                            |             |                            | 29.00  |
| 30.00                                            |             |                            | 30.00  |
| 31.00                                            |             |                            | 31.00  |
| 32.00                                            |             |                            | 32.00  |
| 33.00                                            |             |                            | 33.00  |
| 34.00                                            |             |                            | 34.00  |
| 35.00                                            |             |                            | 35.00  |
| 36.00                                            |             |                            | 36.00  |
| 37.00                                            |             |                            | 37.00  |
| 38.00                                            |             |                            | 38.00  |
| 39.00                                            |             |                            | 39.00  |
| 40.00                                            |             |                            | 40.00  |
| 41.00                                            |             |                            | 41.00  |
| 42.00                                            |             |                            | 42.00  |
| 42.50                                            |             |                            | 42.50  |
| 43.00                                            |             |                            | 43.00  |
| 44.00                                            |             |                            | 44.00  |
| 45.00                                            |             |                            | 45.00  |
| 46.00                                            |             |                            | 46.00  |
| 100.00                                           |             |                            | 100.00 |

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

|                                                                        |                                               |                                             |                                                            |
|------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------|
| ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE | Provider CCN: 14-0053<br>Hospice CCN: 14-1503 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet 0-2<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------|

|                                                  | Hospice I |         |                                  |                        |          |        |
|--------------------------------------------------|-----------|---------|----------------------------------|------------------------|----------|--------|
|                                                  | SALARIES  | OTHER   | SUBTOTAL<br>(col. 1 +<br>col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL |        |
|                                                  | 1.00      | 2.00    | 3.00                             | 4.00                   | 5.00     |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |           |         |                                  |                        |          |        |
| 25.00                                            |           |         |                                  |                        |          | 25.00  |
| 26.00                                            |           |         |                                  |                        |          | 26.00  |
| 27.00                                            |           |         |                                  |                        |          | 27.00  |
| 28.00                                            |           |         |                                  |                        |          | 28.00  |
| 29.00                                            |           |         |                                  |                        |          | 29.00  |
| 30.00                                            |           |         |                                  |                        |          | 30.00  |
| 31.00                                            |           |         |                                  |                        |          | 31.00  |
| 32.00                                            |           |         |                                  |                        |          | 32.00  |
| 33.00                                            |           |         |                                  |                        |          | 33.00  |
| 34.00                                            |           |         |                                  |                        |          | 34.00  |
| 35.00                                            |           |         |                                  |                        |          | 35.00  |
| 36.00                                            |           |         |                                  |                        |          | 36.00  |
| 37.00                                            |           |         |                                  |                        |          | 37.00  |
| 38.00                                            |           |         |                                  |                        |          | 38.00  |
| 39.00                                            |           |         |                                  |                        |          | 39.00  |
| 40.00                                            |           |         |                                  |                        |          | 40.00  |
| 41.00                                            |           |         |                                  |                        |          | 41.00  |
| 42.00                                            |           |         |                                  |                        |          | 42.00  |
| 42.50                                            |           |         |                                  |                        |          | 42.50  |
| 43.00                                            |           |         |                                  |                        |          | 43.00  |
| 44.00                                            |           |         |                                  |                        |          | 44.00  |
| 45.00                                            |           |         |                                  |                        |          | 45.00  |
| 46.00                                            |           |         |                                  |                        |          | 46.00  |
| 100.00                                           |           |         |                                  |                        |          | 100.00 |
|                                                  | 282,971   | 263,783 | 546,754                          | -29,130                | 517,624  |        |

\* 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                       |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |             |                            |        |
| 25.00                                            |             |                            | 25.00  |
| 26.00                                            |             |                            | 26.00  |
| 27.00                                            |             |                            | 27.00  |
| 28.00                                            |             |                            | 28.00  |
| 29.00                                            |             |                            | 29.00  |
| 30.00                                            |             |                            | 30.00  |
| 31.00                                            |             |                            | 31.00  |
| 32.00                                            |             |                            | 32.00  |
| 33.00                                            |             |                            | 33.00  |
| 34.00                                            |             |                            | 34.00  |
| 35.00                                            |             |                            | 35.00  |
| 36.00                                            |             |                            | 36.00  |
| 37.00                                            |             |                            | 37.00  |
| 38.00                                            |             |                            | 38.00  |
| 39.00                                            |             |                            | 39.00  |
| 40.00                                            |             |                            | 40.00  |
| 41.00                                            |             |                            | 41.00  |
| 42.00                                            |             |                            | 42.00  |
| 42.50                                            |             |                            | 42.50  |
| 43.00                                            |             |                            | 43.00  |
| 44.00                                            |             |                            | 44.00  |
| 45.00                                            |             |                            | 45.00  |
| 46.00                                            |             |                            | 46.00  |
| 100.00                                           |             |                            | 100.00 |
|                                                  | 0           | 517,624                    |        |

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

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-3

Hospice CCN: 14-1503

Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                  | Hospice I |       |                                  |                        |          |        |
|--------------------------------------------------|-----------|-------|----------------------------------|------------------------|----------|--------|
|                                                  | SALARIES  | OTHER | SUBTOTAL<br>(col. 1 +<br>col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL |        |
|                                                  | 1.00      | 2.00  | 3.00                             | 4.00                   | 5.00     |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |           |       |                                  |                        |          |        |
| 25.00                                            |           | 0     | 0                                | 0                      | 0        | 25.00  |
| 26.00                                            | 0         | 0     | 0                                | 0                      | 0        | 26.00  |
| 27.00                                            | 0         | 0     | 0                                | 0                      | 0        | 27.00  |
| 28.00                                            | 747       | 0     | 747                              | 0                      | 747      | 28.00  |
| 29.00                                            | 0         | 0     | 0                                | 0                      | 0        | 29.00  |
| 30.00                                            | 0         | 0     | 0                                | 0                      | 0        | 30.00  |
| 31.00                                            | 0         | 0     | 0                                | 0                      | 0        | 31.00  |
| 32.00                                            | 0         | 0     | 0                                | 0                      | 0        | 32.00  |
| 33.00                                            | 6         | 0     | 6                                | 0                      | 6        | 33.00  |
| 34.00                                            | 0         | 175   | 175                              | 0                      | 175      | 34.00  |
| 35.00                                            | 0         | 0     | 0                                | 0                      | 0        | 35.00  |
| 36.00                                            | 0         | 0     | 0                                | 0                      | 0        | 36.00  |
| 37.00                                            | 0         | 0     | 0                                | 0                      | 0        | 37.00  |
| 38.00                                            | 0         | 0     | 0                                | 0                      | 0        | 38.00  |
| 39.00                                            | 0         | 0     | 0                                | 0                      | 0        | 39.00  |
| 40.00                                            | 0         | 14    | 14                               | 0                      | 14       | 40.00  |
| 41.00                                            | 0         | 0     | 0                                | 0                      | 0        | 41.00  |
| 42.00                                            | 0         | 0     | 0                                | 0                      | 0        | 42.00  |
| 42.50                                            | 0         | 0     | 0                                | 0                      | 0        | 42.50  |
| 43.00                                            | 0         | 0     | 0                                | 0                      | 0        | 43.00  |
| 44.00                                            | 0         | 0     | 0                                | 0                      | 0        | 44.00  |
| 45.00                                            | 0         | 0     | 0                                | 0                      | 0        | 45.00  |
| 46.00                                            | 0         | 0     | 0                                | 0                      | 0        | 46.00  |
| 100.00                                           | 753       | 189   | 942                              | 0                      | 942      | 100.00 |

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

|                                                  | ADJUSTMENTS | TOTAL (col. 5<br>± col. 6) |        |
|--------------------------------------------------|-------------|----------------------------|--------|
|                                                  | 6.00        | 7.00                       |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |             |                            |        |
| 25.00                                            | 0           | 0                          | 25.00  |
| 26.00                                            | 0           | 0                          | 26.00  |
| 27.00                                            | 0           | 0                          | 27.00  |
| 28.00                                            | 0           | 747                        | 28.00  |
| 29.00                                            | 0           | 0                          | 29.00  |
| 30.00                                            | 0           | 0                          | 30.00  |
| 31.00                                            | 0           | 0                          | 31.00  |
| 32.00                                            | 0           | 0                          | 32.00  |
| 33.00                                            | 0           | 6                          | 33.00  |
| 34.00                                            | 0           | 175                        | 34.00  |
| 35.00                                            | 0           | 0                          | 35.00  |
| 36.00                                            | 0           | 0                          | 36.00  |
| 37.00                                            | 0           | 0                          | 37.00  |
| 38.00                                            | 0           | 0                          | 38.00  |
| 39.00                                            | 0           | 0                          | 39.00  |
| 40.00                                            | 0           | 14                         | 40.00  |
| 41.00                                            | 0           | 0                          | 41.00  |
| 42.00                                            | 0           | 0                          | 42.00  |
| 42.50                                            | 0           | 0                          | 42.50  |
| 43.00                                            | 0           | 0                          | 43.00  |
| 44.00                                            | 0           | 0                          | 44.00  |
| 45.00                                            | 0           | 0                          | 45.00  |
| 46.00                                            | 0           | 0                          | 46.00  |
| 100.00                                           | 0           | 942                        | 100.00 |

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

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

Provider CCN: 14-0053  
Hospice CCN: 14-1503

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-4  
Date/Time Prepared:  
11/20/2018 3:53 pm

|                                                  | Hospice I                             |        |                                  |                        |          |        |
|--------------------------------------------------|---------------------------------------|--------|----------------------------------|------------------------|----------|--------|
|                                                  | SALARIES                              | OTHER  | SUBTOTAL<br>(col. 1 +<br>col. 2) | RECLASSIFI-<br>CATIONS | SUBTOTAL |        |
|                                                  | 1.00                                  | 2.00   | 3.00                             | 4.00                   | 5.00     |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |                                       |        |                                  |                        |          |        |
| 25.00                                            | INPATIENT CARE-CONTRACTED             |        | 0                                | 0                      | 0        | 25.00  |
| 26.00                                            | PHYSICIAN SERVICES                    | 0      | 0                                | 0                      | 0        | 26.00  |
| 27.00                                            | NURSE PRACTITIONER                    | 0      | 0                                | 0                      | 0        | 27.00  |
| 28.00                                            | REGISTERED NURSE                      | 74,670 | 0                                | 74,670                 | 0        | 28.00  |
| 29.00                                            | LPN/LVN                               | 0      | 0                                | 0                      | 0        | 29.00  |
| 30.00                                            | PHYSICAL THERAPY                      | 0      | 0                                | 0                      | 0        | 30.00  |
| 31.00                                            | OCCUPATIONAL THERAPY                  | 0      | 0                                | 0                      | 0        | 31.00  |
| 32.00                                            | SPEECH/LANGUAGE PATHOLOGY             | 0      | 0                                | 0                      | 0        | 32.00  |
| 33.00                                            | MEDICAL SOCIAL SERVICES               | 102    | 0                                | 102                    | 0        | 33.00  |
| 34.00                                            | SPIRITUAL COUNSELING                  | 0      | 2,942                            | 2,942                  | 0        | 34.00  |
| 35.00                                            | DIETARY COUNSELING                    | 0      | 0                                | 0                      | 0        | 35.00  |
| 36.00                                            | COUNSELING - OTHER                    | 0      | 0                                | 0                      | 0        | 36.00  |
| 37.00                                            | HOSPICE AIDE & HOME MAKER SERVICES    | 0      | 0                                | 0                      | 0        | 37.00  |
| 38.00                                            | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0      | 0                                | 0                      | 0        | 38.00  |
| 39.00                                            | PATIENT TRANSPORTATION                | 0      | 0                                | 0                      | 0        | 39.00  |
| 40.00                                            | IMAGING SERVICES                      | 0      | 240                              | 240                    | 0        | 40.00  |
| 41.00                                            | LABS & DIAGNOSTICS                    | 0      | 0                                | 0                      | 0        | 41.00  |
| 42.00                                            | MEDICAL SUPPLIES-NON-ROUTINE          | 0      | 0                                | 0                      | 0        | 42.00  |
| 42.50                                            | DRUGS CHARGED TO PATIENTS             | 0      | 0                                | 0                      | 0        | 42.50  |
| 43.00                                            | OUTPATIENT SERVICES                   | 0      | 0                                | 0                      | 0        | 43.00  |
| 44.00                                            | PALLIATIVE RADIATION THERAPY          | 0      | 0                                | 0                      | 0        | 44.00  |
| 45.00                                            | PALLIATIVE CHEMOTHERAPY               | 0      | 0                                | 0                      | 0        | 45.00  |
| 46.00                                            | OTHER PATIENT CARE SERVICES (SPECIFY) | 0      | 0                                | 0                      | 0        | 46.00  |
| 100.00                                           | TOTAL *                               | 74,772 | 3,182                            | 77,954                 | 0        | 100.00 |

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

|                                                  | ADJUSTMENTS                           | TOTAL (col. 5<br>± col. 6) |        |
|--------------------------------------------------|---------------------------------------|----------------------------|--------|
|                                                  | 6.00                                  | 7.00                       |        |
| <b>DI RECT PATIENT CARE SERVICE COST CENTERS</b> |                                       |                            |        |
| 25.00                                            | INPATIENT CARE-CONTRACTED             | 0                          | 25.00  |
| 26.00                                            | PHYSICIAN SERVICES                    | 0                          | 26.00  |
| 27.00                                            | NURSE PRACTITIONER                    | 0                          | 27.00  |
| 28.00                                            | REGISTERED NURSE                      | 74,670                     | 28.00  |
| 29.00                                            | LPN/LVN                               | 0                          | 29.00  |
| 30.00                                            | PHYSICAL THERAPY                      | 0                          | 30.00  |
| 31.00                                            | OCCUPATIONAL THERAPY                  | 0                          | 31.00  |
| 32.00                                            | SPEECH/LANGUAGE PATHOLOGY             | 0                          | 32.00  |
| 33.00                                            | MEDICAL SOCIAL SERVICES               | 102                        | 33.00  |
| 34.00                                            | SPIRITUAL COUNSELING                  | 2,942                      | 34.00  |
| 35.00                                            | DIETARY COUNSELING                    | 0                          | 35.00  |
| 36.00                                            | COUNSELING - OTHER                    | 0                          | 36.00  |
| 37.00                                            | HOSPICE AIDE & HOME MAKER SERVICES    | 0                          | 37.00  |
| 38.00                                            | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 0                          | 38.00  |
| 39.00                                            | PATIENT TRANSPORTATION                | 0                          | 39.00  |
| 40.00                                            | IMAGING SERVICES                      | 240                        | 40.00  |
| 41.00                                            | LABS & DIAGNOSTICS                    | 0                          | 41.00  |
| 42.00                                            | MEDICAL SUPPLIES-NON-ROUTINE          | 0                          | 42.00  |
| 42.50                                            | DRUGS CHARGED TO PATIENTS             | 0                          | 42.50  |
| 43.00                                            | OUTPATIENT SERVICES                   | 0                          | 43.00  |
| 44.00                                            | PALLIATIVE RADIATION THERAPY          | 0                          | 44.00  |
| 45.00                                            | PALLIATIVE CHEMOTHERAPY               | 0                          | 45.00  |
| 46.00                                            | OTHER PATIENT CARE SERVICES (SPECIFY) | 0                          | 46.00  |
| 100.00                                           | TOTAL *                               | 77,954                     | 100.00 |

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

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

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet 0-5

Hospice CCN: 14-1503

To 06/30/2018

Date/Time Prepared: 11/20/2018 3:53 pm

| Descriptions                              | Hospice I                                  |                                                                | TOTAL EXPENSES (sum of col s. 1 + 2) |        |
|-------------------------------------------|--------------------------------------------|----------------------------------------------------------------|--------------------------------------|--------|
|                                           | HOSPICE DIRECT EXPENSES (see instructions) | GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions) |                                      |        |
|                                           | 1.00                                       | 2.00                                                           | 3.00                                 |        |
| <b>GENERAL SERVICE COST CENTERS</b>       |                                            |                                                                |                                      |        |
| 1.00 CAP REL COSTS-BLDG & FIXT            | 0                                          | 15,330                                                         | 15,330                               | 1.00   |
| 2.00 CAP REL COSTS-MVBLE EQUIP            | 0                                          | 0                                                              | 0                                    | 2.00   |
| 3.00 EMPLOYEE BENEFITS DEPARTMENT         | 0                                          | 165,114                                                        | 165,114                              | 3.00   |
| 4.00 ADMINISTRATIVE & GENERAL             | 10,828                                     | 156,242                                                        | 167,070                              | 4.00   |
| 5.00 PLANT OPERATION & MAINTENANCE        | 0                                          | 49,130                                                         | 49,130                               | 5.00   |
| 6.00 LAUNDRY & LINEN SERVICE              | 29                                         | 0                                                              | 29                                   | 6.00   |
| 7.00 HOUSEKEEPING                         | 0                                          | 0                                                              | 0                                    | 7.00   |
| 8.00 DIETARY                              | 1,919                                      | 0                                                              | 1,919                                | 8.00   |
| 9.00 NURSING ADMINISTRATION               | 93,792                                     | 44,502                                                         | 138,294                              | 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                | 30,341                                     | 0                                                              | 30,341                               | 12.00  |
| 13.00 VOLUNTEER SERVICE COORDINATION      | 52,991                                     | 0                                                              | 52,991                               | 13.00  |
| 14.00 PHARMACY                            | 65,315                                     | 61,882                                                         | 127,197                              | 14.00  |
| 15.00 PHYSICIAN ADMINISTRATIVE SERVICES   | 0                                          | 0                                                              | 0                                    | 15.00  |
| 16.00 OTHER GENERAL SERVICE               | 288,492                                    | 0                                                              | 288,492                              | 16.00  |
| 17.00 PATIENT/RESIDENTIAL CARE SERVICES   | 0                                          | 0                                                              | 0                                    | 17.00  |
| <b>LEVEL OF CARE</b>                      |                                            |                                                                |                                      |        |
| 50.00 HOSPICE CONTINUOUS HOME CARE        | 0                                          | 0                                                              | 0                                    | 50.00  |
| 51.00 HOSPICE ROUTINE HOME CARE           | 517,624                                    | 0                                                              | 517,624                              | 51.00  |
| 52.00 HOSPICE INPATIENT RESPIRE CARE      | 942                                        | 0                                                              | 942                                  | 52.00  |
| 53.00 HOSPICE GENERAL INPATIENT CARE      | 77,954                                     | 0                                                              | 77,954                               | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b>       |                                            |                                                                |                                      |        |
| 60.00 BEREAVEMENT PROGRAM                 | 0                                          | 0                                                              | 0                                    | 60.00  |
| 61.00 VOLUNTEER PROGRAM                   | 0                                          | 0                                                              | 0                                    | 61.00  |
| 62.00 FUNDRAISING                         | 0                                          | 0                                                              | 0                                    | 62.00  |
| 63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                                          | 0                                                              | 0                                    | 63.00  |
| 64.00 PALLIATIVE CARE PROGRAM             | 0                                          | 0                                                              | 0                                    | 64.00  |
| 65.00 OTHER PHYSICIAN SERVICES            | 0                                          | 0                                                              | 0                                    | 65.00  |
| 66.00 RESIDENTIAL CARE                    | 0                                          | 0                                                              | 0                                    | 66.00  |
| 67.00 ADVERTISING                         | 0                                          | 0                                                              | 0                                    | 67.00  |
| 68.00 TELEHEALTH/TELEMONITORING           | 0                                          | 0                                                              | 0                                    | 68.00  |
| 69.00 THRIFT STORE                        | 0                                          | 0                                                              | 0                                    | 69.00  |
| 70.00 NURSING FACILITY ROOM & BOARD       | 0                                          | 0                                                              | 0                                    | 70.00  |
| 71.00 OTHER NONREIMBURSABLE (SPECIFY)     | 0                                          | 0                                                              | 0                                    | 71.00  |
| 99.00 NEGATIVE COST CENTER                | 0                                          | 0                                                              | 0                                    | 99.00  |
| 100.00 TOTAL                              | 1,140,227                                  | 492,200                                                        | 1,632,427                            | 100.00 |

|                                                                |  |                       |                         |                                        |
|----------------------------------------------------------------|--|-----------------------|-------------------------|----------------------------------------|
| COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS |  | Provider CCN: 14-0053 | Period: From 07/01/2017 | Worksheet 0-6                          |
|                                                                |  | Hospice CCN: 14-1503  | To 06/30/2018           | Part I                                 |
|                                                                |  |                       |                         | Date/Time Prepared: 11/20/2018 3:53 pm |

| Descriptions                        | TOTAL EXPENSES                      | CAP REL BLDG & FIX | CAP REL MVBLE EQUIP | EMPLOYEE BENEFITS DEPARTMENT | SUBTOTAL |           |
|-------------------------------------|-------------------------------------|--------------------|---------------------|------------------------------|----------|-----------|
|                                     | 0                                   | 1.00               | 2.00                | 3.00                         | 3A       |           |
| <b>GENERAL SERVICE COST CENTERS</b> |                                     |                    |                     |                              |          |           |
| 1.00                                | CAP REL COSTS-BLDG & FIX            | 15,330             | 15,330              |                              |          | 1.00      |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP           | 0                  |                     | 0                            |          | 2.00      |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT        | 165,114            | 0                   | 0                            | 165,114  | 3.00      |
| 4.00                                | ADMINISTRATIVE & GENERAL            | 167,070            | 15,330              | 0                            | 0        | 182,400   |
| 5.00                                | PLANT OPERATION & MAINTENANCE       | 49,130             | 0                   | 0                            | 0        | 49,130    |
| 6.00                                | LAUNDRY & LINEN SERVICE             | 29                 | 0                   | 0                            | 0        | 29        |
| 7.00                                | HOUSEKEEPING                        | 0                  | 0                   | 0                            | 0        | 0         |
| 8.00                                | DIETARY                             | 1,919              | 0                   | 0                            | 0        | 1,919     |
| 9.00                                | NURSING ADMINISTRATION              | 138,294            | 0                   | 0                            | 29,857   | 168,151   |
| 10.00                               | ROUTINE MEDICAL SUPPLIES            | 0                  | 0                   | 0                            | 0        | 0         |
| 11.00                               | MEDICAL RECORDS                     | 0                  | 0                   | 0                            | 0        | 0         |
| 12.00                               | STAFF TRANSPORTATION                | 30,341             | 0                   | 0                            | 0        | 30,341    |
| 13.00                               | VOLUNTEER SERVICE COORDINATION      | 52,991             | 0                   | 0                            | 16,869   | 69,860    |
| 14.00                               | PHARMACY                            | 127,197            | 0                   | 0                            | 0        | 127,197   |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                  | 0                   | 0                            | 0        | 0         |
| 16.00                               | OTHER GENERAL SERVICE               | 288,492            | 0                   | 0                            | 4,268    | 292,760   |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES   |                    | 0                   | 0                            |          | 0         |
| <b>LEVEL OF CARE</b>                |                                     |                    |                     |                              |          |           |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE        | 0                  |                     |                              | 0        | 0         |
| 51.00                               | HOSPICE ROUTINE HOME CARE           | 517,624            |                     |                              | 90,078   | 607,702   |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE      | 942                | 0                   | 0                            | 240      | 1,182     |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE      | 77,954             | 0                   | 0                            | 23,802   | 101,756   |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                     |                    |                     |                              |          |           |
| 60.00                               | BEREAVEMENT PROGRAM                 | 0                  | 0                   | 0                            | 0        | 0         |
| 61.00                               | VOLUNTEER PROGRAM                   | 0                  | 0                   | 0                            | 0        | 0         |
| 62.00                               | FUNDRAISING                         | 0                  | 0                   | 0                            | 0        | 0         |
| 63.00                               | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                  | 0                   | 0                            | 0        | 0         |
| 64.00                               | PALLIATIVE CARE PROGRAM             | 0                  | 0                   | 0                            | 0        | 0         |
| 65.00                               | OTHER PHYSICIAN SERVICES            | 0                  | 0                   | 0                            | 0        | 0         |
| 66.00                               | RESIDENTIAL CARE                    | 0                  | 0                   | 0                            | 0        | 0         |
| 67.00                               | ADVERTISING                         | 0                  | 0                   | 0                            | 0        | 0         |
| 68.00                               | TELEHEALTH/TELEMONITORING           | 0                  | 0                   | 0                            | 0        | 0         |
| 69.00                               | THRIFT STORE                        | 0                  | 0                   | 0                            | 0        | 0         |
| 70.00                               | NURSING FACILITY ROOM & BOARD       | 0                  |                     |                              |          | 0         |
| 71.00                               | OTHER NONREIMBURSABLE (SPECIFY)     | 0                  | 0                   | 0                            | 0        | 0         |
| 99.00                               | NEGATIVE COST CENTER                | 0                  | 0                   | 0                            | 0        | 0         |
| 100.00                              | TOTAL                               | 1,632,427          | 15,330              | 0                            | 165,114  | 1,632,427 |

|                                                                |  |                       |                         |                                        |
|----------------------------------------------------------------|--|-----------------------|-------------------------|----------------------------------------|
| COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS |  | Provider CCN: 14-0053 | Period: From 07/01/2017 | Worksheet 0-6                          |
|                                                                |  | Hospice CCN: 14-1503  | To 06/30/2018           | Part I                                 |
|                                                                |  |                       |                         | Date/Time Prepared: 11/20/2018 3:53 pm |

| Descriptions                        | Hospice I                           |                               |                         |              |         |       |
|-------------------------------------|-------------------------------------|-------------------------------|-------------------------|--------------|---------|-------|
|                                     | ADMINISTRATIVE & GENERAL            | PLANT OPERATION & MAINTENANCE | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY |       |
|                                     | 4.00                                | 5.00                          | 6.00                    | 7.00         | 8.00    |       |
| <b>GENERAL SERVICE COST CENTERS</b> |                                     |                               |                         |              |         |       |
| 1.00                                | CAP REL COSTS-BLDG & FIXT           |                               |                         |              |         | 1.00  |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP           |                               |                         |              |         | 2.00  |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT        |                               |                         |              |         | 3.00  |
| 4.00                                | ADMINISTRATIVE & GENERAL            | 182,400                       |                         |              |         | 4.00  |
| 5.00                                | PLANT OPERATION & MAINTENANCE       | 6,180                         | 55,310                  |              |         | 5.00  |
| 6.00                                | LAUNDRY & LINEN SERVICE             | 4                             | 0                       | 33           |         | 6.00  |
| 7.00                                | HOUSEKEEPING                        | 0                             | 0                       |              | 0       | 7.00  |
| 8.00                                | DIETARY                             | 241                           | 0                       |              | 0       | 2,160 |
| 9.00                                | NURSING ADMINISTRATION              | 21,152                        | 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                | 3,817                         | 0                       |              | 0       | 12.00 |
| 13.00                               | VOLUNTEER SERVICE COORDINATION      | 8,788                         | 0                       |              | 0       | 13.00 |
| 14.00                               | PHARMACY                            | 16,000                        | 0                       |              | 0       | 14.00 |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES   | 0                             | 0                       |              | 0       | 15.00 |
| 16.00                               | OTHER GENERAL SERVICE               | 36,827                        | 0                       |              | 0       | 16.00 |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES   | 0                             | 0                       |              | 0       | 17.00 |
| <b>LEVEL OF CARE</b>                |                                     |                               |                         |              |         |       |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE        | 0                             |                         |              |         | 50.00 |
| 51.00                               | HOSPICE ROUTINE HOME CARE           | 76,442                        |                         |              |         | 51.00 |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE      | 149                           | 3,319                   | 2            | 0       | 121   |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE      | 12,800                        | 51,991                  | 31           | 0       | 2,039 |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                     |                               |                         |              |         |       |
| 60.00                               | BEREAVEMENT PROGRAM                 | 0                             | 0                       |              | 0       | 60.00 |
| 61.00                               | VOLUNTEER PROGRAM                   | 0                             | 0                       |              | 0       | 61.00 |
| 62.00                               | FUNDRAISING                         | 0                             | 0                       |              | 0       | 62.00 |
| 63.00                               | HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0                             | 0                       |              | 0       | 63.00 |
| 64.00                               | PALLIATIVE CARE PROGRAM             | 0                             | 0                       |              | 0       | 64.00 |
| 65.00                               | OTHER PHYSICIAN SERVICES            | 0                             | 0                       |              | 0       | 65.00 |
| 66.00                               | RESIDENTIAL CARE                    | 0                             | 0                       | 0            | 0       | 0     |
| 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     |
| 99.00                               | NEGATIVE COST CENTER                | 0                             | 0                       | 0            | 0       | 0     |
| 100.00                              | TOTAL                               | 182,400                       | 55,310                  | 33           | 0       | 2,160 |



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2018

Part I  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Descriptions                        | Hospice I                 |                                |                    |                         |                                      |        |
|-------------------------------------|---------------------------|--------------------------------|--------------------|-------------------------|--------------------------------------|--------|
|                                     | NURSING<br>ADMINISTRATIVE | 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                                |        |
| <b>GENERAL SERVICE COST CENTERS</b> |                           |                                |                    |                         |                                      |        |
| 1.00                                |                           |                                |                    |                         |                                      | 1.00   |
| 2.00                                |                           |                                |                    |                         |                                      | 2.00   |
| 3.00                                |                           |                                |                    |                         |                                      | 3.00   |
| 4.00                                |                           |                                |                    |                         |                                      | 4.00   |
| 5.00                                |                           |                                |                    |                         |                                      | 5.00   |
| 6.00                                |                           |                                |                    |                         |                                      | 6.00   |
| 7.00                                |                           |                                |                    |                         |                                      | 7.00   |
| 8.00                                |                           |                                |                    |                         |                                      | 8.00   |
| 9.00                                | 189,303                   |                                |                    |                         |                                      | 9.00   |
| 10.00                               | 0                         | 0                              |                    |                         |                                      | 10.00  |
| 11.00                               | 0                         |                                | 0                  |                         |                                      | 11.00  |
| 12.00                               | 0                         |                                |                    | 34,158                  |                                      | 12.00  |
| 13.00                               | 0                         |                                |                    | 0                       | 78,648                               | 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                               |                           |                                |                    |                         |                                      | 17.00  |
| <b>LEVEL OF CARE</b>                |                           |                                |                    |                         |                                      |        |
| 50.00                               | 0                         | 0                              | 0                  | 0                       | 0                                    | 50.00  |
| 51.00                               | 171,812                   | 0                              | 0                  | 34,158                  | 71,395                               | 51.00  |
| 52.00                               | 1,002                     | 0                              | 0                  | 0                       | 416                                  | 52.00  |
| 53.00                               | 16,489                    | 0                              | 0                  | 0                       | 6,837                                | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                           |                                |                    |                         |                                      |        |
| 60.00                               | 0                         |                                |                    | 0                       | 0                                    | 60.00  |
| 61.00                               | 0                         |                                |                    | 0                       | 0                                    | 61.00  |
| 62.00                               | 0                         |                                |                    | 0                       | 0                                    | 62.00  |
| 63.00                               | 0                         |                                |                    | 0                       | 0                                    | 63.00  |
| 64.00                               | 0                         |                                |                    | 0                       | 0                                    | 64.00  |
| 65.00                               | 0                         |                                |                    | 0                       | 0                                    | 65.00  |
| 66.00                               | 0                         |                                |                    | 0                       | 0                                    | 66.00  |
| 67.00                               | 0                         |                                |                    | 0                       | 0                                    | 67.00  |
| 68.00                               | 0                         |                                |                    | 0                       | 0                                    | 68.00  |
| 69.00                               | 0                         |                                |                    | 0                       | 0                                    | 69.00  |
| 70.00                               |                           |                                |                    |                         |                                      | 70.00  |
| 71.00                               | 0                         |                                | 0                  | 0                       | 0                                    | 71.00  |
| 99.00                               | 0                         | 0                              | 0                  | 0                       | 0                                    | 99.00  |
| 100.00                              | 189,303                   | 0                              | 0                  | 34,158                  | 78,648                               | 100.00 |

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2018

Part I  
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| 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     |        |
| <b>GENERAL SERVICE COST CENTERS</b>       |           |                                         |                          |                                          |           |        |
| 1.00 CAP REL COSTS-BLDG & FIXT            |           |                                         |                          |                                          |           | 1.00   |
| 2.00 CAP REL COSTS-MVBLE EQUIP            |           |                                         |                          |                                          |           | 2.00   |
| 3.00 EMPLOYEE BENEFITS DEPARTMENT         |           |                                         |                          |                                          |           | 3.00   |
| 4.00 ADMINISTRATIVE & GENERAL             |           |                                         |                          |                                          |           | 4.00   |
| 5.00 PLANT OPERATION & MAINTENANCE        |           |                                         |                          |                                          |           | 5.00   |
| 6.00 LAUNDRY & LINEN SERVICE              |           |                                         |                          |                                          |           | 6.00   |
| 7.00 HOUSEKEEPING                         |           |                                         |                          |                                          |           | 7.00   |
| 8.00 DIETARY                              |           |                                         |                          |                                          |           | 8.00   |
| 9.00 NURSING ADMINISTRATION               |           |                                         |                          |                                          |           | 9.00   |
| 10.00 ROUTINE MEDICAL SUPPLIES            |           |                                         |                          |                                          |           | 10.00  |
| 11.00 MEDICAL RECORDS                     |           |                                         |                          |                                          |           | 11.00  |
| 12.00 STAFF TRANSPORTATION                |           |                                         |                          |                                          |           | 12.00  |
| 13.00 VOLUNTEER SERVICE COORDINATION      |           |                                         |                          |                                          |           | 13.00  |
| 14.00 PHARMACY                            | 143,197   |                                         |                          |                                          |           | 14.00  |
| 15.00 PHYSICIAN ADMINISTRATIVE SERVICES   | 0         | 0                                       |                          |                                          |           | 15.00  |
| 16.00 OTHER GENERAL SERVICE               | 0         |                                         | 329,587                  |                                          |           | 16.00  |
| 17.00 PATIENT/RESIDENTIAL CARE SERVICES   |           |                                         |                          | 0                                        |           | 17.00  |
| <b>LEVEL OF CARE</b>                      |           |                                         |                          |                                          |           |        |
| 50.00 HOSPICE CONTINUOUS HOME CARE        | 0         | 0                                       | 0                        |                                          | 0         | 50.00  |
| 51.00 HOSPICE ROUTINE HOME CARE           | 143,197   | 0                                       | 296,955                  |                                          | 1,401,661 | 51.00  |
| 52.00 HOSPICE INPATIENT RESPIRE CARE      | 0         | 0                                       | 3,263                    | 0                                        | 9,454     | 52.00  |
| 53.00 HOSPICE GENERAL INPATIENT CARE      | 0         | 0                                       | 29,369                   | 0                                        | 221,312   | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b>       |           |                                         |                          |                                          |           |        |
| 60.00 BEREAVEMENT PROGRAM                 | 0         |                                         | 0                        |                                          | 0         | 60.00  |
| 61.00 VOLUNTEER PROGRAM                   | 0         |                                         | 0                        |                                          | 0         | 61.00  |
| 62.00 FUNDRAISING                         | 0         |                                         | 0                        |                                          | 0         | 62.00  |
| 63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS | 0         |                                         | 0                        |                                          | 0         | 63.00  |
| 64.00 PALLIATIVE CARE PROGRAM             | 0         |                                         | 0                        |                                          | 0         | 64.00  |
| 65.00 OTHER PHYSICIAN SERVICES            | 0         |                                         | 0                        |                                          | 0         | 65.00  |
| 66.00 RESIDENTIAL CARE                    | 0         | 0                                       | 0                        | 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         | 70.00  |
| 71.00 OTHER NONREIMBURSABLE (SPECIFY)     | 0         | 0                                       | 0                        | 0                                        | 0         | 71.00  |
| 99.00 NEGATIVE COST CENTER                | 0         |                                         | 0                        |                                          | 0         | 99.00  |
| 100.00 TOTAL                              | 143,197   | 0                                       | 329,587                  | 0                                        | 1,632,427 | 100.00 |

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-6  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Descriptions            |                                              | CAP REL BLDG & FIX (SQUARE FEET) | CAP REL MVBLE EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS) |        |
|-------------------------------------|----------------------------------------------|----------------------------------|------------------------------------|-----------------------------------------------|----------------|----------------------------------------------|--------|
|                                     |                                              | 1.00                             | 2.00                               | 3.00                                          | 4A             | 4.00                                         |        |
| <b>GENERAL SERVICE COST CENTERS</b> |                                              |                                  |                                    |                                               |                |                                              |        |
| 1.00                                | CAP REL COSTS-BLDG & FIXT                    | 15,330                           |                                    |                                               |                |                                              | 1.00   |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP                    |                                  | 0                                  |                                               |                |                                              | 2.00   |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT                 | 0                                | 0                                  | 518,685                                       |                |                                              | 3.00   |
| 4.00                                | ADMINISTRATIVE & GENERAL                     | 15,330                           | 0                                  | 0                                             | -182,400       | 1,450,027                                    | 4.00   |
| 5.00                                | PLANT OPERATION & MAINTENANCE                | 0                                | 0                                  | 0                                             | 0              | 49,130                                       | 5.00   |
| 6.00                                | LAUNDRY & LINEN SERVICE                      | 0                                | 0                                  | 0                                             | 0              | 29                                           | 6.00   |
| 7.00                                | HOUSEKEEPING                                 | 0                                | 0                                  | 0                                             | 0              | 0                                            | 7.00   |
| 8.00                                | DIETARY                                      | 0                                | 0                                  | 0                                             | 0              | 1,919                                        | 8.00   |
| 9.00                                | NURSING ADMINISTRATION                       | 0                                | 0                                  | 93,792                                        | 0              | 168,151                                      | 9.00   |
| 10.00                               | ROUTINE MEDICAL SUPPLIES                     | 0                                | 0                                  | 0                                             | 0              | 0                                            | 10.00  |
| 11.00                               | MEDICAL RECORDS                              | 0                                | 0                                  | 0                                             | 0              | 0                                            | 11.00  |
| 12.00                               | STAFF TRANSPORTATION                         | 0                                | 0                                  | 0                                             | 0              | 30,341                                       | 12.00  |
| 13.00                               | VOLUNTEER SERVICE COORDINATION               | 0                                | 0                                  | 52,991                                        | 0              | 69,860                                       | 13.00  |
| 14.00                               | PHARMACY                                     | 0                                | 0                                  | 0                                             | 0              | 127,197                                      | 14.00  |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                | 0                                  | 0                                             | 0              | 0                                            | 15.00  |
| 16.00                               | OTHER GENERAL SERVICE                        | 0                                | 0                                  | 13,406                                        | 0              | 292,760                                      | 16.00  |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                | 0                                  | 0                                             | 0              | 0                                            | 17.00  |
| <b>LEVEL OF CARE</b>                |                                              |                                  |                                    |                                               |                |                                              |        |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE                 |                                  |                                    | 0                                             | 0              | 0                                            | 50.00  |
| 51.00                               | HOSPICE ROUTINE HOME CARE                    |                                  |                                    | 282,971                                       | 0              | 607,702                                      | 51.00  |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE               | 0                                | 0                                  | 753                                           | 0              | 1,182                                        | 52.00  |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE               | 0                                | 0                                  | 74,772                                        | 0              | 101,756                                      | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                              |                                  |                                    |                                               |                |                                              |        |
| 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                                  | 0                                             | 0              | 0                                            | 64.00  |
| 65.00                               | OTHER PHYSICIAN SERVICES                     | 0                                | 0                                  | 0                                             | 0              | 0                                            | 65.00  |
| 66.00                               | RESIDENTIAL CARE                             | 0                                | 0                                  | 0                                             | 0              | 0                                            | 66.00  |
| 67.00                               | ADVERTISING                                  | 0                                | 0                                  | 0                                             | 0              | 0                                            | 67.00  |
| 68.00                               | TELEHEALTH/TELEMONITORING                    | 0                                | 0                                  | 0                                             | 0              | 0                                            | 68.00  |
| 69.00                               | THRIFT STORE                                 | 0                                | 0                                  | 0                                             | 0              | 0                                            | 69.00  |
| 70.00                               | NURSING FACILITY ROOM & BOARD                | 0                                | 0                                  | 0                                             | 0              | 0                                            | 70.00  |
| 71.00                               | OTHER NONREIMBURSABLE (SPECIFY)              | 0                                | 0                                  | 0                                             | 0              | 0                                            | 71.00  |
| 99.00                               | NEGATIVE COST CENTER                         |                                  |                                    |                                               |                |                                              | 99.00  |
| 100.00                              | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 15,330                           | 0                                  | 165,114                                       |                | 182,400                                      | 100.00 |
| 101.00                              | UNIT COST MULTIPLIER                         | 1.000000                         | 0.000000                           | 0.318332                                      |                | 0.125791                                     | 101.00 |

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-6  
Part 11  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Descriptions            |                                              | Hospice I                                   |                                            |                            |                            |                                            |        |
|-------------------------------------|----------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------|----------------------------|--------------------------------------------|--------|
|                                     |                                              | PLANT OPERATION & MAINTENANCE (SQUARE FEET) | LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS) | HOUSEKEEPING (SQUARE FEET) | DIETARY (IN-FACILITY DAYS) | NURSING ADMINISTRATION (DIRECT NURS. HRS.) |        |
|                                     |                                              | 5.00                                        | 6.00                                       | 7.00                       | 8.00                       | 9.00                                       |        |
| <b>GENERAL SERVICE COST CENTERS</b> |                                              |                                             |                                            |                            |                            |                                            |        |
| 1.00                                | CAP REL COSTS-BLDG & FIXT                    |                                             |                                            |                            |                            |                                            | 1.00   |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP                    |                                             |                                            |                            |                            |                                            | 2.00   |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT                 |                                             |                                            |                            |                            |                                            | 3.00   |
| 4.00                                | ADMINISTRATIVE & GENERAL                     |                                             |                                            |                            |                            |                                            | 4.00   |
| 5.00                                | PLANT OPERATION & MAINTENANCE                | 100                                         |                                            |                            |                            |                                            | 5.00   |
| 6.00                                | LAUNDRY & LINEN SERVICE                      | 0                                           | 677                                        |                            |                            |                                            | 6.00   |
| 7.00                                | HOUSEKEEPING                                 | 0                                           |                                            | 0                          |                            |                                            | 7.00   |
| 8.00                                | DIETARY                                      | 0                                           |                                            | 0                          | 677                        |                                            | 8.00   |
| 9.00                                | NURSING ADMINISTRATION                       | 0                                           |                                            | 0                          |                            | 2,078                                      | 9.00   |
| 10.00                               | ROUTINE MEDICAL SUPPLIES                     | 0                                           |                                            | 0                          |                            | 0                                          | 10.00  |
| 11.00                               | MEDICAL RECORDS                              | 0                                           |                                            | 0                          |                            | 0                                          | 11.00  |
| 12.00                               | STAFF TRANSPORTATION                         | 0                                           |                                            | 0                          |                            | 0                                          | 12.00  |
| 13.00                               | VOLUNTEER SERVICE COORDINATION               | 0                                           |                                            | 0                          |                            | 0                                          | 13.00  |
| 14.00                               | PHARMACY                                     | 0                                           |                                            | 0                          |                            | 0                                          | 14.00  |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES            | 0                                           |                                            | 0                          |                            | 0                                          | 15.00  |
| 16.00                               | OTHER GENERAL SERVICE                        | 0                                           |                                            | 0                          |                            | 0                                          | 16.00  |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES            | 0                                           |                                            | 0                          |                            | 0                                          | 17.00  |
| <b>LEVEL OF CARE</b>                |                                              |                                             |                                            |                            |                            |                                            |        |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE                 |                                             |                                            |                            |                            | 0                                          | 50.00  |
| 51.00                               | HOSPICE ROUTINE HOME CARE                    |                                             |                                            |                            |                            | 1,886                                      | 51.00  |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE               | 6                                           | 38                                         | 0                          | 38                         | 11                                         | 52.00  |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE               | 94                                          | 639                                        | 0                          | 639                        | 181                                        | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                              |                                             |                                            |                            |                            |                                            |        |
| 60.00                               | BEREAVEMENT PROGRAM                          | 0                                           |                                            | 0                          |                            | 0                                          | 60.00  |
| 61.00                               | VOLUNTEER PROGRAM                            | 0                                           |                                            | 0                          |                            | 0                                          | 61.00  |
| 62.00                               | FUNDRAISING                                  | 0                                           |                                            | 0                          |                            | 0                                          | 62.00  |
| 63.00                               | HOSPICE/PALLIATIVE MEDICINE FELLOWS          | 0                                           |                                            | 0                          |                            | 0                                          | 63.00  |
| 64.00                               | PALLIATIVE CARE PROGRAM                      | 0                                           |                                            | 0                          |                            | 0                                          | 64.00  |
| 65.00                               | OTHER PHYSICIAN SERVICES                     | 0                                           |                                            | 0                          |                            | 0                                          | 65.00  |
| 66.00                               | RESIDENTIAL CARE                             | 0                                           | 0                                          | 0                          | 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 1) | 55,310                                      | 33                                         | 0                          | 2,160                      | 189,303                                    | 100.00 |
| 101.00                              | UNIT COST MULTIPLIER                         | 553.100000                                  | 0.048744                                   | 0.000000                   | 3.190547                   | 91.098653                                  | 101.00 |

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

Provider CCN: 14-0053

Period: From 07/01/2017

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2018

Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Descriptions            |                                              | Hospice I                               |                                |                                |                                                   |                    |         |
|-------------------------------------|----------------------------------------------|-----------------------------------------|--------------------------------|--------------------------------|---------------------------------------------------|--------------------|---------|
|                                     |                                              | ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) | MEDICAL RECORDS (PATIENT DAYS) | STAFF TRANSPORTATION (MILEAGE) | VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) | PHARMACY (CHARGES) |         |
|                                     |                                              | 10.00                                   | 11.00                          | 12.00                          | 13.00                                             | 14.00              |         |
| <b>GENERAL SERVICE COST CENTERS</b> |                                              |                                         |                                |                                |                                                   |                    |         |
| 1.00                                | CAP REL COSTS-BLDG & FIXT                    |                                         |                                |                                |                                                   |                    | 1.00    |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP                    |                                         |                                |                                |                                                   |                    | 2.00    |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT                 |                                         |                                |                                |                                                   |                    | 3.00    |
| 4.00                                | ADMINISTRATIVE & GENERAL                     |                                         |                                |                                |                                                   |                    | 4.00    |
| 5.00                                | PLANT OPERATION & MAINTENANCE                |                                         |                                |                                |                                                   |                    | 5.00    |
| 6.00                                | LAUNDRY & LINEN SERVICE                      |                                         |                                |                                |                                                   |                    | 6.00    |
| 7.00                                | HOUSEKEEPING                                 |                                         |                                |                                |                                                   |                    | 7.00    |
| 8.00                                | DIETARY                                      |                                         |                                |                                |                                                   |                    | 8.00    |
| 9.00                                | NURSING ADMINISTRATION                       |                                         |                                |                                |                                                   |                    | 9.00    |
| 10.00                               | ROUTINE MEDICAL SUPPLIES                     | 0                                       |                                |                                |                                                   |                    | 10.00   |
| 11.00                               | MEDICAL RECORDS                              |                                         | 0                              |                                |                                                   |                    | 11.00   |
| 12.00                               | STAFF TRANSPORTATION                         |                                         |                                | 100                            |                                                   |                    | 12.00   |
| 13.00                               | VOLUNTEER SERVICE COORDINATION               |                                         |                                |                                | 0                                                 | 2,082              | 13.00   |
| 14.00                               | PHARMACY                                     |                                         |                                |                                | 0                                                 | 0                  | 136,069 |
| 15.00                               | PHYSICIAN ADMINISTRATIVE SERVICES            |                                         |                                |                                | 0                                                 | 0                  | 0       |
| 16.00                               | OTHER GENERAL SERVICE                        |                                         |                                |                                | 0                                                 | 0                  | 0       |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES            |                                         |                                |                                |                                                   |                    | 0       |
| <b>LEVEL OF CARE</b>                |                                              |                                         |                                |                                |                                                   |                    |         |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE                 | 0                                       | 0                              | 0                              | 0                                                 | 0                  | 0       |
| 51.00                               | HOSPICE ROUTINE HOME CARE                    | 0                                       | 0                              | 100                            | 0                                                 | 1,890              | 136,069 |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE               | 0                                       | 0                              | 0                              | 0                                                 | 11                 | 0       |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE               | 0                                       | 0                              | 0                              | 0                                                 | 181                | 0       |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                              |                                         |                                |                                |                                                   |                    |         |
| 60.00                               | BEREAVEMENT PROGRAM                          |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 61.00                               | VOLUNTEER PROGRAM                            |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 62.00                               | FUNDRAISING                                  |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 63.00                               | HOSPICE/PALLIATIVE MEDICINE FELLOWS          |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 64.00                               | PALLIATIVE CARE PROGRAM                      |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 65.00                               | OTHER PHYSICIAN SERVICES                     |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 66.00                               | RESIDENTIAL CARE                             |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 67.00                               | ADVERTISING                                  |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 68.00                               | TELEHEALTH/TELEMONITORING                    |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 69.00                               | THRIFT STORE                                 |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 70.00                               | NURSING FACILITY ROOM & BOARD                |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 71.00                               | OTHER NONREIMBURSABLE (SPECIFY)              |                                         |                                | 0                              | 0                                                 | 0                  | 0       |
| 99.00                               | NEGATIVE COST CENTER                         |                                         |                                |                                |                                                   |                    | 99.00   |
| 100.00                              | COST TO BE ALLOCATED (per Wkst. 0-6, Part I) | 0                                       | 0                              | 34,158                         | 78,648                                            | 143,197            | 100.00  |
| 101.00                              | UNIT COST MULTIPLIER                         | 0.000000                                | 0.000000                       | 341.580000                     | 37.775216                                         | 1.052385           | 101.00  |

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

Provider CCN: 14-0053

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet 0-6  
Part II  
Date/Time Prepared:  
11/20/2018 3:53 pm

| Cost Center Descriptions            |                                              | Hospice I                                                    |                                                |                                                                   |        |
|-------------------------------------|----------------------------------------------|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|--------|
|                                     |                                              | PHYSICIAN<br>ADMINISTRATIVE<br>SERVICES<br>(PATIENT<br>DAYS) | OTHER GENERAL<br>SERVICE<br>(SPECIFY<br>BASIS) | PATIENT/<br>RESIDENTIAL<br>CARE SERVICES<br>(IN-FACILITY<br>DAYS) |        |
| <b>GENERAL SERVICE COST CENTERS</b> |                                              |                                                              |                                                |                                                                   |        |
| 1.00                                | CAP REL COSTS-BLDG & FIXT                    |                                                              |                                                |                                                                   | 1.00   |
| 2.00                                | CAP REL COSTS-MVBLE EQUIP                    |                                                              |                                                |                                                                   | 2.00   |
| 3.00                                | EMPLOYEE BENEFITS DEPARTMENT                 |                                                              |                                                |                                                                   | 3.00   |
| 4.00                                | ADMINISTRATIVE & GENERAL                     |                                                              |                                                |                                                                   | 4.00   |
| 5.00                                | PLANT OPERATION & MAINTENANCE                |                                                              |                                                |                                                                   | 5.00   |
| 6.00                                | LAUNDRY & LINEN SERVICE                      |                                                              |                                                |                                                                   | 6.00   |
| 7.00                                | HOUSEKEEPING                                 |                                                              |                                                |                                                                   | 7.00   |
| 8.00                                | DIETARY                                      |                                                              |                                                |                                                                   | 8.00   |
| 9.00                                | NURSING ADMINISTRATION                       |                                                              |                                                |                                                                   | 9.00   |
| 10.00                               | ROUTINE MEDICAL SUPPLIES                     |                                                              |                                                |                                                                   | 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                        |                                                              | 101                                            |                                                                   | 16.00  |
| 17.00                               | PATIENT/RESIDENTIAL CARE SERVICES            |                                                              |                                                | 677                                                               | 17.00  |
| <b>LEVEL OF CARE</b>                |                                              |                                                              |                                                |                                                                   |        |
| 50.00                               | HOSPICE CONTINUOUS HOME CARE                 | 0                                                            | 0                                              |                                                                   | 50.00  |
| 51.00                               | HOSPICE ROUTINE HOME CARE                    | 0                                                            | 91                                             |                                                                   | 51.00  |
| 52.00                               | HOSPICE INPATIENT RESPIRE CARE               | 0                                                            | 1                                              | 38                                                                | 52.00  |
| 53.00                               | HOSPICE GENERAL INPATIENT CARE               | 0                                                            | 9                                              | 639                                                               | 53.00  |
| <b>NONREIMBURSABLE COST CENTERS</b> |                                              |                                                              |                                                |                                                                   |        |
| 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                                                            | 329,587                                        | 0                                                                 | 100.00 |
| 101.00                              | UNIT COST MULTIPLIER                         | 0.000000                                                     | 3,263,237624                                   | 0.000000                                                          | 101.00 |

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

Provider CCN: 14-0053

Period: From 07/01/2017 To 06/30/2018

Worksheet 0-7

Hospice CCN: 14-1503

Date/Time Prepared: 11/20/2018 3:53 pm

| Cost Center Descriptions       |                                      | From Wkst. C, Part I, Col. 9 line      | Cost to Charge Ratio | Charges by LOC (from Provider Records) |                        |                        |                        |
|--------------------------------|--------------------------------------|----------------------------------------|----------------------|----------------------------------------|------------------------|------------------------|------------------------|
|                                |                                      |                                        |                      | HCHC                                   | HRHC                   | HIRC                   |                        |
|                                |                                      |                                        |                      | 0                                      | 1.00                   | 2.00                   |                        |
| ANCILLARY SERVICE COST CENTERS |                                      |                                        |                      |                                        |                        |                        |                        |
| 1.00                           | PHYSICAL THERAPY                     | 66.00                                  | 0.298095             | 0                                      | 1,890                  | 0                      | 1.00                   |
| 2.00                           | OCCUPATIONAL THERAPY                 | 67.00                                  |                      |                                        |                        |                        | 2.00                   |
| 3.00                           | SPEECH PATHOLOGY                     | 68.00                                  |                      |                                        |                        |                        | 3.00                   |
| 4.00                           | DRUGS CHARGED TO PATIENTS            | 73.00                                  | 0.155125             | 0                                      | 0                      | 0                      | 4.00                   |
| 5.00                           | DURABLE MEDICAL EQUIP-RENTED         | 96.00                                  |                      |                                        |                        |                        | 5.00                   |
| 6.00                           | LABORATORY                           | 60.00                                  | 0.161224             | 0                                      | 0                      | 0                      | 6.00                   |
| 7.00                           | MEDICAL SUPPLIES CHARGED TO PATIENT  | 71.00                                  | 0.331262             | 0                                      | 0                      | 0                      | 7.00                   |
| 8.00                           | OTHER OUTPATIENT SERVICE COST CENTER | 93.00                                  |                      |                                        |                        |                        | 8.00                   |
| 9.00                           | RADIOLOGY-THERAPEUTIC                | 55.00                                  | 0.202489             | 0                                      | 0                      | 0                      | 9.00                   |
| 10.00                          | OTHER ANCILLARY                      | 76.00                                  | 0.390683             | 0                                      | 0                      | 0                      | 10.00                  |
| 10.97                          | CARDIAC REHABILITATION               | 76.97                                  | 0.528819             | 0                                      | 0                      | 0                      | 10.97                  |
| 10.98                          | HYPERBARIC OXYGEN THERAPY            | 76.98                                  | 0.307966             | 0                                      | 0                      | 0                      | 10.98                  |
| 11.00                          | Totals (sum of lines 1-11)           |                                        |                      |                                        |                        |                        | 11.00                  |
| Cost Center Descriptions       |                                      | Charges by LOC (From Provider Records) |                      | Shared Service Costs by LOC            |                        |                        |                        |
|                                |                                      | HGIP                                   |                      | HCHC (col. 1 x col. 2)                 | HRHC (col. 1 x col. 3) | HIRC (col. 1 x col. 4) | HGIP (col. 1 x col. 5) |
|                                |                                      | 5.00                                   |                      | 6.00                                   | 7.00                   | 8.00                   | 9.00                   |
| ANCILLARY SERVICE COST CENTERS |                                      |                                        |                      |                                        |                        |                        |                        |
| 1.00                           | PHYSICAL THERAPY                     | 0                                      | 0                    | 563                                    | 0                      | 0                      | 1.00                   |
| 2.00                           | OCCUPATIONAL THERAPY                 |                                        |                      |                                        |                        |                        | 2.00                   |
| 3.00                           | SPEECH PATHOLOGY                     |                                        |                      |                                        |                        |                        | 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                   |
| 8.00                           | OTHER OUTPATIENT SERVICE COST CENTER |                                        |                      |                                        |                        |                        | 8.00                   |
| 9.00                           | RADIOLOGY-THERAPEUTIC                | 0                                      | 0                    | 0                                      | 0                      | 0                      | 9.00                   |
| 10.00                          | OTHER ANCILLARY                      | 0                                      | 0                    | 0                                      | 0                      | 0                      | 10.00                  |
| 10.97                          | CARDIAC REHABILITATION               | 0                                      | 0                    | 0                                      | 0                      | 0                      | 10.97                  |
| 10.98                          | HYPERBARIC OXYGEN THERAPY            | 0                                      | 0                    | 0                                      | 0                      | 0                      | 10.98                  |
| 11.00                          | Totals (sum of lines 1-11)           |                                        | 0                    | 563                                    | 0                      | 0                      | 11.00                  |

|                                                     |  |                                               |                                             |                                                            |
|-----------------------------------------------------|--|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------|
| CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST |  | Provider CCN: 14-0053<br>Hospice CCN: 14-1503 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet 0-8<br>Date/Time Prepared:<br>11/20/2018 3:53 pm |
|-----------------------------------------------------|--|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------|

|                                       |                                                                                  | Hospice I               |                        | TOTAL     |       |
|---------------------------------------|----------------------------------------------------------------------------------|-------------------------|------------------------|-----------|-------|
|                                       |                                                                                  | TITLE XVII<br>MEDI CARE | TITLE XIX<br>MEDI CAID |           |       |
|                                       |                                                                                  | 1.00                    | 2.00                   | 3.00      |       |
| <b>HOSPICE CONTINUOUS HOME CARE</b>   |                                                                                  |                         |                        |           |       |
| 1.00                                  | Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11) |                         |                        | 0         | 1.00  |
| 2.00                                  | Total unduplicated days (Wkst. S-9, col. 4, line 10)                             |                         |                        | 0         | 2.00  |
| 3.00                                  | Total average cost per diem (line 1 divided by line 2)                           |                         |                        | 0.00      | 3.00  |
| 4.00                                  | Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)               |                         |                        |           | 4.00  |
| 5.00                                  | Program cost (line 3 times line 4)                                               | 0                       | 0                      | 0         | 5.00  |
| <b>HOSPICE ROUTINE HOME CARE</b>      |                                                                                  |                         |                        |           |       |
| 6.00                                  | Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11) |                         |                        | 1,402,224 | 6.00  |
| 7.00                                  | Total unduplicated days (Wkst. S-9, col. 4, line 11)                             |                         |                        | 6,653     | 7.00  |
| 8.00                                  | Total average cost per diem (line 6 divided by line 7)                           |                         |                        | 210.77    | 8.00  |
| 9.00                                  | Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)              | 4,333                   | 128                    |           | 9.00  |
| 10.00                                 | Program cost (line 8 times line 9)                                               | 913,266                 | 26,979                 |           | 10.00 |
| <b>HOSPICE INPATIENT RESPITE CARE</b> |                                                                                  |                         |                        |           |       |
| 11.00                                 | Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11) |                         |                        | 9,454     | 11.00 |
| 12.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 12)                             |                         |                        | 38        | 12.00 |
| 13.00                                 | Total average cost per diem (line 11 divided by line 12)                         |                         |                        | 248.79    | 13.00 |
| 14.00                                 | Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)              | 17                      | 2                      |           | 14.00 |
| 15.00                                 | Program cost (line 13 times line 14)                                             | 4,229                   | 498                    |           | 15.00 |
| <b>HOSPICE GENERAL INPATIENT CARE</b> |                                                                                  |                         |                        |           |       |
| 16.00                                 | Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11) |                         |                        | 221,312   | 16.00 |
| 17.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 13)                             |                         |                        | 639       | 17.00 |
| 18.00                                 | Total average cost per diem (line 16 divided by line 17)                         |                         |                        | 346.34    | 18.00 |
| 19.00                                 | Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)              | 412                     | 29                     |           | 19.00 |
| 20.00                                 | Program cost (line 18 times line 19)                                             | 142,692                 | 10,044                 |           | 20.00 |
| <b>TOTAL HOSPICE CARE</b>             |                                                                                  |                         |                        |           |       |
| 21.00                                 | Total cost (sum of line 1 + line 6 + line 11 + line 16)                          |                         |                        | 1,632,990 | 21.00 |
| 22.00                                 | Total unduplicated days (Wkst. S-9, col. 4, line 14)                             |                         |                        | 7,330     | 22.00 |
| 23.00                                 | Average cost per diem (line 21 divided by line 22)                               |                         |                        | 222.78    | 23.00 |



| CALCULATION OF CAPITAL PAYMENT                      |                                                                                                                                                              | Provider CCN: 14-0053 | Period:<br>From 07/01/2017<br>To 06/30/2018 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>11/20/2018 3:53 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                                                                                                                               |                       | 5,736,652                                   | 1.00                                                                    |
| 1.01                                                | Model 4 BPCI Capital DRG other than outlier                                                                                                                  |                       | 0                                           | 1.01                                                                    |
| 2.00                                                | Capital DRG outlier payments                                                                                                                                 |                       | 293,179                                     | 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)                                                               |                       | 263.79                                      | 3.00                                                                    |
| 4.00                                                | Number of interns & residents (see instructions)                                                                                                             |                       | 59.19                                       | 4.00                                                                    |
| 5.00                                                | Indirect medical education percentage (see instructions)                                                                                                     |                       | 6.53                                        | 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)                                 |                       | 374,603                                     | 6.00                                                                    |
| 7.00                                                | Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)                                    |                       | 4.80                                        | 7.00                                                                    |
| 8.00                                                | Percentage of Medicaid patient days to total days (see instructions)                                                                                         |                       | 31.66                                       | 8.00                                                                    |
| 9.00                                                | Sum of lines 7 and 8                                                                                                                                         |                       | 36.46                                       | 9.00                                                                    |
| 10.00                                               | Allowable disproportionate share percentage (see instructions)                                                                                               |                       | 7.66                                        | 10.00                                                                   |
| 11.00                                               | Disproportionate share adjustment (see instructions)                                                                                                         |                       | 439,428                                     | 11.00                                                                   |
| 12.00                                               | Total prospective capital payments (see instructions)                                                                                                        |                       | 6,843,862                                   | 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                                                                   |