| Health Financial Systems  | UNI ON HOSPI  | TAL, INC.  |   | In Lie  | u of Form CMS-2   | 552-10            |
|---|---|--|---|---|---|-------------------|
| This report is required by law (42 USC 1395g; 42 CF<br>payments made since the beginning of the cost repor  |   |  |   |   | m FORM APPROVED<br>OMB NO. 0938-0<br>EXPIRES 03-31-         |                   |
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO<br>AND SETTLEMENT SUMMARY   | ORT CERTIFICATI   | ON Provider CC   |   | Period:<br>From 01/01/2020<br>Fo 12/31/2020   |   |                   |
| PART I - COST REPORT STATUS   |   |  | I_  |   | 172772021 1.00  | 5 pin             |
| Provider 1. [X] Electronically prepared cost  | report  |  |   | Date: 7/29/20   | 021 Time: 1   | :58 pm            |
| use only 2. [ ] Manually prepared cost report<br>3. [ 0 ] If this is an amended report<br>4. [ F ] Medicare Utilization. Enter  | enter the numb  | er of times th<br>"L" for low.   | e provider re   | submitted this  | cost report   |                   |
| use only (1) As Submitted 7. Contr<br>(2) Settled without Audit 8. [N]  | Received:<br>actor No.<br>Initial Report<br>Final Report fi                             | for this Prov<br>or this Provide   | 11.Co<br>ider CCN 12.[  | R Date:<br>ntractor's Vend<br>O ]If line 5, c<br>number of tin                            | lor Code:<br>olumn 1 is 4: E<br>mes reopened =              | 4<br>nter<br>0-9. |
| PART II - CERTIFICATION   |   |  |   |   |   |                   |
| MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATI<br>ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNE<br>PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY (<br>ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA  | DER FEDERAL LAW<br>DR INDIRECTLY O<br>NY RESULT.  | . FURTHERMORE<br>F A KICKBACK O  | , IF SERVICES<br>R WERE OTHERW  | IDENTIFIED IN 7   | THIS REPORT WER   | E                 |
| CERTIFICATION BY CHIEF FINANCIAL OFFICER OF   | R ADMI NI STRATOR   | OF PROVIDER(S  | )   |   |   |                   |
| I HEREBY CERTIFY that I have read the above<br>electronically filed or manually submitted<br>Expenses prepared by UNION HOSPITAL, INC.<br>ending 12/31/2020 and to the best of my kno<br>complete and prepared from the books and rr<br>except as noted. I further certify that I<br>health care services, and that the services<br>laws and regulations. | cost report an<br>(15-0023) for<br>wwledge and bel<br>ecords of the p<br>am familiar wi | d the Balance<br>the cost repo<br>ief, this repo<br>rovider in acc<br>th the laws an | Sheet and Sta<br>rting period<br>rt and statem<br>ordance with<br>d regulations | tement of Reven<br>beginning 01/01<br>ent are true, c<br>applicable inst<br>regarding the | ue and<br>/2020 and<br>orrect,<br>ructions,<br>provision of |                   |
| [X]I have read and agree with the above   |   |  |   |   |   |                   |
| signature on this certification state   |   | 0 9  | 0 1   | or my original  | si gnature.   |                   |
|   | (Si gn  |  |   |   |   |                   |
|   |   | UTTIC  | er or adminis   | trator of Provid  | der(s)  |                   |
|   |   | CEO  |   |   |   |                   |
|   |   | Title  |   |   |   |                   |
|   |   |  |   |   |   |                   |
|   |   | Date (Dated  | wnen report   | s el ectroni cal l  | iy signed.)   |                   |
|   |   | Date   |   |   |   |                   |
|   |   |  |   |   |   |                   |
|   |   | Title  |   | <b>-</b>  |   |                   |
| Cost Center Description   | Title V<br>1.00   | Part A<br>2.00   | Part B<br>3.00  | HI T<br>4, 00   | Title XIX<br>5.00   |                   |
| PART III - SETTLEMENT SUMMARY   | 1.00  | 2.00   | 3.00  | 4.00  | 0.00  |                   |
| 1.00 Hospi tal  | 0   | 361, 452   | -279, 62  |   |   | 1.00              |
| 2.00 Subprovider - IPF  | 0   | 12 520   |   |   |   | 2.00              |
| 3.00 Subprovider - IRF<br>5.00 Swing Bed - SNF  | 0   | -13, 520<br>0  | -   |   | 55, 876<br>0  | 3.00<br>5.00      |
| 6. 00 Swing Bed - NF  | 0   | 0  |   |   | 0   | 6.00              |

200.00Total0347,932-279,6320-1,938,529200.00The 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 itdisplays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The timerequired to complete and review the information collection is estimated 673 hours per response, including the time to reviewinstructions, search existing resources, gather the data needed, and complete and review the information collection. If youhave 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 PRAReports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approvedunder the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questionsor concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

|          | AL AND HOSPITAL HEALTH CARE COMPLEX  | IDENTIFICATION D     | AIA        | Provi der             | CCN: 15         | -0023            | Period:<br>From 01/0 |         | Part I                          | ieet S-2           |            |
|----------|--|----------------------|------------|-----------------------|-----------------|------------------|----------------------|---------|---------------------------------|--------------------|------------|
|          |  |                      |            |                       |                 |                  | To 12/3              | 1/2020  |                                 | ime Pre<br>021 1:5 |            |
|          | 1.00   |                      | . 00       | 3. (                  | 00              |                  |                      | 4.00    |                                 |                    |            |
| С        | Hospital and Hospital Health Care Co<br>Street: 1606 NORTH SEVENTH ST        | PO Box:              |            |                       |                 |                  |                      |         |                                 |                    | 1          |
| )        | City: TERRE HAUTE  | State:               |            | ip Code: 4            |                 |                  | ty: VIGO             | -       |                                 |                    | 2          |
|          |  | Component Na         |            |                       | CBSA  <br>umber | Provi de<br>Type | r Date<br>Certifie   |         | ent Sys <sup>.</sup><br>, 0, or |                    |            |
|          |  |                      |            |                       |                 | туре             |                      |         |                                 |                    | 1          |
|          |  | 1.00                 |            | 2.00                  | 3. 00           | 4.00             | 5.00                 | 6.00    | _                               |                    |            |
| ~        | Hospital and Hospital-Based Componen   |                      |            | 50000 4               | 54(0            |                  | 01 (01 (10           | (       |                                 |                    |            |
| )<br>)   | Hospital<br>Subprovider - IPF  | UNI ON HOSPI TAL,    | INC. 1     | 50023 4               | 5460            | 1                | 01/01/19             | 66 N    | P                               | 0                  | 3          |
| 5        | •  | MEDICAL REHAB        | 1          | 5T023 4               | 5460            | 5                | 09/01/19             | 89 N    | P                               | 0                  | 5          |
| C        | Subprovider - (Other)  |                      |            |                       |                 |                  |                      |         |                                 |                    | 6          |
| )<br>)   | Swing Beds – SNF<br>Swing Beds – NF  |                      |            |                       |                 |                  |                      |         |                                 |                    | 7<br>  8   |
| )        | Hospital-Based SNF   |                      |            |                       |                 |                  |                      |         |                                 |                    | 9          |
| 00       | Hospital-Based NF  |                      |            |                       |                 |                  |                      |         |                                 |                    | 10         |
| 00       | Hospital-Based OLTC  |                      |            |                       |                 |                  |                      |         |                                 |                    | 11         |
|          | Hospital-Based HHA<br>Separately Certified ASC                               |                      |            |                       |                 |                  |                      |         |                                 |                    | 12         |
|          | Hospi tal -Based Hospi ce  |                      |            |                       |                 |                  |                      |         |                                 |                    | 14         |
|          | Hospital-Based Health Clinic - RHC   |                      |            |                       |                 |                  |                      |         |                                 |                    | 15         |
| 00<br>00 | Hospital-Based Health Clinic - FQHC<br>Hospital-Based (CMHC) I               |                      |            |                       |                 |                  |                      |         |                                 |                    | 16<br>  17 |
|          | Renal Dialysis   |                      |            |                       |                 |                  |                      |         |                                 |                    | 18         |
|          | Other  |                      |            |                       |                 |                  |                      |         |                                 |                    | 19         |
|          |  |                      |            |                       |                 |                  | Fro                  |         | <u> </u>                        |                    | -          |
| 00       | Cost Reporting Period (mm/dd/yyyy)   |                      |            |                       |                 |                  | 1.                   |         |                                 | 00<br>/2020        | 20         |
|          | Type of Control (see instructions)   |                      |            |                       |                 |                  | 2                    |         |                                 |                    | 21         |
|          |  |                      |            |                       |                 | 1 00             |                      |         |                                 |                    | -          |
|          | Inpatient PPS Information  |                      |            |                       |                 | 1.00             | 2.                   | 00      | კ.                              | 00                 |            |
| 00       | Does this facility qualify and is it   | currently recei      | ving payme | nts for               |                 | Y                | N                    | 1       |                                 |                    | 22.        |
|          | disproportionate share hospital adju   |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | §412.106? In column 1, enter "Y" fo<br>facility subject to 42 CFR Section §  |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | hospital?) In column 2, enter "Y" fo   |                      |            | lineite               |                 |                  |                      |         |                                 |                    |            |
| D1       | Did this hospital receive interim un   | compensated care     | payments   |                       |                 | Ν                | Ν                    | 1       |                                 |                    | 22         |
|          | cost reporting period? Enter in colu<br>the portion of the cost reporting pe |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | Enter in column 2, "Y" for yes or "N   | " for no for the     | portion o  | f the cos             | t               |                  |                      |         |                                 |                    |            |
|          | reporting period occurring on or aft   | er October 1. (s     | ee instruc | tions)                |                 |                  |                      |         |                                 |                    |            |
| 02       | Is this a newly merged hospital that<br>payments to be determined at cost re |                      |            |                       |                 | Ν                | N                    | 1       |                                 |                    | 22         |
|          | Enter in column 1, "Y" for yes or "N   |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | cost reporting period prior to Octob   |                      |            |                       | s               |                  |                      |         |                                 |                    |            |
|          | or "N" for no, for the portion of th   | e cost reporting     | period on  | or after              |                 |                  |                      |         |                                 |                    |            |
| 03       | October 1.<br>Did this hospital receive a geograph                           | i c. reclassi fi cat | ion from u | rban to               |                 | Ν                | N                    | 1       | 1                               | N                  | 22         |
| 00       | rural as a result of the OMB standar   |                      |            |                       | s               |                  |                      | •       |                                 |                    | 22         |
|          | adopted by CMS in FY2015? Enter in c   | olumn 1, "Y" for     | yes or "N  | " for no              |                 |                  |                      |         |                                 |                    |            |
|          | for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for  |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | reporting period occurring on or aft   |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | Does this hospital contain at least  |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | counted in accordance with 42 CFR 41<br>yes or "N" for no.                   | 2.105)? Enter in     | column 3,  | "Y" for               |                 |                  |                      |         |                                 |                    |            |
| 00       | Which method is used to determine Me   | dicaid days on l     | ines 24 an | d/or 25               |                 |                  | 3 N                  | 1       |                                 |                    | 23.        |
|          | below? In column 1, enter 1 if date  |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | if date of discharge. Is the method reporting period different from the      |                      |            |                       | t               |                  |                      |         |                                 |                    |            |
|          | reporting period? In column 2, ente  |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          |  | ,                    | In-State   | In-Stat               |                 | t-of             | Out-of               | Medi ca |                                 | Other              |            |
|          |  |                      | Medicaid   | Medi cai              |                 | tate             | State<br>Modi coi d  | HMO da  | - I                             | di cai d           |            |
|          |  |                      | paid days  | el i gi bl<br>unpai d |                 |                  | Medicaid<br>eligible |         |                                 | days               |            |
|          |  |                      |            | days                  |                 |                  | unpai d              |         |                                 |                    |            |
|          |  |                      | 1.00       | 2.00                  |                 | . 00             | 4.00                 | 5.00    |                                 | 6.00               |            |
| 00       | If this provider is an IPPS hospital<br>in-state Medicaid paid days in colum |                      | 1, 822     | 2 9,6                 | 58              | 1, 121           | 608                  | 1,      | 299                             | 0                  | 24         |
|          | Medicaid eligible unpaid days in col   |                      |            |                       |                 |                  |                      |         |                                 |                    |            |
|          | out-of-state Medicaid paid days in c   | olumn 3,             |            |                       |                 |                  |                      |         |                                 |                    |            |
|          |  | d dave in column     | 1          | 1                     | 1               |                  |                      |         |                                 |                    | 1          |
|          | out-of-state Medicaid eligible unpai<br>4, Medicaid HMO paid and eligible bu |                      |            |                       |                 |                  |                      |         |                                 |                    |            |

|                              | IFINANCIAL SYSTEMS UNIO<br>TAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D   | N HOSPI TAL,<br>ATA  | Provider CC  | N: 15-0023   | Peri od:   |  |                                       | et S-2                                    |  |
|------------------------------|--|--|--|--|--|--|---------------------------------------|---|--|
|                              |  |  |  |  | From 01/0<br>To 12/3   |  | Part I<br>Date/Ti<br>7/29/20          |   |  |
|                              |  | In-State   | In-State   | Out-of   | Out-of   | Medi ca  | aid 0                                 | ther                                      |  |
|                              |  | Medicaid   | Medicaid   | State  | State  | HMO da   | 5                                     | di cai d                                  |  |
|                              |  | paid days  | el i gi bl e<br>unpai d  | Medicaid<br>paid days  | Medicaid<br>eligible   |  |                                       | days                                      |  |
|                              |  |  | days   |  | unpai d  |  |                                       |   |  |
|                              |  | 1.00   | 2.00   | 3.00   | 4.00   | 5.00   | ) 6                                   | 5.00                                      | 1                                      |
| . 00                         | If this provider is an IRF, enter the in-state<br>Medicaid paid days in column 1, the in-state<br>Medicaid eligible unpaid days in column 2,<br>out-of-state Medicaid days in column 3, out-of-state<br>Medicaid eligible unpaid days in column 4, Medicaid<br>HMO paid and eligible but unpaid days in column 5.  | 57   | 433  | 48   | 9  |  | 64                                    |   | 25                                     |
|                              |  |  |  |  |  |  | Date of                               |   | -                                      |
| 00                           | Enter your standard geographic classification (not w   | age) status  | at the be  | ainnina of   | 1.<br>the  | 1  | 2.                                    | 00  | 26                                     |
| 00                           | cost reporting period. Enter "1" for urban or "2" for<br>Enter your standard geographic classification (not w<br>reporting period. Enter in column 1, "1" for urban of<br>enter the effective date of the geographic reclassif   | or rural.<br>wage) status<br>or "2" for r  | at the en<br>oural. If a   | d of the cos   |  | 1  |                                       |   | 27                                     |
| 00                           | If this is a sole community hospital (SCH), enter the effect in the cost reporting period.   |  |  | CH status in   | 1  | 0  |                                       |   | 35                                     |
|                              | <b>* *</b>   |  |  |  | Begi n   |  | Endi                                  |   |  |
| 00                           | Enter applicable beginning and ending dates of SCH s   | status Subs  | cript line   | 36 for num   | 1.<br>Der  | 00   | 2.0                                   | JU  | 36                                     |
|                              | of periods in excess of one and enter subsequent dat<br>If this is a Medicare dependent hospital (MDH), enter  | es.  | •  |  |  | 0  |                                       |   | 37                                     |
| 01                           | is in effect in the cost reporting period.<br>Is this hospital a former MDH that is eligible for t<br>accordance with FY 2016 OPPS final rule? Enter "Y" f   |  |  |  |  |  |                                       |   | 37                                     |
| 00                           | instructions)<br>If line 37 is 1, enter the beginning and ending date<br>greater than 1, subscript this line for the number of<br>enter subsequent dates.  | es of MDH st   | atus. If li  | ine 37 is  |  |  |                                       |   | 38                                     |
|                              |  |  |  |  | Y/   | 'N   | Y/                                    | 'N  |  |
|                              |  |  |  |  | 1.   |  | 2.                                    | 00  | 1                                      |
| . 00                         | Does this facility qualify for the inpatient hospita<br>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br>1 "Y" for yes or "N" for no. Does the facility meet<br>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br>or "N" for no. (see instructions)   | ), (ii), or<br>the mileage   | r (iii)? En<br>e requireme   | ter in colur<br>nts in   | nn   | 1  | N                                     | 1   | 39                                     |
| 00                           | Is this hospital subject to the HAC program reduction<br>"N" for no in column 1, for discharges prior to Octo<br>no in column 2, for discharges on or after October 1  | ber 1. Ente  | er "Y" for   |  |  | I V  | XVIII                                 |   | 40                                     |
|                              |  |  |  |  |  | 1.00   | _                                     | 3.00                                      |  |
| ~~                           | Prospective Payment System (PPS)-Capital<br>Does this facility qualify and receive Capital payme   | nt for dior  | reportione   | to oboro in  | aaaardana  |  | V                                     | N   | 145                                    |
|                              | with 42 CFR Section §412.320? (see instructions)   |  |  |  |  | e N<br>N   | Y<br>  N                              | N   | 45                                     |
|                              | pursuant to 42 CFR §412.348(f)? If yes, complete Wks   |  |  |  |  |  |                                       |   |  |
| 00                           | Pt. III.   |  | II and Wks   | t. L-1, Pt.  | I through  |  |                                       |   |  |
| 00                           | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer  | capital? E   | II and Wks   | t. L-1, Pt.<br>r yes or "N'  | l through<br>' for no.   | N  | N                                     | N<br>N                                    |  |
| 00<br>00<br>00               | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymen<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you   | capital? E<br>nt? Enter "<br>n approved (<br>impacted by   | II and Wks<br>inter "Y for<br>Y" for yes<br>GME programs<br>CR 11642   | t. L-1, Pt.<br>r yes or "N'<br>or "N" for<br>s? Enter "Y'  | I through<br>' for no.<br>no.<br>' for yes o   | N<br>N<br>or Y   |                                       |   | 48                                     |
| 00<br>00<br>00               | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "  | capital? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>ath of this<br>Y", complet   | II and Wks<br>inter "Y for<br>Y" for yes<br>GME program<br>( CR 11642<br>mn 2.<br>ng which re<br>(" for no in<br>cost repor<br>ce Workshee   | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period   | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter ")  | N N<br>Dr Y<br>A N<br>1  | N                                     |   | 48<br>56                               |
| 00<br>00<br>00<br>00         | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>oth of this<br>Y", complet<br>1, if appli<br>bursement f  | II and Wks<br>inter "Y for<br>Y" for yes<br>ME programs<br>CR 11642<br>imn 2.<br>ng which ru<br>cost repor<br>cost repor<br>cost schee<br>cable.<br>for physicia   | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co  | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "`<br>olumn 2 is                                | N N<br>Dr Y<br>A N<br>1  | N                                     |   | 48<br>56<br>57                         |
| 00<br>00<br>00<br>00         | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein<br>defined in CMS Pub. 15-1, chapter 21, §2148? If yes,  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>I, if appli<br>bursement f<br>complete V   | II and Wks<br>inter "Y for<br>Y" for yes<br>ME programs<br>CR 11642<br>mn 2.<br>ng which ru<br>" for no i<br>cost repor<br>e Workshee<br>cable.<br>for physici<br>/kst. D-5.                                   | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co<br>ans' service  | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "`<br>olumn 2 is                                | N N<br>OF Y<br>1<br>(" N   | N                                     |   | 48<br>56<br>57<br>58                   |
| 00<br>00<br>00<br>00         | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>I, if appli<br>bursement f<br>complete V   | II and Wks<br>inter "Y for<br>Y" for yes<br>ME programs<br>CR 11642<br>mn 2.<br>ng which ru<br>" for no i<br>cost repor<br>e Workshee<br>cable.<br>for physici<br>/kst. D-5.                                   | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co<br>ans' service  | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), My<br>approved<br>If column<br>? Enter "<br>olumn 2 is<br>es as                        | N N<br>pr Y<br>N<br>N<br>N<br>N<br>neet A  | Pass-TI<br>Qualifi<br>Crite           | hrough<br>cation                          | 48<br>56<br>57<br>58<br>58<br>59       |
| 00<br>00<br>00<br>00         | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein<br>defined in CMS Pub. 15-1, chapter 21, §2148? If yes,  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>I, if appli<br>bursement f<br>complete V   | II and Wks<br>inter "Y for<br>Y" for yes<br>ME programs<br>CR 11642<br>mn 2.<br>ng which ru<br>" for no i<br>cost repor<br>e Workshee<br>cable.<br>for physici<br>/kst. D-5.                                   | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co<br>ans' service<br>, Pt. I.<br>NAHE 413.8<br>Y/N         | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "Yo<br>olumn 2 is<br>es as<br>35 Worksh<br>Lin  | N N<br>or Y<br>A N<br>1<br>""<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | Pass-TI<br>Qual i fi<br>Cri te<br>Cou | hrough<br>cation<br>de                    | 47<br>48<br>56<br>57<br>57<br>58<br>59 |
| 00<br>00<br>00<br>00<br>00   | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein<br>defined in CMS Pub. 15-1, chapter 21, §2148? If yes,  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>1, if appli<br>bursement f<br>complete V<br>ss, complete   | II and Wks<br>inter "Y for<br>Y" for yes<br>ME programs<br>(CR 11642<br>mn 2.<br>ng which ru<br>cost report<br>cost report<br>cable.<br>for physicia<br>/kst. D-5.<br>e Wkst. D-2                              | t. L-1, Pt.<br>r yes or "N" for<br>s? Enter "Y'<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If ce<br>ans' service<br>, Pt. I.<br>NAHE 413.8                          | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "`<br>olumn 2 is<br>es as<br>35 Worksh          | N N<br>Nor Y<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>OO                 | Pass-TI<br>Qualifi<br>Crite           | hrough<br>cation<br>de                    | 48<br>56<br>57<br>58<br>58             |
| . 00<br>. 00<br>. 00<br>. 00 | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein<br>defined in CMS Pub. 15-1, chapter 21, §2148? If yes,<br>Are costs claimed on line 100 of Worksheet A? If yet<br>instructions) Enter "Y" for yes or "N" for no in co<br>is "Y", are you impacted by CR 11642 (or subsequent  | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>N, if appli<br>abursement f<br>complete V<br>es, complete<br>(NAHE) cos<br>8.85? (see<br>Jumn 1. If<br>CR) NAHE MA | II and Wks<br>inter "Y for<br>Y" for yes<br>GME program<br>( CR 11642<br>mn 2.<br>ng which re<br>(" for no in<br>cost repor-<br>te Workshee<br>cable.<br>for physicial<br>/kst. D-5.<br>e Wkst. D-2<br>sts for | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y"<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co<br>ans' service<br>, Pt. I.<br>NAHE 413.8<br>Y/N<br>1.00 | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "Nolumn 2 is<br>es as<br>85 Worksh<br>Lin<br>2. | N N<br>Nor Y<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>OO                 | Pass-TI<br>Qual i fi<br>Cri te<br>Cou | hrough<br>cation<br>de                    | 48<br>56<br>57<br>58<br>59             |
| 00<br>00<br>00<br>00<br>00   | Is this a new hospital under 42 CFR §412.300(b) PPS<br>Is the facility electing full federal capital paymer<br>Teaching Hospitals<br>Is this a hospital involved in training residents in<br>"N" for no in column 1. If column 1 is "Y", are you<br>GME payment reduction? Enter "Y" for yes or "N" for<br>If line 56 is yes, is this the first cost reporting<br>GME programs trained at this facility? Enter "Y" for<br>is "Y" did residents start training in the first mor<br>for yes or "N" for no in column 2. If column 2 is "<br>"N", complete Wkst. D, Parts III & IV and D-2, Pt. I<br>If line 56 is yes, did this facility elect cost rein<br>defined in CMS Pub. 15-1, chapter 21, §2148? If yes,<br>Are costs claimed on line 100 of Worksheet A? If ye<br>Are you claiming nursing and allied health education<br>any programs that meet the criteria under 42 CFR 413<br>instructions) Enter "Y" for yes or "N" for no in col | capital? E<br>tt? Enter "<br>approved (<br>impacted by<br>no in colu-<br>period duri<br>or yes or "N<br>th of this<br>Y", complet<br>1, if appli<br>bursement f<br>complete V<br>ss, complete<br>s. soc (see<br>olumn 1. If<br>CR) NAHE MA<br>umn 2.   | II and Wks<br>inter "Y for<br>Y" for yes<br>ME program:<br>CR 11642<br>Imn 2.<br>ng which ru<br>Cost repor-<br>cost repor-<br>cost repor-<br>cost cable.<br>for physici<br>/kst. D-5.<br>Wkst. D-2.            | t. L-1, Pt.<br>r yes or "N"<br>or "N" for<br>s? Enter "Y"<br>(or subseque<br>esidents in<br>n column 1.<br>ting period'<br>t E-4. If co<br>ans' service<br>, Pt. I.<br>NAHE 413.8<br>Y/N<br>1.00 | I through<br>' for no.<br>no.<br>' for yes of<br>ent CR), M/<br>approved<br>If column<br>? Enter "Nolumn 2 is<br>es as<br>85 Worksh<br>Lin<br>2. | N N<br>Nor Y<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>OO                 | Pass-TI<br>Oual i fi<br>Cri te<br>Coi | N<br>hrough<br>cation<br>rion<br>de<br>00 | 48<br>56<br>57<br>58<br>58             |

| alth Financial Systems UNION<br>SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA   | TA              | Provider CC                         | Fi                                   | eriod:<br>rom 01/01/2020          | u of Form CMS-2<br>Worksheet S-2<br>Part I         |     |
|---|-----------------|-------------------------------------|--------------------------------------|-----------------------------------|--|-----|
|   |                 |                                     | T                                    | 0 12/31/2020                      | Date/Time Pre<br>7/29/2021 1:5                     |     |
|   |                 |                                     | NAHE 413.85<br>Y/N                   | Worksheet A<br>Line #             | Pass-Through<br>Qualification<br>Criterion<br>Code |     |
|   |                 |                                     | 1.00                                 | 2.00                              | 3.00   | -   |
| .02 If line 60 is yes, complete columns 2 and 3 for each  | progra          | am. (see                            |                                      | 23. 01                            | 1  | 60. |
| instructions)   | Y/N             | I ME                                | Direct GME                           | I ME                              | Direct GME   |     |
|   | 1.00            | 2.00                                | 3.00                                 | 4.00                              | 5.00   | -   |
| .00 Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in   | N               |                                     |                                      | 0.00                              | 0.00   | 61. |
| <ul> <li>column 1. (see instructions)</li> <li>.01 Enter the average number of unweighted primary care<br/>FTEs from the hospital's 3 most recent cost reports<br/>ending and submitted before March 23, 2010. (see</li> </ul>  |                 |                                     |                                      |                                   |  | 61. |
| instructions)<br>.02 Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,   |                 |                                     |                                      |                                   |  | 61. |
| <ul> <li>and primary care FTEs added under section 5503 of ACA). (see instructions)</li> <li>.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for</li> </ul>  |                 |                                     |                                      |                                   |  | 61. |
| <ul> <li>determining compliance with the 75% test. (see instructions)</li> <li>.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the</li> </ul>  |                 |                                     |                                      |                                   |  | 61. |
| current cost reporting period. (see instructions).<br>05 Enter the difference between the baseline primary<br>and/or general surgery FTEs and the current year's<br>primary care and/or general surgery FTE counts (line  |                 |                                     |                                      |                                   |  | 61  |
| <ul> <li>61.04 minus line 61.03). (see instructions)</li> <li>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)</li> </ul>   |                 |                                     |                                      |                                   |  | 61  |
|   | Pr              | ogram Name                          | Program Code                         | Unweighted<br>IME FTE Count       | Unweighted<br>Direct GME<br>FTE Count              |     |
|   |                 | 1.00                                | 2.00                                 | 3.00                              | 4.00   |     |
| <ul> <li>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.</li> <li>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 4, the direct GME for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 4</li> </ul> |                 |                                     |                                      | 0.00                              |  |     |
| 3, the IME FTE unweighted count. Enter in column 4,<br>the direct GME FTE unweighted count.   |                 |                                     |                                      |                                   |  |     |
|   |                 |                                     |                                      |                                   | 1.00   |     |
| ACA Provisions Affecting the Health Resources and Ser<br>00 Enter the number of FTE residents that your hospital  |                 |                                     |                                      | id for which                      | 0.00   | 62  |
| your hospital received HRSA PCRE funding (see instruc<br>01 Enter the number of FTE residents that rotated from a<br>during in this cost reporting period of HRSA THC prog  | tions)<br>Teach | ning Health Cen                     | nter (THC) into                      |                                   | 0.00   |     |
| Teaching Hospitals that Claim Residents in Nonprovide<br>00 Has your facility trained residents in nonprovider se   | er Sett         | tings                               |                                      | period? Enter                     | Y  | 63  |
| "Y" for yes or "N" for no in column 1. If yes, comple   | <u>ete lin</u>  | nes 64 through                      | 67. (see instr<br>Unweighted<br>FTEs | uctions)<br>Unweighted<br>FTEs in | Ratio (col.<br>1/ (col. 1 +                        |     |
|   |                 |                                     | Nonprovider<br>Site                  | Hospi tal                         | col. 2))   |     |
| Contion EEOA of the ACA Deer Very FTE Deal by the   |                 | don Catti                           | 1.00                                 | 2.00                              | 3.00   |     |
| Section 5504 of the ACA Base Year FTE Residents in No   |                 | der Settings<br><u>e 30, 2010</u> . | -ihis base year                      | is your cost                      |  | 61  |

|      | AL AND RUSPITAL REALTH CARE COMP  | PLEX IDENTIFICATION [  | ON HOSPITAL, INC.<br>DATA Provider (  |   | eri od:   | u of Form CMS-2<br>Worksheet S-2  |       |
|------|---|--|---|---|---|---|-------|
|      |   |  |   | Fr<br>To  | om 01/01/2020<br>12/31/2020   | Part I<br>Date/Time Pre   | epare |
|      |   | Drogrom Nomo   | Program Code  | Upwei abted   | Upwai abtad   | 7/29/2021 1:5   | 58 pm |
|      |   | Program Name   | Program Code  | Unweighted<br>FTEs  | Unweighted<br>FTEs in   | Ratio (col.<br>3/ (col. 3 +   |       |
|      |   |  |   | Nonprovi der  | Hospi tal   | col. 4))  |       |
|      |   |  |   | Si te   |   |   | 1     |
| 00   | Enter in column 1, if line 63   | 1.00<br>UH FAMILY MEDICINE   | 2.00<br>1201711131  | 3.00  | <u>4.00</u><br>20.14  | 5.00<br>0.043230  |       |
|      | trained residents in the base<br>year period, the program name<br>associated with primary care<br>FTEs for each primary care<br>program in which you trained<br>residents. Enter in column 2,<br>the program code. Enter in<br>column 3, the number of<br>unweighted primary care FTE<br>residents attributable to<br>rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column 3  | RESI DENCY   |   | 0. 71   | 20. 14  | 0.049230  | ,     |
|      | divided by (column 3 + column<br>4)). (see instructions)  |  |   | Unwei ghted<br>FTEs<br>Nonprovi der   | Unweighted<br>FTEs in<br>Hospital   | Ratio (col.<br>1/ (col. 1 +<br>col. 2))   |       |
|      |   |  |   | Site  |   |   |       |
|      |   |  |   | 1.00  | 2.00  | 3.00  |       |
|      | Section 5504 of the ACA Current<br>beginning on or after July 1, 20   |  | ın Nonprovider Settir   | ngsEffective f  | or cost report  | ing periods   |       |
| 00   |   |  |   |   |   |   |       |
| . 00 | Enter in column 1 the number of   |  |   | 0.00  | 0.00  | 0. 000000   | 66.   |
| . 00 | FTEs attributable to rotations of   | occurring in all non   | provider settings.  | 0.00  | 0.00  | 0. 000000   | 66.   |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column  | provider settings.<br>ary care resident<br>3 the ratio of   | 0.00  | 0.00  | 0. 000000   | 66.   |
| 00   | FTEs attributable to rotations of Enter in column 2 the number of   | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i  | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)   |   |   |   | 66.   |
| . 00 | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column  | provider settings.<br>ary care resident<br>3 the ratio of   | Unwei ghted   | Unwei ghted   | Ratio (col.   | 66.   |
| . UU | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i  | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)   | Unweighted<br>FTEs  | Unweighted<br>FTEs in   | Ratio (col.<br>3/ (col. 3 +   | 66.   |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i  | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)   | Unwei ghted   | Unwei ghted   | Ratio (col.   | 66.   |
|      | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00  | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00   | Unweighted<br>FTEs<br>Nonprovider<br>Site<br>3.00   | Unweighted<br>FTEs in<br>Hospital<br>4.00   | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00   | _     |
|      | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -  | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00<br>UH FAMILY MEDICINE<br>RESIDENCY   | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code   | Unweighted<br>FTEs<br>Nonprovider<br>Site   | Unweighted<br>FTEs in<br>Hospital<br>4.00   | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00   |       |
|      | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -<br>(column 1 divided by (column 1 -<br>)<br>Enter in column 1, the program<br>name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)   | occurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00<br>UH FAMILY MEDICINE<br>RESIDENCY   | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00   | Unweighted<br>FTEs<br>Nonprovider<br>Site<br>3.00   | Unweighted<br>FTEs in<br>Hospital<br>4.00   | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00<br>0.000000   |       |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -<br>(column 1 divided by (column 1 -<br>)<br>(column 1 divided by (column 2,<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions) | poccurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00<br>UH FAMILY MEDICINE<br>RESIDENCY<br>PPS   | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00<br>1201711131   | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te<br>3.00<br>0.00  | Unwei ghted<br>FTEs in<br>Hospi tal<br>4.00<br>21.15  | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00<br>0.000000   | 0 67. |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -<br>(column 1 divided by (column 1 -<br>)<br>Enter in column 1, the program<br>name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)   | poccurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00<br>UH FAMILY MEDICINE<br>RESIDENCY<br>PPS<br>sychiatric Facility  | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00<br>1201711131   | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te<br>3.00<br>0.00  | Unwei ghted<br>FTEs in<br>Hospi tal<br>4.00<br>21.15  | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00<br>0.000000   | _     |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -<br>in a column 1 divided by (column 1 -<br>in a column 2, the program<br>name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)  | PPS<br>Sychiatric Facility have<br>before November 15,<br>olumn 2: Did this fa<br>FR 412.424 (d)(1)(ii<br>i cate which program   | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00<br>1201711131<br>(IPF), or does it con<br>an approved GME teach<br>2004? Enter "Y" for<br>cility train resident<br>i)(D)? Enter "Y" for                           | Unweighted<br>FTEs<br>Nonprovider<br>Site<br>3.00<br>0.00<br>tain an IPF subj<br>ing program in<br>yes or "N" for is<br>s in a new teacl<br>yes or "N" for i                      | Unwei ghted<br>FTEs in<br>Hospi tal<br>21. 15<br>21. 15<br>21. 10<br>1. 00<br>1. 00<br>provi der? N<br>the most<br>no. (see<br>ni ng<br>no. | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00<br>0.000000   | 0 67. |
| 00   | FTEs attributable to rotations of<br>Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -<br>column 2 divided by (column 1 -<br>column 2 divided by (column 1 -<br>column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)  | poccurring in all non<br>unweighted non-prim<br>tal. Enter in column<br>+ column 2)). (see i<br>Program Name<br>1.00<br>UH FAMILY MEDICINE<br>RESIDENCY<br>UH FAMILY MEDICINE<br>RESIDENCY<br>PPS<br>sychiatric Facility<br>bo<br>d the facility have<br>before November 15,<br>olumn 2: Did this fa<br>FR 412.424 (d)(1)(ii<br>i cate which program<br>ty PPS | provider settings.<br>ary care resident<br>3 the ratio of<br>nstructions)<br>Program Code<br>2.00<br>1201711131<br>(IPF), or does it con<br>an approved GME teach<br>2004? Enter "Y" for<br>cility train resident<br>i) (D)? Enter "Y" for<br>year began during thi | Unweighted<br>FTEs<br>Nonprovider<br>Site<br>3.00<br>0.00<br>tain an IPF subj<br>ing program in f<br>yes or "N" for i<br>s in a new teacl<br>yes or "N" for i<br>s cost reporting | Unwei ghted<br>FTEs in<br>Hospi tal<br>21. 15<br>21. 15<br>21. 10<br>1. 00<br>1. 00<br>provi der? N<br>the most<br>no. (see<br>ni ng<br>no. | Ratio (col.<br>3/ (col. 3 +<br>col. 4))<br>5.00<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.000000<br>0.0000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.0000000<br>0.00000000 | 70.   |

|  | eriod:<br>rom 01/01/2020<br>p 12/31/2020 | of Form CMS-<br>Worksheet S-2<br>Part I<br>Date/Time Pre<br>7/29/2021 1:5 | epared:          |
|--|--|---|------------------|
| 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes o no. Column 2: Did this facility train residents in a new teaching program in accordance 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)               | r "N" for<br>with 42<br>,                | 0 2.00 3.00<br>N 0  | 76.00            |
| Long Term Care Hospital PPS  |  | 1.00  |                  |
| <ul> <li>B0.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</li> <li>B1.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting "Y" for yes and "N" for no.</li> <li>TEFRA Providers</li> </ul>  | period? Enter                            | N<br>N  | 80.00<br>81.00   |
| <ul> <li>B5.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes</li> <li>B6.00 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.</li> </ul>   |  | N   | 85.00<br>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.   |  | Ν   | 87.00            |
|  | V  | XI X  | 4                |
| Title V and XIX Services   | 1.00                                     | 2.00  |                  |
| 20. 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<br>full or in part? Enter "Y" for yes or "N" for no in the applicable column.   | Ν  | Y   | 91.00            |
| 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.<br>93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter   | N  | N   | 92.00<br>93.00   |
| "Y" for yes or "N" for no in the applicable column.<br>94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the   | N  | N   | 94.00            |
| applicable column.<br>95.00 If line 94 is "Y", enter the reduction percentage in the applicable column.<br>96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the   | 0. 00<br>N                               | 0. 00<br>N  | 95.00<br>96.00   |
| applicable column.<br>97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.  | 0.00                                     | 0.00  | 97.00            |
| 98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.  | Y  | Y   | 98.00            |
| 28.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst.<br>C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for<br>title XIX.  | Y  | Y   | 98.01            |
| 78.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation<br>bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1<br>for title V, and in column 2 for title XIX.  | Y  | Y   | 98.02            |
| 98.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1   | Ν  | Ν   | 98.03            |
| for title V, and in column 2 for title XIX.<br>98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of<br>outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and<br>in column 2 for title XIX.  | Ν  | Ν   | 98.04            |
| 98.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on<br>Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in<br>column 2 for title XIX.   | Y  | Y   | 98.05            |
| <ul> <li>P8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D,</li> <li>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.</li> <li>Rural Providers</li> </ul>   | Y  | Y   | 98.06            |
| 105.00 Does this hospital qualify as a CAH?<br>106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment  | N<br>N                                   |   | 105.00<br>106.00 |
| for outpatient services? (see instructions)<br>107.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for L&R<br>training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)<br>Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train L&Rs in an<br>approved medical education program in the CAH's excluded LPF and/or LRF unit(s)?<br>Enter "Y" for yes or "N" for no in column 2. (see instructions) | Ν  |   | 107.00           |
| 108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42<br>CFR Section §412.113(c). Enter "Y" for yes or "N" for no.  | Ν  |   | 108.00           |

| OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA  | Provider C  |   | eriod:                         | u of Form CMS<br>Worksheet S- | -2   |
|---|---|---|--------------------------------|-------------------------------|--|
|   |   |   | rom 01/01/2020<br>p 12/31/2020 | Date/Time Pr                  |  |
|   | Physi cal   | Occupati onal   | Speech                         | 7/29/2021 1:<br>Respi ratory  |  |
|   | 1.00  | 2.00  | 3.00                           | 4.00                          |  |
| 9.00 If this hospital qualifies as a CAH or a cost provider, are<br>therapy services provided by outside supplier? Enter "Y"<br>for yes or "N" for no for each therapy.   | N   | N   | N                              | N                             | 109.   |
|   |   |   |                                | 1.00                          | -  |
| D. 00 Did this hospital participate in the Rural Community Hospita<br>Demonstration)for the current cost reporting period? Enter "<br>complete Worksheet E, Part A, lines 200 through 218, and Wor<br>applicable.   | "Y" for yes or  | "N" for no. I   | f yes,                         | N                             | 110.   |
|   |   |   | 1.00                           | 2.00                          | -  |
| 1.00 If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this constrained in the temperature of the FCHIP demonstration for the temperature of the FCHIP demonstration provides and the the temperature of temperat   | ost reporting<br>olumn 1 is Y,<br>rticipating ir  | period? Enter<br>enter the<br>column 2.   | N                              |                               | 111.   |
|   |   | 1.00  | 2.00                           | 3.00                          | -  |
| 2.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital cea participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information   | period?<br>s "Y", enter<br>he   | N   |                                |                               | 112.   |
| .00 Is this an all-inclusive rate provider? Enter "Y" for yes or<br>in column 1. If column 1 is yes, enter the method used (A, E<br>in column 2. If column 2 is "E", enter in column 3 either "9<br>for short term hospital or "98" percent for long term care (<br>psychiatric, rehabilitation and long term hospitals provider  | B, or E only)<br>93" percent<br>(includes   | N   |                                |                               | 0115.  |
| the definition in CMS Pub.15-1, chapter 22, §2208.1.<br>0.00 Is this facility classified as a referral center? Enter "Y"<br>"N" for no.   | for yes or  | Y   |                                |                               | 116.   |
| 7.00 s this facility legally-required to carry malpractice insur<br>"Y" for yes or "N" for no.  |   | Y   |                                |                               | 117.   |
| 3.00 Is the malpractice insurance a claims-made or occurrence policy is claim-made. Enter 2 if the policy is occurr   |   | 1   |                                |                               | 118.   |
|   |   | Premi ums   | Losses                         | Insurance                     |  |
|   |   | 1.00  | 2.00                           | 3.00                          |  |
| .01 List amounts of malpractice premiums and paid losses:   |   | 641, 212  | (                              | )                             | 0118.  |
|   |   |   | 1.00                           | 2.00                          |  |
| 0.02 Are malpractice premiums and paid losses reported in a cost  |   |   |                                |                               |  |
| Administrative and General? If yes, submit supporting scheo<br>and amounts contained therein.   |   |   | N                              |                               |  |
| Administrative and General? If yes, submit supporting sched<br>and amounts contained therein.<br>.00DD NOT USE THIS LINE<br>.00Is this a SCH or EACH that qualifies for the Outpatient Hold<br>§3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that qu<br>Hold Harmless provision in ACA §3121 and applicable amendment  | dule listing o<br>d Harmless pro<br>n column 1, "\<br>ualifies for 1  | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient   |                                | N                             | 119  |
| <ul> <li>Administrative and General? If yes, submit supporting sched<br/>and amounts contained therein.</li> <li>OO DO NOT USE THIS LINE</li> <li>OO Is this a SCH or EACH that qualifies for the Outpatient Hold<br/>\$3121 and applicable amendments? (see instructions) Enter in<br/>"N" for no. Is this a rural hospital with &lt; 100 beds that qu<br/>Hold Harmless provision in ACA \$3121 and applicable amendment<br/>Enter in column 2, "Y" for yes or "N" for no.</li> <li>OO Did this facility incur and report costs for high cost impla<br/>patients? Enter "Y" for yes or "N" for no.</li> </ul>   | dule listing o<br>d Harmless pro<br>n column 1, ")<br>ualifies for 1<br>nts? (see inst<br>antable device  | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>cructions)<br>es charged to  | N<br>N<br>Y                    | N                             | 119<br>120<br>121  |
| <ul> <li>Administrative and General? If yes, submit supporting sched<br/>and amounts contained therein.</li> <li>OD DD NOT USE THIS LINE</li> <li>OO Is this a SCH or EACH that qualifies for the Outpatient Hold<br/>\$3121 and applicable amendments? (see instructions) Enter in<br/>"N" for no. Is this a rural hospital with &lt; 100 beds that qu<br/>Hold Harmless provision in ACA \$3121 and applicable amendment<br/>Enter in column 2, "Y" for yes or "N" for no.</li> <li>OD Did this facility incur and report costs for high cost impla<br/>patients? Enter "Y" for yes or "N" for no.</li> <li>OD Does the cost report contain heal thcare related taxes as def<br/>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br/>the Worksheet A line number where these taxes are included.</li> </ul>  | dule listing of<br>d Harmless pro<br>n column 1, "`<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903   | cost centers<br>ovision in ACA<br>" for yes or<br>the Outpatient<br>cructions)<br>es charged to<br>3(w)(3) of the   | N                              |                               | 119<br>120   |
| Administrative and General? If yes, submit supporting sched<br>and amounts contained therein.<br>000 DO NOT USE THIS LINE<br>00 Is this a SCH or EACH that qualifies for the Outpatient Hold<br>\$3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that qu<br>Hold Harmless provision in ACA \$3121 and applicable amendment<br>Enter in column 2, "Y" for yes or "N" for no.<br>00 Did this facility incur and report costs for high cost implat<br>patients? Enter "Y" for yes or "N" for no.<br>00 Does the cost report contain healthcare related taxes as def<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br>the Worksheet A line number where these taxes are included.<br>Transplant Center Information<br>00 Does this facility operate a transplant center? Enter "Y" for   | dule listing of<br>d Harmless pro<br>n column 1, ")<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903<br>1 is "Y", ente   | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>rructions)<br>es charged to<br>B(w)(3) of the<br>er in column 2  | N<br>N<br>Y                    | N                             | 119<br>120<br>121<br>122   |
| Administrative and General? If yes, submit supporting sched<br>and amounts contained therein.<br>.00 DO NOT USE THIS LINE<br>.00 Is this a SCH or EACH that qualifies for the Outpatient Hold<br>§3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that qu<br>Hold Harmless provision in ACA §3121 and applicable amendment<br>Enter in column 2, "Y" for yes or "N" for no.<br>.00 Did this facility incur and report costs for high cost implat<br>patients? Enter "Y" for yes or "N" for no.<br>.00 Does the cost report contain healthcare related taxes as def<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br>the Worksheet A line number where these taxes are included.<br>Transplant Center Information<br>.00 Does this facility operate a transplant center? Enter "Y" for<br>yes, enter certification date(s) (mm/dd/yyyy) below.   | dule listing of<br>d Harmless pro<br>n column 1, "`<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903<br>1 is "Y", ente<br>or yes and "N'<br>nter the certi   | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>rructions)<br>es charged to<br>B(w)(3) of the<br>er in column 2<br>for no. If  | N<br>N<br>Y<br>Y               | N                             | 119<br>120<br>121<br>122<br>125                                    |
| <ul> <li>Administrative and General? If yes, submit supporting sched<br/>and amounts contained therein.</li> <li>ODD NOT USE THIS LINE</li> <li>OO Is this a SCH or EACH that qualifies for the Outpatient Hold<br/>§3121 and applicable amendments? (see instructions) Enter in<br/>"N" for no. Is this a rural hospital with &lt; 100 beds that qu<br/>Hold Harmless provision in ACA §3121 and applicable amendmer<br/>Enter in column 2, "Y" for yes or "N" for no.</li> <li>OD Did this facility incur and report costs for high cost implation<br/>patients? Enter "Y" for yes or "N" for no.</li> <li>OD Does the cost report contain heal thcare related taxes as def<br/>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br/>the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>OD Does this facility operate a transplant center? Enter "Y" for<br/>yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>OO If this is a Medicare certified kidney transplant center, ent<br/>in column 1 and termination date, if applicable, in column 2</li> </ul>   | dule listing of<br>d Harmless pro<br>n column 1, "Y<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903<br>1 is "Y", ente<br>or yes and "N"<br>nter the certit<br>2.<br>ter the certit<br>2.  | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>cructions)<br>es charged to<br>B(w)(3) of the<br>er in column 2<br>for no. If<br>fication date<br>fication date                                  | N<br>N<br>Y<br>Y               | N                             | 119<br>120<br>121<br>122<br>125<br>126<br>127                      |
| <ul> <li>Administrative and General? If yes, submit supporting sched<br/>and amounts contained therein.</li> <li>ODD NOT USE THIS LINE</li> <li>OO Is this a SCH or EACH that qualifies for the Outpatient Hold<br/>§3121 and applicable amendments? (see instructions) Enter in<br/>"N" for no. Is this a rural hospital with &lt; 100 beds that qu<br/>Hold Harmless provision in ACA §3121 and applicable amendmer<br/>Enter in column 2, "Y" for yes or "N" for no.</li> <li>OD Did this facility incur and report costs for high cost implation<br/>patients? Enter "Y" for yes or "N" for no.</li> <li>OD Does the cost report contain heal thcare related taxes as def<br/>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br/>the Worksheet A line number where these taxes are included.<br/>Transplant Center Information</li> <li>OD Does this facility operate a transplant center? Enter "Y" for<br/>yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>OO If this is a Medicare certified kidney transplant center, ent<br/>in column 1 and termination date, if applicable, in column 2</li> </ul>   | dule listing of<br>d Harmless pro<br>n column 1, ")<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903<br>1 is "Y", ente<br>or yes and "N'<br>nter the certif<br>2.<br>ter the certif<br>2.<br>ter the certif  | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>cructions)<br>es charged to<br>B(w)(3) of the<br>er in column 2<br>for no. If<br>fication date<br>fication date                                  | N<br>N<br>Y<br>Y               | N                             | 119<br>120<br>121<br>122<br>125<br>126<br>127<br>128               |
| Administrative and General? If yes, submit supporting sched<br>and amounts contained therein.<br>2000 D0 NOT USE THIS LINE<br>5000 Is this a SCH or EACH that qualifies for the Outpatient Hold<br>§3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that qu<br>Hold Harmless provision in ACA §3121 and applicable amendment<br>Enter in column 2, "Y" for yes or "N" for no.<br>1000 Did this facility incur and report costs for high cost implation<br>patients? Enter "Y" for yes or "N" for no.<br>2000 Does the cost report contain heal thcare related taxes as def<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br>the Worksheet A line number where these taxes are included.<br>Transplant Center Information<br>5.000 Does this facility operate a transplant center? Enter "Y" for<br>yes, enter certification date(s) (mm/dd/yyyy) below.<br>5.001 f this is a Medicare certified kidney transplant center, ent<br>in column 1 and termination date, if applicable, in column 2<br>and termination date, if applicable, in column 2<br>and the in a decision date, if applicable, in column 2<br>and this is a Medicare certified liver transplant center, ent<br>in column 1 and termination date, if applicable, in column 2<br>and this is a Medicare certified liver transplant center, ent<br>in column 1 and termination date, if applicable, in column 2<br>and the in column 1 and termination date, if applicable, in column 2<br>and the in column 1 and termination date, if applicable, in column 2<br>and termination date, if applicable, in column 2 | dule listing of<br>d Harmless prod<br>n column 1, "Y<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1900<br>1 is "Y", ente<br>or yes and "N"<br>nter the certif<br>2.<br>ter the certif<br>2.<br>er the certifi   | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>cructions)<br>es charged to<br>8(w)(3) of the<br>er in column 2<br>for no. If<br>fication date<br>fication date<br>cation date in                | N<br>N<br>Y<br>Y               | N                             | 118<br>119<br>120<br>121<br>122<br>125<br>126<br>127<br>128<br>129 |
| Administrative and General? If yes, submit supporting sched<br>and amounts contained therein.<br>2000 D0 NOT USE THIS LINE<br>50.00 Is this a SCH or EACH that qualifies for the Outpatient Hold<br>§3121 and applicable amendments? (see instructions) Enter in<br>"N" for no. Is this a rural hospital with < 100 beds that qu<br>Hold Harmless provision in ACA §3121 and applicable amendmer<br>Enter in column 2, "Y" for yes or "N" for no.<br>1.00 Did this facility incur and report costs for high cost impla<br>patients? Enter "Y" for yes or "N" for no.<br>2.00 Does the cost report contain heal thcare related taxes as def<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1<br>the Worksheet A line number where these taxes are included.<br>Transplant Center Information<br>5.00 Does this facility operate a transplant center? Enter "Y" for<br>yes, enter certification date(s) (mm/dd/yyyy) below.<br>5.00 If this is a Medicare certified heart transplant center, en<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified heart transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2<br>0.00 If this is a Medicare certified liver transplant center, end<br>in column 1 and termination date, if applicable, in column 2   | dule listing of<br>d Harmless pro<br>n column 1, "Y<br>ualifies for 1<br>nts? (see inst<br>antable device<br>fined in §1903<br>1 is "Y", ente<br>or yes and "N"<br>nter the certif<br>2.<br>ter the certif<br>2.<br>ter the certif<br>enter the certifi<br>enter the certifi<br>enter the certifi | cost centers<br>ovision in ACA<br>(" for yes or<br>the Outpatient<br>cructions)<br>es charged to<br>8(w)(3) of the<br>er in column 2<br>(for no. If<br>fication date<br>fication date<br>cation date in<br>tification | N<br>N<br>Y<br>Y               | N                             | 119<br>120<br>121<br>122<br>125<br>126<br>127<br>128               |

| SPETTAL AND HOSPITAL HEALTH CARE COMPL   | EX IDENTIFICATION DATA   | Provi der CC   | CN: 15-0023   |                         | /01/2020<br>2/31/2020  | Worksheet S-2<br>Part I<br>Date/Time Pro<br>7/29/2021 1:1   | epared:  |
|--|--|--|---|-------------------------|--|---|--|
|  |  |  |   |                         | 1.00   | 2.00  | -  |
| 32.00  f this is a Medicare certified i  |  |  | ïcation dat   |                         |  |   | 132.00   |
| in column 1 and termination date,  | if applicable, in col  | umn 2.   |   |                         |  |   | 100.00   |
| 33.00Removed and reserved<br>34.00If this is an organ procurement c  | pragnization (APA) ent   | er the OPO number  | in column 1   |                         |  |   | 133.00   |
| and termination date, if applicat  |  |  |   |                         |  |   | 134.0  |
| All Providers  |  |  |   |                         |  |   |  |
| 40.00 Are there any related organizatic<br>chapter 10? Enter "Y" for yes or<br>are claimed, enter in column 2 th   | "N" for no in column 1   | . If yes, and home   | office cos  | ts                      | Y  | 15H043  | 140.0  |
| 1.00   |  | 2.00   |   |                         | 3.00   |   |  |
| If this facility is part of a cha  |  |  | ough 143 the  | e name and              | d address  | of the home   |  |
| office and enter the home office<br>41.00Name: UNION HOSPITAL, INC.  |  | ontractor number.<br>e:WISCONSIN PHYSIC  | LANSCORTER  | tor's Nur               | mbor: 0910   | 1   | 141 0  |
| T. OUNAME: UNION HOSPITAL, INC.  |  | SERVICES   | TANSCONTRAC   | tor S Nur               |  | 1   | 141.0  |
| 12.00Street: 1606 NORTH SEVENTH ST   | PO Box:  | SERVICES   |   |                         |  |   | 142.0  |
| 43.00 City: TERRE HAUTE  | State:   | IN   | Zip Cod   | e:                      | 4780   | 4   | 143.0  |
|  |  |  |   |                         | -  | 1 00  | -  |
| 14.00 Are provider based physicians' cc  | sts included in Worksh   | leet A?  |   |                         |  | 1.00<br>Y   | 144.0  |
|  |  |  |   |                         |  | •   | 1 7 7. 00  |
|  |  |  |   |                         | 1.00   | 2.00  |  |
| 45.00 If costs for renal services are c  |  |  |   |                         |  |   | 145.0  |
| inpatient services only? Enter "Y<br>no, does the dialysis facility ir   |  |  |   |                         |  |   |  |
| period? Enter "Y" for yes or "N"   |  |  | reporting   |                         |  |   |  |
| 46.00 Has the cost allocation methodolo  | gy changed from the pr   |  |   |                         | N  |   | 146.0  |
| Enter "Y" for yes or "N" for no i  |  | Pub. 15-2, chapter   | 40, §4020)  | lf                      |  |   |  |
| yes, enter the approval date (mm/  | dd (anal) in column 2  |  |   |                         |  |   |  |
| <u>II </u>   | uu/yyyy) TH corullit 2.  |  |   |                         |  |   |  |
|  |  |  |   |                         |  | 1 00  | -  |
| 17.00Was there a change in the statist   |  | for yes or "N" for   | no.   | I                       |  | 1.00<br>N   | 147.00   |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order c   | ical basis? Enter "Y"<br>f allocation? Enter "Y  | " for yes or "N" f   | õr no.  |                         |  | N<br>N  | 148.00   |
| 47.00Was there a change in the statist   | ical basis? Enter "Y"<br>f allocation? Enter "Y  | " for yes or "N" f<br>d? Enter "Y" for y   | òr no.<br><u>es or "N" f</u>  |                         |  | N<br>N<br>N   |  |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order c   | ical basis? Enter "Y"<br>f allocation? Enter "Y  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A   | òr no.<br>es or "N" f<br>Part B   | Ti                      | tle V<br>3.00  | N<br>N<br>Title XIX   | 148.0  |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order c   | ical basis? Enter "Y"<br>if allocation? Enter "Y<br>ied cost finding metho   | /" for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00  | for no.<br>res or "N" f<br>Part B<br>2.00   | Ti                      | 3. 00  | N<br>N<br>Title XIX<br>4.00   | 148.0  |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order of<br>49.00Was there a change to the simplif<br>Does this facility contain a prov<br>or charges? Enter "Y" for yes or   | ical basis? Enter "Y"<br>of allocation? Enter "Y<br>ied cost finding metho<br>vider that qualifies fo  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>or an exemption fro  | or no.<br>es or "N" f<br>Part B<br>2.00<br>om the appli<br>and Part E   | cation of               | 3.00<br>f the low<br>2 CFR §41:  | N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)   | 148. 0<br>149. 0   |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order of<br>49.00Was there a change to the simplif<br>Does this facility contain a prov<br>or charges? Enter "Y" for yes or<br>55.00Hospital  | ical basis? Enter "Y"<br>of allocation? Enter "Y<br>ied cost finding metho<br>vider that qualifies fo  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>or an exemption fro<br>pmponent for Part A<br>N  | For no.<br>The sor "N" f<br>Part B<br>2.00<br>The applic<br>and Part B<br>N   | cation of               | 3.00<br>f the low<br>2 CFR §41<br>N  | N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N  | 148. 0<br>149. 0<br>   |
| 47.00Was there a change in the statist<br>48.00Was there a change in the order of<br>49.00Was there a change to the simplif<br>Does this facility contain a prov<br>or charges? Enter "Y" for yes or<br>55.00Hospital<br>56.00Subprovider - IPF  | ical basis? Enter "Y"<br>of allocation? Enter "Y<br>ied cost finding metho<br>vider that qualifies fo  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>or an exemption fro<br>mponent for Part A<br>N   | For no.<br>The sor "N" f<br>Part B<br>2.00<br>om the appli<br>and Part B<br>N<br>N  | cation of               | 3.00<br>f the lowe<br>2 CFR §41:<br>N<br>N   | N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N<br>N   | 148.0<br>149.0<br>-<br>155.0<br>156.0  |
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| 47.00Was there a change in the statist<br>48.00Was there a change in the order of<br>49.00Was there a change to the simplif<br>Does this facility contain a prov<br>or charges? Enter "Y" for yes or<br>55.00Hospital<br>56.00Subprovider - IPF  | ical basis? Enter "Y"<br>of allocation? Enter "Y<br>ied cost finding metho<br>vider that qualifies fo  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>or an exemption fro<br>mponent for Part A<br>N   | For no.<br>The sor "N" f<br>Part B<br>2.00<br>om the appli<br>and Part B<br>N<br>N  | cation of               | 3.00<br>f the lowe<br>2 CFR §41:<br>N<br>N   | N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N<br>N   | 148.00<br>149.00<br>155.00<br>156.00<br>157.00<br>158.00   |
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| <ul> <li>47. 00 Was there a change in the statist</li> <li>48. 00 Was there a change in the order of the the order of the the order of the order of the the order of the the order of the order of the the order of t</li></ul> | ical basis? Enter "Y"<br>of allocation? Enter "Y"<br>ied cost finding metho<br>vider that qualifies for<br>"N" for no for each co<br>"N" for no for each co  | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>or an exemption from<br>mponent for Part A<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N            | or no.<br>es or "N" f<br>Part B<br>2.00<br>m the appli<br>and Part E<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | ferent CE               | 3.00<br>f the lowe<br>2 CFR §41:<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>SSAS?<br>CBSA<br>4.00     | N<br>N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | 148.00<br>149.00<br>155.00<br>156.00<br>157.00<br>158.00<br>159.00<br>160.00<br>161.00<br>165.00<br>0 166.00<br>0 166.00 |
| <ul> <li>47. 00 Was there a change in the statist at the the order of the the there a change in the order of the the there a change to the simplify the the order of the the there a change to the simplify the the there a change to the simplify the there are are are as a change to the simplify the there are an area and the there are an area and the there are an area area and the there are an area area area and the there are an area area. The there are an area area area area area and the there are an area area and the there are an area area. The there are area area area area area area a</li></ul>   | ical basis? Enter "Y"<br>if allocation? Enter "Y"<br>ied cost finding metho<br>ider that qualifies for<br>"N" for no for each co<br>"N" for no for each co<br>ampus hospital that ha<br>Name<br>0<br>T) incentive in the Am<br>r under §1886(n)? Ent<br>05 is "Y") and is a me   | " for yes or "N" f<br>d? Enter "Y" for y<br>Part A<br>1.00<br>mponent for Part A<br>N<br>N<br>N<br>N<br>N<br>Some or more camp<br>County<br>1.00                                     | or no.<br>es or "N" f<br>Part B<br>2.00<br>m the appli<br>and Part E<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | ferent CE               | 3.00<br>f the lowe<br>2 CFR §41:<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>SSAS?<br>CBSA<br>4.00     | N<br>N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | 148.00   |
| <ul> <li>47. 00 Was there a change in the statist</li> <li>48. 00 Was there a change in the order of the the order of the the order of the order of the the order of the the order of the order of the the order of t</li></ul> | ical basis? Enter "Y"<br>if allocation? Enter "Y"<br>ied cost finding metho<br>vider that qualifies for<br>"N" for no for each co<br>"N" for no for each | <pre>//" for yes or "N" f // for yes or "N" f // Part A // 1.00 // Dr an exemption fro // mponent for Part A // N //</pre>                             | or no.<br>es or "N" f<br>Part B<br>2.00<br>m the appli<br>and Part E<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | ferent CE               | 3.00<br>f the lowe<br>2 CFR §41:<br>N<br>N<br>N<br>N<br>3SAS?<br>CBSA<br>4.00<br>-<br>-<br>- the | N<br>N<br>N<br>Title XIX<br>4.00<br>er of costs<br>3.13)<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | 148.0<br>149.0<br>155.0<br>156.0<br>157.0<br>157.0<br>159.0<br>160.0<br>161.0<br>165.0<br>165.0<br>0<br>165.0            |

| Health Financial Systems  | UNI ON HOSPI TAI  | L, INC.                   | In Lie          | u of Form CMS- | 2552-10 |
|---|---|---------------------------|-----------------|----------------|---------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I                                   | SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0023 |                           |                 |                |         |
|   |   |                           | From 01/01/2020 |                |         |
|   |   |                           | To 12/31/2020   | Date/Time Pr   |         |
|   |   |                           |                 | 7/29/2021 1:   |         |
|   |   |                           | Begi nni ng     | Endi ng        |         |
|   |   |                           | 1.00            | 2.00           |         |
| 170.00 Enter in columns 1 and 2 the EHR begi period respectively (mm/dd/yyyy) | nning date and ending da  | te for the reporting      |                 |                | 170.00  |
|   |   |                           |                 |                |         |
|   |   |                           | 1.00            | 2.00           | 1       |
| 171.00 If line 167 is "Y", does this provide                                  | r have any days for indi  | viduals enrolled in       | N               |                | 0171.00 |
| section 1876 Medicare cost plans repo   | rted on Wkst. S-3, Pt. I  | , line 2, col. 6? Enter   |                 |                |         |
| "Y" for yes and "N" for no in column  | 1 lf column 1 is ves e  | nter the number of sectio | n               |                |         |
| 1876 Medicare days in column 2. (see  |   |                           |                 |                |         |
| To the medical clarge days the condition 2. (See                              | 11311 4011 013)   |                           | 1               | 1              | 1       |

| OSPI T | Financial Systems UNION HOSPIT<br>AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE  | Provider C                               | CN: 15-0023              | Period:<br>From 01/01/2020<br>To 12/31/2020 |           | S-2<br>Prepare |
|--------|--|--|--------------------------|---|-----------|----------------|
|        |  |  |                          | Y/N   | Date      | 1.00 pm        |
|        |  |  |                          | 1.00  | 2.00      |                |
|        | General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format.   | for all NO r                             | esponses. En             | ter all dates in                            | the       |                |
|        | COMPLETED BY ALL HOSPITALS   |  |                          |   |           |                |
|        | Provider Organization and Operation  |  |                          |   |           |                |
| . 00   | Has the provider changed ownership immediately prior to the  | beginning of                             | the cost                 | N   |           | 1.             |
|        | reporting period? If yes, enter the date of the change in c  | olumn 2. (see                            | instruction<br>Y/N       |   | V/I       |                |
|        |  |  | 1.00                     | <br>2.00                                    | 3.00      |                |
| . 00   | Has the provider terminated participation in the Medicare P<br>yes, enter in column 2 the date of termination and in colum<br>voluntary or "1" for involuntary.  |  | N                        | 2.00  | 0.00      | 2.             |
| . 00   | Is the provider involved in business transactions, includin<br>contracts, with individuals or entities (e.g., chain home o<br>or medical supply companies) that are related to the provid<br>officers, medical staff, management personnel, or members o<br>of directors through ownership, control, or family and othe<br>relationships? (see instructions) | ffices, drug<br>er or its<br>f the board | Y                        |   |           | 3.             |
|        |  |  | Y/N                      | Туре  | Date      |                |
|        |  |  | 1.00                     | 2.00  | 3.00      |                |
| . 00   | Financial Data and Reports<br>Column 1: Were the financial statements prepared by a Cert<br>Accountant? Column 2: If yes, enter "A" for Audited, "C" f<br>or "R" for Reviewed. Submit complete copy or enter date ava<br>column 3. (see instructions) If no, see instructions.<br>Are the cost report total expenses and total revenues diffe                | or Compiled,<br>ilable in                | Y                        | A   |           | 4.             |
| . 00   | those on the filed financial statements? If yes, submit rec  |  | IN IN                    |   |           | 5.             |
|        |  |  | •                        | Y/N   | Legal Ope | r.             |
|        |  |  |                          | 1.00  | 2.00      |                |
| 00     | Approved Educational Activities<br>Column 1: Are costs claimed for nursing school? Column 2:   | lf waa in t                              | ha providar              | is N  |           |                |
| . 00   | the legal operator of the program?   | TT yes, TS t                             |                          | 15 1  |           | 6.             |
| . 00   | Are costs claimed for Allied Health Programs? If "Y" see in  | structions.                              |                          | Y   |           | 7.             |
| . 00   | Were nursing school and/or allied health programs approved   | and/or renewe                            | d during the             | N   |           | 8.             |
| . 00   | cost reporting period? If yes, see instructions.<br>Are costs claimed for Interns and Residents in an approved   | araduata modi                            |                          | n Y   |           | 9.             |
| . 00   | program in the current cost report? If yes, see instruction  |  |                          | II T  |           | 9.             |
| D. 00  | Was an approved Intern and Resident GME program initiated o  |  | the current              | N   |           | 10.            |
| 1.00   | cost reporting period? If yes, see instructions.<br>Are GME cost directly assigned to cost centers other than I<br>Teaching Program on Worksheet A? If yes, see instructions.  | & R in an Ap                             | proved                   | N   |           | 11.            |
|        |  |  |                          |   | Y/N       |                |
|        |  |  |                          |   | 1.00      |                |
| 2 00   | Bad Debts  | ana instrus                              | tiono                    |   | Y         | 12             |
|        | Is the provider seeking reimbursement for bad debts? If yes<br>If line 12 is yes, did the provider's bad debt collection p<br>period? If yes, submit copy.   |  |                          | cost reporting                              | N         | 12             |
| 4.00   |  | nts waived? I                            | f yes, see i             | nstructions.                                | N         | 14             |
| 5 00   | Bed Complement<br>Did total beds available change from the prior cost reporti  | ng period? If                            | Ves see in               | structions                                  | N         | 15             |
| 5.00   | The cotal boas available change from the prior cost report   | <u><u>v</u> 1</u>                        | <u>yes, see m</u><br>t A | Par   |           | 10.            |
|        |  | Y/N                                      | Date                     | Y/N   | Date      |                |
|        |  | 1.00                                     | 2.00                     | 3.00  | 4.00      |                |
| 6.00   | PS&R Data<br>Was the cost report prepared using the PS&R Report onLy?  | Y  | 04/28/2021               | Y   | 04/28/202 | 21 16.         |
| 5.00   | If either column 1 or 3 is yes, enter the paid-through<br>date of the PS&R Report used in columns 2 and 4 . (see<br>instructions)  | I  | 0472072021               |   | 047207202 | .1 10.         |
| 7.00   | Was the cost report prepared using the PS&R Report for<br>totals and the provider's records for allocation? If<br>either column 1 or 3 is yes, enter the paid-through date<br>in columns 2 and 4. (see instructions)   | Ν  |                          | N   |           | 17.            |
| 8.00   | in columns 2 and 4. (see instructions)<br>If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for additional claims that have been billed<br>but are not included on the PS&R Report used to file this   | Ν  |                          | Ν   |           | 18.            |
|        | cost report? If yes, see instructions.   |  |                          | N   |           | 19.            |

| HOSPITAL AND HOSPITAL HEAL                | TH CARE REIMBURSEMENT QUESTIONNAIRE   | Provi der C      | CN: 15-0023   | Period:<br>From 01/01/2020<br>To 12/31/2020 |          | Prepared: |
|---|---|------------------|---------------|---|----------|-----------|
|   |   | Descr            | iption        | Y/N   | Y/N      |           |
|   |   |                  | 0             | 1.00  | 3.00     |           |
|   | yes, were adjustments made to PS&R<br>er? Describe the other adjustments:       |                  |               | Ν   | Ν        | 20.00     |
|   |   | Y/N              | Date          | Y/N   | Date     |           |
|   |   | 1.00             | 2.00          | 3.00  | 4.00     | 01.00     |
| records? If yes, se                       | prepared only using the provider's<br>e instructions.                           | N                |               | N   |          | 21.00     |
|   |   |                  |               | -   | 1.00     |           |
| COMPLETED BY COST R                       | EIMBURSED AND TEFRA HOSPITALS ONLY (E)  | XCEPT CHI LDRENS | HOSPI TALS)   |   |          |           |
| Capital Related Cos                       |   |                  |               |   |          |           |
|   | lifed for Medicare purposes? If yes, s  |                  |               |   | N        | 22.00     |
|   | ed in the Medicare depreciation expens  | se due to apprai | sals made du  | ring the cost                               | N        | 23.00     |
|   | f yes, see instructions.<br>/or amendments to existing leases enter<br>i one    | ered into during | this cost r   | eporting period?                            | Ν        | 24.00     |
| <b>3</b>                                  | capitalized leases entered into duri  | ng the cost repo | rting period  | 2 If ves see                                | Ν        | 25.00     |
| i nstructi ons.                           |   | 5 1001 i opo     |               | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |          |           |
|   | to Sec. 2314 of DEFRA acquired during   | the cost report  | ing period?   | lf yes, see                                 | Ν        | 26.00     |
| instructions.<br>27.00 Has the provider's | capitalization policy changed during  | the cost reporti | na nori od? I | f voc cubmit                                | N        | 27.00     |
| copy.                                     | capitalization poincy changed during  | the cost report  | ng periou? i  | i yes, subili t                             | IN IN    | 27.00     |
| Interest Expense                          |   |                  |               | 1   |          |           |
|   | tgage agreements or letters of credit   | entered into du  | ring the cos  | t reporting                                 | Ν        | 28.00     |
| period? If yes, see                       |   | an band funda (D | abt Corridoo  | December Fund)                              | N        | 20.00     |
|   | ve a funded depreciation account and/o<br>depreciation account? If yes, see in: |                  | ebt Service   | Reserve Fund)                               | N        | 29.00     |
|   | een replaced prior to its scheduled ma  |                  | debt? If ye   | s, see                                      | Ν        | 30.00     |
| instructions.                             |   |                  |               |   |          |           |
|   | led before scheduled maturity without   | issuance of new  | debt? If ye   | s, see                                      | Ν        | 31.00     |
| instructions.<br>Purchased Services       |   |                  |               |   |          | _         |
|   | agreements occurred in patient care s   | services furnish | ed through c  | ontractual                                  | N        | 32.00     |
|   | uppliers of services? If yes, see ins   |                  | ou in ough o  | oneraotaar                                  |          | 02.00     |
| 33.00 If line 32 is yes,                  | were the requirements of Sec. 2135.2 a  |                  | ng to compet  | itive bidding? If                           | N        | 33.00     |
| no, see instruction                       |   |                  |               |   |          | _         |
| Provi der-Based Phys                      | clans<br>hed at the provider facility under an                                  | arrangement wit  | h providor b  | acod physicians?                            | N        | 34.0      |
| If yes, see instruc                       |   | arrangement wit  |               | aseu priysi ci alis?                        | IN       | 34.00     |
|   | were there new agreements or amended (  | existing agreeme | nts with the  | provider-based                              | Ν        | 35.00     |
| physicians during t                       | he cost reporting period? If yes, see   | instructions.    |               |   |          |           |
|   |   |                  |               | Y/N   | Date     |           |
| Home Office Costs                         |   |                  |               | 1.00  | 2.00     |           |
|   | sts claimed on the cost report?   |                  |               | Y   |          | 36.0      |
|   | has a home office cost statement been   | prepared by the  | home office   |   |          | 37.0      |
| If yes, see instruc                       | ti ons.   |                  |               |   |          |           |
|   | was the fiscal year end of the home of  |                  |               | of N  |          | 38.0      |
|   | s, enter in column 2 the fiscal year (<br>did the provider render services to o |                  |               | es, N                                       |          | 39.0      |
| see instructions.                         | and the provider render services to o   |                  | nents: ii ye  | 5, N  |          | 37.00     |
|   | did the provider render services to tl  | he home office?  | lf yes, see   | e N   |          | 40.0      |
| instructions.                             |   |                  |               |   |          |           |
|   |   | 1                | 00            | 2.  | 00       |           |
| Cost Report Prepare                       | Contact Information   | 1.               | 00            | 2.  |          |           |
|   | e, last name and the title/position   | CAROLYN          |               | CHAPLI N                                    |          | 41.0      |
| held by the cost re                       | port preparer in columns 1, 2, and 3,   |                  |               |   |          |           |
| respectively.                             |   |                  | 0             |   |          |           |
|   |   |                  | 1             | 1   |          | 42.00     |
| 42.00 Enter the employer/                 | company name of the cost report   | BLUE & CO., LL   | -0            |   |          | 12.0      |
| 42.00 Enter the employer/<br>preparer.    | number and email address of the cost  |                  |               | CCHAPLI N@BLUEA                             | NDCO COM | 43.0      |

| Health Financial Systems                             | UNI ON HOSPI | TAL, INC.       | In Lieu                          | In Lieu of Form CMS-2552-10    |                 |  |  |
|--|--------------|-----------------|----------------------------------|--------------------------------|-----------------|--|--|
| HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUES | STI ONNAI RE | Provider CCN:   | Period:                          | Worksheet S-2                  | 2               |  |  |
|  |              |                 | From 01/01/2020<br>Fo 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 | epared:<br>8 pm |  |  |
|  |              |                 |                                  |                                |                 |  |  |
|  |              | 3.00            |                                  |                                |                 |  |  |
| Cost Report Preparer Contact Information             |              |                 |                                  |                                |                 |  |  |
| 41.00 Enter the first name, last name and the title  | /position    | SENI OR MANAGER |                                  |                                | 41.00           |  |  |
| held by the cost report preparer in columns 1        | , 2, and 3,  |                 |                                  |                                |                 |  |  |
| respectively.  |              |                 |                                  |                                |                 |  |  |
| 42.00 Enter the employer/company name of the cost r  | eport        |                 |                                  |                                | 42.00           |  |  |
| preparer.  |              |                 |                                  |                                |                 |  |  |
| 43.00 Enter the telephone number and email address   | of the cost  |                 |                                  |                                | 43.00           |  |  |
| report preparer in columns 1 and 2, respectiv        | el y.        |                 |                                  |                                |                 |  |  |

|                | Financial Systems   | UNI ON HOSPI |             | N. 15 0000   |                            | u of Form CMS-2         |                |
|----------------|---|--------------|-------------|--------------|----------------------------|-------------------------|----------------|
| HUSPIT         | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA      | Provider C  | JN: 15-0023  | Period:<br>From 01/01/2020 | Worksheet S-3<br>Part I |                |
|                |   |              |             |              | To 12/31/2020              |                         |                |
|                |   |              |             |              |                            | I/P Days /              |                |
|                |   |              |             |              |                            | 0/P Visits /            |                |
|                |   |              |             |              |                            | Trips                   |                |
|                | Component   | Worksheet A  | No. of Beds | Bed Days     | CAH Hours                  | Title V                 |                |
|                |   | Line Number  |             | Avai I abl e |                            |                         |                |
|                |   | 1.00         | 2.00        | 3.00         | 4.00                       | 5.00                    |                |
| 1.00           | Hospital Adults & Peds. (columns 5, 6, 7 and  | 30.00        | 203         | 74, 29       | 98 0.00                    | 0                       | 1.00           |
|                | 8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2 |              |             |              |                            |                         |                |
|                | for the portion of LDP room available beds)   |              |             |              |                            |                         |                |
| 2.00           | HMO and other (see instructions)  |              |             |              |                            |                         | 2.00           |
| 3.00           | HMO I PF Subprovi der   |              |             |              |                            |                         | 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   |              | 203         | 74, 29       | 98 0.00                    | 0                       | 7.00           |
|                | beds) (see instructions)  |              |             |              |                            |                         |                |
| 8.00           | INTENSIVE CARE UNIT   | 31.00        | 24          | 8, 78        | 34 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  | 05.00        |             |              |                            |                         | 11.00          |
| 12.00          |   | 35.00        | 15          | 5, 49        | 0.00                       | 0                       | 12.00          |
| 13.00          | NURSERY   | 43.00        | 242         | 00 5         |                            | 0                       | 13.00          |
| 14.00<br>15.00 | Total (see instructions)<br>CAH visits  |              | 242         | 88, 57       | 0.00                       | 0                       | 14.00<br>15.00 |
| 16.00          | SUBPROVIDER - IPF   |              |             |              |                            | 0                       | 16.00          |
| 17.00          | SUBPROVIDER - IRF   | 41.00        | 15          | 5, 49        | 20                         | 0                       | 17.00          |
| 18.00          | SUBPROVI DER  | 41.00        | 15          | 5, 4         |                            | 0                       | 18.00          |
| 19.00          | SKILLED NURSING FACILITY  |              |             |              |                            |                         | 19.00          |
| 20.00          | NURSI NG FACI LI TY   |              |             |              |                            |                         | 20.00          |
| 21.00          | OTHER LONG TERM CARE  |              |             |              |                            |                         | 21.00          |
| 22.00          | HOME HEALTH AGENCY  |              |             |              |                            |                         | 22.00          |
| 23.00          | AMBULATORY SURGICAL CENTER (D. P.)  |              |             |              |                            |                         | 23.00          |
| 24.00          | HOSPI CE  |              |             |              |                            |                         | 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)  |              | 257         |              |                            | _                       | 27.00          |
| 28.00          | Observation Bed Days  |              |             |              |                            | 0                       | 28.00          |
| 29.00          | Ambul ance Trips  |              |             |              |                            |                         | 29.00          |
| 30.00          | Employee discount days (see instruction)  |              |             |              |                            |                         | 30.00          |
| 31.00<br>32.00 | Employee discount days - IRF<br>Labor & delivery days (see instructions)              |              | 0           |              | 0                          |                         | 31.00<br>32.00 |
| 32.00          | Total ancillary labor & delivery room   |              | 0           |              | U I                        |                         | 32.00          |
| 52.01          | outpatient days (see instructions)  |              |             |              |                            |                         | 52.01          |
| 33.00          | LTCH non-covered days   |              |             |              |                            |                         | 33.00          |
|                | LTCH site neutral days and discharges   |              |             |              |                            |                         | 33.01          |

| HOSPI          | FAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA     | Provider CC  | F                     | eriod:<br>rom 01/01/2020<br>o 12/31/2020 |                         | epared: |
|----------------|--|-------------|--------------|-----------------------|--|-------------------------|---------|
|                |  | I/P Days    | / O/P Visits | / Trips               | Full Time E                              | Equi val ents           |         |
|                | Component  | Title XVIII | Title XIX    | Total All<br>Patients | Total Interns<br>& Residents             | Employees On<br>Payroll |         |
|                |  | 6.00        | 7.00         | 8.00                  | 9.00                                     | 10.00                   |         |
| 1.00           | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days) (see instructions for col. 2 | 21, 574     | 1, 266       | 47, 467               |  |                         | 1.00    |
| 2.00<br>3.00   | for the portion of LDP room available beds)<br>HMO and other (see instructions)<br>HMO IPF Subprovider                                 | 8, 088<br>0 | 12, 617<br>0 |                       |  |                         | 2.0     |
| 4.00           | HMO IRF Subprovider  | o           | 554          |                       |  |                         | 4.0     |
| 5.00           | Hospital Adults & Peds. Swing Bed SNF  | Ō           | 0            | 0                     |  |                         | 5.0     |
| 6.00           | Hospital Adults & Peds. Swing Bed NF   |             | 0            | 0                     |  |                         | 6.0     |
| 7.00           | Total Adults and Peds. (exclude observation beds) (see instructions)   | 21, 574     | 1, 266       | 47, 467               |  |                         | 7.0     |
| 8.00           | INTENSIVE CARE UNIT  | 3, 351      | 0            | 7,699                 |  |                         | 8.0     |
| 9.00           | CORONARY CARE UNIT   |             |              |                       |  |                         | 9.0     |
| 10.00          | BURN INTENSIVE CARE UNIT   |             |              |                       |  |                         | 10.0    |
| 11.00<br>12.00 | SURGICAL INTENSIVE CARE UNIT   | 0           | 432          | 3, 916                |  |                         | 11. C   |
| 12.00          | I NTENSI VE NURSERY<br>NURSERY   | 0           | 432          | 2, 894                |  |                         | 13.0    |
| 14.00          | Total (see instructions)   | 24, 925     | 1, 817       | 61, 976               |  | 1, 362. 50              |         |
| 15.00          | CAH visits   | 24, 723     | 1, 017       | 01, 970               |  | 1, 302. 30              | 15.0    |
| 16.00          | SUBPROVIDER - IPF  | 0           | 0            | 0                     |  |                         | 16.0    |
| 17.00          | SUBPROVIDER - IRF  | 2, 389      | 57           | 4, 176                | 0.00                                     | 20.89                   |         |
| 18.00          | SUBPROVIDER  | _,          |              | .,                    |  |                         | 18.0    |
| 19.00          | SKILLED NURSING FACILITY   |             |              |                       |  |                         | 19.0    |
| 20.00          | NURSING FACILITY   |             |              |                       |  |                         | 20.0    |
| 21.00          | OTHER LONG TERM CARE   |             |              |                       |  |                         | 21.0    |
| 22.00          | HOME HEALTH AGENCY   |             |              |                       |  |                         | 22.0    |
| 23.00          | AMBULATORY SURGICAL CENTER (D. P.)   |             |              |                       |  |                         | 23.0    |
| 24.00          | HOSPI CE   |             |              |                       |  |                         | 24.0    |
| 24.10          | HOSPICE (non-distinct part)  |             |              | 14                    |  |                         | 24.1    |
| 25.00          | CMHC - CMHC  |             |              |                       |  |                         | 25.0    |
| 26.00          | RURAL HEALTH CLINIC  |             |              | 0                     | 0.00                                     | 0.00                    | 26.0    |
| 26.25<br>27.00 | FEDERALLY QUALIFIED HEALTH CENTER  | 0           | 0            | 0                     |  | 0.00<br>1,383.39        |         |
| 27.00          | Total (sum of lines 14–26)<br>Observation Bed Days   |             | 2, 610       | 9, 789                | 21. 15                                   | 1, 383. 39              | 27.0    |
| 28.00          | Ambulance Trips  | 0           | 2,010        | 9, 789                |  |                         | 28.0    |
| 30.00          | Employee discount days (see instruction)   | U           |              | 0                     |  |                         | 30.0    |
| 31.00          | Employee discount days (see first detroif)   |             |              | 0                     |  |                         | 31.0    |
| 32.00          | Labor & delivery days (see instructions)   | О           | 74           | 141                   |  |                         | 32.0    |
| 32.01          | Total ancillary labor & delivery room<br>outpatient days (see instructions)  |             |              | 215                   |  |                         | 32.0    |
| 33.00          | LTCH non-covered days  | О           |              |                       |  |                         | 33.0    |
| 33 01          | LTCH site neutral days and discharges  | 0           |              |                       |  |                         | 33.     |

| HOSPI  | TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC   | AL DATA                          | Provider C | CN: 15-0023 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>7/29/2021 1:5 | pared:   |
|--|--|----------------------------------|------------|-------------|---|---|--|
|  |  | Full Time<br>Equivalents         |            | Di s        | charges                                     |   |  |
|  | Component  | Nonpai d                         | Title V    | Title XVIII | Title XIX                                   | Total All   |  |
|  |  | Workers                          |            |             |   | Patients  |  |
|  |  | 11.00                            | 12.00      | 13.00       | 14.00                                       | 15.00   |  |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>15.00<br>14.00<br>20.00<br>21.00<br>22.00<br>23.00<br>24.00<br>24.00<br>24.00<br>25.00<br>24.00<br>25.00<br>24.00<br>26.00<br>26.00<br>27.00<br>28.00<br>28.00<br>28.00<br>28.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20. | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds)<br>HMO IPF Subprovider<br>HMO IPF Subprovider<br>HMO IRF Subprovider<br>Hospital Adults & Peds. Swing Bed SNF<br>Hospital Adults & Peds. Swing Bed NF<br>Total Adults and Peds. (exclude observation<br>beds) (see instructions)<br>INTENSIVE CARE UNIT<br>CORONARY CARE UNIT<br>BURN INTENSIVE CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT<br>INTENSIVE NURSERY<br>NURSERY<br>Total (see instructions)<br>CAH visits<br>SUBPROVIDER - IPF<br>SUBPROVIDER - IPF<br>SUBPROVIDER - IRF<br>SUBPROVIDER<br>SKILLED NURSING FACILITY<br>NURSING FACILITY<br>OTHER LONG TERM CARE<br>HOME HEALTH AGENCY<br>AMBULATORY SURGICAL CENTER (D.P.)<br>HOSPICE<br>HOSPICE (non-distinct part)<br>CMHC - CMHC<br>RURAL HEALTH CLINIC<br>FEDERALLY QUALIFIED HEALTH CENTER<br>Total (sum of lines 14-26)<br>Observation Bed Days | 0. 00<br>0. 00<br>0. 00<br>0. 00 | 0          | 1, 5(       | 01 2, 508<br>0<br>41                        | 14, 593<br>14, 593<br>307                                 | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>14.00<br>15.00<br>16.00<br>17.00<br>20.00<br>21.00<br>23.00<br>24.00<br>24.00<br>24.00<br>24.00<br>25.00<br>26.00<br>26.00<br>27.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>28.00<br>29.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.00<br>20.0 |
| 29.00<br>30.00<br>31.00<br>32.00<br>32.01<br>33.00   | Ambulance Trips<br>Employee discount days (see instruction)<br>Employee discount days - IRF<br>Labor & delivery days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions)<br>LTCH non-covered days<br>LTCH site neutral days and discharges   |                                  |            |             | 0   |   | 29.00<br>30.00<br>31.00<br>32.00<br>32.01<br>33.00<br>33.01  |

| SPI T    | AL WAGE INDEX INFORMATION   |                        |                           | Provi der C  | F   | eriod:<br>rom 01/01/2020<br>o 12/31/2020          | Worksheet S-3<br>Part II<br>Date/Time Pre<br>7/29/2021 1:5 | par            |
|----------|---|------------------------|---------------------------|--|---|---|--|----------------|
|          |   | Wkst. A Line<br>Number | Amount<br>Reported        | Reclassificat<br>ion of<br>Salaries<br>(from Wkst.<br>A-6) | Adjusted<br>Salaries<br>(col.2 ± col.<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average<br>Hourly Wage<br>(col. 4 ÷<br>col. 5)             |                |
|          | PART II - WAGE DATA   | 1.00                   | 2.00                      | 3.00   | 4.00  | 5.00  | 6.00   |                |
|          | SALARIES  |                        |                           |  |   |   |  |                |
| 0        | Total salaries (see   | 200.00                 | 98,082,569                | C  | 98, 082, 569                                | 2, 882, 489. 00                                   | 34. 03   | 1              |
| 0        | instructions)<br>Non-physician anesthetist Part                               |                        | 0                         | l o  | 0   | 0.00  | 0.00   |                |
|          | A   |                        |                           | -  |   |   |  |                |
| 0        | Non-physician anesthetist Part<br>B   |                        | 0                         | 0  | 0   | 0.00  | 0.00   | 3              |
| 0        | Physician-Part A -  |                        | 151, 789                  | C  | 151, 789                                    | 948.00  | 160. 11  | 4              |
| 1        | Administrative  |                        | 714 000                   | 0  | 714 222                                     | E E42 00  | 120.20   |                |
| 1<br>0   | Physicians - Part A - Teaching<br>Physician and Non                           |                        | 714, 222<br>3, 406, 525   |  | , ===                                       |   |  |                |
|          | Physician-Part B  |                        |                           |  |   |   |  |                |
| 0        | Non-physician-Part B for<br>hospital-based RHC and FQHC<br>services           |                        | 0                         | O  | 0   | 0.00  | 0.00   | 6              |
| 0        | Interns & residents (in an  | 21.00                  | 0                         | 1, 439, 712  | 1, 439, 712                                 | 43, 701. 00                                       | 32. 94   | 7              |
| )1       | approved program)<br>Contracted interns and<br>residents (in an approved      |                        | 0                         | C  | 0   | 0.00  | 0.00   | 7              |
| 0        | programs)<br>Home office and/or related<br>organization personnel             |                        | 0                         | C  | 0   | 0.00  | 0.00   | 8              |
| 0        | SNĚ   | 44.00                  | 0                         | 0  | 0   | 0.00  | 0.00   |                |
| 00       | Excluded area salaries (see<br>instructions)<br>OTHER WAGES & RELATED COSTS   |                        | 17, 047, 355              | -2, 344, 585   | 14, 702, 770                                | 248, 069. 00                                      | 59. 27   | 10             |
| 00       | Contract Labor: Direct Patient  |                        | 1, 083, 788               | 0  | 1, 083, 788                                 | 13, 423. 00                                       | 80. 74   | 11             |
| 00       | Care<br>Contract Labor: Top Level   |                        | 0                         |  | o   | 0.00  | 0.00   | 1-             |
| 00       | management and other<br>management and administrative                         |                        | 0                         |  |   | 0.00  | 0.00   |                |
| 00       | services<br>Contract Labor: Physician-Part                                    |                        | 717, 500                  | l o  | 717, 500                                    | 5, 521. 00  | 129.96   | 13             |
| 00       | A - Administrative<br>Home office and/or related<br>organization salaries and |                        | 0                         |  |   |   | 0.00   |                |
|          | wage-related costs  |                        |                           |  |   |   |  |                |
|          | Home office salaries  |                        | 22, 898, 449              |  |   |   |  |                |
| 02<br>00 | Related organization salaries<br>Home office: Physician Part A                |                        | 5, 721, 824<br>0          |  |   |   | 44. 95<br>0. 00  |                |
|          | - Administrative  |                        | c c                       |  |   |   |  |                |
| 00       | Home office and Contract<br>Physicians Part A - Teaching                      |                        | 0                         | 0  | 0   | 0.00  | 0.00   | 16             |
| 01       | Home office Physicians Part A   |                        | 0                         | C  | 0   | 0.00  | 0.00   | 16             |
| 02       | - Teaching<br>Home office contract  |                        | 0                         | 0  | 0   | 0.00  | 0.00   | 14             |
| 02       | Physicians Part A - Teaching<br>WAGE-RELATED COSTS                            |                        |                           |  |   | 0.00  | 0.00   |                |
| 00       | Wage-related costs (core) (see<br>instructions)                               |                        | 17, 087, 938              | C  | 17, 087, 938                                |   |  | 17             |
| 00       | Wage-related costs (other)  |                        |                           |  |   |   |  | 18             |
| 00       | (see instructions)<br>Excluded areas  |                        | 2 004 127                 |  | 2 004 407                                   |   |  | 19             |
| 00<br>00 | Excluded areas<br>Non-physician anesthetist Part<br>A                         |                        | 2, 086, 427<br>0          |  | 2, 086, 427<br>0                            |   |  | 20             |
| 00       | Non-physician anesthetist Part<br>B   |                        | 0                         | 0  | 0   |   |  | 2'             |
|          | Physician Part A -<br>Administrative  |                        | 13, 682                   |  | 13, 682                                     |   |  | 22             |
| 01<br>00 | Physician Part A - Teaching<br>Physician Part B                               |                        | 73, 241<br>196, 710       |  | 73, 241<br>196, 710                         |   |  | 22             |
| 00       | Wage-related costs (RHC/FQHC)<br>Interns & residents (in an                   |                        | 190, 710<br>0<br>250, 869 | 0  | 250, 869                                    |   |  | 24<br>24<br>25 |
| 50       | approved program)<br>Home office wage-related                                 |                        | 4, 940, 409               | C  | 4, 940, 409                                 |   |  | 25             |
| 51       | (core)<br>Related organization  |                        | 1, 220, 534               | 0  | 1, 220, 534                                 |   |  | 25             |
| 52       | wage-related (core)<br>Home office: Physician Part A                          |                        | 0                         |  | 0   |   |  | 25             |
|          | - Administrative -<br>wage-related (core)                                     |                        |                           |  |   |   |  |                |

| Heal th | Financial Systems                                 |              | UNI ON HOSPI | TAL. INC.        |               | In Lie                                      | u of Form CMS-2          | 2552-10 |
|---------|---|--------------|--------------|------------------|---------------|---|--------------------------|---------|
|         | AL WAGE INDEX INFORMATION                         |              |              | Provider C       |               | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-3<br>Part II | pared:  |
|         |   | Wkst. A Line | Amount       | Recl assi fi cat |               | Paid Hours                                  | Average                  |         |
|         |   | Number       | Reported     | ion of           | Sal ari es    | Related to                                  | Hourly Wage              |         |
|         |   |              |              | Sal ari es       | (col.2 ± col. |   | (col. 4 ÷                |         |
|         |   |              |              | (from Wkst.      | 3)            | col. 4                                      | col. 5)                  |         |
|         |   | 1.00         | 0.00         | A-6)             | 4.00          |   | ( 00                     |         |
| 05 50   |   | 1.00         | 2.00         | 3.00             | 4.00          | 5.00  | 6.00                     | 05 50   |
| 25.53   | Home office: Physicians Part A                    |              | 0            | 0                |               | 0   |                          | 25.53   |
|         | - Teaching - wage-related                         |              |              |                  |               |   |                          |         |
|         | (core)<br>OVERHEAD COSTS - DIRECT SALARI          | ES           |              |                  |               |   |                          |         |
| 26.00   | Employee Benefits Department                      | 4.00         | 249, 316     | 692, 075         | 941, 39       | 1 32, 941. 00                               | 28. 58                   | 26.00   |
| 28.00   | Administrative & General                          | 5.00         | 7, 886, 803  |                  |               |   |                          |         |
| 27.00   | Administrative & General under                    |              | 2, 216, 629  |                  | 2, 216, 62    |   |                          |         |
| 28.00   | contract (see inst.)                              |              | 2,210,029    | 0                | 2,210,02      | 9 20,072.00                                 | 110.43                   | 28.00   |
| 29.00   | Maintenance & Repairs                             | 6.00         | 0            | 0                |               | 0 0.00                                      | 0.00                     | 29.00   |
| 30.00   | Operation of Plant                                | 7.00         | 79, 452      | 1, 125           |               |   |                          |         |
| 30.00   | Laundry & Linen Service                           | 8.00         | 765, 924     |                  |               |   |                          |         |
| 32.00   | Housekeepi ng                                     | 9.00         | 2, 137, 038  |                  |               |   |                          |         |
|         |   | 9.00         | 2, 137, 038  | 30, 201          | 2, 107, 29    |   |                          |         |
| 33.00   | Housekeeping under contract<br>(see instructions) |              | 0            | 0                |               | 0 0.00                                      | 0.00                     | 33.00   |
| 34.00   | Di etary  | 10.00        | 1, 842, 630  | -1, 416, 058     | 426, 57       | 2 27, 527.00                                | 15 50                    | 34.00   |
| 34.00   | Dietary under contract (see                       | 10.00        | 689, 254     |                  | 689, 25       |   |                          |         |
| 35.00   | instructions)                                     |              | 007, 234     | 0                | 007,23        | 4 0,092.00                                  | 79.30                    | 35.00   |
| 36.00   | Cafeteria   | 11.00        | 0            | 1, 439, 237      | 1, 439, 23    | 7 89, 768. 00                               | 16 03                    | 36.00   |
| 37.00   | Maintenance of Personnel                          | 12.00        | 0            | 1,437,237        |               | 0 0, 00                                     |                          |         |
| 38.00   | Nursing Administration                            | 13.00        | 2, 374, 870  | 33, 629          |               |   |                          | 38.00   |
| 39.00   | Central Services and Supply                       | 13.00        | 2, 374, 070  | 55, 027          | 2,400,47      | 0 0.00                                      | 0.00                     |         |
| 40.00   | Pharmacy  | 14.00        | 0            | 0                |               | 0.00  |                          |         |
| 40.00   | Medical Records & Medical                         | 15.00        | 2, 769, 091  | 39, 212          | 2, 808, 30    |   |                          |         |
| 41.00   | Records Library                                   | 10.00        | 2,707,071    | 37,212           | 2,000,30      | 121, 934.00                                 | 23.03                    | 41.00   |
| 42.00   | Social Service                                    | 17.00        | Ω            | 0                |               | 0 0.00                                      | 0.00                     | 42.00   |
|         | Other General Service                             | 17.00        | 0            | 0                |               | 0 0.00                                      |                          | 43.00   |
| 10.00   |   | 1 10.00      | 0            | 0                | 1             | 0.00  | 0.00                     | 10.00   |

| Heal th | Financial Systems              |             | UNI ON HOSPI  | TAL, INC.        |               | In Lie                                      | u of Form CMS-2 | 2552-10 |
|---------|--------------------------------|-------------|---------------|------------------|---------------|---|-----------------|---------|
| HOSPI 1 | AL WAGE INDEX INFORMATION      |             |               | Provider C       |               | Period:<br>From 01/01/2020<br>To 12/31/2020 |                 | pared:  |
|         |                                | Worksheet A | Amount        | Recl assi fi cat | Adj usted     | Paid Hours                                  | Average         |         |
|         |                                | Line Number | Reported      | ion of           | Sal ari es    | Related to                                  | Hourly Wage     |         |
|         |                                |             |               | Sal ari es       | (col.2 ± col. | Salaries in                                 | (col. 4 ÷       |         |
|         |                                |             |               | (from            | 3)            | col. 4                                      | col. 5)         |         |
|         |                                |             |               | Worksheet        |               |   |                 |         |
|         |                                |             |               | A-6)             |               |   |                 |         |
|         |                                | 1.00        | 2.00          | 3.00             | 4.00          | 5.00  | 6.00            |         |
|         | PART III - HOSPITAL WAGE INDEX | SUMMARY     |               |                  | _             |   |                 |         |
| 1.00    | Net salaries (see              |             | 96, 867, 705  | -1, 439, 712     | 95, 427, 99   | 3 2, 854, 430. 00                           | 33.43           | 1.00    |
|         | instructions)                  |             |               |                  |               |   |                 |         |
| 2.00    | Excluded area salaries (see    |             | 17,047,355    | -2, 344, 585     | 14, 702, 77   | 0 248, 069. 00                              | 59.27           | 2.00    |
|         | instructions)                  |             |               |                  |               |   |                 |         |
| 3.00    | Subtotal salaries (line 1      |             | 79, 820, 350  | 904, 873         | 80, 725, 22   | 3 2, 606, 361. 00                           | 30.97           | 3.00    |
|         | minus line 2)                  |             |               |                  |               |   |                 |         |
| 4.00    | Subtotal other wages & related |             | 30, 421, 561  | 0                | 30, 421, 56   | 1 703, 456. 00                              | 43.25           | 4.00    |
|         | costs (see inst.)              |             |               |                  |               |   |                 |         |
| 5.00    | Subtotal wage-related costs    |             | 23, 262, 563  | 0                | 23, 262, 56   | 3 0.00                                      | 28.82           | 5.00    |
|         | (see inst.)                    |             |               |                  |               |   |                 |         |
| 6.00    | Total (sum of lines 3 thru 5)  |             | 133, 504, 474 | 904, 873         | 134, 409, 34  | 7 3, 309, 817. 00                           | 40.61           | 6.00    |
| 7.00    | Total overhead cost (see       |             | 21,011,007    | -795, 567        | 20, 215, 44   | 0 749, 529. 00                              | 26.97           | 7.00    |
|         | instructions)                  |             |               |                  |               |   |                 |         |
|         |                                |             |               |                  | •             |   |                 | •       |

| Heal th      | Financial Systems UNIO   | ON HOSPITAL | , INC.                | In Lie              | u of Form CMS-2  | 2552-10 |
|--------------|--|-------------|-----------------------|---------------------|--|---------|
| HOSPI T      | AL WAGE RELATED COSTS  |             | Provider CCN: 15-002  | From 01/01/2020     | Worksheet S-3<br>Part IV<br>Date/Time Pre<br>7/29/2021 1:5 | pared:  |
|              |  |             |                       |                     | Amount   |         |
|              |  |             |                       |                     | Reported   |         |
|              |  |             |                       |                     | 1.00   |         |
|              | PART IV - WAGE RELATED COSTS   |             |                       |                     |  | -       |
|              | Part A - Core List   |             |                       |                     |  | -       |
|              | RETIREMENT COST  |             |                       |                     | 0 500 404  | 1       |
| 1.00         | 401K Employer Contributions  |             |                       |                     | 3, 538, 484  |         |
| 2.00         | Tax Sheltered Annuity (TSA) Employer Contribution  |             |                       |                     | 0  | 2.00    |
| 3.00         | Nonqualified Defined Benefit Plan Cost (see instruction  |             |                       |                     | 0  | 3.00    |
| 4.00         | Qualified Defined Benefit Plan Cost (see instruction<br>PLAN ADMINISTRATIVE COSTS (Paid to External Organiza |             |                       |                     | 0  | 4.00    |
| 5.00         | 401K/TSA Plan Administration fees  |             |                       |                     | 0  | 5.00    |
| 5.00<br>6.00 | Legal /Accounting/Management Fees-Pension Plan   |             |                       |                     | 0  | 6.00    |
| 8.00<br>7.00 | Employee Managed Care Program Administration Fees  |             |                       |                     | 0  | 7.00    |
| 7.00         | HEALTH AND INSURANCE COST  |             |                       |                     | 0  | 7.00    |
| 8.00         | Health Insurance (Purchased or Self Funded)  |             |                       |                     | 0  | 8.00    |
| 8.00<br>8.01 | Health Insurance (Self Funded without a Third Party  | Administr   | ator)                 |                     | 0  |         |
| 8.01         | Health Insurance (Self Funded with a Third Party Ad  |             |                       |                     | 8, 923, 958  |         |
| 8.03         | Heal th Insurance (Purchased)  |             | )                     |                     | 0, 723, 730  | 8.03    |
| 9.00         | Prescription Drug Plan   |             |                       |                     | 0  |         |
| 10.00        | Dental, Hearing and Vision Plan  |             |                       |                     | -127,629   |         |
| 11.00        | Life Insurance (If employee is owner or beneficiary  | n)          |                       |                     | 49, 233  |         |
| 12.00        | Accident Insurance (If employee is owner or benefic  |             |                       |                     | 0  | 1       |
| 13.00        | Disability Insurance (If employee is owner or benef  |             |                       |                     | 272, 572   |         |
| 14.00        | Long-Term Care Insurance (If employee is owner or be   |             | )                     |                     | 2/2/0/2  |         |
| 15.00        | 'Workers' Compensation Insurance   |             | ,<br>,                |                     | 225, 763   | 15.00   |
| 16.00        | Retirement Health Care Cost (Only current year, not  | the extra   | ordinary accrual requ | ired by FASB 106.   | 0  | •       |
|              | Non cumulative portion)  |             | 5                     |                     |  |         |
|              | TAXES  |             |                       |                     |  |         |
| 17.00        | FICA-Employers Portion Only  |             |                       |                     | 6, 499, 648  | 17.00   |
| 18.00        | Medicare Taxes - Employers Portion Only  |             |                       |                     | 0  | 18.00   |
| 19.00        | Unemployment Insurance   |             |                       |                     | 157, 698   | 19.00   |
| 20.00        | State or Federal Unemployment Taxes  |             |                       |                     | 0  | 20.00   |
|              | OTHER  |             |                       |                     |  |         |
| 21.00        | Executive Deferred Compensation (Other Than Retirem instructions))   | ent Cost Re | eported on lines 1 th | rough 4 above. (see | 0  | 21.00   |
| 22.00        | Day Care Cost and Allowances   |             |                       |                     | 0  |         |
| 23.00        | Tuition Reimbursement  |             |                       |                     | 169, 141   | 23.00   |
| 24.00        | Total Wage Related cost (Sum of lines 1 -23)   |             |                       |                     | 19, 708, 868   | 24.00   |
|              | Part B - Other than Core Related Cost  |             |                       |                     |  |         |
| 25.00        | OTHER WAGE RELATED COSTS (SPECIFY)   |             |                       |                     |  | 25.00   |

| Heal th | Financial Systems                              | UNI ON HOSPI TAL, INC. | In Lie          | u of Form CMS-2                | 2552-10 |
|---------|--|------------------------|-----------------|--------------------------------|---------|
| HOSPI T | AL CONTRACT LABOR AND BENEFIT COST             | Provider CCN: 15-0023  | Peri od:        | Worksheet S-3                  |         |
|         |  |                        | From 01/01/2020 |                                | norod.  |
|         |  |                        | To 12/31/2020   | Date/Time Pre<br>7/29/2021 1:5 |         |
|         | Cost Center Description                        |                        | Contract        | Benefit Cost                   |         |
|         |  |                        | Labor           |                                |         |
|         |  |                        | 1.00            | 2.00                           |         |
|         | PART V - Contract Labor and Benefit Cost       |                        |                 |                                |         |
|         | Hospital and Hospital-Based Component Identif  |                        |                 |                                |         |
| 1.00    | Total facility's contract labor and benefit of | cost                   | 1, 083, 788     | 19, 708, 868                   |         |
| 2.00    | Hospi tal                                      |                        | 1, 083, 788     | 19, 708, 868                   | 2.00    |
| 3.00    | Subprovider - IPF                              |                        |                 |                                | 3.00    |
| 4.00    | Subprovider - IRF                              |                        | 0               | 0                              | 4.00    |
| 5.00    | Subprovider - (Other)                          |                        | 0               | 0                              | 5.00    |
| 6.00    | Swing Beds - SNF                               |                        | 0               | 0                              | 6.00    |
| 7.00    | Swing Beds - NF                                |                        | 0               | 0                              | 7.00    |
| 8.00    | Hospital-Based SNF                             |                        |                 |                                | 8.00    |
| 9.00    | Hospital-Based NF                              |                        |                 |                                | 9.00    |
| 10.00   | Hospital-Based OLTC                            |                        |                 |                                | 10.00   |
| 11.00   | Hospital-Based HHA                             |                        |                 |                                | 11.00   |
| 12.00   | Separately Certified ASC                       |                        |                 |                                | 12.00   |
| 13.00   | Hospital-Based Hospice                         |                        |                 |                                | 13.00   |
| 14.00   | Hospital-Based Health Clinic RHC               |                        |                 |                                | 14.00   |
| 15.00   | Hospital-Based Health Clinic FQHC              |                        |                 |                                | 15.00   |
| 16.00   | Hospital-Based-CMHC                            |                        |                 |                                | 16.00   |
| 17.00   | Renal Dialysis                                 |                        |                 |                                | 17.00   |
| 18.00   | Other  |                        | 0               | 0                              | 18.00   |

| ealth Financial Systems   | UNI ON HOSPI TAL                           | , INC.         |                         | In Lie                                      | u of Form CMS-2            | 2552-10        |
|---|--|----------------|-------------------------|---|----------------------------|----------------|
| OSPITAL UNCOMPENSATED AND INDIGENT CARE DATA  |  | Provider CCI   | N: 15-0023              | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet S-1              | 0              |
|   |  |                |                         |   | 7/29/2021 1:5              | 8 pm           |
|   |  |                |                         |   | 1.00                       |                |
| Uncompensated and indigent care cost computat   | i on                                       |                |                         |   |                            |                |
| .00 Cost to charge ratio (Worksheet C, Part I lir   | ne 202 column 3 d                          | vided by li    | ne 202 colum            | nn 8)                                       | 0. 227791                  | 1.00           |
| Medicaid (see instructions for each line)   |  |                |                         |   |                            |                |
| 00 Net revenue from Medicaid  |  |                |                         |   | 43, 625, 603               |                |
| 00 Did you receive DSH or supplemental payments<br>00 If line 3 is yes, does line 2 include all DSH       |  | atal navmont   | - from Modia            |   | N<br>N                     | 3.00           |
| 00 If line 4 is no, then enter DSH and/or supple  |  |                |                         | aiu?  | 0                          |                |
| 00 Medi cai d charges   | montal paymonto                            |                |                         |   | 259, 128, 744              |                |
| 00 Medicaid cost (line 1 times line 6)  |  |                |                         |   | 59, 027, 196               |                |
| 00 Difference between net revenue and costs for < zero then enter zero)                                   | Medicaid program                           | (line 7 minu   | us sum of li            | nes 2 and 5; if                             | 15, 401, 593               | 8.00           |
| Children's Health Insurance Program (CHIP) (s   | see instructions                           | for each line  | e)                      |   |                            |                |
| 00 Net revenue from stand-alone CHIP  |  |                |                         |   | 87, 288                    |                |
| 00 Stand-alone CHIP charges   |  |                |                         |   | 226, 917                   |                |
| 00 Stand-alone CHIP cost (line 1 times line 10)<br>00 Difference between net revenue and costs for        | stand along CHLP                           | (lino 11 mi)   | nuc lino 0:             | if < 70r0 thon                              | 51, 690<br>0               |                |
| enter zero)   |  | -              |                         |   | 0                          | 12.00          |
| Other state or local government indigent care<br>00 Net revenue from state or local indigent care         |  |                |                         |   | 0                          | 13.00          |
| 00 Charges for patients covered under state or I<br>10)   |  |                |                         |   | 0                          |                |
| 00 State or local indigent care program cost (li  | ne 1 times line                            | 14)            |                         |   | 0                          | 15.00          |
| D0 Difference between net revenue and costs for<br>13; if < zero then enter zero)                         |  |                | program (li             | ne 15 minus line                            | 0                          |                |
| Grants, donations and total unreimbursed cost<br>instructions for each line)                              | for Medicaid, Cl                           | HP and state   | e/local indi            | gent care progra                            | ams (see                   |                |
| .00 Private grants, donations, or endowment incor   |  |                |                         |   | 0                          | 17.00          |
| 00 Government grants, appropriations or transfer  |  |                |                         |   | 0                          |                |
| .00 Total unreimbursed cost for Medicaid , CHIP a 8, 12 and 16)   | and state and loc                          | al indigent o  | care program            | ns (sum of lines                            | 15, 401, 593               | 19.00          |
|   |  |                | Uni nsured<br>pati ents | Insured<br>patients                         | Total (col. 1<br>+ col. 2) |                |
|   |  |                | 1.00                    | 2.00  | 3.00                       |                |
| Uncompensated Care (see instructions for each   |  |                |                         |   |                            |                |
| 00 Charity care charges and uninsured discounts (see instructions)  | for the entire f                           | acility        | 14, 128, 1              | 84 3, 527, 000                              | 17, 655, 184               | 20.00          |
| 00 Cost of patients approved for charity care ar<br>instructions)   | nd uninsured disc                          | ounts (see     | 3, 218, 2               | 73 3, 527, 000                              | 6, 745, 273                | 21.00          |
| 00 Payments received from patients for amounts p<br>charity care  | previously writte                          | n off as       |                         | 0 0   | 0                          | 22.00          |
| 00 Cost of charity care (line 21 minus line 22)   |  |                | 3, 218, 2               | 73 3, 527, 000                              | 6, 745, 273                | 23.00          |
|   |  |                |                         |   | 1.00                       |                |
| 00 Does the amount on line 20 column 2, include<br>imposed on patients covered by Medicaid or of          |  |                | ond a length            | n of stay limit                             | N                          | 24.00          |
| 00 If line 24 is yes, enter the charges for pati  |  |                | care progra             | am's length of                              | 0                          | 25.00          |
| 00 Total bad debt expense for the entire hospita  | al complex (see i                          | nstructions)   |                         |   | 25, 111, 250               | 26.00          |
| 00 Medicare reimbursable bad debts for the entir  |  |                | ructions)               |   | 1, 197, 376                |                |
|   |  | •              |                         |   | 1, 842, 116                |                |
| 01 Medicare allowable bad debts for the entire H  | iospital complex                           | (300 111311 40 |                         |   |                            |                |
|   |  |                |                         |   | 23, 269, 134               |                |
| 8.00 Non-Medicare bad debt expense (see instruction<br>0.00 Cost of non-Medicare and non-reimbursable Med | ons)<br>dicare bad debt e                  |                | instructions            | 5)  | 5, 945, 239                | 29.00          |
| 8.00 Non-Medicare bad debt expense (see instruction   | ons)<br>dicare bad debt e<br>plus line 29) | xpense (see i  | instructions            | 5)  |                            | 29.00<br>30.00 |

| RECER          | SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF                            | EXPENSES                    | Provider CC                  |                              | eriod:<br>rom 01/01/2020   | Worksheet A                    |              |
|----------------|--|-----------------------------|------------------------------|------------------------------|----------------------------|--------------------------------|--------------|
|                |  |                             |                              | T                            |                            | Date/Time Pre<br>7/29/2021 1:5 |              |
|                | Cost Center Description  | Sal ari es                  | Other                        | Total (col. 1                | Recl assi fi cat           | Recl assi fi ed                |              |
|                |  |                             |                              | + col. 2)                    | ions (See                  | Trial Balance                  |              |
|                |  |                             |                              |                              | A-6)                       | (col. 3 +-<br>col. 4)          |              |
|                |  | 1.00                        | 2.00                         | 3.00                         | 4.00                       | 5.00                           |              |
|                | GENERAL SERVICE COST CENTERS   |                             | 10 505 701                   | 10 505 701                   | 5 700 404                  | 10,005,005                     |              |
| 1.00<br>2.00   | 00100 NEW CAP REL COSTS-BLDG & FIXT<br>00200 NEW CAP REL COSTS-MVBLE EQUIP |                             | 13, 535, 791<br>10, 092, 564 | 13, 535, 791<br>10, 092, 564 |                            | 19, 235, 895<br>12, 406, 683   |              |
| 4.00           | 00400 EMPLOYEE BENEFITS DEPARTMENT   | 249, 316                    | 24, 310                      |                              |                            | 4, 489, 796                    |              |
| 5.01           | 00540 NONPATI ENT TELEPHONES   | 473, 379                    | 340, 860                     | 814, 239                     |                            | 820, 942                       | 5.01         |
| 5.02           | 00550 DATA PROCESSING  | 0                           | 0                            | 0                            | -                          | 0                              | 5.02         |
| 5.03<br>5.04   | 00560 PURCHASING RECEIVING AND STORES<br>00570 ADMITTING                   | 0<br>1, 215, 907            | 0<br>190, 086                | 0<br>1, 405, 993             | 0                          | 1 422 211                      | 5.03<br>5.04 |
| 5.04           | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                    | 1, 215, 907                 | 190, 088                     | 1, 403, 993                  | 17, 218<br>0               | 1, 423, 211<br>0               | 5.04         |
| 5.06           | 00590 OTHER ADMIN AND GENERAL  | 6, 197, 517                 | 30, 615, 438                 | 36, 812, 955                 | -9, 907, 305               | 26, 905, 650                   |              |
| 7.00           | 00700 OPERATION OF PLANT   | 79, 452                     | 496, 656                     | 576, 108                     |                            | 577, 233                       |              |
| 8.00           | 00800 LAUNDRY & LI NEN SERVI CE<br>00900 HOUSEKEEPI NG                     | 765, 924                    | 442,084                      | 1, 208, 008                  |                            | 1, 218, 854                    | 8.00         |
| 9.00<br>10.00  |  | 2, 137, 038<br>1, 842, 630  | 1, 278, 382<br>2, 762, 653   | 3, 415, 420<br>4, 605, 283   |                            | 3, 445, 681<br>1, 014, 122     |              |
| 11.00          |  | 0                           | 2,702,000                    | 1,000,200                    |                            | 3, 614, 340                    |              |
| 13.00          |  | 2, 374, 870                 | 256, 267                     | 2, 631, 137                  |                            | 2, 664, 766                    |              |
| 16.00          |  | 2, 769, 091                 | 1, 269, 080                  | 4, 038, 171                  |                            | 4,077,383                      |              |
| 21.00<br>22.00 |  | 0                           | 0                            | 0                            | 1, 556, 694<br>2, 158, 216 | 1, 556, 694<br>2, 158, 216     |              |
| 22.00          |  | 0                           | 0                            | 0                            | 84, 195                    | 2, 138, 210<br>84, 195         |              |
| 23.01          |  | 747, 040                    | 72, 908                      | 819, 948                     |                            | 880, 694                       |              |
| 23.02          |  | 0                           | 0                            | 0                            | 0                          | 0                              | 23.02        |
| 20.00          | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS  | 20, 120, 407                | 7 ( 41 751                   | 27 7/2 150                   | 001 407                    | 26 770 671                     | 1 20 00      |
| 30.00<br>31.00 |  | 20, 120, 407<br>4, 936, 927 | 7, 641, 751<br>1, 655, 280   | 27, 762, 158<br>6, 592, 207  |                            | 26, 770, 671<br>6, 749, 881    | 30.00        |
| 35.00          |  | 2,071,832                   | 1, 324, 274                  | 3, 396, 106                  |                            | 3, 470, 122                    |              |
| 41.00          | 04100 SUBPROVI DER – I RF  | 1, 533, 509                 | 322, 593                     | 1, 856, 102                  | 69, 357                    | 1, 925, 459                    | 41.00        |
| 43.00          |  | 0                           | 0                            | 0                            | 1, 099, 229                | 1, 099, 229                    | 43.00        |
| 50.00          | ANCI LLARY SERVICE COST CENTERS  | 3, 207, 867                 | 18, 487, 456                 | 21, 695, 323                 | -7, 287, 824               | 14, 407, 499                   | 50.00        |
| 50.00          |  | 2, 367, 828                 | 1, 999, 622                  | 4, 367, 450                  |                            | 4, 241, 925                    |              |
| 50.02          | 05002 WVSC   | 0                           | 14, 091, 773                 |                              |                            | 12, 105, 563                   | •            |
| 51.00          |  | 1, 346, 650                 | 332, 423                     |                              |                            | 1, 698, 142                    | •            |
| 51.02<br>52.00 |  | 346, 105                    | 95, 331                      | 441, 436                     |                            | 446, 337                       | •            |
| 52.00          |  | 3, 157, 385<br>4, 151, 739  | 3, 068, 349<br>3, 525, 711   | 6, 225, 734<br>7, 677, 450   |                            | 6, 274, 240<br>7, 673, 385     |              |
| 55.00          |  | 284, 282                    | 5, 235, 437                  |                              |                            | 5, 523, 745                    |              |
| 56.00          |  | 349, 139                    | 1, 294, 224                  |                              |                            | 1, 648, 307                    |              |
| 57.00          |  | 1,036,668                   | 822, 850                     |                              |                            | 1, 874, 198                    |              |
| 58.00<br>59.00 |  | 728, 447<br>1, 820, 606     | 560, 288<br>27, 994, 645     | 1, 288, 735<br>29, 815, 251  | 10, 315<br>-1, 757, 843    | 1, 299, 050<br>28, 057, 408    |              |
| 60.00          |  | 1, 020, 000                 | 9, 170, 021                  | 9, 170, 021                  |                            | 9, 170, 021                    |              |
| 62.00          |  | 0                           | 1, 266, 617                  | 1, 266, 617                  |                            | 1, 266, 617                    |              |
| 65.00          |  | 3, 011, 983                 | 1, 344, 917                  | 4, 356, 900                  |                            | 4, 414, 312                    |              |
| 66.00          |  | 0                           | 4, 352, 442                  | 4, 352, 442<br>0             | 0                          | 4, 352, 442<br>0               |              |
| 66.01<br>66.02 |  | 0                           | 3, 355, 792                  | 3, 355, 792                  |                            | 3, 355, 792                    |              |
| 67.00          |  | Ő                           | 0,000,172                    | 0                            | 0                          | 0                              | 67.00        |
| 68.00          | 06800 SPEECH PATHOLOGY   | 0                           | 858, 440                     | 858, 440                     |                            | 858, 440                       | 68.00        |
| 69.00          |  | 609, 267                    | 9, 999, 182                  | 10, 608, 449                 |                            | 10, 617, 076                   |              |
| 69.01<br>70.00 |  | 267, 886<br>2, 355, 912     | 47, 086<br>1, 512, 335       | 314, 972<br>3, 868, 247      |                            | 318, 765<br>3, 901, 608        |              |
| 70.00          |  | 2, 355, 912                 | 896, 641                     | 3, 808, 247<br>896, 641      |                            | 53, 146                        |              |
| 72.00          | 07200 IMPL. DEV. CHARGED TO PATIENTS                                       | 0                           | 0                            | 0                            | 12, 078, 393               | 12, 078, 393                   | 72.00        |
| 73.00          |  | 4, 820, 641                 | 46, 291, 893                 |                              |                            |                                |              |
| 76.00          |  | 0                           | 1, 807, 861                  | 1, 807, 861                  | 0                          | 1, 807, 861                    | 76.00        |
| 90.00          | OUTPATIENT SERVICE COST CENTERS  | 207, 456                    | 42, 783                      | 250, 239                     | 2, 938                     | 253, 177                       | 90.00        |
| 90.00          |  | 262, 078                    | 35, 397                      | 297, 475                     |                            | 301, 186                       | •            |
| 90.07          | 09007 WOUND CLINIC   | 346, 212                    | 1, 080, 691                  | 1, 426, 903                  | -11, 044                   | 1, 415, 859                    | 90.07        |
| 91.00          |  | 5, 122, 773                 | 5, 824, 293                  | 10, 947, 066                 | 75, 831                    | 11, 022, 897                   | •            |
| 92.00          | 09200 OBSERVATION BEDS (NON-DISTINCT PART) SPECIAL PURPOSE COST CENTERS    |                             |                              |                              |                            |                                | 92.00        |
| 118.0          |  | 83, 315, 763                | 237, 715, 477                | 321, 031, 240                | 3, 108, 649                | 324, 139, 889                  | 118.00       |
|                | NONREI MBURSABLE COST CENTERS  |                             |                              |                              | 5, 100, 017                |                                | ]            |
|                | 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                | 0                           | 0                            |                              | -                          |                                | 190.00       |
|                | 007950 RURAL HEALTH  | 1, 742, 730                 | 2,843,617                    | 4, 586, 347                  |                            | 4, 732, 217                    |              |
|                | 1 07951 RENTAL PROPERTY<br>2 07954 FAMILY PRACTICE                         | 0<br>4, 923, 259            | 28, 417<br>1, 623, 224       | 28, 417<br>6, 546, 483       |                            | 28, 417<br>2, 901, 288         | 194.01       |
|                | 3 07952 WELLNESS   | 4, 923, 259                 | 1, 023, 224                  | 0, 540, 485                  |                            | 364, 413                       |              |
|                | 4 07955 PHYSICIAN PRACTICES  | 7, 511, 985                 | 10, 239, 163                 | 17, 751, 148                 |                            | 17, 857, 521                   | 194.04       |
|                | 6 07953 SYCAMORE SPORTS MED  | 7,600                       | 910, 814                     | 918, 414                     | 108                        | 918, 522                       | 1            |

| Health Financial Systems                             | UNI ON HOSPI | TAL, INC.     |               | In Lie                     | u of Form CMS-2 | 2552-10 |
|--|--------------|---------------|---------------|----------------------------|-----------------|---------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C  | F EXPENSES   | Provider C    |               | Period:<br>From 01/01/2020 | Worksheet A     |         |
|  |              |               |               | To 12/31/2020              |                 |         |
| Cost Center Description                              | Sal ari es   | Other         | Total (col. 1 | Recl assi fi cat           | Recl assi fi ed |         |
|  |              |               | + col. 2)     | ions (See                  | Trial Balance   |         |
|  |              |               |               | A-6)                       | (col. 3 +-      |         |
|  |              |               |               |                            | col. 4)         |         |
|  | 1.00         | 2.00          | 3.00          | 4.00                       | 5.00            |         |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 581, 232     | 115, 462      | 696, 694      | 4 -80, 218                 | 616, 476        | 194.07  |
| 200.00 TOTAL (SUM OF LINES 118 through 199)          | 98, 082, 569 | 253, 476, 174 | 351, 558, 743 | 3 0                        | 351, 558, 743   | 200.00  |

| CLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (                                   | . LALLINGLU  | Provider CC                           | 1. 13-0023 | From 01/01/202 | Worksheet A        |
|---|--------------|---------------------------------------|------------|----------------|--------------------|
|   |              |                                       |            | To 12/31/202   | 0 Date/Time Prepar |
| Cost Center Description   | Adjustments  | Net Expenses                          |            |                | 7/29/2021 1:58 p   |
|   | (See A-8)    | For                                   |            |                |                    |
|   |              | Allocation                            |            |                |                    |
|   | 6.00         | 7.00                                  |            |                |                    |
| GENERAL SERVICE COST CENTERS<br>00 00100 NEW CAP REL COSTS-BLDG & FIXT              | -4, 538, 977 | 14, 696, 918                          |            |                | 1                  |
| 00 00200 NEW CAP REL COSTS-BEDG & FIXT  | -4, 538, 977 |                                       |            |                |                    |
| 00 00400 EMPLOYEE BENEFITS DEPARTMENT   | 13, 933, 749 |                                       |            |                |                    |
| 01 00540 NONPATI ENT TELEPHONES   | -51, 398     |                                       |            |                | Ę                  |
| 02 00550 DATA PROCESSI NG   | 16, 765, 321 |                                       |            |                | Ę                  |
| 03 00560 PURCHASI NG RECEI VI NG AND STORES   | 947, 166     |                                       |            |                | Ę                  |
| 04 00570 ADMI TTI NG  | 0            |                                       |            |                | Ę                  |
| 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE  | 7, 923, 257  | 7, 923, 257                           |            |                | Ę                  |
| 06 00590 OTHER ADMIN AND GENERAL  | 3, 337, 625  |                                       |            |                | 5                  |
| 00 00700 OPERATION OF PLANT   | 7, 882, 575  | 8, 459, 808                           |            |                |                    |
| 00 00800 LAUNDRY & LINEN SERVICE  | -7, 670      | 1, 211, 184                           |            |                | 8                  |
| 00 00900 HOUSEKEEPI NG  | -143, 637    | 3, 302, 044                           |            |                | ç                  |
| . 00 01000 DI ETARY   | -883, 652    | 130, 470                              |            |                | 10                 |
| . 00 01100 CAFETERI A   | -727, 192    |                                       |            |                | 11                 |
| . 00 01300 NURSI NG ADMI NI STRATI ON   | 1, 430, 424  |                                       |            |                | 13                 |
| . 00 01600 MEDICAL RECORDS & LIBRARY  | 357, 900     |                                       |            |                | 16                 |
| . 00 02100 I &R SERVICES-SALARY & FRINGES APPRVD                                    | 0            | 1, 556, 694                           |            |                | 21                 |
| . 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD                                    | 0            | 2, 158, 216                           |            |                | 22                 |
| . 00 02300 PARAMED ED PRGM  | 0            | 84, 195                               |            |                | 23                 |
| . 01 02341 OTHER MED ED   | -648, 227    |                                       |            |                | 23                 |
| . 02 02301 PARAMED ED PRGM<br>I NPATI ENT ROUTI NE SERVI CE COST CENTERS            | 0            | 0                                     |            |                | 23                 |
| . 00 03000 ADULTS & PEDIATRICS  | 0            | 26, 770, 671                          |            |                | 30                 |
| . 00 03100 I NTENSI VE CARE UNI T   | 0            | 6, 749, 881                           |            |                | 31                 |
| . 00 02040 I NTENSI VE OARE ON T  | -904,000     |                                       |            |                | 35                 |
| . 00 04100 SUBPROVI DER – I RF  | -314, 159    |                                       |            |                | 41                 |
| . 00 04300 NURSERY  | 0            |                                       |            |                | 43                 |
| ANCI LLARY SERVICE COST CENTERS   |              | 1,0,,,22,                             |            |                |                    |
| . 00 05000 OPERATI NG ROOM  | -2, 208, 354 | 12, 199, 145                          |            |                | 50                 |
| . 01 05001 CARDI AC SURGERY   | -2, 189, 878 |                                       |            |                | 50                 |
| . 02 05002 WVSC   | -1, 373, 063 | 10, 732, 500                          |            |                | 50                 |
| . 00 05100 RECOVERY ROOM  | 15, 291      | 1, 713, 433                           |            |                | 51                 |
| . 02 05101 0/P TREATMENT ROOM   | 0            | 446, 337                              |            |                | 51                 |
| . 00 05200 DELIVERY ROOM & LABOR ROOM   | -2, 368, 990 | 3, 905, 250                           |            |                | 52                 |
| . 00 05400 RADI OLOGY-DI AGNOSTI C  | 24, 209      | 7, 697, 594                           |            |                | 54                 |
| . 00 05500 RADI OLOGY-THERAPEUTI C  | 0            |                                       |            |                | 55                 |
| . 00 05600 RADI OI SOTOPE   | 0            | .,                                    |            |                | 56                 |
| . 00 05700 CT SCAN  | 252, 584     |                                       |            |                | 57                 |
| 00 05800 MAGNETIC RESONANCE I MAGING (MRI)  | 70, 902      |                                       |            |                | 58                 |
| . 00 05900 CARDI AC CATHETERI ZATI ON   | 25, 968      |                                       |            |                | 59                 |
|   | -45, 091     |                                       |            |                | 60                 |
| . 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                     | 0            |                                       |            |                | 62                 |
| . 00  06500  RESPI RATORY THERAPY<br>. 00  06600  PHYSI CAL_THERAPY                 | -1, 540, 579 |                                       |            |                | 65                 |
| . 00  06600 PHYSI CAL_THERAPY<br>. 01  06601 PSYCHI ATRI C/PSYCHOLOGI CAL_SERVI CES | -1, 540, 579 | 2, 811, 863                           |            |                | 66                 |
| . 02 06602 0/P PHYSICAL THERAPY   | -1, 143, 342 |                                       |            |                | 66                 |
| . 00 06700 OCCUPATI ONAL THERAPY  | 2,074,783    |                                       |            |                | 67                 |
| . 00 06800 SPEECH PATHOLOGY   | 141, 263     |                                       |            |                | 68                 |
| . 00 06900 ELECTROCARDI OLOGY   | 18, 801      | 10, 635, 877                          |            |                | 69                 |
| . 01 06901 CARDI AC REHAB   | 376          |                                       |            |                | 69                 |
| . 00 07000 ELECTROENCEPHALOGRAPHY   | -2, 820, 533 |                                       |            |                | 70                 |
| . 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                     | -8, 372      | 44, 774                               |            |                | 71                 |
| . 00 07200 I MPL. DEV. CHARGED TO PATIENTS  | 0            |                                       |            |                | 72                 |
| . 00 07300 DRUGS CHARGED TO PATIENTS  | 552, 872     |                                       |            |                | 73                 |
| 00 03020 RENAL ACUTE  | 0            | 1, 807, 861                           |            |                | 76                 |
| OUTPATIENT SERVICE COST CENTERS   |              |                                       |            |                |                    |
|   | 0            | 253, 177                              |            |                | 90                 |
| 05 09005 PATIENT NUTRITION  | -984         | 300, 202                              |            |                | 90                 |
| 07 09007 WOUND CLINIC   | 17,705       |                                       |            |                | 90                 |
| 00 09100 EMERGENCY  | -3, 678, 468 | 7, 344, 429                           |            |                | 91                 |
| . 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)<br>SPECIAL PURPOSE COST CENTERS     |              |                                       |            |                | 92                 |
|   | 20 105 704   | 352 5/5 415                           |            |                | 11(                |
| B. 00 SUBTOTALS (SUM OF LINES 1 through 117)  | 29, 405, 726 | 353, 545, 615                         |            |                | 118                |
| NONREI MBURSABLE COST CENTERS   |              |                                       |            |                | 10/                |
| 0. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>4. 00 07950 RURAL HEALTH         | 0            | 0                                     |            |                | 190<br>194         |
| 4. 00/07950 RUKAL HEALTH<br>4. 01/07951 RENTAL PROPERTY                             |              | 4, 732, 217                           |            |                | 192                |
| 4. 01 07951 RENTAL_PROPERTY<br>4. 02 07954 FAMILY_PRACTICE                          | 0            | 28, 417                               |            |                | 192                |
| 4. 02/07954 FAMILY PRACTICE<br>4. 03/07952 WELLNESS                                 |              | 2, 901, 288<br>364, 413               |            |                | 192                |
| 4. 04 07952 WELLNESS<br>4. 04 07955 PHYSI CI AN PRACTI CES                          | -410,000     |                                       |            |                | 192                |
| 4. 06 07953 SYCAMORE SPORTS MED   | -866, 260    |                                       |            |                | 194                |
| 4. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                                  | -000, 200    |                                       |            |                | 194                |
| STOLED TO THE OF STOLED TO THE SERVICES   | 0            | J J J J J J J J J J J J J J J J J J J |            |                | 1 7                |

616, 476

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

 Health Financial Systems
 UNION HO

 RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES

| Health Financial Systems                            | UNI ON HOSPI | TAL, INC.     |             | In Lieu                    | u of Form CMS                | -2552-10 |
|---|--------------|---------------|-------------|----------------------------|------------------------------|----------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C | OF EXPENSES  | Provider C    | CN: 15-0023 | Period:<br>From 01/01/2020 | Worksheet A                  |          |
|   |              |               |             |                            | Date/Time Pr<br>7/29/2021 1: |          |
| Cost Center Description                             | Adjustments  | Net Expenses  |             |                            |                              |          |
|   | (See A-8)    | For           |             |                            |                              |          |
|   |              | Allocation    |             |                            |                              |          |
|   | 6.00         | 7.00          |             |                            |                              |          |
| 200.00 TOTAL (SUM OF LINES 118 through 199)         | 28, 129, 466 | 379, 688, 209 |             |                            |                              | 200.00   |

| ASS | SI FI CATI ONS                             |                 |                    | Provider CCN:            | 5-0023 | Period:<br>From 01/01/2020 | Worksheet A-6                  |                |
|-----|--|-----------------|--------------------|--------------------------|--------|----------------------------|--------------------------------|----------------|
|     |  |                 |                    |                          |        | To 12/31/2020              | Date/Time Pre<br>7/29/2021 1:5 | epare<br>58 pr |
|     |  | Increases       |                    |                          |        |                            |                                |                |
|     | Cost Center<br>2.00                        | Line #<br>3.00  | Salary<br>4.00     | 0ther<br>5.00            |        |                            |                                |                |
|     | A - PARAMED RECLASS                        | 3.00            | 4.00               | 5.00                     |        |                            |                                |                |
| )   | PARAMED ED PRGM                            | 23.00           | 67, 667            | 15, 570                  |        |                            |                                | 1              |
|     | 0  |                 | 67,667             | 15, 570                  |        |                            |                                |                |
|     | B - FITNESS ACTIVITY RECLASS               |                 |                    |                          |        |                            |                                |                |
| )   | EMPLOYEE BENEFITS DEPARTMENT               | 4.00            | 77, 667            | 27, 577                  |        |                            |                                | 1              |
| )   | WELLNESS                                   | <u> </u>        | 266, 146           | 9 <u>4, 498</u>          |        |                            |                                | 2              |
|     | C - CLAY CITY RURAL HEALTH REC             |                 | 343, 813           | 122, 075                 |        |                            |                                |                |
| )   | RURAL HEALTH                               | 194.00          | 0                  | 49, 852                  |        |                            |                                | 1              |
|     |  |                 | <u>_</u>           | 49, 852                  |        |                            |                                |                |
|     | D - CORK MEDICAL RURAL HEALTH              | RECLASS         |                    | 177 002                  |        |                            |                                |                |
| )   | RURAL HEALTH                               | 194.00          | 0                  | 25, 483                  |        |                            |                                | 1              |
|     | 0  |                 | 0                  | 25, 483                  |        |                            |                                |                |
|     | E - BRAZIL MEDICAL CENTER RECI             |                 |                    | 1                        |        |                            |                                |                |
| )   | RURAL HEALTH                               | 1 <u>94.</u> 00 | 0                  | 45,857                   |        |                            |                                | 1              |
|     | TOTALS                                     | 100             | 0                  | 45, 857                  |        |                            |                                |                |
| )   | F - HOUSE NURSE ASSISTANT RECI             |                 | 78, 955            | 7 (02)                   |        |                            |                                |                |
|     | INTENSIVE CARE UNIT                        | 31.00<br>35.00  | 78, 955<br>40, 193 | 7, 692<br>3, 916         |        |                            |                                | 1              |
|     | SUBPROVIDER - IRF                          | 41.00           | 40, 193            | 4, 175                   |        |                            |                                |                |
|     |  |                 | 162,008            | <u>4, 173</u><br>15, 783 |        |                            |                                |                |
|     | G - EMPLOYEE ACCESS RECLASS                |                 |                    | ,                        |        |                            |                                |                |
|     | EMPLOYEE BENEFITS DEPARTMENT               | 4.00            | 72, 929            | 14, 487                  |        |                            |                                | 1              |
|     | o  |                 | 72, 929            | 14, 487                  |        |                            |                                |                |
|     | H - TUBE FEEDING RECLASS                   |                 |                    |                          |        |                            |                                |                |
|     | ADULTS & PEDIATRICS                        | <u>30.</u> 00   | <u> </u>           | <u>0</u>                 |        |                            |                                | 1              |
|     |  |                 | 2, 873             | 0                        |        |                            |                                |                |
|     | I - FAMILY MEDICINE RECLASS                | 21 00           | 1 410 410          | 114 000                  |        |                            |                                |                |
|     | I &R SERVI CES-SALARY &<br>FRI NGES APPRVD | 21.00           | 1, 419, 610        | 116, 982                 |        |                            |                                | -              |
|     | I &R SERVICES-OTHER PRGM                   | 22.00           | 1, 478, 984        | 658, 289                 |        |                            |                                |                |
|     | COSTS APPRVD                               | 22.00           | ., ., 0, ,04       | 200, 207                 |        |                            |                                | 1              |
|     | 0  |                 | 2, 898, 594        | 775, 271                 |        |                            |                                |                |
|     | J - LOBBY PHARMACY RECLASS                 |                 |                    |                          |        |                            |                                |                |
|     | EMPLOYEE BENEFITS DEPARTMENT               | 4.00            | <u> </u>           | 3, 482, 031              |        |                            |                                | 1              |
|     |  |                 | 528, 335           | 3, 482, 031              |        |                            |                                |                |
|     | K - IMPLANTABLE DEVICES RECLAS             | 72.00           | 0                  | 12,078,393               |        |                            |                                | 1              |
|     | PATIENTS                                   | 72.00           | U                  | 12,010,373               |        |                            |                                |                |
|     |  | 0.00            | О                  | 0                        |        |                            |                                |                |
|     |  | 0.00            | Ō                  | 0                        |        |                            |                                | 3              |
|     |  | 0.00            | 0                  | 0                        |        |                            |                                | 4              |
|     | $\sqsubseteq \_ \_ \_ \_ \_ \_ \_$         | 0.00            | <u>o</u>           | 0                        |        |                            |                                | Ę              |
|     | 0  |                 | 0                  | 12, 078, 393             |        |                            |                                |                |
|     | L - INTEREST RECLASS                       | . ocl           |                    | 5 004 004                |        |                            |                                |                |
|     | NEW CAP REL COSTS-BLDG &                   | 1.00            | 0                  | 5, 821, 296              |        |                            |                                | -              |
|     | FIXT<br>NEW CAP REL COSTS-MVBLE            | 2.00            | 0                  | 2, 314, 119              |        |                            |                                | 2              |
|     | EQUIP                                      | 2.00            | U                  | 2, 314, 119              |        |                            |                                | -              |
|     |  | +               |                    | 8, 135, 415              |        |                            |                                |                |
|     | M - NURSERY RECLASS                        |                 |                    |                          |        |                            |                                |                |
|     | NURSERY                                    | 43.00           | 861,015            | 226, 022                 |        |                            |                                | 1              |
|     | 0  |                 | 861, 015           | 226, 022                 |        |                            |                                |                |
|     | N - PHARMACY PARAMED RECLASS               |                 |                    |                          |        |                            |                                |                |
|     | OTHER MED ED                               | 23.01           | 44,974             | 4,557                    |        |                            |                                | 1              |
|     |  |                 | 44, 974            | 4, 557                   |        |                            |                                |                |
|     | O – CAFE RECLASS<br>CAFETERI A             | 11.00           | 1, 419, 141        | 2, 175, 103              |        |                            |                                | 1              |
|     |  |                 | <u> </u>           | 2, 175, 103              |        |                            |                                |                |
|     | P - CENTRAL SUPPLY RECLASS                 |                 | 1, 717, 191        | 2, 175, 105              |        |                            |                                |                |
|     | OPERATI NG ROOM                            | 50.00           | 0                  | 405, 974                 |        |                            |                                | -              |
|     | CARDI AC SURGERY                           | 50.01           | Ō                  | 10, 544                  |        |                            |                                |                |
|     | WVSC                                       | 50.02           | 0                  | 60, 732                  |        |                            |                                |                |
|     | DELIVERY ROOM & LABOR ROOM                 | 52.00           | 0                  | 3, 796                   |        |                            |                                | 4              |
|     | RADI OLOGY-DI AGNOSTI C                    | 54.00           | О                  | 21, 340                  |        |                            |                                | ļ              |
|     | CARDI AC CATHETERI ZATI ON                 | 59.00           | 0                  | 323, 058                 |        |                            |                                |                |
|     | RESPI RATORY THERAPY                       | 65.00           | 0                  | 14, 761                  |        |                            |                                |                |
|     | EMERGENCY                                  | <u> </u>        | 0                  | <u>3, 290</u>            |        |                            |                                | 8              |
|     |  |                 | 0                  | 843, 495                 |        |                            |                                |                |
|     | Q - BONUS RECLASS                          | 4 00            | 10 144             |                          |        |                            |                                | -              |
|     | EMPLOYEE BENEFITS DEPARTMENT               | 4.00<br>5.01    | 13, 144<br>6, 703  | 0<br>0                   |        |                            |                                | 1              |
|     |  |                 | 17, 218            | 0                        |        |                            |                                | 3              |
|     | ADMI TTI NG                                | 5.04            |                    | 111                      |        |                            |                                |                |

## UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10 Worksheet A-6

| Heal th | Financial Systems            |           | UNI ON HOSPI | TAL, INC.          |      | In Lieu                          | u of Form CMS | 5-2552-10 |
|---------|------------------------------|-----------|--------------|--------------------|------|----------------------------------|---------------|-----------|
| RECLAS  | SIFICATIONS                  |           |              | Provider CCN: 15-0 | 0023 | Peri od:                         | Worksheet A   | -6        |
|         |                              |           |              |                    |      | From 01/01/2020<br>To 12/31/2020 | Date/Time P   | roparod   |
|         |                              |           |              |                    |      | 10 12/31/2020                    | 7/29/2021 1   |           |
|         |                              | Increases |              |                    |      | L.,                              | 112112021     |           |
|         | Cost Center                  | Line #    | Salary       | Other              |      |                                  |               |           |
|         | 2.00                         | 3.00      | 4.00         | 5.00               |      |                                  |               |           |
| 5.00    | OPERATION OF PLANT           | 7.00      | 1, 125       | 0                  |      |                                  |               | 5.00      |
| 6.00    | LAUNDRY & LINEN SERVICE      | 8.00      | 10, 846      | 0                  |      |                                  |               | 6.00      |
| 7.00    | HOUSEKEEPI NG                | 9.00      | 30, 261      | 0                  |      |                                  |               | 7.00      |
| 8.00    | DI ETARY                     | 10.00     | 5, 956       | 0                  |      |                                  |               | 8.00      |
| 9.00    | CAFETERI A                   | 11.00     | 20, 096      | 0                  |      |                                  |               | 9.00      |
| 10.00   | NURSING ADMINISTRATION       | 13.00     | 33, 629      | 0                  |      |                                  |               | 10.00     |
| 11.00   | MEDICAL RECORDS & LIBRARY    | 16.00     | 39, 212      | 0                  |      |                                  |               | 11.00     |
| 12.00   | I&R SERVICES-SALARY &        | 21.00     | 20, 102      | 0                  |      |                                  |               | 12.00     |
|         | FRINGES APPRVD               |           |              |                    |      |                                  |               |           |
| 13.00   | I&R SERVICES-OTHER PRGM      | 22.00     | 20, 943      | 0                  |      |                                  |               | 13.00     |
|         | COSTS APPRVD                 |           |              |                    |      |                                  |               |           |
| 14.00   | PARAMED ED PRGM              | 23.00     | 958          | 0                  |      |                                  |               | 14.00     |
| 15.00   | OTHER MED ED                 | 23.01     | 11, 215      | 0                  |      |                                  |               | 15.00     |
| 16.00   | ADULTS & PEDIATRICS          | 30.00     | 270, 468     | 0                  |      |                                  |               | 16.00     |
| 17.00   | INTENSIVE CARE UNIT          | 31.00     | 71, 027      | 0                  |      |                                  |               | 17.00     |
| 18.00   | I NTENSI VE NURSERY          | 35.00     | 29, 907      | 0                  |      |                                  |               | 18.00     |
| 19.00   | SUBPROVIDER - IRF            | 41.00     | 22, 322      | 0                  |      |                                  |               | 19.00     |
| 20.00   | NURSERY                      | 43.00     | 12, 192      | 0                  |      |                                  |               | 20.00     |
| 21.00   | OPERATING ROOM               | 50.00     | 45, 425      | 0                  |      |                                  |               | 21.00     |
| 22.00   | CARDI AC SURGERY             | 50.01     | 33, 530      | 0                  |      |                                  |               | 22.00     |
| 23.00   | RECOVERY ROOM                | 51.00     | 19, 069      | 0                  |      |                                  |               | 23.00     |
| 24.00   | 0/P TREATMENT ROOM           | 51.02     | 4, 901       | 0                  |      |                                  |               | 24.00     |
| 25.00   | DELIVERY ROOM & LABOR ROOM   | 52.00     | 44, 710      | 0                  |      |                                  |               | 25.00     |
| 26.00   | RADI OLOGY-DI AGNOSTI C      | 54.00     | 57, 832      | 0                  |      |                                  |               | 26.00     |
| 27.00   | RADI OLOGY-THERAPEUTI C      | 55.00     | 4, 026       | 0                  |      |                                  |               | 27.00     |
| 28.00   | RADI OI SOTOPE               | 56.00     | 4, 944       | 0                  |      |                                  |               | 28.00     |
| 29.00   | CT SCAN                      | 57.00     | 14, 680      | 0                  |      |                                  |               | 29.00     |
| 30.00   | MAGNETIC RESONANCE IMAGING   | 58.00     | 10, 315      | 0                  |      |                                  |               | 30.00     |
|         | (MRI)                        |           |              |                    |      |                                  |               |           |
| 31.00   | CARDI AC CATHETERI ZATI ON   | 59.00     | 25, 781      | 0                  |      |                                  |               | 31.00     |
| 32.00   | RESPI RATORY THERAPY         | 65.00     | 42, 651      | 0                  |      |                                  |               | 32.00     |
| 33.00   | ELECTROCARDI OLOGY           | 69.00     | 8, 627       | 0                  |      |                                  |               | 33.00     |
| 34.00   | CARDI AC REHAB               | 69.01     | 3, 793       | 0                  |      |                                  |               | 34.00     |
| 35.00   | ELECTROENCEPHALOGRAPHY       | 70.00     | 33, 361      | 0                  |      |                                  |               | 35.00     |
| 36.00   | DRUGS CHARGED TO PATIENTS    | 73.00     | 60, 144      | 0                  |      |                                  |               | 36.00     |
| 37.00   | CLINIC                       | 90.00     | 2, 938       | 0                  |      |                                  |               | 37.00     |
| 38.00   | PATIENT NUTRITION            | 90.05     | 3, 711       | 0                  |      |                                  |               | 38.00     |
| 39.00   | WOUND CLINIC                 | 90. 07    | 4, 903       | 0                  |      |                                  |               | 39.00     |
| 40.00   | EMERGENCY                    | 91.00     | 72, 541      | 0                  |      |                                  |               | 40.00     |
| 41.00   | RURAL HEALTH                 | 194.00    | 24, 678      | 0                  |      |                                  |               | 41.00     |
| 42.00   | FAMILY PRACTICE              | 194.02    | 28, 670      | 0                  |      |                                  |               | 42.00     |
| 43.00   | WELLNESS                     | 194.03    | 3, 769       | 0                  |      |                                  |               | 43.00     |
| 44.00   | PHYSI CI AN PRACTI CES       | 194.04    | 106, 373     | 0                  |      |                                  |               | 44.00     |
| 45.00   | SYCAMORE SPORTS MED          | 194.06    | 108          | 0                  |      |                                  |               | 45.00     |
| 46.00   | PSYCHI ATRI C/PSYCHOLOGI CAL | 194.07    | 7, 198       | 0                  |      |                                  |               | 46.00     |
|         | SERVICES                     | ┝─────┤   |              |                    |      |                                  |               |           |
| F00 00  | TOTALS                       |           | 1, 388, 893  | 0                  |      |                                  |               | 500.00    |
| 500.00  | Grand Total: Increases       | I I       | 7, 790, 242  | 28,009,394         |      |                                  |               | 500.00    |

| SSI FI CATI ONS                       |                   |                  |                                   | TTOVIGET                                | CCN: 15-0023                          | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet A-6<br>)<br>) Date/Time Prepa |
|---------------------------------------|-------------------|------------------|-----------------------------------|---|---------------------------------------|---|---|
|                                       |                   | Decreases        |                                   |   |                                       | 10 12/01/2020                               | 7/29/2021 1:58                          |
|                                       | Center            | Line #           | Sal ary                           | Other                                   | Wkst. A-7 Ref                         | <u>.</u>                                    |   |
| A - PARAMED R                         | . 00              | 7.00             | 8.00                              | 9.00                                    | 10.00                                 |   |   |
| RADI OLOGY-DI A                       |                   | 54.00            | 67, 667                           | 15, 570                                 | 1                                     | 0   |   |
| 0                                     |                   | <u>04.00</u>     | 67,667                            | 1 <u>5,5</u> 70                         |                                       |   |   |
|                                       | CTIVITY RECLASS   |                  | 1                                 |   |                                       |   |   |
| OTHER ADMIN A                         | ND GENERAL        | 5.06             | 343, 813                          | 122, 075                                |                                       | 0   |   |
|                                       |                   |                  | 343, 813                          | 122, 075                                |                                       | 0   |   |
| C - CLAY CITY                         | RURAL HEALTH R    | ECLASS           | 343, 013                          | 122,075                                 | 1                                     |   |   |
| NEW CAP REL C                         |                   | 1.00             | 0                                 | 49, 852                                 |                                       | 9   |   |
| FI XT                                 |                   |                  |                                   |   |                                       | _   |   |
|                                       | CAL RURAL HEALT   |                  | 0                                 | 49, 852                                 |                                       |   |   |
| NEW CAP REL C                         |                   | 1.00             | 0                                 | 25, 483                                 |                                       | 9   |   |
|                                       |                   |                  | ]                                 |   |                                       |   |   |
| 0                                     |                   |                  | 0                                 | 25, 483                                 |                                       |   |   |
| <u>E - BRAZIL ME</u><br>NEW CAP REL C | DI CAL CENTER REG | 1.00             | 0                                 | 45.057                                  | a                                     | 9   |   |
| FIXT                                  | USIS-BLDG &       | 1.00             | 0                                 | 45, 857                                 |                                       | 9   |   |
| TOTALS                                |                   |                  |                                   | 45,857                                  | · · · · · · · · · · · · · · · · · · · | -   |   |
| F - HOUSE NUR                         | SE ASSISTANT RE   |                  |                                   |   |                                       |   |   |
| ADULTS & PEDI                         | ATRI CS           | 30.00            | 162, 008                          | 15, 783                                 |                                       | 0   |   |
|                                       |                   | 0. 00<br>0. 00   | 0                                 | C                                       |                                       | 0   |   |
| 0                                     |                   | 0.00             | 162,008                           | 15, 783                                 |                                       |   |   |
| G - EMPLOYEE                          | ACCESS RECLASS    |                  | 1027 000                          | 10,700                                  |                                       |   |   |
| PSYCHI ATRI C/P                       | SYCHOLOGI CAL     | 194.07           | 72, 929                           | 14, 487                                 | ,                                     | 0   |   |
| SERVICES                              |                   |                  |                                   |   | · · · · · · · · · · · · · · · · · · · | _   |   |
| H - TUBE FEED                         | ING RECLASS       |                  | 72, 929                           | 14, 487                                 |                                       |   |   |
| DI ETARY                              | THO RECEASE       | 10.00            | 2, 873                            | C                                       | )                                     | 0   |   |
| 0                                     |                   |                  | 2, 873                            | c                                       |                                       |   |   |
|                                       | DICINE RECLASS    |                  | !                                 |   | 1                                     | -   |   |
| FAMILY PRACTI                         | CE                | 194. 02<br>0. 00 | 2, 898, 594                       | 775, 271                                |                                       | 0   |   |
| 0                                     |                   | 0.00             | 2, 898, 594                       | 775, 271                                |                                       |   |   |
| J - LOBBY PHA                         | RMACY RECLASS     |                  | 2/0/0/0/1                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |   |   |
| DRUGS CHARGED                         | TO PATIENTS       | 73.00            | 528, 335                          | 3, 482, 031                             |                                       | 0   |   |
| 0                                     |                   |                  | 528, 335                          | 3, 482, 031                             |                                       |   |   |
| K - IMPLANIAE                         | LE DEVICES RECLA  | ASS 50.00        | 0                                 | 7, 739, 223                             |                                       | 0   |   |
| CARDI AC SURGE                        |                   | 50.00            | 0                                 | 169, 599                                |                                       | 0   |   |
| wvsc                                  |                   | 50.02            | 0                                 | 2,046,942                               |                                       | 0   |   |
| CARDI AC CATHE                        | TERI ZATI ON      | 59.00            | О                                 | 2, 106, 682                             |                                       | 0   |   |
| WOUND CLINIC                          |                   | <u> </u>         | •                                 | 1 <u>5, 9</u> 47                        |                                       | 이   |   |
|                                       |                   |                  | 0                                 | 12, 078, 393                            |                                       |   |   |
| L - INTEREST<br>OTHER ADMIN A         |                   | 5.06             | 0                                 | 8, 135, 415                             | 1                                     | 1   |   |
|                                       | ND GENERAL        | 0.00             | 0                                 | 0, 100, 410<br>C                        | 1                                     |   |   |
| 0                                     |                   |                  | o                                 | 8, 135, 415                             |                                       |   |   |
| M - NURSERY R                         |                   |                  |                                   |   | 1                                     | -   |   |
| ADULTS & PEDI                         | ATRI CS           | <u>30.</u> 00    | 861,015                           | 226, 022                                |                                       | 이   |   |
| U<br>N - PHARMACY                     | PARAMED RECLASS   |                  | 861, 015                          | 226, 022                                |                                       |   |   |
| DRUGS CHARGED                         |                   | 73.00            | 44, 974                           | 4, 557                                  |                                       | 0   |   |
| 0                                     |                   |                  | 44, 974                           | 4, 557                                  |                                       | 1   |   |
| 0 - CAFE RECL                         | ASS               |                  |                                   |   | 1                                     |   |   |
| DIETARY                               |                   | <u>10.00</u>     | <u>1, 419, 141</u><br>1, 419, 141 | <u>2, 175, 103</u><br>2, 175, 103       |                                       | Q   |   |
| D - CENTRAL S                         | UPPLY RECLASS     |                  | 1, 419, 141                       | 2, 175, 103                             |                                       |   |   |
|                                       | I ES CHARGED TO   | 71.00            | 0                                 | 843, 495                                | i                                     | 0   |   |
| PATI ENTS                             |                   |                  |                                   |   |                                       |   |   |
|                                       |                   | 0.00             | 0                                 | C                                       |                                       | 0   |   |
|                                       |                   | 0.00             | 0                                 | C                                       |                                       | 0   |   |
|                                       |                   | 0. 00<br>0. 00   | U                                 |   |                                       | 0   |   |
|                                       |                   | 0.00             | 0                                 | ſ                                       |                                       | 0   |   |
|                                       |                   | 0.00             | õ                                 | C                                       |                                       | 0   |   |
|                                       |                   | 0.00             | 0                                 | C                                       |                                       | o   |   |
| 0                                     |                   |                  | 0                                 | 843, 495                                |                                       |   |   |
| Q - BONUS REC                         |                   | 5.06             | 1, 388, 893                       | C                                       |                                       | 0   |   |
|                                       | ULIVENAL          | 0.00             | 0                                 | C                                       |                                       | 0   |   |
|                                       |                   | 0.00             | 0                                 | C                                       |                                       | o   |   |
|                                       |                   | 0.00             | 0                                 | C                                       | d .                                   | 0   |   |

UNION HOSPITAL, INC. In Lieu of Form CMS-2552-10

Health Financial Systems

| RECLASSI       | FICATIONS             |                     |             | Provider ( | CCN: 15-0023  | Period:                          | Worksheet A | A-6            |
|----------------|-----------------------|---------------------|-------------|------------|---------------|----------------------------------|-------------|----------------|
|                |                       |                     |             |            |               | From 01/01/2020<br>To 12/31/2020 | Date/Time F | Prepared:      |
|                |                       | D                   |             |            |               |                                  | 7/29/2021   | <u>1:58 pm</u> |
|                | Cost Center           | Decreases<br>Line # | Salary      | Other      | Wkst. A-7 Re1 | e                                |             |                |
|                | 6.00                  | 7.00                | 8.00        | 9.00       | 10.00         |                                  |             |                |
| 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<br>19.00 |                       | 0. 00<br>0. 00      | 0           | 0<br>0     |               | 0                                |             | 18.00          |
| 20.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 19.00<br>20.00 |
| 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                                |             | 24.00          |
| 25.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 25.00          |
| 26.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 26.00          |
| 27.00          |                       | 0.00                | Ő           | 0          |               | 0                                |             | 27.00          |
| 28.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 28.00          |
| 29.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 29.00          |
| 30.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 30.00          |
| 31.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 31.00          |
| 32.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 32.00          |
| 33.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 33.00          |
| 34.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 34.00          |
| 35.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 35.00          |
| 36.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 36.00          |
| 37.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 37.00          |
| 38.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 38.00          |
| 39.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 39.00          |
| 40.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 40.00          |
| 41.00          |                       | 0.00<br>0.00        | 0<br>O      | 0          |               | 0                                |             | 41.00          |
| 42.00<br>43.00 |                       | 0.00                | 0           | 0          |               | 0                                |             | 42.00<br>43.00 |
| 43.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 43.00          |
| 45.00          |                       | 0.00                | 0           | 0          |               | 0                                |             | 44.00          |
| 45.00          |                       | 0.00                | 0           | 0          |               | õ                                |             | 45.00          |
|                |                       | <u> </u>            | 1, 388, 893 | 0          |               | Ť                                |             | 10.00          |
|                | rand Total: Decreases |                     | 7, 790, 242 | 28,009,394 |               | -                                |             | 500.00         |
|                | ··· ···               | 1                   | · · · · -   |            | 1             | I .                              |             | 1              |

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

Health Financial Systems

| Heal th | Financial Systems                             | UNI ON HOSPI  | TAL, INC.    |             |           | In Lie                              | u of Form CMS-2 | 2552-10 |
|---------|---|---------------|--------------|-------------|-----------|-------------------------------------|-----------------|---------|
| RECONC  | CILIATION OF CAPITAL COSTS CENTERS            |               | Provider C   |             | Fro<br>To | i od:<br>m 01/01/2020<br>12/31/2020 |                 | pared:  |
|         |   |               |              | Acquisition | IS        |                                     |                 |         |
|         |   | Begi nni ng   | Purchases    | Donati on   |           | Total                               | Disposals and   |         |
|         |   | Bal ances     |              |             |           |                                     | Retirements     |         |
|         |   | 1.00          | 2.00         | 3.00        |           | 4.00                                | 5.00            |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE  | F BALANCES    |              |             |           |                                     |                 |         |
| 1.00    | Land  | 17, 264, 710  | 595, 525     |             | 0         | 595, 525                            | 0               | 1.00    |
| 2.00    | Land Improvements                             | 20, 383, 165  | 152, 710     |             | 0         | 152, 710                            | 0               | 2.00    |
| 3.00    | Buildings and Fixtures                        | 345, 126, 619 | 57, 714, 444 |             | 0         | 57, 714, 444                        | 0               | 3.00    |
| 4.00    | Building Improvements                         | 2, 268, 190   | 20, 569      |             | 0         | 20, 569                             | 0               | 4.00    |
| 5.00    | Fixed Equipment                               | 0             | 0            |             | 0         | 0                                   | 0               | 5.00    |
| 6.00    | Movable Equipment                             | 171, 654, 830 | 5, 804, 096  |             | 0         | 5, 804, 096                         | 0               | 6.00    |
| 7.00    | HIT designated Assets                         | 0             | 0            |             | 0         | 0                                   | 0               | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 556, 697, 514 | 64, 287, 344 |             | 0         | 64, 287, 344                        | 0               | 8.00    |
| 9.00    | Reconciling Items                             | 0             | 0            |             | 0         | 0                                   | 0               | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 556, 697, 514 | 64, 287, 344 |             | 0         | 64, 287, 344                        | 0               | 10.00   |
|         |   | Endi ng       | Fully        |             |           |                                     |                 |         |
|         |   | Bal ance      | Depreciated  |             |           |                                     |                 |         |
|         |   |               | Assets       |             |           |                                     |                 |         |
|         |   | 6.00          | 7.00         | 1           |           |                                     |                 |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | F BALANCES    |              |             |           |                                     |                 |         |
| 1.00    | Land  | 17, 860, 235  | 0            |             |           |                                     |                 | 1.00    |
| 2.00    | Land Improvements                             | 20, 535, 875  | 0            |             |           |                                     |                 | 2.00    |
| 3.00    | Buildings and Fixtures                        | 402, 841, 063 | 0            |             |           |                                     |                 | 3.00    |
| 4.00    | Building Improvements                         | 2, 288, 759   | 0            |             |           |                                     |                 | 4.00    |
| 5.00    | Fixed Equipment                               | 0             | 0            |             |           |                                     |                 | 5.00    |
| 6.00    | Movable Equipment                             | 177, 458, 926 | 0            |             |           |                                     |                 | 6.00    |
| 7.00    | HIT designated Assets                         | 0             | 0            |             |           |                                     |                 | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 620, 984, 858 | 0            |             |           |                                     |                 | 8.00    |
| 9.00    | Reconciling Items                             | 0             | 0            |             |           |                                     |                 | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 620, 984, 858 | 0            |             |           |                                     |                 | 10.00   |
|         |   | .,            | -            | 1           |           |                                     |                 |         |

| Heal th | Financial Systems                            | UNI ON HOSPI    | TAL, INC.       |               | In Lie                           | u of Form CMS-2          | 2552-10 |
|---------|--|-----------------|-----------------|---------------|----------------------------------|--------------------------|---------|
| RECON   | CILIATION OF CAPITAL COSTS CENTERS           |                 | Provider C      | CN: 15-0023   | Period:                          | Worksheet A-7            |         |
|         |  |                 |                 |               | From 01/01/2020<br>To 12/31/2020 | Part II<br>Date/Time Pre | pared:  |
|         |  |                 |                 |               |                                  | 7/29/2021 1:5            | 8 pm    |
|         |  |                 | SL              | JMMARY OF CAP | PI TAL                           |                          |         |
|         |  | Description     |                 |               | • • • • • • • • •                | <b>T</b>                 |         |
|         | Cost Center Description                      | Depreciation    | Lease           | Interest      | Insurance                        | Taxes (see               |         |
|         |  |                 |                 |               | (see                             | instructions)            |         |
|         |  |                 | 10.00           | 44.00         | instructions)                    | 10.00                    |         |
|         |  | 9.00            | 10.00           | 11.00         | 12.00                            | 13.00                    |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WOR |                 |                 | and 2         | -                                |                          |         |
| 1.00    | NEW CAP REL COSTS-BLDG & FIXT                | 13, 535, 791    |                 |               | 0 0                              | 0                        | 1.00    |
| 2.00    | NEW CAP REL COSTS-MVBLE EQUIP                | 10, 092, 564    |                 |               | 0 0                              | 0                        | 2.00    |
| 3.00    | Total (sum of lines 1-2)                     | 23, 628, 355    |                 |               | 0 0                              | 0                        | 3.00    |
|         |  | SUMMARY O       | F CAPITAL       |               |                                  |                          |         |
|         | Cost Center Description                      | Other           | Total (1)       | -             |                                  |                          |         |
|         |  | Capital - Relat |                 |               |                                  |                          |         |
|         |  | ed Costs (see   | 9 through 14)   |               |                                  |                          |         |
|         |  | instructions)   |                 |               |                                  |                          |         |
|         |  | 14.00           | 15.00           | 1             |                                  |                          |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLU  | MN 2, LINES 1 a | and 2         |                                  |                          |         |
| 1.00    | NEW CAP REL COSTS-BLDG & FIXT                | 0               | 13, 535, 791    |               |                                  |                          | 1.00    |
| 2.00    | NEW CAP REL COSTS-MVBLE EQUIP                | 0               | 10, 092, 564    |               |                                  |                          | 2.00    |
| 3.00    | Total (sum of lines 1-2)                     | 0               | 23, 628, 355    |               |                                  |                          | 3.00    |

| Health Financial Systems                     | UNI ON HOSPI  |                 |                | In Lie                                      | u of Form CMS-2 | 2552-10 |
|--|---------------|-----------------|----------------|---|-----------------|---------|
| RECONCILIATION OF CAPITAL COSTS CENTERS      |               | Provider C      |                | Period:<br>From 01/01/2020<br>Fo 12/31/2020 |                 |         |
|  |               |                 |                | 10 12/01/2020                               | 7/29/2021 1:5   |         |
|  | COME          | PUTATION OF RAT | TIOS           | ALLOCATION OF                               | OTHER CAPITAL   |         |
| Cost Center Description                      | Gross Assets  | Capi tal i zed  | Gross Assets   | Ratio (see                                  | Insurance       |         |
|  |               | Leases          | for Ratio      | instructions)                               |                 |         |
|  |               |                 | (col. 1 -      |   |                 |         |
|  |               |                 | col. 2)        |   |                 |         |
|  | 1.00          | 2.00            | 3.00           | 4.00  | 5.00            |         |
| PART III - RECONCILIATION OF CAPITAL COSTS C |               |                 |                |   |                 |         |
| 1.00 NEW CAP REL COSTS-BLDG & FIXT           | 443, 525, 932 |                 |                |   |                 | 1.00    |
| 2.00 NEW CAP REL COSTS-MVBLE EQUIP           | 177, 458, 926 |                 | 177, 458, 920  |   |                 | 2.00    |
| 3.00 Total (sum of lines 1-2)                | 620, 984, 858 | 0               | 620, 984, 858  | 3 1.000000                                  | 0               | 3.00    |
|  | ALLOCA        | TION OF OTHER ( | CAPI TAL       | SUMMARY C                                   | F CAPI TAL      |         |
| Cost Center Description                      | Taxes         | Other           | Total (sum of  | Depreciation                                | Lease           |         |
| ·  |               | Capital - Relat | cols. 5        |   |                 |         |
|  |               | ed Costs        | through 7)     |   |                 |         |
|  | 6.00          | 7.00            | 8.00           | 9.00  | 10.00           |         |
| PART III - RECONCILIATION OF CAPITAL COSTS C | ENTERS        |                 |                |   |                 |         |
| 1.00 NEW CAP REL COSTS-BLDG & FIXT           | 0             | 0               | (              | 9, 168, 687                                 | 0               | 1.00    |
| 2.00 NEW CAP REL COSTS-MVBLE EQUIP           | 0             | 0               | (              | 9, 438, 586                                 | 0               | 2.00    |
| 3.00 Total (sum of lines 1-2)                | 0             | 0               | (              | 18, 607, 273                                | 0               | 3.00    |
|  |               | SL              | JMMARY OF CAPI | TAL   |                 |         |
| Cost Center Description                      | Interest      | Insurance       | Taxes (see     | Other                                       | Total (2)       |         |
| ·  |               | (see            | instructions)  | Capi tal -Rel at                            | (sum of cols.   |         |
|  |               | instructions)   |                | ed Costs (see                               |                 |         |
|  |               |                 |                | instructions)                               |                 |         |
|  | 11.00         | 12.00           | 13.00          | 14.00                                       | 15.00           |         |
| PART III - RECONCILIATION OF CAPITAL COSTS C |               |                 |                |   |                 |         |
| 1.00 NEW CAP REL COSTS-BLDG & FIXT           | 5, 528, 231   | 0               | (              | 0 0   | 14, 696, 918    | 1.00    |
| 2.00 NEW CAP REL COSTS-MVBLE EQUIP           | 2, 197, 618   | 0               | (              | 0 0   | 11, 636, 204    | 2.00    |
| 3.00 Total (sum of lines 1-2)                | 7, 725, 849   | 0               | (              | 0 0   | 26, 333, 122    | 3.00    |
|  |               |                 |                |   |                 |         |

Health Financial Systems

|              |   |                    |                    | Fi<br>To   | rom 01/01/2020<br>p 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 | parec         |
|--------------|---|--------------------|--------------------|--|--------------------------------|--------------------------------|---------------|
|              |   |                    |                    | Expense Classification on<br>To/From Which the Amount is |                                | 772972021 1.30                 | <u>o piii</u> |
|              |   |                    |                    |  |                                |                                |               |
|              | Cost Center Description   | Basi s/Code<br>(2) | Amount             | Cost Center  | Line #                         | Wkst. A-7<br>Ref.              |               |
|              | Investment income - NEW CAP<br>REL COSTS-BLDG & FIXT (chapter   | <u>1.00</u><br>B   | 2.00<br>-293,065   | 3.00<br>NEW CAP REL COSTS-BLDG &<br>FLXT                 | <u>4.00</u><br>1.00            | <u>5. 00</u><br>11             | 1.            |
|              | 2)<br>Investment income - NEW CAP<br>REL COSTS-MVBLE EQUIP (chapter                                   | В                  | -116, 501          | NEW CAP REL COSTS-MVBLE<br>EQUIP                         | 2.00                           | 11                             | 2.            |
| 00           | 2)<br>Investment income - other   |                    | 0                  |  | 0. 00                          | 0                              | 3.            |
| 00           | (chapter 2)<br>Trade, quantity, and time<br>discounts (chapter 8)                                     | В                  | 16, 039            | OTHER ADMIN AND GENERAL                                  | 5.06                           | 0                              | 4.            |
| 00           | Refunds and rebates of<br>expenses (chapter 8)  | В                  | -1, 239, 625       | PURCHASING RECEIVING AND STORES                          | 5. 03                          | 0                              | 5.            |
| 00           | Rental of provider space by<br>suppliers (chapter 8)  |                    | 0                  |  | 0.00                           | 0                              | 6.            |
|              | Telephone services (pay<br>stations excluded) (chapter  | А                  | -19, 632           | NONPATIENT TELEPHONES                                    | 5. 01                          | 0                              | 7.            |
| 00           | 21)<br>Television and radio service<br>(chapter 21)   |                    | C                  |  | 0.00                           | 0                              | 8.            |
|              | Parking lot (chapter 21)<br>Provider-based physician  | A-8-2              | 0<br>-16, 965, 576 |  | 0. 00                          | 0                              | 9<br>10       |
| 00           | adjustment<br>Sale of scrap, waste, etc.  |                    | O                  |  | 0.00                           | 0                              | 11            |
| 00           | (chapter 23)<br>Related organization  | A-8-1              | 76, 225, 916       |  |                                | О                              | 12            |
|              | transactions (chapter 10)<br>Laundry and linen service<br>Cafeteria-employees and guests              | В                  | 0<br>-1, 091, 594  |  | 0. 00<br>11. 00                | 0                              | 13<br>14      |
|              | Rental of quarters to employee<br>and others  | В                  | -1,091,394         |  | 0.00                           | 0                              |               |
|              | Sale of medical and surgical<br>supplies to other than<br>patients                                    | А                  | -8, 372            | MEDICAL SUPPLIES CHARGED TO<br>PATIENTS                  | 71.00                          | 0                              | 16            |
|              | Sale of drugs to other than patients  | А                  | -3, 527            | DRUGS CHARGED TO PATIENTS                                | 73.00                          | 0                              | 17            |
|              | Sale of medical records and abstracts   | В                  | -58, 163           | MEDI CAL RECORDS & LI BRARY                              | 16.00                          | 0                              | 18            |
| 00           | Nursing and allied health<br>education (tuition, fees,<br>books, etc.)                                |                    | 0                  |  | 0. 00                          | 0                              | 19            |
| . 00<br>. 00 | Vending machines<br>Income from imposition of<br>interest, finance or penalty<br>charges (chapter 21) | A                  | -13, 224<br>0      | OPERATION OF PLANT                                       | 7.00<br>0.00                   | 0<br>0                         |               |
|              | Interest expense on Medicare<br>overpayments and borrowings to<br>repay Medicare overpayments         |                    | C                  |  | 0.00                           | 0                              | 22            |
|              | Adjustment for respiratory therapy costs in excess of   | A-8-3              | O                  | RESPI RATORY THERAPY                                     | 65.00                          |                                | 23            |
| 00           | limitation (chapter 14)<br>Adjustment for physical<br>therapy costs in excess of                      | A-8-3              | O                  | PHYSI CAL THERAPY  | 66.00                          |                                | 24            |
|              | limitation (chapter 14)<br>Utilization review -<br>physicians' compensation                           |                    | 0                  | *** Cost Center Deleted ***                              | 114.00                         |                                | 25            |
|              | (chapter 21)<br>Depreciation - NEW CAP REL  |                    | C                  | NEW CAP REL COSTS-BLDG &<br>FLXT                         | 1.00                           | 0                              | 26            |
|              | COSTS-BLDG & FIXT<br>Depreciation - NEW CAP REL<br>COSTS-MVBLE EQUIP                                  |                    |                    | NEW CAP REL COSTS-MVBLE                                  | 2.00                           | О                              | 27            |
|              | Non-physician Anesthetist   |                    |                    | *** Cost Center Deleted ***                              | 19.00<br>0.00                  | 0                              | 28<br>29      |
|              | Physicians' assistant<br>Adjustment for occupational<br>therapy costs in excess of                    | A-8-3              | 0                  | OCCUPATI ONAL THERAPY                                    | 67.00                          | 0                              | 30            |
|              | limitation (chapter 14)<br>Hospice (non-distinct) (see<br>instructions)                               |                    | o                  | ADULTS & PEDI ATRI CS                                    | 30. 00                         |                                | 30            |

| Heal th | Fi nan | ci al | Systems  |
|---------|--------|-------|----------|
| AD JUST | MENTS  | TO I  | EXPENSES |

|        | Financial Systems                     |             | UNI ON HOSPI | TAL, INC.                        | In Lie                         | u of Form CMS- | 2552-10 |
|--------|---------------------------------------|-------------|--------------|----------------------------------|--------------------------------|----------------|---------|
| ADJUST | MENTS TO EXPENSES                     |             |              |                                  | eriod:                         | Worksheet A-8  |         |
|        |                                       |             |              |                                  | rom 01/01/2020<br>o 12/31/2020 |                | pared:  |
|        |                                       |             |              |                                  |                                | 7/29/2021 1:5  |         |
|        |                                       |             |              | Expense Classification on        |                                |                |         |
|        |                                       |             |              | To/From Which the Amount is      | to be Adjusted                 |                |         |
|        |                                       |             |              |                                  |                                |                |         |
|        |                                       |             |              |                                  |                                |                |         |
|        |                                       |             |              |                                  |                                |                |         |
|        |                                       |             |              |                                  |                                |                |         |
|        |                                       |             |              |                                  |                                |                |         |
|        | Cost Center Description               | Basi s/Code | Amount       | Cost Center                      | Line #                         | Wkst. A-7      |         |
|        | cost center bescription               | (2)         | Amount       | cost center                      |                                | Ref.           |         |
|        |                                       | 1.00        | 2.00         | 3.00                             | 4.00                           | 5.00           |         |
| 31.00  | Adjustment for speech                 | A-8-3       |              | SPEECH PATHOLOGY                 | 68.00                          |                | 31.00   |
|        | pathology costs in excess of          |             |              |                                  |                                |                |         |
|        | limitation (chapter 14)               |             |              |                                  |                                |                |         |
| 32.00  | CAH HIT Adjustment for                |             | 0            |                                  | 0.00                           | 0              | 32.00   |
|        | Depreciation and Interest             |             |              |                                  |                                |                |         |
| 33.00  | TELEPHONE DEPRECIATION                | А           | -53          | NEW CAP REL COSTS-MVBLE          | 2.00                           | 9              | 33.00   |
|        |                                       |             |              | EQUI P                           |                                |                |         |
| 34.00  | VENDI NG HOUSEKEEPI NG                | А           |              | HOUSEKEEPI NG                    | 9.00                           | 0              | 34.00   |
| 36.00  | LAB – BLDG                            | В           | -159, 064    | NEW CAP REL COSTS-BLDG &         | 1.00                           | 9              | 36.00   |
|        |                                       |             |              | FIXT                             |                                |                |         |
| 38.00  | LAB - ADMINISTRATION                  | В           | -533         | OTHER ADMIN AND GENERAL          | 5.06                           | 0              | 38.00   |
| 39.00  | LAB – LAUNDRY                         | В           | -5, 375      | LAUNDRY & LINEN SERVICE          | 8.00                           | 0              | 39.00   |
| 40.00  | LAB - HOUSEKEEPING                    | В           | -85, 464     | HOUSEKEEPI NG                    | 9.00                           | 0              | 40.00   |
| 41.00  | LAB - OPERATION OF PLANT              | В           | -233, 778    | OPERATION OF PLANT               | 7.00                           | 0              | 41.00   |
| 42.00  | HAMILTON CENTER OPERATION OF          | A           | -65, 857     | OPERATION OF PLANT               | 7.00                           | 0              | 42.00   |
|        | PLANT                                 |             |              |                                  |                                |                |         |
| 42.01  | HAMILTON CENTER NUTRITION             | A           | -315, 347    |                                  | 10.00                          |                |         |
| 45.00  | FITNESS ACTIVITY                      | В           |              | EMPLOYEE BENEFITS DEPARTMENT     |                                |                |         |
| 45.01  | UHF - HOUSEKEEPING                    | A           |              | HOUSEKEEPING                     | 9.00                           |                |         |
| 45.02  | MI SCELLANEOUS                        | В           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 45.03  | CATERING                              | В           |              | CAFETERIA                        | 11.00                          |                |         |
| 45.04  | MANAGEMENT SERVICES                   | В           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 45.05  | PHYSICIAN MEALS                       | В           |              | CAFETERIA                        | 11.00                          |                |         |
| 45.06  | OTHER RENTAL                          | В           |              | OPERATION OF PLANT               | 7.00                           |                |         |
| 45.08  | PHYSICIAN EQUIPMENT REVENUE           | В           |              | OPERATION OF PLANT               | 7.00                           |                |         |
| 45.09  | LOBBY PHARMACY                        | В           |              | EMPLOYEE BENEFITS DEPARTMENT     |                                |                |         |
| 45.24  | LOBBYING COSTS                        | A           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 45.26  | AP&S REVENUE                          | В           | -173, 281    | NEW CAP REL COSTS-BLDG &         | 1.00                           | 9              | 45.26   |
| 45 07  |                                       | P           | 040 544      | FLXT                             | 5.00                           |                | 45 07   |
| 45.27  | AP&S REVENUE                          | В           |              | DATA PROCESSING                  | 5.02                           |                |         |
| 45.29  | COH REVENUE                           | В           | - 19, 493    | NEW CAP REL COSTS-BLDG &         | 1.00                           | 9              | 45.29   |
| 45 22  |                                       | р           | 4 450        | FIXT                             | F 01                           |                | 45 22   |
| 45.32  | COH REVENUE                           | B           |              | NONPATIENT TELEPHONES            | 5.01                           |                |         |
| 45.37  | PHYSICIAN RENTAL                      | A           | -500, 807    | NEW CAP REL COSTS-BLDG &<br>FIXT | 1.00                           | 9              | 45.37   |
| 45.38  | PHYSICIAN RENTAL                      | А           | 217 210      | OPERATION OF PLANT               | 7.00                           | l o            | 45.38   |
| 45.38  | ACCELERATED DEPRECIATION              | A           |              | NEW CAP REL COSTS-BLDG &         | 1.00                           |                |         |
| 45.57  | ACCELERATED DEFRECTATION              | A           | 13, 200      | FIXT                             | 1.00                           | 7              | 45.57   |
| 45.40  | CHILD BIRTH CLASS                     | В           | -1 400       | DELIVERY ROOM & LABOR ROOM       | 52.00                          | l o            | 45.40   |
| 45.42  | CONTINUING EDUCATION                  | В           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 45.43  | EDUCATION SERVICES                    | B           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                | 1       |
| 45.43  | TRANSCRI PTI ON                       | B           |              | MEDICAL RECORDS & LIBRARY        | 16.00                          |                | 1       |
| 45.45  | VHA                                   | B           |              | DRUGS CHARGED TO PATIENTS        | 73.00                          |                | 1       |
| 45.47  | LAUNDRY                               | B           |              | LAUNDRY & LINEN SERVICE          | 8.00                           |                |         |
| 45.48  | HOUSEKEEPI NG                         | B           |              | HOUSEKEEPI NG                    | 9.00                           |                |         |
| 45.49  | LANDSBAUM                             | B           |              | OPERATION OF PLANT               | 7.00                           |                | 1       |
| 46.00  | MAPLE CENTER                          | B           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 46.01  | AP&S A/P PD SPACE/EQUIP RENT R        |             |              | NEW CAP REL COSTS-BLDG &         | 1.00                           |                |         |
| 10.01  | A GO TOT TO STROET LOUT RENT R        | U           |              | FIXT                             | 1.00                           | 7              | .5.01   |
| 46.02  | WVHC ST ANN/ASH PHARMACY REVEN        | В           |              | DRUGS CHARGED TO PATIENTS        | 73.00                          | l o            | 46.02   |
| 46.03  | HAF                                   | A           |              | OTHER ADMIN AND GENERAL          | 5.06                           |                |         |
| 46.04  | RECUI TMENT EXPENSE                   | A           |              | NURSI NG ADMI NI STRATI ON       | 13.00                          |                | 1       |
| 46.05  | DI ETARY EXPENSES                     | A           | -893, 449    |                                  | 10.00                          |                |         |
| 50.00  | TOTAL (sum of lines 1 thru 49)        |             | 28, 129, 466 |                                  | 10.00                          | Ĭ              | 50.00   |
|        | (Transfer to Worksheet A,             |             | .,, .00      |                                  |                                |                |         |
|        | column 6, line 200.)                  |             |              |                                  |                                |                |         |
|        | · · · · · · · · · · · · · · · · · · · |             |              | ·                                |                                | •              | ·       |

(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.

| Heal th      | Financial Systems             | UNI ON HOSF   | PITAL, INC.                  | In Lie               | eu of Form CMS-2               | 2552-10      |
|--------------|-------------------------------|---|------------------------------|----------------------|--------------------------------|--------------|
|              | ENT OF COSTS OF SERVICES FROM | RELATED ORGANIZATIONS AND HO                            | ME Provider CCN: 15-0023     | Peri od:             | Worksheet A-8                  | -1           |
| OFFICE       | COSTS                         |   |                              | From 01/01/2020      |                                |              |
|              |                               |   |                              | To 12/31/2020        | Date/Time Pre<br>7/29/2021 1:5 |              |
|              | Line No.                      | Cost Center   | Expense Items                | Amount of            | Amount                         | o piii       |
|              | Erne No.                      | cost center   | Expense r tens               | Allowable Cost       |                                |              |
|              |                               |   |                              |                      | Wks. A, column                 |              |
|              |                               |   |                              |                      | 5                              |              |
|              | 1.00                          | 2.00  | 3.00                         | 4.00                 | 5.00                           |              |
|              | A. COSTS INCURRED AND ADJUST  | MENTS REQUIRED AS A RESULT OF                           |                              |                      |                                |              |
|              | OFFICE COSTS:                 |   |                              |                      |                                |              |
| 1.00         | 23.01                         | OTHER MED ED  | PARAMED                      | 0                    | 648, 227                       | 1.00         |
| 2.00         | 1.00                          | NEW CAP REL COSTS-BLDG & FIX                            | HOME OFFICE                  | 0                    | 1, 710, 658                    | 2.00         |
| 3.00         | 2.00                          | NEW CAP REL COSTS-MVBLE EQUI                            | HOME OFFICE                  | 0                    | 7, 385, 145                    | 3.00         |
| 4.00         | 5. 01                         | NONPATIENT TELEPHONES                                   | HOME OFFICE                  | 0                    | 211, 443                       | 4.00         |
| 4.01         | 7.00                          | OPERATION OF PLANT                                      | HOME OFFICE                  | 0                    | 51, 270                        | 4.01         |
| 4.02         | 9.00                          | HOUSEKEEPI NG   | HOME OFFICE                  | 0                    | 387, 200                       | 4.02         |
| 4.03         | 1.00                          | NEW CAP REL COSTS-BLDG & FIX                            | HOME OFFICE                  | 1, 544, 623          | 0                              | 4.03         |
| 4.04         | 2.00                          | NEW CAP REL COSTS-MVBLE EQUI                            | HOME OFFICE                  | 6, 731, 220          | 0                              | 4.04         |
| 4.05         | 4.00                          | EMPLOYEE BENEFITS DEPARTMENT                            | HOME OFFICE                  | 14, 224, 424         | 0                              | 4.05         |
| 4.06         |                               | NONPATIENT TELEPHONES                                   | HOME OFFICE                  | 184, 327             | 0                              | 4.06         |
| 4.07         |                               | DATA PROCESSING   | HOME OFFICE                  | 17, 008, 885         | 0                              | 4.07         |
| 4.08         |                               | PURCHASING RECEIVING AND STO                            |                              | 2, 186, 791          | 0                              | 4.08         |
| 4.09         |                               | CASHI ERI NG/ACCOUNTS RECEI VAB                         |                              | 7, 923, 257          | 0                              | 4.09         |
| 4.10         |                               | OTHER ADMIN AND GENERAL                                 | HOME OFFICE                  | 23, 974, 520         | 0                              | 4.10         |
| 4.11         |                               | OPERATION OF PLANT                                      | HOME OFFICE                  | 9, 336, 300          | 0                              | 4.11         |
| 4.12         |                               | HOUSEKEEPING  | HOME OFFICE                  | 349, 311             | 0                              | 4.12         |
| 4.13         |                               | DIETARY   | HOME OFFICE                  | 325, 144             | 0                              | 4.13         |
| 4.14         |                               | CAFETERI A  | HOME OFFICE                  | 525, 782             | 0                              | 4.14         |
| 4.15         |                               | NURSING ADMINISTRATION                                  | HOME OFFICE                  | 1, 478, 979          | 0                              | 4.15         |
| 4.16         |                               | MEDICAL RECORDS & LIBRARY                               | HOME OFFICE                  | 427, 583             | 0                              | 4.16         |
| 4.17         |                               | OPERATING ROOM  | HOME OFFICE                  | 311, 157             | 0                              | 4.17         |
| 4.18         |                               | CARDI AC SURGERY  | HOME OFFICE                  | 10, 173              | 0                              | 4.18         |
| 4.19         | 50.02                         |   | HOME OFFICE                  | 196, 467             | 0                              | 4.19         |
| 4.20         |                               | RECOVERY ROOM   | HOME OFFICE                  | 15, 291              | 0                              | 4.20         |
| 4.21         |                               | RADI OLOGY-DI AGNOSTI C                                 | HOME OFFICE                  | 256, 142             | 0                              | 4.21         |
| 4.22         |                               | CT SCAN   | HOME OFFICE                  | 252, 584             | 0                              | 4.22         |
| 4.23<br>4.24 |                               | MAGNETIC RESONANCE IMAGING (<br>CARDIAC CATHETERIZATION | HOME OFFICE                  | 70, 902<br>25, 968   | 0                              | 4.23<br>4.24 |
| 4.24<br>4.25 |                               | PHYSICAL THERAPY  | HOME OFFICE                  | 25, 968<br>193, 679  | 0                              | 4.24<br>4.25 |
| 4.23<br>4.26 |                               | 0/P PHYSICAL THERAPY                                    | HOME OFFICE                  |                      | 0                              | 4.25         |
| 4.20<br>4.27 |                               | OCCUPATIONAL THERAPY                                    | HOME OFFICE                  | 109, 855<br>153, 261 | 0                              | 4.20<br>4.27 |
| 4.27         |                               | SPEECH PATHOLOGY  | HOME OFFICE                  | 63, 351              | 0                              | 4.27         |
| 4.20         |                               | ELECTROCARDI OLOGY                                      | HOME OFFICE                  | 21, 121              | 0                              | 4.20         |
| 4.29         |                               | CARDI AC REHAB  | HOME OFFICE                  | 376                  | 0                              | 4.29         |
| 4.30         |                               | ELECTROENCEPHALOGRAPHY                                  | HOME OFFICE                  | 1, 520               | 0                              | 4.30         |
| 4.32         |                               | DRUGS CHARGED TO PATIENTS                               | HOME OFFICE                  | 653, 556             | 0                              | 4.31         |
| 4.33         |                               | WOUND CLINIC  | HOME OFFICE                  | 17, 705              | 0                              | 4.32         |
| 4.34         |                               | OPERATING ROOM  | HOME OFFICE                  | 309, 886             | 0                              | 4.33         |
| 4.34         |                               | PHYSI CAL THERAPY                                       | UNION THERAPIES              | 2, 428, 301          | 4, 162, 559                    | 4.34         |
| 4.37         |                               | 0/P PHYSICAL THERAPY                                    | UNI ON THERAPIES             | 1, 377, 316          |                                | 4.30         |
| 4.38         |                               | OCCUPATIONAL THERAPY                                    | UNI ON THERAPIES             | 1, 921, 522          | 2,030,313                      | 4.38         |
| 4.39         |                               | SPEECH PATHOLOGY  | UNI ON THERAPI ES            | 794, 270             | 716, 358                       | 4.39         |
| 4.40         |                               | PHYSICIAN PRACTICES                                     | UNI ON THERAPI ES            | 0                    | 410,000                        | 4.40         |
| 4.41         |                               | SYCAMORE SPORTS MED                                     | UNI ON THERAPI ES            | 0                    | 866, 260                       | 4.41         |
| 5.00         | 0                             |   | 0                            | 95, 405, 549         |                                | 5.00         |
|              | amounto on Linco 1 4 (and out |   | transforred in datail to Way |                      |                                |              |

\* 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 |   |  |
|---|------|---------------|------------------------------|----------------|---|--|
|   |      |               |                              |                |   |  |
|   |      |               |                              |                |   |  |
| Symbol (1)  | Name | Percentage of | Name                         | Percentage of  |   |  |
|   |      | Ownership     |                              | Ownershi p     | 1 |  |
| 1.00  | 2.00 | 3.00          | 4.00                         | 5.00           |   |  |
| <br>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  | G | 0.00 UNI ON HOSPI TAL 100.00 | 6.00  |
|-------|---|------------------------------|-------|
| 7.00  | G | 0. 00 UNI 0N THERAPY 100. 00 | 7.00  |
| 8.00  |   | 0.00 0.00                    | 8.00  |
| 9.00  |   | 0.00 0.00                    | 9.00  |
| 10.00 |   | 0.00 0.00                    | 10.00 |
|       | 1 |                              |       |

|        |                         |       |                | 10 12,01,202                               | 7/29/2021 1:   |        |
|--------|-------------------------|-------|----------------|--|----------------|--------|
|        |                         |       |                | Related Organization(s) and/or Home Office |                |        |
|        |                         |       |                |  |                |        |
|        |                         |       |                |  |                |        |
|        | Cumbral (1)             | News  | Demonstrate of | News                                       | Demonstrate of |        |
|        | Symbol (1)              | Name  | Percentage of  | Name                                       | Percentage of  |        |
|        |                         |       | Ownership      |  | Ownership      |        |
|        | 1.00                    | 2.00  | 3.00           | 4.00                                       | 5.00           |        |
| 100.00 | G. Other (financial or  | OTHER |                |  |                | 100.00 |
|        | non-financial) specify: |       |                |  |                |        |

(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 organizati on.

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 provi der.

| ealth F  | Financial Syste                  | ms                  | UNI ON HOSPI TA            | L, INC.                 | In Lieu                          | of Form CMS-255 |
|----------|----------------------------------|---------------------|----------------------------|-------------------------|----------------------------------|-----------------|
|          |                                  | SERVICES FROM RELAT | ED ORGANIZATIONS AND HOME  | Provider CCN: 15-0023   | Peri od:                         | Worksheet A-8-1 |
| FFICE    | COSTS                            |                     |                            |                         | From 01/01/2020<br>To 12/31/2020 | Date/Time Prepa |
|          |                                  |                     |                            |                         | 10 12/31/2020                    | 7/29/2021 1:58  |
|          | Net                              | Vkst. A-7 Ref.      |                            |                         |                                  |                 |
|          | Adjustments                      |                     |                            |                         |                                  |                 |
|          | (col. 4 minus                    |                     |                            |                         |                                  |                 |
|          | col. 5)*                         |                     |                            |                         |                                  |                 |
|          | 6.00                             | 7.00                |                            |                         |                                  |                 |
|          | A. COSIS INCURN<br>OFFICE COSTS: | RED AND ADJUSTMENTS | REQUIRED AS A RESULT OF TR | ANSACIIONS WITH RELATED | ORGANIZATIONS OR                 | CLAIMED HOME    |
| . 00     | -648, 227                        | 0                   |                            |                         |                                  |                 |
| . 00     | -1, 710, 658                     | 9                   |                            |                         |                                  |                 |
| . 00     | -7, 385, 145                     | 9                   |                            |                         |                                  |                 |
| . 00     | -211, 443                        | Ó                   |                            |                         |                                  |                 |
| . 01     | -51, 270                         | 0                   |                            |                         |                                  |                 |
| . 02     | -387, 200                        | Ő                   |                            |                         |                                  |                 |
| . 03     | 1, 544, 623                      | 9                   |                            |                         |                                  |                 |
| . 04     | 6, 731, 220                      | 9                   |                            |                         |                                  |                 |
| . 05     | 14, 224, 424                     | 0                   |                            |                         |                                  |                 |
| . 06     | 184, 327                         | 0                   |                            |                         |                                  |                 |
| . 07     | 17, 008, 885                     | 0                   |                            |                         |                                  |                 |
| . 08     | 2, 186, 791                      | 0                   |                            |                         |                                  |                 |
| . 09     | 7, 923, 257                      | 0                   |                            |                         |                                  |                 |
| . 10     | 23, 974, 520                     | 0                   |                            |                         |                                  | 1               |
| . 11     | 9, 336, 300                      | 0                   |                            |                         |                                  | 1               |
| . 12     | 349, 311                         | 0                   |                            |                         |                                  |                 |
| . 13     | 325, 144                         | 0                   |                            |                         |                                  |                 |
| . 14     | 525, 782                         | 0                   |                            |                         |                                  |                 |
| . 15     | 1, 478, 979                      | 0                   |                            |                         |                                  |                 |
| . 16     | 427, 583                         | 0                   |                            |                         |                                  |                 |
| . 17     | 311, 157                         | 0                   |                            |                         |                                  |                 |
| . 18     | 10, 173                          | 0                   |                            |                         |                                  |                 |
| . 19     | 196, 467                         | 0                   |                            |                         |                                  |                 |
| . 20     | 15, 291                          | 0                   |                            |                         |                                  |                 |
| . 21     | 256, 142                         | 0                   |                            |                         |                                  |                 |
| . 22     | 252, 584                         | 0                   |                            |                         |                                  |                 |
| . 23     | 70, 902                          | 0                   |                            |                         |                                  |                 |
| . 24     | 25, 968                          | 0                   |                            |                         |                                  |                 |
| . 25     | 193, 679                         | 0                   |                            |                         |                                  |                 |
| 26       | 109, 855                         | 0                   |                            |                         |                                  |                 |
| 27       | 153, 261                         | 0                   |                            |                         |                                  |                 |
| 28<br>29 | 63, 351<br>21, 121               | 0                   |                            |                         |                                  |                 |
| 30       | 376                              | 0                   |                            |                         |                                  |                 |
| 30       | 1, 520                           | 0                   |                            |                         |                                  |                 |
| 32       | 653, 556                         | 0                   |                            |                         |                                  |                 |
| 33       | 17, 705                          | 0                   |                            |                         |                                  |                 |
| 34       | 309, 886                         | 0                   |                            |                         |                                  |                 |
| 36       | -1, 734, 258                     | 0                   |                            |                         |                                  |                 |
| 37       | -1, 253, 197                     | 0                   |                            |                         |                                  |                 |
| 38       | 1, 921, 522                      | 0                   |                            |                         |                                  |                 |
| 39       | 77, 912                          | 0                   |                            |                         |                                  |                 |
| 40       | -410,000                         | Ő                   |                            |                         |                                  |                 |
| 41       | -866, 260                        | Ő                   |                            |                         |                                  |                 |
|          | 76, 225, 916                     | -                   |                            |                         |                                  |                 |

\* 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.

| nus ne | been posted to noriconcet A,  |                     | the unburt  |         | be that cuted | tin 5 pui ti |  |
|--------|-------------------------------|---------------------|-------------|---------|---------------|--------------|--|
|        | Related Organization(s)       |                     |             |         |               |              |  |
|        | and/or Home Office            |                     |             |         |               |              |  |
|        |                               |                     |             |         |               |              |  |
|        |                               |                     |             |         |               |              |  |
|        | Type of Business              |                     |             |         |               |              |  |
|        |                               |                     |             |         |               |              |  |
|        | 6.00                          |                     |             |         |               |              |  |
|        | B. INTERRELATIONSHIP TO RELAT | TED ORGANIZATION(S) | AND/OR HOME | OFFICE: |               |              |  |

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

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

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

| Health Financial Systems                      | UNI ON HOSPI TAL, INC.                               | In Lieu of Form CMS-2   | 552-10 |
|---|--|---|--------|
| STATEMENT OF COSTS OF SERVICES FROM           | RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0023 | Period: Worksheet A-8-  | ·1     |
| OFFICE COSTS                                  |  | From 01/01/2020<br>To 12/31/2020 Date/Time Prep<br>7/29/2021 1:58 |        |
| Related Organization(s)<br>and/or Home Office |  |   |        |
| Type of Business                              |  |   |        |
| 6.00  | lipsts internel stienship to related ergenizations:  |   |        |

(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 organi zati on.

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 provi der.

| PROVI DF         | R BASED PHYSIC     | ems<br>IAN ADJUSTMENT                          |                             | PITAL, INC.<br>Provider (  | CCN: 15-0023          | Peri od:                         | eu of Form CMS-<br>Worksheet A-8                           |                |
|------------------|--------------------|--|-----------------------------|----------------------------|-----------------------|----------------------------------|--|----------------|
|                  |                    |  |                             |                            |                       | From 01/01/2020<br>To 12/31/2020 | )<br>Date/Time Pre   | epared:        |
|                  | Wkst. A Line #     | Cost Center/Physician<br>Identifier            | Total<br>Remuneration       | Professi onal<br>Component | Provider<br>Component | RCE Amount                       | 7/29/2021 1:5<br>Physician/Prov<br>ider Component<br>Hours |                |
|                  | 1.00               | 2.00   | 3.00                        | 4.00                       | 5.00                  | 6.00                             | 7.00   |                |
| 1.00             |                    | I NTENSI VE NURSERY                            | 904,000                     | 904, 000                   |                       | 0 169, 700                       | 0  | 1.00           |
| 2.00             | 41.00              | SUBPROVIDER - IRF                              | 314, 159                    | 314, 159                   | (                     | 211, 500                         | 0  | 2.00           |
| 3.00             | 50.00              | OPERATING ROOM                                 | 2, 846, 100                 | 2, 792, 100                | 54,000                | 246, 400                         | 141  | 3.00           |
| 4.00             |                    | CARDI AC SURGERY                               | 2, 200, 051                 | 2, 200, 051                | (                     | 246, 400                         | 0  | 4.00           |
| 5.00             | 50. 02             |  | 1, 569, 530                 |                            |                       | 246, 400                         | 0  |                |
| 6.00             |                    | DELIVERY ROOM & LABOR ROOM                     | 2, 367, 590                 |                            |                       | 237, 100                         | 0  | 0.00           |
| 7.00             |                    | RADI OLOGY-DI AGNOSTI C                        | 253, 788                    |                            |                       |                                  |  |                |
| 8.00             |                    | LABORATORY                                     | 617,000                     |                            | /                     |                                  |  |                |
| 9.00             |                    | ELECTROCARDI OLOGY                             | 2, 320                      |                            |                       | 271,900                          | 0  |                |
| 10.00            |                    | ELECTROENCEPHALOGRAPHY                         | 2, 837, 649                 |                            |                       |                                  |  |                |
| 11.00            |                    | PATIENT NUTRITION                              | 1,500                       |                            | 1,50                  |                                  |  |                |
| 12.00<br>200.00  | 91.00              | EMERGENCY                                      | 3, 698, 468<br>17, 612, 155 |                            |                       |                                  | 637<br>5, 681  |                |
|                  | Wkst. A Line #     | Cost Center/Physician                          | Unadjusted RCE              |                            | Cost of               |                                  | Physician Cost   | 200.00         |
|                  | WRSt. A LINE $\pi$ | I denti fi er                                  | Limit                       | Unadjusted RCE             |                       |                                  | of Malpractice   |                |
|                  |                    | ruentifici                                     |                             | Limit                      | Continuing            | Share of col.                    | Insurance  |                |
|                  |                    |  |                             | 2                          | Education             | 12                               | i nour anoo  |                |
|                  | 1.00               | 2.00   | 8.00                        | 9.00                       | 12.00                 | 13.00                            | 14.00  |                |
| 1.00             | 35.00              | I NTENSI VE NURSERY                            | 0                           | 0                          | (                     | 0 0                              | 43   | 1.00           |
| 2.00             |                    | SUBPROVIDER – IRF                              | 0                           | 0                          | (                     | 0 0                              | 2, 538   | 2.00           |
| 3.00             |                    | OPERATING ROOM                                 | 16, 703                     |                            |                       | 0 0                              | 0  |                |
| 4.00             |                    | CARDI AC SURGERY                               | 0                           | -                          | 3, 92                 |                                  | 77, 046  |                |
| 5.00             | 50. 02             |  | 0                           |                            |                       | 0 0                              | 0  |                |
| 6.00             |                    | DELIVERY ROOM & LABOR ROOM                     | 0                           | , s                        |                       | 0 0                              | 0  |                |
| 7.00             |                    | RADI OLOGY-DI AGNOSTI C                        | 21, 830                     |                            |                       | 0 0                              | 252  | 7.00           |
| 8.00             |                    |  | 571, 909                    |                            |                       | 0 0                              | 0  |                |
| 9.00             |                    |  | 0                           | -                          |                       | 0 0                              | 86   |                |
| 10.00            |                    | ELECTROENCEPHALOGRAPHY<br>PATI ENT NUTRI TI ON | 13, 769                     |                            |                       | 9 58<br>0 0                      | 125, 481   |                |
| 11. 00<br>12. 00 |                    | EMERGENCY                                      | 516<br>54, 819              |                            |                       |                                  | 0<br>728   |                |
| 200.00           | 91.00              | EWERGENCT                                      | 679, 546                    |                            | 8, 01                 | -                                | 206, 174   |                |
|                  | Wkst. A Line #     | Cost Center/Physician                          | Provi der                   | Adjusted RCE               | RCE                   | Adjustment                       | 200, 174   | 200.00         |
|                  |                    | I denti fi er                                  | Component                   | Limit                      | Di sal I owance       | naj as tillont                   |  |                |
|                  |                    |  | Share of col.               |                            |                       |                                  |  |                |
|                  |                    |  | 14                          |                            |                       |                                  |  |                |
|                  | 1.00               | 2.00   | 15.00                       | 16.00                      | 17.00                 | 18.00                            |  |                |
| 1.00             |                    | I NTENSI VE NURSERY                            | 0                           |                            |                       | 904,000                          |  | 1.00           |
| 2.00             |                    | SUBPROVI DER – I RF                            | 0                           |                            |                       | 314, 159                         |  | 2.00           |
| 3.00             |                    | OPERATING ROOM                                 | 0                           |                            |                       |                                  |  | 3.00           |
| 4.00             |                    | CARDIAC SURGERY                                | 0                           | -                          |                       | 2, 200, 051                      |  | 4.00           |
| 5.00             | 50.02              |  | 0                           |                            |                       | 0 1, 569, 530                    |  | 5.00           |
| 6.00             |                    | DELIVERY ROOM & LABOR ROOM                     | 0                           |                            |                       | 2, 367, 590                      |  | 6.00           |
| 7.00             |                    | RADI OLOGY-DI AGNOSTI C                        | 25                          |                            |                       |                                  |  | 7.00           |
| 8.00             |                    |  | 0                           |                            |                       |                                  |  | 8.00           |
| 9.00             |                    |  | 0                           | -                          |                       | 2,320                            |  | 9.00           |
| 10. 00<br>11. 00 |                    | ELECTROENCEPHALOGRAPHY<br>PATI ENT NUTRI TI ON | 1, 769                      |                            |                       |                                  |  | 10.00<br>11.00 |
| 11.00<br>12.00   |                    | EMERGENCY                                      | 0                           | 516                        | 98                    | 4 984<br>0 3, 678, 468           |  | 12.00          |
| 200.00           | 71.00              |  | 1, 798                      |                            | 110, 92               |                                  |  | 200.00         |
| 200.00           | 1                  | 1  | 1,170                       | 1 001,402                  | 110, 72               | 10,700,070                       |  | 200.00         |

|                    | Financial Systems<br>LLOCATION - GENERAL SERVICE COSTS                       | UNI ON HOSPI                | TAL, INC.<br>Provider CC | CN: 15-0023 F           | In Lie<br>Period:              | u of Form CMS-2<br>Worksheet B | 2552-10                       |
|--------------------|--|-----------------------------|--------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|
|                    |  |                             |                          | F                       | rom 01/01/2020<br>o 12/31/2020 | Part I<br>Date/Time Pre        | pared:                        |
|                    |  |                             | CAPI TAL REL             | ATED COSTS              |                                | 7/29/2021 1:5                  |                               |
|                    |  |                             |                          |                         |                                |                                |                               |
|                    | Cost Center Description  | Net Expenses<br>for Cost    | NEW BLDG &<br>FLXT       | NEW MVBLE<br>EQUIP      | EMPLOYEE<br>BENEFI TS          | NONPATI ENT<br>TELEPHONES      |                               |
|                    |  | Allocation                  |                          |                         | DEPARTMENT                     |                                |                               |
|                    |  | (from Wkst A<br>col. 7)     |                          |                         |                                |                                |                               |
|                    | r  | 0                           | 1.00                     | 2.00                    | 4.00                           | 5.01                           |                               |
| 1.00               | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT          | 14, 696, 918                | 14, 696, 918             |                         |                                |                                | 1.00                          |
| 2.00               | 00200 NEW CAP REL COSTS-MVBLE EQUIP  | 11, 636, 204                | 14,070,710               | 11, 636, 204            | Ļ                              |                                | 2.00                          |
| 4.00               | 00400 EMPLOYEE BENEFITS DEPARTMENT   | 18, 423, 545                | 64, 907                  | C                       |                                | 024 024                        | 4.00                          |
| 5. 01<br>5. 02     | 00540 NONPATI ENT TELEPHONES<br>00550 DATA PROCESSI NG                       | 769, 544<br>16, 765, 321    | 9, 835<br>0              | 62, 716<br>C            |                                | 934, 024<br>0                  | 5.01<br>5.02                  |
| 5.03               | 00560 PURCHASING RECEIVING AND STORES  | 947, 166                    | 0                        | C                       | -                              | 0                              | 5.03                          |
| 5.04               | 00570 ADMI TTI NG  | 1, 423, 211                 | 45, 836                  | 1, 245                  | 236, 127                       | 33, 869                        | 5.04                          |
| 5.05<br>5.06       | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER ADMIN AND GENERAL     | 7, 923, 257<br>30, 243, 275 | 0<br>260, 540            | 39, 501                 | 871, 758                       | 0<br>87, 306                   | 5.05<br>5.06                  |
| 7.00               | 00700 OPERATION OF PLANT   | 8, 459, 808                 | 5, 012, 836              | 10, 628                 | 15, 429                        | 53, 437                        | 7.00                          |
| 8.00               | 00800 LAUNDRY & LINEN SERVICE  | 1, 211, 184                 | 89,636                   | 188, 569                |                                | 13, 547                        | 8.00                          |
| 9.00<br>10.00      | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 3, 302, 044<br>130, 470     | 23, 172<br>164, 302      | 59, 880<br>184, 583     |                                | 6, 021<br>22, 579              | 9.00<br>10.00                 |
| 11.00              | 01100 CAFETERI A   | 2, 887, 148                 | 117, 239                 | 7, 916                  | 271, 747                       | 0                              | 11.00                         |
| 13.00<br>16.00     | 01300 NURSING ADMINISTRATION<br>01600 MEDICAL RECORDS & LIBRARY              | 4, 095, 190                 | 35, 567                  | 98                      |                                | 6,774                          | 13.00<br>16.00                |
| 21.00              | 02100 I &R SERVICES-SALARY & FRINGES APPRVD                                  | 4, 435, 283<br>1, 556, 694  | 79, 082<br>0             | 11, 157<br>C            |                                | 22, 579<br>0                   |                               |
| 22.00              | 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD                                   | 2, 158, 216                 | 0                        | C                       |                                | 0                              | 22.00                         |
| 23.00              | 02300 PARAMED ED PRGM  | 84, 195                     | 0                        | C                       |                                | 0                              | 23.00                         |
| 23. 01<br>23. 02   | 02341 OTHER MED ED<br>02301 PARAMED ED PRGM                                  | 232, 467<br>0               | 10, 778<br>0             | 52<br>C                 |                                | 0                              | 23.01<br>23.02                |
|                    | INPATIENT ROUTINE SERVICE COST CENTERS                                       |                             |                          |                         |                                | ,<br>,                         |                               |
|                    | 03000 ADULTS & PEDIATRICS  | 26, 770, 671                | 2,880,036                | 914, 244                |                                | 128, 700                       |                               |
| 31.00<br>35.00     | 03100 I NTENSI VE CARE UNI T<br>02040 I NTENSI VE NURSERY                    | 6, 749, 881<br>2, 566, 122  | 344, 143<br>58, 859      | 622, 026<br>173, 915    |                                | 21, 827<br>13, 547             |                               |
| 41.00              | 04100 SUBPROVI DER – I RF  | 1, 611, 300                 | 230, 871                 | 16, 885                 |                                | 23, 332                        |                               |
| 43.00              | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS                            | 1, 099, 229                 | 11, 347                  | 1, 548                  | 164, 873                       | 3, 011                         | 43.00                         |
| 50.00              | 05000 OPERATING ROOM   | 12, 199, 145                | 650, 922                 | 2, 202, 670             | 622, 963                       | 61, 716                        | 50.00                         |
|                    | 05001 CARDI AC SURGERY   | 2, 052, 047                 | 28, 007                  | 329, 581                |                                | 4, 516                         |                               |
| 50.02<br>51.00     | 05002 WVSC<br>05100 RECOVERY ROOM  | 10, 732, 500<br>1, 713, 433 | 455, 649<br>21, 436      | 718, 162<br>51, 750     |                                | 0<br>13, 547                   | 50.02<br>51.00                |
| 51.02              | 05101 0/P TREATMENT ROOM   | 446, 337                    | 358, 154                 | 60, 815                 |                                | 20, 321                        |                               |
| 52.00              | 05200 DELIVERY ROOM & LABOR ROOM   | 3, 905, 250                 | 354, 936                 | 225, 257                |                                | 17, 311                        |                               |
| 54.00<br>55.00     | 05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C               | 7, 697, 594<br>5, 523, 745  | 474, 899<br>395, 083     | 1, 336, 365<br>218, 035 |                                | 81, 285<br>30, 858             |                               |
| 56.00              | 05600 RADI OI SOTOPE   | 1, 648, 307                 | 131, 729                 | 414, 126                | 67, 802                        | 0                              | 56.00                         |
|                    | 05700 CT SCAN  | 2, 126, 782                 | 32, 513                  |                         |                                |                                | 57.00                         |
| 58.00<br>59.00     | 05800 MAGNETIC RESONANCE I MAGI NG (MRI)<br>05900 CARDI AC CATHETERI ZATI ON | 1, 369, 952<br>28, 083, 376 | 38, 815<br>526, 618      | 813, 251<br>267, 128    |                                | 3, 011<br>25, 590              | 58.00<br>59.00                |
| 60.00              | 06000 LABORATORY   | 9, 124, 930                 | 0                        | C                       | 0                              | 6, 021                         |                               |
| 62.00              | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                   | 1, 266, 617                 | 0                        | C<br>240, 104           |                                | 0                              | 62.00<br>65.00                |
| 65.00<br>66.00     | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY                        | 4, 414, 312<br>2, 811, 863  | 75, 984<br>151, 938      | 348, 186<br>19, 690     |                                | 10, 537<br>17, 311             | 66.00                         |
| 66. 01             | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                                 | 0                           | 0                        | C                       | 0                              | 0                              | 66.01                         |
| 66.02<br>67.00     | 06602 0/P PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                   | 2, 212, 450<br>2, 074, 783  | 0<br>24, 819             | 103, 786                | 0                              | 753<br>3, 763                  |                               |
| 68.00              | 06800 SPEECH PATHOLOGY   | 2,074,783                   | 49, 219                  | 1, 250                  | 0                              | 3, 703<br>753                  |                               |
| 69.00              | 06900 ELECTROCARDI OLOGY   | 10, 635, 877                | 47, 617                  | 1, 268, 708             | 118, 319                       | 3, 011                         |                               |
| 69. 01<br>70. 00   | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY                         | 319, 141                    | 97, 809<br>0             | 73, 616<br>96, 368      |                                | 4, 516                         |                               |
|                    | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 1, 081, 075<br>44, 774      | 0                        | 96, 368<br>C            |                                | 12, 795<br>0                   | 70.00<br>71.00                |
| 72.00              | 07200 IMPL. DEV. CHARGED TO PATIENTS   | 12, 078, 393                | 0                        | C                       | -                              | 0                              | 72.00                         |
|                    | 07300 DRUGS CHARGED TO PATIENTS<br>03020 RENAL ACUTE                         | 47, 665, 653<br>1, 807, 861 | 310, 088<br>52, 767      | 160, 427<br>7, 346      |                                | 37, 632<br>3, 011              |                               |
| , 0. 00            | OUTPATIENT SERVICE COST CENTERS  | 1,007,001                   | 52, 707                  | 7, 340                  | , 0                            | 3,011                          | 70.00                         |
|                    | 09000 CLI NI C   | 253, 177                    | 10, 449                  | C                       |                                | 0                              |                               |
| 90. 05<br>90. 07   | 09005 PATIENT NUTRITION<br>09007 WOUND CLINIC                                | 300, 202<br>1, 433, 564     | 28, 891<br>134, 005      | 799<br>23, 667          |                                | 0<br>9, 784                    | 90.05<br>90.07                |
| 91.00              | 09100 EMERGENCY  | 7, 344, 429                 |                          | 183, 897                |                                | 47, 416                        |                               |
|                    | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                   |                             |                          |                         |                                |                                | 92.00                         |
|                    | SPECIAL PURPOSE COST CENTERS<br>SUBTOTALS (SUM OF LINES 1 through 117)       | 353, 545, 615               | 14, 251, 987             | 11, 358, 746            | 16, 138, 803                   | 857, 255                       | 118 00                        |
| 118 00             |  | 000,040,010                 | 17,201,707               | 11, 000, 740            |                                | 001,200                        | 1.10.00                       |
| 118. 00            | NONREI MBURSABLE COST CENTERS  |                             |                          |                         |                                |                                |                               |
| 190. 00            | NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                           | 0                        | (<br>70.020             |                                |                                | 190.00                        |
| 190. 00<br>194. 00 | NONREI MBURSABLE COST CENTERS  | 0<br>4, 732, 217<br>28, 417 | 0<br>0<br>0              | C<br>79, 929<br>4, 318  | 338, 436                       | 753                            | 190. 00<br>194. 00<br>194. 01 |

| Health Financial Systems   | UNI ON HOSPI  | TAL, INC.              |                      | In Lie                                      | u of Form CMS-              | 2552-10  |
|--|---|------------------------|----------------------|---|-----------------------------|--|
| COST ALLOCATION - GENERAL SERVICE COSTS  |   | Provider CO            |                      | Period:<br>From 01/01/2020<br>To 12/31/2020 | Date/Time Pre               |  |
|  |   | CAPI TAL REL           | ATED COSTS           |   | 7/29/2021 1:5               | 8 pm   |
| Cost Center Description  | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | NEW BLDG &<br>FIXT     | NEW MVBLE<br>EQUI P  | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT         | NONPATI ENT<br>TELEPHONES   |  |
|  | 0   | 1.00                   | 2.00                 | 4.00  | 5. 01                       |  |
| 194. 0307952194. 0407955PHYSI CI AN PRACTI CES194. 0607953SYCAMORE SPORTS MED194. 0707956PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES200. 00Cross Foot Adj ustments201. 00Negati ve Cost Centers202. 00TOTAL (sum Lines 118 through 201) | 364, 413<br>17, 447, 521<br>52, 262<br>616, 476                   | 0<br>0<br>42, 902<br>0 | 86, 01<br>6<br>1, 43 | 4 1, 476<br>6 98, 910<br>0 0                | 16, 558<br>0<br>6, 021<br>0 | 194.03<br>194.04<br>194.06<br>194.07<br>200.00<br>201.00 |
| 202.00  TOTAL (sum lines 118 through 201)  | 379, 688, 209   | 14, 696, 918           | 11, 636, 20          | 4 18, 488, 452                              | 934, 024                    | 202.00   |

|  | Financial Systems<br>LLOCATION - GENERAL SERVICE COSTS  | UNI ON HOSPI   | Provider CCN  |   | Period:<br>From 01/01/2020<br>To 12/31/2020  | u of Form CMS-:<br>Worksheet B<br>Part I<br>Date/Time Pre   |  |
|--|---|--|---|---|--|---|--|
|  | Cost Center Description   | DATA<br>PROCESSI NG  | PURCHASI NG<br>RECEI VI NG AND  | ADMI TTI NG   | CASHI ERI NG/AC<br>COUNTS  | 7/29/2021 1:5<br>Subtotal   | 8 pm   |
|  |   | 5. 02  | STORES<br>5.03  | 5.04  | RECEI VABLE<br>5. 05   | 5A. 05  |  |
|  | GENERAL SERVICE COST CENTERS  | 0.02   | 0.00  | 0.01  | 0.00   | 011.00  |  |
| 16.00<br>21.00<br>22.00<br>23.00<br>23.01  | 00100 NEW CAP REL COSTS-BLDG & FIXT<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATIENT TELEPHONES<br>00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES<br>00570 ADMITTING<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00590 OTHER ADMIN AND GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01600 MEDICAL RECORDS & LIBRARY<br>02100 I&R SERVICES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PRGM   | 16, 765, 321<br>0<br>101, 057<br>0<br>373, 910<br>0<br>40, 423<br>70, 740<br>171, 797<br>0<br>10, 106<br>495, 178<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 947, 166<br>4, 625<br>0<br>27<br>0<br>830<br>1, 237<br>130<br>0<br>0<br>87<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   |   | 0<br>0<br>7, 923, 257<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 31, 876, 317<br>13, 552, 138<br>1, 692, 930<br>3, 878, 104<br>759, 400<br>3, 284, 050<br>4, 608, 931<br>5, 581, 120<br>1, 828, 531<br>2, 441, 422<br>97, 152<br>282, 326  | 8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>16.00<br>21.00<br>22.00<br>23.00<br>23.01   |
| 30.00  | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS   | 4, 476, 813  | 213, 246  | 337, 05   | 2 594, 138   | 40, 026, 905  | 30.00  |
| 31.00<br>35.00<br>41.00  | 03100 I NTENSI VE CARE UNI T<br>02040 I NTENSI VE NURSERY<br>04100 SUBPROVI DER - I RF<br>04300 NURSERY   | 4, 478, 813<br>10, 106<br>141, 480<br>0<br>0   | 86, 007<br>14, 374<br>8, 142  | 104, 42<br>60, 93<br>15, 48<br>9, 53  | 166, 931<br>0 97, 404<br>6 24, 756   | 9, 079, 206<br>3, 536, 674<br>2, 236, 784<br>1, 304, 783  | 31.00<br>35.00   |
| E0 00  | ANCI LLARY SERVI CE COST CENTERS  | 770 127  | 22 574  | 201 11  | 7 052 907  | 17 777 252  | 50.00  |
| $\begin{array}{c} 51.\ 00\\ 51.\ 02\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 55.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 62.\ 00\\ 62.\ 00\\ 66.\ 00\\ 66.\ 01\\ 66.\ 00\\ 66.\ 01\\ 66.\ 00\\ 66.\ 01\\ 66.\ 00\\ 66.\ 01\\ 60.\ 00\\ 69.\ 01\\ 70.\ 00\\ 71.\ 00\\ 71.\ 00\\ 73.\ 00\\ 76.\ 00\\ 66.\ 00\\ 73.\ 00\\ 76.\ $ | 05000 OPERATING ROOM<br>05001 CARDIAC SURGERY<br>05002 WVSC<br>05100 RECOVERY ROOM<br>05101 O/P TREATMENT ROOM<br>05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC<br>05500 RADIOLOGY-THERAPEUTIC<br>05500 RADIOLOGY-THERAPEUTIC<br>05600 RADIOLOGY-THERAPEUTIC<br>05600 CARDIAC CATHETERIZATION<br>06000 LABORATORY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>06500 RESPIRATORY THERAPY<br>06600 PHYSICAL THERAPY<br>06600 PHYSICAL THERAPY<br>06600 PHYSICAL THERAPY<br>06600 SPECH PATHOLOGY<br>06700 OCCUPATIONAL THERAPY<br>06600 SPECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06900 ELECTROCARDIOLOGY<br>06900 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROCARDIOLOGY<br>06901 CARDIAC REHAB<br>07000 ELECTROCARDIOLOGY<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>03020 RENAL ACUTE<br>0UTPATIENT SERVICE COST CENTERS | 778, 137<br>80, 845<br>869, 088<br>333, 487<br>40, 423<br>414, 333<br>505, 284<br>485, 073<br>60, 634<br>0<br>20, 211<br>727, 609<br>0<br>171, 797<br>363, 804<br>0<br>70, 740<br>0<br>373, 910<br>30, 317<br>262, 748<br>0<br>0<br>1, 475, 429<br>0 | $\begin{array}{c} 94, 554\\ 215, 748\\ 21, 979\\ 7, 173\\ 35, 672\\ 11, 424\\ 536\\ 868\\ 28, 327\\ 994\\ 11, 967\\ 11, 967\\ 0\\ 0\\ 40, 287\\ 327\\ 0\\ 710\\ 0\\ 0\\ 259\\ 200\\ 347\\ 0\\ 0\\ 14, 946\\ 9, 892\\ \end{array}$ | 60, 76<br>51, 59<br>7, 84<br>3, 88<br>49, 28<br>8, 53<br>127, 14<br>161, 30<br>8, 32<br>112, 08<br>28, 23<br>19, 94<br>4, 52<br>52, 09<br>33<br>4, 04 | 5       31, 168         0       601, 950         1       46, 849         11       12, 022         5       117, 617         8       311, 128         7       247, 265         6       46, 644         9       257, 418         11       72, 258         3       519, 147         5       195, 165         3       66, 651         0       0         0       37, 804         2       21, 801         7       421, 233         3       7, 493         5       16, 930         0       0         0       0         4       124, 057         5       16, 930         0       0         0       0         0       0         0       0         0       0         0       0         0       0         16, 930       0         0       0         17, 644, 790         20, 997 | $\begin{array}{c} 13, 593, 297\\ 2, 474, 409\\ 1, 012, 539\\ 5, 744, 301\\ 11, 262, 881\\ 6, 963, 649\\ 2, 373, 996\\ 2, 839, 819\\ 2, 468, 486\\ 30, 642, 137\\ 9, 751, 010\\ 1, 291, 680\\ 5, 953, 276\\ 3, 459, 817\\ 0\\ 2, 426, 243\\ 2, 176, 048\\ 1, 077, 248\\ 12, 921, 031\\ 585, 448\\ 1, 931, 823\\ 44, 774\\ 12, 230, 224\\ 52, 294, 500\\ 1, 913, 862\\ \end{array}$ | 50.01<br>50.02<br>51.00<br>51.02<br>52.00<br>54.00<br>55.00<br>55.00<br>57.00<br>59.00<br>60.00<br>62.00<br>62.00<br>66.01<br>66.02<br>67.00<br>66.01<br>66.02<br>67.00<br>68.00<br>69.01<br>70.00<br>71.00<br>71.00<br>71.00<br>73.00<br>73.00<br>76.00 |
|  | 09000 CLINIC<br>09005 PATIENT NUTRITION   | 20, 211<br>40, 423   | 81<br>20  |   | 1 4, 198<br>0 744  | 328, 405<br>421, 974  | 90.00<br>90.05   |
| 90. 07<br>91. 00   | 09007 WOUND CLINIC<br>09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 131, 374<br>1, 020, 674  | 15, 567   |   | 54, 244  | 1, 869, 506<br>10, 798, 583<br>0  | 90.07  |
| 118.00   | SPECIAL PURPOSE COST CENTERS<br>SUBTOTALS (SUM OF LINES 1 through 117)  | 14, 168, 161   | 942, 602  | 1, 845, 97  | 0 7, 923, 257  | 347, 795, 084   | 118.00   |
| 194.00<br>194.01<br>194.02<br>194.03   | NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>07950 RURAL HEALTH<br>07951 RENTAL PROPERTY<br>07954 FAMILY PRACTICE<br>07952 WELLNESS  | 0<br>808, 454<br>0<br>454, 756<br>0  | 1, 808<br>0   |   | 0 0<br>0 0<br>0 0<br>0 0<br>0 0  | 5, 961, 597   | 194. 01<br>194. 02   |
| 194. 04<br>194. 06   | 07955 PHYSI CI AN PRACTI CES<br>07953 SYCAMORE SPORTS MED<br>07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   | 1, 293, 527<br>0<br>40, 423  | 0   |   | 0 0<br>0 0<br>0 0  | 20, 305, 152  | 194. 04<br>194. 06   |

| Health Fina | ancial Systems                    | UNI ON HOSPI | TAL, INC.     |             | In Lie          | u of Form CMS- | 2552-10 |
|-------------|-----------------------------------|--------------|---------------|-------------|-----------------|----------------|---------|
| COST ALLOCA | ATION - GENERAL SERVICE COSTS     |              | Provider C    |             | Period:         | Worksheet B    |         |
|             |                                   |              |               |             | From 01/01/2020 |                | narod   |
|             |                                   |              |               |             |                 | 7/29/2021 1:5  |         |
|             | Cost Center Description           | DATA         | PURCHASI NG   | ADMI TTI NG | CASHI ERI NG/AC | Subtotal       |         |
|             |                                   | PROCESSI NG  | RECEIVING AND |             | COUNTS          |                |         |
|             |                                   |              | STORES        |             | RECEI VABLE     |                |         |
|             |                                   | 5. 02        | 5.03          | 5.04        | 5.05            | 5A. 05         |         |
| 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) | 16, 765, 321 | 947, 166      | 1, 845, 970 | 7, 923, 257     | 379, 688, 209  | 202.00  |

| The 12/31/2008         Differ Author of<br>Author of Cartesou         Differ Author of<br>Author of<br>Author<br>Author of<br>Author of<br>Author of<br>Author<br>Author of<br>Authoro |        | Financial Systems<br>ALLOCATION - GENERAL SERVICE COSTS | UNI ON HOSPI                          | TAL, INC.<br>Provider C |             | In Lie<br>eriod:<br>rom 01/01/2020 | u of Form CMS-:<br>Worksheet B<br>Part I | 2552-10 |
|---|--------|---|---------------------------------------|-------------------------|-------------|------------------------------------|--|---------|
| Ubst Control Description         OHEAN 2014<br>(LAT)         OFERATION 00 (LAT)         UBUSEREFINE         DETERM*           0         0.00 (Direct)         0.00 (Direc)  |        |   |                                       |                         | Т           | 0 12/31/2020                       |  |         |
| BREAK         SERVICE COST CRUESC         5.06         7.00         8.00         9.00         10.00           2.00         COUCH ME CAP FL COST CRUESC         F1/Y         1.00         1.00         1.00           3.01         COUCH ME CAP FL COST CRUESC         F1/Y         1.00         1.00         1.00           3.01         COUCH ME CAP FL COST CRUESC         5.01         0.01         1.00         4.00           3.01         COUCH ME CAP FL COST CRUESC         5.01         0.00         5.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00  |        | Cost Center Description                                 |                                       |                         |             | HOUSEKEEPI NG                      |  |         |
| 1.000         DOUDD HER CAP HEL CASS -BLIGG & FIXT         1.000           4.000         DOUDD HER CAP HEL CASS -BLIGG & FIXT         2.000           4.000         DOUDD HER CAP HEL CASS -BLIGG & FIXT         2.000           5.000         DOUDD HER CAP HEL CASS - SPELING & STORES         5.00           5.000         DOUDD HER FARM FECT VING AND STORES         3.1, 876, 117           5.000         DOUDD HER FARM FARE SERVICE         3.1, 876, 117           5.0000         DOUDD HER FARM FARE SERVICE         1.22, 4226         1.4, 794, 184           5.00000         LAUADRY & LINEN SERVICE         1.55, 154         1.42, 545         1.990, 629           6.000000         LAUADRY & LINEN SERVICE         1.55, 154         1.42, 545         1.990, 629         4.405, 517           7.000         DOUDD THAN         A.100, 517         1.16, 44         6.000         1.000           10.00         DIGOUD HEAV         SERVICES APPRVD         223, 721         0         0         1.00         1.000           10.00         DIGOUD HEAV         SERVICES APPRVD         223, 721         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0   |        |   |                                       |                         |             | 9.00                               | 10.00                                    |         |
| 2.00         DODOO INFR CAP BRI CASTS AMAIF FOULP         2.00         A  |        |   |                                       |                         | l           |                                    |  |         |
| 4.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         4.00           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         5.00           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         5.00           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         5.00           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         1.225, 202         1.4, 704, 164         1.990, 629           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         1.225, 202         1.4, 704, 164         1.990, 629           5.00         DOUDDE LINCLUCKE ENERTITS DELFARTENENT         1.225, 202         1.4, 704, 164         1.990, 629           5.00         DOUDDE DIFLARTENENT         DOUDDE DIFLARTENENT         1.00         1.00         1.000         DOUDDE DIFLARTENENT         1.00         1.000         1.000         1.000         0.00         0.00         0.00         0.00         0.00         1.000         1.000         1.000         0.00         0.00         0.00         0.00         2.00         <  |        |   |                                       |                         |             |                                    |  |         |
| 5.01         DOSON DRAWTH ENT TELEPHONES         5.01           5.02         DOSON DRAWT ENT THE CARD STORES         5.01           5.03         DOSON DRAWT ING         DOSON DRAWT ING         S.01           5.04         DOSON DRAWT ING         DOSON DRAWT ING         S.01           5.05         DOSON DRAWT ING         DOSON DRAWT ING         S.01           5.00         DOSON DRAWT ING         DESCRIPTION         S.01           5.01         DOSON DRAWT ING         DESCRIPTION         S.01           5.00         DOSON DRAWT ING         DESCRIPTION         S.01           5.01         DOSON DRAWT ING PERVICES         S.01         S.01           5.01         DOSON DRAWT ING P  |        |   |                                       |                         |             |                                    |  |         |
| 5.03         00500 PURCHASINE RECEIVING AND STORES         5.04         00570 AMITTING         5.04           5.03         00500 CASHI EDIN (ACCOUNTS RECEIVABLE         31.876, 337         1.976, 327         5.04           5.00         00500 CASHI EDIN (ACCOUNTS RECEIVABLE         31.876, 337         1.990, 629         8.00           0.00         00500 CASHI EDIN (ACCOUNTS RECEIVABLE         31.876, 337         1.990, 629         8.00           0.00         00500 CASHI EDIN (ACCOUNTS RECEIVABLE         31.876, 337         1.990, 629         8.00           0.00         00500 CASHI EDIN (ACCOUNTS RECEIVABLE         31.876, 337         7.344         4.090, 517         9.00           1.000         101000 DITCAL RECENTS & LIBRARY         511.478         12.5, 767         0         0.7, 444         0         1.300           1.000         101000 MINTS WAT AMIN STANTION         422.2, 394         5.4, 7140         0         5.171         0         2.3           2.001         02301 PARAMER NET RET INT STANTION         422.3, 736         0         0         0         0         0         0         2.3, 716         0         0         0         2.3, 718         0         0         0         0         2.3, 717         0         2.3, 717         0         2.3,  |        |   |                                       |                         |             |                                    |  | 5.01    |
| 5. 04         00073 ADMITTING         5. 04         5. 05         00050 (THER ADMIT AND CENTRAL         31, 37, 37, 37           5. 06         00050 (THER ADMIT AND CENTRAL         1, 37, 37, 37         1, 47, 74, 164         5. 06           0. 00000 (DITER ADMIT ADD CENTRAL         1, 37, 37, 37         1, 47, 74, 164         1, 97, 96, 579         6. 06           0. 00000 (DITERY A LINEY NEW CT         1, 55, 154         1, 22, 454         1, 99, 679         26, 252         0         1, 17, 04, 411           0. 00000 (DITERY ALINEY A LINEY ALINEY ALINEY ADMIT ADD         300, 777         186, 411         7, 366         76, 834         1, 17, 64, 411         0   |        |   |                                       |                         |             |                                    |  |         |
| 5.05         000500         CASHI ERINAZACOUNTS RECEL VABLE         1, 876, 317         14, 794, 164, 144         5, 56           7.00         DETRIC OFFRAIL IN OF PLANT         1, 222, 025         14, 794, 164, 550         17, 990, 250         7, 00           0.00         DETRIC OFFRAIL IN OF PLANT         1, 222, 025         11, 990, 250         17, 980, 250         9, 000           0.00         DETRIC OFFRAIL         300, 977         184, 441         0         56, 26, 27, 366         7, 00         00           0.00         DETRIC OFFRAIL         300, 977         184, 441         0         56, 26, 27, 366         17, 165, 00         11, 00           0.00         DETRIC OFFRAIL         30, 977         184, 441         0  |        |   |                                       |                         |             |                                    |  |         |
| 7.00         DOTOD (DEFEATION OF PLANT         1,222,020         14,794,164   |        |   |                                       |                         |             |                                    |  | •       |
| 8.00         000000         LANDREY & LINEN SERVICE         115. 154         14.2, 543         1, 990, 629         8.00         9.00           10.00         DITODS DI ETARY         6.9         997         20.1, 284         7, 366         9.00         13.00           10.00         DITODS DI ETARY         6.9         997         20.1, 284         7, 366         957         60         15.0         90         15.0         90         15.0         90         15.0         90         15.0         90 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></t<>  |        |   |                                       |                         |             |                                    |  | •       |
| 9.00 00000 PULSEKCEP NG 355.420 36.680 139.143 4.400.517 9.00 0100 CAFTERN A 300.977 186.444 3.56 7.894 1.70.54 11.00 0100 CAFTERN A 300.977 186.444 3.56 7.894 1.70.54 110.00 120 0100 CAFTERN A 300.977 186.561 017.066 017.064 017.074 0177  |        |   |                                       |                         |             |                                    |  | •       |
| 10.00       01000       01000       01000       01000       01000       01000       01100       01000       01100       01000       01100       01000       01100       01000       01100       01000       01100       01000       01000       01000       01000       01000       011000       01000       011000       010000       0100000       010000       0100000       0100000       0100000       0100000       0100000       0100000       0100000       01000000       01000000000       0100000000000       0100000000000000000000000000000000000   |        |   |                                       |                         |             |                                    |  | •       |
| 13. 00         01300         NURSI NG ADMI NI STRATI ON         422.399         56.561         0         77.065         0         13.00           10. 00         01000 (HR S LERVICES-SALARY & FININGE APPRVD         107.981         0         0         7.000         21.00         22.00         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.010         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         22.0100         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         23.010         24.010         35.020         24.010         35.020         24.010         35.010         24.010         35.010         24.010         35.010         24.010         35.010         24.010         35.010         24.010         36.010         24.010         36.010         24.010         36.0100         24.010  |        | 01000 DI ETARY  |                                       |                         |             |                                    | 1, 176, 481                              | 10.00   |
| 16. 00         01600         NECCORDS & LIBRARY         STIL 498         125, 762         0         37, 944         0         16. 00           22. 00         02200         148 SERVICES-ALLARY & FRINCES APPRVD         223, 751         0         0         0         0         0         22         0         233         0         233         0         233         0         233         0         234         0         511         0         0         0         0         23         0         233         0         233         0         234         0   |        |   |                                       |                         |             |                                    |  | •       |
| 21:00       Q2100       IAN SERVICES-SALARY & FRINCES APPRV0       107, 581       0       0       0       0       21:00         22:00       Q2200       PARAMED       D       0       0       0       22:00       0       22:00       0       22:00       0       0       0       0       0       22:00       0       22:00       0       22:00       0       0       0       0       0       22:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00       20:00   |        |   |                                       |                         |             |                                    |  | •       |
| 21.00         02300         PARAMED         D PRGM         8.904         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |        |   |                                       |                         |             |                                    |  | •       |
| 23. 01         02341         OTHER MAR DE D         25. 875         17.1         0         0         0         0         0         23. 02           100         000         000         0 <td></td> <td></td> <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td>•</td>  |        |   |                                       | 0                       | -           |                                    |  | •       |
| 23. 02         02301         PARAME DE PROM         0   |        |   |                                       | -                       | -           |                                    |  | •       |
| INPART ENT ROUTINE SERVICE COST CENTERS         3.668.36         4.580.019         660.466         1.381.668         874.225         30.00  |        |   |                                       |                         | -           |                                    |  | •       |
| 31.00       03100   INTENSI VE CARE LINIT       132,001       547,278       811,32       165,123       114,333       31.00         30.00       04300   INTENSI VE MURSERY       234,129       93,601       10,182,122       22,241       0       35.00         41.00       04100   SUBPROVIDER - I IRF       204,997       367,145       228,697       110,774       76,662       41.00         43.00       04300   UNSERY       244,108       144,539       80       13,438       0       50.01         000       05000   CARDIA C SURGERY       244,108       44,539       80       13,438       0       50.01         000       05100   RECOVERY ROM       2,26,775       34,089       100,289       110,285       0       50.02         00000   RECOVERY ROM       22,6,775       34,089       100,289       110,285       0       50.00         00000   RECOVERY ROM       22,221       564,415       80,70.099       110,285       0       50.00         00000   RECOVERY ROM       220,224       51.70       00       15.00       0       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00  | 20.02  |   |                                       |                         |             | 0                                  | 0  | 20.02   |
| 35: 00       02040   INTERSIVE NURSERY       324, 129       93,001       108,274       28,241       0       335.00         41: 00       04000 NURSERY       119,591       18,044       0       5,444       0         43: 00       05000 OPERATING ROOM       1,629,259       1,035,138       128,557       312,318       0       50.00         05000 OPERATING ROOM       1,245,798       724,602       136,377       218,624       0       50.01         05000 DEL VERY ROOM       226,775       34,009       100,289       102,827       65.00       51.00       50.00       51.01       51.00       51.00       51.01       00       51.00       51.00       51.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       52.00       55.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |        |   |                                       |                         |             |                                    |  |         |
| 41.00       04100       SUBPROVIDER - IRF       204, 997       307, 145       236, 347       110, 774       76, 662       41.00         ANCILLARY SERVICE COST CENTRES       119, 581       18, 044       0       5, 00       50, 00       50, 00       50, 00       50, 01       50, 01       50, 01       50, 01       50, 01       50, 00       50, 00       50, 00       50, 00       50, 00       50, 01       50, 01       50, 00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |        |   |                                       |                         |             |                                    |  |         |
| 43. 00         043200 NURSERY         119, 581         18, 644         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 444         0         5, 50           |        |   |                                       |                         |             |                                    |  |         |
| 50.00         05000 0PERATING ROOM         1, 629, 259         1, 035, 138         128, 667         312, 318         0         50.00           50.01         05002 WVSC         1, 245, 798         724, 609         100, 289         100, 270, 279         100, 270, 279         100, 289 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>  |        |   |                                       |                         |             |                                    |  | 1       |
| 50. 01         650.01         CARDIAC SURGERY         284, 108         44, 539         80         13, 438         0         50.01           50. 02         05020         WSC         1, 245, 778         724, 602         136, 377         218, 624         0         50.02           51. 00         05100 RECOVERY ROOM         226, 775         34, 089         100, 289         100, 285         0         51.00           52. 00         05200 DEL UREY ROOM & LABOR ROOM         524, 454         564, 445         756, 715         71.049         227, 861         0         54.00           55. 00         05500 RADI 0LOCY-THERAPEUTIC         1032, 221         757, 71         729, 709         484         11, 223         63, 205         0         55.00           57. 00         05700 CT SCAN         260, 264         51, 705         0         15, 600         55.00           58. 00         05900 CARDIAC CATHETERI ZATI ON         2, 808, 291         837, 461         53, 257         252, 676         5, 488         59.00           59. 00         05900 CARDIAC CATHETERI ZATI ON         2, 808, 291         837, 461         0         0         0         60.00           00         0         0         0         0         0         0<   |        |   | · · · · · · · · · · · · · · · · · · · |                         |             |                                    |  |         |
| 50. 02         05002         WSC         1, 245, 798         724, 602         136, 377         218, 624         0         50. 0           51. 00         05101         0/P         PREATMENT         ROOM         92, 797         54, 00         500         789, 368         170, 301         26         52. 00           52. 00         05200         DELIVERY ROOM         LABOR ROOM         526, 454         564, 441         93, 608         170, 301         26         52. 00           55. 00         DS500 RADI LOCYINERAPEUTIC         638, 205         628, 226         26, 778         189, 564         0         55. 00           56. 00         DS700 CT SCAN         260, 264         51, 705         0         15, 600         0         56. 00           59. 00         DS900 CARDI AC CATHETERI ZATION         2, 208, 291         837, 461         53, 257         252, 676         5, 88         59. 00           00         00         00         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |        |   |                                       |                         |             |                                    |  |         |
| 51.00         05100         PECOVERY ROOM         226,775         34,089         100,289         100,285         0         51.00           51.00         05100         PETRATINT ROOM         522,07         559,559         6,905         171,845         75,70         75,71         84,808         170,301         225         00         05200         DELIVERY ROOM & LABOR ROOM         526,454         554,41         93,608         170,301         256         55.00         650,00         650,00         650,00         650,00         650,00         650,00         550,00         650,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         550,00         560,00  |        |   |                                       |                         |             |                                    |  |         |
| 52.00         05200         DELIVERY ROM & LABOR ROM         526, 454         564, 41         93, 608         170, 301         26         52.00           54.00         OSGO RADIOLGY-THERAPEUTIC         53.205         628, 205         628, 205         63, 205         64, 200         89, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         56, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00         66, 00  | 51.00  | 05100 RECOVERY ROOM                                     |                                       | 34, 089                 | 100, 289    | 10, 285                            | 0  | 51.00   |
| 54.00         D5400         RADIOLOCY-DIAGNOSTIC         1,032,221         755,215         57,049         227,861         0         54.00           55.00         D5500         RADIOLOCY-DIAGNOSTIC         217,572         209,484         11,253         63,205         56.00           70         D5700         CTSCAN         260,224         51,705         0         15,600         57.00           70         D5700         CRANIAC         CATHETER ZATION         2,808,291         837,461         53.257         252,676         5.488         59.00           90         D5900         CARDIA CONTHETER ZATION         2,808,291         837,461         0         0         0         66.00           64:00         06200         MHOLE BLOOD & PLACED RED BLOOD CELLS         118,380         0         0         0         66.00           66:00         06500         RESPIRATORY THERAPY         317,085         241,621         6.582         72,901         66.00           66:00         06600         PHYSICIAL THERAPY         119,943         39,469         0         11,908         67.00           67:00         0COU OCLUBATIONAL THERAPY         122,876         0         0         0         66.00         69.01   |        |   |                                       |                         |             |                                    |  | •       |
| 55.00         05500         RADIO LOCY-THERAPUTI C         638.205         628.26         26.778         189.564         0         55.00           55.00         NG500         RADIO LOCY-THERAPUTI C         638.205         209.484         11.253         63.205         65.00           57.00         OSTO0 CT SCAN         260.264         51.705         0         15.600         57.00           58.00         DS500 MACRET IC RESONANCE I MAGI NG (MRI )         226.232         61.726         68.795         18.624         58.00           59.00         O6000 MACRETIC RESONANCE TENDED DE DELOD CELLS         118.380         0         0         0         0         62.00           60.00         06000 PHYSI CAL THERAPY         341.621         65.82         72.791         0         66.01           66.01         0600 OPHYSI CAL THERAPY         222.360         0         34.763         0         0         66.01           66.00         06000 OPHYSI CAL THERAPY         199.430         39.469         0         11.908         67.00           68.00         0600 OPHYSI CAL THERAPY         199.430         39.469         0         11.908         67.00           69.00         069.00         067.00         00.00         0   |        |   |                                       |                         |             |                                    |  | •       |
| 57.00       05700       CT SCAN       260.264       51.705       0       15.600       0       50.00       58.00         58.00       05900       CARDIAC CATHETERIZATION       226.222       61.726       68.795       18.624       0       58.00         60.00       06000       LABORATORY       893.661       0       0       0       0       60.00       60.00       60.00       60.00       60.00       66.00       60.00       60.00   |        |   |                                       |                         |             |                                    |  | •       |
| 58. 00         0S800         MAGNETIC RESONANCE I MAGE NG (MRI)         226,232         61,726         68,795         18,624         0         58.00           90         05000         CARDIAC CATHETERIZATION         2,808,291         837,461         53.257         252,676         5,848         59.00           60.00         06000         LABORATORY         893,661         0   |        |   |                                       |                         |             |                                    |  |         |
| 59.00         05900         CARDUAC CATHETREI ZATION         2.808, 291         837, 461         53, 257         252, 676         5, 488         69.00           00.00         Loboot         ABORATORY         893, 661         0  |        |   |                                       |                         |             |                                    |  | •       |
| 60         0000         LABORATORY         893, 661         0   |        |   |                                       |                         |             |                                    |  | •       |
| 65 00         06500         PESPI RATORY THERAPY         545,606         120,834         0         36,458         0         65.00           66.00         06600         PHYSI CAL THERAPY         317,085         241,621         6,582         72,901         0         66.00           66.01         06601         PSYCH ATRI C/PSYCHOLOGI CAL SERVI CES         0         0         0         0         0         66.01           66.02         0/P PHYSI CAL THERAPY         222,360         0         34,763         0         66.01           67.00         0500         0CUPATI DNAL THERAPY         199,430         39,469         0         11,908         67.00           68.00         0E900         ELECTROCARDI OLOGY         1,184,187         75,724         33,358         22,847         0         69.00           05901         CARDI AC REHAB         53,655         155,542         461         46,930         67.00         71.00           70.00         07000         ELECTROCARDI ALGRAPHY         177,048         0         72.00         71.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00  |        |   |                                       |                         |             |                                    |  | •       |
| 66:00         06600         PHYSI CAL THERAPY         317,085         241,621         6,582         72,901         66.00           66:01         06001         PSYCHI ATRI C/PSYCHOLGI CAL SERVI CES         0         0         0         0         0         0         66.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         77.00         67.00         77.00         77.00         77.00         77.00         77.00         77.00         7  |        |   |                                       |                         |             |                                    |  | •       |
| 66.01         06.01         05.01         0         0         0         0         0         66.02           06.02         0/P PHYSI CAL THERAPY         222, 360         0         34, 763         0         0         66.02           06.02         0/P PHYSI CAL THERAPY         199, 430         39, 469         0         11, 908         0         67.00           06.00         0.6000         DEECH PATHOLOGY         98, 728         78, 271         0         23, 616         0         68.00         69.00         06901         CARDI AC REHAB         53, 655         155, 542         461         46, 930         0         70.00         70.00         0         0         0         0         0         0         0         0         0         70.00         70.00            |        |   |                                       |                         | -           |                                    |  | •       |
| 66.02         06402         0/P         PHYSICAL THERAPY         222,360         0         34,763         0         0         66.02           67.00         06700         0CCUPATIONAL THERAPY         199,430         39,469         0         11,908         0         67.00           68.00         06800         SPECCH PATHOLOGY         98,728         78,271         0         23,616         0         68.00         0         69.00         69.00         69.00         69.00         69.00         69.00         69.01         69.01         69.01         60.02         44.93,3358         22,847         0         69.00         69.01           70.00         07000         ELECTROENCEPHALOGRAPHY         177,048         0         4,727         0         0         70.00           71.00         DVIC OLAL SUPPLIES CHARGED TO PATIENTS         4,102,876         0         0         0         72.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         148,783         0         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00  |        |   | 317,085                               | 241, 021                | 0, 382      |                                    |  | •       |
| 68.00         06800         SPEECH         PATHOLOGY         98, 728         78, 271         0         23, 616         0         68.00           69.01         06900         ELECTROCARDIOLOGY         1, 184, 187         75, 724         33, 358         22, 847         0         69.01           70.00         07000         ELECTROCARDIOLOGY         1, 184, 187         75, 724         33, 358         22, 847         0         69.01           70.00         07000         ELECTROENCEPHALOGRAPHY         177, 048         0         4, 727         0         0         70.00           71.00         DOT100         MEDICAL SUPPLIES CHARGED TO PATI ENTS         1, 120, 876         0         0         0         72.00         72.00         72.00         72.00         73.00         73.00         73.00         07300         DRUGS CHARGED TO PATI ENTS         1, 120, 876         0         0         0         73.00         74.00         90.07         90.07   | 66.02  |   | 222, 360                              | 0                       | 34, 763     | 0                                  | 0  | 66.02   |
| 69.00       06900       ELECTROCARDIOLOGY       1, 184, 187       75, 724       33, 358       22, 847       0       69.01         69.01       06901       CARDIA C REHAB       53, 655       155, 542       461       46, 930       0       69.01         70.00       OTOOO       ELECTROCARDIAL C REHAB       53, 655       155, 542       461       46, 930       0       70.00         71.00       OTOOO       ELECTROCARDIAL C REHAB       53, 655       155, 542       461       46, 930       0       70.00         71.00       OTOO       ELECTROCARDIAL C REHAB       53, 655       155, 542       461       46, 930       0       70.00         72.00       OT200       INPL. DEV. CHARGED TO PATIENTS       4, 103       0       0       0       71.00         73.00       OT300       DRUGS CHARGED TO PATIENTS       4, 792, 737       493, 121       0       148, 783       0       73.00         76.00       03020       RENAL ACUTE       175, 402       83, 913       8, 933       25, 318       0       70.00         90.00       CLINIC       30,098       16, 616       0       5,013       0       90.00         90.00       90000       CLINIC   |        |   |                                       |                         |             |                                    |  | •       |
| 69.01       06901       CARDIAC REHAB       53,655       155,542       461       46,930       0       69.01         70.00       07000       ELECTROENCEPHALOGRAPHY       177,048       0       4,727       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       4,103       0       0       0       0       71.00         72.00       07300       DRUGS CHARGED TO PATIENTS       1,120,876       0       0       0       72.00         76.00       03020       RENAL ACUTE       175,402       83,913       8,933       25,318       0       73.00         76.00       00000       00000       CLINIC       30,098       16,616       0       5,013       0       90.00         90.05       90005       PATIENT NUTRITION       38,673       45,944       0       13,862       0       90.05         90.07       09000       BERENAL ACUTE       989,669       573,535       269,686       173,045       91.00       91.00         92.00       DSECIAL PURPOSE COST CENTERS       118.00       NORRE IMBURSABLE COST CENTERS       118.00       0       0       0       194.00       194.00       194.00       194.00  |        |   |                                       |                         |             |                                    |  |         |
| 71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       4, 103       0       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       1, 120, 876       0       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       4, 792, 737       493, 121       0       148, 783       0       73.00         76.00       03020       RENAL ACUTE       175, 402       83, 913       8, 933       25, 318       0       76.00         00000       CLINIC       00000       71.00       38, 673       45, 944       0       13, 862       0       90.00         90.00       90000       EMERGENCY       989, 669       573, 535       269, 666       173, 045       0       91.00         92.00       DSERVATION BEDS (NON-DISTINCT PART)       28, 953, 376       14, 086, 608       1, 981, 009       4, 196, 035       1, 176, 481       18.00         NORMEL MBURSABLE COST CENTERS         190.00       190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       194, 00       0       0       194, 00       0       194, 00       194, 00       0       0       0       194,   |        |   |                                       |                         |             |                                    |  | •       |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       1, 120, 876       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       4, 792, 737       493, 121       0       148, 783       0       73.00         76.00       0020       RENAL ACUTE       175, 402       83, 913       8, 933       25, 318       0       73.00         90.00       OUTPATIENT SERVICE COST CENTERS       175, 402       83, 913       8, 933       25, 318       0       70.00         90.00       O9000       CLINIC       30, 098       16, 616       0       5, 013       0       90.00         90.01       09007       WOUND CLINIC       171, 336       213, 103       17, 553       64, 297       0       90.07         91.00       09200       DBSERVATION BEDS (NON-DISTINCT PART)       989, 669       573, 535       269, 686       173, 045       0       91.00         92.00       G9200       DBSERVATION BEDS (NON-DISTINCT PART)       28, 953, 376       14, 086, 608       1, 981, 009       4, 196, 035       1, 176, 481       118.00         NONREI MBURSABLE COST CENTERS       190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       194.00       0   |        |   |                                       | -                       | 4, 727      |                                    |  | 1       |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       4,792,737       493,121       0       148,783       0       73.00         76.00       03020       RENAL ACUTE       175,402       83,913       8,933       25,318       0       76.00         0UTPATIENT SERVICE COST CENTERS       30,098       16,616       0       5,013       0       90.00         90.00       09000       CLINIC       30,098       16,616       0       5,013       0       90.00         90.01       09000       CLINIC       33,098       16,616       0       5,013       0       90.00         90.02       09000       CLINIC       171,336       213,103       17,553       64,297       0       90.07         91.00       09100       EMERENCY       989,669       573,535       269,686       173,045       0       91.00         92.00       OBSERVATION BEDS (NON-DISTINCT PART)       989,669       573,535       269,686       1,73,045       0       91.00         91000       GIBURABLE COST CENTERS       5       92.00       0       0       0       0       118.00         194.00       07950       RURAL HALTH       546,368       0       1,230  |        |   |                                       | 0                       |             | 0                                  |  |         |
| 76.00         03020         RENAL ACUTE         175,402         83,913         8,933         25,318         0         76.00           0UTPATI ENT SERVICE COST CENTERS         30,098         16,616         0         5,013         0         90.00           90.00         09005         CLINIC         30,098         16,616         0         5,013         0         90.00           90.05         09005         PATI ENT NUTRI TI ON         38,673         445,944         0         13,862         0         90.05         90.05         90.05         90.07         90.07         WOUND CLINIC         171,336         213,103         17,553         64,297         0         90.07   |        |   |                                       | 493, 121                | , s         | 148, 783                           |  |         |
| 90.00       09000       CLINIC       30,098       16,616       0       5,013       0       90.00         90.05       09005       PATIENT NUTRITION       38,673       45,944       0       13,862       0       90.05         90.07       09007       WOUND CLINIC       171,336       213,103       17,553       64,297       0       90.07         91.00       09100       EMERGENCY       989,669       573,535       269,686       173,045       0       92.00         92.00       0BSERVATION BEDS (NON-DISTINCT PART)       28,953,376       14,086,608       1,981,009       4,196,035       1,176,481       118.00         NONREL MBURSABLE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       28,953,376       14,086,608       1,981,009       4,196,035       1,176,481       118.00         NONREL MBURSABLE COST CENTERS         190.00       07950       RURAL HEALTH       546,368       0       1,230       0       194.00         194.01       07951       RENTAL PROPERTY       3,000       0       0       0       194.02         194.02       07954       FAMILY PRACTICE       375,377       285,660       1,465<  |        |   |                                       |                         |             |                                    |  |         |
| 90.05       09005       PATI ENT NUTRITION       38,673       45,944       0       13,862       0       90.05         90.07       09007       WOUND CLINIC       171,336       213,103       17,553       64,297       0       90.07         91.00       09100       EMERGENCY       989,669       573,535       269,686       173,045       0       91.00         92.00       OBSERVATI ON BEDS (NON-DI STINCT PART)       989,669       573,535       269,686       173,045       0       92.00         SPECIAL PURPOSE COST CENTERS         118.00         NONREL MBURSABLE COST CENTERS         190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       190.00         194.00       07950       RURAL HEALTH       546,368       0       1,230       0       194.00         194.01       07951       RENTAL PROPERTY       3,000       0       0       194.01         194.02       07952       WELLNESS       58,451       353,671       0       106,709       194.02         194.03       07952       WELNESS       58,451       353,671       0       106,709       194.03  | 00.05  |   |                                       |                         | -           | 5.012                              | -  | 00.00   |
| 90.07       09007       WOUND CLINIC       171,336       213,103       17,553       64,297       0       90.07         91.00       09100       EMERGENCY       989,669       573,535       269,686       173,045       0       91.00         92.00       DSERVATION BEDS (NON-DISTINCT PART)       989,669       573,535       269,686       173,045       0       92.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       28,953,376       14,086,608       1,981,009       4,196,035       1,176,481       118.00         NONREL MBURSABLE COST CENTERS         190.00       19000       GFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       190.00         194.00       07950       RURAL HEALTH       546,368       0       1,230       0       194.00         194.02       07951       RENTAL PROPERTY       3,000       0       0       194.01         194.03       07952       WELLNESS       58,451       353,671       0       106,709       194.02         194.04       07955       PHYSI CI AN PRACTICES       1,860,927       0       6,925       0       0       194.06 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |        |   |                                       |                         |             |                                    |  |         |
| 92.00         09200         0BSERVATION         BEDS         (NON-DISTINCT PART)         92.00           SPECIAL PURPOSE COST CENTERS           118.00           SUBTOTALS (SUM OF LINES 1 through 117)         28,953,376         14,086,608         1,981,009         4,196,035         1,176,481         118.00           NONRET MBURSABLE COST CENTERS         118.00         0         0         0         0         190.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         194.00         0         0         0         0         194.00         194.00         194.00         0         0         0         0         194.00         194.01         07951         RENTAL PROPERTY         3,000         0         0         0         194.02         194.02         07954         FAMI LY PRACTICE         375,377         285,660         1,465         86,188         0         194.02         194.03         0         0         0         194.02         194.03         194.02         0         194.02         0         0         0         194.02         194.03         194.04         07955         WELLNESS         58,451         353,671         0         106,709         0  |        |   |                                       |                         |             |                                    |  |         |
| SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         28,953,376         14,086,608         1,981,009         4,196,035         1,176,481         118.00           NONREL MBURSABLE COST CENTERS           190.00         190000         GFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         194.00         07950         RURAL HEALTH         546,368         0         1,230         0         194.00         194.00         194.00         194.00         194.00         194.01         07951         RENTAL PROPERTY         3,000         0         0         0         194.02         194.02         07954         FAMI LY PRACTICE         375,377         285,660         1,465         86,188         0         194.02         194.02         194.02         194.02         194.02         194.02         194.04         07955         FHYSI CI AN PRACTICES         1,860,927         0         6,925         0         0         194.03           194.06         07953         SYCAMORE SPORTS MED         4,931         0         0         0         194.06         194.06           194.06         07953         SYCAMORE SPORTS MED         4,931         0         0         0   |        |   | 989, 669                              | 573, 535                | 269, 686    | 173, 045                           | 0  |         |
| 118.00         SUBTOTALS (SUM OF LINES 1 through 117)         28,953,376         14,086,608         1,981,009         4,196,035         1,176,481         118.00           NONREI MBURSABLE COST CENTERS         NONREI MBURSABLE COST CENTERS         0         0         0         190.00         0         0         0         190.00         190.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         194.00         07950         RURAL HEALTH         546,368         0         1,230         0         0         194.00         194.00         194.00         194.01         0         0         0         194.00         194.01         0         0         0         0         0         194.00         194.01         194.01         194.02         07954         FAMI LY PRACTICE         375,377         285,660         1,465         86,188         0         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.03         106,709         0         194.02         194.04         194.02         194.04         194.04         194.04         194.04         1955         PHYSI CI AN PRACTICES         1,860,927         0         6,925         0         0         194.04         194.04  | 92.00  |   |                                       |                         |             |                                    |  | 92.00   |
| NORE I MBURSABLE         COST         CENTERS           190.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00           194.00         07950         RURAL         HEALTH         546, 368         0         1, 230         0         0         194.00           194.01         07950         RURAL         HEALTH         546, 368         0         1, 230         0         0         194.00           194.01         07951         RENTAL         PROPERTY         3, 000         0         0         0         0         194.01           194.02         07954         FAMI LY PRACTI CE         375, 377         285, 660         1, 465         86, 188         0         194.02           194.03         07952         WELNESS         58, 451         353, 671         0         106, 709         0         194.03           194.04         07955         WHYSI CI AN PRACTI CES         1, 860, 927         0         6, 925         0         0         194.04           194.06         07953         SYCAMORE SPORTS MED         4, 931         0         0         0         194.06           194.07         07956         PSYCHI ATRI C/PSYCHOLOGI  | 118.00 |   | 28, 953, 376                          | 14, 086, 608            | 1, 981, 009 | 4, 196, 035                        | 1, 176, 481                              | 118.00  |
| 194.00       07950       RURAL HEALTH       546,368       0       1,230       0       0       194.00         194.01       07951       RENTAL PROPERTY       3,000       0       0       0       0       194.01         194.02       07954       FAMI LY PRACTI CE       375,377       285,660       1,465       86,188       0       194.02         194.03       07952       WELLNESS       58,451       353,671       0       106,709       0       194.03         194.04       07955       PKYSI CI AN PRACTI CES       1,860,927       0       6,925       0       0       194.06         194.06       07955       SVCAMORE SPORTS MED       4,931       0       0       0       194.06         194.07       07556       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       73,887       68,225       0       20,585       0       194.07   |        | NONREI MBURSABLE COST CENTERS                           |                                       |                         |             |                                    |  |         |
| 194.01       07951       RENTAL PROPERTY       3,000       0       0       0       194.01         194.02       07954       FAMI LY PRACTI CE       375,377       285,660       1,465       86,188       0       194.02         194.03       07952       WELLNESS       58,451       353,671       0       106,709       0       194.03         194.04       07955       PHYSI CI AN PRACTI CES       1,860,927       0       6,925       0       0       194.04         194.06       07953       SYCAMORE SPORTS MED       4,931       0       0       0       194.06         194.07       07956       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       73,887       68,225       0       20,585       0       194.07  |        |   |                                       |                         |             |                                    |  |         |
| 194. 0207954FAMI LY PRACTI CE375, 377285, 6601, 46586, 1880194. 02194. 0307952WELLNESS58, 451353, 6710106, 7090194. 03194. 0407955PHYSI CI AN PRACTI CES1, 860, 92706, 92500194. 04194. 0607953SYCAMORE SPORTS MED4, 931000194. 06194. 0707956PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES73, 88768, 225020, 5850194. 07  |        |   |                                       | 0                       | 1,230       |                                    |  |         |
| 194. 03       07952       WELLNESS       58, 451       353, 671       0       106, 709       0       194. 03         194. 04       07955       PHYSI CI AN PRACTICES       1, 860, 927       0       6, 925       0       0       194. 04         194. 06       07953       SYCAMORE SPORTS MED       4, 931       0       0       0       194. 06         194. 07       07956       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       73, 887       68, 225       0       20, 585       0       194. 07  |        |   |                                       | 285, 660                | 1, 465      | 86, 188                            |  |         |
| 194.06         07953         SYCAMORE         SPORTS         MED         4, 931         0         0         0         194.06           194.07         07956         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         73, 887         68, 225         0         20, 585         0         194.07  | 194.03 | 07952 WELLNESS  | 58, 451                               | 353, 671                | 0           | 106, 709                           | 0  | 194.03  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 73, 887 68, 225 0 20, 585 0 194. 07  |        |   |                                       | 0                       |             |                                    |  | •       |
|   |        |   |                                       | 0<br>68. 225            | -           |                                    |  |         |
|   |        |   |                                       |                         |             |                                    |  |         |

| Heal th Fin                             | ancial Systems                    | UNI ON HOSPI TAL, INC. |              |               | In Lieu of Form CMS-2552-10 |                                |        |  |
|---|-----------------------------------|------------------------|--------------|---------------|-----------------------------|--------------------------------|--------|--|
| COST ALLOCATION - GENERAL SERVICE COSTS |                                   |                        |              |               | Period:<br>From 01/01/2020  | Worksheet B                    |        |  |
|   |                                   |                        |              |               |                             | Date/Time Pre<br>7/29/2021 1:5 |        |  |
|   | Cost Center Description           | OTHER ADMIN            | OPERATION OF | LAUNDRY &     | HOUSEKEEPI NG               | DI ETARY                       |        |  |
|   |                                   | AND GENERAL            | PLANT        | LINEN SERVICE |                             |                                |        |  |
|   |                                   | 5.06                   | 7.00         | 8.00          | 9.00                        | 10.00                          |        |  |
| 201.00                                  | Negative Cost Centers             | 0                      | 0            | (             | 0 0                         | C                              | 201.00 |  |
| 202.00                                  | TOTAL (sum lines 118 through 201) | 31, 876, 317           | 14, 794, 164 | 1, 990, 629   | 9 4, 409, 517               | 1, 176, 481                    | 202.00 |  |

| Health Financial Systems  | UNI ON HOSPI        | TAL, INC.                    |                       | In Lie                        | u of Form CMS-                | 2552-10          |
|---|---------------------|------------------------------|-----------------------|-------------------------------|-------------------------------|------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS   |                     | Provider C                   |                       | eriod:<br>rom 01/01/2020      | Worksheet B                   |                  |
|   |                     |                              |                       | 0 12/31/2020                  | Date/Time Pre                 |                  |
|   |                     |                              |                       | INTERNS &                     | 7/29/2021 1:5<br>RESI DENTS   | 58 pm            |
|   |                     |                              |                       |                               |                               |                  |
| Cost Center Description   | CAFETERI A          | NURSI NG<br>ADMI NI STRATI O | MEDI CAL<br>RECORDS & | SERVICES-SALA<br>RY & FRINGES | SERVICES-OTHE<br>R PRGM COSTS |                  |
|   |                     | ADMINISTRATIO<br>N           | LI BRARY              | KT & FRINGES                  |                               |                  |
|   | 11.00               | 13.00                        | 16.00                 | 21.00                         | 22.00                         |                  |
| GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT                                   |                     |                              | 1                     |                               |                               | 1.00             |
| 2. 00 00200 NEW CAP REL COSTS-BEDG & TTXT   |                     |                              |                       |                               |                               | 2.00             |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT   |                     |                              |                       |                               |                               | 4.00             |
| 5. 01 00540 NONPATI ENT TELEPHONES<br>5. 02 00550 DATA PROCESSI NG                                      |                     |                              |                       |                               |                               | 5.01             |
| 5. 02 00550 DATA PROCESSI NG<br>5. 03 00560 PURCHASI NG RECEI VI NG AND STORES                          |                     |                              |                       |                               |                               | 5.02<br>5.03     |
| 5. 04 00570 ADMI TTI NG   |                     |                              |                       |                               |                               | 5.04             |
| 5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   |                     |                              |                       |                               |                               | 5.05             |
| 5. 06 00590 OTHER ADMIN AND GENERAL<br>7. 00 00700 OPERATION OF PLANT                                   |                     |                              |                       |                               |                               | 5.06<br>7.00     |
| 8. 00 00800 LAUNDRY & LI NEN SERVI CE   |                     |                              |                       |                               |                               | 8.00             |
| 9.00 00900 HOUSEKEEPI NG  |                     |                              |                       |                               |                               | 9.00             |
| 10. 00   01000   DI ETARY<br>11. 00   01100   CAFETERI A  | 3, 827, 720         |                              |                       |                               |                               | 10.00            |
| 13. 00 01300 NURSING ADMINI STRATI ON   | 80, 485             |                              |                       |                               |                               | 13.00            |
| 16.00 01600 MEDICAL RECORDS & LIBRARY   | 202, 423            |                              |                       |                               |                               | 16.00            |
| 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD   | 72, 540             |                              |                       |                               |                               | 21.00            |
| 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD<br>23.00 02300 PARAMED ED PRGM                        | 15, 199<br>3, 800   |                              |                       |                               | 2, 680, 372                   | 22.00            |
| 23. 01 02341 OTHER MED ED   | 24, 180             |                              | -                     |                               |                               | 23.01            |
| 23. 02 02301 PARAMED ED PRGM  | 0                   | 0                            | 0                     |                               |                               | 23.02            |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS | 1, 057, 363         | 1, 959, 746                  | 484, 348              | 945, 893                      | 1, 225, 601                   | 30.00            |
| 31. 00 03100 I NTENSI VE CARE UNI T   | 246, 638            |                              |                       |                               |                               | 1                |
| 35. 00 02040 I NTENSI VE NURSERY  | 99, 830             |                              |                       |                               |                               |                  |
| 41. 00 04100 SUBPROVI DER – I RF<br>43. 00 04300 NURSERY  | 72, 195             |                              |                       |                               | -                             | 1                |
| 43. 00 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS  | 61, 141             | 120, 276                     | 12, 424               | 0                             | 0                             | 43.00            |
| 50. 00 05000 OPERATI NG ROOM  | 204, 841            |                              |                       |                               |                               |                  |
| 50. 01 05001 CARDI AC SURGERY<br>50. 02 05002 WVSC  | 32, 471<br>0        |                              |                       |                               | -                             | 1                |
| 51.00 05100 RECOVERY ROOM   | 74, 268             |                              |                       |                               |                               |                  |
| 51.02 05101 0/P TREATMENT ROOM  | 14, 508             |                              |                       |                               | 0                             | 1                |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   | 162, 698            |                              |                       |                               |                               |                  |
| 54. 00   05400  RADI 0LOGY-DI AGNOSTI C<br>55. 00   05500  RADI 0LOGY-THERAPEUTI C                      | 223, 839<br>15, 544 |                              |                       |                               |                               |                  |
| 56. 00 05600 RADI OI SOTOPE   | 13, 817             |                              |                       |                               |                               | 1                |
| 57.00 05700 CT SCAN   | 44, 561             |                              |                       |                               | -                             |                  |
| 58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)<br>59. 00 05900 CARDIAC CATHETERIZATION                   | 32, 125<br>90, 503  |                              |                       |                               |                               | 58.00<br>59.00   |
| 60. 00 06000 LABORATORY   | 40, 503<br>0        |                              |                       |                               |                               | 60.00            |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 0                   | -                            | 13, 643               | 0                             | 0                             |                  |
| 65. 00 06500 RESPIRATORY THERAPY  | 139, 554            |                              |                       |                               |                               |                  |
| 66. 00 06600 PHYSI CAL THERAPY<br>66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                   | 0                   |                              |                       |                               |                               | 1                |
| 66. 02 06602 0/P PHYSICAL THERAPY   | 0                   | 0                            | 30, 818               |                               |                               |                  |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 0                   | 0                            | 42, 995               |                               |                               |                  |
| 68. 00 06800 SPEECH PATHOLOGY<br>69. 00 06900 ELECTROCARDI OLOGY  | 0<br>51, 815        | -                            |                       |                               | 0<br>  0                      | 1                |
| 69. 01 06901 CARDI AC REHAB   | 13, 817             |                              |                       |                               | -                             | 1                |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 28, 325             | 25, 822                      | 13, 802               | 0                             | -                             |                  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0                   |                              |                       |                               | -                             |                  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS  | 159, 244            | -                            |                       |                               | -                             |                  |
| 76.00 03020 RENAL ACUTE   | 0                   |                              |                       |                               |                               | 1                |
|   | 7 254               | 14.270                       | 2 4 2 2               | 220 759                       | 440 227                       | 00.00            |
| 90. 00  09000  CLINIC<br>90. 05  09005  PATIENT NUTRITION   | 7, 254<br>12, 090   |                              |                       |                               |                               | 1                |
| 90. 07 09007 WOUND CLINIC   | 17, 617             | 34, 656                      | 44, 221               | 21, 772                       | 28, 211                       | 90.07            |
| 91.00 09100 EMERGENCY   | 287, 399            | 565, 363                     | 540, 630              | 188, 426                      | 244, 145                      |                  |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)<br>SPECIAL PURPOSE COST CENTERS                        |                     |                              | 1                     | I                             | <u> </u>                      | 92.00            |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)   | 3, 562, 084         | 5, 185, 441                  | 6, 458, 747           | 1, 937, 211                   | 2, 510, 063                   | 118.00           |
| NONREI MBURSABLE COST CENTERS   |                     | 1                            | 1                     |                               |                               |                  |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>194.00 07950 RURAL HEALTH                           | 0                   |                              |                       |                               |                               | 190.00<br>194.00 |
| 194. 01 07951 RENTAL PROPERTY   | 0                   | 0                            | 0                     |                               |                               | 194.00           |
| 194. 02 07954 FAMILY PRACTICE   | 81, 867             |                              | 0                     | 131, 441                      | 170, 309                      | 194.02           |
| 194. 03 07952 WELLNESS  | 141 214             | 0                            |                       |                               |                               | 194.03           |
| 194. 04 07955  PHYSI CI AN PRACTI CES   | 161, 316            | 0                            | 0                     | 0                             | 0                             | 194.04           |

| Health Financial Systems                             | UNI ON HOSPI | TAL, INC.        |            | In Lie                     | u of Form CMS-2       | 2552-10 |
|--|--------------|------------------|------------|----------------------------|-----------------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS              |              | Provider CO      |            | Period:<br>From 01/01/2020 | Worksheet B<br>Part I |         |
|  |              |                  |            | To 12/31/2020              |                       | pared:  |
|  |              |                  |            |                            | 7/29/2021 1:5         | 8 pm    |
|  |              |                  |            | INTERNS &                  | RESI DENTS            |         |
|  |              |                  |            |                            |                       |         |
| Cost Center Description                              | CAFETERI A   | NURSI NG         | MEDI CAL   | SERVI CES-SALA             | SERVI CES-OTHE        |         |
|  |              | ADMI NI STRATI O | RECORDS &  | RY & FRINGES               | R PRGM COSTS          |         |
|  |              | Ν                | LI BRARY   |                            |                       |         |
|  | 11.00        | 13.00            | 16.00      | 21.00                      | 22.00                 |         |
| 194.0607953 SYCAMORE SPORTS MED                      | 0            | 0                | (          | 0 0                        | 0                     | 194.06  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 22, 453      | 0                | (          | 0 0                        | 0                     | 194.07  |
| 200.00 Cross Foot Adjustments                        |              |                  |            | 0                          | 0                     | 200.00  |
| 201.00 Negative Cost Centers                         | 0            | 0                |            | 0 0                        | 0                     | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201)             | 3, 827, 720  | 5, 185, 441      | 6, 458, 74 | 7 2, 068, 652              | 2, 680, 372           | 202.00  |

| Health Financial Systems   | UNI ON HOSPI | TAL, INC.     |             | In Lie                           | u of Form CMS-2                | 2552-10          |
|--|--------------|---------------|-------------|----------------------------------|--------------------------------|------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |              | Provider CC   | CN: 15-0023 | Period:<br>From 01/01/2020       | Worksheet B<br>Part I          |                  |
|  |              |               |             | To 12/31/2020                    | Date/Time Pre<br>7/29/2021 1:5 |                  |
| Cost Center Description  | PARAMED ED   | OTHER MED ED  | PARAMED ED  | Subtotal                         | Intern &                       |                  |
|  | PRGM         |               | PRGM        |                                  | Residents<br>Cost & Post       |                  |
|  |              |               |             |                                  | Stepdown                       |                  |
|  | 23.00        | 23.01         | 23.02       | 24.00                            | Adjustments<br>25.00           |                  |
| GENERAL SERVICE COST CENTERS   |              |               |             |                                  |                                | 1.00             |
| 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT<br>2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP                   |              |               |             |                                  |                                | 1.00<br>2.00     |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  |              |               |             |                                  |                                | 4.00             |
| 5. 01 00540 NONPATI ENT TELEPHONES<br>5. 02 00550 DATA PROCESSI NG                                     |              |               |             |                                  |                                | 5.01<br>5.02     |
| 5. 03 00560 PURCHASI NG RECEI VI NG AND STORES   |              |               |             |                                  |                                | 5.03             |
| 5. 04 00570 ADMI TTI NG<br>5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                               |              |               |             |                                  |                                | 5.04<br>5.05     |
| 5. 06 00590 OTHER ADMIN AND GENERAL  |              |               |             |                                  |                                | 5.06             |
| 7.00 00700 OPERATION OF PLANT<br>8.00 00800 LAUNDRY & LINEN SERVICE                                    |              |               |             |                                  |                                | 7.00<br>8.00     |
| 9. 00 00900 HOUSEKEEPI NG  |              |               |             |                                  |                                | 9.00             |
| 10. 00 01000 DI ETARY<br>11. 00 01100 CAFETERI A   |              |               |             |                                  |                                | 10.00<br>11.00   |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON  |              |               |             |                                  |                                | 13.00            |
| 16.00 01600 MEDICAL RECORDS & LIBRARY  |              |               |             |                                  |                                | 16.00            |
| 21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD<br>22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD |              |               |             |                                  |                                | 21.00<br>22.00   |
| 23.00 02300 PARAMED ED PRGM  | 109, 856     |               |             |                                  |                                | 23.00            |
| 23. 01 02341 OTHER MED ED<br>23. 02 02301 PARAMED ED PRGM  |              | 398, 861      |             | 0                                |                                | 23.01<br>23.02   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |              |               |             |                                  |                                |                  |
| 30. 00 03000 ADULTS & PEDI ATRI CS<br>31. 00 03100 I NTENSI VE CARE UNI T                              | 0            | 0             |             | 0 56, 864, 822<br>0 11, 714, 065 | -2, 171, 494<br>0              | 30.00<br>31.00   |
| 35. 00 02040 I NTENSI VE NURSERY   | 0            | 0             |             | 0 4, 438, 174                    | -69, 730                       | 35.00            |
| 41. 00 04100 SUBPROVI DER – I RF<br>43. 00 04300 NURSERY   | 0            | 0             |             | 0 3, 254, 455<br>0 1, 641, 693   | 0                              | 41.00            |
| 43. 00 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS   | 0            | 0             |             | 0 1, 641, 693                    | 0                              | 43.00            |
| 50. 00 05000 OPERATING ROOM  | 0            | 0             |             | 0 22, 508, 647                   | -240, 660                      | 50.00            |
| 50. 01   05001   CARDI AC   SURGERY<br>50. 02   05002   WVSC   | 0            | 0             |             | 0 3, 535, 371<br>0 16, 409, 415  | 0                              | 50.01<br>50.02   |
| 51.00 05100 RECOVERY ROOM  | 0            | 0             |             | 0 3, 104, 404                    | 0                              | 51.00            |
| 51.02 05101 0/P TREATMENT ROOM<br>52.00 05200 DELIVERY ROOM & LABOR ROOM                               | 0            | 0             |             | 0 1, 985, 241<br>0 8, 123, 087   | 0<br>-467, 744                 | 51.02<br>52.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 109, 856     | 0             |             | 0 13, 954, 645                   | -32, 088                       | 54.00            |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C<br>56. 00 05600 RADI OI SOTOPE                                    | 0            | 0             |             | 0 8, 686, 430<br>0 2, 927, 351   | -22, 831<br>0                  | 55.00<br>56.00   |
| 57. 00 05700 CT SCAN   | 0            | 0             |             | 0 2, 927, 351<br>0 3, 421, 799   | 0                              | 57.00            |
| 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)  | 0            | 0             |             | 0 2, 934, 894                    | 0                              | 58.00            |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON<br>60. 00 06000 LABORATORY                                     | 0            | 0             |             | 0 35, 136, 477<br>0 11, 018, 653 | -23, 449<br>0                  | 59.00<br>60.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0            | 0             |             | 0 1, 423, 703                    | 0                              | 62.00            |
| 65. 00 06500 RESPI RATORY THERAPY<br>66. 00 06600 PHYSI CAL THERAPY                                    | 0            | 0             |             | 0 7, 227, 983<br>0 4, 152, 341   | -13, 576<br>0                  | 65.00<br>66.00   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  | 0            | 0             |             | 0 0                              | 0                              | 66.01            |
| 66. 02 06602 0/P PHYSI CAL THERAPY<br>67. 00 06700 0CCUPATI ONAL THERAPY                               | 0            | 0             |             | 0 2, 829, 578<br>0 2, 469, 850   | -115, 394                      | 66.02            |
| 67.00 06700 OCCUPATI ONAL THERAPY<br>68.00 06800 SPEECH PATHOLOGY                                      | 0            | 0             |             | 0 2, 469, 850                    | 0                              | 67.00<br>68.00   |
| 69.00 06900 ELECTROCARDI OLOGY   | 0            | 0             |             | 0 14, 734, 284                   | 0                              | 69.00            |
| 69. 01 06901 CARDI AC REHAB<br>70. 00 07000 ELECTROENCEPHALOGRAPHY                                     | 0            | 0             |             | 0 889, 143<br>0 2, 181, 547      | 0                              | 69.01<br>70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0            | 0             |             | 0 48, 877                        | 0                              | 71.00            |
| 72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS<br>73.00 07300 DRUGS CHARGED TO PATI ENTS                 | 0            | 0<br>398, 861 |             | 0 13, 452, 233<br>0 59, 930, 008 | 0<br>-27, 769                  | 72.00<br>73.00   |
| 76.00 03020 RENAL ACUTE  | 0            | 398,801       |             | 0 2, 224, 545                    | -27,709                        | 76.00            |
|  | 0            | 0             |             | 0 1 105 0(2                      | 770 005                        |                  |
| 90. 00   09000  CLI NI C<br>90. 05   09005  PATI ENT_NUTRI TI ON                                       | 0            | 0             |             | 0 1, 185, 063<br>0 556, 933      | -779, 985<br>0                 | 90.00<br>90.05   |
| 90. 07 09007 WOUND CLINIC  | 0            | 0             |             | 0 2, 482, 272                    | -49, 983                       | 90.07            |
| 91.00 09100 EMERGENCY<br>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                              | 0            | 0             |             | 0 14, 630, 481                   | -432, 571<br>0                 |                  |
| SPECIAL PURPOSE COST CENTERS   |              |               |             |                                  | 0                              | 92.00            |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS                         | 109, 856     | 398, 861      |             | 0 343, 374, 099                  | -4, 447, 274                   | 118.00           |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0            | 0             |             | 0 0                              |                                | 190. 00          |
| 194. 00 07950 RURAL HEALTH<br>194. 01 07951 RENTAL PROPERTY  | 0            | 0             |             | 0 6, 509, 195<br>0 35, 735       |                                | 194.00<br>194.01 |
| 194. 02 07951 RENTAL_PROPERTY<br>194. 02 07954 FAMILY_PRACTICE   | 0            | 0             |             | 0 5, 228, 168                    | -301, 750                      |                  |
| 194. 03 07952 WELLNESS   | 0            | 0             |             | 0 1, 156, 605                    | 0                              | 194.03           |
| 194. 04 07955  PHYSI CI AN PRACTI CES  | 0            | 0             |             | 0 22, 334, 320                   | 0                              | 194.04           |

| Health Financial Systems                             | UNI ON HOSPI | TAL, INC.    |             | In Lie                           | u of Form CMS-2 | 2552-10 |
|--|--------------|--------------|-------------|----------------------------------|-----------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS              |              | Provider C   | CN: 15-0023 | Period:                          | Worksheet B     |         |
|  |              |              |             | From 01/01/2020<br>To 12/31/2020 |                 | pared.  |
|  |              |              |             | 10 12/01/2020                    | 7/29/2021 1:5   |         |
| Cost Center Description                              | PARAMED ED   | OTHER MED ED | PARAMED ED  | Subtotal                         | Intern &        |         |
|  | PRGM         |              | PRGM        |                                  | Residents       |         |
|  |              |              |             |                                  | Cost & Post     |         |
|  |              |              |             |                                  | Stepdown        |         |
|  |              |              |             |                                  | Adjustments     |         |
|  | 23.00        | 23. 01       | 23.02       | 24.00                            | 25.00           |         |
| 194.0607953 SYCAMORE SPORTS MED                      | 0            | 0            |             | 0 58, 733                        | 0               | 194.06  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0            | 0            |             | 0 991, 354                       | 0               | 194.07  |
| 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)             | 109, 856     | 398, 861     |             | 0 379, 688, 209                  | -4, 749, 024    | 202.00  |

| OST ALI       | Financial Systems<br>LOCATION - GENERAL SERVICE COSTS                      | UNI ON HOSPI               | Provi der CCN: 15-0023 | In Lieu of Form<br>Period: Workshee<br>From 01/01/2020 Part I | et B                      |
|---------------|--|----------------------------|------------------------|---|---------------------------|
|               |  |                            |                        | To 12/31/2020 Date/Tin<br>7/29/202                            | me Prepareo<br>21 1:58 pm |
|               | Cost Center Description  | Total<br>26.00             |                        |   |                           |
|               | ENERAL SERVICE COST CENTERS  |                            |                        |   |                           |
|               | 00100 NEW CAP REL COSTS-BLDG & FIXT  |                            |                        |   | 1.                        |
| 1             | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT  |                            |                        |   | 2.                        |
| 1             | 00540 NONPATIENT TELEPHONES  |                            |                        |   | 4.                        |
|               | 00550 DATA PROCESSI NG   |                            |                        |   | 5.                        |
|               | 00560 PURCHASING RECEIVING AND STORES                                      |                            |                        |   | 5.                        |
| 04 0          | 00570 ADMI TTI NG  |                            |                        |   | 5.                        |
| 05 0          | 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                    |                            |                        |   | 5.                        |
|               | 00590 OTHER ADMIN AND GENERAL  |                            |                        |   | 5.                        |
|               | 00700 OPERATION OF PLANT   |                            |                        |   | 7.                        |
|               | 00800 LAUNDRY & LINEN SERVICE  |                            |                        |   | 8.                        |
|               | 00900 HOUSEKEEPI NG<br>01000 DI ETARY                                      |                            |                        |   | 9.<br>10.                 |
|               | 1100 CAFETERI A  |                            |                        |   | 11.                       |
|               | 01300 NURSI NG ADMI NI STRATI ON   |                            |                        |   | 13.                       |
|               | 01600 MEDICAL RECORDS & LIBRARY  |                            |                        |   | 16.                       |
| 1.00 0        | 02100 I&R SERVICES-SALARY & FRINGES APPRVD                                 |                            |                        |   | 21.                       |
|               | 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD                                |                            |                        |   | 22.                       |
|               | 2300 PARAMED ED PRGM   |                            |                        |   | 23.                       |
|               | 02341 OTHER MED ED   |                            |                        |   | 23.                       |
| -             | 2301 PARAMED ED PRGM   |                            |                        |   | 23.                       |
|               | NPATIENT ROUTINE SERVICE COST CENTERS                                      | 54, 693, 328               |                        |   | 30.                       |
|               | 3100 INTENSIVE CARE UNIT   | 11, 714, 065               |                        |   | 30.                       |
| 1             | 22040 I NTENSI VE NURSERY  | 4, 368, 444                |                        |   | 35.                       |
|               | 04100 SUBPROVI DER – I RF  | 3, 254, 455                |                        |   | 41.                       |
| s. oo 🛛 o     | 04300 NURSERY  | 1, 641, 693                |                        |   | 43.                       |
|               | NCILLARY SERVICE COST CENTERS  |                            |                        |   |                           |
|               | 05000 OPERATING ROOM   | 22, 267, 987               |                        |   | 50.                       |
|               | 05001 CARDI AC SURGERY   | 3, 535, 371                |                        |   | 50.                       |
|               | 05002 WVSC   | 16, 409, 415               |                        |   | 50.                       |
|               | 05100 RECOVERY ROOM<br>05101 0/P TREATMENT ROOM                            | 3, 104, 404<br>1, 985, 241 |                        |   | 51.                       |
| -             | 05200 DELIVERY ROOM & LABOR ROOM   | 7, 655, 343                |                        |   | 52.                       |
|               | 05400 RADI OLOGY-DI AGNOSTI C  | 13, 922, 557               |                        |   | 54.                       |
|               | 05500 RADI OLOGY-THERAPEUTI C  | 8, 663, 599                |                        |   | 55.                       |
| . 00 0        | 05600 RADI OI SOTOPE   | 2, 927, 351                |                        |   | 56.                       |
|               | 05700 CT SCAN  | 3, 421, 799                |                        |   | 57.                       |
|               | D5800 MAGNETIC RESONANCE IMAGING (MRI)                                     | 2, 934, 894                |                        |   | 58.                       |
|               | 05900 CARDI AC CATHETERI ZATI ON   | 35, 113, 028               |                        |   | 59.                       |
|               | 06000 LABORATORY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS             | 11,018,653                 |                        |   | 60.<br>62.                |
|               | 06500 RESPIRATORY THERAPY  | 1, 423, 703<br>7, 214, 407 |                        |   | 65.                       |
|               | 06600 PHYSI CAL THERAPY  | 4, 152, 341                |                        |   | 66.                       |
|               | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                               | 0                          |                        |   | 66.                       |
| . 02 0        | 06602 0/P PHYSICAL THERAPY   | 2, 714, 184                |                        |   | 66.                       |
|               | 06700 OCCUPATI ONAL THERAPY  | 2, 469, 850                |                        |   | 67.                       |
|               | 06800 SPEECH PATHOLOGY   | 1, 295, 635                |                        |   | 68.                       |
|               | 06900 ELECTROCARDI OLOGY   | 14, 734, 284               |                        |   | 69.                       |
|               | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY                       | 889, 143<br>2, 181, 547    |                        |   | 69.<br>70.                |
|               | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 2, 181, 547<br>48, 877     |                        |   | 70.                       |
|               | 07200 IMPL. DEV. CHARGED TO PATIENTS                                       | 13, 452, 233               |                        |   | 71.                       |
|               | 7300 DRUGS CHARGED TO PATIENTS   | 59, 902, 239               |                        |   | 73.                       |
| . 00 0        | 03020 RENAL ACUTE  | 2, 224, 545                |                        |   | 76.                       |
|               | DUTPATIENT SERVICE COST CENTERS  | -                          |                        |   |                           |
|               | 09000 CLINIC   | 405, 078                   |                        |   | 90.                       |
|               | 09005 PATIENT NUTRITION  | 556, 933                   |                        |   | 90.                       |
|               | 09007 WOUND CLINIC   | 2, 432, 289                |                        |   | 90.                       |
| 1             | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)              | 14, 197, 910               |                        |   | 91.<br>92.                |
|               | SPECIAL PURPOSE COST CENTERS   |                            |                        |   | 72.                       |
| 3. 00         | SUBTOTALS (SUM OF LINES 1 through 117)                                     | 338, 926, 825              |                        |   | 118.                      |
|               | IONREI MBURSABLE COST CENTERS  | ,                          |                        |   |                           |
|               | 9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                   | 0                          |                        |   | 190.                      |
| 4.000         | 07950 RURAL HEALTH   | 6, 509, 195                |                        |   | 194.                      |
|               | 07951 RENTAL PROPERTY  | 35, 735                    |                        |   | 194                       |
|               | 07954 FAMILY PRACTICE  | 4, 926, 418                |                        |   | 194.                      |
|               | 07952 WELLNESS   | 1, 156, 605                |                        |   | 194.                      |
|               | 07955 PHYSI CI AN PRACTI CES   | 22, 334, 320               |                        |   | 194.                      |
|               | 07953 SYCAMORE SPORTS MED  | 58, 733                    |                        |   | 194.                      |
| 4.070<br>0.00 | 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                               | 991, 354                   |                        |   | 194.                      |
|               | Cross Foot Adjustments   | 0                          |                        |   | 200.                      |

| Health Financial Systems                 | UNI ON HOSPI TA | L, INC.               | In Lieu         | u of Form CMS-2552-10   |
|--|-----------------|-----------------------|-----------------|---|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                 | Provider CCN: 15-0023 | From 01/01/2020 | Worksheet B<br>Part I<br>Date/Time Prepared:<br>7/29/2021 1:58 pm |
| Cost Center Description                  | Total           |                       |                 |   |
|  | 26.00           |                       |                 |   |
| 202.00 TOTAL (sum lines 118 through 201) | 374, 939, 185   |                       |                 | 202.00  |

|                | Financial Systems<br>TION OF CAPITAL RELATED COSTS   | UNI ON HOSPI                          | Provider CCI        | F                    | Period:<br>From 01/01/2020<br>To 12/31/2020 | u of Form CMS-2<br>Worksheet B<br>Part II<br>Date/Time Pre<br>7/29/2021 1:5 | epared:      |
|----------------|--|---------------------------------------|---------------------|----------------------|---|---|--------------|
|                |  |                                       | CAPI TAL RELA       | ATED COSTS           |   | 112112021 1.3   |              |
|                | Cost Center Description  | Di rectl y<br>Assigned New<br>Capital | NEW BLDG &<br>FIXT  | NEW MVBLE<br>EQUI P  | Subtotal                                    | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT   |              |
|                |  | Related Costs<br>0                    | 1.00                | 2.00                 | 2A  | 4.00  |              |
|                | GENERAL SERVICE COST CENTERS   |                                       | 1.00                | 2.00                 | 20  | 4.00  |              |
| 1.00           | 00100 NEW CAP REL COSTS-BLDG & FIXT  |                                       |                     |                      |   |   | 1.00         |
| 2.00<br>4.00   | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT                    | 0                                     | 64, 907             | C                    | 64, 907                                     | 64, 907   | 2.00         |
| 5.01           | 00540 NONPATI ENT TELEPHONES   | 0                                     | 9, 835              | 62, 716              |   | 323   | 5.01         |
| 5.02           | 00550 DATA PROCESSING  | 0                                     | 0                   | C                    |   | 0   | 5.02         |
| 5.03           | 00560 PURCHASING RECEIVING AND STORES  | 0                                     | 0                   | 1 045                | -   | 0   | 5.03         |
| 5.04<br>5.05   | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                 | 5, 111<br>0                           | 45, 836<br>0        | 1, 245               |   | 829<br>0  | 5.04<br>5.05 |
| 5.06           | 00590 OTHER ADMIN AND GENERAL  | 53, 535                               | 260, 540            | 39, 501              | -   | 3, 059  | 5.06         |
| 7.00           | 00700 OPERATION OF PLANT   | 24,000                                | 5, 012, 836         | 10, 628              |   | 54  | 7.00         |
| 8.00           | 00800 LAUNDRY & LINEN SERVICE  | 16, 213                               | 89, 636             | 188, 569             |   | 522   | 8.00         |
| 9.00<br>10.00  | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 1, 777<br>3, 240                      | 23, 172<br>164, 302 | 59, 880<br>184, 583  |   | 1, 456<br>300   | 9.00         |
|                | 01100 CAFETERI A   | 3, 240                                | 117, 239            | 7, 916               |   | 954   | 11.00        |
|                | 01300 NURSING ADMINISTRATION   | 1, 247                                | 35, 567             | 98                   | 36, 912                                     | 1, 619  |              |
|                | 01600 MEDICAL RECORDS & LIBRARY  | 8, 243                                | 79, 082             | 11, 157              |   | 1, 887  | 16.00        |
|                | 02100 I & R SERVICES-SALARY & FRINGES APPRVD<br>02200 I & R SERVICES-OTHER PRGM COSTS APPRVD | 0                                     | 0                   | C                    |   | 954<br>994  | 21.00        |
|                | 02300 PARAMED ED PRGM  | 0                                     | 0                   | 0                    |   | 45  | 22.00        |
|                | 02341 OTHER MED ED   | 0                                     | 10, 778             | 52                   |   | 137   | 23.01        |
| 23. 02         | 02301 PARAMED ED PRGM  | 0                                     | 0                   |                      | 0 0   | 0   | 23.02        |
| 30.00          | INPATIENT ROUTINE SERVICE COST CENTERS<br>03000 ADULTS & PEDIATRICS                          | 164, 364                              | 2, 880, 036         | 914, 244             | 3, 958, 644                                 | 13, 048   | 30.00        |
|                | 03100 I NTENSI VE CARE UNI T   | 386, 339                              | 2, 880, 030         | 622, 026             |   | 3, 418  |              |
| 35.00          | 02040 I NTENSI VE NURSERY  | 2, 952                                | 58, 859             | 173, 915             |   | 1, 439  |              |
|                | 04100 SUBPROVI DER – I RF  | 9, 475                                | 230, 871            | 16, 885              |   | 1,074   | 41.00        |
| 43.00          | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS  | 0                                     | 11, 347             | 1, 548               | 3 12, 895                                   | 579   | 43.00        |
| 50.00          | 05000 OPERATING ROOM   | 861, 718                              | 650, 922            | 2, 202, 670          | 3, 715, 310                                 | 2, 186  | 50.00        |
|                | 05001 CARDI AC SURGERY   | 36, 018                               | 28, 007             | 329, 581             |   | 1, 614  | 50.01        |
|                | 05002 WVSC   | 424, 993                              | 455, 649            | 718, 162             |   | 0   | 50.02        |
|                | 05100 RECOVERY ROOM<br>05101 0/P TREATMENT ROOM  | 2, 646<br>1, 092                      | 21, 436<br>358, 154 | 51, 750<br>60, 815   |   | 918<br>236  |              |
|                | 05200 DELIVERY ROOM & LABOR ROOM   | 1, 092                                | 354, 936            | 225, 257             |   | 2,152   |              |
|                | 05400 RADI OLOGY-DI AGNOSTI C  | 653, 307                              | 474, 899            | 1, 336, 365          |   | 2, 784  | 54.00        |
|                | 05500 RADI OLOGY-THERAPEUTI C  | 869, 525                              | 395, 083            | 218, 035             |   | 194   |              |
| 56.00<br>57.00 | 05600 RADI OI SOTOPE<br>05700 CT SCAN  | 227, 274<br>134, 397                  | 131, 729<br>32, 513 | 414, 126<br>138, 903 |   | 238<br>707  |              |
|                | 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 42, 015                               | 38, 815             | 813, 251             |   |   | 58.00        |
| 59.00          | 05900 CARDI AC CATHETERI ZATI ON   | 141, 014                              | 526, 618            | 267, 128             |   | 1, 241  |              |
|                | 06000 LABORATORY   | 0                                     | 0                   | C                    |   | 0   |              |
|                | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>06500 RESPI RATORY THERAPY                     | 0<br>138, 886                         | 0<br>75, 984        | 0<br>348, 186        | -   | 0<br>2,053  |              |
|                | 06600 PHYSI CAL THERAPY  | 1, 120                                | 151, 938            | 19, 690              |   | 2,055   | 66.00        |
|                | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   | 0                                     | 0                   | C                    |   | 0   | 66.01        |
|                | 06602 0/P PHYSICAL THERAPY   | 376, 073                              | 0                   | 103, 786             |   | 0   | 66.02        |
| 67.00<br>68.00 | 06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY  | 0<br>41, 563                          | 24, 819<br>49, 219  | 0<br>1, 250          | ,   | 0   |              |
|                | 06900 ELECTROCARDI OLOGY   | 41, 503                               | 47,617              | 1, 268, 708          |   | 415   |              |
| 69. 01         | 06901 CARDI AC REHAB   | 0                                     | 97, 809             | 73, 616              |   | 183   |              |
|                | 07000 ELECTROENCEPHALOGRAPHY   | 20, 302                               | 0                   | 96, 368              |   | 1, 606  |              |
|                | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>07200 IMPL. DEV. CHARGED TO PATIENTS           | 0                                     | 0                   | (                    | -   | 0   | 71.00        |
|                | 07200 IMPL. DEV. CHARGED TO PATIENTS   | 802, 956                              | 310, 088            | 160, 427             | , s   | 2, 900  |              |
|                | 03020 RENAL ACUTE  | 1, 247                                | 52, 767             | 7, 346               |   | 0   |              |
| 00.00          | OUTPATIENT SERVICE COST CENTERS  |                                       | 10 11-              |                      |   |   | 00.05        |
|                | 09000 CLINIC<br>09005 PATIENT NUTRITION  | 0                                     | 10, 449<br>28, 891  | 0<br>799             |   | 141<br>179  |              |
|                | 09007 WOUND CLINIC   | 4, 546                                | 134,005             | 23, 667              |   | 236   |              |
| 91.00          | 09100 EMERGENCY  | 39, 966                               | 360, 654            | 183, 897             |   | 3, 491  | 91.00        |
| 92.00          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)   |                                       |                     |                      | 0   |   | 92.00        |
| 110 00         | SPECIAL PURPOSE COST CENTERS   | E 007 (E)                             | 14 251 007          | 11 250 744           | 21 400 200                                  | E/ //1  | 110 00       |
| 118.00         | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS                       | 5, 997, 656                           | 14, 251, 987        | 11, 358, 746         | 31, 608, 389                                | 50, 001   | 118.00       |
| 190.00         | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                                     | 0                   | (                    |   | 0   | 190.00       |
|                | 07950 RURAL HEALTH   | 373, 262                              | 0                   | 79, 929              |   |   | 194.00       |
| 10/ 01         | 07951 RENTAL PROPERTY  | 0                                     | 0                   | 4, 318               |   |   | 194.01       |
|                | 07954 FAMILY PRACTICE  | 13, 742                               | 179, 631            | 105, 699             | 299,072                                     | 1 407   | 194.02       |

| Health Financial Systems                             | UNI ON HOSPI   | TAL, INC.          |                    | In Lie                                      | u of Form CMS-2                     | 2552-10 |
|--|--|--------------------|--------------------|---|-------------------------------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS                  |  | Provider CO        |                    | Period:<br>From 01/01/2020<br>To 12/31/2020 |                                     |         |
|  |  | CAPI TAL REL       | ATED COSTS         |   | 11212021 1.3                        |         |
| Cost Center Description                              | Directly<br>Assigned New<br>Capital<br>Related Costs | NEW BLDG &<br>FIXT | NEW MVBLE<br>EQUIP | Subtotal                                    | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT |         |
|  | 0  | 1.00               | 2.00               | 2A  | 4.00                                |         |
| 194. 04 07955 PHYSI CI AN PRACTI CES                 | 485, 922   | 0                  | 86, 01             | 2 571, 934                                  | 5, 120                              | 194.04  |
| 194.0607953 SYCAMORE SPORTS MED                      | 0  | 0                  | 6                  | 4 64  | 5                                   | 194.06  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 3, 654   | 42, 902            | 1, 43              | 6 47, 992                                   | 347                                 | 194.07  |
| 200.00 Cross Foot Adjustments                        |  |                    |                    | 0   |                                     | 200.00  |
| 201.00 Negative Cost Centers                         |  | 0                  |                    | 0 0   | 0                                   | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201)             | 6, 874, 236  | 14, 696, 918       | 11, 636, 20        | 4 33, 207, 358                              | 64, 907                             | 202.00  |

| Health Financial Systems  | UNI ON HOSPI      | TAL, INC.   |                           | In Lie                   | u of Form CMS-2        | 2552-10          |
|---|-------------------|-------------|---------------------------|--------------------------|------------------------|------------------|
| ALLOCATION OF CAPITAL RELATED COSTS   |                   | Provider C  |                           | eriod:<br>rom 01/01/2020 | Worksheet B<br>Part II |                  |
|   |                   |             | T                         |                          |                        |                  |
| Cost Center Description   | NONPATI ENT       | DATA        | PURCHASI NG               | ADMI TTI NG              | CASHI ERI NG/AC        |                  |
|   | TELEPHONES        | PROCESSI NG | RECEI VI NG AND<br>STORES |                          | COUNTS<br>RECEI VABLE  |                  |
|   | 5. 01             | 5.02        | 5.03                      | 5.04                     | 5.05                   |                  |
| GENERAL SERVICE COST CENTERS           1.00         00100         NEW CAP REL COSTS-BLDG & FIXT |                   |             |                           |                          |                        | 1.00             |
| 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP  |                   |             |                           |                          |                        | 2.00             |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT<br>5.01 00540 NONPATIENT TELEPHONES                     | 72, 874           |             |                           |                          |                        | 4.00<br>5.01     |
| 5. 02 00550 DATA PROCESSI NG  | 0                 | 0           |                           |                          |                        | 5.02             |
| 5. 03 00560 PURCHASING RECEIVING AND STORES<br>5. 04 00570 ADMITTING                            | 0<br>2, 642       | 0           | 0                         | 55, 663                  |                        | 5.03<br>5.04     |
| 5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE   | 0                 | 0           | 0                         | 00,000                   | 0                      | 5.05             |
| 5. 06 00590 OTHER ADMIN AND GENERAL<br>7. 00 00700 OPERATION OF PLANT                           | 6, 812<br>4, 169  | 0           | 0                         | 0                        | 0                      | 5.06<br>7.00     |
| 8.00 00800 LAUNDRY & LINEN SERVICE  | 1, 057            | 0           | 0                         | 0                        | 0                      | 8.00             |
| 9.00 00900 HOUSEKEEPI NG  | 470               | 0           | 0                         | 0                        | 0                      | 9.00             |
| 10. 00  01000  DI ETARY<br>11. 00  01100  CAFETERI A  | 1, 762            | 0           | 0                         | 0                        | 0                      | 10.00            |
| 13.00 01300 NURSING ADMINISTRATION  | 528               | 0           | 0                         | Ö                        | 0                      | 13.00            |
| 16.00 01600 MEDICAL RECORDS & LIBRARY<br>21.00 02100 I&R SERVICES-SALARY & FRINGES APPF         | 1, 762            | 0           | 0                         | 0                        | 0                      | 16.00<br>21.00   |
| 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APP  |                   | 0           | 0                         | 0                        | 0                      | 22.00            |
| 23. 00 02300 PARAMED ED PRGM  | 0                 | 0           | 0                         | 0                        | 0                      | 23.00            |
| 23. 01 02341 OTHER MED ED<br>23. 02 02301 PARAMED ED PRGM                                       | 0                 | 0           | -                         | 0                        | 0                      | 23.01<br>23.02   |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS  | 10.011            |             |                           | 10.0(0)                  |                        |                  |
| 30. 00 03000 ADULTS & PEDIATRICS<br>31. 00 03100 INTENSIVE CARE UNIT                            | 10, 041<br>1, 703 | 0<br>0      |                           | 10, 362<br>3, 135        | 0                      | 30.00<br>31.00   |
| 35. 00 02040 I NTENSI VE NURSERY  | 1, 057            | 0           | 0                         | 1, 829                   | 0                      | 35.00            |
| 41. 00   04100  SUBPROVI DER – I RF<br>43. 00   04300  NURSERY                                  | 1, 820<br>235     | 0           | 0                         | 465<br>286               | 0                      | 41.00<br>43.00   |
| ANCI LLARY SERVICE COST CENTERS   | 233               | 0           | 0                         | 200                      | 0                      | 43.00            |
| 50. 00 05000 OPERATI NG ROOM  | 4, 815            | 0<br>0      |                           | 8, 538                   | 0                      | 50.00            |
| 50. 01   05001   CARDI AC_SURGERY<br>50. 02   05002   WVSC                                      | 352<br>0          | 0           |                           | 584<br>6                 | 0                      | 50. 01<br>50. 02 |
| 51.00 05100 RECOVERY ROOM   | 1,057             | 0           | 0                         | 313                      | 0                      | 51.00            |
| 51.02  05101  0/P TREATMENT ROOM<br>52.00  05200  DELIVERY ROOM & LABOR ROOM                    | 1, 585<br>1, 351  | 0           | 0                         | 2<br>1, 824              | 0                      | 51.02<br>52.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C   | 6, 342            | 0           | 0                         | 1, 549                   | 0                      | 54.00            |
| 55. 00  05500  RADI OLOGY-THERAPEUTI C<br>56. 00  05600  RADI OI SOTOPE                         | 2, 408<br>0       | 0           | 0                         | 236<br>117               | 0                      | 55.00<br>56.00   |
| 57. 00 05700 CT SCAN  | 411               | 0           | 0                         | 1, 480                   | 0                      | 57.00            |
| 58. 00 05800 MAGNETIC RESONANCE I MAGI NG (MRI)   | 235               | 0           | 0                         | 256                      | 0                      | 58.00            |
| 59. 00  05900  CARDI AC_CATHETERI ZATI ON<br>60. 00  06000  LABORATORY                          | 1, 997<br>470     | 0           | 0                         | 3, 817<br>4, 843         | 0                      | 59.00<br>60.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CEI  |                   | 0           | 0                         | 250                      | 0                      | 62.00            |
| 65. 00  06500  RESPI RATORY THERAPY<br>66. 00  06600  PHYSI CAL_THERAPY                         | 822<br>1, 351     | 0           | 0                         | 3, 365<br>848            | 0                      | 65.00<br>66.00   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   | S 0               | 0           | 0                         | 0                        | 0                      | 66. 01           |
| 66. 02  06602  0/P PHYSI CAL THERAPY<br>67. 00  06700  0CCUPATI ONAL THERAPY                    | 59<br>294         | 0           | 0                         | 0<br>599                 | 0                      | 66.02<br>67.00   |
| 68. 00 06800 SPEECH PATHOLOGY   | 59                | 0           | 0                         | 136                      | 0                      | 68.00            |
| 69. 00 06900 ELECTROCARDI OLOGY<br>69. 01 06901 CARDI AC REHAB                                  | 235               | 0           | 0                         | 1, 564                   | 0                      | 69.00            |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 352<br>998        | 0           | 0                         | 10<br>121                | 0                      | 69.01<br>70.00   |
| 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI EN   | NTS 0             | 0           | 0                         | 0                        | 0                      | 71.00            |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS<br>73.00 07300 DRUGS CHARGED TO PATIENTS             | 2, 936            | 0           | 0                         | 834<br>4, 778            | 0                      | 72.00<br>73.00   |
| 76.00 03020 RENAL ACUTE   | 235               | 0           | 0                         | 360                      | 0                      |                  |
| OUTPATI ENT_SERVI CE_COST_CENTERS           90. 00         O9000 CLI NI C                       | 0                 | 0           | 0                         | 0                        | 0                      | 90.00            |
| 90. 05 09005 PATIENT NUTRITION  | 0                 | 0           | 0                         | 0                        | 0                      | 90.00            |
| 90. 07 09007 WOUND CLINIC   | 763               | 0           | 0                         | 2                        | 0                      | 90.07            |
| 91.00 09100 EMERGENCY<br>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PAR                         | 3, 699<br>RT)     | 0           | 0                         | 3, 154                   | 0                      | 91.00<br>92.00   |
| SPECIAL PURPOSE COST CENTERS  |                   | -           |                           |                          |                        |                  |
| 118.00 SUBTOTALS (SUM OF LINES 1 through<br>NONREI MBURSABLE COST CENTERS                       | 117) 66, 884      | 0           | 0                         | 55, 663                  | 0                      | 118.00           |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTER   |                   | 0           | 0                         | 0                        |                        | 190.00           |
| 194. 00 07950  RURAL_HEALTH<br>194. 01 07951  RENTAL_PROPERTY                                   | 59                | 0           | 0                         | 0                        |                        | 194.00<br>194.01 |
| 194. 02 07954 FAMILY PRACTICE   | 4, 169            | 0           | 0                         | 0                        |                        | 194.01<br>194.02 |
| 194. 03 07952 WELLNESS  | 0                 | 0           | 0                         | 0                        |                        | 194.03           |
| 194.04 07955 PHYSICIAN PRACTICES<br>194.06 07953 SYCAMORE SPORTS MED                            | 1, 292            | 0           | 0                         | 0                        |                        | 194.04<br>194.06 |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  | 6 470             | 0           | 0                         | 0                        |                        | 194.07           |

| Health Fin  | ancial Systems                    | UNI ON HOSPI | TAL, INC.   |              | In Lie          | u of Form CMS-  | 2552-10 |
|-------------|-----------------------------------|--------------|-------------|--------------|-----------------|-----------------|---------|
| ALLOCATI ON | I OF CAPITAL RELATED COSTS        |              | Provider C  | CN: 15-0023  | Peri od:        | Worksheet B     |         |
|             |                                   |              |             |              | From 01/01/2020 |                 |         |
|             |                                   |              |             |              | To 12/31/2020   | Date/Time Pre   |         |
|             | ,                                 |              |             |              |                 | 7/29/2021 1:5   |         |
|             | Cost Center Description           | NONPATI ENT  | DATA        | PURCHASI NG  | ADMI TTI NG     | CASHI ERI NG/AC |         |
|             |                                   | TELEPHONES   | PROCESSI NG | RECEIVING AN | )               | COUNTS          |         |
|             |                                   |              |             | STORES       |                 | RECEI VABLE     |         |
|             |                                   | 5.01         | 5.02        | 5.03         | 5.04            | 5.05            |         |
| 200.00      | Cross Foot Adjustments            |              |             |              |                 |                 | 200.00  |
| 201.00      | Negative Cost Centers             | 0            | 0           |              | 0 0             | 0               | 201.00  |
| 202.00      | TOTAL (sum lines 118 through 201) | 72, 874      | 0           |              | 0 55, 663       | 0               | 202.00  |

| LLOCATI  | Financial Systems  | UNI ON HOSPI               | Provider C              | , F                        | Period:<br>rom 01/01/2020<br>o 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 | epared:         |
|----------|--|----------------------------|-------------------------|----------------------------|---|--------------------------------|-----------------|
|          | Cost Center Description  | OTHER ADMIN<br>AND GENERAL | OPERATION OF<br>PLANT   | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPI NG                             | DI ETARY                       |                 |
| G        | ENERAL SERVICE COST CENTERS  | 5.06                       | 7.00                    | 8.00                       | 9.00                                      | 10.00                          |                 |
|          | 00100 NEW CAP REL COSTS-BLDG & FIXT  |                            |                         |                            |   |                                | 1.00            |
|          | 00200 NEW CAP REL COSTS-MVBLE EQUIP  |                            |                         |                            |   |                                | 2.00            |
|          | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATIENT TELEPHONES                        |                            |                         |                            |   |                                | 4.00            |
|          | 00550 DATA PROCESSI NG   |                            |                         |                            |   |                                | 5.02            |
|          | 00560 PURCHASING RECEIVING AND STORES  |                            |                         |                            |   |                                | 5.03            |
|          | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                             |                            |                         |                            |   |                                | 5.04            |
|          | 00590 OTHER ADMIN AND GENERAL  | 363, 447                   |                         |                            |   |                                | 5.06            |
|          | 00700 OPERATION OF PLANT   | 14, 162                    | 5, 065, 849             |                            |   |                                | 7.00            |
|          | 00800 LAUNDRY & LINEN SERVICE  | 1, 769                     | 48, 810                 |                            |   |                                | 8.00            |
|          | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 4, 053<br>794              | 12, 618<br>89, 469      |                            |   | 448, 014                       | 9.00            |
|          | 01100 CAFETERIA  | 3, 432                     | 63, 842                 |                            |   | 448, 014                       |                 |
|          | 1300 NURSI NG ADMI NI STRATI ON  | 4, 816                     | 19, 368                 |                            |   | 0                              |                 |
|          | 01600 MEDICAL RECORDS & LIBRARY  | 5, 832                     | 43, 064                 |                            |   | 0                              |                 |
|          | 2100 I &R SERVICES-SALARY & FRINGES APPRVD<br>2200 I &R SERVICES-OTHER PRGM COSTS APPRVD | 1,911                      | 0                       |                            | -   | 0                              |                 |
|          | 2200 PARAMED ED PRGM   | 2, 551<br>102              | 0                       |                            | -   | 0                              |                 |
|          | 2341 OTHER MED ED  | 295                        | 5, 869                  |                            |   | 0                              |                 |
|          | 2301 PARAMED ED PRGM   | 0                          | 0                       | 0                          | 0   | 0                              | 23.02           |
|          | NPATIENT ROUTINE SERVICE COST CENTERS  | 41.020                     | 1 5 ( 0 . 000           | 114 002                    | 40.004                                    | 222 011                        | 1 20 00         |
|          | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT                                   | 41, 828<br>9, 488          | 1, 568, 298<br>187, 400 |                            |   | 332, 911<br>53, 821            |                 |
|          | 2040 I NTENSI VE NURSERY   | 3, 696                     | 32, 051                 |                            |   | 00,021                         |                 |
|          | 04100 SUBPROVIDER - IRF  | 2, 337                     | 125, 719                |                            |   | 29, 194                        | 41.00           |
|          | 4300 NURSERY   | 1, 363                     | 6, 179                  | 0                          | 158                                       | 0                              | 43.00           |
|          | NCILLARY SERVICE COST CENTERS  | 18, 577                    | 354, 454                | 22, 384                    | 9, 041                                    | 0                              | 50.00           |
|          | 05001 CARDI AC SURGERY   | 3, 239                     | 15, 251                 |                            |   | 0                              |                 |
|          | 05002 WVSC   | 14, 205                    | 248, 120                |                            |   | 0                              | 50.02           |
| 1        | 5100 RECOVERY ROOM   | 2, 586                     | 11, 673                 |                            |   | 0                              |                 |
|          | 05101 0/P TREATMENT ROOM<br>05200 DELIVERY ROOM & LABOR ROOM                             | 1, 058<br>6, 003           | 195, 030<br>193, 277    |                            |   | 29, 988<br>10                  |                 |
|          | 05400 RADI OLOGY-DI AGNOSTI C  | 11, 770                    | 258, 602                |                            |   | 0                              |                 |
|          | 05500 RADI OLOGY-THERAPEUTI C  | 7, 277                     | 215, 139                |                            |   | 0                              |                 |
|          | 05600 RADI OI SOTOPE   | 2, 481                     | 71, 732                 |                            |   | 0                              |                 |
|          | 05700 CT SCAN<br>05800 MAGNETIC RESONANCE IMAGING (MRI)                                  | 2, 968                     | 17, 705                 |                            |   | 0                              | 57.00           |
|          | 05900 CARDI AC CATHETERI ZATI ON   | 2, 580<br>32, 021          | 21, 137<br>286, 765     |                            |   | 0<br>2, 090                    |                 |
|          | 06000 LABORATORY   | 10, 190                    | 0                       |                            |   | 0                              |                 |
|          | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 1, 350                     | 0                       |                            |   | 0                              |                 |
|          |  | 6, 221                     | 41, 376                 |                            |   | 0                              |                 |
|          | 06600 PHYSI CAL THERAPY<br>06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                  | 3, 616                     | 82, 736<br>0            |                            | 2, 110<br>0 0                             | 0                              |                 |
|          | 06602 0/P PHYSI CAL THERAPY  | 2, 535                     | 0                       | 6, 052                     | -   | 0                              | 66.02           |
|          | 06700 OCCUPATI ONAL THERAPY  | 2, 274                     | 13, 515                 |                            | 345                                       | 0                              | 67.00           |
|          | 06800 SPEECH PATHOLOGY   | 1, 126                     | 26, 802                 |                            |   | 0                              |                 |
|          | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB   | 13, 502<br>612             | 25, 930<br>53, 261      |                            |   | 0                              |                 |
|          | 7000 ELECTROENCEPHALOGRAPHY  | 2,019                      | 03, 201                 |                            |   | 0                              |                 |
|          | 7100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 47                         | 0                       | C                          |   | 0                              | 1               |
|          | 7200 IMPL. DEV. CHARGED TO PATIENTS  | 12, 781                    | 0                       | 0                          | 0   | 0                              |                 |
|          | 07300 DRUGS CHARGED TO PATIENTS<br>03020 RENAL ACUTE                                     | 54,630                     | 168, 856<br>28, 734     |                            |   | 0                              |                 |
|          | UTPATIENT SERVICE COST CENTERS   | 2,000                      | 20, 734                 | 1, 555                     | /33                                       | 0                              | 70.00           |
|          | 09000 CLINIC   | 343                        | 5, 690                  | C                          | ) 145                                     | 0                              | 90.00           |
|          | 9005 PATIENT NUTRITION   | 441                        | 15, 732                 |                            | 401                                       | 0                              |                 |
|          | 99007 WOUND CLINIC   | 1, 954                     | 72, 971                 |                            |   | 0                              |                 |
|          | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)                            | 11, 285                    | 196, 391                | 46, 953                    | 5, 009                                    | 0                              | 91.00<br>92.00  |
|          | PECIAL PURPOSE COST CENTERS  | 1 1                        |                         | I                          |   |                                | 72.00           |
| 18.00    | SUBTOTALS (SUM OF LINES 1 through 117)   | 330, 120                   | 4, 823, 566             | 344, 901                   | 121, 471                                  | 448, 014                       | 118.00          |
|          | ONREI MBURSABLE COST CENTERS   |                            |                         |                            |   |                                | 1.05 -          |
|          | 9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 6 220                      | 0                       | 0                          |   |                                | 190.00          |
|          | )7950 RURAL HEALTH<br>)7951 RENTAL PROPERTY  | 6, 230<br>34               | 0                       | 214                        |   |                                | 194.00<br>194.0 |
|          | 07954 FAMILY PRACTICE  | 4, 280                     | 97, 816                 |                            | -   |                                | 194.02          |
| 94. 03 0 | 07952 WELLNESS   | 666                        | 121, 105                | 0                          | 3, 089                                    | 0                              | 194.03          |
|          | 7955 PHYSI CI AN PRACTI CES  | 21, 219                    | 0                       | 1, 206                     |   |                                | 194.04          |
|          | 07953 SYCAMORE SPORTS MED<br>07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                | 56<br>842                  | 0<br>23, 362            |                            | ) 0<br>596                                |                                | 194.00<br>194.0 |
|          | 1 JULI JIULIA IN U/FJIULUUIUAL JEKVIUES  | 042                        | ∠ <i>3</i> , 302        |                            | , JAO                                     | 0                              | 1174. U         |

| Health Fir  | nancial Systems                   | UNI ON HOSPI | TAL, INC.    |               | In Lie          | u of Form CMS- | 2552-10     |
|-------------|-----------------------------------|--------------|--------------|---------------|-----------------|----------------|-------------|
| ALLOCATI OF | N OF CAPITAL RELATED COSTS        |              | Provider C   |               | Period:         | Worksheet B    |             |
|             |                                   |              |              |               | From 01/01/2020 |                |             |
|             |                                   |              |              |               | To 12/31/2020   | Date/Time Pre  |             |
|             |                                   | -            |              |               |                 | 7/29/2021 1:5  | <u>8 pm</u> |
|             | Cost Center Description           | OTHER ADMIN  | OPERATION OF | LAUNDRY &     | HOUSEKEEPI NG   | DI ETARY       |             |
|             |                                   | AND GENERAL  | PLANT        | LINEN SERVICE |                 |                |             |
|             |                                   | 5.06         | 7.00         | 8.00          | 9.00            | 10.00          |             |
| 201.00      | Negative Cost Centers             | 0            | 0            |               | 0 0             | 0              | 201.00      |
| 202.00      | TOTAL (sum lines 118 through 201) | 363, 447     | 5, 065, 849  | 346, 57       | 6 127, 651      | 448, 014       | 202.00      |

| LOCATI ON   | ncial Systems<br>OF CAPITAL RELATED COSTS                    | UNI ON HOSPI   | Provider C       |          | Period:                          | u of Form CMS-<br>Worksheet B |            |
|-------------|--|----------------|------------------|----------|----------------------------------|-------------------------------|------------|
|             |  |                |                  |          | From 01/01/2020<br>To 12/31/2020 |                               | enare      |
|             |  |                |                  |          | 10 12/31/2020                    | 7/29/2021 1:5                 | 58 pm      |
|             |  |                |                  |          | INTERNS &                        | RESI DENTS                    |            |
|             | Cost Center Description                                      | CAFETERI A     | NURSI NG         | MEDI CAL | SERVICES-SALA                    | SERVI CES-OTHE                |            |
|             | cost center bescription                                      |                | ADMI NI STRATI O |          | RY & FRI NGES                    | R PRGM COSTS                  |            |
|             |  |                | N                | LI BRARY |                                  |                               |            |
| CENE        |  | 11.00          | 13.00            | 16.00    | 21.00                            | 22.00                         |            |
|             | RAL SERVICE COST CENTERS                                     |                | 1                | 1        |                                  |                               | 1.         |
|             | NEW CAP REL COSTS-MVBLE EQUIP                                |                |                  |          |                                  |                               | 2.         |
| 00 00400    | EMPLOYEE BENEFITS DEPARTMENT                                 |                |                  |          |                                  |                               | 4.         |
|             | NONPATIENT TELEPHONES  |                |                  |          |                                  |                               | 5.         |
|             | D DATA PROCESSING  |                |                  |          |                                  |                               | 5          |
|             | D PURCHASING RECEIVING AND STORES                            |                |                  |          |                                  |                               | 5.         |
|             |  |                |                  |          |                                  |                               | 5          |
|             | CASHI ERI NG/ACCOUNTS RECEI VABLE                            |                |                  |          |                                  |                               | 5          |
|             | O OPERATION OF PLANT   |                |                  |          |                                  |                               | 7          |
|             | D LAUNDRY & LI NEN SERVI CE                                  |                |                  |          |                                  |                               | 8          |
|             | D HOUSEKEEPI NG  |                |                  |          |                                  |                               | 9          |
| 0.00 01000  | D DI ETARY   |                |                  |          |                                  |                               | 10         |
|             | D CAFETERI A   | 195, 011       |                  |          |                                  |                               | 11         |
|             | D NURSI NG ADMI NI STRATI ON                                 | 4, 100         |                  |          |                                  |                               | 13         |
|             | D MEDI CAL RECORDS & LI BRARY                                | 10, 313        |                  |          |                                  |                               | 16         |
|             | DI&R SERVICES-SALARY & FRINGES APPRVD                        | 3, 696         |                  |          | 0 6, 561                         | 4 010                         | 21         |
|             | 0 I &R SERVICES-OTHER PRGM COSTS APPRVD<br>0 PARAMED ED PRGM | 774<br>194     |                  |          | 0                                | 4, 319                        | 22         |
|             | 1 OTHER MED ED   | 1, 232         |                  |          | 0                                |                               | 23         |
|             | 1 PARAMED ED PRGM  | 1, 232         |                  | 1        | 0                                |                               | 23         |
|             | TIENT ROUTINE SERVICE COST CENTERS                           |                | -                | 1        | -                                | 1                             | 1          |
|             | D ADULTS & PEDIATRICS  | 53, 868        | 25, 639          | 12, 16   | 2                                |                               | 30         |
| 1           | DINTENSIVE CARE UNIT   | 12, 565        |                  |          |                                  |                               | 31         |
|             | DINTENSIVE NURSERY   | 5, 086         |                  |          |                                  |                               | 35         |
|             | D SUBPROVI DER – I RF  | 3, 678         |                  |          |                                  |                               | 41         |
|             | D NURSERY<br>LLARY SERVICE COST CENTERS                      | 3, 115         | 1, 573           | 31       | 2                                |                               | 43         |
|             | O OPERATING ROOM   | 10, 436        | 5, 272           | 19, 52   | 4                                |                               | 50         |
|             | 1 CARDI AC SURGERY   | 1, 654         |                  |          |                                  |                               | 50         |
| 0. 02 05002 | 2 WVSC   | 0              | 0                | 12, 32   | 2                                |                               | 50         |
|             | D RECOVERY ROOM  | 3, 784         | 1, 911           | 95       | 9                                |                               | 51         |
|             | 1 O/P TREATMENT ROOM   | 739            |                  |          |                                  |                               | 51         |
|             | D DELIVERY ROOM & LABOR ROOM                                 | 8, 289         |                  |          |                                  |                               | 52         |
|             | D RADI OLOGY-DI AGNOSTI C                                    | 11, 404<br>792 |                  |          |                                  |                               | 54         |
|             | D RADI OLOGY - THERAPEUTI C<br>D RADI OI SOTOPE              | 792<br>704     |                  |          |                                  |                               | 56         |
|             | D CT SCAN  | 2, 270         |                  |          |                                  |                               | 57         |
|             | D MAGNETIC RESONANCE IMAGING (MRI)                           | 1, 637         |                  |          |                                  |                               | 58         |
|             | D CARDI AC CATHETERI ZATI ON                                 | 4, 611         |                  |          |                                  |                               | 59         |
|             | DLABORATORY  | 0              |                  |          |                                  |                               | 60         |
| 2.00 06200  | WHOLE BLOOD & PACKED RED BLOOD CELLS                         | 0              | 0                | 34       | .3                               |                               | 62         |
|             | D RESPI RATORY THERAPY                                       | 7, 110         | 3, 396           |          |                                  |                               | 65         |
|             | D PHYSI CAL THERAPY  | 0              |                  |          |                                  |                               | 66         |
|             | 1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                     | 0              |                  |          | 0                                |                               | 66         |
|             | 2 O/P PHYSICAL THERAPY<br>D OCCUPATIONAL THERAPY             | 0              | -                |          |                                  |                               | 66         |
|             | D SPEECH PATHOLOGY   | 0              | -                |          |                                  |                               | 68         |
|             | D ELECTROCARDI OLOGY   | 2, 640         | -                |          |                                  |                               | 69         |
|             | 1 CARDI AC REHAB   | 704            |                  |          |                                  |                               | 69         |
| . 00 07000  | DELECTROENCEPHALOGRAPHY                                      | 1, 443         |                  |          |                                  |                               | 70         |
|             | D MEDICAL SUPPLIES CHARGED TO PATIENTS                       | 0              |                  |          | 0                                |                               | 71         |
|             | DIMPL. DEV. CHARGED TO PATIENTS                              | 0              |                  |          |                                  |                               | 72         |
|             | D DRUGS CHARGED TO PATIENTS                                  | 8, 113         |                  |          |                                  |                               | 73         |
|             | D RENAL ACUTE<br>ATI ENT SERVICE COST CENTERS                | 0              | 0                | 43       |                                  |                               | 76         |
|             | CLINIC   | 370            | 187              | 2        | 6                                |                               | 90         |
|             | 5 PATIENT NUTRITION  | 616            |                  |          | 5                                |                               | 90         |
|             | 7 WOUND CLINIC   | 898            |                  | 1        |                                  |                               | 90         |
|             | DEMERGENCY   | 14, 642        |                  |          |                                  |                               | 91         |
| . 00 09200  | OBSERVATION BEDS (NON-DISTINCT PART)                         |                |                  |          |                                  |                               | 92         |
|             | AL PURPOSE COST CENTERS                                      |                | 1                | 1        | -1                               |                               |            |
| 8.00        | SUBTOTALS (SUM OF LINES 1 through 117)                       | 181, 477       | 67,837           | 162, 43  | 8 0                              | 0                             | 118        |
|             | EIMBURSABLE COST CENTERS                                     | ~              |                  |          | 0                                | I                             | 100        |
|             | OGIFT, FLOWER, COFFEE SHOP & CANTEEN                         | 0              |                  |          | 0                                |                               | 190        |
|             | D RURAL HEALTH<br>1 RENTAL PROPERTY                          | 0              |                  |          | 0                                |                               | 194<br>194 |
|             | FAMILY PRACTICE  | 4, 171         | -                |          | 0                                |                               | 194        |
|             | 2 WELLNESS   | 4, 171         |                  |          | 0                                |                               | 194        |
|             | 5 PHYSI CI AN PRACTI CES                                     | 8, 219         |                  |          | 0                                | 1                             | 194        |

| Health Financial Systems                             | UNI ON HOSPI TAL, INC.                           |                  |           | In Lieu of Form CMS-2552-10 |                        |             |  |
|--|--|------------------|-----------|-----------------------------|------------------------|-------------|--|
| ALLOCATION OF CAPITAL RELATED COSTS                  | I OF CAPITAL RELATED COSTS Provider CCN: 15-0023 |                  |           | Period:<br>From 01/01/2020  | Worksheet B<br>Part II |             |  |
|  |  |                  |           | To 12/31/2020               | Date/Time Pre          | pared:      |  |
|  |  |                  |           |                             | 7/29/2021 1:5          | <u>8 pm</u> |  |
|  |  |                  |           | INTERNS &                   | RESI DENTS             |             |  |
|  |  |                  |           |                             |                        |             |  |
| Cost Center Description                              | CAFETERI A                                       | NURSI NG         | MEDI CAL  | SERVI CES-SALA              | SERVI CES-OTHE         |             |  |
|  |  | ADMI NI STRATI O | RECORDS & | RY & FRINGES                | R PRGM COSTS           |             |  |
|  |  | N                | LI BRARY  |                             |                        |             |  |
|  | 11.00  | 13.00            | 16.00     | 21.00                       | 22.00                  |             |  |
| 194.0607953 SYCAMORE SPORTS MED                      | 0  | 0                | (         | )                           |                        | 194.06      |  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 1, 144   | 0                | (         | C                           |                        | 194.07      |  |
| 200.00 Cross Foot Adjustments                        |  |                  |           | 6, 561                      | 4, 319                 | 200.00      |  |
| 201.00 Negative Cost Centers                         | 0  | 0                | (         | 0 0                         | 0                      | 201.00      |  |
| 202.00 TOTAL (sum lines 118 through 201)             | 195, 011   | 67, 837          | 162, 43   | 6, 561                      | 4, 319                 | 202.00      |  |

|  | Financial Systems  | UNI ON HOSPI       |                                       |                                       |                            | u of Form CMS-  | 2552-10   |
|--|--|--------------------|---------------------------------------|---------------------------------------|----------------------------|---|---|
| ALLOCA   | TION OF CAPITAL RELATED COSTS  |                    | Provider C                            | CN: 15-0023                           | Period:<br>From 01/01/2020 |   |   |
|  |  |                    |                                       |                                       | To 12/31/2020              | Date/Time Pre<br>7/29/2021 1:5                                  |   |
|  | Cost Center Description  | PARAMED ED<br>PRGM | OTHER MED ED                          | PARAMED ED<br>PRGM                    |                            | Intern &<br>Residents<br>Cost & Post<br>Stepdown<br>Adjustments |   |
|  | GENERAL SERVICE COST CENTERS   | 23.00              | 23.01                                 | 23.02                                 | 24.00                      | 25.00   |   |
| 1.00   | 00100 NEW CAP REL COSTS-BLDG & FIXT  |                    |                                       |                                       |                            |   | 1.00  |
| 13.00<br>16.00<br>21.00<br>22.00<br>23.00<br>23.01 | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATIENT TELEPHONES<br>00550 DATA PROCESSI NG<br>00560 PURCHASI NG RECEIVING AND STORES<br>00570 ADMITTING<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00590 OTHER ADMIN AND GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01600 MEDICAL RECORDS & LIBRARY<br>02100 I&R SERVICES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PRGM<br>02301 DTHER MED ED | 341                | 19, 091                               |                                       |                            |   | $\begin{array}{c} 2.00\\ 4.00\\ 5.01\\ 5.02\\ 5.03\\ 5.04\\ 5.05\\ 5.06\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 16.00\\ 21.00\\ 21.00\\ 23.00\\ 23.00\\ 23.01\\$ |
| 23.02  | 02301 PARAMED ED PRGM<br>INPATIENT ROUTINE SERVICE COST CENTERS  |                    |                                       |                                       | 0                          |   | 23.02   |
|  | 03000 ADULTS & PEDI ATRI CS  |                    |                                       |                                       | 6, 181, 798                | 0   |   |
| 31.00<br>35.00                                     | 03100 I NTENSI VE CARE UNI T<br>02040 I NTENSI VE NURSERY  |                    |                                       |                                       | 1, 652, 707<br>288, 038    | 0   |   |
| 41.00  | 04100 SUBPROVI DER – I RF  |                    |                                       |                                       | 431, 216                   | 0   | 41.00   |
| 43.00  | 04300 NURSERY<br>ANCILLARY SERVICE COST CENTERS  |                    |                                       |                                       | 26, 695                    | 0   | 43.00   |
|  | 05000 OPERATING ROOM   |                    |                                       |                                       | 4, 170, 537                | 0   | 50.00   |
|  | 05001 CARDI AC SURGERY<br>05002 WVSC   |                    |                                       |                                       | 417, 803                   | 0   |   |
|  | 05100 RECOVERY ROOM  |                    |                                       |                                       | 1, 903, 530<br>116, 792    | 0   |   |
|  | 05101 O/P TREATMENT ROOM   |                    |                                       |                                       | 655, 495                   | 0   |   |
| 52.00<br>54.00                                     | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC   |                    |                                       |                                       | 832, 138<br>2, 779, 919    | 0   |   |
|  | 05500 RADI OLOGY-THERAPEUTI C  |                    |                                       |                                       | 1, 723, 900                | 0   |   |
|  | 05600 RADI OI SOTOPE   |                    |                                       |                                       | 853, 145                   | 0   |   |
| 57.00  | 05700 CT SCAN  |                    |                                       |                                       | 337, 075                   | 0   |   |
| 58.00<br>59.00                                     | 05800 MAGNETIC RESONANCE IMAGING (MRI)<br>05900 CARDIAC CATHETERIZATION  |                    |                                       |                                       | 934, 417<br>1, 294, 516    | 0   |   |
|  | 06000 LABORATORY   |                    |                                       |                                       | 24, 893                    | 0   |   |
|  | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   |                    |                                       |                                       | 1, 943                     | 0   |   |
|  | 06500 RESPIRATORY THERAPY  |                    |                                       |                                       | 632, 449                   | 0   |   |
|  | 06600 PHYSI CAL THERAPY<br>06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  |                    |                                       |                                       | 265, 919                   | 0   |   |
|  | 06602 0/P PHYSICAL THERAPY   |                    |                                       |                                       | 489, 279                   | 0   | 1   |
|  | 06700 OCCUPATI ONAL THERAPY  |                    |                                       |                                       | 42, 926                    | 0   |   |
|  | 06800 SPEECH PATHOLOGY   |                    |                                       |                                       | 121, 285                   | 0   |   |
|  | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB   |                    |                                       |                                       | 1, 866, 027<br>228, 495    | 0   |   |
|  | 07000 ELECTROENCEPHALOGRAPHY   |                    |                                       |                                       | 124, 365                   | 0   |   |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   |                    |                                       |                                       | 47                         | 0   |   |
|  | 07200 IMPL. DEV. CHARGED TO PATIENTS   |                    |                                       |                                       | 16, 154                    | 0   | •   |
|  | 07300 DRUGS CHARGED TO PATIENTS<br>03020 RENAL ACUTE   |                    |                                       |                                       | 1, 557, 502<br>95, 407     | 0   |   |
| . 5. 55  | OUTPATIENT SERVICE COST CENTERS  |                    | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                            |   | 1   |
|  |  |                    |                                       |                                       | 17, 411                    | 0   |   |
|  | 09005 PATLENT NUTRITION<br>09007 WOUND CLINIC  |                    |                                       |                                       | 47, 385<br>245, 522        | 0   |   |
|  | 09100 EMERGENCY  |                    |                                       |                                       | 245, 522<br>890, 112       | 0   |   |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART)   |                    |                                       |                                       |                            | 0   |   |
| 118.00   | SPECIAL PURPOSE COST CENTERS<br>SUBTOTALS (SUM OF LINES 1 through 117)   | 0                  | 0                                     |                                       | 0 31, 266, 842             | 0   | 118.00  |
|  | NONREI MBURSABLE COST CENTERS  | 0                  |                                       | 1                                     |                            |   |   |
|  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  |                    |                                       |                                       | 0                          |   | 190.00  |
|  | 07950 RURAL HEALTH<br>07951 RENTAL PROPERTY  |                    |                                       |                                       | 460, 882<br>4, 352         |   | 194.00<br>194.01  |
|  | 07954 FAMILY PRACTICE  |                    |                                       |                                       | 413, 665                   |   | 194.02  |
|  | 07952 WELLNESS   |                    |                                       |                                       | 347, 437                   |   | 194.03  |
| 194.04   | 07955 PHYSI CI AN PRACTI CES   |                    |                                       |                                       | 608, 990                   | 0   | 194.04  |

| Health Financial Systems                             | UNI ON HOSPI | TAL, INC.    |            | In Lie                           | u of Form CMS- | 2552-10 |
|--|--------------|--------------|------------|----------------------------------|----------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS                  |              | Provider CO  |            | Peri od:                         | Worksheet B    |         |
|  |              |              |            | From 01/01/2020<br>To 12/31/2020 |                | epared: |
|  |              |              |            |                                  | 7/29/2021 1:5  |         |
| Cost Center Description                              | PARAMED ED   | OTHER MED ED | PARAMED ED | Subtotal                         | Intern &       |         |
|  | PRGM         |              | PRGM       |                                  | Residents      |         |
|  |              |              |            |                                  | Cost & Post    |         |
|  |              |              |            |                                  | Stepdown       |         |
|  |              |              |            |                                  | Adjustments    |         |
|  | 23.00        | 23.01        | 23.02      | 24.00                            | 25.00          |         |
| 194.0607953 SYCAMORE SPORTS MED                      |              |              |            | 125                              | 0              | 194.06  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES |              |              |            | 74, 753                          | 0              | 194.07  |
| 200.00 Cross Foot Adjustments                        | 341          | 19, 091      |            | 0 30, 312                        | 0              | 200.00  |
| 201.00 Negative Cost Centers                         | 0            | 0            |            | 0 0                              | 0              | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201)             | 341          | 19, 091      |            | 0 33, 207, 358                   | 0              | 202.00  |

|                  | al Systems                               | UNI UN HUSPI I      |                       |  |            |
|------------------|--|---------------------|-----------------------|--|------------|
| LLUCATION OF     | CAPITAL RELATED COSTS                    |                     | Provider CCN: 15-0023 | Period: Worksheet E<br>From 01/01/2020 Part II |            |
|                  |  |                     |                       | To 12/31/2020 Date/Time F<br>7/29/2021         |            |
| Сс               | ost Center Description                   | Total<br>26.00      |                       |  |            |
|                  | SERVI CE COST CENTERS                    |                     |                       |  |            |
|                  | EW CAP REL COSTS-BLDG & FIXT             |                     |                       |  | 1.0        |
| 1 1              | EW CAP REL COSTS-MVBLE EQUIP             |                     |                       |  | 2.0        |
| 1 1              | MPLOYEE BENEFITS DEPARTMENT              |                     |                       |  | 4.0        |
|                  | ONPATIENT TELEPHONES                     |                     |                       |  | 5.0        |
|                  | ATA PROCESSING                           |                     |                       |  | 5.0        |
|                  | JRCHASING RECEIVING AND STORES           |                     |                       |  | 5.0        |
|                  |  |                     |                       |  | 5.0        |
| 1 1              | ASHI ERI NG/ACCOUNTS RECEI VABLE         |                     |                       |  | 5.0        |
| 1 1              | THER ADMIN AND GENERAL                   |                     |                       |  | 5.0        |
| 1 1              | PERATION OF PLANT                        |                     |                       |  | 7.0        |
|                  | AUNDRY & LI NEN SERVI CE<br>DUSEKEEPI NG |                     |                       |  | 8.0        |
| D. 00 01000 DI   |  |                     |                       |  | 10.0       |
| 1.00 01100 CA    |  |                     |                       |  | 11.0       |
|                  | JRSING ADMINISTRATION                    |                     |                       |  | 13.0       |
|                  | EDICAL RECORDS & LIBRARY                 |                     |                       |  | 16.0       |
|                  | &R SERVICES-SALARY & FRINGES APPRVD      |                     |                       |  | 21.0       |
|                  | R SERVICES-OTHER PRGM COSTS APPRVD       |                     |                       |  | 22.0       |
|                  | ARAMED ED PRGM                           |                     |                       |  | 23.0       |
|                  | THER MED ED                              |                     |                       |  | 23.0       |
|                  | ARAMED ED PRGM                           |                     |                       |  | 23.0       |
|                  | NT ROUTINE SERVICE COST CENTERS          |                     |                       |  |            |
|                  | DULTS & PEDIATRICS                       | 6, 181, 798         |                       |  | 30.0       |
|                  | VTENSI VE CARE UNI T                     | 1, 652, 707         |                       |  | 31.0       |
| 1 1              | VTENSI VE NURSERY                        | 288, 038            |                       |  | 35.0       |
|                  | JBPROVI DER – I RF                       | 431, 216            |                       |  | 41.0       |
| 3.00 04300 NI    |  | 26, 695             |                       |  | 43.0       |
|                  | RY SERVICE COST CENTERS                  |                     |                       |  |            |
|                  | PERATING ROOM                            | 4, 170, 537         |                       |  | 50.0       |
| D. 01 05001 CA   | ARDI AC SURGERY                          | 417, 803            |                       |  | 50.0       |
| ). 02 05002 W    |  | 1,903,530           |                       |  | 50.0       |
| 1.00 05100 RE    | ECOVERY ROOM                             | 116, 792            |                       |  | 51.0       |
| 1.02 05101 0/    | /P TREATMENT ROOM                        | 655, 495            |                       |  | 51.0       |
| 2.00 05200 DE    | ELIVERY ROOM & LABOR ROOM                | 832, 138            |                       |  | 52.0       |
| 4.00 05400 RA    | ADI OLOGY-DI AGNOSTI C                   | 2, 779, 919         |                       |  | 54.0       |
|                  | ADI OLOGY-THERAPEUTI C                   | 1, 723, 900         |                       |  | 55.0       |
| 6.00 05600 RA    | ADI OI SOTOPE                            | 853, 145            |                       |  | 56.0       |
| 7.00 05700 CT    |  | 337, 075            |                       |  | 57.0       |
|                  | AGNETIC RESONANCE IMAGING (MRI)          | 934, 417            |                       |  | 58.0       |
|                  | ARDI AC CATHETERI ZATI ON                | 1, 294, 516         |                       |  | 59.0       |
|                  | ABORATORY                                | 24, 893             |                       |  | 60.0       |
|                  | HOLE BLOOD & PACKED RED BLOOD CELLS      | 1, 943              |                       |  | 62.        |
|                  | ESPI RATORY THERAPY                      | 632, 449            |                       |  | 65.0       |
|                  | HYSI CAL THERAPY                         | 265, 919            |                       |  | 66.        |
|                  | SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES    | 0                   |                       |  | 66.        |
|                  | /P PHYSICAL THERAPY                      | 489, 279            |                       |  | 66.<br>67. |
|                  | CCUPATI ONAL THERAPY<br>PEECH PATHOLOGY  | 42, 926<br>121, 285 |                       |  | 68.        |
|                  | LECTROCARDI OLOGY                        | 1, 866, 027         |                       |  | 69.        |
|                  | ARDI AC REHAB                            | 228, 495            |                       |  | 69.        |
|                  | LECTROENCEPHALOGRAPHY                    | 124, 365            |                       |  | 70.        |
|                  | EDICAL SUPPLIES CHARGED TO PATIENTS      | 47                  |                       |  | 71.        |
|                  | MPL. DEV. CHARGED TO PATIENTS            | 16, 154             |                       |  | 72.        |
|                  | RUGS CHARGED TO PATIENTS                 | 1, 557, 502         |                       |  | 73.        |
| . 00 03020 RE    |  | 95, 407             |                       |  | 76.        |
|                  | ENT SERVICE COST CENTERS                 |                     |                       |  |            |
| . 00 09000 CL    |  | 17, 411             |                       |  | 90.        |
|                  | ATIENT NUTRITION                         | 47, 385             |                       |  | 90.        |
| 0.07 09007 W     |  | 245, 522            |                       |  | 90.        |
| .00 09100 EM     |  | 890, 112            |                       |  | 91.        |
|                  | BSERVATION BEDS (NON-DISTINCT PART)      |                     |                       |  | 92.        |
|                  | PURPOSE COST CENTERS                     |                     |                       |  |            |
| 8. 00 SI         | JBTOTALS (SUM OF LINES 1 through 117)    | 31, 266, 842        |                       |  | 118.       |
|                  | BURSABLE COST CENTERS                    |                     |                       |  |            |
|                  | FT, FLOWER, COFFEE SHOP & CANTEEN        | 0                   |                       |  | 190.       |
| 4. 00 07950 RL   | JRAL HEALTH                              | 460, 882            |                       |  | 194.       |
| 94. 01 07951 RE  | ENTAL PROPERTY                           | 4, 352              |                       |  | 194.       |
| 4. 02 07954 FA   | AMILY PRACTICE                           | 413, 665            |                       |  | 194.       |
| 4. 03 07952 WE   |  | 347, 437            |                       |  | 194.       |
| 94. 04 07955  PH | HYSI CI AN PRACTI CES                    | 608, 990            |                       |  | 194.       |
|                  | YCAMORE SPORTS MED                       | 125                 |                       |  | 194.       |
| 94. 07 07956 PS  | SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES    | 74, 753             |                       |  | 194.       |
|                  | ross Foot Adjustments                    | 30, 312             |                       |  | 200.       |
| 00.00 Cr         |  | 0                   |                       |  | 201.       |

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

Health Financial Systems

| Health Financial Systems                 | UNI ON HOSPI TA | AL, INC.              | In Lieu                                     | u of Form CMS-2552-10  |
|--|-----------------|-----------------------|---|--|
| ALLOCATION OF CAPITAL RELATED COSTS      |                 | Provider CCN: 15-0023 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet B<br>Part II<br>Date/Time Prepared:<br>7/29/2021 1:58 pm |
| Cost Center Description                  | Total           |                       |   |  |
|  | 26.00           |                       |   |  |
| 202.00 TOTAL (sum lines 118 through 201) | 33, 207, 358    |                       |   | 202.00   |

| ST A     | Financial Systems<br>LLOCATION - STATISTICAL BASIS   | UNI ON HOSPI                 | Provider CC                     |                                  | Period:<br>From 01/01/2020 | u of Form CMS-2<br>Worksheet B-1 |      |
|----------|--|------------------------------|---------------------------------|----------------------------------|----------------------------|----------------------------------|------|
|          |  |                              |                                 |                                  | To 12/31/2020              |                                  |      |
|          | · · · · · · · · · · · · · · · · · · ·  | CAPI TAL REL                 | ATED COSTS                      |                                  |                            | 7/29/2021 1:5                    | 8 pr |
|          | Cost Center Description  | NEW BLDG &                   | NEW MVBLE                       | EMPLOYEE                         | NONPATI ENT                | DATA                             |      |
|          |  | FIXT<br>(NEW TOTAL<br>SQ FT) | EQUI P<br>(NEW EQUI P<br>DEPRN) | BENEFITS<br>DEPARTMENT<br>(GROSS | TELEPHONES<br>(PHONES)     | PROCESSI NG<br>(DEVI CES)        |      |
|          |  |                              | ,                               | SALARI ES)                       |                            |                                  |      |
|          | GENERAL SERVICE COST CENTERS   | 1.00                         | 2.00                            | 4.00                             | 5.01                       | 5.02                             |      |
| 00       | 00100 NEW CAP REL COSTS-BLDG & FIXT  | 981, 808                     |                                 |                                  |                            |                                  | 1    |
| 00       | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT                    | 4 224                        | 4, 020, 405                     | 96, 552, 023                     |                            |                                  | 2    |
| )0<br>)1 | 00540 NONPATIENT TELEPHONES  | 4, 336<br>657                | 21, 669                         | 480, 082                         |                            |                                  | 5    |
| )2       | 00550 DATA PROCESSING  | 0                            | 0                               | (                                |                            | 1, 659                           |      |
| )3       | 00560 PURCHASING RECEIVING AND STORES  | 0                            | 0                               | )                                | 0                          | 0                                |      |
| )4<br>)5 | 00570 ADMI TTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE                                 | 3, 062                       | 430                             | 1, 233, 125                      | 5 45<br>0 0                | 10<br>0                          |      |
| )6       | 00590 OTHER ADMIN AND GENERAL  | 17, 405                      | 13, 648                         | 4, 552, 569                      |                            | 37                               | 5    |
| 00       | 00700 OPERATION OF PLANT   | 334, 876                     | 3, 672                          | 80, 577                          |                            | 0                                |      |
| 00       | 00800 LAUNDRY & LINEN SERVICE  | 5, 988                       | 65, 152                         | 776, 770                         |                            | 4                                | 8    |
| 00<br>00 | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 1, 548<br>10, 976            | 20, 689<br>63, 775              | 2, 167, 299<br>446, 708          |                            | 7<br>17                          | 10   |
|          | 01100 CAFETERI A   | 7, 832                       | 2, 735                          | 1, 419, 141                      |                            | 0                                |      |
|          | 01300 NURSING ADMINISTRATION   | 2, 376                       | 34                              | 2, 408, 499                      |                            | 1                                | 13   |
|          | 01600 MEDICAL RECORDS & LIBRARY  | 5, 283                       | 3, 855                          | 2, 808, 303                      |                            | 49                               |      |
|          | 02100 I & R SERVICES-SALARY & FRINGES APPRVD<br>02200 I & R SERVICES-OTHER PRGM COSTS APPRVD | 0                            | 0                               | 1, 419, 610<br>1, 478, 984       |                            | 0                                | 21   |
|          | 02300 PARAMED ED PRGM  | 0                            | 0                               | 67,667                           |                            | 0                                |      |
| 01       | 02341 OTHER MED ED   | 720                          | 18                              | 203, 823                         | 3 0                        | 0                                |      |
| 02       | 02301 PARAMED ED PRGM  | 0                            | 0                               | 0                                | 0 0                        | 0                                | 23   |
| 00       | INPATIENT ROUTINE SERVICE COST CENTERS<br>03000 ADULTS & PEDIATRICS                          | 192, 397                     | 315, 879                        | 19, 385, 171                     | 171                        | 443                              | 30   |
|          | 03100 I NTENSI VE CARE UNI T   | 22, 990                      | 214, 915                        | 5, 085, 791                      |                            | 1                                | 31   |
|          | 02040 I NTENSI VE NURSERY  | 3, 932                       | 60, 089                         | 2, 141, 363                      |                            | 14                               |      |
|          | 04100 SUBPROVIDER - IRF  | 15, 423<br>758               | 5, 834<br>535                   | 1, 598, 084                      |                            | 0                                |      |
| 00       | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS  | /38                          | 535                             | 861, 015                         | 9 4                        | 0                                | 43   |
|          | 05000 OPERATING ROOM   | 43, 484                      | 761, 041                        | 3, 253, 292                      |                            | 77                               |      |
|          | 05001 CARDI AC SURGERY<br>05002 WVSC   | 1,871                        | 113, 873                        | 2, 401, 358                      |                            | 8                                |      |
|          | 05100 RECOVERY ROOM  | 30, 439<br>1, 432            | 248, 131<br>17, 880             | 1, 365, 719                      |                            | 86                               |      |
|          | 05101 0/P TREATMENT ROOM   | 23, 926                      | 21, 012                         | 351,006                          |                            | 4                                | 51   |
|          | 05200 DELIVERY ROOM & LABOR ROOM   | 23, 711                      | 77, 828                         | 3, 202, 095                      |                            | 41                               |      |
| 00<br>00 | 05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C                               | 31, 725<br>26, 393           | 461, 725<br>75, 333             | 4, 142, 863<br>288, 308          |                            | 50<br>48                         |      |
|          | 05600 RADI OI SOTOPE   | 8,800                        | 143, 084                        | 354, 083                         |                            | 6                                |      |
|          | 05700 CT SCAN  | 2, 172                       | 47, 992                         | 1, 051, 348                      |                            | 0                                |      |
|          | 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 2, 593                       | 280, 985                        | 738, 762                         |                            | 2                                |      |
|          | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY   | 35, 180<br>0                 | 92, 295<br>0                    | 1, 846, 387                      | 7 34<br>D 8                | 72                               |      |
|          | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0                            | 0                               | C                                | 0                          | 0                                | 62   |
| 00       | 06500 RESPI RATORY THERAPY   | 5, 076                       | 120, 301                        | 3, 054, 634                      |                            | 17                               |      |
|          | 06600 PHYSI CAL THERAPY<br>06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                      | 10, 150<br>0                 | 6, 803                          | 0                                | 23                         | 36                               |      |
|          | 06602 0/P PHYSICAL THERAPY   | 0                            | 35, 859                         | (                                | ) 0<br>1                   | 7                                | 66   |
| 00       | 06700 OCCUPATI ONAL THERAPY  | 1, 658                       | 0                               | C                                | 5                          | 0                                | 67   |
|          | 06800 SPEECH PATHOLOGY   | 3, 288                       | 432                             | (17.05)                          | 1                          | 0                                |      |
|          | 06900 ELECTROCARDI OLOGY<br>06901 CARDI AC REHAB   | 3, 181<br>6, 534             | 438, 349<br>25, 435             | 617, 894<br>271, 679             |                            | 37                               | 69   |
|          | 07000 ELECTROENCEPHALOGRAPHY   | 0, 534                       | 25, 435<br>33, 296              | 2, 389, 273                      |                            | 26                               |      |
| 00       | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0                            | 0                               | _,,, C                           | 0 0                        | 0                                | 71   |
|          | 07200 IMPL. DEV. CHARGED TO PATIENTS   | 0                            | 0                               | 4 215 504                        | 0                          | 0                                |      |
|          | 07300 DRUGS CHARGED TO PATIENTS<br>03020 RENAL ACUTE   | 20, 715<br>3, 525            | 55, 429<br>2, 538               | 4, 315, 594<br>(                 |                            | 146                              |      |
| 55       | OUTPATIENT SERVICE COST CENTERS  |                              |                                 |                                  |                            |                                  | 1    |
|          | 09000 CLI NI C   | 698                          | 0                               | 210, 394                         |                            | 2                                |      |
|          |  | 1,930                        | 276                             | 265, 789                         |                            | 4                                | 90   |
|          | 09007 WOUND CLINIC<br>09100 EMERGENCY  | 8, 952<br>24, 093            | 8, 177<br>63, 538               | 351, 115<br>5, 195, 314          |                            | 13<br>101                        |      |
|          | 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 27,073                       | 00,000                          |                                  |                            | 101                              | 92   |
|          | SPECIAL PURPOSE COST CENTERS   |                              |                                 | <b>*</b> • • • •                 | -                          |                                  |      |
| 3. 00    |  | 952, 085                     | 3, 924, 541                     | 84, 281, 488                     | 3 1, 139                   | 1, 402                           | 1118 |
| 0. 00    | NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                   | 0                            | 0                               | (                                | 0 0                        | 0                                | 190  |
|          | 07950 RURAL HEALTH   | 0                            | 27, 616                         | 1, 767, 408                      | -                          |                                  | 194  |
|          | 07951 RENTAL PROPERTY  |                              |                                 |                                  |                            |                                  | 194  |

| Health Fi | nancial Systems  | UNI ON HOSPI | TAL, INC.    |                 | In Lie                           | u of Form CMS-2                | 2552-10 |
|-----------|--|--------------|--------------|-----------------|----------------------------------|--------------------------------|---------|
| COST ALLC | OCATION - STATISTICAL BASIS                              |              | Provider C   |                 | Period:                          | Worksheet B-1                  |         |
|           |  |              |              |                 | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 |         |
|           |  | CAPI TAL REL | ATED COSTS   |                 |                                  |                                |         |
|           | Cost Center Description                                  | NEW BLDG &   | NEW MVBLE    | EMPLOYEE        | NONPATI ENT                      | DATA                           |         |
|           |  | FLXT         | EQUI P       | <b>BENEFITS</b> | TELEPHONES                       | PROCESSI NG                    |         |
|           |  | (NEW TOTAL   | (NEW EQUIP   | DEPARTMENT      | (PHONES)                         | (DEVICES)                      |         |
|           |  | SQ FT)       | DEPRN)       | (GROSS          |                                  |                                |         |
|           |  |              |              | SALARI ES)      |                                  |                                |         |
|           |  | 1.00         | 2.00         | 4.00            | 5.01                             | 5.02                           |         |
|           | 952 WELLNESS   | 14, 857      | 0            | 266, 14         |                                  | -                              | 194.03  |
|           | 955 PHYSI CLAN PRACTI CES                                | 0            | 29, 718      |                 |                                  |                                | 194.04  |
|           | 953 SYCAMORE SPORTS MED                                  | 0            | 22           | 7,70            |                                  |                                | 194.06  |
|           | 956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES               | 2, 866       | 496          | 516, 53         | 4 8                              |                                | 194.07  |
| 200.00    | Cross Foot Adjustments                                   |              |              |                 |                                  |                                | 200.00  |
| 201.00    | Negative Cost Centers                                    |              |              |                 |                                  |                                | 201.00  |
| 202.00    | Cost to be allocated (per Wkst. B,<br>Part I)            | 14, 696, 918 | 11, 636, 204 | 18, 488, 45     | 2 934, 024                       | 16, 765, 321                   | 202.00  |
| 203.00    | Unit cost multiplier (Wkst. B, Part I)                   | 14. 969238   | 2.894287     | 0. 19148        | 7 752. 638195                    | 10, 105. 678722                | 203.00  |
| 204.00    | Cost to be allocated (per Wkst. B,<br>Part II)           |              |              | 64, 90          | 7 72, 874                        | 0                              | 204.00  |
| 205.00    | Unit cost multiplier (Wkst. B, Part                      |              |              | 0. 00067        | 2 58. 721998                     | 0. 000000                      | 205.00  |
| 206.00    | NAHE adjustment amount to be allocated (per Wkst. B-2)   |              |              |                 |                                  |                                | 206.00  |
| 207.00    | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |              |              |                 |                                  |                                | 207.00  |

|   | Financial Systems<br>LLOCATION - STATISTICAL BASIS   | UNI ON HOSPI   | TAL, INC.<br>Provider C  | CN: 15-0023 P  | In Lie   | u of Form CMS-:<br>Worksheet B-1   |  |
|---|--|--|--|--|--|--|--|
|   |  |  |  | F  | rom 01/01/2020<br>o 12/31/2020   |  | pared:   |
|   | Cost Center Description  | PURCHASI NG<br>RECEI VI NG AND<br>STORES<br>(REQUI SI TI 0)  | ADMI TTI NG<br>(I NPATI ENT<br>CHARGES)  | CASHI ERI NG/AC<br>COUNTS<br>RECEI VABLE<br>(GROSS<br>CHARGES) | Reconciliatio<br>n   | OTHER ADMIN<br>AND GENERAL<br>(ACCUM.<br>COST)   |  |
|   |  | 5.03   | 5.04   | 5.05   | 5A. 06   | 5.06   |  |
| 4 99  | GENERAL SERVICE COST CENTERS   |  |  | 1  | []   |  |  |
| 11.00<br>13.00<br>16.00<br>21.00<br>22.00<br>23.00<br>23.01 | 00100 NEW CAP REL COSTS-BLDG & FIXT<br>00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATI ENT TELEPHONES<br>00550 DATA PROCESSI NG<br>00560 PURCHASI NG RECEI VI NG AND STORES<br>00570 ADMITTI NG<br>00580 CASHI ERI NG/ACCOUNTS RECEI VABLE<br>00590 OTHER ADMI N AND GENERAL<br>00700 OPERATI ON OF PLANT<br>00800 LAUNDRY & LI NEN SERVI CE<br>00900 HOUSEKEEPI NG<br>01000 DI ETARY<br>01100 CAFETERI A<br>01300 NURSI NG ADMI NI STRATI ON<br>01600 MEDI CAL RECORDS & LI BRARY<br>02100 I & SERVI CES-SALARY & FRI NGES APPRVD<br>02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD<br>02341 OTHER MED ED<br>02301 PARAMED ED PRGM<br>1NDATI ENT POUTINE SERVI CE COST CENTEPS | 6, 651, 932<br>32, 480<br>0<br>189<br>0<br>5, 831<br>8, 684<br>911<br>0<br>0<br>609<br>0<br>0<br>609<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 554, 102, 824<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 1, 487, 886, 574<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0       | -31, 876, 317<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 347, 811, 892<br>13, 552, 138<br>1, 692, 930<br>3, 878, 104<br>759, 400<br>3, 284, 050<br>4, 608, 931<br>5, 581, 120<br>1, 828, 531<br>2, 441, 422<br>97, 152<br>282, 326<br>0 | 8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>16.00<br>21.00<br>22.00<br>23.00<br>23.01 |
| 30.00   | INPATIENT ROUTINE SERVICE COST CENTERS<br>03000 ADULTS & PEDIATRICS  | 1, 497, 621  | 101, 110, 541  | 111, 575, 262  | 0  | 40, 026, 905   | 30.00  |
|   | 03100 I NTENSI VE CARE UNI T   | 604, 024   | 31, 348, 544   |  | 0  | 9, 079, 206  | •  |
|   | 02040 I NTENSI VE NURSERY  | 100, 945   | 18, 291, 881   |  | 0  | 3, 536, 674  |  |
|   | 04100 SUBPROVI DER – I RF<br>04300 NURSERY   | 57, 179<br>0   | 4, 648, 967<br>2, 862, 090   |  | 0  | 2, 236, 784<br>1, 304, 783   |  |
| 43.00   | ANCI LLARY SERVI CE COST CENTERS   | 0  | 2, 802, 090  | 2,002,090  | 0  | 1, 304, 763  | 43.00  |
| 50.00   | 05000 OPERATING ROOM   | 165, 573   | 85, 384, 900   |  | 0  | 17, 777, 353   |  |
|   | 05001 CARDI AC SURGERY   | 664, 048   | 5,837,500  |  | 0  | 3, 099, 992  |  |
|   | 05002 WVSC<br>05100 RECOVERY ROOM  | 1, 515, 232<br>154, 359  | 60, 000<br>3, 125, 488   |  | 0  | 13, 593, 297<br>2, 474, 409  | •  |
|   | 05101 0/P TREATMENT ROOM   | 50, 377  | 24, 372  |  |  | 1, 012, 539  |  |
| 52.00   | 05200 DELIVERY ROOM & LABOR ROOM   | 250, 522   | 18, 242, 166   |  |  | 5, 744, 301  | 52.00  |
|   | 05400 RADI OLOGY-DI AGNOSTI C  | 80, 228  | 15, 490, 298   |  |  | 11, 262, 881   | •  |
| 55.00<br>56.00  | 05500 RADI OLOGY-THERAPEUTI C<br>05600 RADI OI SOTOPE  | 3, 761<br>6, 093   | 2, 355, 751<br>1, 166, 749   |  |  | 6, 963, 649<br>2, 373, 996   | •  |
| 57.00   | 05700 CT SCAN  | 198, 937   | 14, 797, 123   |  |  | 2, 373, 990  |  |
| 58.00   | 05800 MAGNETIC RESONANCE IMAGING (MRI)   | 6, 983   | 2, 561, 100  |  |  | 2, 468, 486  | •  |
|   | 05900 CARDI AC CATHETERI ZATI ON   | 84, 044  | 38, 169, 738   |  |  | 30, 642, 137   |  |
|   | 06000 LABORATORY<br>06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0  | 48, 425, 493<br>2, 500, 005  |  |  | 9, 751, 010<br>1, 291, 680   | 1  |
|   | 06500 RESPIRATORY THERAPY  | 282, 937   | 33, 649, 181   | 36, 650, 788   |  | 5, 953, 276  |  |
|   | 06600 PHYSI CAL THERAPY  | 2, 297   | 8, 475, 743  | 12, 516, 599   |  | 3, 459, 817  | 66.00  |
|   | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES<br>06602 0/P PHYSI CAL THERAPY  | 0<br>4, 988  | 0  |  | 0  | 0<br>2, 426, 243   | •  |
|   | 06700 OCCUPATI ONAL THERAPY  | 4, 900   | 5, 986, 659  |  | 0  | 2, 420, 243  | •  |
| 68.00   | 06800 SPEECH PATHOLOGY   | 0  | 1, 357, 630  | 4, 094, 040  | 0  | 1,077,248  | 68.00  |
|   | 06900 ELECTROCARDI OLOGY   | 1, 818   | 15, 640, 064   |  |  | 12, 921, 031   | •  |
|   | 06901 CARDI AC REHAB<br>07000 ELECTROENCEPHALOGRAPHY   | 1, 405<br>2, 434   | 99, 978<br>1, 214, 260   |  |  | 585, 448<br>1, 931, 823  |  |
|   | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 2,434  | 1, 214, 200  |  |  | 44, 774  |  |
|   | 07200 IMPL. DEV. CHARGED TO PATIENTS   | 0  | 8, 337, 974  |  |  | 12, 230, 224   | •  |
|   | 07300 DRUGS CHARGED TO PATI ENTS   | 104, 968   | 47, 779, 896   |  |  | 52, 294, 500   |  |
| 76.00   | 03020 RENAL ACUTE<br>OUTPATI ENT SERVI CE COST CENTERS   | 69, 474  | 3, 598, 803  | 3, 943, 015  | 0  | 1, 913, 862  | 76.00  |
|   | 09000 CLI NI C   | 568  | 330  | 788, 290   | 0  | 328, 405   | 90.00  |
|   | 09005 PATIENT NUTRITION  | 138  | 0  |  |  | 421, 974   | •  |
|   | 09007 WOUND CLINIC<br>09100 EMERGENCY  | 109, 325<br>550, 901   | 20, 000<br>31, 539, 600  |  |  | 1, 869, 506<br>10, 798, 583  |  |
|   | 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 550, 901   | 31, 339, 000   | 124, 540, 549  | 0  | 10, 790, 505   | 92.00  |
|   | SPECIAL PURPOSE COST CENTERS   |  | EEA 100 004  | 1 407 004 574  | 21 07/ 247   | 21E 010 7/7  |  |
| 118.00  | NONREI MBURSABLE COST CENTERS  | 6, 619, 883  | 554, IUZ, 824  | 1, 487, 886, 574   | -31, 876, 317  |  |  |
|   | 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN   | 0  | 0  | 0  | 0  |  | 190.00   |
|   | 07950 RURAL HEALTH<br>07951 RENTAL PROPERTY  | 12, 695<br>0   | 0  | 0  | 0  | 5, 961, 597<br>32, 735   |  |
|   | 07951 FAMILY PRACTICE  | 24   | 0  | 0  | 0  | 32, 735<br>4, 095, 861   |  |
| 194.03  | 07952 WELLNESS   | 0  | 0  | 0  | 0  | 637, 774   | 194.03   |
| 194.04  | 07955 PHYSI CI AN PRACTI CES   | 19, 080  | 0  | 0  | 0  | 20, 305, 152   | 194.04   |

| Heal th | Financial Systems                             | UNI ON HOSPI    | TAL, INC.   |                 | In Lie                           | u of Form CMS-2 | 2552-10 |
|---------|---|-----------------|-------------|-----------------|----------------------------------|-----------------|---------|
| COST A  | LLOCATION - STATISTICAL BASIS                 |                 | Provider C  |                 | Period:                          | Worksheet B-1   |         |
|         |   |                 |             |                 | From 01/01/2020<br>To 12/31/2020 |                 |         |
|         | Cost Center Description                       | PURCHASI NG     | ADMI TTI NG | CASHI ERI NG/AC | Reconciliatio                    | OTHER ADMIN     |         |
|         |   | RECEI VI NG AND | (INPATI ENT | COUNTS          | n                                | AND GENERAL     |         |
|         |   | STORES          | CHARGES)    | RECEI VABLE     |                                  | (ACCUM.         |         |
|         |   | (REQUISITIO)    |             | (GROSS          |                                  | COST)           |         |
|         |   |                 |             | CHARGES)        |                                  |                 |         |
|         |   | 5.03            | 5.04        | 5.05            | 5A. 06                           | 5.06            |         |
| 194.06  | 07953 SYCAMORE SPORTS MED                     | 0               | 0           | (               | 0 0                              | 53, 802         | 194.06  |
| 194.07  | 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  | 250             | 0           | (               | 0 0                              | 806, 204        | 194.07  |
| 200.00  | Cross Foot Adjustments                        |                 |             |                 |                                  |                 | 200.00  |
| 201.00  | Negative Cost Centers                         |                 |             |                 |                                  |                 | 201.00  |
| 202.00  | Cost to be allocated (per Wkst. B,<br>Part I) | 947, 166        | 1, 845, 970 | 7, 923, 257     | 7                                | 31, 876, 317    | 202.00  |
| 203.00  |   | 0. 142390       | 0. 003331   | 0. 005325       | 5                                | 0, 091648       | 203.00  |
| 204.00  |   | 0               | 55, 663     |                 |                                  | 363, 447        |         |
|         | Part II)                                      | _               |             |                 |                                  |                 |         |
| 205.00  |   | 0. 000000       | 0. 000100   | 0.000000        |                                  | 0. 001045       | 205.00  |
| 206.00  |   |                 |             |                 |                                  |                 | 206.00  |
| 200.00  | (per Wkst. B-2)                               |                 |             |                 |                                  |                 | 200.00  |
| 207.00  |   |                 |             |                 |                                  |                 | 207.00  |
|         | Parts III and IV)                             |                 |             |                 |                                  |                 |         |
|         |   |                 |             |                 |                                  | -               | -       |

|   | Financial Systems<br>LOCATION - STATISTICAL BASIS   | UNI ON HOSPI  | Provi der C   |   | Period:<br>From 01/01/2020   | u of Form CMS-2<br>Worksheet B-1  |  |
|---|---|---|---|---|--|---|--|
|   |   |   |   |   | To 12/31/2020  | Date/Time Pre<br>7/29/2021 1:5  |  |
|   | Cost Center Description   | OPERATION OF<br>PLANT<br>(NEW TOTAL<br>SQ FT)   | LAUNDRY &<br>LINEN SERVICE<br>(LINEN)   | HOUSEKEEPING<br>(NEW TOTAL<br>SQ FT)  | DI ETARY<br>(DI ETARY)   | CAFETERIA<br>(FTE)  |  |
| 0   | GENERAL SERVICE COST CENTERS  | 7.00  | 8.00  | 9.00  | 10.00  | 11.00   |  |
|   | DO100 NEW CAP REL COSTS-BLDG & FIXT   |   |   |   |  |   | 1.00   |
| 1.00         0           5.01         0           5.02         0           5.03         0           5.03         0           5.04         0           5.05         0           6.05         0           7.00         0           0.00         0           0.00         0           10.00         0           13.00         0           22.00         0           23.01         0           23.02         0  | D0200       NEW CAP REL COSTS-MVBLE EQUIP         D0400       EMPLOYEE BENEFITS DEPARTMENT         D0550       DATA PROCESSING         D0550       DATA PROCESSING         D0560       PURCHASING RECEIVING AND STORES         D0570       ADMITTING         D0580       CASHIERING/ACCOUNTS RECEIVABLE         D0590       OTHER ADMIN AND GENERAL         D0700       OPERATION OF PLANT         D0800       LAUNDRY & LINEN SERVICE         D0900       HOUSEKEEPING         D11000       DIETARY         D1100       CAFETERIA         D1300       IURSING ADMINISTRATION         D1600       MEDICAL RECORDS & LIBRARY         D21001       I&R SERVICES-SALARY & FRINGES APPRVD         D22001       I&R SERVICES-OTHER PRGM COSTS APPRVD         D2300       PARAMED ED PRGM         D2341       OTHER MED ED         D2301       PARAMED ED PRGM  | 621, 472<br>5, 988<br>1, 548<br>10, 976<br>7, 832<br>2, 376<br>5, 283<br>0<br>0<br>0<br>720<br>0  | 1, 066, 683<br>74, 560<br>3, 947<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 613, 93<br>10, 97<br>7, 83<br>2, 37<br>5, 28<br>72  | 6 179, 444<br>2 0<br>6 0<br>3 0<br>0 0<br>0 0<br>0 0<br>0 0  | 11, 081<br>233<br>586<br>210<br>44<br>11<br>70<br>0                                   | 13.00<br>16.00<br>21.00<br>22.00<br>23.00<br>23.01   |
|   | NPATIENT ROUTINE SERVICE COST CENTERS   | 192, 397  | 353, 912  | 192, 39   | 7 133, 342   | 3, 061  | 30.00  |
| 31.00 0   | D3100 I NTENSI VE CARE UNI T  | 22, 990   | 43, 475   | 22, 99  | 0 21, 557  | 714   | 31.00  |
|   | D2040 I NTENSI VE NURSERY<br>D4100 SUBPROVI DER – I RF  | 3, 932<br>15, 423   | 5, 456<br>12, 698   |   |  | 289<br>209  |  |
|   | 04300 NURSERY   | 758   | 12,098  |   |  | 177   |  |
| A   | ANCILLARY SERVICE COST CENTERS  |   |   |   |  |   |  |
| 50.00         C           50.01         C           50.02         C           51.02         C           52.00         C           52.00         C           55.00         C           55.00         C           55.00         C           55.00         C           57.00         C           59.00         C           50.00         C           50.00         C           50.00         C           50.00         C           50.00         C           52.00         C           53.00         C           54.00         C           55.00         C           56.01         C           57.00         C           58.00         C           59.00         C           59.00 | D5000 OPERATING ROOM<br>D5001 CARDIAC SURGERY<br>D5002 WVSC<br>D5100 RECOVERY ROOM<br>D5101 O/P TREATMENT ROOM<br>D5101 O/P TREATMENT ROOM<br>D5200 DELIVERY ROOM & LABOR ROOM<br>D5400 RADIOLOGY-DIAGNOSTIC<br>D5500 RADIOLOGY-THERAPEUTIC<br>D5500 RADIOLOGY-THERAPEUTIC<br>D5500 CASDIOLOGY-THERAPEUTIC<br>D5700 CT SCAN<br>D5800 MAGNETIC RESONANCE IMAGING (MRI)<br>D5900 CARDIAC CATHETERIZATION<br>D6000 LABORATORY<br>D6000 LABORATORY<br>D6000 PHYSICAL THERAPY<br>D6600 PHYSICAL THERAPY<br>D6600 PHYSICAL THERAPY<br>D6600 PHYSICAL THERAPY<br>D6600 OCUPATIONAL THERAPY<br>D6600 SPEECH PATHOLOGY<br>D6700 OCUPATIONAL THERAPY<br>D6600 ELECTROCARDIOLOGY<br>D6900 ELECTROCARDIOLOGY<br>D6900 ELECTROCARDIOLOGY<br>D6901 CARDIAC REHAB<br>D7000 ELECTROENCEPHALOGRAPHY<br>D7100 MEDICAL SUPPLIES CHARGED TO PATIENTS<br>D7300 DRUGS CHARGED TO PATIENTS<br>D3020 RENAL ACUTE<br>DUTPATIENT SERVICE COST CENTERS<br>D9000 CLINIC | 43, 484<br>1, 871<br>30, 439<br>1, 432<br>23, 926<br>23, 711<br>31, 725<br>26, 393<br>8, 800<br>2, 172<br>2, 593<br>35, 180<br>0<br>0<br>5, 076<br>10, 150<br>0<br>1, 658<br>3, 288<br>3, 181<br>6, 534<br>0<br>0<br>20, 715<br>3, 525<br>698 | 68, 893<br>43<br>73, 078<br>53, 740<br>3, 700<br>50, 160<br>30, 570<br>0<br>44, 349<br>6, 030<br>0<br>36, 864<br>28, 538<br>0<br>0<br>36, 864<br>28, 538<br>0<br>0<br>18, 628<br>0<br>17, 875<br>247<br>2, 533<br>0<br>0<br>0<br>4, 787 | 1, 87<br>30, 43<br>1, 43<br>23, 92<br>23, 71<br>31, 72<br>26, 39<br>8, 80<br>2, 17<br>2, 59<br>35, 18<br>5, 07<br>10, 15<br>1, 65<br>3, 28<br>3, 18<br>6, 53<br>20, 71<br>3, 52 | 1       0         9       0         2       0         6       12,011         1       4         5       0         3       0         0       0         2       0         3       0         0       837         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         1       0         4       0         0       0         0       0         0       0         0       0         0       0         0       0         1       0         0       0         0       0         0       0 | 0<br>404<br>0<br>0<br>0<br>0<br>0<br>150<br>40<br>82<br>0<br>0<br>40<br>40<br>0<br>21 | $ \begin{array}{c} 50. \ 01 \\ 50. \ 02 \\ 51. \ 02 \\ 51. \ 02 \\ 52. \ 00 \\ 54. \ 00 \\ 55. \ 00 \\ 55. \ 00 \\ 56. \ 00 \\ 57. \ 00 \\ 58. \ 00 \\ 59. \ 00 \\ 60. \ 00 \\ 62. \ 00 \\ 65. \ 00 \\ 66. \ 01 \\ 66. \ 02 \\ 67. \ 00 \\ 66. \ 01 \\ 66. \ 02 \\ 67. \ 00 \\ 69. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 71. \ 00 \\ 70. \ 00 \ 00 \\ 70. \ 00 \ 00 \\ 70. \ 00 \ 00 \\ 70. \ 00 \ 00 \\ 70. \ 00 \ 00 \ 00 \ 00 \\ 70. \ 00 \ 00 \ 00 \ 00 \ 00 \ 00 \ 00 $ |
| 90.05 0<br>90.07 0  | 09005 PATIENT NUTRITION<br>09007 WOUND CLINIC   | 1, 930<br>8, 952  | 0<br>9, 406   | 1, 93<br>8, 95  | 0 0<br>2 0   | 35<br>51  | 90.05<br>90.07   |
| 2.00  | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART)<br>SPECIAL PURPOSE COST CENTERS   | 24, 093   | 144, 512  | 24, 09  |  | 832   | 91.00<br>92.00   |
| 18.00   | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS   | 591, 749  | 1, 061, 528   | 584, 21   | 3 179, 444   | 10, 312   | 118.00   |
| 190.00  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0   | 0   |   | 0 0  |   | 190.00   |
|   | 07950 RURAL HEALTH<br>07951 RENTAL PROPERTY   | 0   | 659   |   | 0 0  |   | 194.00<br>194.01   |
|   | 07951 RENTAL PROPERTY<br>07954 FAMILY PRACTICE  | 0<br>12,000   | 785   | 12, 00  | 0 0  |   | 194.01   |
| 94.03   | 07952 WELLNESS  | 14, 857   | 0   | 14, 85  |  | 0   | 194.03   |
|   | 07955 PHYSI CI AN PRACTI CES  | 0   | 3, 711  |   | 0 0  | 467   | 194.04   |

| Heal th Fi | nancial Systems  | UNI ON HOSPI | TAL, INC.     |               | In Lie                     | u of Form CMS-2 | 2552-10 |
|------------|--|--------------|---------------|---------------|----------------------------|-----------------|---------|
| COST ALLC  | OCATION - STATISTICAL BASIS                              |              | Provider C    |               | Period:<br>From 01/01/2020 | Worksheet B-1   |         |
|            |  |              |               |               | To 12/31/2020              |                 |         |
|            | Cost Center Description                                  | OPERATION OF | LAUNDRY &     | HOUSEKEEPI NG | DI ETARY                   | CAFETERI A      |         |
|            |  | PLANT        | LINEN SERVICE | (NEW TOTAL    | (DI ETARY)                 | (FTE)           |         |
|            |  | (NEW TOTAL   | (LINEN)       | SQ FT)        |                            |                 |         |
|            |  | SQ FT)       |               |               |                            |                 |         |
|            |  | 7.00         | 8.00          | 9.00          | 10.00                      | 11.00           |         |
| 194.07 079 | 956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES               | 2, 866       | 0             | 2, 86         | 6 0                        | 65              | 194.07  |
| 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)               | 14, 794, 164 | 1, 990, 629   | 4, 409, 51    | 7 1, 176, 481              | 3, 827, 720     | 202.00  |
| 203.00     | Unit cost multiplier (Wkst. B, Part I)                   | 23. 805037   | 1. 866186     | 7. 18237      | 6. 556257                  | 345. 430918     | 203.00  |
| 204.00     | Cost to be allocated (per Wkst. B,<br>Part II)           | 5, 065, 849  | 346, 576      | 127, 65       | 1 448, 014                 | 195, 011        | 204.00  |
| 205.00     | Unit cost multiplier (Wkst. B, Part                      | 8. 151371    | 0. 324910     | 0. 20792:     | 2 2. 496679                | 17. 598682      | 205.00  |
| 206.00     | NAHE adjustment amount to be allocated (per Wkst. B-2)   |              |               |               |                            |                 | 206.00  |
| 207.00     | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |              |               |               |                            |                 | 207.00  |

| COST A   | LLOCATION - STATISTICAL BASIS   |   | Provider C  | F   | eriod:<br>rom 01/01/2020                    | Worksheet B-1                                 |   |
|--|---|---|---|---|---|---|---|
|  |   | 1   |   |   | o 12/31/2020                                | Date/Time Pre<br>7/29/2021 1:5                |   |
|  |   |   |   | I NTERNS &                                    | RESI DENTS                                  |   |   |
|  | Cost Center Description   | NURSI NG<br>ADMI NI STRATI O<br>N<br>(TI ME<br>SPENT) | MEDI CAL<br>RECORDS &<br>LI BRARY<br>(GROSS<br>CHARGES) | SERVI CES-SALA<br>RY & FRI NGES<br>(I NTERNS) | SERVI CES-OTHE<br>R PRGM COSTS<br>(INTERNS) | PARAMED ED<br>PRGM<br>(PARAMED<br>RADI OLOGY) |   |
|  |   | 13.00   | 16.00   | 21.00   | 22.00                                       | 23.00   |   |
| 1.00   | GENERAL SERVICE COST CENTERS<br>00100 NEW CAP REL COSTS-BLDG & FIXT   |   |   | 1   |   |   | 1.0   |
| 2.00<br>4.00<br>5.01<br>5.02<br>5.03<br>5.04<br>5.05<br>5.06<br>7.00<br>8.00<br>9.00<br>10.00<br>13.00<br>13.00<br>13.00<br>14.00<br>21.00<br>22.00<br>23.01 | 00200 NEW CAP REL COSTS-MVBLE EQUI P<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATIENT TELEPHONES<br>00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES<br>00570 ADMITTING<br>00580 CASHIERING/ACCOUNTS RECEIVABLE<br>00590 OTHER ADMIN AND GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01600 MEDICAL RECORDS & LIBRARY<br>02100 I & SERVICES-SALARY & FRINGES APPRVD<br>02200 I & SERVICES-OTHER PRGM COSTS APPRVD<br>02300 PARAMED ED PRGM<br>02341 OTHER MED ED | 7, 631<br>0<br>0<br>0<br>0<br>65                      | 1, 487, 886, 574<br>0<br>0<br>0<br>0<br>0               | 7, 696  | 7, 696                                      | 100   | $\begin{array}{c} 2.0\\ 4.0\\ 5.0\\ 5.0\\ 5.0\\ 5.0\\ 5.0\\ 5.0\\ 7.0\\ 8.0\\ 9.0\\ 10.0\\ 11.0\\ 13.0\\ 16.0\\ 21.0\\ 22.0\\ 23.0\\ 23.0\\ 23.0\\ \end{array}$ |
| 23. 02   | 02301 PARAMED ED PRGM<br>I NPATI ENT ROUTI NE SERVI CE COST CENTERS   | 0   | 0   |   |   |   | 23.0  |
| 30.00  | 03000 ADULTS & PEDI ATRI CS   | 2, 884  | 111, 575, 262   | 3, 519  | 3, 519                                      | 0   | 30.0  |
| 31.00  | 03100 I NTENSI VE CARE UNI T  | 714   | 31, 348, 544  |   |   | 0   |   |
| 35.00<br>11.00   | 02040 I NTENSI VE NURSERY<br>04100 SUBPROVI DER – I RF  | 289<br>209  | 18, 291, 881<br>4, 648, 967                             |   |   | 0   |   |
| 13.00  | 04300 NURSERY   | 177   | 2, 862, 090   |   |   | 0   |   |
|  | ANCILLARY SERVICE COST CENTERS  | 1   |   | 1   | 1<br>1                                      |   |   |
| 50.00  | 05000 OPERATING ROOM  | 593   | 179, 118, 614   |   |   | 0   |   |
| 50. 01<br>50. 02   | 05001 CARDI AC SURGERY<br>05002 WVSC  | 52  | 5, 853, 080<br>113, 042, 295                            |   |   | 0   |   |
| 51.00  | 05100 RECOVERY ROOM   | 215   | 8, 797, 944   | -   |   | 0   |   |
| 51.02  | 05101 0/P TREATMENT ROOM  | 42  | 2, 257, 663   |   |   | 0   |   |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM  | 438   | 22, 087, 728  |   |   | 0   |   |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C   | 0   | 58, 427, 803  |   |   | 100   |   |
| 55.00<br>56.00   | 05500 RADI OLOGY-THERAPEUTI C<br>05600 RADI OI SOTOPE   | 0   | 46, 434, 749<br>8, 759, 344                             |   |   | 0   |   |
|  | 05700 CT SCAN   | 0   | 48, 341, 336  |   |   | 0   |   |
|  | 05800 MAGNETIC RESONANCE IMAGING (MRI)  | 0   | 13, 569, 668  | -   | -   | 0   |   |
| 9.00   | 05900 CARDI AC CATHETERI ZATI ON  | 0   | 97, 492, 408  |   |   | 0   |   |
| 0.00   | 06000 LABORATORY  | 0   | 86, 151, 024  |   |   | 0   |   |
| 2.00<br>5.00   | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS<br>06500 RESPI RATORY THERAPY  | 0<br>382  | 3, 142, 730<br>36, 650, 788                             |   |   | 0   | 62.0<br>65.0  |
| 6.00   | 06600 PHYSI CAL THERAPY   | 0   | 12, 516, 599  |   |   | 0   |   |
| 6. 01  | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES  | 0   | 0   |   |   | 0   |   |
| 6. 02  | 06602 0/P PHYSI CAL THERAPY   | 0   | 7, 099, 331   |   |   | 0   |   |
| 7.00   | 06700 OCCUPATI ONAL THERAPY   | 0   | 9, 904, 420   |   |   | 0   | 67.0  |
| 8.00<br>9.00   | 06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY  | 0<br>150  | 4, 094, 040<br>79, 104, 830                             |   | 0   | 0   | 68.<br>69.  |
| 9.00   | 06901 CARDI AC REHAB  | 40  | 1, 407, 197   |   | 0   | 0   |   |
| 0.00   | 07000 ELECTROENCEPHALOGRAPHY  | 38  | 3, 179, 436   |   | 0   | 0   |   |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0   | 0   | 0   | 0   | 0   |   |
| 2.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0   | 23, 297, 178  |   |   | 0   |   |
| 3.00   | 07300 DRUGS CHARGED TO PATIENTS   | 404   | 308, 831, 438   |   |   | 0   |   |
| 6.00   | 03020 RENAL ACUTE<br>OUTPATI ENT SERVI CE COST CENTERS  | 0   | 3, 943, 015   | 0   | 0   | 0   | 76.0  |
| 0. 00  | 09000 CLINIC  | 21  | 788, 290  | 1, 264  | 1, 264                                      | 0   | 90.0  |
| 0.05   | 09005 PATIENT NUTRITION   | 35  | 139, 805  |   |   | 0   | 90.0  |
|  | 09007 WOUND CLINIC  | 51  | 10, 186, 728  |   |   | 0   |   |
| 1.00   | 09100 EMERGENCY   | 832   | 124, 540, 349   | 701   | 701   | 0   |   |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART)  |   |   |   |   |   | 92.0  |
| 18.00  | SPECIAL PURPOSE COST CENTERS<br>SUBTOTALS (SUM OF LINES 1 through 117)  | 7 631   | 1, 487, 886, 574  | 7, 207  | 7, 207                                      | 100   | 118.0   |
|  | NONREI MBURSABLE COST CENTERS   | , <u>, , , , , , , , , , , , , , , ,</u>              | ., 107, 000, 374  | , 207   | 7,207                                       |   |   |
| 90.00  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0   | 0   |   |   |   | 190.0   |
|  |   | I 0   | 0   | 0   | 0   | 0   | 194.0   |
| 94.00  | 07950 RURAL HEALTH<br>07951 RENTAL PROPERTY   | 0   | 0   | 0   | 0   |   | 194.0   |

| Health Financial Systems  | UNI ON HOSPI                 | TAL, INC.             |                                 | In Lie                         | u of Form CMS-2                | 2552-10 |
|---|------------------------------|-----------------------|---------------------------------|--------------------------------|--------------------------------|---------|
| COST ALLOCATION - STATISTICAL BASIS                             |                              | Provider C            |                                 | Peri od:                       | Worksheet B-1                  |         |
|   |                              |                       |                                 | rom 01/01/2020<br>o 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 |         |
|   |                              |                       | INTERNS &                       | RESI DENTS                     |                                |         |
| Cost Center Description   | NURSI NG<br>ADMI NI STRATI O | MEDI CAL<br>RECORDS & | SERVI CES-SALA<br>RY & FRI NGES | SERVICES-OTHE<br>R PRGM COSTS  | PARAMED ED<br>PRGM             |         |
|   | N                            | LI BRARY              | (INTERNS)                       | (INTERNS)                      | (PARAMED                       |         |
|   | (TIME                        | (GROSS                |                                 |                                | RADI OLOGY)                    |         |
|   | SPENT)                       | CHARGES)              |                                 |                                |                                |         |
|   | 13.00                        | 16.00                 | 21.00                           | 22.00                          | 23.00                          |         |
| 194. 03 07952 WELLNESS  | 0                            | 0                     | (                               | 0 0                            |                                | 194.03  |
| 194. 04 07955 PHYSI CI AN PRACTI CES                            | 0                            | 0                     | (                               | 0 0                            |                                | 194.04  |
| 194.0607953 SYCAMORE SPORTS MED                                 | 0                            | 0                     | (                               | 0 0                            |                                | 194.06  |
| 194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES            | 0                            | 0                     | (                               | 0 0                            |                                | 194.07  |
| 200.00 Cross Foot Adjustments                                   |                              |                       |                                 |                                |                                | 200.00  |
| 201.00 Negative Cost Centers                                    | E 405 444                    |                       |                                 |                                |                                | 201.00  |
| 202.00 Cost to be allocated (per Wkst. B,<br>Part I)            | 5, 185, 441                  | 6, 458, 747           | 2, 068, 652                     | 2, 680, 372                    | 109, 856                       | 202.00  |
| 203.00 Unit cost multiplier (Wkst. B, Part I)                   | 679. 523129                  | 0. 004341             | 268. 795738                     | 348. 281185                    | 1, 098. 560000                 | 203.00  |
| 204.00 Cost to be allocated (per Wkst. B,<br>Part II)           | 67, 837                      | 162, 438              | 6, 561                          | 4, 319                         | 341                            | 204.00  |
| 205.00 Unit cost multiplier (Wkst. B, Part                      | 8. 889661                    | 0. 000109             | 0. 852521                       | 0. 561201                      | 3. 410000                      | 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,<br>Parts III and IV) |                              |                       |                                 |                                | 0.000000                       | 207.00  |

| N th Financial Systems<br>ST ALLOCATION - STATISTICAL BASIS  | UNI ON HOSPI         | Provider CCN: 15-0 | In Lieu of Form<br>023 Period: Workshee |                         |
|--|----------------------|--------------------|---|-------------------------|
| ST ALLOCATION - STATISTICAL BASIS  |                      | Provider CCN. 15-0 | From 01/01/2020                         |                         |
|  |                      |                    |   | e Prepareo<br>1 1:58 pm |
| Cost Center Description  | OTHER MED ED         | PARAMED ED         |   |                         |
|  | (ASSI GNED<br>TI ME) | PRGM<br>(PARAMED   |   |                         |
|  |                      | RADI OLOGY)        |   |                         |
|  | 23.01                | 23. 02             |   |                         |
| GENERAL SERVICE COST CENTERS<br>00 00100 NEW CAP REL COSTS-BLDG & FIX  | ст                   |                    |   | 1.                      |
| 00200 NEW CAP REL COSTS DEDG & TH  |                      |                    |   | 2.                      |
| 00400 EMPLOYEE BENEFITS DEPARTMEN  |                      |                    |   | 4.                      |
| 00540 NONPATI ENT TELEPHONES   |                      |                    |   | 5.                      |
| 00550 DATA PROCESSI NG   |                      |                    |   | 5.                      |
| 00560 PURCHASING RECEIVING AND ST<br>04 00570 ADMITTING  | JRES                 |                    |   | 5.<br>5.                |
| 00580 CASHI ERI NG/ACCOUNTS RECEI VAI  | BLE                  |                    |   | 5.                      |
| 00590 OTHER ADMIN AND GENERAL  |                      |                    |   | 5.                      |
| 00700 OPERATION OF PLANT   |                      |                    |   | 7.                      |
| 00 00800 LAUNDRY & LINEN SERVICE<br>00 00900 HOUSEKEEPING  |                      |                    |   | 8.                      |
| 00 00900 HOUSEKEEPI NG<br>00 01000 DI ETARY  |                      |                    |   | 9.<br>10.               |
| 00 01100 CAFETERI A  |                      |                    |   | 11.                     |
| 00 01300 NURSING ADMINISTRATION  |                      |                    |   | 13.                     |
| 00 01600 MEDICAL RECORDS & LIBRARY   |                      |                    |   | 16.                     |
| 00 02100 I&R SERVICES-SALARY & FRINGI<br>00 02200 I&R SERVICES-OTHER PRGM COS  |                      |                    |   | 21.                     |
| 00 02200 T&R SERVICES-OTHER PRGM COS   | S APPRVD             |                    |   | 22.                     |
| 01 02341 OTHER MED ED  | 100                  |                    |   | 23.                     |
| 02 02301 PARAMED ED PRGM   |                      | 100                |   | 23.                     |
| INPATIENT ROUTINE SERVICE COST CE  |                      | 0                  |   |                         |
| 00 03000 ADULTS & PEDIATRICS<br>00 03100 INTENSIVE CARE UNIT   | 0                    | 0                  |   | 30.<br>31.              |
| 00 02040 I NTENSI VE NURSERY   | 0                    | 0                  |   | 35.                     |
| 00 04100 SUBPROVIDER - IRF   | 0                    | 0                  |   | 41.                     |
| 00 04300 NURSERY   | 0                    | 0                  |   | 43.                     |
| ANCI LLARY SERVICE COST CENTERS  | 0                    | 0                  |   | 50.                     |
| 01 05001 CARDI AC SURGERY  | 0                    | 0                  |   | 50.                     |
| 02 05002 WVSC  | 0                    | 0                  |   | 50.                     |
| 00 05100 RECOVERY ROOM   | 0                    | 0                  |   | 51.                     |
| 02 05101 0/P TREATMENT ROOM<br>00 05200 DELIVERY ROOM & LABOR ROOM   | 0                    | 0                  |   | 51.<br>52.              |
| 00 05200 DELIVERY ROOM & LABOR ROOM<br>00 05400 RADIOLOGY-DIAGNOSTIC   | 0                    | 100                |   | 52.                     |
| 00 05500 RADI OLOGY-THERAPEUTI C   | Ő                    | 0                  |   | 55.                     |
| 00 05600 RADI OI SOTOPE  | 0                    | 0                  |   | 56.                     |
| 00 05700 CT SCAN   |                      | 0                  |   | 57.                     |
| 00 05800 MAGNETIC RESONANCE I MAGI NG<br>00 05900 CARDI AC CATHETERI ZATI ON   | (MRI) 0<br>0         | 0                  |   | 58.<br>59.              |
| 00 06000 LABORATORY  | 0                    | 0                  |   | 60.                     |
| 00 06200 WHOLE BLOOD & PACKED RED BLO  | OD CELLS 0           | 0                  |   | 62.                     |
| 00 06500 RESPI RATORY THERAPY  | 0                    | 0                  |   | 65.                     |
| 00 06600 PHYSI CAL THERAPY   |                      | 0                  |   | 66.                     |
| 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SI<br>02 06602 0/P PHYSI CAL THERAPY   | RVICES               | 0                  |   | 66.<br>66.              |
| 00 06700 OCCUPATI ONAL THERAPY   | 0                    | 0                  |   | 67.                     |
| 00 06800 SPEECH PATHOLOGY  | 0                    | 0                  |   | 68.                     |
| 00 06900 ELECTROCARDI OLOGY  | 0                    | 0                  |   | 69.                     |
| 01 06901 CARDI AC REHAB  | 0                    | 0                  |   | 69.                     |
| 00 07000 ELECTROENCEPHALOGRAPHY<br>00 07100 MEDICAL SUPPLIES CHARGED TO  |                      | 0                  |   | 70.                     |
| 00 07200 IMPL. DEV. CHARGED TO PATIEI  |                      | 0                  |   | 71.                     |
| 00 07300 DRUGS CHARGED TO PATIENTS   | 100                  | 0                  |   | 73.                     |
| 00 03020 RENAL ACUTE   | 0                    | 0                  |   | 76.                     |
| OUTPATIENT SERVICE COST CENTERS  |                      | 0                  |   |                         |
| 00 09000 CLINIC<br>05 09005 PATIENT NUTRITION  | 0                    | 0                  |   | 90.<br>90.              |
| 07 09007 WOUND CLINIC  | 0                    | 0                  |   | 90.                     |
| 00 09100 EMERGENCY   | 0                    | 0                  |   | 91.                     |
| 00 09200 OBSERVATION BEDS (NON-DISTIN  | ICT PART)            |                    |   | 92.                     |
| SPECIAL PURPOSE COST CENTERS           3.00         SUBTOTALS (SUM OF LINES 1 the second se | nrough 117) 100      | 100                |   | 118.                    |
| NONREI MBURSABLE COST CENTERS  | 100 100              | 100                |   | 118.                    |
| D. 00 19000 GIFT, FLOWER, COFFEE SHOP &  | CANTEEN 0            | 0                  |   | 190.                    |
| 4. 00 07950 RURAL HEALTH   | 0                    | 0                  |   | 194.                    |
| 4. 01 07951 RENTAL PROPERTY  | 0                    | 0                  |   | 194.                    |
| 4. 02 07954 FAMI LY PRACTI CE<br>4. 03 07952 WELLNESS  |                      | 0                  |   | 194.<br>194.            |
| 4. 03 07952  WELLINESS<br>4. 04 07955  PHYSI CI AN PRACTI CES  |                      | 0                  |   | 194.                    |
|  | 0                    | 5                  |   | 11/7.                   |

| Heal th | Financial Systems                            | UNI ON HOSPI           | TAL, INC.   |   | In Lieu         | u of Form CMS-2552-10                    |
|---------|--|------------------------|-------------|---|-----------------|--|
| COST AL | LOCATION - STATISTICAL BASIS                 | SIS Provider CCN: 15-0 |             |   | Peri od:        | Worksheet B-1                            |
|         |  |                        |             |   | From 01/01/2020 |  |
|         |  |                        |             |   | To 12/31/2020   | Date/Time Prepared:<br>7/29/2021 1:58 pm |
|         | Cost Center Description                      | OTHER MED ED           | PARAMED ED  |   |                 | 772772021 1.30 pm                        |
|         |  | (ASSI GNED             | PRGM        |   |                 |  |
|         |  | TIME)                  | (PARAMED    |   |                 |  |
|         |  | , í                    | RADI OLOGY) |   |                 |  |
|         |  | 23. 01                 | 23.02       | 1 |                 |  |
| 194.070 | 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0                      | 0           | 1 |                 | 194.07                                   |
| 200.00  | Cross Foot Adjustments                       |                        |             |   |                 | 200.00                                   |
| 201.00  | Negative Cost Centers                        |                        |             |   |                 | 201.00                                   |
| 202.00  | Cost to be allocated (per Wkst. B,           | 398, 861               | 0           |   |                 | 202.00                                   |
|         | Part I)                                      |                        |             |   |                 |  |
| 203.00  | Unit cost multiplier (Wkst. B, Part I)       | 3, 988. 610000         | 0. 000000   |   |                 | 203.00                                   |
| 204.00  | Cost to be allocated (per Wkst. B,           | 19, 091                | 0           |   |                 | 204.00                                   |
|         | Part II)                                     |                        |             |   |                 |  |
| 205.00  | Unit cost multiplier (Wkst. B, Part          | 190. 910000            | 0. 000000   |   |                 | 205.00                                   |
|         | 11)  |                        |             |   |                 |  |
| 206.00  | NAHE adjustment amount to be allocated       | 0                      | 0           |   |                 | 206.00                                   |
|         | (per Wkst. B-2)                              |                        |             |   |                 |  |
| 207.00  | NAHE unit cost multiplier (Wkst. D,          | 0. 000000              | 0. 000000   |   |                 | 207.00                                   |
|         | Parts III and IV)                            |                        |             |   |                 |  |
|         |  |                        |             |   |                 |  |

| Health Financial Systems<br>COMPUTATION OF RATIO OF COSTS TO CHARGES   | UNI ON HOSPI                            | Provider C            | CNI 15 0022               | Period:                          | u of Form CMS-2<br>Worksheet C | 2552-10 |
|--|---|-----------------------|---------------------------|----------------------------------|--------------------------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES   |   | Provider C            |                           | From 01/01/2020<br>To 12/31/2020 | Part I                         | pared:  |
|  |   | Title                 | XVIII                     | Hospi tal                        | 772972021 1:5<br>PPS           | 8 pm    |
|  |   |                       |                           | Costs                            | FFJ                            |         |
| Cost Center Description  | Total Cost<br>(from Wkst.<br>B, Part I, | Therapy Limit<br>Adj. | Total Costs               | RCE<br>Di sal I owance           | Total Costs                    |         |
|  | <u>col. 26)</u><br>1.00                 | 2.00                  | 3.00                      | 4.00                             | 5.00                           |         |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 1.00                                    | 2.00                  | 3.00                      | 4.00                             | 5.00                           |         |
| 30. 00 03000 ADULTS & PEDIATRICS   | 54, 693, 328                            |                       | 54, 693, 32               | 8 0                              | 54, 693, 328                   | 30.00   |
| 31. 00 03100 INTENSIVE CARE UNIT   | 11, 714, 065                            |                       | 11, 714, 06               |                                  | 11, 714, 065                   |         |
| 35. 00 02040 I NTENSI VE NURSERY   | 4, 368, 444                             |                       | 4, 368, 44                |                                  | 4, 368, 444                    |         |
| 41. 00 04100 SUBPROVIDER - IRF   | 3, 254, 455                             |                       | 3, 254, 45                |                                  | 3, 254, 455                    |         |
| 43. 00 04300 NURSERY   | 1, 641, 693                             |                       | 1, 641, 69                |                                  | 1, 641, 693                    |         |
| ANCI LLARY SERVICE COST CENTERS  | 1,041,093                               |                       | 1, 041, 09                | <u> </u>                         | 1, 041, 073                    | 43.00   |
| 50. 00 05000 OPERATING ROOM  | 22, 267, 987                            |                       | 22, 267, 98               | 7 37, 297                        | 22, 305, 284                   | 50.00   |
| 50. 01 05001 CARDI AC SURGERY  | 3, 535, 371                             |                       | 3, 535, 37                |                                  | 3, 535, 371                    | 50.00   |
| 50. 02 05002 WVSC  | 16, 409, 415                            |                       | 16, 409, 41               |                                  | 16, 409, 415                   |         |
| 51. 00 05100 RECOVERY ROOM   | 3, 104, 404                             |                       | 3, 104, 40                |                                  | 3, 104, 404                    |         |
| 51. 02 05101 0/P TREATMENT ROOM  | 1, 985, 241                             |                       | 1, 985, 24                |                                  | 1, 985, 241                    |         |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM  |   |                       |                           |                                  | 7, 655, 343                    |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 7, 655, 343<br>13, 922, 557             |                       | 7, 655, 34<br>13, 922, 55 |                                  | 13, 925, 702                   |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 8, 663, 599                             |                       |                           |                                  | 8, 663, 599                    |         |
| 56. 00 05500 RADI 0L031-THERAPEUTIC  | 2, 927, 351                             |                       | 8, 663, 59<br>2, 927, 35  |                                  | 2, 927, 351                    |         |
| 57. 00 05700 CT SCAN   | 3, 421, 799                             |                       | 3, 421, 79                |                                  | 3, 421, 799                    |         |
|  | 2, 934, 894                             |                       | 2, 934, 89                |                                  | 2, 934, 894                    |         |
| 58.00         05800         MAGNETIC         RESONANCE         IMAGING         (MRI)           59.00         05900         CARDIAC         CATHETERIZATION         CARDIAC         CATHETERIZATION | 35, 113, 028                            |                       | 35, 113, 02               |                                  | 35, 113, 028                   |         |
| 60. 00 06000 LABORATORY  |   |                       |                           |                                  |                                |         |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 11, 018, 653<br>1, 423, 703             |                       | 11, 018, 65<br>1, 423, 70 |                                  | 11, 063, 744<br>1, 423, 703    |         |
| 65. 00 06500 RESPIRATORY THERAPY   | 7, 214, 407                             | 0                     |                           |                                  | 7, 214, 407                    | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY   |   | 0                     |                           |                                  | 4, 152, 341                    | 66.00   |
|  | 4, 152, 341                             | 0                     | .,                        | 0 0                              |                                |         |
|  | -                                       | -                     |                           | -                                | 0                              | 66.01   |
| 66. 02 06602 0/P PHYSI CAL THERAPY<br>67. 00 06700 0CCUPATI ONAL THERAPY   | 2, 714, 184                             | 0                     |                           |                                  | 2, 714, 184                    |         |
|  | 2, 469, 850                             | 0                     | 2, 469, 85                |                                  | 2, 469, 850                    |         |
| 68. 00 06800 SPEECH PATHOLOGY<br>69. 00 06900 ELECTROCARDI OLOGY   | 1, 295, 635                             | 0                     | 1, 295, 63                |                                  | 1, 295, 635                    |         |
|  | 14, 734, 284                            |                       | 14, 734, 28               |                                  | 14, 734, 284                   |         |
|  | 889, 143                                |                       | 889, 14                   |                                  | 889, 143                       |         |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 2, 181, 547                             |                       | 2, 181, 54                |                                  | 2, 205, 951                    |         |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS   | 48, 877                                 |                       | 48, 87                    |                                  | 48, 877                        |         |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS  | 13, 452, 233                            |                       | 13, 452, 23               |                                  | 13, 452, 233                   |         |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 59, 902, 239                            |                       | 59, 902, 23               |                                  | 59, 902, 239                   | 1       |
| 76.00 03020 RENAL ACUTE  | 2, 224, 545                             |                       | 2, 224, 54                | 5 0                              | 2, 224, 545                    | 76.00   |
|  | 405 070                                 |                       | 405 07                    |                                  | 405 070                        | 00.00   |
| 90. 00 09000 CLINIC  | 405, 078                                |                       | 405, 07                   |                                  | 405, 078                       | 1       |
| 90. 05 09005 PATIENT NUTRITION   | 556, 933                                |                       | 556, 93                   |                                  | 557, 917                       |         |
| 90. 07 09007 WOUND CLINIC  | 2, 432, 289                             |                       | 2, 432, 28                |                                  | 2, 432, 289                    |         |
| 91.00 09100 EMERGENCY  | 14, 197, 910                            |                       | 14, 197, 91               |                                  | 14, 197, 910                   |         |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | 9, 350, 844                             | ~                     | 9, 350, 84                |                                  | 9, 350, 844                    |         |
| 200.00 Subtotal (see instructions)   | 348, 277, 669                           | 0                     |                           |                                  | 348, 388, 590                  |         |
| 201.00 Less Observation Beds   | 9, 350, 844                             | ~                     | 9, 350, 84                |                                  | 9, 350, 844                    |         |
| 202.00  Total (see instructions)   | 338, 926, 825                           | 0                     | 338, 926, 82              | 5 110, 921                       | 339, 037, 746                  | 202.00  |

| COMPUT          | ATION OF RATIO OF COSTS TO CHARGES                     |                              | Provider C               |                          | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Pre<br>7/29/2021 1:5 | pared:<br>8 pm  |
|-----------------|--|------------------------------|--------------------------|--------------------------|---|---|-----------------|
|                 |  |                              |                          | XVIII                    | Hospi tal                                   | PPS   |                 |
|                 | Cost Center Description                                | I npati ent                  | Charges<br>Outpati ent   | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o                          |                 |
|                 |  | 6.00                         | 7.00                     | 8.00                     | 9.00  | 10.00   |                 |
|                 | INPATIENT ROUTINE SERVICE COST CENTERS                 |                              |                          |                          |   |   |                 |
|                 | 03000 ADULTS & PEDIATRICS                              | 98,067,475                   |                          | 98, 067, 47              |   |   | 30.00           |
|                 | 03100 INTENSIVE CARE UNIT                              | 31, 348, 544                 |                          | 31, 348, 54              |   |   | 31.00           |
|                 | 02040 I NTENSI VE NURSERY                              | 18, 291, 881                 |                          | 18, 291, 88              |   |   | 35.00           |
|                 | 04100 SUBPROVI DER – I RF                              | 4, 648, 967                  |                          | 4, 648, 96               |   |   | 41.00           |
|                 | 04300 NURSERY  | 2, 862, 090                  |                          | 2, 862, 09               | 0   |   | 43.00           |
|                 | ANCILLARY SERVICE COST CENTERS                         |                              |                          |                          |   |   |                 |
|                 | 05000 OPERATING ROOM                                   | 85, 384, 900                 | 93, 733, 714             |                          |   | 0.000000  |                 |
|                 | 05001 CARDI AC SURGERY                                 | 5, 837, 500                  | 15, 580                  |                          |   | 0.00000   |                 |
|                 | 05002 WVSC   | 60, 000                      | 112, 982, 295            |                          |   | 0.00000   |                 |
|                 | 05100 RECOVERY ROOM                                    | 3, 125, 488                  | 5, 672, 456              |                          |   | 0.00000   |                 |
|                 | 05101 0/P TREATMENT ROOM                               | 24, 372                      | 2, 233, 291              |                          |   | 0.000000  |                 |
|                 | 05200 DELIVERY ROOM & LABOR ROOM                       | 18, 242, 166                 | 3, 845, 562              |                          |   | 0.00000   |                 |
|                 | 05400 RADI OLOGY-DI AGNOSTI C                          | 15, 490, 298                 | 42, 937, 505             |                          |   | 0.00000   |                 |
|                 | 05500 RADI OLOGY-THERAPEUTI C                          | 2, 355, 751                  | 44, 078, 998             |                          |   | 0.000000  |                 |
|                 | 05600 RADI OI SOTOPE                                   | 1, 166, 749                  | 7, 592, 595              |                          |   | 0.00000   |                 |
|                 | 05700 CT SCAN  | 14, 797, 123                 | 33, 544, 213             |                          |   | 0.00000   |                 |
|                 | 05800 MAGNETIC RESONANCE IMAGING (MRI)                 | 2, 561, 100                  | 11, 008, 568             |                          |   | 0.00000   |                 |
|                 | 05900 CARDI AC CATHETERI ZATI ON                       | 38, 169, 738                 | 59, 322, 670             |                          |   | 0.000000  |                 |
|                 | 06000 LABORATORY                                       | 48, 425, 493                 | 37, 725, 531             | 86, 151, 02              |   | 0.00000   |                 |
|                 | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS             | 2, 500, 005                  | 642, 725                 |                          |   | 0.00000   |                 |
|                 | 06500 RESPI RATORY THERAPY                             | 33, 649, 181                 | 3,001,607                |                          |   | 0.000000  |                 |
|                 | 06600 PHYSI CAL THERAPY                                | 8, 475, 743                  | 4, 040, 856              |                          |   | 0.000000  |                 |
|                 | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES           | 0                            | 0                        |                          | 0 0.000000                                  | 0.000000  |                 |
|                 | 06602 0/P PHYSICAL THERAPY                             | 0                            | 7,099,331                | 7,099,33                 |   | 0.000000  |                 |
|                 | 06700 OCCUPATI ONAL THERAPY                            | 5, 986, 659                  | 3, 917, 761              | 9, 904, 42               |   | 0.000000  |                 |
|                 | 06800 SPEECH PATHOLOGY                                 | 1, 357, 630                  | 2, 736, 410              |                          |   | 0.000000  |                 |
|                 | 06900 ELECTROCARDI OLOGY                               | 15, 640, 064                 | 63, 464, 766             |                          |   | 0.000000  |                 |
|                 | 06901 CARDI AC REHAB                                   | 99, 978                      | 1, 307, 219              |                          |   | 0.000000  |                 |
|                 | 07000 ELECTROENCEPHALOGRAPHY                           | 1, 214, 260                  | 1, 965, 176              |                          |   | 0.000000  |                 |
|                 | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS            | 0                            | 0                        |                          | 0 0.000000                                  | 0.000000  |                 |
|                 | 07200 IMPL. DEV. CHARGED TO PATIENTS                   | 8, 337, 974                  | 14, 959, 204             |                          |   | 0.000000  |                 |
|                 | 07300 DRUGS CHARGED TO PATIENTS                        | 47, 779, 896                 | 261,051,542              |                          |   | 0.000000  |                 |
|                 | 03020 RENAL ACUTE<br>DUTPATI ENT SERVI CE COST CENTERS | 3, 598, 803                  | 344, 212                 | 3, 943, 01               | 5 0. 564174                                 | 0.000000  | 76.00           |
|                 | 09000 CLINIC   | 330                          | 787, 960                 | 788, 29                  | 0 0. 513869                                 | 0.000000  | 90.00           |
|                 | 09000 PATIENT NUTRITION                                | 330                          | 139,805                  |                          |   | 0.000000  |                 |
|                 | 09003 WOUND CLINIC                                     | 20,000                       | 10, 166, 728             |                          |   | 0.000000  |                 |
|                 | 09100 EMERGENCY  | 20,000<br>31,539,600         | 93, 000, 749             |                          |   | 0.000000  |                 |
|                 | 09200 OBSERVATION BEDS (NON-DISTINCT PART)             | 31, 539, 600                 | 93,000,749<br>10,464,721 |                          |   | 0.000000  |                 |
| 92.00<br>200.00 | Subtotal (see instructions)                            | 3, 043, 066<br>554, 102, 824 |                          | 1, 487, 886, 57          |   | 0.000000  | 92.00<br>200.00 |
| 200.00          | Less Observation Beds                                  | 554, 102, 624                | 733, 103, 150            | 1,407,000,57             | 7   |   | 200.00          |
| 201.00          | LESS UDSELVALIULI DEUS                                 |                              |                          | 1                        |   |   | 201.00          |

| N OF RATIO OF COSTS TO CHARGES<br>Cost Center Description<br>TIENT ROUTINE SERVICE COST CENTERS<br>O ADULTS & PEDIATRICS<br>O INTENSIVE CARE UNIT<br>O INTENSIVE NURSERY<br>O SUBPROVIDER - IRF<br>O NURSERY<br>LLARY SERVICE COST CENTERS<br>O OPERATING ROOM<br>1 CARDU AC SUBCEDY | PPS Inpatient<br>Ratio<br>11.00 | Provider CCN: 15-0023  | Peri od:<br>From 01/01/2020<br>To 12/31/2020<br>Hospi tal  | Worksheet C<br>Part I<br>Date/Time Pre<br>7/29/2021 1:5<br>PPS  |   |
|--|---------------------------------|--|--|---|---|
| TI ENT ROUTI NE SERVI CE COST CENTERS<br>O ADULTS & PEDI ATRI CS<br>O I NTENSI VE CARE UNI T<br>O I NTENSI VE NURSERY<br>O SUBPROVI DER - I RF<br>O NURSERY<br>LLARY SERVI CE COST CENTERS<br>O OPERATI NG ROOM  | Ratio                           | Title XVIII  | To 12/31/2020  | 7/29/2021 1:5   |   |
| TI ENT ROUTI NE SERVI CE COST CENTERS<br>O ADULTS & PEDI ATRI CS<br>O I NTENSI VE CARE UNI T<br>O I NTENSI VE NURSERY<br>O SUBPROVI DER - I RF<br>O NURSERY<br>LLARY SERVI CE COST CENTERS<br>O OPERATI NG ROOM  | Ratio                           | Title XVIII  | Hospi tal  |   |   |
| TI ENT ROUTI NE SERVI CE COST CENTERS<br>O ADULTS & PEDI ATRI CS<br>O I NTENSI VE CARE UNI T<br>O I NTENSI VE NURSERY<br>O SUBPROVI DER - I RF<br>O NURSERY<br>LLARY SERVI CE COST CENTERS<br>O OPERATI NG ROOM  | Ratio                           |  | · · · · ·  |   |   |
| 0 ADULTS & PEDIATRICS<br>0 INTENSIVE CARE UNIT<br>0 INTENSIVE NURSERY<br>0 SUBPROVIDER - IRF<br>0 NURSERY<br>LLARY SERVICE COST CENTERS<br>0 OPERATING ROOM  |                                 |  |  |   |   |
| 0 ADULTS & PEDIATRICS<br>0 INTENSIVE CARE UNIT<br>0 INTENSIVE NURSERY<br>0 SUBPROVIDER - IRF<br>0 NURSERY<br>LLARY SERVICE COST CENTERS<br>0 OPERATING ROOM  | 11.00                           |  |  |   |   |
| 0 ADULTS & PEDIATRICS<br>0 INTENSIVE CARE UNIT<br>0 INTENSIVE NURSERY<br>0 SUBPROVIDER - IRF<br>0 NURSERY<br>LLARY SERVICE COST CENTERS<br>0 OPERATING ROOM  |                                 |  |  |   |   |
| 0 I NTENSI VE CARE UNI T<br>0 I NTENSI VE NURSERY<br>10 SUBPROVI DER – I RF<br>10 NURSERY<br>LLARY SERVI CE COST CENTERS<br>10 OPERATI NG ROOM   |                                 |  |  |   |   |
| 0 INTENSIVE NURSERY<br>10 SUBPROVIDER - IRF<br>10 NURSERY<br>LLARY SERVICE COST CENTERS<br>10 OPERATING ROOM   |                                 |  |  |   | 30.00   |
| 0 SUBPROVI DER - I RF<br>0 NURSERY<br>LLARY SERVI CE COST CENTERS<br>0 OPERATI NG ROOM   |                                 |  |  |   | 31.00   |
| O NURSERY<br>LLARY SERVICE COST CENTERS<br>O OPERATING ROOM  |                                 |  |  |   | 35.0  |
| LLARY SERVICE COST CENTERS   |                                 |  |  |   | 41.0  |
| O OPERATING ROOM   |                                 |  |  |   | 43.00   |
|  | 0.124520                        |  |  |   |   |
|  | 0. 124528                       |  |  |   | 50.00   |
| 1 CARDI AC SURGERY   | 0.604019                        |  |  |   | 50.0  |
| 2 WVSC   | 0. 145162                       |  |  |   | 50.02   |
| O RECOVERY ROOM  | 0. 352856                       |  |  |   | 51.0  |
| 1 0/P TREATMENT ROOM   | 0.879335                        |  |  |   | 51.0  |
| O DELIVERY ROOM & LABOR ROOM   | 0. 346588                       |  |  |   | 52.0  |
| 0 RADI OLOGY-DI AGNOSTI C  | 0. 238340                       |  |  |   | 54.0  |
| 0 RADI OLOGY-THERAPEUTI C  | 0. 186576                       |  |  |   | 55.0  |
| 0 RADI OI SOTOPE   | 0. 334198                       |  |  |   | 56.0  |
| O CT SCAN  | 0. 070784                       |  |  |   | 57.0  |
| O MAGNETIC RESONANCE IMAGING (MRI)   | 0. 216283                       |  |  |   | 58.0  |
| O CARDI AC CATHETERI ZATI ON   | 0. 360162                       |  |  |   | 59.0  |
| O LABORATORY   | 0. 128423                       |  |  |   | 60.0  |
| O WHOLE BLOOD & PACKED RED BLOOD CELLS   | 0. 453015                       |  |  |   | 62.0  |
| O RESPIRATORY THERAPY  | 0. 196842                       |  |  |   | 65.0  |
|  |                                 |  |  |   | 66.0  |
|  |                                 |  |  |   | 66.0  |
|  |                                 |  |  |   | 66.0  |
|  | 1                               |  |  |   | 67.0  |
|  | 1                               |  |  |   | 68.0  |
|  | 1                               |  |  |   | 69.0  |
|  |                                 |  |  |   | 69.0  |
|  | 1                               |  |  |   | 70.0  |
|  |                                 |  |  |   | 71.0  |
|  |                                 |  |  |   | 72.0  |
|  |                                 |  |  |   | 73.0  |
|  | 0. 564174                       |  |  |   | 76.0  |
|  | 0 513869                        |  |  |   | 90.0  |
|  |                                 |  |  |   | 90.0  |
|  |                                 |  |  |   | 90.0  |
|  |                                 |  |  |   | 91.0  |
|  |                                 |  |  |   | 92.0  |
| OBSERVATION BEDS (NON_DISTINCT PAPT)   | 0.072200                        |  |  |   |   |
| 0 OBSERVATION BEDS (NON-DISTINCT PART)   |                                 |  |  |   | 1200 00   |
| 0 OBSERVATION BEDS (NON-DISTINCT PART)<br>Subtotal (see instructions)<br>Less Observation Beds   |                                 |  |  |   | 200.00  |
|  |                                 | D         PHYSI CAL THERAPY         0.331747           1         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0.000000           2         O/P PHYSI CAL THERAPY         0.382315           0         CCUPATI ONAL THERAPY         0.249368           0         SPEECH PATHOLOGY         0.186263           1         CARDIAC REHAB         0.631854           0         ELECTROCARDI OLOGY         0.493818           0         ELECTROENCEPHALOGRAPHY         0.693818           0         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0.577419           0         DRUGS CHARGED TO PATI ENTS         0.564174           ATI ENT SERVI CE COST CENTERS         0.513869           0         FPATI ENT NUTRI TI ON         3.990680           7         WOUND CLINI C         0.238770           0         BERGENCY         0.114002           0         BESRVATI ON BEDS (NON-DI STI NCT PART)         0.692256 | p PHYSI CAL THERAPY       0. 331747         1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 000000         2 0/P PHYSI CAL THERAPY       0. 382315         0 OCCUPATI ONAL THERAPY       0. 249368         0 SPEECH PATHOLOGY       0. 186263         1 CARDI AC REHAB       0. 631854         0 ELECTROENCEPHALOGRAPHY       0. 693818         0 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0. 000000         0 IMPL. DEV. CHARGED TO PATI ENTS       0. 577419         0 DRUGS CHARGED TO PATI ENTS       0. 193964         0 RENAL ACUTE       0. 513869         0 CLI NI C       0. 513869         0 FIENT NUTRI TI ON       3. 990680         7 WOUND CLI NI C       0. 238770         0 EMERGENCY       0. 114002         0 OBSERVATI ON BEDS (NON-DI STI NCT PART)       0. 692256 | p PHYSI CAL THERAPY       0. 331747         1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 000000         2 0/P PHYSI CAL THERAPY       0. 382315         0 OCCUPATI ONAL THERAPY       0. 249368         0 SPEECH PATHOLOGY       0. 186263         1 CARDI AC REHAB       0. 631854         0 ELECTROENCEPHALOGRAPHY       0. 693818         0 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0. 000000         0 IMPL. DEV. CHARGED TO PATI ENTS       0. 577419         0 DRUGS CHARGED TO PATI ENTS       0. 193964         0 RENAL ACUTE       0. 513869         0 PLI ENT NUTRI TI ON       3. 990680         7 WOUND CLI NI C       0. 238770         0 EMERGENCY       0. 114002         0 OBSERVATI ON BEDS (NON-DI STI NCT PART)       0. 692256 | D PHYSI CAL THERAPY       0. 331747         1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 000000         2 O/P PHYSI CAL THERAPY       0. 382315         0 OCCUPATI ONAL THERAPY       0. 249368         0 SPEECH PATHOLOGY       0. 186263         1 CARDI AC REHAB       0. 631854         0 ELECTROCANCEPHALOGRAPHY       0. 693818         0 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0. 000000         0 IMPL. DEV. CHARGED TO PATI ENTS       0. 577419         0 DRUGS CHARGED TO PATI ENTS       0. 19364         0 RENAL ACUTE       0. 513869         0 PATI ENT SERVI CE COST CENTERS       0. 513869         0 PATI ENT NUTRI TI ON       3. 990680         7 WOUND CLI NI C       0. 114002         0 BERERCY       0. 114002         0 BERERCY       0. 114002 |

| Health Financial Systems<br>COMPUTATION OF RATIO OF COSTS TO CHARGES                            | UNI ON HOSPI                            | Provider C            | NI 15 0022               | Period:                          | u of Form CMS-2<br>Worksheet C | 2552-10 |
|---|---|-----------------------|--------------------------|----------------------------------|--------------------------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES  |   | Provider C            |                          | From 01/01/2020<br>To 12/31/2020 | Part I                         | pared:  |
|   |   | T: +1                 |                          |                                  |                                | 8 pm    |
|   |   |                       | e XIX                    | <u>Hospi tal</u><br>Costs        | Cost                           |         |
| Cost Center Description   | Total Cost<br>(from Wkst.<br>B, Part I, | Therapy Limit<br>Adj. | Total Costs              | RCE<br>Di sal I owance           | Total Costs                    |         |
|   | <u>col. 26)</u><br>1.00                 | 2.00                  | 3.00                     | 4.00                             | 5.00                           |         |
| INDATIENT DOUTINE SEDVICE COST CENTERS  | 1.00                                    | 2.00                  | 3.00                     | 4.00                             | 5.00                           |         |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS | 54, 693, 328                            |                       | 54, 693, 32              | 8 0                              | 54, 693, 328                   | 30.00   |
| 31. 00 03100 INTENSIVE CARE UNIT  | 11, 714, 065                            |                       | 11, 714, 06              |                                  | 11, 714, 065                   | 31.00   |
| 35. 00 02040 I NTENSI VE CARE UNIT  | 4, 368, 444                             |                       | 4, 368, 44               |                                  | 4, 368, 444                    | 35.00   |
| 41. 00 04100 SUBPROVI DER – I RF  | 4, 308, 444<br>3, 254, 455              |                       | 4, 308, 44<br>3, 254, 45 |                                  | 4, 308, 444 3, 254, 455        |         |
| 43. 00 04300 NURSERY  | 1, 641, 693                             |                       | 1, 641, 69               |                                  |                                | 41.00   |
| ANCI LLARY SERVI CE COST CENTERS  | 1, 041, 093                             |                       | 1,041,09                 | <u> </u>                         | 1, 641, 693                    | 43.00   |
| 50. 00 05000 OPERATING ROOM   | 22, 267, 987                            |                       | 22, 267, 98              | 37, 297                          | 22, 305, 284                   | 50.00   |
| 50. 01 05001 CARDI AC SURGERY   | 3, 535, 371                             |                       | 3, 535, 37               |                                  | 3, 535, 371                    | 50.00   |
| 50. 02 05002 WVSC   | 16, 409, 415                            |                       | 16, 409, 41              |                                  | 16, 409, 415                   | 50.01   |
| 51. 00 05100 RECOVERY ROOM  | 3, 104, 404                             |                       | 3, 104, 40               |                                  | 3, 104, 404                    | 51.00   |
| 51. 02 05101 0/P TREATMENT ROOM   | 1, 985, 241                             |                       | 1, 985, 24               |                                  | 1, 985, 241                    | 51.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   | 7, 655, 343                             |                       | 7, 655, 34               |                                  | 7, 655, 343                    |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 13, 922, 557                            |                       | 13, 922, 55              |                                  | 13, 925, 702                   | 54.00   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 8, 663, 599                             |                       | 8, 663, 59               |                                  | 8, 663, 599                    | 55.00   |
| 56. 00 05600 RADI OI SOTOPE   | 2, 927, 351                             |                       | 2, 927, 35               |                                  | 2, 927, 351                    | 56.00   |
| 57. 00 05700 CT SCAN  | 3, 421, 799                             |                       | 3, 421, 79               |                                  | 3, 421, 799                    | 57.00   |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)  | 2, 934, 894                             |                       | 2, 934, 89               |                                  | 2, 934, 894                    |         |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 35, 113, 028                            |                       | 35, 113, 02              |                                  | 35, 113, 028                   | 59.00   |
| 60. 00 06000 LABORATORY   | 11,018,653                              |                       | 11, 018, 65              |                                  | 11,063,744                     | 60.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  | 1, 423, 703                             |                       | 1, 423, 70               |                                  | 1, 423, 703                    |         |
| 65. 00 06500 RESPI RATORY THERAPY   | 7, 214, 407                             | 0                     |                          |                                  | 7, 214, 407                    | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY  | 4, 152, 341                             | 0                     |                          |                                  | 4, 152, 341                    | 66.00   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   | 0                                       | 0                     |                          | 0 0                              | 0                              | 66.01   |
| 66. 02 06602 0/P PHYSI CAL THERAPY  | 2, 714, 184                             | 0                     | 2, 714, 18               | 4 0                              | 2, 714, 184                    | 66.02   |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 2, 469, 850                             | 0                     | 2, 469, 85               | 0 0                              | 2, 469, 850                    | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY  | 1, 295, 635                             | 0                     | 1, 295, 63               | 5 0                              | 1, 295, 635                    | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY   | 14, 734, 284                            |                       | 14, 734, 28              | 4 0                              | 14, 734, 284                   | 69.00   |
| 69. 01 06901 CARDI AC REHAB   | 889, 143                                |                       | 889, 14                  | 3 0                              | 889, 143                       | 69.01   |
| 70.00 07000 ELECTROENCEPHALOGRAPHY  | 2, 181, 547                             |                       | 2, 181, 54               | 7 24, 404                        | 2, 205, 951                    | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 48, 877                                 |                       | 48, 87                   | 7 0                              | 48, 877                        | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS  | 13, 452, 233                            |                       | 13, 452, 23              | 3 0                              | 13, 452, 233                   | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 59, 902, 239                            |                       | 59, 902, 23              | 9 0                              | 59, 902, 239                   | 73.00   |
| 76.00 03020 RENAL ACUTE   | 2, 224, 545                             |                       | 2, 224, 54               | 5 0                              | 2, 224, 545                    | 76.00   |
| OUTPATIENT SERVICE COST CENTERS   |   |                       | -                        | -                                |                                |         |
| 90. 00 09000 CLINIC   | 405, 078                                |                       | 405, 07                  |                                  | 405, 078                       | •       |
| 90. 05 09005 PATIENT NUTRITION  | 556, 933                                |                       | 556, 93                  |                                  | 557, 917                       | 90.05   |
| 90. 07 09007 WOUND CLINIC   | 2, 432, 289                             |                       | 2, 432, 28               |                                  | 2, 432, 289                    |         |
| 91.00 09100 EMERGENCY   | 14, 197, 910                            |                       | 14, 197, 91              |                                  | 14, 197, 910                   |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  | 9, 350, 844                             |                       | 9, 350, 84               |                                  | 9, 350, 844                    |         |
| 200.00 Subtotal (see instructions)  | 348, 277, 669                           | 0                     |                          |                                  | 348, 388, 590                  |         |
| 201.00 Less Observation Beds  | 9, 350, 844                             | -                     | 9, 350, 84               |                                  | 9, 350, 844                    |         |
| 202.00 Total (see instructions)   | 338, 926, 825                           | 0                     | 338, 926, 82             | 110, 921                         | 339, 037, 746                  | 202.00  |

| COMPUT           | ATION OF RATIO OF COSTS TO CHARGES           |                              | Provider C                   |                          | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet C<br>Part I<br>Date/Time Pre<br>7/29/2021 1:5 | pared: |
|------------------|--|------------------------------|------------------------------|--------------------------|---|---|--------|
|                  |  |                              |                              | e XIX                    | Hospi tal                                   | Cost  |        |
|                  | Cost Center Description                      | I npati ent                  | Charges<br>Outpati ent       | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o                          |        |
|                  |  | 6.00                         | 7.00                         | 8.00                     | 9.00  | 10.00   |        |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS       | 1                            |                              | 1                        |   |   |        |
|                  | 03000 ADULTS & PEDIATRICS                    | 98,067,475                   |                              | 98, 067, 47              |   |   | 30.00  |
|                  | 03100 I NTENSI VE CARE UNI T                 | 31, 348, 544                 |                              | 31, 348, 54              |   |   | 31.00  |
|                  | 02040 I NTENSI VE NURSERY                    | 18, 291, 881                 |                              | 18, 291, 88              |   |   | 35.00  |
|                  | 04100 SUBPROVIDER - IRF                      | 4, 648, 967                  |                              | 4, 648, 96               |   |   | 41.00  |
| 43.00            | 04300 NURSERY                                | 2, 862, 090                  |                              | 2, 862, 09               | 20  |   | 43.00  |
| F0 00            | ANCI LLARY SERVICE COST CENTERS              |                              | 00 700 714                   | 170 110 /1               | 4 0 104000                                  | 0,000000  |        |
|                  | 05000 OPERATING ROOM                         | 85, 384, 900                 | 93, 733, 714                 |                          |   | 0.000000  |        |
|                  | 05001 CARDI AC SURGERY<br>05002 WVSC         | 5, 837, 500                  | 15, 580                      |                          |   | 0.000000  |        |
|                  | 05002 WVSC<br>05100 RECOVERY ROOM            | 60, 000<br>3, 125, 488       | 112, 982, 295<br>5, 672, 456 |                          |   | 0. 000000<br>0. 000000                                  |        |
|                  | 05101 0/P TREATMENT ROOM                     |                              | 5, 672, 456<br>2, 233, 291   |                          |   | 0.000000  |        |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM             | 24, 372                      |                              |                          |   |   |        |
|                  | 05400 RADI OLOGY-DI AGNOSTI C                | 18, 242, 166<br>15, 490, 298 | 3, 845, 562<br>42, 937, 505  |                          |   | 0. 000000<br>0. 000000                                  |        |
|                  | 05500 RADI OLOGY-DI AGNOSTI C                |                              |                              |                          |   | 0.000000  |        |
|                  | 05600 RADI OLOGY - THERAPEOTIC               | 2, 355, 751<br>1, 166, 749   | 44, 078, 998<br>7, 592, 595  |                          |   | 0.000000  |        |
|                  | 05700 CT SCAN                                | 14, 797, 123                 | 33, 544, 213                 |                          |   | 0.000000  |        |
|                  | 05800 MAGNETIC RESONANCE IMAGING (MRI)       | 2, 561, 100                  | 11, 008, 568                 |                          |   | 0.000000  |        |
|                  | 05900 CARDIAC CATHETERIZATION                | 38, 169, 738                 | 59, 322, 670                 |                          |   | 0.000000  |        |
|                  | 06000 LABORATORY                             | 48, 425, 493                 | 37, 725, 531                 |                          |   | 0.000000  |        |
|                  | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   | 2, 500, 005                  | 642, 725                     |                          |   | 0.000000  |        |
| 65.00            | 06500 RESPIRATORY THERAPY                    | 33, 649, 181                 | 3, 001, 607                  |                          |   | 0.000000  |        |
|                  | 06600 PHYSI CAL THERAPY                      | 8, 475, 743                  | 4, 040, 856                  |                          |   | 0.000000  |        |
| 56. 00<br>56. 01 | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0,473,743                    | 4, 040, 030                  |                          | 0.000000                                    | 0.000000  |        |
|                  | 06602 0/P PHYSICAL THERAPY                   | 0                            | 7, 099, 331                  |                          |   | 0.000000  |        |
|                  | 06700 OCCUPATI ONAL THERAPY                  | 5, 986, 659                  | 3, 917, 761                  |                          |   | 0.000000  |        |
| 68.00            | 06800 SPEECH PATHOLOGY                       | 1, 357, 630                  | 2, 736, 410                  |                          |   | 0.000000  |        |
|                  | 06900 ELECTROCARDI OLOGY                     | 15, 640, 064                 | 63, 464, 766                 |                          |   | 0.000000  |        |
|                  | 06901 CARDI AC REHAB                         | 99, 978                      | 1, 307, 219                  |                          |   | 0.000000  |        |
|                  | 07000 ELECTROENCEPHALOGRAPHY                 | 1, 214, 260                  | 1, 965, 176                  |                          |   | 0.000000  |        |
|                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0                            | 0                            |                          | 0 0.000000                                  | 0.000000  |        |
|                  | 07200 IMPL. DEV. CHARGED TO PATIENTS         | 8, 337, 974                  | 14, 959, 204                 | 23, 297, 17              |   | 0.000000  |        |
|                  | 07300 DRUGS CHARGED TO PATIENTS              | 47, 779, 896                 | 261,051,542                  |                          |   | 0.000000  |        |
|                  | 03020 RENAL ACUTE                            | 3, 598, 803                  | 344, 212                     |                          |   | 0.000000  |        |
|                  | OUTPATIENT SERVICE COST CENTERS              |                              |                              |                          |   | -   | 1      |
| 90.00            | 09000 CLINIC                                 | 330                          | 787, 960                     | 788, 29                  | 0. 513869                                   | 0. 000000   | 90.0   |
| 90.05            | 09005 PATIENT NUTRITION                      | 0                            | 139, 805                     | 139, 80                  | 3. 983642                                   | 0.000000  | 90.0   |
| 90. 07           | 09007 WOUND CLINIC                           | 20, 000                      | 10, 166, 728                 | 10, 186, 72              | 0. 238770                                   | 0. 000000   | 90.0   |
| 91.00            | 09100 EMERGENCY                              | 31, 539, 600                 | 93, 000, 749                 |                          |   | 0. 000000   | 91.0   |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 3, 043, 066                  | 10, 464, 721                 |                          |   | 0. 000000   |        |
| 200.00           | Subtotal (see instructions)                  | 554, 102, 824                | 933, 783, 750                | 1, 487, 886, 57          | 4   |   | 200.0  |
| 201.00           | Less Observation Beds                        |                              |                              |                          |   |   | 201.0  |
| 202.00           |  | 554, 102, 824                | 933 783 750                  | 1, 487, 886, 57          | 4   |   | 202.0  |

| ealth Financial Systems                                    | UNI ON HOSPI TA |                       |                            | u of Form CMS-25       | 552-I |
|--|-----------------|-----------------------|----------------------------|------------------------|-------|
| OMPUTATION OF RATIO OF COSTS TO CHARGES                    |                 | Provider CCN: 15-0023 | Period:<br>From 01/01/2020 | Worksheet C<br>Part I  |       |
|  |                 |                       | To 12/31/2020              | Date/Time Prepa        |       |
|  |                 | Title XIX             | Hospi tal                  | 7/29/2021 1:58<br>Cost | ; pm  |
| Cost Center Description                                    | PPS Inpatient   |                       |                            |                        |       |
|  | Ratio           |                       |                            |                        |       |
|  | 11.00           |                       |                            |                        |       |
| INPATIENT ROUTINE SERVICE COST CENTERS                     |                 |                       |                            |                        |       |
| 0. 00 03000 ADULTS & PEDIATRICS                            |                 |                       |                            |                        | 30.0  |
| 1.00 03100 INTENSIVE CARE UNIT                             |                 |                       |                            |                        | 31.0  |
| 5.00 02040 I NTENSI VE NURSERY                             |                 |                       |                            |                        | 35.0  |
| 1.00 04100 SUBPROVIDER - IRF                               |                 |                       |                            |                        | 41.0  |
| 3.00 04300 NURSERY   |                 |                       |                            |                        | 43.0  |
| ANCI LLARY SERVICE COST CENTERS                            |                 |                       |                            |                        |       |
| 0.00 05000 OPERATING ROOM                                  | 0. 000000       |                       |                            |                        | 50.0  |
| 0. 01 05001 CARDI AC SURGERY                               | 0. 000000       |                       |                            |                        | 50.0  |
| 0. 02 05002 WVSC   | 0. 000000       |                       |                            |                        | 50.0  |
| 1.00 05100 RECOVERY ROOM                                   | 0. 000000       |                       |                            |                        | 51.0  |
| 1.02 05101 0/P TREATMENT ROOM                              | 0. 000000       |                       |                            |                        | 51.0  |
| 2.00 05200 DELIVERY ROOM & LABOR ROOM                      | 0. 000000       |                       |                            |                        | 52.0  |
| 4. 00 05400 RADI OLOGY-DI AGNOSTI C                        | 0. 000000       |                       |                            |                        | 54.C  |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C                        | 0. 000000       |                       |                            |                        | 55.0  |
| 6. 00 05600 RADI OI SOTOPE                                 | 0. 000000       |                       |                            |                        | 56.0  |
| 7.00 05700 CT SCAN   | 0. 000000       |                       |                            |                        | 57.0  |
| 8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                | 0. 000000       |                       |                            |                        | 58.0  |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON                     | 0. 000000       |                       |                            |                        | 59.0  |
| 0.00 06000 LABORATORY                                      | 0. 000000       |                       |                            |                        | 60.0  |
| 2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS            | 0. 000000       |                       |                            |                        | 62.0  |
| 5. 00 06500 RESPI RATORY THERAPY                           | 0. 000000       |                       |                            |                        | 65.0  |
| 6. 00 06600 PHYSI CAL THERAPY                              | 0. 000000       |                       |                            |                        | 66. C |
| 6. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         | 0. 000000       |                       |                            |                        | 66.0  |
| 6. 02 06602 0/P PHYSI CAL THERAPY                          | 0. 000000       |                       |                            |                        | 66. C |
| 7.00 06700 OCCUPATI ONAL THERAPY                           | 0. 000000       |                       |                            |                        | 67.0  |
| 8.00 06800 SPEECH PATHOLOGY                                | 0. 000000       |                       |                            |                        | 68. C |
| 9. 00 06900 ELECTROCARDI OLOGY                             | 0. 000000       |                       |                            |                        | 69.0  |
| 9. 01 06901 CARDI AC REHAB                                 | 0. 000000       |                       |                            |                        | 69.0  |
| 0.00 07000 ELECTROENCEPHALOGRAPHY                          | 0. 000000       |                       |                            |                        | 70.0  |
| 1. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS          | 0. 000000       |                       |                            |                        | 71.0  |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS                  | 0. 000000       |                       |                            |                        | 72.0  |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS                      | 0. 000000       |                       |                            |                        | 73.0  |
| 6. 00 03020 RENAL ACUTE<br>OUTPATIENT SERVICE COST CENTERS | 0. 000000       |                       |                            |                        | 76.0  |
| 0. 00 09000 CLINIC   | 0. 000000       |                       |                            |                        | 90.0  |
| 0. 05 09005 PATIENT NUTRITION                              | 0. 000000       |                       |                            |                        | 90.0  |
| 0. 07 09007 WOUND CLINIC                                   | 0. 000000       |                       |                            |                        | 90.0  |
| 1. 00 09100 EMERGENCY                                      | 0. 000000       |                       |                            |                        | 91.0  |
| 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)            | 0. 000000       |                       |                            |                        | 92.0  |
| 00.00 Subtotal (see instructions)                          | 1.000000        |                       |                            |                        | 200.0 |
| 01.00 Less Observation Beds                                |                 |                       |                            |                        | 201.0 |
| 02.00 Total (see instructions)                             |                 |                       |                            |                        | 202.0 |

| Health Financial Systems                                  | UNI ON HOSPI | TAL, INC.    |              | In Lie                           | u of Form CMS-2 | 2552-10        |
|---|--------------|--------------|--------------|----------------------------------|-----------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL        | COSTS        | Provider C   |              | Period:                          | Worksheet D     |                |
|   |              |              |              | From 01/01/2020<br>To 12/31/2020 |                 | narod          |
|   |              |              |              | 10 12/31/2020                    | 7/29/2021 1:5   | 8 pm           |
|   |              | Title        | e XVIII      | Hospi tal                        | PPS             |                |
| Cost Center Description                                   | Capi tal     | Swing Bed    | Reduced      | Total Patient                    | Per Diem        |                |
|   | Related Cost | Adjustment   | Capi tal     | Days                             | (col. 3 /       |                |
|   | (from Wkst.  |              | Related Cost |                                  | col. 4)         |                |
|   | B, Part II,  |              | (col. 1 -    |                                  |                 |                |
|   | col. 26)     |              | col. 2)      |                                  |                 |                |
|   | 1.00         | 2.00         | 3.00         | 4.00                             | 5.00            |                |
| INPATIENT ROUTINE SERVICE COST CENTERS                    |              | I            | 1            |                                  |                 |                |
| 30. 00 ADULTS & PEDIATRICS                                | 6, 181, 798  |              | 0/101/77     |                                  |                 |                |
| 31.00 INTENSIVE CARE UNIT                                 | 1, 652, 707  |              | 1, 652, 70   |                                  |                 |                |
| 35.00 I NTENSI VE NURSERY                                 | 288, 038     |              | 288, 03      |                                  |                 |                |
| 41.00 SUBPROVIDER – IRF                                   | 431, 216     |              | 431, 21      |                                  |                 | 41.00          |
| 43.00 NURSERY   | 26, 695      |              | 26, 69       |                                  |                 |                |
| 200.00 Total (lines 30 through 199)                       | 8, 580, 454  |              | 8, 580, 45   | 4 75, 941                        |                 | 200.00         |
| Cost Center Description                                   | I npati ent  | Inpati ent   |              |                                  |                 |                |
|   | Program days | Program      |              |                                  |                 |                |
|   |              | Capital Cost |              |                                  |                 |                |
|   |              | (col. 5 x    |              |                                  |                 |                |
|   | ( 00         | col. 6)      | -            |                                  |                 |                |
|   | 6.00         | 7.00         |              |                                  |                 |                |
| 30. 00 ADULTS & PEDIATRICS                                | 01 574       | 2 220 245    | 1            |                                  |                 | 20.00          |
|   | 21, 574      |              |              |                                  |                 | 30.00          |
| 31.00 I NTENSI VE CARE UNI T<br>35.00 I NTENSI VE NURSERY | 3, 351       | 719, 359     |              |                                  |                 | 31.00<br>35.00 |
| 41. 00 SUBPROVIDER - IRF                                  | 2 200        | 0            |              |                                  |                 | 41.00          |
| 41.00 SUBPROVIDER - TRF<br>43.00 NURSERY                  | 2, 389       | 246, 688     |              |                                  |                 | 41.00          |
|   | 0 27 214     | U 2 205 202  |              |                                  |                 |                |
| 200.00 Total (lines 30 through 199)                       | 27, 314      | 3, 295, 392  | 1            |                                  |                 | 200.00         |

| Health Financial Systems                            | UNI ON HOSPI |                  |              | In Lie                                      | u of Form CMS-2                         | 2552-10 |
|---|--------------|------------------|--------------|---|---|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT. | AL COSTS     | Provider C       | CN: 15-0023  | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D<br>Part II<br>Date/Time Pre | nared   |
|   |              |                  |              | 10 12/31/2020                               | 7/29/2021 1:5                           | 8 pm    |
|   |              | Title            | XVIII        | Hospi tal                                   | PPS                                     | -       |
| Cost Center Description                             | Capi tal     | Total Charges    | Ratio of Cos |   | Capital Costs                           |         |
|   | Related Cost | (from Wkst.      | to Charges   | Program                                     | (column 3 x                             |         |
|   | (from Wkst.  | C, Part I,       | (col. 1 ÷    | Charges                                     | column 4)                               |         |
|   | B, Part II,  | col. 8)          | col. 2)      |   |   |         |
|   | col. 26)     |                  |              |   |   |         |
|   | 1.00         | 2.00             | 3.00         | 4.00  | 5.00                                    |         |
| ANCILLARY SERVICE COST CENTERS                      | 1            | 1                | 1            | - 1   | 1                                       |         |
| 50.00 OPERATING ROOM                                | 4, 170, 537  |                  |              |   |   |         |
| 50. 01 05001 CARDI AC SURGERY                       | 417, 803     |                  |              |   |   |         |
| 50. 02 05002 WVSC                                   | 1, 903, 530  |                  |              |   |   | 50.02   |
| 51.00 05100 RECOVERY ROOM                           | 116, 792     |                  |              |   |   | 51.00   |
| 51.02 05101 0/P TREATMENT ROOM                      | 655, 495     |                  |              |   | 0                                       | 51.02   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM              | 832, 138     |                  |              |   |   | 52.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 2, 779, 919  |                  |              |   | 379, 155                                |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                | 1, 723, 900  |                  |              |   |   |         |
| 56. 00 05600 RADI OI SOTOPE                         | 853, 145     |                  |              |   |   |         |
| 57.00 05700 CT SCAN                                 | 337, 075     |                  |              |   |   | 57.00   |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 934, 417     |                  |              |   |   |         |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON             | 1, 294, 516  |                  |              |   |   |         |
| 60. 00 06000 LABORATORY                             | 24, 893      | 86, 151, 024     |              |   | 6, 378                                  | 60.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS    | 1, 943       |                  |              |   |   | 62.00   |
| 65. 00 06500 RESPI RATORY THERAPY                   | 632, 449     |                  |              |   |   | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                      | 265, 919     | 12, 516, 599     |              |   | 68, 203                                 | 66.00   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0            | -                |              |   | 0                                       | 66.01   |
| 66. 02 06602 0/P PHYSI CAL THERAPY                  | 489, 279     |                  |              |   | Ŭ Ŭ                                     | 66.02   |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 42, 926      |                  |              |   |   | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 121, 285     | 4, 094, 040      |              |   |   | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 1, 866, 027  |                  | 0. 02358     | 39 7, 719, 413                              | 182, 093                                |         |
| 69. 01 06901 CARDI AC REHAB                         | 228, 495     |                  |              |   |   | 69.01   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                 | 124, 365     | 3, 179, 436      |              |   | 18, 501                                 | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 47           |                  | 0.00000      |   | -                                       | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 16, 154      |                  |              | 4, 518, 667                                 | 3, 131                                  | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 1, 557, 502  |                  |              | 3 21, 209, 486                              | 106, 959                                | 73.00   |
| 76. 00 03020 RENAL ACUTE                            | 95, 407      | 3, 943, 015      | 0. 02419     | 1, 886, 836                                 | 45, 654                                 | 76.00   |
| OUTPATIENT SERVICE COST CENTERS                     |              | _                | _            |   |   |         |
| 90. 00 09000 CLINIC                                 | 17, 411      | 788, 290         |              |   |   | 90.00   |
| 90. 05 09005 PATIENT NUTRITION                      | 47, 385      |                  |              |   | 0                                       | 90.05   |
| 90. 07 09007 WOUND CLINIC                           | 245, 522     |                  |              |   |   |         |
| 91.00 09100 EMERGENCY                               | 890, 112     | 124, 540, 349    |              |   | 111, 978                                | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 1, 056, 898  |                  |              |   |   |         |
| 200.00   Total (lines 50 through 199)               | 23, 743, 286 | 1, 332, 667, 617 | l            | 170, 323, 300                               | 2, 792, 862                             | 200.00  |

| Health Financial Systems                         | UNI ON HOSPI     | TAL, INC.     |              | In Lie                                      | u of Form CMS-                 | 2552-10 |
|--|------------------|---------------|--------------|---|--------------------------------|---------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER | PASS THROUGH COS |               |              | Period:<br>From 01/01/2020<br>To 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5 |         |
|  |                  |               | XVIII        | Hospi tal                                   | PPS                            |         |
| Cost Center Description                          | Nursi ng         | Nursi ng      |              | h Allied Health                             | All Other                      |         |
|  | School           | School        | Post-Stepdow |   | Medi cal                       |         |
|  | Post-Stepdown    |               | Adjustments  |   | Educati on                     |         |
|  | Adjustments      |               |              |   | Cost                           |         |
|  | 1A               | 1.00          | 2A           | 2.00  | 3.00                           |         |
| INPATIENT ROUTINE SERVICE COST CENTERS           |                  |               |              |   |                                |         |
| 30. 00 03000 ADULTS & PEDIATRICS                 | 0                | 0             |              | 0 0   | 0                              |         |
| 31.00 03100 INTENSIVE CARE UNIT                  | 0                | 0             |              | 0 0   | 0                              |         |
| 35. 00 02040 I NTENSI VE NURSERY                 | 0                | 0             |              | 0 0   | 0                              | 00.00   |
| 41.00 04100 SUBPROVI DER – I RF                  | 0                | 0             |              | 0 0   | 0                              | 41.00   |
| 43. 00 04300 NURSERY                             | 0                | 0             |              | 0 0   | 0                              | 43.00   |
| 200.00 Total (lines 30 through 199)              | 0                | 0             |              | 0 0   | 0                              | 200.00  |
| Cost Center Description                          | Swi ng-Bed       | Total Costs   | Total Patien | t Per Diem                                  | I npati ent                    |         |
|  |                  | (sum of cols. | Days         | (col. 5 ÷                                   | Program Days                   |         |
|  | Amount (see      | 1 through 3,  |              | col. 6)                                     |                                |         |
|  |                  | minus col. 4) |              |   |                                |         |
|  | 4.00             | 5.00          | 6.00         | 7.00  | 8.00                           |         |
| INPATIENT ROUTINE SERVICE COST CENTERS           |                  |               |              |   |                                |         |
| 30. 00 03000 ADULTS & PEDI ATRI CS               | 0                | 0             | 57, 25       | 0.00  | 21, 574                        | 30.00   |
| 31.00 03100 INTENSIVE CARE UNIT                  |                  | 0             | 7,69         | 0.00  | 3, 351                         | 31.00   |
| 35.00 02040 I NTENSI VE NURSERY                  |                  | 0             | 3, 91        | 6 0.00                                      | 0                              | 35.00   |
| 41.00 04100 SUBPROVIDER - IRF                    | 0                | 0             | 4, 17        | 0.00  | 2, 389                         | 41.00   |
| 43.00 04300 NURSERY                              |                  | 0             | 2, 89        | 0. 00                                       | 0                              | 43.00   |
| 200.00 Total (lines 30 through 199)              |                  | 0             | 75, 94       | 1   | 27, 314                        | 200.00  |
| Cost Center Description                          | I npati ent      |               |              |   |                                |         |
|  | Program          |               |              |   |                                |         |
|  | Pass-Through     |               |              |   |                                |         |
|  | Cost (col. 7     |               |              |   |                                |         |
|  | x col. 8)        |               |              |   |                                |         |
|  | 9.00             |               |              |   |                                |         |
| INPATIENT ROUTINE SERVICE COST CENTERS           |                  |               |              |   |                                |         |
| 30. 00 03000 ADULTS & PEDIATRICS                 | 0                |               |              |   |                                | 30.00   |
| 31.00 03100 INTENSIVE CARE UNIT                  | 0                |               |              |   |                                | 31.00   |
| 35.00 02040 I NTENSI VE NURSERY                  | 0                |               |              |   |                                | 35.00   |
|  |                  |               |              |   |                                | 41.00   |
| 41.00 04100 SUBPROVI DER – I RF                  | 0                |               |              |   |                                | 41.00   |
| 43. 00 04300 NURSERY                             | 0                |               |              |   |                                | 41.00   |

| Health Financial Systems  | UNI ON HOSPI                         |   |                    | Inl                                      | ieu of Form CMS-                   | 2552-10          |
|---|--------------------------------------|---|--------------------|--|------------------------------------|------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE<br>THROUGH COSTS | RVICE OTHER PAS                      |   |                    | Period:<br>From 01/01/20<br>To 12/31/20  | 020 Date/Time Pre<br>7/29/2021 1:5 | epared:<br>58 pm |
|   |                                      | Title   | XVIII              | Hospi tal                                | PPS                                |                  |
| Cost Center Description   | Non Physician<br>Anesthetist<br>Cost | Nursing<br>School<br>Post-Stepdown<br>Adjustments | Nursi ng<br>School | Allied Heal<br>Post-Stepdo<br>Adjustment |                                    |                  |
|   | 1.00                                 | 2A  | 2.00               | 3A                                       | 3.00                               |                  |
| ANCILLARY SERVICE COST CENTERS                                      | 1.00                                 | 20  | 2.00               | 5/1                                      | 3.00                               |                  |
| 50. 00 05000 OPERATING ROOM   | 0                                    | 0   |                    | 0  | 0 0                                | 50.00            |
| 50. 01 05001 CARDI AC SURGERY                                       | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 50. 02 05002 WVSC   | 0                                    | 0   |                    | 0  |                                    | 1                |
| 51. 00 05100 RECOVERY ROOM  | 0                                    | 0   |                    | 0  | -                                  |                  |
|   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 51.02 O5101 O/P TREATMENT ROOM                                      | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                              | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                | 0                                    | 0   |                    | 0  | 0 109, 856                         |                  |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                                | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 56. 00 05600 RADI OI SOTOPE   | 0                                    | 0   |                    | 0  | 0 0                                | 56.00            |
| 57.00 05700 CT SCAN   | 0                                    | 0   |                    | 0  | 0 0                                | 57.00            |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                        | 0                                    | 0   |                    | 0  | 0 0                                | 58.00            |
| 59.00 05900 CARDIAC CATHETERIZATION                                 | 0                                    | 0   |                    | 0  | 0 0                                | 59.00            |
| 60. 00 06000 LABORATORY   | 0                                    | 0   |                    | 0  | 0 0                                | 60.00            |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                    | 0                                    | 0   |                    | 0  | 0 0                                | 62.00            |
| 65. 00 06500 RESPI RATORY THERAPY                                   | 0                                    | 0   |                    | 0  | ol o                               | 65.00            |
| 66.00 06600 PHYSI CAL THERAPY                                       | 0                                    | 0   |                    | 0  | ol o                               | 66.00            |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                 | 0                                    | 0   |                    | 0  | 0 0                                | 66.01            |
| 66. 02 06602 0/P PHYSI CAL THERAPY                                  | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 67. 00 06700 OCCUPATI ONAL THERAPY                                  | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 68. 00 06800 SPEECH PATHOLOGY                                       | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 69. 00 06900 ELECTROCARDI OLOGY                                     | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 69. 01 06901 CARDI AC REHAB   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                                 | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
|   | 0                                    | 0   |                    | 0  |                                    | 1                |
|   | 0                                    | 0   |                    | 0  | -                                  |                  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                              | 0                                    | 0   |                    | 0  | 0 398, 861                         |                  |
| 76.00 03020 RENAL ACUTE   | 0                                    | 0   |                    | 0  | 0 0                                | 76.00            |
| OUTPATIENT SERVICE COST CENTERS                                     | 1                                    |   |                    | -  | -                                  |                  |
| 90. 00 09000 CLINIC   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 90. 05 09005 PATIENT NUTRITION                                      | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 90. 07 09007 WOUND CLINIC   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 91.00 09100 EMERGENCY   | 0                                    | 0   |                    | 0  | 0 0                                |                  |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                    |                                      |   |                    | 0  | 0                                  | 92.00            |
| 200.00 Total (lines 50 through 199)                                 | 0                                    |   |                    | 0  | 0 508, 717                         |                  |

| ealth Financial Systems<br>\PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE | UNI ON HOSPI    |               | CNI 15 0022  | Peri od:                              | u of Form CMS-2<br>Worksheet D |                   |
|---|-----------------|---------------|--------------|---------------------------------------|--------------------------------|-------------------|
| TROUGH COSTS  | RVICE UTHER PAS | S Provider C  |              | From 01/01/2020                       |                                |                   |
| HRUUGH CUSTS  |                 |               |              | To 12/31/2020                         | Date/Time Pre                  | pared:            |
|   |                 |               |              | 10 12/01/2020                         | 7/29/2021 1:5                  | 8 pm              |
|   |                 | Title         | e XVIII      | Hospi tal                             | PPS                            | •                 |
| Cost Center Description   | All Other       | Total Cost    | Total        | Total Charges                         | Ratio of Cost                  |                   |
|   | Medi cal        | (sum of cols. | Outpati ent  | (from Wkst.                           | to Charges                     |                   |
|   | Educati on      | 1, 2, 3, and  | Cost (sum of | C, Part I,                            | (col. 5 ÷                      |                   |
|   | Cost            | 4)            | col s. 2, 3, | col. 8)                               | col. 7)                        |                   |
|   |                 |               | and 4)       |                                       | (see                           |                   |
|   |                 |               |              |                                       | instructions)                  |                   |
|   | 4.00            | 5.00          | 6.00         | 7.00                                  | 8.00                           |                   |
| ANCILLARY SERVICE COST CENTERS  |                 |               | •            |                                       |                                |                   |
| 0. 00 05000 OPERATING ROOM  | 0               | 0             |              | 0 179, 118, 614                       | 0.000000                       | 1 50.00           |
| 50. 01 05001 CARDI AC SURGERY   | 0               | 0             |              | 0 5, 853, 080                         | 0.000000                       | 50.0 <sup>4</sup> |
| 50. 02 05002 WVSC   | 0               |               |              | 0 113, 042, 295                       | 0. 000000                      | 50.0              |
| 51.00 05100 RECOVERY ROOM   | 0               | 0             |              | 0 8, 797, 944                         |                                |                   |
| 51. 02 05101 0/P TREATMENT ROOM   | 0               |               |              | 0 2, 257, 663                         |                                |                   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                                       | 0               | -             |              | 0 22,087,728                          |                                |                   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0               | 109, 856      |              |                                       |                                |                   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 0               |               |              | 0 46, 434, 749                        |                                |                   |
| 66. 00 05600 RADI 0I SOTOPE   | 0               |               |              | 0 8, 759, 344                         |                                |                   |
| 57. 00 05700 CT SCAN  | 0               |               |              | 0 48, 341, 336                        |                                |                   |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                                  | 0               |               |              | 0 13, 569, 668                        |                                |                   |
| 59. 00 05900 CARDIAC CATHETERIZATION  | 0               |               |              | 0 97, 492, 408                        |                                |                   |
| 50. 00 06000 LABORATORY   | 0               | -             |              |                                       |                                |                   |
| 2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                               | 0               |               |              | 0 86, 151, 024<br>0 3, 142, 730       |                                |                   |
| 52. 00 106200 WHOLE BLOOD & PACKED RED BLOOD CELLS                            | 0               | -             |              |                                       |                                |                   |
|   | 0               |               |              |                                       |                                |                   |
| 66.00 06600 PHYSI CAL THERAPY   | 0               | -             |              | , -, -, -, -, -, -, -, -, -, -, -, -, |                                |                   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                           | 0               | 0             |              | 0 0                                   | 0.000000                       |                   |
| 66.02 06602 0/P PHYSICAL THERAPY  | 0               | 0             |              | 0 7,099,331                           |                                |                   |
| 57.00 06700 OCCUPATI ONAL THERAPY   | 0               | 0             |              | 0 9, 904, 420                         |                                |                   |
| 08.00 06800 SPEECH PATHOLOGY  | 0               | 0             |              | 0 4, 094, 040                         |                                |                   |
| 9.00 06900 ELECTROCARDI OLOGY   | 0               | 0             |              | 0 79, 104, 830                        |                                |                   |
| 9. 01 06901 CARDI AC REHAB  | 0               | 0             |              | 0 1, 407, 197                         |                                |                   |
| 0.00 07000 ELECTROENCEPHALOGRAPHY   | 0               | 0             |              | 0 3, 179, 436                         |                                |                   |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                               | 0               | 0             |              | 0 0                                   | 01000000                       |                   |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                     | 0               | 0             |              | 0 23, 297, 178                        |                                | •                 |
| 3.00 07300 DRUGS CHARGED TO PATIENTS  | 0               |               | 398, 86      |                                       |                                |                   |
| 76.00 03020 RENAL ACUTE   | 0               | 0             |              | 0 3, 943, 015                         | 0.000000                       | 76.0              |
| OUTPATIENT SERVICE COST CENTERS   | 1               |               |              |                                       | 1                              |                   |
| 20. 00 09000 CLINIC   | 0               | 0             |              | 0 788, 290                            | 0.000000                       | 90.0              |
| 0. 05 09005 PATIENT NUTRITION   | 0               | 0             |              | 0 139, 805                            | 0.000000                       | 90.0              |
| PO. 07 09007 WOUND CLINIC   | 0               | 0             |              | 0 10, 186, 728                        | 0. 000000                      | 90.0              |
| 01.00 09100 EMERGENCY   | 0               | 0             |              | 0 124, 540, 349                       | 0. 000000                      | 91.0              |
| 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                               | 0               | 0             |              | 0 13, 507, 787                        |                                | 92.0              |
| 200.00 Total (lines 50 through 199)   | 0               | 508, 717      | 508 71       | 7 1, 332, 667, 617                    |                                | 200.0             |

| ealth Financial Systems<br>PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE | UNI ON HOSPI T   |               | CNL 1E 0000  |                            | u of Form CMS-2        | 2002- |
|--|------------------|---------------|--------------|----------------------------|------------------------|-------|
|  | RVICE UTHER PASS | Provider C    | CN: 15-0023  | Period:<br>From 01/01/2020 | Worksheet D<br>Part IV |       |
| HROUGH COSTS   |                  |               |              | To 12/31/2020              |                        | pared |
|  |                  |               |              | 10 12/01/2020              | 7/29/2021 1:5          | 8 pm  |
|  |                  | Title         | XVIII        | Hospi tal                  | PPS                    |       |
| Cost Center Description  | Outpati ent      | I npati ent   | I npati ent  | Outpati ent                | Outpati ent            |       |
|  | Ratio of Cost    | Program       | Program      | Program                    | Program                |       |
|  | to Charges       | Charges       | Pass-Through |                            | Pass-Through           |       |
|  | (col. 6 ÷        |               | Costs (col.  | 8                          | Costs (col. 9          |       |
|  | col. 7)          |               | x col. 10)   |                            | x col. 12)             |       |
|  | 9.00             | 10.00         | 11.00        | 12.00                      | 13.00                  |       |
| ANCILLARY SERVICE COST CENTERS   |                  |               |              |                            |                        |       |
| 0.00 05000 OPERATING ROOM  | 0. 000000        | 36, 984, 877  |              | 0 23, 354, 878             | 0                      |       |
| 0. 01 05001 CARDI AC SURGERY   | 0. 000000        | 2, 194, 619   |              | 0 12, 329                  | 0                      |       |
| 0. 02  05002 WVSC  | 0. 000000        | 57, 472       |              | 0 29, 839, 535             | 0                      |       |
| 1.00 05100 RECOVERY ROOM   | 0. 000000        | 1, 473, 746   |              | 0 1, 557, 006              | 0                      |       |
| 1.02 05101 0/P TREATMENT ROOM  | 0. 000000        | 0             |              | 0 440, 406                 | 0                      | 51.   |
| 2.00 05200 DELIVERY ROOM & LABOR ROOM  | 0. 000000        | 15, 413       |              | 0 5,853                    | 0                      | 52.   |
| 4. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0. 001880        | 7, 968, 966   | 14, 98       | 32 10, 550, 693            | 19, 835                | 54.   |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C  | 0. 000000        | 1, 122, 555   |              | 0 18, 724, 413             | 0                      | 55.   |
| 6. 00 05600 RADI OI SOTOPE   | 0. 000000        | 602, 932      |              | 0 2, 942, 173              | 0                      | 56.   |
| 7.00 05700 CT SCAN   | 0. 000000        | 7, 547, 589   |              | 0 9, 401, 488              | 0                      | 57.   |
| 8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                                  | 0. 000000        | 1, 106, 230   |              | 0 2, 636, 590              | 0                      | 58.   |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON                                       | 0. 000000        | 15, 269, 999  |              | 0 29, 927, 593             | 0                      | 59.   |
| 0. 00 06000 LABORATORY   | 0. 000000        | 22,067,973    |              | 0 7, 380, 074              | 0                      | 60.   |
| 2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                              | 0. 000000        | 1, 231, 700   |              | 0 239, 855                 | 0                      | 62.   |
| 5. 00 06500 RESPI RATORY THERAPY   | 0.000000         | 14,098,279    |              | 0 792, 948                 | 0                      |       |
| 6.00 06600 PHYSI CAL THERAPY   | 0.000000         | 3, 210, 329   |              | 0 124, 208                 | 0                      |       |
| 6. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                           | 0. 000000        | 0             |              | 0 0                        | 0                      |       |
| 6. 02 06602 0/P PHYSI CAL THERAPY  | 0. 000000        | 0             |              | 0 0                        | 0                      |       |
| 7. 00 06700 OCCUPATI ONAL THERAPY  | 0, 000000        | 1, 740, 556   |              | 0 38, 603                  | 0                      |       |
| 3. 00 06800 SPEECH PATHOLOGY   | 0. 000000        | 485, 435      |              | 0 40, 145                  | 0                      |       |
| 9. 00 06900 ELECTROCARDI OLOGY   | 0. 000000        | 7, 719, 413   |              | 0 23, 340, 070             | 0                      |       |
| 9. 01 06901 CARDI AC REHAB   | 0. 000000        | 50, 980       |              | 0 780, 920                 | 0                      |       |
| 0. 00 07000 ELECTROENCEPHALOGRAPHY   | 0. 000000        | 472, 979      |              | 0 376, 374                 | 0                      | 70.   |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                              | 0. 000000        | 0             |              | 0 0                        | 0                      |       |
| 2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS                                   | 0. 000000        | 4, 518, 667   |              | 0 7,020,499                | 0                      |       |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS  | 0. 001292        | 21, 209, 486  |              |                            | 149, 954               | 73.   |
| 5. 00 03020 RENAL ACUTE  | 0. 000000        | 1, 886, 836   |              | 0 121, 754                 |                        |       |
| OUTPATIENT SERVICE COST CENTERS  | 0.000000         | 1,000,000     | 1            | 121,734                    | 0                      | /0.   |
| 0. 00 09000 CLINIC   | 0. 000000        | 0             |              | 0 423, 100                 | 0                      | 90.   |
| D. 05 09005 PATIENT NUTRITION  | 0. 000000        | 0             |              | 0 423,100                  | 0                      |       |
| D. 07 09007 WOUND CLINIC   | 0.000000         | 17, 565       |              | 0 3, 722, 948              | 0                      |       |
| 1. 00 09100 EMERGENCY  | 0.000000         | 15, 667, 821  |              | 0 18,031,530               | -                      |       |
| 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                              | 0.000000         | 1, 600, 883   |              | 0 18, 031, 530             | 0                      |       |
|  | 0.000000         |               |              |                            |                        |       |
| 00.00  Total (lines 50 through 199)  | 1                | 170, 323, 300 | 42, 38       | 310, 446, 154              | 169, 789               | 1200. |

| APPORTI ONM | IENT OF MEDICAL, OTHER HEALTH SERVICES ANI                        | D VACCINE COST         | Provider C    | CN: 15-0023  | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D<br>Part V<br>Date/Time Pre<br>7/29/2021 1:5 | pared:<br>8 pm |
|-------------|---|------------------------|---------------|--------------|---|---|----------------|
|             |   |                        | Title         | × XVIII      | Hospi tal                                   | PPS   |                |
|             |   |                        |               | Charges      |   | Costs   |                |
|             | Cost Center Description   | Cost to                | PPS           | Cost         | Cost  | PPS Services  |                |
|             |   | Charge Ratio           | Reimbursed    | Rei mbursed  | Reimbursed                                  | (see inst.)   |                |
|             |   | From                   | Services (see | Servi ces    | Services Not                                |   |                |
|             |   | Worksheet C,           | inst.)        | Subject To   | Subject To                                  |   |                |
|             |   | Part I, col.           |               | Ded. & Coins |   |   |                |
|             |   | 9                      |               | (see inst.)  |   | 5.00  |                |
| 4101        |   | 1.00                   | 2.00          | 3.00         | 4.00  | 5.00  |                |
|             | LLARY SERVICE COST CENTERS  | 0.104000               | 00.054.070    |              |   | 0.000.470   | 1 50 00        |
|             | OO OPERATING ROOM   | 0. 124320              |               |              | 0 0   | 2, 903, 478   | •              |
|             | D1 CARDI AC SURGERY   | 0. 604019              |               |              | 0 0   | 7,447   | 50.01          |
|             | D2 WVSC   | 0. 145162              |               |              | 0 0   | 4, 331, 567   | 50.02          |
|             | DO RECOVERY ROOM  | 0. 352856              |               |              | 0 0   | 549, 399  | •              |
|             | 01 0/P TREATMENT ROOM   | 0.879335               |               |              | 0 82  | 387, 264  |                |
|             | DO DELIVERY ROOM & LABOR ROOM                                     | 0. 346588              |               |              | 0 0   | 2,029   |                |
|             | DO RADI OLOGY-DI AGNOSTI C  | 0. 238287              |               |              | 0 0   | 2, 514, 093   | •              |
|             | DO RADI OLOGY-THERAPEUTI C  | 0. 186576              |               | 1            | 0 0   | 3, 493, 526   | •              |
|             | DO RADI OI SOTOPE   | 0. 334198              |               |              | 0 0   | 983, 268  | 56.00          |
|             | DO CT SCAN  | 0.070784               |               |              | 0 0   | 665, 475  | •              |
|             | DO MAGNETIC RESONANCE IMAGING (MRI)                               | 0. 216283              |               |              | 0 0   |   | •              |
|             | DO CARDIAC CATHETERIZATION  | 0. 360162              |               |              | 0 0   | 10, 778, 782  |                |
|             | DO LABORATORY   | 0. 127899              |               |              | 0 0<br>0 0                                  | 943, 904  | 60.00<br>62.00 |
|             | 00 WHOLE BLOOD & PACKED RED BLOOD CELLS                           | 0. 453015<br>0. 196842 |               |              | 0 0   | 108, 658<br>156, 085                                    | 65.00          |
|             |   | 0. 331747              |               |              | 0 0   |   |                |
|             | 00 PHYSI CAL THERAPY<br>01 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0. 000000              |               |              | 0 0   | 41, 206<br>0  | 66.00<br>66.01 |
|             | D2 0/P PHYSICAL THERAPY   | 0. 382315              |               |              | 0 0   | 0   | 66.02          |
|             | DO OCCUPATI ONAL THERAPY  | 0. 249368              |               |              | 0 0   | 9,626   |                |
|             | DO SPEECH PATHOLOGY   | 0. 316469              |               | 1            | 0 0   | 12, 705   |                |
|             | DO ELECTROCARDI OLOGY   | 0. 186263              |               |              | 0 0   | 4, 347, 391   | 69.00          |
|             | DI CARDI AC REHAB   | 0. 631854              |               |              | 0 0   | 493, 427  |                |
|             | DO ELECTROENCEPHALOGRAPHY   | 0. 686143              |               |              | 0 0   | 258, 246  |                |
|             | DO MEDICAL SUPPLIES CHARGED TO PATIENTS                           | 0. 000000              |               |              | 0 0   | 230, 240  | 71.00          |
|             | DO I MPL. DEV. CHARGED TO PATIENTS                                | 0. 577419              |               |              | 0 0   | 4,053,770   |                |
|             | DO DRUGS CHARGED TO PATIENTS                                      | 0. 193964              |               |              | 0 45,011                                    | 22, 512, 097  | 73.00          |
|             | 20 RENAL ACUTE  | 0. 564174              |               |              | 0 0   | 68, 690   | •              |
|             | PATIENT SERVICE COST CENTERS                                      | 0. 304174              | 121,734       | 1            | 0 0   | 00,070  | 70.00          |
|             | DO CLINIC   | 0. 513869              | 423, 100      |              | 0 0   | 217, 418  | 90.00          |
|             | D5 PATIENT NUTRITION  | 3. 983642              |               |              | 0 0   | 217,110   | 90.05          |
|             | 07 WOUND CLINIC   | 0. 238770              |               |              | 0 0   | 888, 928  |                |
|             | DO EMERGENCY  | 0. 114002              |               |              | 0 0   | 2, 055, 630   | •              |
|             | DO OBSERVATION BEDS (NON-DISTINCT PART)                           | 0. 692256              |               |              | 0 0   | 1, 770, 024   | •              |
| 200.00      | Subtotal (see instructions)                                       | 3. 072200              | 310, 446, 154 |              | 0 45,093                                    | 65, 124, 383  | •              |
| 201.00      | Less PBP Clinic Lab. Services-Program                             |                        |               |              | 0 43,075                                    | 00, 121, 000  | 201.00         |
|             | Only Charges  |                        |               |              | -   |   |                |
|             | Net Charges (line 200 - line 201)                                 | 1                      | 310, 446, 154 | 1            | 0 45,093                                    |   | 202.00         |

| APPORI | IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND                               | O VACCINE COST               | Provider C                   | CN: 15-0023 | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet D<br>Part V<br>Date/Time Pro<br>7/29/2021 1: | epared:<br>58 pm |
|--------|---|------------------------------|------------------------------|-------------|---|--|------------------|
|        |   |                              | Title                        | XVIII       | Hospi tal                                   | PPS  | _                |
|        |   | Cos                          | sts                          |             |   |  |                  |
|        | Cost Center Description   | Cost                         | Cost                         |             |   |  |                  |
|        |   | Rei mbursed                  | Reimbursed                   |             |   |  |                  |
|        |   | Servi ces                    | Services Not                 |             |   |  |                  |
|        |   | Subject To                   | Subject To                   |             |   |  |                  |
|        |   | Ded. & Coins.<br>(see inst.) | Ded. & Coins.<br>(see inst.) |             |   |  |                  |
|        |   | 6.00                         | 7.00                         | -           |   |  |                  |
|        | ANCI LLARY SERVI CE COST CENTERS  | 0.00                         | 7.00                         |             |   |  |                  |
| 50.00  | 05000 OPERATING ROOM  | 0                            | 0                            |             |   |  | 50.00            |
|        | 05001 CARDI AC SURGERY  | 0                            | 0                            | 1           |   |  | 50.01            |
|        | 05002 WVSC  | 0                            | 0                            | 1           |   |  | 50.02            |
|        | 05100 RECOVERY ROOM   | 0                            | 0                            |             |   |  | 51.00            |
|        | 05101 0/P TREATMENT ROOM  | 0                            | 72                           |             |   |  | 51.02            |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM  | 0                            | 0                            |             |   |  | 52.00            |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C   | 0                            | 0                            |             |   |  | 54.00            |
| 55.00  | 05500 RADI OLOGY-THERAPEUTI C   | 0                            | 0                            |             |   |  | 55.00            |
| 56.00  | 05600 RADI OI SOTOPE  | 0                            | 0                            |             |   |  | 56.00            |
| 57.00  | 05700 CT SCAN   | 0                            | 0                            |             |   |  | 57.00            |
|        | 05800 MAGNETIC RESONANCE IMAGING (MRI)                                      | 0                            | 0                            |             |   |  | 58.00            |
|        | 05900 CARDI AC CATHETERI ZATI ON  | 0                            | 0                            |             |   |  | 59.00            |
|        | 06000 LABORATORY  | 0                            | 0                            |             |   |  | 60.00            |
|        | 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                                  | 0                            | 0                            |             |   |  | 62.00            |
|        | 06500 RESPIRATORY THERAPY   | 0                            | 0                            |             |   |  | 65.00            |
|        | 06600 PHYSI CAL THERAPY   | 0                            | 0                            |             |   |  | 66.00            |
|        | 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES<br>06602 0/P PHYSI CAL THERAPY | 0                            |                              |             |   |  | 66.01            |
|        | 06700 OCCUPATIONAL THERAPY  | 0                            |                              |             |   |  | 67.00            |
|        | 06800 SPEECH PATHOLOGY  |                              |                              |             |   |  | 68.00            |
|        | 06900 ELECTROCARDI OLOGY  | 0                            |                              |             |   |  | 69.00            |
|        | 06901 CARDI AC REHAB  | 0                            | 0                            |             |   |  | 69.01            |
|        | 07000 ELECTROENCEPHALOGRAPHY  | 0                            | o o                          |             |   |  | 70.00            |
|        | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                  | 0                            | 0                            |             |   |  | 71.00            |
|        | 07200 IMPL. DEV. CHARGED TO PATIENTS  | 0                            | 0                            |             |   |  | 72.00            |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS   | 0                            | 8, 731                       |             |   |  | 73.00            |
| 76.00  | 03020 RENAL ACUTE   | 0                            | 0                            |             |   |  | 76.00            |
|        | OUTPATIENT SERVICE COST CENTERS   |                              |                              |             |   |  |                  |
| 90.00  | 09000 CLINIC  | 0                            | 0                            |             |   |  | 90.00            |
|        | 09005 PATIENT NUTRITION   | 0                            | 0                            |             |   |  | 90.05            |
|        | 09007 WOUND CLINIC  | 0                            | 0                            |             |   |  | 90.07            |
|        | 09100 EMERGENCY   | 0                            | 0                            | •           |   |  | 91.00            |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                  | 0                            | 0                            |             |   |  | 92.00            |
| 200.00 |   | 0                            | 8, 803                       |             |   |  | 200.00           |
| 201.00 | 5   | 0                            |                              |             |   |  | 201.00           |
|        | Only Charges  | 1                            | 1                            | 1           |   |  | 1                |

| APPORTLOMMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS         Provider Cost: 15-003         Period:<br>From 010712020         Worksheet D<br>Ti 112/31/2020         Worksheet D<br>Ti 12/31/2020         Worksheet D<br>Ti 12/  | Health Financial Systems                          | UNI ON HOSPI | TAL, INC.     |              | In Lie   | u of Form CMS-2 | 2552-10        |
|---|---|--------------|---------------|--------------|----------|-----------------|----------------|
| Component CCN: 15-T023         To         12/31/2020         Date/Time Pres/<br>PPS           Cost Center Description         Capital<br>Related Cost<br>(from Wkst.<br>b, Pprt 11,<br>col. 26)         Total Charges<br>(Col. 1, 1,<br>col. 26)         Total Charges<br>(Col. 1, 1,<br>col. 26)         Inpatient<br>Program<br>Charges         Inpatient<br>Program<br>Charges         Total Charges<br>(Col. 1, 1,<br>col. 26)         Inpatient<br>Program<br>Charges         Column 3 x<br>column 3 x<br>column 4)           ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           Notice Cost<br>S0 00         OSOD OPERATING ROOM         4,170,537         179,118,614         0.023284         109,712         2,555           50 01         05000 CREMIA C SURGERY         1.10,792         18,797,914         0.0133275         2,500         33           51 00         05000 RADI LOGY-THERATENET ROOM         655,495         2,257,663         0.290342         0         0         30         3           52 00         05400 RADI LOGY-THERATENET ROOM         635,495         2,257,663         0.290342         0         0         0         0         0         30         3         3         0         0.03712         0.56         2,57         68         0.047,79         78,906         3,74         3         1         4         0  | APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI | TAL COSTS    | Provider C    | CN: 15-0023  |          |                 |                |
| Cost Center Description         Capital<br>Related cost<br>(from Wkst.<br>B, Part II,<br>col. 26)         Total Charges<br>(Col. 1 +<br>col. 2)         Inpatient<br>(Col. 1 +<br>col. 2)         Inpatient<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 1 +<br>col. 2)         Inpatient<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 1 +<br>col. 2)         Inpatient<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 1 +<br>col. 2)         Inpatient<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 2)         Capital Cost<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 1 +<br>col. 2)         Capital Cost<br>(Col. 2)         Capital |   |              | Component     | CCN: 15-T023 |          | Date/Time Pre   |                |
| Cost Center Description         Capital<br>Related Cost<br>(from Wkst,<br>(from Wkst,<br>(from Wkst,<br>(from Wkst,<br>(from Wkst,<br>(from Wkst,<br>0, Part I),<br>ocl. 26)         Total Charges<br>(col. 1 +<br>col. 2)         Ratio of Cost<br>(col. 1 +<br>col. 2)         Inpatient<br>(col. 1 +<br>col. 2)         Capital Costs<br>(col. 1 +<br>col. 2)           ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 (DPERATING ROOM         4,170,537         179,118,614         0.023284         109,712         2,555           50.00         05000 (RECVERY ROM         116,792         8,779,944         0.01332         5,395         385           51.00         05100 (RECVERY ROM         116,792         8,779,944         0.03725         2,520         33           51.00         05400 RADI LOGY-HERAPEUTI C         2,779,919         58,437,803         0.047579         78,906         3,754           52.00         05500 RADI LOGY-HERAPEUTI C         1,723,900         46,437,749         0.037125         0         <   |   |              | Title         | e XVIII      |          |                 | •              |
| ANCI LLARY SERVICE COST CENTERS         (col. 20)         (col. 2)         (col. 2)         (col. 2)         (col. 2)           ANCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           S0.00         05000 (PERATING ROOM         4.170, 537         179, 118, 614         0.023284         109, 712         2.555           50.00         05000 (RECOVERY ROOM         417, 803         5.853, 080         0.07382         5.395         335           51.00         05100 RECOVERY ROOM         165, 495         2.257, 663         0.290342         0         0         0           52.00         05101 O/P TREATMENT ROOM         655, 495         2.257, 663         0.290342         0  | Cost Center Description                           | Capi tal     | Total Charges | Ratio of Cos |          |                 |                |
| ANCILLARY SERVICE COST CENTERS         Col. 20         3.00         4.00         5.00           50.00         05000 0PERATING ROOM         4.170,537         179,118,614         0.023284         109,712         2,555           50.01         05001 CARDIAC SURGERY         4170,537         179,118,614         0.023284         109,712         2,555           50.02         05002 WSC         1,903,530         113,042,295         0.016839         1161         3           51.00         05100 RECOVERY ROOM         116,792         8,797,944         0.013275         2,520         33           51.00         05100 REDOVERY ROOM         655,495         2,257,63         0.29342         0         0         0           52.00         05200 DELIVERY ROOM         832,138         22,087,728         0.037674         36         1           54.00         05400 RADI OLGY-THERAPEUTIC         1,723,900         46,437,474         0.037125         0         0         0         0           55.00         05500 RADI OLGY-THERAPEUTIC         1,244,516         97,792         48,341,336         0.00973 59,030         412           58.00         05600 RADI OLGY-THERAPEUTIC         1,243,916         97,792         48,341,333         0.007328         33,141 </td <td></td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td></td>  |   |              |               |              | 5        |                 |                |
| ANCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         50.00           50.00         05000         0PERATING R00M         4.170.537         179.118.614         0.023284         109.712         2.555           50.00         05000         0PERATING R00M         4.170.537         179.118.614         0.023284         109.712         2.555           50.00         05000         CARDIA CSURGERY         1.16,792         8.797.944         0.013275         2.520         33           51.00         05100         PT REATMENT ROOM         655.495         2.257.663         0.290342         0         0           52.00         05200         DELI VERY ROOM & LABOR ROOM         832.138         22.087.728         0.037674         36         1           54.00         05400         RADI OLGY-THERAPEUTIC         1.779.919         58.427.803         0.047579         78.906         3.754           55.00         05500         RADI OLGY-THERAPEUTIC         1.729.919         58.427.803         0.047579         78.906         3.754           56.0         05600         RADROM MAGNETIC RESONANCE IMAGING (MRI )         934.417         13.566.68         0.088861         11.625         801           57.00  |   |              |               |              | Charges  | column 4)       |                |
| I           |   |              | col. 8)       | col. 2)      |          |                 |                |
| ANCILLARY SERVICE COST CENTERS           50.00         05000 OPERATING ROOM         4,170,537         179,118,614         0.023284         109,712         2,555           50.01         05001 CARDIAC SURGERY         417,803         5,853,080         0.071382         5,395         385           50.02         05001 CARDIAC SURGERY         118,042,295         0.016839         161         3           51.00         05100 RECOVERY ROM         116,792         8,797,7944         0.013275         2,520         33           51.00         05100 DELL VERY ROM & LABOR ROOM         832,138         22,087,728         0.037674         36         1           50.00         05400 RADI OLOGY- THERAPEUTIC         1,723,900         46,434,749         0.037125         0         0         0           50.00         05500 RADI OLOGY- THERAPEUTIC         1,723,900         46,434,749         0.037125         0         0         0         0         0         0         59,030         412           50.00         05500 RADI OLOGY- THERAPEUTIC         1,723,900         46,434,749         0.031275         96,030         412           57.00         05700 CT SCAN         337,075         48,341,336         0.006973         59,030         412   |   |              |               |              |          |                 |                |
| 50.00         OFCRATING ROOM         4, 170, 537         179, 118, 614         0.023284         109, 712         2, 555           50.01         OSCOL CARDIAC SURGERY         417, 803         5, 853, 080         0.071382         5, 395         385           50.02         OSCOLWSC         1, 903, 530         113, 042, 295         0.016839         161         3           51.00         OSTOOR RECOVERY ROOM         116, 792         8, 797, 944         0.013275         2, 520         33           51.00         OSTOOR RECOVERY ROOM         655, 495         2, 275, 663         0.290342         0         0           52.00         OSCOR RADI OLOGY - DI AGNOSTI C         2, 779, 919         58, 427, 803         0.047579         78, 906         3, 754           50.00         OSCOR RADI OLOGY - THERAPEUTI C         1, 723, 900         46, 434, 749         0.037125         0         0         0           51.00         OSCOR RADI OLOGY - THERAPEUTI C         1, 724, 900         48, 1336         0.047579         78, 903         411           59.00         OSCOR RADI OL CATHERAPEUTI C         1, 724, 516         97, 492, 408         0.013278         33, 141         440           60.00         OSCOR CANDI AC CATHERERAPEUTI C         2, 4983         86, 151, 024 <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td>   |   | 1.00         | 2.00          | 3.00         | 4.00     | 5.00            |                |
| 50.01       05001       CARDI AC SURGERY       417, 803       5, 853, 080       0.071382       5, 395       385         50.02       05002       WVSC       1, 903, 530       113, 042, 295       0.016839       161       33         51.00       05100       RECOVERY ROOM       116, 792       8, 797, 944       0.013275       2, 520       33         51.00       05100       RECOVERY ROOM & LABOR ROOM       832, 138       22, 087, 728       0.037674       36       1         50.00       05400       RADI 0LOGY - DI AGNOSTI C       2, 779, 919       56, 427, 803       0.047579       78, 906       3, 754         50.00       05500       RADI 0LOGY - THERAPEUTI C       1, 723, 900       46, 434, 749       0.037125       0       0       0       0       59, 030       412         58.00       05600       RADI 0LOGY - THERAPEUTI C       1, 724, 900       48, 341, 336       0.006973       59, 030       412         58.00       05000       CAT SCAN       337, 075       48, 341, 336       0.0013278       33, 141       440         60.00       05900       CARDI AC CATHETERI ZATI ON       1, 294, 816       97, 492, 408       0.013278       33, 141       440         61.00  |   | 4 470 507    | 470 440 444   |              | 100 710  | 0.555           |                |
| 50. 02       05002       WYSC       1,903,530       113,042,295       0.016839       161       3         51. 02       05100       RECOVERY ROOM       116,792       8,797,944       0.013275       2,520       33         51. 02       05101       D/P TREATMENT ROOM       655,495       2,257,663       0.290342       0       0         52. 00       05200       RADI OLOGY-DI AGNOSTI C       2,779,919       58,427,803       0.047579       78,906       3,754         55. 00       05500       RADI OLOGY-THERAPEUTI C       1,723,900       46,434,749       0.037125       0       0         56. 00       05500       RADI OLOGY-THERAPEUTI C       1,723,900       46,434,749       0.03725       33,141       480,0973       59,030       412         57. 00       05500       CARDI AC CATHETER ZATI ON       1,294,516       97,492,408       0.013278       33,141       440         60.00       06000       LABORATORY       24,893       86,151,024       0.000289       350,524       101         61.00       06000       LABORATORY       632,449       36,650,788       0.017256       492,962       8,507         66.00       06600       PHYSI CAL THERAPY       489,2797       7,9  |   |              |               |              |          |                 |                |
| 51.00       05100       RECOVERY ROOM       116, 792       8, 797, 944       0.013275       2, 520       33         51.02       05101       0/P TREATMENT ROOM       655, 495       2, 257, 663       0.2037674       36       1         54.00       05200       DELI VERY ROOM & LABOR ROOM       832, 138       22, 087, 728       0.037674       36       1         54.00       05500       RADI OLOGY-JI AGNOSTI C       2, 779, 919       58, 427, 803       0.047579       78, 906       3, 754         50.00       05600       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.037125       0       0       0       0       0         51.00       05500       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.097398       1, 856       181         57.00       05700       CT SCAN       337, 075       48, 341, 336       0.006973       59, 030       4112         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       934, 417       13, 569, 668       0.013278       33, 141       440         60.20       06000       HADOR ATORY       24, 893       86, 151, 024       0.000289       350, 524       101         62.00       06000 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></td<>   |   |              |               |              |          |                 | •              |
| 51.02       05101       0/P TREATMENT ROOM       655, 495       2, 257, 663       0.290342       0       0         52.00       05200       DELI VERY ROOM & LABOR ROOM       832, 138       22, 087, 728       0.037674       36       1         54.00       05400       RADI OLOGY-DI AGNOSTI C       2, 779, 919       58, 427, 803       0.047579       78, 906       3, 754         55.00       05500       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.037125       0       0         56.00       05600       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.047125       0       0         57.00       05700 CT SCAN       337, 075       48, 341, 36       0.006973       59, 030       112         58.00       05800       CARDI AC CATHETERI ZATI ON       1, 294, 516       97, 492, 408       0.013278       33, 141       440         0.00       06000       LABORATORY       24, 893       86, 151, 024       0.000289       350, 552       101         62.00       06200       RESPI RATORY THERAPY       245, 919       12, 516, 599       0.21245       1, 332, 230       28, 303         66.01       06600       RESPI RATORY THERAPY       245, 919       12, 516,   |   |              |               |              |          |                 | 50.02          |
| 52.00         05200         DELIVERY ROM & LABOR ROOM         832,138         22,087,728         0.037674         36         1           54.00         05400         RADI OLOGY-DI AGNOSTI C         2,779,919         58,427,803         0.047579         78,906         3,754           50.00         05500         RADI OLOGY-THERAPEUTI C         1,723,900         46,434,749         0.037125         0         0         0           56.00         RADI OLOGY-THERAPEUTI C         1,723,900         46,434,749         0.097398         1,856         181           57.00         CT SCAN         337,075         48,341,336         0.006973         59,030         4112           58.00         05500         CARDI AC CATHETERI ZATI ON         1,294,516         97,492,408         0.013278         33,141         440           60.00         06000         LABORATORY         24,893         86,151,024         0.000289         355,524         101           62.00         06500         REDIRATORY THERAPY         265,919         12,516,599         0.017256         492,926         8,507           66.01         06600         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0.000000         0         0         0         0 <t< td=""><td></td><td></td><td></td><td>1</td><td></td><td></td><td>•</td></t<>  |   |              |               | 1            |          |                 | •              |
| 54.00       RADI OLOGY-DI AGNOSTI C       2, 779, 919       58, 427, 803       0.047579       78, 906       3, 754         55.00       OS600       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.037125       0       0         56.00       OS600       RADI OLOGY-THERAPEUTI C       1, 723, 900       48, 341, 336       0.047579       78, 906       AST         57.00       OS700       CT SCAN       337, 075       48, 341, 336       0.006973       59, 030       412         58.00       MAGNETI C RESONANCE I MAGI NG (MRI )       934, 417       13, 569, 668       0.08861       11, 625       801         59.00       OS000       LABORATORY       24, 893       86, 151, 024       0.000289       350, 524       101         62.00       06000       LABORATORY       24, 893       86, 151, 024       0.000289       350, 524       101         62.00       06000       PARTORY THERAPY       265, 919       12, 516, 599       0.021245       1, 332, 230       28, 303         66.01       06600       PHYSI CAL THERAPY       265, 919       7, 999, 331       0.069319       0       0         67.00       06700       0CUPATI ONAL THERAPY       489, 279       7, 99, 9331       0.04334   |   |              |               |              |          | -               | 51.02          |
| 55.00       05500       RADI OLOGY-THERAPEUTI C       1, 723, 900       46, 434, 749       0.037125       0       0         56.00       05600       RADI OLOGY-THERAPEUTI C       13, 723, 900       46, 434, 749       0.037125       0       0         57.00       05700       CT SCAN       337, 075       48, 341, 336       0.006973       59, 903       412         58.00       05800       MAGNETI C RESONANCE IMAGI NG (MRI )       934, 417       13, 569, 668       0.068861       11, 625       801         59.00       05900       CARDI AC CATHETERI ZATI ON       1, 294, 516       97, 492, 408       0.013278       33, 141       440         60.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       1, 943       3, 142, 730       0.000018       26, 675       16         65.00       06600       PHYSI CAL THERAPY       265, 919       12, 516, 599       0.021245       1, 332, 230       28, 303         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0.000000       0       0         67.00       0C100       CCUPATI IONAL THERAPY       489, 279       7, 099, 331       0.068919       0       0       0       0       0         68.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>52.00</td></td<>  |   |              |               |              |          |                 | 52.00          |
| 56.00       05600       RADI 0I SOTOPE       853, 145       8, 759, 344       0.097398       1, 856       181         57.00       05700       CT SCAN       337, 075       48, 341, 336       0.006973       59, 030       412         58.00       05900       CARDI AC CATHETERI ZATI 0N       1, 294, 516       97, 492, 408       0.013278       33, 141       440         60.00       06000       LABORATORY       24, 893       86, 151, 024       0.000289       350, 524       101         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       1, 943       3, 142, 730       0.000618       26, 675       16         65.00       06600       PHYSI CAL THERAPY       632, 449       36, 650, 788       0.017256       492, 962       8, 507         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0.000000       0       0         66.01       06600       PHYSI CAL THERAPY       489, 279       7, 099, 331       0.068919       0       0       0       0       0         67.00       06700       0CCUPATI ONAL THERAPY       42, 926       9, 904, 420       0.004334       1, 300, 761       5, 637         69.01       06800       SPEECH PAT   |   |              |               |              |          |                 | 54.00          |
| 57.00       05700       CT SCAN       337,075       48,341,336       0.006973       59,030       412         58.00       05800       MAGNETI C RESONANCE I MAGING (MRI )       934,417       13,569,668       0.068861       11,625       801         59.00       05900       CARDI AC CATHETERI ZATI ON       1,294,516       97,492,408       0.013278       33,141       440         60.00       06000       LABORATORY       24,893       86,151,024       0.000289       350,524       101         62.00       WHOLE BLOOD & PACKED RED BLOOD CELLS       1,943       3,142,730       0.000618       26,675       16         65.00       06600       PHYSI CAL THERAPY       265,919       12,516,599       0.021245       1,332,230       28,303         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0       0       0       0         67.00       0CCUPATI ONAL THERAPY       489,279       7,099,331       0.0648319       0       0       0       0         67.00       0CCUPATI ONAL THERAPY       42,926       9,904,420       0.004334       1,300,761       5,637         69.00       06900       ELECTROCARDI OLOGY       121,285       4,094,040       0.   |   |              |               |              |          | -               | 55.00          |
| 58.00       05800       MAGNETIC RESONANCE IMAGING (MRI)       934,417       13,569,668       0.068861       11,625       801         59.00       05900       CARDIAC CATHETERIZATION       1,294,516       97,492,408       0.013278       33,141       440         60.00       LABORATORY       24,893       86,151,024       0.000289       350,524       101         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       1,943       3,142,730       0.000289       350,524       101         65.00       06500       RESPI RATORY THERAPY       632,449       36,650,788       0.017256       492,962       8,507         66.01       06600       PHYSI CAL THERAPY       265,919       12,516,599       0.021245       1,332,230       28,303         66.02       06602       PHYSI CAL THERAPY       489,279       7,099,331       0.068919       0       0         67.00       06700       OCUPATI ONAL THERAPY       489,279       7,099,331       0.04334       1,300,761       5,637         69.01       06400       SPEECH PATHOLOGY       121,285       4,094,040       0.022625       227,885       6,751         69.01       06900       ELECTROCARDI OLOGY       1,860,027       79,104,830  |   |              |               |              |          |                 | 56.00          |
| 59.00       05900       CARDI AC CATHETERI ZATI ON       1, 294, 516       97, 492, 408       0.013278       33, 141       440         60.00       06000       LABORATORY       24, 893       86, 151, 024       0.000289       350, 524       101         62.00       06000       LABORATORY       1, 943       3, 142, 730       0.000618       26, 675       16         65.00       06500       RESPI RATORY THERAPY       632, 449       36, 650, 788       0.017256       492, 962       8, 507         66.01       06601       PHYSI CAL THERAPY       265, 919       12, 516, 599       0.021245       1, 332, 230       28, 303         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0.000000       0       0         66.02       0/P PHYSI CAL THERAPY       42, 926       9, 904, 420       0.04334       1, 300, 761       5, 637         67.00       06700       0CUPATI INAL THERAPY       42, 926       9, 904, 420       0.04334       1, 300, 761       5, 637         69.00       06900       ELECTROCARDI 0LOGY       121, 285       4, 094, 040       0.023589       33, 512       791         69.01       0AG01       CAREHAB       228, 495       1, 407, 197  |   |              |               |              |          |                 | 57.00          |
| 60.00         06000         LABORATORY         24,893         86,151,024         0.000289         350,524         101           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         1,943         3,142,730         0.000618         26,675         16           65.00         06500         RESPI RATORY THERAPY         632,449         36,650,788         0.017256         492,962         8,507           66.00         06600         PHYSI CAL THERAPY         265,919         12,516,599         0.021245         1,332,230         28,303           66.01         06600         OVP PHYSI CAL THERAPY         489,279         7,099,331         0.068919         0         0           67.00         06700         0CUPATI ONAL THERAPY         42,926         9,904,420         0.04334         1,300,761         5,637           68.00         SPECH PATHOLOGY         1,866,027         79,104,830         0.023589         3,512         791           69.00         06900         ELECTROCARDI OLOGY         1,866,027         79,104,830         0.023589         3,512         791           69.01         ORDI AC REHAB         228,495         1,407,197         0.162376         0         0         0           71.00         0  |   |              |               |              |          |                 | 58.00<br>59.00 |
| 62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         1,943         3,142,730         0.000618         26,675         16           65.00         06500         RESPI RATORY THERAPY         632,449         36,650,788         0.017256         492,962         8,507           66.00         06600         PHYSI CAL THERAPY         265,919         12,516,599         0.021245         1,332,230         28,303           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0         0         0.000000         0         0           66.02         0/P PHYSI CAL THERAPY         489,279         7,099,331         0.064919         0  |   |              |               |              |          |                 | 60.00          |
| 65.00       06500       RESPIRATORY THERAPY       632, 449       36, 650, 788       0.017256       492, 962       8, 507         66.00       06600       PHYSI CAL THERAPY       265, 919       12, 516, 599       0.021245       1, 332, 230       28, 303         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       0       0       0.000000       0       0         66.02       06602       0/CP PHYSI CAL THERAPY       489, 279       7, 099, 331       0.068919       0       0       0         67.00       0CCUPATI ONAL THERAPY       42, 926       9, 904, 420       0.04334       1, 300, 761       5, 637         68.00       06800       SPEECH PATHOLOGY       121, 285       4, 094, 040       0.029625       227, 885       6, 751         69.00       06900       ELECTROCARDI OLOGY       1, 866, 027       79, 104, 830       0.023589       33, 512       791         69.01       06900       ELECTROCNEPHALOGRAPHY       124, 365       3, 179, 436       0.039115       24, 016       939         71.00       07000       ELECTROENCEPHALOGRAPHY       124, 365       3, 179, 436       0.03000       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       16, 154 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>62.00</td>  |   |              |               |              |          |                 | 62.00          |
| 66.00       06600       PHYSI CAL THERAPY       265, 919       12, 516, 599       0.021245       1, 332, 230       28, 303         66.01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0.000000       0       0         66.02       06602       0/P PHYSI CAL THERAPY       489, 279       7, 099, 331       0.068919       0       0       0         67.00       06700       OCCUPATI ONAL THERAPY       42, 926       9, 904, 420       0.004334       1, 300, 761       5, 637         68.00       06800       SPEECH PATHOLOGY       121, 285       4, 094, 040       0.023589       33, 512       791         69.00       06900       ELECTROCARDI OLOGY       1, 866, 027       79, 104, 830       0.023589       33, 512       791         69.01       06901       CARDI AC REHAB       228, 495       1, 407, 197       0.162376       0   |   |              |               |              |          |                 | 62.00          |
| 66. 01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0         0         0.000000         0         0           66. 02         06602         0/P         PHYSI CAL THERAPY         489, 279         7, 099, 331         0.068919         0         0           67. 00         06C02         0/P         PHYSI CAL THERAPY         42, 926         9, 904, 420         0.004334         1, 300, 761         5, 637           68. 00         06800         SPEECH PATHOLOGY         121, 285         4, 094, 040         0.029625         227, 885         6, 751           69. 01         06900         ELECTROCARDI 0LOGY         1, 866, 027         79, 104, 830         0.023589         33, 512         791           69. 01         06901         CARDI AC REHAB         228, 495         1, 407, 197         0.162376         0         0         0           71. 00         07000         ELECTROENCEPHALOGRAPHY         124, 365         3, 179, 436         0.039115         24, 016         939           71. 00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         16, 154         23, 297, 178         0.000693         10, 265         7           73. 00         07300         DRUGS CHARGED TO PATI ENTS         1, 557, 502         30  |   |              |               |              |          |                 | 66.00          |
| 66.02       0/6002       0/P PHYSI CAL THERAPY       489, 279       7, 099, 331       0.068919       0       0         67.00       06700       0CCUPATI ONAL THERAPY       42, 926       9, 904, 420       0.004334       1, 300, 761       5, 637         68.00       06800       SPEECH PATHOLOGY       121, 285       4, 094, 040       0.029625       227, 885       6, 751         69.00       06900       ELECTROCARDI OLOGY       1, 866, 027       79, 104, 830       0.023589       33, 512       791         69.01       06901       CARDI AC REHAB       228, 495       1, 407, 197       0.162376       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       47       0       0.000000       0       0         73.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       16, 154       23, 297, 178       0.000693       10, 265       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       1, 557, 502       308, 831, 438       0.005043       376, 034       1, 896         76.00       03020       RENAL ACUTE       95, 407       3, 943, 015       0.024196       105, 909       2, 563         00.00       CLINIC       17, 411       788, 290 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>66.01</td></t<>   |   |              |               |              |          |                 | 66.01          |
| 67.00       06700       0CCUPATI ONAL THERAPY       42,926       9,904,420       0.004334       1,300,761       5,637         68.00       06800       SPEECH PATHOLOGY       121,285       4,094,040       0.029625       227,885       6,751         69.00       06900       ELECTROCARDI OLOGY       1,866,027       79,104,830       0.023589       33,512       791         69.01       06901       CARDI AC REHAB       228,495       1,407,197       0.162376       0       0         70.00       FCTOROCREDHALOGRAPHY       124,365       3,179,436       0.039115       24,016       939         71.00       O7000       ELECTROENCEPHALOGRAPHY       124,365       3,179,436       0.00000       0       0         72.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       47       0       0.0000693       10,265       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       1,557,502       308,831,438       0.005043       376,034       1,896         76.00       03020       RENAL ACUTE       95,407       3,943,015       0.024196       105,909       2,563         00.00       CLINIC       17,411       788,290       0.022087       0       0       0 <td></td> <td>-</td> <td>0</td> <td></td> <td></td> <td>-</td> <td>66.02</td>   |   | -            | 0             |              |          | -               | 66.02          |
| 68.00         06800         SPEECH PATHOLOGY         121, 285         4, 094, 040         0.029625         227, 885         6, 751           69.00         06900         ELECTROCARDI OLOGY         1, 866, 027         79, 104, 830         0.023589         33, 512         791           69.01         06901         CARDI AC REHAB         228, 495         1, 407, 197         0.162376         0         0           70.00         D7000         ELECTROENCEPHALOGRAPHY         124, 365         3, 179, 436         0.039115         24, 016         939           71.00         O7100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         47         0         0.000000         0         0           72.00         07200         IMPL.         DEV. CHARGED TO PATI ENTS         16, 154         23, 297, 178         0.0000693         10, 265         7           73.00         D7300         DRUGS CHARGED TO PATI ENTS         1, 557, 502         308, 831, 438         0.005043         376, 034         1, 896           03020         RENAL ACUTE         95, 407         3, 943, 015         0.024196         105, 909         2, 563           0UTPATI ENT SERVI CE COST CENTERS         90.00         202087         0         0         0           90.05  |   |              |               |              |          | -               | 67.00          |
| 69.00         06900         ELECTROCARDI OLOGY         1,866,027         79,104,830         0.023589         33,512         791           69.01         06901         CARDI AC REHAB         228,495         1,407,197         0.162376         0         0           70.00         07000         ELECTROENCEPHALOGRAPHY         124,365         3,179,436         0.039115         24,016         939           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         47         0         0.000000         0         0           72.00         07200         IMPL.         DEV. CHARGED TO PATI ENTS         16,154         23,297,178         0.000693         10,265         7           73.00         07300         DRUGS CHARGED TO PATI ENTS         1,557,502         308,831,438         0.005043         376,034         1,896           03020         RENAL ACUTE         95,407         3,943,015         0.024196         105,909         2,563           0UTPATI ENT SERVI CE COST CENTERS         90.00         CLI NI C         17,411         788,290         0.022087         0         0         0           90.00         O9005         PATI ENT NUTRI TI ON         47,385         139,805         0.338936         0         0  |   |              |               |              |          |                 | 68.00          |
| 69. 01         06901         CARDI AC REHAB         228, 495         1, 407, 197         0. 162376         0         0           70. 00         07000         ELECTROENCEPHALOGRAPHY         124, 365         3, 179, 436         0. 039115         24, 016         939           71. 00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         47         0         0. 000000         0         0           72. 00         07200         IMPL. DEV. CHARGED TO PATI ENTS         16, 154         23, 297, 178         0. 000693         10, 265         7           73. 00         07300         DRUGS CHARGED TO PATI ENTS         1, 557, 502         308, 831, 438         0. 005043         376, 034         1, 896           03020         RENAL ACUTE         95, 407         3, 943, 015         0. 022087         0         0         0           04000         CLI NI C         17, 411         788, 290         0. 022087         0         0         0           90. 00         OPOUS         PATI ENT NUTRI TI ON         47, 385         139, 805         0. 338936         0         0         0           90. 07         09007         WOUND CLI NI C         245, 522         10, 186, 728         0. 024102         170         4 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>69.00</td>  |   |              |               |              |          |                 | 69.00          |
| 70.00         07000         ELECTROENCEPHALOGRAPHY         124,365         3,179,436         0.039115         24,016         939           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         47         0         0.000000         0         0           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         16,154         23,297,178         0.000693         10,265         7           73.00         07300         DRUGS CHARGED TO PATIENTS         1,557,502         308,831,438         0.005043         376,034         1,896           00200         RENAL ACUTE         95,407         3,943,015         0.022087         0         0         0           00.000         CLINIC         17,411         788,290         0.022087         0  |   |              |               |              |          |                 | 69.01          |
| 71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         47         0         0.000000         0         0           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         16, 154         23, 297, 178         0.000693         10, 265         7           73.00         07300         DRUGS CHARGED TO PATI ENTS         1, 557, 502         308, 831, 438         0.005043         376, 034         1, 896           76.00         03020         RENAL ACUTE         95, 407         3, 943, 015         0.024196         105, 909         2, 563           00.00         09000         CLI NI C         17, 411         788, 290         0.022087         0         0           90.05         PATI ENT NUTRI TI ON         47, 385         139, 805         0.338936         0         0         0           90.07         09007         WOUND CLI NI C         245, 522         10, 186, 728         0.024102         170         4  |   |              |               |              |          | -               | 70.00          |
| 72.00         07200         IMPL.         DEV.         CHARGED TO PATI ENTS         16, 154         23, 297, 178         0.000693         10, 265         7           73.00         07300         DRUGS CHARGED TO PATI ENTS         1, 557, 502         308, 831, 438         0.005043         376, 034         1, 896           76.00         03020         RENAL         ACUTE         95, 407         3, 943, 015         0.024196         105, 909         2, 563           0UTPATI ENT SERVICE COST CENTERS         0.00000         CLINIC         17, 411         788, 290         0.022087         0         0           90.00         09000         CLINIC         47, 385         139, 805         0.338936         0         0         0           90.07         09007         WOUND CLINIC         245, 522         10, 186, 728         0.024102         170         4   |   |              |               |              |          |                 | 71.00          |
| 73.00         07300         DRUGS CHARGED TO PATIENTS         1,557,502         308,831,438         0.005043         376,034         1,896           76.00         03020         RENAL ACUTE         95,407         3,943,015         0.024196         105,909         2,563           0UTPATIENT SERVICE COST CENTERS         0.09000         CLINIC         17,411         788,290         0.022087         0         0           90.00         09005         PATIENT NUTRITION         47,385         139,805         0.338936         0         0         0           90.07         09007         WOUND CLINIC         245,522         10,186,728         0.024102         170         4  |   |              | 0             |              |          | -               | 72.00          |
| 76. 00         03020         RENAL ACUTE         95, 407         3, 943, 015         0.024196         105, 909         2, 563           OUTPATI ENT SERVICE COST CENTERS         09000         CLINIC         17, 411         788, 290         0.022087         0         0           90. 00         09005         PATI ENT NUTRITION         47, 385         139, 805         0.338936         0         0           90. 07         09007         WOUND CLINIC         245, 522         10, 186, 728         0.024102         170         4  |   |              |               |              |          |                 |                |
| OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         17,411         788,290         0.022087         0         0           90.05         09005         PATI ENT NUTRITION         47,385         139,805         0.338936         0         0           90.07         09007         WOUND CLINIC         245,522         10,186,728         0.024102         170         4   |   |              |               |              |          |                 |                |
| 90.00         09000         CLINIC         17,411         788,290         0.022087         0         0           90.05         09005         PATI ENT NUTRITION         47,385         139,805         0.338936         0         0           90.07         09007         WOUND CLINIC         245,522         10,186,728         0.024102         170         4  |   | 73,407       | 3, 743, 013   | 0.0241       | 103, 707 | 2,000           | /0.00          |
| 90.05         09005         PATI ENT_NUTRITION         47, 385         139, 805         0. 338936         0         0           90.07         09007         WOUND_CLINIC         245, 522         10, 186, 728         0. 024102         170         4  |   | 17 411       | 788 290       | 0 02208      | 37 0     | 0               | 90.00          |
| 90. 07 09007 WOUND CLINIC 245, 522 10, 186, 728 0. 024102 170 4   |   |              |               |              |          |                 | 90.05          |
|   |   |              |               |              |          | -               | 90.07          |
| 91, UU IUY IUUI EMERGENU Y 1 890, 1121 124, 540, 3491 U, UU/1471 30, 9331 221   | 91. 00 09100 EMERGENCY                            | 890, 112     | 124, 540, 349 |              |          |                 | 91.00          |
| 92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0 13,507,787 0.000000 0 0  |   |              |               |              |          |                 | 92.00          |
| 200.00 Total (Lines 50 through 199) 22,686,388 1,332,667,617 4,614,258 64,301   |   |              |               |              |          | -               |                |

| Health Financial Systems                            | UNI ON HOSPI    | TAL, INC.     |              |       | In Lie         | u of Form CMS-:                | 2552-10 |
|---|-----------------|---------------|--------------|-------|----------------|--------------------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE  | RVICE OTHER PAS | S Provider C  | CN: 15-0023  | Perio |                | Worksheet D                    |         |
| THROUGH COSTS                                       |                 |               |              |       | 01/01/2020     | Part IV                        |         |
|   |                 | Component     | CCN: 15-T023 | То    | 12/31/2020     | Date/Time Pre<br>7/29/2021 1:5 | pared:  |
|   |                 | Title         | XVIII        | Sub   | provider -     | PPS                            | o pili  |
|   |                 | intre         | AVIII        | June  | IRF            | FF3                            |         |
| Cost Center Description                             | Non Physician   | Nursi ng      | Nursi ng     | ALL   |                | Allied Health                  |         |
|   | Anesthetist     | School        | School       |       | st-Stepdown    | nin ou nour th                 |         |
|   |                 | Post-Stepdown | 0011001      |       | ljustments     |                                |         |
|   | 0001            | Adjustments   |              | 1.0   | , do tillorreo |                                |         |
|   | 1.00            | 2A            | 2.00         |       | 3A             | 3.00                           |         |
| ANCI LLARY SERVI CE COST CENTERS                    |                 | 2.1           | 2.00         |       | 0.11           | 0100                           |         |
| 50. 00 05000 OPERATI NG ROOM                        | 0               | 0             |              | 0     | 0              | 0                              | 50.00   |
| 50. 01 05001 CARDI AC SURGERY                       | 0               | 0             |              | 0     | 0              | 0                              | 50.01   |
| 50. 02 05002 WVSC                                   | 0               | 0             |              | 0     | 0              | 0                              | 50.02   |
| 51.00 05100 RECOVERY ROOM                           | 0               | 0             |              | 0     | 0              | 0                              | 51.00   |
| 51.02 05101 0/P TREATMENT ROOM                      | 0               | 0             |              | 0     | 0              | 0                              | 51.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM             | 0               | 0             |              | 0     | 0              | 0                              | 52.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0               | 0             |              | 0     | 0              | 109, 856                       | 54.00   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                | 0               | 0             |              | 0     | 0              | 104, 850                       | 55.00   |
| 56. 00 05600 RADI OLOGI - MILKAPLOTI C              | 0               | 0             |              | 0     | 0              | 0                              | 56.00   |
|   | 0               | 0             |              | 0     | 0              | -                              | 57.00   |
|   | 0               | 0             |              | 0     | 0              | 0                              |         |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)        | 0               | 0             |              | 0     | 0              | 0                              | 58.00   |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON             | 0               | 0             |              | 0     | 0              | 0                              | 59.00   |
| 60. 00 06000 LABORATORY                             | 0               | 0             |              | 0     | 0              | 0                              | 60.00   |
| 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS    | 0               | 0             |              | 0     | 0              | 0                              | 62.00   |
| 65. 00 06500 RESPI RATORY THERAPY                   | 0               | 0             |              | 0     | 0              | 0                              | 65.00   |
| 66.00 06600 PHYSI CAL THERAPY                       | 0               | 0             |              | 0     | 0              | 0                              | 66.00   |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES | 0               | 0             |              | 0     | 0              | 0                              | 66. 01  |
| 66. 02 06602 0/P PHYSICAL THERAPY                   | 0               | 0             |              | 0     | 0              | 0                              | 66.02   |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0               | 0             |              | 0     | 0              | 0                              | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 0               | 0             |              | 0     | 0              | 0                              | 68.00   |
| 69.00 06900 ELECTROCARDI OLOGY                      | 0               | 0             |              | 0     | 0              | 0                              | 69.00   |
| 69. 01 06901 CARDI AC REHAB                         | 0               | 0             |              | 0     | 0              | 0                              | 69.01   |
| 70.00 07000 ELECTROENCEPHALOGRAPHY                  | 0               | 0             |              | 0     | 0              | 0                              | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 0               | 0             |              | 0     | 0              | 0                              | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0               | 0             |              | 0     | 0              | 0                              | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0               | 0             |              | 0     | 0              | 398, 861                       | 73.00   |
| 76.00 03020 RENAL ACUTE                             | 0               | 0             |              | 0     | 0              | 0                              | 76.00   |
| OUTPATIENT SERVICE COST CENTERS                     |                 |               |              |       |                |                                |         |
| 90. 00 09000 CLINIC                                 | 0               | 0             |              | 0     | 0              | 0                              | 90.00   |
| 90. 05 09005 PATIENT NUTRITION                      | 0               | 0             |              | 0     | 0              | 0                              | 90.05   |
| 90.07 09007 WOUND CLINIC                            | 0               | 0             |              | 0     | 0              | 0                              | 90.07   |
| 91.00 09100 EMERGENCY                               | 0               | 0             |              | 0     | 0              | 0                              | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 0               |               |              | 0     |                | 0                              | 92.00   |
| 200.00 Total (lines 50 through 199)                 | 0               | 0             |              | 0     | 0              | 508, 717                       | 200.00  |
|   |                 |               |              |       | · · · · · ·    |                                |         |

| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS<br>THROUGH COSTS         Provider CCN: 15-0023<br>(cmponent CCN: 15-T023)         Period:<br>From 01/01/2020<br>To 12/31/2020         Worksheet<br>Prot IV<br>Date/Time<br>7/29/2021           Title XVIII         Subprovider -<br>IRE         VIII         Subprovider -<br>IRE         Provider CCN: 15-0023         Period:<br>From 01/01/2020         Ratio of C           Cost Center Description         All Other<br>Medical<br>Education<br>Cost         Total Cost<br>(Sum of cols. 2, 3,<br>and 4)         Total Charges<br>(Cost (Sum of cols. 2, 3,<br>and 4)         Ratio of C           50.00         6.00         7.00         8.00           50.00         0         0         179, 118, 614         0.00           50.00         0         0         179, 118, 614         0.00           50.00         0         0         179, 118, 614         0.00           50.00         0         0         179, 118, 614         0.00           50.00         0         0         179, 118, 614         0.00           50.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0  | Prepared:<br>1:58 pm<br>St |
|---|----------------------------|
| Component CCN: 15-T023         To         12/31/2020         Date/Time           Title XVIII         Subprovider -<br>IRF         Image: Cost Center Description         All Other<br>Medical<br>Education<br>Cost         Total Cost         Total<br>Outpatient<br>Cost S. (sum of cols.<br>1, 2, 3, and Cost         Total<br>Outpatient<br>Cols. 2, 3,<br>and 4)         Total Charges<br>(col. 5)         Cost Center Description         All other<br>Medical<br>Education         Total Cost         Total<br>Outpatient<br>Cols. 2, 3,<br>and 4)         Total Charges<br>(col. 5)         Col. 7)         Col. 7)         Col. 7)         Col. 7)           Soord OPERATI NG ROOM         0         0         0         0         7.00         8.00         00         0         8.00         0 <t< td=""><td>1:58 pm</td></t<>  | 1:58 pm                    |
| ANCI LLARY SERVICE COST CENTERS         0 <t< td=""><td>1:58 pm</td></t<>   | 1:58 pm                    |
| Cost Center Description         All Other<br>Medical<br>Education<br>Cost         Total Cost<br>(sum of cols.<br>1, 2, 3, and<br>4)         Total Charges<br>Cost (sum of<br>cols. 2, 3,<br>and 4)         Ratio of C<br>Total Charges<br>Cost (sum of<br>cols. 2, 3,<br>and 4)         Ratio Cost<br>(col. 8)         Ratio Cost<br>(col. 8)           ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           ANCI LLARY SERVICE COST CENTERS         0         0         0         179, 118, 614         0.000           50.00         05001 CRADI AC SURGERY         0         0         0         179, 118, 614         0.000           50.00         05001 CRADI AC SURGERY         0         0         0         179, 118, 614         0.000           51.00         05101 0/P TREATMENT ROM         0         0         0         173, 042, 295         0.000           52.00         05200 DELIVERY ROM & LABOR ROM         0         0         0         2, 257, 663         0.000           54.00         05400 RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0.000           55.00         05500 RADI OLOGY-THEAPUTIC         0         0         0         0         48, 341, 346         0.000           57.00         05800 MAGNETIC RESONANCE IMAGI NG (MRI)  | st                         |
| Cost Center Description         All Other<br>Medical<br>Education<br>Cost         Total Cost<br>(sum of cols.<br>4)         Total Cost<br>Outpatient<br>C, Part I,<br>col. 8)         Total Charges<br>(crow Wkst.<br>C, Part I,<br>col. 8)         Ratio of C<br>to Charge<br>(col. 5)           ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000 0PERATING ROOM         0         0         0         179,118,614         0.000           50.01         05001 CARDIAC SURGERY         0         0         0         13,042,295         0.000           50.00         05100 RECOVERY ROM         0         0         0         2,257,663         0.000           51.00         05500 RADI LOGY-THERAPEUTIC         0         0         0         2,257,663         0.000           52.00         05500 RADI OLOGY-THERAPEUTIC         0         109,856         109,856         58,427,803         0.000           55.00         05500 RADI OLOGY-THERAPEUTIC         0         0         0         48,341,336         0.000           55.00         05500 CARDI AC CATHETRAL ZATI ON         0         0         0         48,341,336         0.000           56.00         05600 RADI OLOGY-THERAPEUTIC         0         0         0         0         48,341,336   | 5                          |
| Medical<br>Education<br>Cost         (sum of cols.<br>1, 2, 3, and<br>4)         Outpatient<br>Cost (sum of<br>cols. 2, 3,<br>and 4)         (from Wkst.<br>C, Part I,<br>col. 8)         to Charge<br>(col. 5<br>col. 7)           ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000 (DPERATI NG ROM<br>50.01         0         0         0         179, 118, 614         0.000           50.01         05000 (DERATI NG ROM<br>50.01         0         0         0         179, 118, 614         0.000           50.02         05002 (WSC<br>50.02         0         0         0         113, 042, 295         0.000           51.00         05100 RECOVERY ROM<br>51.02         05100 RECOVERY ROM<br>51.02         0         0         0         2, 257, 663         0.000           52.00         05210 VERY ROM<br>51.02         05101 O/P TREATMENT ROM<br>52.00         0         0         2, 257, 663         0.000           54.00         05400 RADI 0LOGY-THERAPEUTI C         0         0         0         2, 257, 663         0.000           55.00         05500 RADI 0LOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           56.00         05800 MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         8, 759, 344  | 5                          |
| Education<br>Cost         1, 2, 3, and<br>4)         Cost (sum of<br>cols. 2, 3,<br>and 4)         C, Part I,<br>col. 8)         (col. 5<br>col. 7)           ANCILLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000 OPERATING ROOM         0         0         1179, 118, 614         0.000           50.01         05001 CARDIAC SURGERY         0         0         0         5, 853, 080         0.000           50.02         05002 WSC         0         0         0         113, 042, 295         0.000           51.00         05100 RECOVERY ROOM         0         0         0         2, 257, 663         0.000           52.00         05200 DELIVERY ROOM & LABOR ROOM         0         0         0         2, 287, 728         0.000           52.00         05400 RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0.000           55.00         05500 RADI OLOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           57.00         05600 RADI OLOGY-THERAPEUTI C         0         0         0         0         8, 759, 344         0.000           58.00         05800 MAGNETI C RESONANCE I MAGI NG (MRI )   |                            |
| ANCI LLARY SERVICE COST CENTERS         Cost         4)         col s. 2, 3,<br>and 4)         col . 8)         col . 7)<br>(see<br>instruction           50.00         05000         0PERATING ROM         0   |                            |
| ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000         OPERATI NG ROOM         0         0         0         179, 118, 614         0.000           50.01         05001         OPERATI NG ROOM         0         0         0         179, 118, 614         0.000           50.02         05002         WSC         0         0         0         113, 042, 295         0.000           51.00         05100         RECOVERY ROOM         0         0         0         8, 797, 944         0.000           51.02         05101         0/P TREATMENT ROOM         0         0         0         2, 257, 663         0.000           52.00         05200         DELI VERY ROOM & LABOR ROOM         0         0         0         2, 2687, 728         0.000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         48, 341, 336         0.000           56.00         05700         CT SCAN         0         0         0         0         0<   | 5)                         |
| Image: Note of the second se | 5)                         |
| ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000         OPERATI NG ROOM         0         0         0         179, 118, 614         0.000           50.01         05001         CARDI AC SURGERY         0         0         0         583, 080         0.000           50.02         05002         WVSC         0         0         0         113, 042, 295         0.000           51.00         05100         RECOVERY ROOM         0         0         0         2, 257, 663         0.000           51.02         05101         0/P TREATMENT ROOM         0         0         0         2, 257, 663         0.000           52.00         05200         DELI VERY ROOM & LABOR ROOM         0         0         0         2, 257, 663         0.000           52.00         05200         RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         109, 856         58, 427, 803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         0         0         0         0         0         0         0         0         0         0         0  | 5)                         |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000 OPERATI NG ROOM         0         0         179, 118, 614         0.000           50.01         05001 CARDI AC SURGERY         0         0         0         5, 853, 080         0.000           50.02         05002 WVSC         0         0         0         113, 042, 295         0.000           51.00         05100 RECOVERY ROOM         0         0         0         8, 797, 944         0.000           51.02         05101 0/P TREATMENT ROOM         0         0         0         2, 257, 663         0.000           52.00         05200 DELI VERY ROOM & LABOR ROOM         0         0         0         2, 257, 663         0.000           54.00         05400 RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0.001           55.00         05500 RADI OLOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           56.00         05600 RADI OLOGY-THERAPEUTI C         0         0         0         0         0         0           57.00         05700 CT SCAN         0         0         0         0         13, 569, 668         0.000           58.00   | -1                         |
| 50.00         05000         0PERATI NG ROOM         0         0         0         179, 118, 614         0.000           50.01         05001         CARDI AC SURGERY         0         0         0         5, 853, 080         0.000           50.02         05002         WVSC         0         0         0         113, 042, 295         0.000           51.00         05101         0/P         TREATMENT ROOM         0         0         0         8, 797, 944         0.000           51.00         05101         0/P         TREATMENT ROOM         0         0         0         2, 257, 663         0.000           52.00         05200         DELI VERY ROOM & LABOR ROOM         0         0         0         22, 087, 728         0.000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           56.00         05600         RADI OL SOTOPE         0         0         0         13, 569, 668         0.000           57.00         05700         CT SCAN         0  |                            |
| 50.01       05001       CARDIAC SURGERY       0       0       5, 853, 080       0.000         50.02       05002       WVSC       0       0       0       113, 042, 295       0.000         51.00       05100       RECOVERY ROOM       0       0       0       8, 797, 944       0.000         51.02       05101       0/P       TREATMENT ROOM       0       0       0       2, 257, 663       0.000         52.00       05200       DELI VERY ROOM & LABOR ROOM       0       0       0       2, 2087, 728       0.000         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       109, 856       109, 856       58, 427, 803       0.000         55.00       05500       RADI OLOGY-THERAPEUTI C       0       0       0       46, 434, 749       0.000         56.00       05600       RADI OL SOTOPE       0       0       0       48, 341, 336       0.000         57.00       05700       CT SCAN       0       0       0       13, 569, 668       0.000         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       0       0       0       7492, 408       0.000         59.00       05900       CARDI AC CATHETE   |                            |
| 50. 02         05002         WVSC         0         0         113, 042, 295         0. 000           51. 00         05100         RECOVERY ROOM         0         0         0         8, 797, 944         0. 000           51. 02         05101         0/P         TREATMENT ROOM         0         0         0         2, 257, 663         0. 000           52. 00         05200         DELI VERY ROOM & LABOR ROOM         0         0         0         22, 087, 728         0. 000           54. 00         05400         RADI 0 LOGY-DI AGNOSTI C         0         109, 856         109, 856         58, 427, 803         0. 000           55. 00         05500         RADI 0 LOGY-THERAPEUTI C         0         0         0         46, 434, 749         0. 000           56. 00         05600         RADI 0 LOSY-THERAPEUTI C         0         0         0         8, 759, 344         0. 000           57. 00         05700         CT SCAN         0         0         0         13, 569, 668         0. 000           58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         97, 492, 408         0. 000           59. 00         05900         CARDI AC CATHETERI ZATI ON  | 00 50.00                   |
| 51.00         05100         RECOVERY ROOM         0         0         8,797,944         0.000           51.02         05101         0/P TREATMENT ROOM         0         0         0         2,257,663         0.000           52.00         05200         DELI VERY ROOM & LABOR ROOM         0         0         22,087,728         0.000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109,856         109,856         58,427,803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         46,434,749         0.000           56.00         05600         RADI OLOGY-THERAPEUTI C         0         0         0         8,759,344         0.000           57.00         05700         CT SCAN         0         0         0         48,341,336         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         97,492,408         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         0         0         0           60.00         LABORATORY         0         0         0         0         3,142,730  | 00 50.01                   |
| 51.02       05101       0/P TREATMENT ROOM       0       0       2,257,663       0.000         52.00       05200       DELI VERY ROOM & LABOR ROOM       0       0       0       22,087,728       0.000         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       109,856       109,856       58,427,803       0.001         55.00       05500       RADI OLOGY-THERAPEUTI C       0       0       0       46,434,749       0.000         56.00       05600       RADI OLOGY-THERAPEUTI C       0       0       0       8,759,344       0.000         57.00       05700       CT SCAN       0       0       0       8,341,336       0.000         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       0       0       0       97,492,408       0.000         59.00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       8,151,024       0.000         60.00       06000       LABORATORY       0       0       0       3,142,730       0.000         65.00       06500       RESPI RATORY THERAPY       0       0       0       3,142,730       0.000         65.00       06500       RESPI RATORY THERAPY<  | 00 50.02                   |
| 52.00         05200         DELIVERY ROOM & LABOR ROOM         0         0         22,087,728         0.000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109,856         109,856         58,427,803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         46,434,749         0.000           56.00         05600         RADI OLOGY-THERAPEUTI C         0         0         0         46,434,749         0.000           57.00         05700         CT SCAN         0         0         0         8,759,344         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         13,569,668         0.000           59.00         CARDI AC CATHETERI ZATI ON         0         0         0         97,492,408         0.000           60.00         LABORATORY         0         0         0         3,142,730         0.000           62.00         MGLOU E BLOOD & PACKED RED BLOOD CELLS         0         0         0         3,142,730         0.000           65.00         06000         HENDY THERAPY         0         0         0         0.000         0  | 00 51.00                   |
| 52.00         05200         DELIVERY ROOM & LABOR ROOM         0         0         22,087,728         0.000           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109,856         109,856         58,427,803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         46,434,749         0.000           56.00         05600         RADI OLOGY-THERAPEUTI C         0         0         0         46,434,749         0.000           57.00         05700         CT SCAN         0         0         0         48,341,336         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         13,569,668         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         97,492,408         0.000           60.00         LABORATORY         0         0         0         3,142,730         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0         3,142,730         0.000           65.00         06600         PHYSI CAL THERAPY         0         0         0         0   | 00 51.02                   |
| 54.00         05400         RADI OLOGY-DI AGNOSTI C         0         109, 856         109, 856         59, 427, 803         0.001           55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           56.00         05600         RADI OLOGY-THERAPEUTI C         0         0         0         46, 434, 749         0.000           57.00         05700         CT SCAN         0         0         0         8, 759, 344         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         13, 569, 668         0.000           59.00         CARDI AC CATHETERI ZATI ON         0         0         0         97, 492, 408         0.000           60.00         LABORATORY         0         0         0         3, 142, 730         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0         3, 142, 730         0.000           65.00         06600         PHYSI CAL THERAPY         0         0         0         36, 650, 788         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0   | 00 52.00                   |
| 55.00         05500         RADI OLOGY-THERAPEUTI C         0         0         46, 434, 749         0.000           56.00         05600         RADI OLOGY-THERAPEUTI C         0         0         0         8, 759, 344         0.000           57.00         05700         CT SCAN         0         0         0         48, 341, 336         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         13, 569, 668         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         0         97, 492, 408         0.000           60.00         LABORATORY         0         0         0         3, 142, 730         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         3, 142, 730         0.000           65.00         06600         PHYSI CAL THERAPY         0         0         0         12, 516, 599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0.000  |                            |
| 56.00         05600         RADI OI SOTOPE         0         0         8,759,344         0.000           57.00         05700         CT SCAN         0         0         0         48,341,336         0.000           58.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0         0         0         13,569,668         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         0         97,492,408         0.000           60.00         LABORATORY         0         0         0         86,151,024         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         3,142,730         0.000           65.00         06500         RESPI RATORY THERAPY         0         0         0         36,650,788         0.000           66.00         06600         PHYSI CAL THERAPY         0         0         0         12,516,599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0.000   |                            |
| 57.00         05700         CT_SCAN         0         0         48, 341, 336         0.000           58.00         05800         MAGNETIC RESONANCE I MAGI NG (MRI)         0         0         13, 569, 668         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         97, 492, 408         0.000           60.00         06000         LABORATORY         0         0         0         86, 151, 024         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         3, 142, 730         0.000           65.00         06500         RESPI RATORY THERAPY         0         0         0         36, 650, 788         0.000           66.01         06001         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0.000   |                            |
| 58.00         05800         MAGNETIC RESONANCE I MAGI NG (MRI)         0         0         13,569,668         0.000           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         97,492,408         0.000           60.00         06000         LABORATORY         0         0         0         86,151,024         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         3,142,730         0.000           65.00         06500         RESPI RATORY THERAPY         0         0         36,650,788         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         12,516,599         0.000   |                            |
| 59.00         05900         CARDI AC_CATHETERI ZATI ON         0         0         97, 492, 408         0.000           60.00         06000         LABORATORY         0         0         0         86, 151, 024         0.000           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0         3, 142, 730         0.000           65.00         06500         RESPI RATORY THERAPY         0         0         0         36, 650, 788         0.000           66.00         06600         PHYSI CAL THERAPY         0         0         0         12, 516, 599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0         0.000   |                            |
| 60. 00         06000         LABORATORY         0         0         0         86, 151, 024         0.000           62. 00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0         3, 142, 730         0.000           65. 00         06500         RESPI RATORY THERAPY         0         0         0         36, 650, 788         0.000           66. 00         06600         PHYSI CAL THERAPY         0         0         0         12, 516, 599         0.000           66. 01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0.000  |                            |
| 62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         3, 142, 730         0.000           65.00         06500         RESPI RATORY THERAPY         0         0         0         36, 650, 788         0.000           66.00         06600         PHYSI CAL THERAPY         0         0         0         12, 516, 599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0         0.000   |                            |
| 65.00         06500         RESPI RATORY THERAPY         0         0         36, 650, 788         0.000           66.00         06600         PHYSI CAL THERAPY         0         0         0         12, 516, 599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0         0.000  |                            |
| 66.00         06600         PHYSI CAL         THERAPY         0         0         12, 516, 599         0.000           66.01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL         SERVI CES         0 <td></td>   |                            |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 0 0 0 0 0.000   |                            |
|   |                            |
| 00. UZ [U00UZ] U/P PHISICAL THERAPT [ U] U] U] U] U] U] U] U, U99, SST] U. UU   |                            |
| 67. 00 06700 OCCUPATI ONAL THERAPY 0 0 0 9, 904, 420 0. 000   |                            |
|   |                            |
| 68.00 06800 SPEECH PATHOLOGY 0 0 4,094,040 0.000  |                            |
| 69.00 06900 ELECTROCARDI OLOGY 0 0 79, 104, 830 0.000   |                            |
| 69. 01 06901 CARDI AC REHAB 0 0 1, 407, 197 0. 000  |                            |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 3, 179, 436 0.000   |                            |
| 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0.000  |                            |
| 72.00 07200 I MPL DEV. CHARGED TO PATIENTS 0 0 0 23, 297, 178 0.000   |                            |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 398, 861 398, 861 308, 831, 438 0. 001   |                            |
| 76.00 03020 RENAL ACUTE 0 0 3,943,015 0.000   | 00 76.00                   |
| OUTPATIENT SERVICE COST CENTERS   |                            |
| 90.00 09000 CLINIC 0 0 788,290 0.000  |                            |
| 90. 05 09005 PATIENT NUTRITION 0 0 139, 805 0. 000  |                            |
| 90.07 09007 WOUND CLINIC 0 0 10,186,728 0.000   |                            |
| 91.00 09100 EMERGENCY 0 0 124, 540, 349 0.000   |                            |
| 92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 13,507,787 0.000  | 92.00                      |
| 200.00         Total (lines 50 through 199)         0         508, 717         508, 717         1, 332, 667, 617  | 200.00                     |

| lealth Financial Systems  | UNI ON HOSPI TA        | L, INC.                                 |              | In Lie          | u of Form CMS-:      | 2552-10        |
|---|------------------------|---|--------------|-----------------|----------------------|----------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE                        | RVICE OTHER PASS       | Provider CO                             | CN: 15-0023  | Peri od:        | Worksheet D          |                |
| THROUGH COSTS   |                        |   |              | From 01/01/2020 |                      |                |
|   |                        | Component (                             | CCN: 15-T023 | To 12/31/2020   |                      | epared:        |
|   |                        | Titlo                                   | XVIII        | Subprovider -   | 7/29/2021 1:5<br>PPS |                |
|   |                        | nue                                     | AVIII        | IRF             | PP3                  |                |
| Cost Center Description   | Outpati ent            | Inpatient                               | Inpati ent   | Outpati ent     | Outpati ent          |                |
|   | Ratio of Cost          | Program                                 | Program      | Program         | Program              |                |
|   | to Charges             | Charges                                 | Pass-Throug  | n Charges       | Pass-Through         |                |
|   | (col. 6 ÷              | , i i i i i i i i i i i i i i i i i i i | Costs (col.  | 8               | Costs (col. 9        |                |
|   | col. 7)                |   | x col. 10)   |                 | x col. 12)           |                |
|   | 9.00                   | 10.00                                   | 11.00        | 12.00           | 13.00                |                |
| ANCILLARY SERVICE COST CENTERS  |                        |   |              |                 |                      |                |
| 50.00 05000 OPERATI NG ROOM   | 0.000000               | 109, 712                                |              | 0 0             | 0                    | 50.00          |
| 50. 01 05001 CARDI AC SURGERY   | 0. 000000              | 5, 395                                  |              | 0 0             | 0                    | 50.01          |
| 50. 02 05002 WVSC   | 0. 000000              | 161                                     |              | 0 1             | 0                    | 50.02          |
| 51.00 05100 RECOVERY ROOM   | 0. 000000              | 2, 520                                  |              | 0 0             | 0                    |                |
| 51.02 05101 0/P TREATMENT ROOM  | 0. 000000              | _,                                      |              | 0 0             | 0                    |                |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                                   | 0. 000000              | 36                                      |              | 0 0             | -                    |                |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                      | 0. 001880              | 78, 906                                 | 1.           | 48 213          |                      | 1              |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                                      | 0. 000000              | /0, /00                                 |              | 0 0             |                      |                |
| 56. 00 05600 RADI 0I SOTOPE   | 0. 000000              | 1, 856                                  |              | 0 0             | 0                    |                |
| 57. 00 05700 CT SCAN  | 0. 000000              | 59,030                                  |              | 0 0             | 0                    | 57.00          |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)                              | 0.000000               | 11,625                                  |              | 0 0             | -                    |                |
| 59. 00 05900 CARDIAC CATHETERIZATION                                      | 0. 000000              | 33, 141                                 |              | 0 136           |                      | 59.00          |
| 50. 00 06000 LABORATORY   | 0. 000000              | 350, 524                                |              | 0 130           |                      |                |
|   | 0. 000000              |   |              | 0 0             |                      |                |
| 52.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS                          |                        | 26, 675                                 |              |                 | 0                    | 62.00<br>65.00 |
|   | 0.000000               | 492, 962                                |              | 0 0             | 0                    |                |
| 56. 00 06600 PHYSI CAL THERAPY  | 0.000000               | 1, 332, 230                             |              | 0 0             | 0                    |                |
| 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                       | 0. 000000              | 0                                       |              | 0 0             | -                    |                |
| 56. 02 06602 0/P PHYSICAL THERAPY   | 0. 000000              | 0                                       |              | 0 0             | 0                    |                |
| 57.00 06700 OCCUPATI ONAL THERAPY   | 0. 000000              | 1, 300, 761                             |              | 0 0             | 0                    |                |
| 58.00 06800 SPEECH PATHOLOGY  | 0. 000000              | 227, 885                                |              | 0 0             | 0                    |                |
| 59. 00 06900 ELECTROCARDI OLOGY   | 0. 000000              | 33, 512                                 |              | 0 0             | 0                    |                |
| 59. 01 06901 CARDI AC REHAB   | 0. 000000              | 0                                       |              | 0 0             | 0                    |                |
| 70.00 07000 ELECTROENCEPHALOGRAPHY  | 0. 000000              | 24, 016                                 |              | 0 0             | 0                    | 70.00          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                          | 0. 000000              | 0                                       |              | 0 0             | 0                    | 71.00          |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                | 0. 000000              | 10, 265                                 |              | 0 0             | 0                    |                |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                     | 0. 001292              | 376, 034                                | 4            | 36 209          | 0                    | 73.00          |
| 76. 00 03020 RENAL ACUTE  | 0. 000000              | 105, 909                                |              | 0 0             | 0                    | 76.00          |
| OUTPATIENT SERVICE COST CENTERS   |                        |   |              |                 |                      |                |
| 90. 00 09000 CLINIC   | 0. 000000              | 0                                       |              | 0 0             | 0                    | 90.00          |
| PO. 05 09005 PATIENT NUTRITION  | 0. 000000              | 0                                       |              | 0 0             | 0                    | 90.05          |
| 20. 07 09007 WOUND CLINIC   | 0. 000000              | 170                                     |              | 0 0             | 0                    | 90.07          |
|   | 1                      |   | 1            |                 |                      | 01 00          |
| 91. 00 09100 EMERGENCY  | 0. 000000              | 30, 933                                 |              | 0 318           | 0                    | 91.00          |
| 91.00 09100 EMERGENCY<br>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0. 000000<br>0. 000000 | 30, 933<br>0                            |              | 0 318           | 0                    |                |

|                         | ncial Systems  | UNI ON HOSPI           | TAL, INC.     |              | In Lie                     | u of Form CMS-        | 2552-10          |
|-------------------------|--|------------------------|---------------|--------------|----------------------------|-----------------------|------------------|
| APPORTI ONME            | ENT OF MEDICAL, OTHER HEALTH SERVICES AN             | D VACCINE COST         | Provider (    | CN: 15-0023  | Period:<br>From 01/01/2020 | Worksheet D<br>Part V |                  |
|                         |  |                        | Component     | CCN: 15-T023 | To 12/31/2020              |                       | epared:<br>58 pm |
|                         |  |                        | Title         | e XVIII      | Subprovider -<br>IRF       | PPS                   |                  |
|                         |  |                        |               | Charges      |                            | Costs                 |                  |
|                         | Cost Center Description                              | Cost to                | PPS           | Cost         | Cost                       | PPS Services          |                  |
|                         |  | Charge Ratio           | Reimbursed    | Rei mbursed  |                            | (see inst.)           |                  |
|                         |  | From                   | Services (see |              | Services Not               |                       |                  |
|                         |  | Worksheet C,           | inst.)        | Subject To   |                            |                       |                  |
|                         |  | Part I, col.           |               | Ded. & Coins |                            |                       |                  |
|                         |  | 9                      |               | (see inst.)  |                            | 5.00                  |                  |
| ANGLI                   |  | 1.00                   | 2.00          | 3.00         | 4.00                       | 5.00                  | -                |
|                         | LLARY SERVICE COST CENTERS                           | 0 124220               | (             |              | 0 0                        | 0                     | 50.00            |
|                         | 1 CARDI AC SURGERY                                   | 0. 124320 0. 604019    |               |              | 0 0                        |                       |                  |
|                         | 2 WVSC   |                        |               |              | 0 0                        |                       |                  |
|                         | ORECOVERY ROOM                                       | 0. 145162<br>0. 352856 |               |              | 0 0                        |                       |                  |
|                         |  |                        |               |              |                            | -                     | 1                |
|                         | 1 O/P TREATMENT ROOM<br>0 DELIVERY ROOM & LABOR ROOM | 0. 879335<br>0. 346588 |               |              | 0 0                        | 0                     |                  |
|                         | 0 RADI OLOGY-DI AGNOSTI C                            | 0. 238287              | 21:           |              | 0 0                        | 51                    |                  |
|                         | 0 RADI OLOGY-DI AGNOSTI C                            | 0. 238287              | 21.           |              | 0 0                        | 0                     |                  |
|                         | 0 RADI OLOGI - THERAPEOTIC                           | 0. 334198              |               |              | 0 0                        |                       |                  |
|                         | O CT SCAN  | 0. 070784              |               |              | 0 0                        |                       |                  |
|                         | D MAGNETIC RESONANCE IMAGING (MRI)                   | 0. 216283              |               |              | 0 0                        |                       |                  |
|                         | O CARDI AC CATHETERI ZATI ON                         | 0. 360162              | 130           |              | 0 0                        | 49                    |                  |
|                         | 0 LABORATORY   | 0. 127899              | (             |              | 0 0                        | 47                    | 1                |
|                         | O WHOLE BLOOD & PACKED RED BLOOD CELLS               | 0. 453015              | (             |              | 0 0                        | 0                     |                  |
|                         | O RESPIRATORY THERAPY                                | 0. 196842              |               |              | 0 0                        | 0                     |                  |
|                         | O PHYSI CAL THERAPY                                  | 0. 331747              |               |              | 0 0                        | l o                   | 1                |
|                         | 1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES             | 0. 000000              |               |              | 0 0                        | 0                     |                  |
|                         | 2 O/P PHYSICAL THERAPY                               | 0. 382315              |               |              | 0 0                        | 0                     |                  |
|                         | O OCCUPATIONAL THERAPY                               | 0. 249368              | (             |              | 0 0                        | 0                     |                  |
|                         | O SPEECH PATHOLOGY                                   | 0. 316469              | (             |              | 0 0                        | 0                     | 1                |
|                         | ELECTROCARDI OLOGY                                   | 0. 186263              | (             |              | 0 0                        | 0                     | 69.00            |
| 69.01 0690 <sup>-</sup> | 1 CARDI AC REHAB                                     | 0. 631854              | (             |              | 0 0                        | 0                     | 69.01            |
| 70.00 07000             | 0 ELECTROENCEPHALOGRAPHY                             | 0. 686143              | (             |              | 0 0                        | 0                     | 70.00            |
| 71.00 07100             | MEDICAL SUPPLIES CHARGED TO PATIENTS                 | 0. 000000              | (             |              | 0 0                        | 0                     | 71.00            |
| 72.00 07200             | OIMPL. DEV. CHARGED TO PATIENTS                      | 0. 577419              | (             |              | 0 0                        | 0                     | 72.00            |
| 73.00 07300             | O DRUGS CHARGED TO PATIENTS                          | 0. 193964              | 209           | 9            | 0 538                      | 41                    | 73.00            |
|                         | O RENAL ACUTE  | 0. 564174              | (             |              | 0 0                        | 0                     | 76.00            |
|                         | ATIENT SERVICE COST CENTERS                          |                        |               |              |                            |                       |                  |
|                         |  | 0. 513869              |               |              | 0 0                        | 0                     |                  |
|                         | 5 PATIENT NUTRITION                                  | 3. 983642              | (             |              | 0 0                        | 0                     |                  |
|                         | 7 WOUND CLINIC                                       | 0. 238770              | (             |              | 0 0                        | 0                     |                  |
|                         | 0 EMERGENCY  | 0. 114002              | 318           |              | 0 0                        | 36                    |                  |
|                         | O OBSERVATION BEDS (NON-DISTINCT PART)               | 0. 692256              | (             |              | 0 0                        | 0                     |                  |
| 200.00                  | Subtotal (see instructions)                          |                        | 87            | 7            | 0 538                      | 177                   | 200.00           |
| 201.00                  | Less PBP Clinic Lab. Services-Program                |                        |               |              | 0 0                        |                       | 201.00           |
| 202.02                  | Only Charges   |                        | ~~~           | ,            |                            | 4-7-                  | 000 00           |
| 202.00                  | Net Charges (line 200 - line 201)                    | 1                      | 87            | 1            | 0 538                      | //                    | 202.00           |

| Heal th Fina       | ncial Systems   | UNI ON HOSPI TA | AL, INC.     |              | In Lie                           | u of Form CMS                          | -2552-10         |
|--------------------|---|-----------------|--------------|--------------|----------------------------------|--|------------------|
| APPORTI ONME       | ENT OF MEDICAL, OTHER HEALTH SERVICES AN              | D VACCINE COST  | Provider C   | CN: 15-0023  | Peri od:                         | Worksheet D                            |                  |
|                    |   |                 | Component    | CCN: 15-T023 | From 01/01/2020<br>To 12/31/2020 | Part V<br>Date/Time Pr<br>7/29/2021 1: |                  |
|                    |   |                 | Title        | xVIII        | Subprovider -                    | PPS                                    |                  |
|                    |   | Cost            |              |              | I RF                             |  |                  |
|                    | Cost Center Description                               | Cost            | Cost         | +            |                                  |  |                  |
|                    | cost center bescription                               | Reimbursed      | Reimbursed   |              |                                  |  |                  |
|                    |   |                 | Services Not |              |                                  |  |                  |
|                    |   | Subject To      | Subject To   |              |                                  |  |                  |
|                    |   |                 | ed. & Coins. |              |                                  |  |                  |
|                    |   |                 | (see inst.)  |              |                                  |  |                  |
|                    |   | 6.00            | 7.00         |              |                                  |  |                  |
|                    | LLARY SERVICE COST CENTERS                            |                 |              | 1            |                                  |  |                  |
|                    | O OPERATING ROOM                                      | 0               | 0            |              |                                  |  | 50.00            |
|                    | 1 CARDI AC SURGERY<br>2 WVSC                          | 0               | 0            |              |                                  |  | 50.01            |
|                    | 0 RECOVERY ROOM                                       | 0               | 0            |              |                                  |  | 50.02<br>51.00   |
|                    | 1 0/P TREATMENT ROOM                                  | 0               | 0            |              |                                  |  | 51.00            |
|                    | O DELIVERY ROOM & LABOR ROOM                          | 0               | 0            |              |                                  |  | 52.00            |
|                    | 0 RADI OLOGY-DI AGNOSTI C                             | 0               | 0            |              |                                  |  | 54.00            |
|                    | 0 RADI OLOGY-THERAPEUTI C                             | 0               | 0            |              |                                  |  | 55.00            |
|                    | 0 RADI OI SOTOPE                                      | 0               | 0            |              |                                  |  | 56.00            |
|                    | O CT SCAN   | 0               | 0            |              |                                  |  | 57.00            |
| 58.00 05800        | MAGNETIC RESONANCE IMAGING (MRI)                      | 0               | 0            |              |                                  |  | 58.00            |
| 59.00 05900        | O CARDI AC CATHETERI ZATI ON                          | 0               | 0            |              |                                  |  | 59.00            |
|                    | 0 LABORATORY  | 0               | 0            |              |                                  |  | 60.00            |
|                    | WHOLE BLOOD & PACKED RED BLOOD CELLS                  | 0               | 0            |              |                                  |  | 62.00            |
|                    | 0 RESPI RATORY THERAPY                                | 0               | 0            |              |                                  |  | 65.00            |
|                    | 0 PHYSI CAL THERAPY                                   | 0               | 0            |              |                                  |  | 66.00            |
|                    | 1 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES              | 0               | 0            |              |                                  |  | 66.01            |
|                    | 2 0/P PHYSICAL THERAPY                                | 0               | 0            |              |                                  |  | 66.02            |
|                    | 0 OCCUPATI ONAL THERAPY<br>0 SPEECH PATHOLOGY         | 0               | 0            |              |                                  |  | 67.00<br>68.00   |
|                    | 0 ELECTROCARDI OLOGY                                  | 0               | 0            |              |                                  |  | 69.00            |
|                    | 1 CARDI AC REHAB                                      | 0               | 0            |              |                                  |  | 69.01            |
|                    | 0 ELECTROENCEPHALOGRAPHY                              | 0               | 0            |              |                                  |  | 70.00            |
|                    | MEDICAL SUPPLIES CHARGED TO PATIENTS                  | 0               | 0            |              |                                  |  | 71.00            |
|                    | OIMPL. DEV. CHARGED TO PATIENTS                       | 0               | 0            |              |                                  |  | 72.00            |
| 73.00 07300        | O DRUGS CHARGED TO PATIENTS                           | 0               | 104          |              |                                  |  | 73.00            |
| 76.00 03020        | O RENAL ACUTE   | 0               | 0            |              |                                  |  | 76.00            |
|                    | ATIENT SERVICE COST CENTERS                           |                 |              |              |                                  |  |                  |
|                    |   | 0               | 0            |              |                                  |  | 90.00            |
|                    | 5 PATIENT NUTRITION                                   | 0               | 0            |              |                                  |  | 90.05            |
|                    | 7 WOUND CLINIC  | 0               | 0            |              |                                  |  | 90.07            |
|                    | O EMERGENCY   | 0               | 0            | •            |                                  |  | 91.00            |
|                    | O OBSERVATION BEDS (NON-DISTINCT PART)                | 0               | 0            |              |                                  |  | 92.00            |
| 200. 00<br>201. 00 | Subtotal (see instructions)                           | 0               | 104          |              |                                  |  | 200.00<br>201.00 |
| 201.00             | Less PBP Clinic Lab. Services-Program<br>Only Charges | 0               |              |              |                                  |  | 201.00           |
| 202.00             | Net Charges (line 200 - line 201)                     | 0               | 104          |              |                                  |  | 202.00           |
| _02.00             |   |                 | 104          | 1            |                                  |  | 1-02.00          |

| OMPUT | ATION OF INPATIENT OPERATING COST  | Provider CCN: 15-0023      | Period:<br>From 01/01/2020 | Worksheet D-1                  |       |
|-------|--|----------------------------|----------------------------|--------------------------------|-------|
|       |  |                            | To 12/31/2020              | Date/Time Pre<br>7/29/2021 1:5 |       |
|       | Cost Contan Description  | Title XVIII                | Hospi tal                  | PPS                            | 1     |
|       | Cost Center Description  |                            | -                          | 1.00                           |       |
|       | PART I - ALL PROVIDER COMPONENTS   |                            |                            |                                | -     |
| 00    | INPATIENT DAYS<br>Inpatient days (including private room days and swing-bed d  | lavs. excluding newborn)   |                            | 57, 256                        | 1 1.  |
| 00    | Inpatient days (including private room days, excluding swin  |                            |                            | 57, 256                        |       |
| 00    | Private room days (excluding swing-bed and observation bed   | days). If you have only p  | rivate room days,          | 0                              | 3.    |
| 00    | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation                                  | bod davic)                 |                            | 47, 467                        | 4.    |
| 00    | Total swing-bed SNF type inpatient days (including private   |                            | er 31 of the cost          |                                |       |
|       | reporting period   |                            |                            |                                |       |
| 00    | Total swing-bed SNF type inpatient days (including private   | room days) after December  | 31 of the cost             | 0                              | 6     |
| 00    | reporting period (if calendar year, enter 0 on this line)<br>Total swing-bed NF type inpatient days (including private r   | coom days) through Decembe | or 31 of the cost          | 0                              | 7     |
| 00    | reporting period   | thi bugh becembe           | 1 51 01 the cost           | 0                              | '     |
| 00    | Total swing-bed NF type inpatient days (including private r  | room days) after December  | 31 of the cost             | 0                              | 8.    |
| 00    | reporting period (if calendar year, enter 0 on this line)  |                            |                            | 04 574                         |       |
| 00    | Total inpatient days including private room days applicable newborn days) (see instructions)                               | e to the Program (excludin | g swing-bed and            | 21, 574                        | 9     |
| 0. 00 | Swing-bed SNF type inpatient days applicable to title XVIII  | only (including private    | room days)                 | 0                              | 10    |
|       | through December 31 of the cost reporting period (see instr  |                            |                            |                                |       |
| 1.00  | Swing-bed SNF type inpatient days applicable to title XVIII<br>December 31 of the cost reporting period (if calendar year, |                            | room days) after           | 0                              | 11    |
| 2.00  | Swing-bed NF type inpatient days applicable to titles V or   |                            | te room davs)              | 0                              | 12    |
|       | through December 31 of the cost reporting period   |                            |                            |                                | -     |
| 3.00  | Swing-bed NF type inpatient days applicable to titles V or   |                            |                            | 0                              | 13    |
| 1 00  | after December 31 of the cost reporting period (if calendar<br>Medically necessary private room days applicable to the Pro |                            |                            | 0                              | 14    |
| 5.00  | Total nursery days (title V or XIX only)   | gram (excruding swrng-bed  | uays)                      | 0                              |       |
|       | Nursery days (title V or XIX only)   |                            |                            | 0                              |       |
|       | SWING BED ADJUSTMENT   |                            |                            |                                | 1 4 7 |
| 7.00  | Medicare rate for swing-bed SNF services applicable to serv<br>reporting period  | rices through December 31  | of the cost                | 0.00                           | 11/   |
| 3. 00 | Medicare rate for swing-bed SNF services applicable to serv  | vices after December 31 of | the cost                   | 0.00                           | 18    |
|       | reporting period   |                            |                            |                                |       |
| 9.00  | Medicaid rate for swing-bed NF services applicable to servi  | ces through December 31 c  | f the cost                 | 0.00                           | 19    |
| 0. 00 | reporting period<br>Medicaid rate for swing-bed NF services applicable to servi  | ces after December 31 of   | the cost                   | 0.00                           | 20    |
|       | reporting period   |                            |                            |                                |       |
| 1.00  | Total general inpatient routine service cost (see instructi  | · ·                        |                            | 54, 693, 328                   |       |
| 2.00  | Swing-bed cost applicable to SNF type services through Dece $5 \times 10^{-1}$ x line 17)                                  | ember 31 of the cost repor | ting period (line          | 0                              | 22    |
| 3.00  | Swing-bed cost applicable to SNF type services after Decemb  | er 31 of the cost reporti  | ng period (line 6          | 0                              | 23    |
|       | x line 18)   |                            |                            |                                |       |
| 4.00  | Swing-bed cost applicable to NF type services through Decem  | ber 31 of the cost report  | ing period (line           | 0                              | 24    |
| 5 00  | 7 x line 19)<br>Swing-bed cost applicable to NF type services after Decembe  | or 31 of the cost reportin | a period (line 8           | 0                              | 25    |
|       | x line 20)   |                            | g per loa (inne o          | 0                              | 20    |
| 5.00  | Total swing-bed cost (see instructions)  |                            |                            | 0                              |       |
| 7.00  | General inpatient routine service cost net of swing-bed cos  | st (line 21 minus line 26) |                            | 54, 693, 328                   | 27    |
| 3. 00 | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT<br>General inpatient routine service charges (excluding swing-                        | bed and observation bed o  | harges)                    | 0                              | 28    |
|       | Private room charges (excluding swing-bed charges)   | bed and observation bed e  | nai ges)                   | 0                              |       |
|       | Semi-private room charges (excluding swing-bed charges)  |                            |                            | 0                              |       |
| I. 00 | General inpatient routine service cost/charge ratio (line 2  | ?7 ÷ line 28)              |                            | 0.00000                        | 31    |
| 2.00  | Average private room per diem charge (line 29 ÷ line 3)  |                            |                            | 0.00                           | 32    |
| 3.00  | Average semi-private room per diem charge (line 30 ÷ line 4  | .)                         |                            | 0.00                           |       |
| 1.00  | Average per diem private room charge differential (line 32   |                            | ctions)                    | 0.00                           |       |
| 5.00  | Average per diem private room cost differential (line 34 x   |                            |                            | 0.00                           |       |
| 5.00  | Private room cost differential adjustment (line 3 x line 35  |                            |                            | 0                              |       |
| 7.00  | General inpatient routine service cost net of swing-bed cos  | t and private room cost d  | ifferential (line          | 54, 693, 328                   | 37    |
|       | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                            |                            |                                | 1     |
|       | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A  | DJUSTMENTS                 |                            |                                | 1     |
|       |  |                            |                            |                                |       |
| 3. 00 | Adjusted general inpatient routine service cost per diem (s  | ee instructions)           |                            | 955.24                         |       |
| 9.00  |  | ee instructions)<br>ne 38) |                            | 955. 24<br>20, 608, 348<br>0   | 39    |

|                | Financial Systems  | UNI ON HOSPI        |                    |                             |                            | u of Form CMS-                |                  |  |
|----------------|--|---------------------|--------------------|-----------------------------|----------------------------|-------------------------------|------------------|--|
| COMPUT         | ATION OF INPATIENT OPERATING COST  |                     | Provider C         | CN: 15-0023                 | Period:<br>From 01/01/2020 |                               |                  |  |
|                |  |                     |                    |                             | To 12/31/2020              | Date/Time Pro<br>7/29/2021 1: | epared:<br>58 pm |  |
|                |  | Tatal               |                    | XVIII                       | Hospi tal                  | PPS                           |                  |  |
|                | Cost Center Description  | Total<br>Inpati ent | Total<br>Inpatient | Average Per<br>Diem (col. ´ |                            | Program Cost<br>(col. 3 x     |                  |  |
|                |  | Cost                | Days               | ÷ col. 2)                   |                            | col. 4)                       |                  |  |
| 42.00          | NURSERY (title V & XIX only)   | 1.00                | 2.00               | 3.00                        | 4.00                       | 5.00                          | ) 42.00          |  |
| 42.00          | Intensive Care Type Inpatient Hospital Units   | 0                   | 0                  | 0.0                         |                            |                               | 42.00            |  |
| 43.00          | I NTENSI VE CARE UNI T   | 11, 714, 065        | 7, 699             | 1, 521. 5                   | 50 3, 351                  | 5, 098, 547                   |                  |  |
| 44.00<br>45.00 | CORONARY CARE UNI T<br>BURN I NTENSI VE CARE UNI T   |                     |                    |                             |                            |                               | 44.00            |  |
| 46.00          | SURGI CAL I NTENSI VE CARE UNI T   |                     |                    |                             |                            |                               | 46.00            |  |
| 47.00          | I NTENSI VE NURSERY  | 4, 368, 444         | 3, 916             | 1, 115. 5                   | 54 0                       | (                             | 47.00            |  |
|                | Cost Center Description  |                     |                    |                             |                            | 1.00                          |                  |  |
| 48.00          | Program inpatient ancillary service cost (Wk   | st. D-3, col. 3     | 3, line 200)       |                             |                            | 35, 352, 560                  | 48.00            |  |
| 49.00          | Total Program inpatient costs (sum of lines a  | 41 through 48)(     | see instructi      | ons)                        |                            | 61, 059, 455                  | 49.00            |  |
| 50.00          | PASS THROUGH COST ADJUSTMENTS<br>Pass through costs applicable to Program inpa                 | atient routine      | services (fro      | m Wkst. D. su               | m of Parts I and           | 3, 048, 704                   | 50.00            |  |
|                |  |                     |                    |                             |                            |                               |                  |  |
| 51.00          | Pass through costs applicable to Program inpa  | atient ancillar     | ry services (f     | rom Wkst. D,                | sum of Parts II            | 2, 835, 247                   | 51.00            |  |
| 52.00          | and IV)<br>Total Program excludable cost (sum of lines !                                       | 50 and 51)          |                    |                             |                            | 5, 883, 951                   | 52.00            |  |
| 53.00          | Total Program inpatient operating cost exclude   | ding capital re     | elated, non-ph     | ysician anest               | hetist, and                | 55, 175, 504                  | 1 53.00          |  |
|                | medical education costs (line 49 minus line !<br>TARGET AMOUNT AND LIMIT COMPUTATION           | 52)                 |                    |                             |                            |                               | _                |  |
| 54.00          | Program di scharges  |                     |                    |                             |                            | 0                             | 54.00            |  |
| 55.00          | Target amount per discharge  |                     |                    |                             |                            | 0.00                          |                  |  |
| 56.00<br>57.00 | 5  |                     |                    |                             |                            |                               |                  |  |
| 58.00          | Bonus payment (see instructions)   | The bby             |                    |                             |                            |                               |                  |  |
| 59.00          |  |                     |                    |                             |                            |                               |                  |  |
| 60.00          | market basket<br>Lesser of lines 53/54 or 55 from prior year of                                | cost report. un     | dated by the       | market basket               |                            | 0.00                          | 60. 00           |  |
| 61.00          | If line 53/54 is less than the lower of line   | s 55, 59 or 60      | enter the less     | ser of 50% of               | the amount by              | 0                             |                  |  |
|                | which operating costs (line 53) are less that  |                     | s (lines 54 x      | 60), or 1% o                | f the target               |                               |                  |  |
| 62.00          | amount (line 56), otherwise enter zero (see i<br>Relief payment (see instructions)             | instructions)       |                    |                             |                            | 0                             | 62.00            |  |
| 63.00          |  |                     |                    |                             |                            |                               |                  |  |
| 64.00          | PROGRAM INPATIENT ROUTINE SWING BED COST<br>Medicare swing-bed SNF inpatient routine cost      | ts through Dece     | mber 31 of th      | a cost report               | ing period (See            |                               | 64.00            |  |
| 04.00          | instructions)(title XVIII only)  | to through beec     |                    |                             | ring period (See           |                               | 04.00            |  |
| 65.00          | Medicare swing-bed SNF inpatient routine cos   | ts after Decemb     | per 31 of the      | cost reportin               | g period (See              | 0                             | 65.00            |  |
| 66.00          | instructions)(title XVIII only)<br>Total Medicare swing-bed SNF inpatient routin               | ne costs (line      | 64 plus line       | 65)(title XVI               | II onlv). For              | 0                             | 66.00            |  |
|                | CAH (see instructions)   |                     | ·                  | , ,                         | 5.                         |                               |                  |  |
| 67.00          | Title V or XIX swing-bed NF inpatient routine<br>(line 12 x line 19)                           | e costs through     | n December 31      | of the cost r               | eporting period            | 0                             | 67.00            |  |
| 68.00          | Title V or XIX swing-bed NF inpatient routing  | e costs after D     | December 31 of     | the cost rep                | orting period              | 0                             | 68.00            |  |
|                | (line 13 x line 20)  |                     | () ( <del>,</del>  | ( 2 )                       | •                          |                               |                  |  |
| 69.00          | Total title V or XIX swing-bed NF inpatient<br>PART III - SKILLED NURSING FACILITY, OTHER NU   |                     |                    |                             |                            | (                             | 69.00            |  |
| 70.00          | Skilled nursing facility/other nursing facili  |                     |                    |                             | )                          |                               | 70.00            |  |
| 71.00          | Adjusted general inpatient routine service of  |                     | ine 70 ÷ line      | 2)                          |                            |                               | 71.00            |  |
| 72.00<br>73.00 | Program routine service cost (line 9 x line<br>Medically necessary private room cost applica   | ,                   | n (line 14 x l     | ne 35)                      |                            |                               | 72.00            |  |
| 74.00          | Total Program general inpatient routine servi  | ice costs (line     | e 72 + line 73     | )                           |                            |                               | 74.00            |  |
| 75.00          | Capital-related cost allocated to inpatient (26, line 45)                                      | routine service     | e costs (from      | Worksheet B,                | Part II, column            |                               | 75.00            |  |
| 76.00          | Per diem capital-related costs (line 75 ÷ lin  | ne 2)               |                    |                             |                            |                               | 76.00            |  |
| 77.00          | Program capital-related costs (line 9 x line   | 76)                 |                    |                             |                            |                               | 77.00            |  |
| 78.00<br>79.00 | Inpatient routine service cost (line 74 minus<br>Aggregate charges to beneficiaries for excess | ,                   | rovider recor      | 45)                         |                            |                               | 78.00            |  |
| 80.00          | Total Program routine service costs for compa  |                     |                    |                             | nus line 79)               |                               | 80.00            |  |
| 81.00          | Inpatient routine service cost per diem limi   |                     |                    |                             | -                          |                               | 81.00            |  |
| 82.00<br>83.00 | Inpatient routine service cost limitation (li<br>Reasonable inpatient routine service costs (  |                     |                    |                             |                            |                               | 82.00            |  |
| 84.00          | Program inpatient ancillary services (see ins  |                     | 137                |                             |                            |                               | 84.00            |  |
| 85.00          | Utilization review - physician compensation  | (see instructio     |                    |                             |                            |                               | 85.00            |  |
| 86.00          | Total Program inpatient operating costs (sum<br>PART IV - COMPUTATION OF OBSERVATION BED PASS  |                     | nrough 85)         |                             |                            |                               | 86.00            |  |
| 87.00          | Total observation bed days (see instructions)  |                     |                    |                             |                            | 9, 789                        | 87.00            |  |
| 88.00          | Adjusted general inpatient routine cost per  | diem (line 27 ÷     |                    |                             |                            | 955. 24                       | 88. 00           |  |
| 89.00          | Observation bed cost (line 87 x line 88) (see  | a instructions)     |                    |                             |                            | 9, 350, 844                   |                  |  |

| Health Financial Systems                    | UNI ON HOSPI | TAL, INC.    |            | In Lie                     | u of Form CMS-2 | 2552-10        |
|---|--------------|--------------|------------|----------------------------|-----------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST     |              | Provider CO  |            | Period:<br>From 01/01/2020 | Worksheet D-1   |                |
|   |              |              |            | To 12/31/2020              |                 | pared:<br>8 pm |
|   |              | Title        | XVIII      | Hospi tal                  | PPS             |                |
| Cost Center Description                     | Cost         | Routine Cost | column 1 ÷ | Total                      | Observation     |                |
|   |              | (from line   | column 2   | Observation                | Bed Pass        |                |
|   |              | 21)          |            | Bed Cost                   | Through Cost    |                |
|   |              |              |            | (from line                 | (col. 3 x       |                |
|   |              |              |            | 89)                        | col. 4) (see    |                |
|   |              |              |            |                            | instructions)   |                |
|   | 1.00         | 2.00         | 3.00       | 4.00                       | 5.00            |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST         |              |            |                            |                 |                |
| 90.00 Capital-related cost                  | 6, 181, 798  | 54, 693, 328 | 0. 11302   | 7 9, 350, 844              | 1, 056, 898     | 90.00          |
| 91.00 Nursing School cost                   | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844              | 0               | 91.00          |
| 92.00 Allied health cost                    | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844              | 0               | 92.00          |
| 93.00 All other Medical Education           | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844              | 0               | 93.00          |

| OMPUT        | Financial Systems UNION HOSPI<br>ATION OF INPATIENT OPERATING COST   | TAL, INC.<br>Provider CCN: 15-0023 | Peri od:                         | u of Form CMS-2<br>Worksheet D-1 |          |
|--------------|--|------------------------------------|----------------------------------|----------------------------------|----------|
|              |  | Component CCN: 15-T023             | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre<br>7/29/2021 1:5   |          |
|              |  | Title XVIII                        | Subprovider -                    | PPS                              | o pili   |
|              | Cost Center Description  |                                    |                                  | 1.00                             |          |
|              | PART I - ALL PROVIDER COMPONENTS   |                                    |                                  |                                  |          |
| 00           | INPATIENT DAYS   |                                    |                                  | 4, 176                           | 1        |
| . 00<br>. 00 | Inpatient days (including private room days and swing-bed or<br>Inpatient days (including private room days, excluding swing |                                    |                                  | 4, 176                           | 1.<br>2. |
| 00           | Private room days (excluding swing-bed and observation bed   |                                    | rivate room davs                 | 4, 170                           | 3.       |
| 00           | do not complete this line.   |                                    | i vato i oom dajo,               | 0                                |          |
| 00           | Semi-private room days (excluding swing-bed and observation  |                                    |                                  | 4, 176                           | 4        |
| 00           | Total swing-bed SNF type inpatient days (including private   | room days) through Decemb          | er 31 of the cost                | 0                                | 5        |
| 00           | reporting period<br>Total swing-bed SNF type inpatient days (including private   | room days) after December          | 21 of the cost                   | 0                                | 6        |
| 00           | reporting period (if calendar year, enter 0 on this line)  | room days) arter becember          | 31 OF the COST                   | 0                                | 0        |
| 00           | Total swing-bed NF type inpatient days (including private r  | room davs) through Decembe         | r 31 of the cost                 | 0                                | 7        |
|              | reporting period   | <i>, , , , , , , , , ,</i>         |                                  |                                  |          |
| 00           | Total swing-bed NF type inpatient days (including private r  | room days) after December          | 31 of the cost                   | 0                                | 8        |
| 00           | reporting period (if calendar year, enter 0 on this line)  |                                    | a and an back and                | 2, 200                           | 9        |
| 00           | Total inpatient days including private room days applicable newborn days) (see instructions)                                 | e to the program (excluding        | y swing-bed and                  | 2, 389                           | 9        |
| . 00         | Swing-bed SNF type inpatient days applicable to title XVIII  | l only (including private          | room davs)                       | 0                                | 10       |
|              | through December 31 of the cost reporting period (see instr  |                                    |                                  | -                                |          |
| . 00         | Swing-bed SNF type inpatient days applicable to title XVIII  |                                    | room days) after                 | 0                                | 11       |
|              | December 31 of the cost reporting period (if calendar year,  |                                    | h                                | 0                                | 1.0      |
| 2.00         | Swing-bed NF type inpatient days applicable to titles V or through December 31 of the cost reporting period                  | XIX only (Including priva          | te room days)                    | 0                                | 12       |
| 3.00         | Swing-bed NF type inpatient days applicable to titles V or   | XIX only (including priva          | te room days)                    | 0                                | 13       |
|              | after December 31 of the cost reporting period (if calendar  |                                    |                                  | 0                                |          |
|              | Medically necessary private room days applicable to the Pro  | ogram (excluding swing-bed         | days)                            | 0                                | 14       |
|              | Total nursery days (title V or XIX only)   |                                    |                                  | 0                                | 15       |
| 5.00         | Nursery days (title V or XIX only)   |                                    |                                  | 0                                | 16       |
| 7.00         | SWING BED ADJUSTMENT<br>Medicare rate for swing-bed SNF services applicable to serv  | vices through December 31          | of the cost                      | 0.00                             | 17       |
| . 00         | reporting period   | views the bugh becomen of a        |                                  | 0.00                             |          |
| 3. 00        | Medicare rate for swing-bed SNF services applicable to service   | vices after December 31 of         | the cost                         | 0.00                             | 18       |
|              | reporting period   |                                    |                                  |                                  |          |
| 9.00         | Medicaid rate for swing-bed NF services applicable to servi  | ices through December 31 o         | f the cost                       | 0.00                             | 19       |
| ). 00        | reporting period<br>Medicaid rate for swing-bed NF services applicable to servi  | ices after December 31 of          | the cost                         | 0.00                             | 20       |
|              | reporting period   |                                    |                                  | 01.00                            |          |
| I. 00        | Total general inpatient routine service cost (see instructi  | i ons)                             |                                  | 3, 254, 455                      | 21       |
| 2.00         | Swing-bed cost applicable to SNF type services through Dece  | ember 31 of the cost repor         | ting period (line                | 0                                | 22       |
|              | 5 x line 17)   | han 21 of the east report.         | a noried (line (                 | 0                                | 22       |
| 3. 00        | Swing-bed cost applicable to SNF type services after Decemb x line 18)   | ber 31 of the cost report          | ig period (inne o                | 0                                | 23       |
| 1.00         | Swing-bed cost applicable to NF type services through Decer  | mber 31 of the cost report         | na period (line                  | 0                                | 24       |
|              | 7 x line 19)   | ·                                  | 51 (                             |                                  |          |
| 5.00         | Swing-bed cost applicable to NF type services after December   | er 31 of the cost reportin         | g period (line 8                 | 0                                | 25       |
|              | x line 20)<br>Total aving had aget (age instructions)  |                                    |                                  | 0                                | 24       |
|              | Total swing-bed cost (see instructions)<br>General inpatient routine service cost net of swing-bed cost                      | st (line 21 minus line 26)         |                                  | 0<br>3, 254, 455                 | 26<br>27 |
| . 00         | PRIVATE ROOM DI FFERENTI AL ADJUSTMENT   |                                    | I                                | 3, 234, 433                      | 21       |
| 3. 00        | General inpatient routine service charges (excluding swing-  | -bed and observation bed c         | narges)                          | 0                                | 28       |
|              | Private room charges (excluding swing-bed charges)   |                                    |                                  | 0                                | 29       |
| 0.00         | Semi-private room charges (excluding swing-bed charges)  |                                    |                                  | 0                                | 30       |
|              | General inpatient routine service cost/charge ratio (line 2<br>Average private room per diem charge (line 29 ÷ line 3)       | 27 ÷ IINE 28)                      |                                  | 0.000000                         |          |
|              | Average semi-private room per diem charge (line 29 ÷ line 3)<br>Average semi-private room per diem charge (line 30 ÷ line 4  | 4)                                 |                                  | 0. 00<br>0. 00                   |          |
|              | Average per diem private room charge differential (line 32   |                                    | ctions)                          | 0.00                             |          |
|              | Average per diem private room cost differential (line 34 x   |                                    | -                                | 0.00                             |          |
| 6.00         | Private room cost differential adjustment (line 3 x line 35  | -                                  |                                  | 0                                | 36       |
| . 00         | General inpatient routine service cost net of swing-bed cos  | st and private room cost d         | fferential (line                 | 3, 254, 455                      | 37       |
|              | 27 minus line 36)<br>PART LL - HOSPITAL AND SURPPOVEDERS ONLY  |                                    |                                  |                                  |          |
|              | PART II – HOSPITAL AND SUBPROVIDERS ONLY<br>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A                      | AD JUSTMENTS                       |                                  |                                  |          |
| 3. 00        | Adjusted general inpatient routine service cost per diem (s  |                                    |                                  | 779. 32                          | 38       |
|              | Program general inpatient routine service cost (line 9 x li  | ,                                  |                                  | 1, 861, 795                      |          |
| 9.00         | Frogram general impattent routine service cost (inne 9 x in  |                                    |                                  |                                  |          |
| 0. 00        | Medically necessary private room cost applicable to the Pro<br>Total Program general inpatient routine service cost (line    | ogram (line 14 x line 35)          |                                  | 0<br>1, 861, 795                 |          |

|                | Financial Systems<br>ATION OF INPATIENT OPERATING COST  | UNI ON HOSPI                 |                            | CN: 15-0023                            | Peri od:                         | worksheet D-                         |                  |
|----------------|---|------------------------------|----------------------------|--|----------------------------------|--------------------------------------|------------------|
|                |   |                              | Component                  | CCN: 15-T023                           | From 01/01/2020<br>To 12/31/2020 |                                      |                  |
|                |   |                              | Title                      | e XVIII                                | Subprovider -<br>IRF             | PPS                                  |                  |
|                | Cost Center Description   | Total<br>I npati ent<br>Cost | Total<br>Inpatient<br>Days | Average Per<br>Diem (col.<br>÷ col. 2) | r Program Days                   | Program Cost<br>(col. 3 x<br>col. 4) |                  |
| 42.00          | NURSERY (title V & XIX only)  | 1.00                         | 2.00                       | 3.00                                   | 4.00<br>00 C                     | 5.00                                 | ) 42.00          |
| 42.00          | Intensive Care Type Inpatient Hospital Units  | 0                            | (                          | <u>, 0.</u>                            |                                  | /                                    | 42.00            |
| 43.00          | I NTENSI VE CARE UNI T  | 0                            | C                          | 0.                                     | 00 C                             | ) (                                  |                  |
| 44.00<br>45.00 | CORONARY CARE UNI T<br>BURN INTENSI VE CARE UNI T   |                              |                            |  |                                  |                                      | 44.00            |
| 46.00          | SURGI CAL I NTENSI VE CARE UNI T  |                              |                            |  |                                  |                                      | 46.00            |
| 47.00          | I NTENSI VE NURSERY   | 0                            | 0                          | 0.                                     | 00 C                             | ) (                                  | 47.00            |
|                | Cost Center Description   |                              |                            |  |                                  | 1.00                                 |                  |
| 48.00          | Program inpatient ancillary service cost (Wk  |                              |                            |  |                                  | 1, 213, 571                          | 48.00            |
| 49.00          | Total Program inpatient costs (sum of lines -   | 41 through 48)               | (see instructi             | ons)                                   |                                  | 3, 075, 366                          | 49.00            |
| 50.00          | PASS THROUGH COST ADJUSTMENTS<br>Pass through costs applicable to Program inpu                | atient routine               | services (fro              | m Wkst. D. s                           | um of Parts I and                | 246, 688                             | 50.00            |
| 00100          | )   |                              |                            |  |                                  |                                      |                  |
| 51.00          | Pass through costs applicable to Program inpa   | atient ancilla               | ry services (f             | rom Wkst. D,                           | sum of Parts II                  | 64, 935                              | 51.00            |
| 52.00          | and IV)<br>Total Program excludable cost (sum of lines !                                      | 50 and 51)                   |                            |  |                                  | 311, 623                             | 52.00            |
| 53.00          | Total Program inpatient operating cost exclu  | ding capital re              | elated, non-ph             | ysician anes                           | thetist, and                     | 2, 763, 743                          |                  |
|                | medical education costs (line 49 minus line 1)<br>TARGET AMOUNT AND LIMIT COMPUTATION         | 52)                          |                            |  |                                  |                                      | -                |
| 54.00          | Program di scharges   |                              |                            |  |                                  | 0                                    | 54.00            |
| 55.00          | Target amount per discharge   |                              |                            |  |                                  | 0.00                                 |                  |
| 56.00<br>57.00 | Target amount (line 54 x line 55)<br>Difference between adjusted inpatient operat             | ing cost and t               | argot amount (             | lino 56 minu                           | clino 52)                        |                                      |                  |
| 57.00          | Bonus payment (see instructions)  | ing cost and ta              | arget amount (             |  | s TTHE 55)                       |                                      |                  |
| 59.00          | Lesser of lines 53/54 or 55 from the cost re  | porting period               | endi ng 1996,              | updated and                            | compounded by the                | 0.00                                 | 59.00            |
| 60.00          | market basket   | act conart u                 | dated by the               | markat backa                           | ÷                                | 0.00                                 | 60.00            |
| 61.00          | Lesser of lines 53/54 or 55 from prior year<br>If line 53/54 is less than the lower of line:  |                              |                            |  |                                  | 0.00                                 |                  |
|                | which operating costs (line 53) are less that   | n expected cost              |                            |  |                                  |                                      |                  |
| 62.00          | amount (line 56), otherwise enter zero (see<br>Relief payment (see instructions)              | instructions)                |                            |  |                                  | 0                                    | 62.00            |
|                | Allowable Inpatient cost plus incentive paym  | ent (see instru              | uctions)                   |  |                                  |                                      |                  |
|                | PROGRAM INPATIENT ROUTINE SWING BED COST  |                              |                            |  |                                  |                                      |                  |
| 64.00          | Medicare swing-bed SNF inpatient routine cos<br>instructions)(title XVIII only)               | ts through Dece              | ember 31 of th             | e cost repor                           | ting period (See                 | 0                                    | 64.00            |
| 65.00          | Medicare swing-bed SNF inpatient routine cos  | ts after Decemb              | per 31 of the              | cost reporti                           | ng period (See                   | 0                                    | 65.00            |
| 66.00          | instructions)(title XVIII only)<br>Total Medicare swing-bed SNF inpatient routin              | no coste (lino               | 64 plue line               | 4E) (+; +1 o V)/                       |                                  | 0                                    | 66.00            |
| 00.00          | CAH (see instructions)  |                              | 04 prus rine               | 05)(11110 XV                           | i i i oniy). Toi                 |                                      | 00.00            |
| 67.00          | Title V or XIX swing-bed NF inpatient routing   | e costs through              | n December 31              | of the cost                            | reporting period                 | 0                                    | 67.00            |
| 68.00          | (line 12 x line 19)<br>Title V or XIX swing-bed NF inpatient routin                           | e costs after (              | ecember 31 of              | the cost re                            | porting period                   | 0                                    | 68.00            |
| 00.00          | (line 13 x line 20)   |                              |                            |  | boi tring period                 |                                      |                  |
| 69.00          | Total title V or XIX swing-bed NF inpatient   |                              |                            |  |                                  |                                      | 69.00            |
| 70.00          | PART III - SKILLED NURSING FACILITY, OTHER NU<br>Skilled nursing facility/other nursing facil |                              |                            |  | 7)                               |                                      | 70.00            |
| 71.00          | Adjusted general inpatient routine service c  | ost per diem (I              |                            | •                                      | ,                                |                                      | 71.00            |
| 72.00<br>73.00 | Program routine service cost (line 9 x line<br>Medically necessary private room cost applic   |                              | (lipo 14 y l               | ino 25)                                |                                  |                                      | 72.00            |
| 73.00          | Total Program general inpatient routine serv  | 0                            | •                          |  |                                  |                                      | 74.00            |
| 75.00          | Capital-related cost allocated to inpatient 26, line 45)                                      |                              |                            |  | Part II, column                  |                                      | 75.00            |
| 76.00          | Per diem capital-related costs (line 75 ÷ li  |                              |                            |  |                                  |                                      | 76.00            |
| 77.00<br>78.00 | Program capital-related costs (line 9 x line<br>Inpatient routine service cost (line 74 minu: |                              |                            |  |                                  |                                      | 77.00            |
| 79.00          | Aggregate charges to beneficiaries for excess   |                              | provider recor             | ds)                                    |                                  |                                      | 79.00            |
| 80.00          | Total Program routine service costs for comp  |                              | cost limitatio             | n (line 78 m                           | nus line 79)                     |                                      | 80.00            |
| 81.00<br>82.00 | Inpatient routine service cost per diem limi<br>Inpatient routine service cost limitation (I  |                              | 1)                         |  |                                  |                                      | 81.00            |
| 83.00          | Reasonable inpatient routine service cost (   |                              | · .                        |  |                                  |                                      | 83.00            |
| 84.00          | Program inpatient ancillary services (see in  | structions)                  |                            |  |                                  |                                      | 84.00            |
| 85.00          | Utilization review - physician compensation   | •                            |                            |  |                                  |                                      | 85.00            |
| 86.00          | Total Program inpatient operating costs (sum<br>PART IV - COMPUTATION OF OBSERVATION BED PASS |                              | irougn 85)                 |  |                                  |                                      | 86.00            |
| 87.00          | Total observation bed days (see instructions  |                              |                            |  |                                  | 0                                    | 87.00            |
| 88.00          | Adjusted general inpatient routine cost per   |                              |                            |  |                                  |                                      | ) 88.00<br>89.00 |
|                | Observation bed cost (line 87 x line 88) (see   | - INSTRUCTIONS               |                            |  |                                  |                                      |                  |

| Health Financial Systems                    | UNI ON HOSPI | TAL, INC.    |              | In Lie                                | u of Form CMS-2 | 2552-10        |
|---|--------------|--------------|--------------|---------------------------------------|-----------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST     |              | Provider C   |              | Period:                               | Worksheet D-1   |                |
|   |              | Component (  | CCN: 15-T023 | From 01/01/2020<br>To 12/31/2020      |                 | pared:<br>8 pm |
|   |              | Title        | XVIII        | Subprovider -                         | PPS             |                |
|   |              |              |              | I RF                                  |                 |                |
| Cost Center Description                     | Cost         | Routine Cost | column 1 ÷   | Total                                 | Observati on    |                |
|   |              | (from line   | column 2     | Observati on                          | Bed Pass        |                |
|   |              | 21)          |              | Bed Cost                              | Through Cost    |                |
|   |              | ŕ            |              | (from line                            | (col. 3 x       |                |
|   |              |              |              | 89)                                   | col. 4) (see    |                |
|   |              |              |              | , , , , , , , , , , , , , , , , , , , | instructions)   |                |
|   | 1.00         | 2.00         | 3.00         | 4.00                                  | 5.00            |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST         |              |              |                                       |                 |                |
| 90.00 Capital-related cost                  | 431, 216     | 3, 254, 455  | 0. 13250     | 0 00                                  | 0               | 90.00          |
| 91.00 Nursing School cost                   | 0            | 3, 254, 455  | 0.0000       | 0 00                                  | 0               | 91.00          |
| 92.00 Allied health cost                    | 0            | 3, 254, 455  | 0.0000       | 0 00                                  | 0               | 92.00          |
| 93.00 All other Medical Education           | 0            | 3, 254, 455  | 0. 00000     | 0 00                                  | 0               | 93.00          |

| OMPUT | ATION OF INPATIENT OPERATING COST  | Provider CCN: 15-0023     | Period:<br>From 01/01/2020 | Worksheet D-1            |       |
|-------|--|---------------------------|----------------------------|--------------------------|-------|
|       |  |                           | To 12/31/2020              | Date/Time Pre            |       |
|       |  | Title XIX                 | Hospi tal                  | 7/29/2021 1:5<br>Cost    | 68 pm |
|       | Cost Center Description  | •                         |                            | 1.00                     |       |
|       | PART I - ALL PROVIDER COMPONENTS   |                           |                            | 1.00                     |       |
| 00    | INPATIENT DAYS<br>Inpatient days (including private room days and swing-bed da   | avs excluding newborn)    |                            | 57, 256                  | 1 1.  |
| 00    | Inpatient days (including private room days, excluding swing   |                           |                            | 57, 256                  |       |
| 00    | Private room days (excluding swing-bed and observation bed o   | days). If you have only p | rivate room days,          | 0                        | 3     |
| 00    | do not complete this line.   | had days)                 |                            | 47, 467                  |       |
| 00    | Semi-private room days (excluding swing-bed and observation<br>Total swing-bed SNF type inpatient days (including private r  |                           | er 31 of the cost          | 47,467                   | 4     |
|       | reporting period   |                           |                            | -                        |       |
| 00    | Total swing-bed SNF type inpatient days (including private r   | room days) after December | 31 of the cost             | 0                        | 6     |
| 00    | reporting period (if calendar year, enter 0 on this line)<br>Total swing-bed NF type inpatient days (including private ro  | oom days) through Decembe | r 31 of the cost           | 0                        | 7     |
|       | reporting period   |                           |                            | c c                      |       |
| 00    | Total swing-bed NF type inpatient days (including private ro   | oom days) after December  | 31 of the cost             | 0                        | 8     |
| 00    | reporting period (if calendar year, enter 0 on this line)<br>Total inpatient days including private room days applicable   | to the Program (excludin  | a swing-bed and            | 1, 266                   | 9     |
| 00    | newborn days) (see instructions)   |                           | g swing bed and            | 1,200                    | ĺ     |
| 0. 00 | Swing-bed SNF type inpatient days applicable to title XVIII  |                           | room days)                 | 0                        | 10    |
| . 00  | through December 31 of the cost reporting period (see instru<br>Swing-bed SNF type inpatient days applicable to title XVIII  |                           | room days) after           | 0                        | 11    |
| . 00  | December 31 of the cost reporting period (if calendar year,  |                           | room days) arter           | 0                        | ' '   |
| 2.00  | 5 51 1 5 11  | XIX only (including priva | te room days)              | 0                        | 12    |
| 3.00  | through December 31 of the cost reporting period<br>Swing-bed NF type inpatient days applicable to titles V or >   | XIX only (including priva | to room dave)              | 0                        | 13    |
| . 00  | after December 31 of the cost reporting period (if calendar  |                           |                            | 0                        |       |
|       | Medically necessary private room days applicable to the Proc   | gram (excluding swing-bed | days)                      | 0                        |       |
|       | Total nursery days (title V or XIX only)   |                           |                            | 2, 894                   |       |
| 5.00  | Nursery days (title V or XIX only) SWING BED ADJUSTMENT  |                           |                            | 119                      | 16    |
| 7.00  | Medicare rate for swing-bed SNF services applicable to servi   | ices through December 31  | of the cost                | 0.00                     | 17    |
|       | reporting period   | and other December 21 of  | 46                         | 0.00                     | 10    |
| 3.00  | Medicare rate for swing-bed SNF services applicable to servi<br>reporting period   | ices arter becember 31 of | the cost                   | 0.00                     | 18    |
| 9.00  | Medicaid rate for swing-bed NF services applicable to servic   | ces through December 31 o | f the cost                 | 0.00                     | 19    |
| 0. 00 | reporting period<br>Medicaid rate for swing-bed NF services applicable to servic   | ces after December 31 of  | the cost                   | 0.00                     | 20    |
|       | reporting period   |                           |                            |                          |       |
|       | Total general inpatient routine service cost (see instruction  |                           |                            | 54, 693, 328             |       |
| 2.00  | Swing-bed cost applicable to SNF type services through Decem<br>5 x line 17)   | mber 31 of the cost repor | ting period (line          | 0                        | 22    |
| 3.00  | Swing-bed cost applicable to SNF type services after Decembe   | er 31 of the cost reporti | ng period (line 6          | 0                        | 23    |
|       | x line 18)   |                           |                            |                          |       |
| 4.00  | Swing-bed cost applicable to NF type services through Decemb<br>7 x line 19)   | per 31 of the cost report | ing period (line           | 0                        | 24    |
| 5.00  | Swing-bed cost applicable to NF type services after December   | r 31 of the cost reportin | g period (line 8           | 0                        | 25    |
|       | x line 20)   |                           |                            |                          |       |
| 5.00  | Total swing-bed cost (see instructions)<br>General inpatient routine service cost net of swing-bed cost  | t (line 21 minus line 26) |                            | 0<br>54, 693, 328        |       |
| . 00  | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   |                           |                            | 34, 073, 320             | 1 2 1 |
|       | General inpatient routine service charges (excluding swing-b   | bed and observation bed c | harges)                    | 0                        |       |
|       | Private room charges (excluding swing-bed charges)<br>Semi-private room charges (excluding swing-bed charges)  |                           |                            | 0                        |       |
|       | General inpatient routine service cost/charge ratio (line 27   | 7 ÷ line 28)              |                            | 0.000000                 |       |
|       | Average private room per diem charge (line 29 ÷ line 3)  |                           |                            | 0.00                     |       |
|       | Average semi-private room per diem charge (line 30 ÷ line 4)   |                           | -+:>                       | 0.00                     |       |
|       | Average per diem private room charge differential (line 32 m<br>Average per diem private room cost differential (line 34 x l   | , ,                       | ctions)                    | 0.00<br>0.00             |       |
|       | Private room cost differential adjustment (line 3 x line 35)   |                           |                            | 0.00                     |       |
| . 00  | General inpatient routine service cost net of swing-bed cost   | t and private room cost d | ifferential (line          | 54, 693, 328             | 37    |
|       | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                           |                            |                          | 1     |
|       | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD   | DJUSTMENTS                |                            |                          | 1     |
|       |  |                           |                            | 955.24                   | 38    |
|       | Adjusted general inpatient routine service cost per diem (se   |                           | l                          |                          |       |
| 9.00  | Adjusted general inpatient routine service cost per diem (se<br>Program general inpatient routine service cost (line 9 x lir<br>Medically necessary private room cost applicable to the Proc | ne 38)                    |                            | 955.24<br>1,209,334<br>0 | 39    |

|                | Financial Systems   | UNI ON HOSPI        |                    | N. 15 0000                  |                            | eu of Form CMS-                |                |
|----------------|---|---------------------|--------------------|-----------------------------|----------------------------|--------------------------------|----------------|
| COMPUT         | ATION OF INPATIENT OPERATING COST   |                     | Provider C         | JN: 15-0023                 | Period:<br>From 01/01/2020 |                                |                |
|                |   |                     |                    |                             | To 12/31/2020              | Date/Time Pre<br>7/29/2021 1:5 |                |
|                |   |                     |                    | e XIX                       | Hospi tal                  | Cost                           |                |
|                | Cost Center Description   | Total<br>Inpati ent | Total<br>Inpatient | Average Per<br>Diem (col. ´ | Program Days               | Program Cost<br>(col. 3 x      |                |
|                |   | Cost                | Days               | ÷ col. 2)                   |                            | col. 4)                        |                |
|                |   | 1.00                | 2.00               | 3.00                        | 4.00                       | 5.00                           |                |
| 42.00          | NURSERY (title V & XIX only)  | 1, 641, 693         | 2, 894             | 567.2                       | 27 119                     | 67, 505                        | 42.00          |
| 42 00          | Intensive Care Type Inpatient Hospital Units<br>INTENSIVE CARE UNIT   | 11 714 0/5          | 7 (00              | 1 501 5                     | 50 0                       | C                              | 1 42 00        |
| 43.00<br>44.00 | CORONARY CARE UNIT  | 11, 714, 065        | 7, 699             | 1, 521. 5                   | 0 0                        |                                | 43.00          |
|                | BURN I NTENSI VE CARE UNI T   |                     |                    |                             |                            |                                | 45.00          |
| 46.00          | SURGICAL INTENSIVE CARE UNIT  |                     |                    |                             |                            |                                | 46.00          |
| 47.00          | I NTENSI VE NURSERY   | 4, 368, 444         | 3, 916             | 1, 115. 5                   | 432                        | 481, 913                       | 3 47.00        |
|                | Cost Center Description   |                     |                    |                             |                            | 1.00                           |                |
| 48.00          | Program inpatient ancillary service cost (Wk  | st. D-3. col. 3     | 3. line 200)       |                             |                            | 1, 448, 905                    | 6 48.00        |
|                | Total Program inpatient costs (sum of lines   |                     |                    | ons)                        |                            | 3, 207, 657                    |                |
|                | PASS THROUGH COST ADJUSTMENTS   |                     |                    |                             |                            |                                |                |
| 50.00          | Pass through costs applicable to Program inp  | atient routine      | services (fro      | n Wkst. D, su               | m of Parts I and           | t C                            | 50.00          |
| 51.00          | <pre>III) Pass through costs applicable to Program inp.</pre>   | atient ancillar     | ry services (fi    | com Wkst D                  | sum of Parts II            | c c                            | 51.00          |
| 51.00          | and IV)   |                     | y services (ii     | olii wkst. D,               |                            |                                | 51.00          |
| 52.00          | Total Program excludable cost (sum of lines   |                     |                    |                             |                            | C                              |                |
| 53.00          | Total Program inpatient operating cost exclu  |                     | elated, non-phy    | ysician anest               | hetist, and                | C                              | 53.00          |
|                | medical education costs (line 49 minus line 1)<br>TARGET AMOUNT AND LIMIT COMPUTATION                           | 52)                 |                    |                             |                            |                                | -              |
| 54.00          | Program di scharges   |                     |                    |                             |                            | C                              | 54.00          |
| 55.00          | Target amount per discharge   |                     |                    |                             |                            | 0.00                           |                |
| 56.00          | Target amount (line 54 x line 55)   |                     |                    |                             |                            | C                              |                |
| 57.00          | Difference between adjusted inpatient operat  | ing cost and ta     | arget amount (     | ine 56 minus                | line 53)                   | C                              |                |
| 58.00<br>59.00 | Bonus payment (see instructions)<br>Lesser of lines 53/54 or 55 from the cost re                                | porting period      | ending 1006        | indated and c               | omnounded by the           | 0. OC                          |                |
| 57.00          | market basket   | por tring period    | enuring 1990, i    | upuateu anu c               | ompounded by the           | . 00                           | 57.00          |
| 60.00          | Lesser of lines 53/54 or 55 from prior year   | cost report, up     | dated by the i     | market basket               |                            | 0.00                           | 60.00          |
| 61.00          | If line 53/54 is less than the lower of line  |                     |                    |                             |                            | C                              | 61.00          |
|                | which operating costs (line 53) are less that<br>amount (line 56), otherwise enter zero (see                    |                     | s (lines 54 x      | 60), or 1% o                | f the target               |                                |                |
| 62.00          | Relief payment (see instructions)   |                     |                    |                             |                            | c c                            | 62.00          |
| 63.00          | Allowable Inpatient cost plus incentive paym  | ent (see instru     | uctions)           |                             |                            | C                              |                |
|                | PROGRAM INPATIENT ROUTINE SWING BED COST  |                     |                    |                             |                            | -                              |                |
| 64.00          | Medicare swing-bed SNF inpatient routine cos<br>instructions)(title XVIII only)                                 | ts through Dece     | ember 31 of the    | e cost report               | ing period (See            | C                              | 64.00          |
| 65.00          | Medicare swing-bed SNF inpatient routine cos  | ts after Decemb     | per 31 of the (    | cost reportin               | a period (See              | c c                            | 65.00          |
|                | instructions)(title XVIII only)   |                     |                    |                             |                            | _                              |                |
| 66.00          | Total Medicare swing-bed SNF inpatient routin   | ne costs (line      | 64 plus line       | 65)(title XVI               | ll only). For              | C                              | 66.00          |
| 67.00          | CAH (see instructions)<br>Title V or XIX swing-bed NF inpatient routing   | o costs through     | Docombor 21        | of the cost r               | oporting poriod            | 0                              | 67.00          |
| 07.00          | (line 12 x line 19)   | e costs through     | December 31 (      | Si the cost i               | eporting period            |                                | 07.00          |
| 68.00          | Title V or XIX swing-bed NF inpatient routin  | e costs after [     | December 31 of     | the cost rep                | orting period              | c c                            | 68.00          |
|                | (line 13 x line 20)   |                     |                    |                             |                            |                                |                |
| 69.00          | Total title V or XIX swing-bed NF inpatient<br>PART III - SKILLED NURSING FACILITY, OTHER NU                    |                     |                    |                             |                            | C                              | 69.00          |
| 70.00          | Skilled nursing facility/other nursing facil  |                     |                    |                             | )                          | 1                              | 70.00          |
| 71.00          | Adjusted general inpatient routine service c  |                     |                    |                             | <i>,</i>                   |                                | 71.00          |
| 72.00          | Program routine service cost (line 9 x line   | 71)                 |                    |                             |                            |                                | 72.00          |
| 73.00          | Medically necessary private room cost applicated  | , U                 | •                  | ,                           |                            |                                | 73.00          |
| 74.00<br>75.00 | Total Program general inpatient routine serv<br>Capital-related cost allocated to inpatient                     | •                   |                    |                             | Part II. column            |                                | 74.00          |
| , 5. 00        | 26, line 45)  |                     |                    | ion Konoot D,               |                            |                                | , 5.00         |
| 76.00          | Per diem capital-related costs (line 75 ÷ li  |                     |                    |                             |                            |                                | 76.00          |
| 77.00          | Program capital -related costs (line 9 x line   |                     |                    |                             |                            |                                | 77.00          |
| 78.00<br>79.00 | Inpatient routine service cost (line 74 minu:<br>Aggregate charges to beneficiaries for excess                  |                     | rovider rocor      | de)                         |                            |                                | 78.00          |
| 79.00<br>80.00 | Total Program routine service costs for compa   |                     |                    |                             | nus line 79)               |                                | 80.00          |
| 81.00          | Inpatient routine service cost per diem limit   |                     |                    | 、 · · - ····                |                            |                                | 81.00          |
| 82.00          | Inpatient routine service cost limitation (I  |                     |                    |                             |                            |                                | 82.00          |
| 83.00          | Reasonable inpatient routine service costs (  |                     | ıs)                |                             |                            |                                | 83.00          |
| 84.00          | Program inpatient ancillary services (see in:   |                     | ne)                |                             |                            |                                | 84.00          |
| 85.00<br>86.00 | Utilization review - physician compensation<br>Total Program inpatient operating costs (sum                     |                     |                    |                             |                            |                                | 85.00<br>86.00 |
| 50.00          | PART IV - COMPUTATION OF OBSERVATION BED PASS   |                     |                    |                             |                            | 1                              | 00.00          |
| 87.00          | Total observation bed days (see instructions  |                     |                    |                             |                            | 9, 789                         | 87.00          |
| 07.00          | The second se | -li                 |                    |                             |                            |                                |                |
| 88.00          | Adjusted general inpatient routine cost per observation bed cost (line 87 x line 88) (see                       |                     |                    |                             |                            | 955. 24<br>9, 350, 844         |                |

| Health Financial Systems                    | UNI ON HOSPI | TAL, INC.    |            | In Lie                           | u of Form CMS-2 | 2552-10 |
|---|--------------|--------------|------------|----------------------------------|-----------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST     |              | Provider C   |            | Period:                          | Worksheet D-1   |         |
|   |              |              |            | From 01/01/2020<br>To 12/31/2020 |                 |         |
|   |              | Titl         | e XIX      | Hospi tal                        | Cost            |         |
| Cost Center Description                     | Cost         | Routine Cost | column 1 ÷ | Total                            | Observati on    |         |
|   |              | (from line   | column 2   | Observati on                     | Bed Pass        |         |
|   |              | 21)          |            | Bed Cost                         | Through Cost    |         |
|   |              |              |            | (from line                       | (col. 3 x       |         |
|   |              |              |            | 89)                              | col. 4) (see    |         |
|   |              |              |            |                                  | instructions)   |         |
|   | 1.00         | 2.00         | 3.00       | 4.00                             | 5.00            |         |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST         |              |            |                                  |                 |         |
| 90.00 Capital-related cost                  | 6, 181, 798  | 54, 693, 328 | 0. 11302   | 7 9, 350, 844                    | 1, 056, 898     | 90.00   |
| 91.00 Nursing School cost                   | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844                    | 0               | 91.00   |
| 92.00 Allied health cost                    | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844                    | 0               | 92.00   |
| 93.00 All other Medical Education           | 0            | 54, 693, 328 | 0.00000    | 0 9, 350, 844                    | 0               | 93.00   |

|  | Financial Systems UNION HOSPI<br>ATION OF INPATIENT OPERATING COST   | Provider CCN: 15-0023  | Peri od:                         | u of Form CMS-2<br>Worksheet D-1 |                      |
|--|--|--|----------------------------------|----------------------------------|----------------------|
|  |  | Component CCN: 15-T023   | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre                    |                      |
|  |  | Title XIX  | Subprovider -<br>IRF             | 7/29/2021 1:5<br>Cost            | 8 рп                 |
|  | Cost Center Description  |  |                                  | 1.00                             |                      |
|  | PART I - ALL PROVIDER COMPONENTS   |  |                                  | 1.00                             |                      |
| 00   | INPATIENT DAYS   |  |                                  | 4, 176                           | 1 1                  |
| . 00<br>. 00   | Inpatient days (including private room days and swing-bed of<br>Inpatient days (including private room days, excluding swing   |  |                                  | 4, 176<br>4, 176                 |                      |
| 00   | Private room days (excluding swing-bed and observation bed   |  | rivate room davs.                | 4, 170<br>0                      | 3.                   |
|  | do not complete this line.   | <u> </u>   |                                  |                                  |                      |
| 00   | Semi-private room days (excluding swing-bed and observation  |  |                                  | 4, 176                           | 4.                   |
| 00   | Total swing-bed SNF type inpatient days (including private reporting period  | room days) through Decemb  | er 31 of the cost                | 0                                | 5.                   |
| 00   | Total swing-bed SNF type inpatient days (including private   | room days) after December  | 31 of the cost                   | 0                                | 6                    |
|  | reporting period (if calendar year, enter 0 on this line)  |  |                                  | 0                                |                      |
| 00   | Total swing-bed NF type inpatient days (including private r  | room days) through Decembe   | r 31 of the cost                 | 0                                | 7                    |
| 00   | reporting period   |  |                                  | 0                                |                      |
| 00   | Total swing-bed NF type inpatient days (including private r<br>reporting period (if calendar year, enter 0 on this line)   | "oom days) after December  | al of the cost                   | 0                                | 8                    |
| 00   | Total inpatient days including private room days applicable  | e to the Program (excluding  | g swing-bed and                  | 57                               | 9                    |
|  | newborn days) (see instructions)   | 5  |                                  |                                  |                      |
| 0. 00  | Swing-bed SNF type inpatient days applicable to title XVIII  |  | room days)                       | 0                                | 10                   |
| 1.00   | through December 31 of the cost reporting period (see instr<br>Swing-bed SNF type inpatient days applicable to title XVIII   |  | coom days) after                 | 0                                | 11                   |
| 1.00   | December 31 of the cost reporting period (if calendar year,  |  | oom uays) arter                  | 0                                | ''                   |
| 2.00   | Swing-bed NF type inpatient days applicable to titles V or   |  | te room days)                    | 0                                | 12                   |
|  | through December 31 of the cost reporting period   |  |                                  |                                  |                      |
| 3.00   | Swing-bed NF type inpatient days applicable to titles V or   |  |                                  | 0                                | 13                   |
| . 00   | after December 31 of the cost reporting period (if calendar<br>Medically necessary private room days applicable to the Pro   |  |                                  | 0                                | 14                   |
|  | Total nursery days (title V or XIX only)   | by an (excluding swing-bed   | uays)                            | 2, 894                           |                      |
|  | Nursery days (title V or XIX only)   |  |                                  | 119                              |                      |
|  | SWING BED ADJUSTMENT   |  |                                  |                                  |                      |
| 7.00   | Medicare rate for swing-bed SNF services applicable to serv<br>reporting period  | /ices through December 31  | of the cost                      | 0.00                             | 17                   |
| 3. 00  | Medicare rate for swing-bed SNF services applicable to serv  | vices after December 31 of   | the cost                         | 0.00                             | 18                   |
|  | reporting period   |  |                                  |                                  |                      |
| 9.00   | Medicaid rate for swing-bed NF services applicable to servi  | ces through December 31 o  | f the cost                       | 0.00                             | 19                   |
| 0 00   | reporting period<br>Medicaid rate for swing-bed NF services applicable to servi  | and offer December 21 of   | the east                         | 0.00                             | 20                   |
| 0. 00  | reporting period   | ces alter becember 31 01   | the cost                         | 0.00                             | 20                   |
| 1.00   | Total general inpatient routine service cost (see instructi  | ons)   |                                  | 3, 254, 455                      | 21                   |
|  | Swing-bed cost applicable to SNF type services through Dece  |  | ting period (line                |                                  |                      |
|  | 5 x line 17)   |  |                                  |                                  |                      |
| 3.00   | Swing-bed cost applicable to SNF type services after Decemb<br>x line 18)  | per 31 of the cost reportion   | ng period (line 6                | 0                                | 23                   |
| 4.00   | Swing-bed cost applicable to NF type services through Decem  | mber 31 of the cost report   | ng period (line                  | 0                                | 24                   |
|  | 7 x line 19)   |  |                                  | 0                                |                      |
| 5.00   | Swing-bed cost applicable to NF type services after December   | er 31 of the cost reporting  | g period (line 8                 | 0                                | 25                   |
| ( 00   | x line 20)   |  |                                  | 0                                | 1 ~ /                |
|  | Total swing-bed cost (see instructions)<br>General inpatient routine service cost net of swing-bed cost  | st (line 21 minus line 26)   |                                  | 3, 254, 455                      | 26<br>27             |
| . 00   | PRIVATE ROOM DI FFERENTI AL ADJUSTMENT   |  |                                  | 3, 234, 433                      | 21                   |
| 3. 00  | General inpatient routine service charges (excluding swing-  | -bed and observation bed c   | narges)                          | 0                                | 28                   |
|  | Private room charges (excluding swing-bed charges)   |  |                                  | 0                                |                      |
| 0. 00  | Semi-private room charges (excluding swing-bed charges)  | $27 \cdot 100 29$  |                                  | 0                                | 30                   |
| 00   | General inpatient routine service cost/charge ratio (line 2<br>Average private room per diem charge (line 29 ÷ line 3)   | 21 - TITIE 28)   |                                  | 0. 000000<br>0. 00               |                      |
|  | Average semi-private room per diem charge (line 30 ÷ line 4  | 4)   |                                  | 0.00                             |                      |
| . 00   |  |  | ctions)                          | 0.00                             |                      |
| 2.00<br>3.00   | Average per diem private room charge differential (line 32   |  |                                  | 0.00                             | 35                   |
| 2.00<br>3.00<br>4.00<br>5.00                                 | Average per diem private room cost differential (line 34 $\boldsymbol{x}$  | <i>,</i>   |                                  |                                  |                      |
| 2.00<br>3.00<br>4.00<br>5.00<br>5.00                         | Average per diem private room cost differential (line 34 x Private room cost differential adjustment (line 3 x line 35 $$  | 5)   |                                  | 0                                | 36                   |
| 2.00<br>3.00<br>4.00<br>5.00<br>5.00                         | Average per diem private room cost differential (line $34 \times Private$ room cost differential adjustment (line $3 \times line 35$ General inpatient routine service cost net of swing-bed cost  | 5)   | fferential (line                 | 0                                | 36                   |
| 2.00<br>3.00<br>4.00<br>5.00<br>5.00                         | Average per diem private room cost differential (line 34 x<br>Private room cost differential adjustment (line 3 x line 35<br>General inpatient routine service cost net of swing-bed cos<br>27 minus line 36)  | 5)   | ifferential (line                | 0                                | 36                   |
| 2.00<br>3.00<br>4.00<br>5.00<br>5.00                         | Average per diem private room cost differential (line $34 \times Private$ room cost differential adjustment (line $3 \times line 35$ General inpatient routine service cost net of swing-bed cost  | 5)<br>st and private room cost d   | ifferential (line                | 0                                | 36                   |
| 2.00<br>3.00<br>4.00<br>5.00<br>5.00<br>7.00                 | Average per diem private room cost differential (line 34 x<br>Private room cost differential adjustment (line 3 x line 35<br>General inpatient routine service cost net of swing-bed cos<br>27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  | 5)<br>st and private room cost d<br>ADJUSTMENTS                                | ifferential (line                | 0                                | 36<br>37             |
| 2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00 | Average per diem private room cost differential (line 34 x<br>Private room cost differential adjustment (line 3 x line 35<br>General inpatient routine service cost net of swing-bed cos<br>27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY<br>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A | 5)<br>st and private room cost d<br>ADJUSTMENTS<br>see instructions)<br>ne 38) | ifferential (line                | 0<br>3, 254, 455                 | 36<br>37<br>38<br>39 |

| Health Financial Systems<br>COMPUTATION OF INPATIENT OPERATING COST  | UNI ON HOSPI        |                     | CN: 15-0023             | In Lie<br>Period:                | u of Form CMS-<br>Worksheet D-1 |                |
|--|---------------------|---------------------|-------------------------|----------------------------------|---------------------------------|----------------|
| COMPUTATION OF INFAILINT OPERATING COST  |                     |                     | CCN: 15-0023            | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre                   | epared:        |
|  |                     | Titl                | e XIX                   | Subprovider -                    | 7/29/2021 1:5<br>Cost           | 68 pm          |
| Cost Center Description  | Total               | Total               | Average Per             | IRF<br>Program Days              | Program Cost                    |                |
|  | I npati ent<br>Cost | I npati ent<br>Days | Diem (col.<br>÷ col. 2) | 0 5                              | (col . 3 x<br>col . 4)          |                |
| 42.00 NURSERY (title V & XIX only)   | 1.00                | 2.00                | 3.00                    | 4.00                             | 5.00                            | 42.00          |
| Intensive Care Type Inpatient Hospital Units   | -                   | 0                   |                         |                                  |                                 | 42.00          |
| 43. 00 I NTENSI VE CARE UNI T<br>44. 00 CORONARY CARE UNI T  | 0                   | C                   | 0.                      | 00 00                            | 0                               | 43.00          |
| 45.00 BURN INTENSIVE CARE UNIT   |                     |                     |                         |                                  |                                 | 45.00          |
| 46.00 SURGICAL INTENSIVE CARE UNIT<br>47.00 INTENSIVE NURSERY  | 0                   | C                   | 0.                      | 00 0                             | 0                               | 46.00          |
| Cost Center Description  | 0                   |                     | 0.                      | 00 0                             | 1.00                            | 47.00          |
| 48.00 Program inpatient ancillary service cost (W  | kst. D-3, col. 3    | 3, line 200)        |                         |                                  |                                 | 48.00          |
| 49.00 Total Program inpatient costs (sum of lines<br>PASS THROUGH COST ADJUSTMENTS   | 41 through 48)(     | see instructi       | ons)                    |                                  | 55, 876                         | 49.00          |
| 50.00 Pass through costs applicable to Program in  | patient routine     | services (fro       | m Wkst. D, su           | um of Parts I and                | 0                               | 50.00          |
| 51.00 Pass through costs applicable to Program in  | patient ancillar    | ry services (f      | rom Wkst. D,            | sum of Parts II                  | 0                               | 51.00          |
| and IV)<br>52.00 Total Program excludable cost (sum of lines   |                     |                     |                         |                                  | о                               | 52.00          |
| 53.00 Total Program inpatient operating cost excl<br>medical education costs (line 49 minus line<br>TARGET AMOUNT AND LIMIT COMPUTATION  |                     | elated, non-ph      | ysician anest           | hetist, and                      | 0                               | 53.00          |
| 54.00 Program di scharges  |                     |                     |                         |                                  | 0                               | 54.00          |
| 55.00 Target amount per discharge<br>56.00 Target amount (line 54 x line 55)   |                     |                     |                         |                                  | 0.00                            |                |
| 57.00 Difference between adjusted inpatient opera  | ting cost and ta    | arget amount (      | line 56 minus           | s line 53)                       | 0                               |                |
| 58.00 Bonus payment (see instructions)   |                     |                     |                         |                                  | 0                               |                |
| 59.00 Lesser of lines 53/54 or 55 from the cost r<br>market basket   | eporting period     | ending 1996,        | updated and d           | compounded by the                | 0.00                            | 59.00          |
| 60.00 Lesser of lines 53/54 or 55 from prior year  |                     |                     |                         |                                  | 0.00                            |                |
| 61.00 If line 53/54 is less than the lower of lin<br>which operating costs (line 53) are less th   |                     |                     |                         |                                  | 0                               | 61.00          |
| amount (line 56), otherwise enter zero (see  |                     |                     |                         | in the target                    |                                 |                |
| 62.00 Relief payment (see instructions)<br>63.00 Allowable Inpatient cost plus incentive pay<br>PROGRAM INPATIENT ROUTINE SWING BED COST | ment (see instru    | ictions)            |                         |                                  | 0                               |                |
| 64.00 Medicare swing-bed SNF inpatient routine co<br>instructions)(title XVIII only)   | sts through Dece    | ember 31 of th      | e cost report           | ing period (See                  | 0                               | 64.00          |
| 65.00 Medicare swing-bed SNF inpatient routine co  | sts after Decemb    | er 31 of the        | cost reportir           | ng period (See                   | 0                               | 65.00          |
| 66.00 Total Medicare swing-bed SNF inpatient rout  | ine costs (line     | 64 plus line        | 65)(title XVI           | II only). For                    | 0                               | 66.00          |
| CAH (see instructions)<br>67.00 Title V or XIX swing-bed NF inpatient routi  | ne costs through    | December 31         | of the cost r           | reporting period                 | 0                               | 67.00          |
| (line 12 x line 19)<br>68.00 Title V or XIX swing-bed NF inpatient routi   | ne costs after [    | ecember 31 of       | the cost rep            | porting period                   | 0                               | 68.00          |
| (line 13 x line 20)<br>69.00 Total title V or XIX swing-bed NF inpatient   | routine costs (     | line 67 + lin       | e 68)                   |                                  | 0                               | 69.00          |
| PART III - SKILLED NURSING FACILITY, OTHER I   | NURSING FACILITY    | , AND ICF/IID       | ONLY                    | 7)                               | 1                               |                |
| 70.00 Skilled nursing facility/other nursing faci<br>71.00 Adjusted general inpatient routine service                                    | 2                   |                     | •                       | ()                               |                                 | 70.00          |
| 72.00 Program routine service cost (line 9 x line  | 71)                 |                     |                         |                                  |                                 | 72.00          |
| 73.00 Medically necessary private room cost appli<br>74.00 Total Program general inpatient routine ser                                   | 0                   | •                   |                         |                                  |                                 | 73.00          |
| 75. 00 Capital related cost allocated to inpatient<br>26, line 45)   |                     |                     |                         | Part II, column                  |                                 | 75.00          |
| 76.00 Per diem capital-related costs (line 75 ÷ 1  |                     |                     |                         |                                  |                                 | 76.00          |
| 77.00 Program capital-related costs (line 9 x lin<br>78.00 Inpatient routine service cost (line 74 min                                   |                     |                     |                         |                                  |                                 | 77.00          |
| 79.00 Aggregate charges to beneficiaries for exce  | ss costs (from p    |                     |                         |                                  |                                 | 79.00          |
| 80.00 Total Program routine service costs for com<br>81.00 Inpatient routine service cost per diem lim                                   | •                   | cost limitatio      | n (IINE 78 mi           | nus line 79)                     |                                 | 80.00          |
| 82.00 Inpatient routine service cost limitation (  | line 9 x line 81    |                     |                         |                                  |                                 | 82.00          |
| 83.00 Reasonable inpatient routine service costs   | •                   | is)                 |                         |                                  |                                 | 83.00          |
| 84.00 Program inpatient ancillary services (see i<br>85.00 Utilization review - physician compensation                                   |                     | ons)                |                         |                                  |                                 | 84.00<br>85.00 |
| 86.00 Total Program inpatient operating costs (su  | m of lines 83 th    |                     |                         |                                  |                                 | 86.00          |
| PART IV - COMPUTATION OF OBSERVATION BED PA:<br>87.00 Total observation bed days (see instruction  |                     |                     |                         |                                  | 0                               | 87.00          |
| 88.00 Adjusted general inpatient routine cost per  |                     | line 2)             |                         |                                  | 0.00                            |                |
| 89.00 Observation bed cost (line 87 x line 88) (s  | ee instructions)    |                     |                         |                                  | 0                               | 89.00          |

| Health Financial Systems                    | UNI ON HOSPI | TAL, INC.    |              | In Lie                           | u of Form CMS-2 | 2552-10        |
|---|--------------|--------------|--------------|----------------------------------|-----------------|----------------|
| COMPUTATION OF INPATIENT OPERATING COST     |              | Provider C   |              | Peri od:                         | Worksheet D-1   |                |
|   |              | Component (  | CCN: 15-T023 | From 01/01/2020<br>To 12/31/2020 |                 | pared:<br>8 pm |
|   |              | Ti tl        | e XIX        | Subprovider -                    | Cost            |                |
|   |              |              |              | I RF                             |                 |                |
| Cost Center Description                     | Cost         | Routine Cost | column 1 ÷   | Total                            | Observati on    |                |
|   |              | (from line   | column 2     | Observati on                     | Bed Pass        |                |
|   |              | 21)          |              | Bed Cost                         | Through Cost    |                |
|   |              |              |              | (from line                       | (col. 3 x       |                |
|   |              |              |              | 89)                              | col. 4) (see    |                |
|   |              |              |              |                                  | instructions)   |                |
|   | 1.00         | 2.00         | 3.00         | 4.00                             | 5.00            |                |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST         |              |              |                                  |                 |                |
| 90.00 Capital-related cost                  | 431, 216     | 3, 254, 455  | 0. 13250     | 0 0                              | 0               | 90.00          |
| 91.00 Nursing School cost                   | 0            | 3, 254, 455  | 0.0000       | 0 0                              | 0               | 91.00          |
| 92.00 Allied health cost                    | 0            | 3, 254, 455  | 0.0000       | 0 0                              | 0               | 92.00          |
| 93.00 All other Medical Education           | 0            | 3, 254, 455  | 0.0000       | 0 0                              | 0               | 93.00          |

| INPATIENT A | ncial Systems UNION HOSPITAL,<br>NCILLARY SERVICE COST APPORTIONMENT P | rovider C | CN: 15-0023                      | Peri od:        | Worksheet D-3                  |                |
|-------------|--|-----------|----------------------------------|-----------------|--------------------------------|----------------|
|             |  | ovruer o  | 011. 10 0020                     | From 01/01/2020 |                                |                |
|             |  |           |                                  | To 12/31/2020   | Date/Time Pre<br>7/29/2021 1:5 | pared:<br>8 pm |
|             |  | Title     | XVIII                            | Hospi tal       | PPS                            |                |
|             | Cost Center Description  |           | Ratio of Cos                     |                 | Inpati ent                     |                |
|             |  |           | To Charges                       | Program         | Program Costs                  |                |
|             |  |           |                                  | Charges         | (col. 1 x                      |                |
|             |  |           | 1.00                             | 2.00            | col. 2)<br>3.00                |                |
| I NPA       | IENT ROUTINE SERVICE COST CENTERS                                      |           | 1.00                             | 2.00            | 5.00                           |                |
|             | ADULTS & PEDIATRICS  |           |                                  | 46, 918, 796    |                                | 30.00          |
| 31.00 03100 | INTENSIVE CARE UNIT  |           |                                  | 13, 503, 192    |                                | 31.00          |
| 35.00 02040 | INTENSI VE NURSERY   |           |                                  | 0               |                                | 35.00          |
| 41.00 04100 | SUBPROVIDER – IRF  |           |                                  | 0               |                                | 41.00          |
|             | NURSERY  |           |                                  |                 |                                | 43.00          |
|             | LARY SERVICE COST CENTERS  |           |                                  |                 |                                |                |
|             | OPERATING ROOM   |           | 0. 12452                         |                 | 4, 605, 653                    | 50.00          |
|             | CARDI AC SURGERY   |           | 0.6040                           |                 | 1, 325, 592                    | 50.01          |
|             | 2 WVSC   |           | 0. 14510                         |                 | 8, 343                         |                |
|             | RECOVERY ROOM  |           | 0. 3528                          |                 |                                |                |
|             | O/P TREATMENT ROOM   |           | 0.87933                          |                 | 0                              | 51.02          |
|             | DELIVERY ROOM & LABOR ROOM   |           | 0. 34658                         |                 | 5, 342                         | 52.00          |
|             | ) RADI OLOGY-DI AGNOSTI C<br>) RADI OLOGY-THERAPEUTI C                 |           | 0. 23834                         |                 | 1, 899, 323                    | 54.00<br>55.00 |
|             | RADI OLOGY - THERAPEOTIC   |           | 0. 1865                          |                 | 209, 442<br>201, 499           |                |
|             | CT SCAN  |           | 0. 07078                         |                 | 534, 249                       |                |
|             | MAGNETIC RESONANCE IMAGING (MRI)                                       |           | 0. 21628                         |                 | 239, 259                       |                |
|             | CARDI AC CATHETERI ZATI ON   |           | 0. 36010                         |                 | 5, 499, 673                    |                |
|             | LABORATORY   |           | 0. 12842                         |                 | 2, 834, 035                    | 60.00          |
|             | WHOLE BLOOD & PACKED RED BLOOD CELLS                                   |           | 0. 4530                          |                 | 557, 979                       | 62.00          |
|             | RESPI RATORY THERAPY   |           | 0. 19684                         | 42 14, 098, 279 | 2, 775, 133                    | 65.00          |
| 66.00 06600 | PHYSI CAL THERAPY  |           | 0. 33174                         | 47 3, 210, 329  | 1, 065, 017                    | 66.00          |
|             | PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                                 |           | 0.0000                           |                 | 0                              | 66.01          |
|             | 0/P PHYSICAL THERAPY   |           | 0. 3823                          | 15 0            | 0                              | 66. 02         |
|             | OCCUPATI ONAL THERAPY  |           | 0. 24930                         |                 | 434, 039                       | 67.00          |
|             | SPEECH PATHOLOGY   |           | 0. 31640                         |                 | 153, 625                       | 68.00          |
|             | ELECTROCARDI OLOGY   |           | 0. 18620                         |                 | 1, 437, 841                    | 69.00          |
|             | CARDI AC REHAB   |           | 0. 6318                          |                 | 32, 212                        |                |
|             |  |           | 0. 6938                          |                 | 328, 161                       |                |
|             | MEDICAL SUPPLIES CHARGED TO PATIENTS                                   |           | 0. 00000<br>0. 5774 <sup>2</sup> |                 | 0                              |                |
|             | IMPL. DEV. CHARGED TO PATIENTS<br>DRUGS CHARGED TO PATIENTS            |           | 0. 5774                          |                 | 2, 609, 164<br>4, 113, 877     | 73.00          |
|             | RENAL ACUTE  |           | 0. 5641                          |                 | 1, 064, 504                    | 76.00          |
|             | TIENT SERVICE COST CENTERS   |           | 0. 5041                          | 1, 000, 030     | 1,004,304                      | 70.00          |
|             |  |           | 0. 51380                         | 69 0            | 0                              | 90.00          |
|             | PATIENT NUTRITION  |           | 3. 99068                         |                 | 0                              | 90.05          |
|             | WOUND CLINIC   |           | 0. 2387                          |                 | 4, 194                         | 90.07          |
|             | EMERGENCY  |           | 0. 11400                         |                 | 1, 786, 163                    |                |
|             | OBSERVATION BEDS (NON-DISTINCT PART)                                   |           | 0. 6922                          |                 | 1, 108, 221                    | 92.00          |
| 200.00      | Total (sum of lines 50 through 94 and 96 through 98)                   |           |                                  | 170, 323, 300   | 35, 352, 560                   | 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)                                  |           |                                  | 170, 323, 300   |                                | 202.00         |

| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provider C  | CN: 15-0023        | Peri od:            | Worksheet D-3                  | }      |
|---|-------------|--------------------|---------------------|--------------------------------|--------|
|   |             |                    | From 01/01/2020     |                                |        |
|   | Component   | CCN: 15-T023       | To 12/31/2020       | Date/Time Pre<br>7/29/2021 1:5 |        |
|   | Title       | e XVIII            | Subprovider -       | PPS                            |        |
| Cost Center Description   |             | Ratio of Cos       | IRF<br>st Inpatient | Inpati ent                     |        |
|   |             | To Charges         |                     | Program Costs                  |        |
|   |             | J                  | Charges             | (col. 1 x                      |        |
|   |             |                    | J                   | col. 2)                        |        |
|   |             | 1.00               | 2.00                | 3.00                           |        |
| INPATIENT ROUTINE SERVICE COST CENTERS  |             |                    |                     |                                |        |
| 30. 00 03000 ADULTS & PEDIATRICS  |             |                    | 45, 747             |                                | 30.00  |
| 31. 00 03100 I NTENSI VE CARE UNI T   |             |                    | 0                   |                                | 31.00  |
| 35. 00 02040 I NTENSI VE NURSERY  |             |                    | 0                   |                                | 35.00  |
| 41. 00 04100 SUBPROVI DER – I RF  |             |                    | 2, 558, 276         |                                | 41.00  |
| 43. 00 04300 NURSERY  |             | <u> </u>           |                     |                                | 43.00  |
| ANCI LLARY SERVI CE COST CENTERS  |             | 1                  | 1                   |                                |        |
| 50.00 05000 OPERATING ROOM  |             | 0. 1245            |                     |                                |        |
| 50. 01 OSOO1 CARDI AC SURGERY   |             | 0. 6040            |                     |                                |        |
| 50. 02 05002 WVSC   |             | 0. 1451            |                     | 23                             |        |
| 51.00 05100 RECOVERY ROOM   |             | 0. 3528            |                     |                                |        |
| 51.02 05101 0/P TREATMENT ROOM  |             | 0. 8793            |                     | -                              |        |
| 2.00 05200 DELIVERY ROOM & LABOR ROOM   |             | 0. 3465            |                     |                                |        |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C   |             | 0. 2383            |                     |                                |        |
| 55. 00 O5500 RADI OLOGY-THERAPEUTI C  |             | 0. 1865            |                     | -                              |        |
| 56.00 05600 RADI OI SOTOPE  |             | 0. 3341            |                     |                                |        |
| 57.00 05700 CT SCAN   |             | 0.0707             |                     |                                |        |
| 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)  |             | 0. 2162            |                     |                                |        |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   |             | 0.3601             |                     | 11, 936                        |        |
| 50.00 06000 LABORATORY  |             | 0. 1284            |                     |                                |        |
| 52.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS  |             | 0.4530             |                     |                                |        |
| 55. 00 06500 RESPI RATORY THERAPY   |             | 0. 1968            |                     |                                |        |
| 66. 00  06600  PHYSI CAL_THERAPY<br>66. 01  06601  PSYCHI ATRI C/PSYCHOLOGI CAL_SERVI CES |             | 0. 3317<br>0. 0000 |                     |                                |        |
| 66. 02 06602 0/P PHYSICAL THERAPY   |             | 0. 0000            |                     |                                |        |
| 0. 02 00002 07P PHISICAL THERAPT  |             | 0. 3823            |                     | 324, 368                       |        |
| 58. 00 06800 SPEECH PATHOLOGY   |             | 0. 2493            |                     |                                |        |
| 9. 00 06900 ELECTROCARDI OLOGY  |             | 0. 1862            |                     |                                |        |
| 59. 01 06901 CARDI AC REHAB   |             | 0. 6318            |                     |                                |        |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   |             | 0. 6938            |                     | -                              |        |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   |             | 0.0000             |                     | 0                              |        |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS   |             | 0. 5774            |                     | -                              |        |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   |             | 0. 1939            |                     |                                |        |
| 76. 00 03020 RENAL ACUTE  |             | 0. 5641            |                     |                                |        |
| OUTPATIENT SERVICE COST CENTERS   |             | 1                  |                     |                                |        |
| 90. 00 09000 CLINIC   |             | 0. 5138            | 69 0                | 0                              | 90.00  |
| 20. 05 09005 PATIENT NUTRITION  |             | 3. 9906            |                     | 0                              | 90.0   |
| 90.07 09007 WOUND CLINIC  |             | 0. 2387            |                     | 41                             | 90.0   |
| 91.00 09100 EMERGENCY   |             | 0. 1140            | 02 30, 933          | 3, 526                         | 91.00  |
| 22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)  |             | 0. 6922            |                     | 0                              | 92.0   |
| 200.00 Total (sum of lines 50 through 94 and 96 through 98)                               |             | 1                  | 4, 614, 258         | 1, 213, 571                    | 200.0  |
| 201.00 Less PBP Clinic Laboratory Services-Program only charge                            | s (line 61) |                    | 0                   |                                | 201.00 |
| 202.00 Net charges (line 200 minus line 201)  |             |                    | 4, 614, 258         |                                | 202.00 |

| INPATIENT AN | cial Systems UNI ON HOSPITAL<br>ICI LLARY SERVI CE COST APPORTI ONMENT | · · · · · · · · · · · · · · · · · · · | CN: 15-0023  | Peri od:        | u of Form CMS-2<br>Worksheet D-3 |                |
|--------------|--|---------------------------------------|--------------|-----------------|----------------------------------|----------------|
|              |  |                                       | 011. 10 0020 | From 01/01/2020 |                                  |                |
|              |  |                                       |              | To 12/31/2020   |                                  | pared:         |
|              |  | Ti tl                                 | e XIX        | Hospi tal       | 7/29/2021 1:5<br>Cost            | is pili        |
|              | Cost Center Description  |                                       | Ratio of Cos |                 | I npati ent                      |                |
|              |  |                                       | To Charges   | Program         | Program Costs                    |                |
|              |  |                                       | l í          | Charges         | (col. 1 x                        |                |
|              |  |                                       |              | 5               | col. 2)                          |                |
|              |  |                                       | 1.00         | 2.00            | 3.00                             |                |
|              | ENT ROUTINE SERVICE COST CENTERS                                       |                                       | 1            | 0.000.540       |                                  |                |
|              | ADULTS & PEDIATRICS  |                                       |              | 2, 208, 519     |                                  | 30.00          |
|              | I NTENSI VE CARE UNI T   |                                       |              | 1, 076, 483     |                                  | 31.00          |
|              | I NTENSI VE NURSERY  |                                       |              | 0               |                                  | 35.00          |
|              | SUBPROVI DER – I RF  |                                       |              | 67, 787         |                                  | 41.00          |
|              |  |                                       |              | 2, 311, 726     |                                  | 43.00          |
|              | LARY SERVICE COST CENTERS  |                                       | 0 1040       | 1 500 047       | 100,000                          |                |
|              | OPERATING ROOM   |                                       | 0. 1243      |                 | 190, 203                         | 50.00          |
|              | CARDI AC SURGERY   |                                       | 0.6040       |                 |                                  | 50.01          |
| 50.02 05002  |  |                                       | 0. 1451      |                 | 0                                |                |
|              | RECOVERY ROOM  |                                       | 0. 3528      |                 | 21, 489                          | •              |
|              | O/P TREATMENT ROOM   |                                       | 0.8793       |                 | 0                                | 51.02<br>52.00 |
|              | DELIVERY ROOM & LABOR ROOM   |                                       | 0. 3465      |                 | 78, 539                          |                |
| 1 1          | RADI OLOGY-DI AGNOSTI C  |                                       | 0. 2382      |                 |                                  |                |
|              | RADI OLOGY-THERAPEUTI C  |                                       | 0. 1865      |                 |                                  |                |
|              | RADI OI SOTOPE<br>CT SCAN  |                                       | 0.3341       |                 |                                  |                |
|              |  |                                       | 0.0707       |                 |                                  |                |
|              | MAGNETIC RESONANCE I MAGING (MRI)<br>CARDIAC CATHETERIZATION           |                                       | 0. 2162      |                 |                                  | •              |
|              | LABORATORY   |                                       | 0. 3601      |                 |                                  |                |
|              | WHOLE BLOOD & PACKED RED BLOOD CELLS                                   |                                       | 0. 4530      |                 |                                  |                |
|              | RESPIRATORY THERAPY  |                                       | 0. 4530      |                 |                                  | 65.00          |
|              | PHYSICAL THERAPY   |                                       | 0. 3317      |                 |                                  | 66.00          |
|              | PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                                 |                                       | 0.0000       |                 |                                  | 66.01          |
|              | 0/P PHYSICAL THERAPY   |                                       | 0. 3823      |                 | -                                | 66. 02         |
|              | OCCUPATIONAL THERAPY   |                                       | 0. 2493      |                 |                                  |                |
|              | SPEECH PATHOLOGY   |                                       | 0. 3164      |                 |                                  |                |
|              | ELECTROCARDI OLOGY   |                                       | 0. 1862      |                 | 54, 838                          |                |
|              | CARDI AC REHAB   |                                       | 0. 6318      |                 |                                  |                |
|              | ELECTROENCEPHALOGRAPHY   |                                       | 0. 6861      |                 | 27,011                           |                |
|              | MEDICAL SUPPLIES CHARGED TO PATIENTS                                   |                                       | 0.0000       |                 | 0                                |                |
|              | IMPL. DEV. CHARGED TO PATIENTS   |                                       | 0. 5774      |                 |                                  | 72.00          |
|              | DRUGS CHARGED TO PATIENTS  |                                       | 0. 1939      |                 |                                  |                |
|              | RENAL ACUTE  |                                       | 0. 5641      |                 | 76, 375                          | •              |
|              | FI ENT SERVICE COST CENTERS  |                                       | 1 010011     | 100,070         | 10,010                           | 1 / 01 00      |
|              | CLINIC   |                                       | 0. 5138      | 69 0            | 0                                | 90.00          |
|              | PATIENT NUTRITION  |                                       | 3. 9836      |                 | 0                                | 90.05          |
|              | WOUND CLINIC   |                                       | 0. 2387      |                 | 0                                | 90.07          |
|              | EMERGENCY  |                                       | 0. 1140      |                 | 74, 345                          | 91.00          |
|              | OBSERVATION BEDS (NON-DISTINCT PART)                                   |                                       | 0. 6922      |                 | 0                                | 92.00          |
|              | Total (sum of lines 50 through 94 and 96 through 98)                   |                                       | 1            | 7, 681, 315     | 1, 448, 905                      | 200.00         |
|              | Less PBP Clinic Laboratory Services-Program only charges               | 6 (line 61)                           |              | 0               |                                  | 201.00         |
|              | Net charges (line 200 minus line 201)                                  |                                       |              |                 |                                  |                |

| NPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provider C | CN: 15-0023                             | Peri od:              | Worksheet D-3                  | 3                  |
|--|------------|---|-----------------------|--------------------------------|--------------------|
|  |            | 0.00100020                              | From 01/01/2020       |                                |                    |
|  | Component  | CCN: 15-T023                            | To 12/31/2020         | Date/Time Pre<br>7/29/2021 1:5 | epared:            |
|  | Ti tl      | e XIX                                   | Subprovider -         | Cost                           |                    |
| Cost Center Description  |            | Ratio of Cos                            | I RF<br>t I npati ent | Inpati ent                     |                    |
|  |            | To Charges                              | Program               | Program Costs                  |                    |
|  |            | j · · · · · · · · · · · · · · · · · · · | Charges               | (col. 1 x                      |                    |
|  |            |   | 5                     | col. 2)                        |                    |
|  |            | 1.00                                    | 2.00                  | 3.00                           |                    |
| INPATIENT ROUTINE SERVICE COST CENTERS   |            |   |                       |                                |                    |
| 0.00 03000 ADULTS & PEDIATRICS   |            |   | 0                     |                                | 30.00              |
| 1.00 03100 INTENSIVE CARE UNIT   |            |   | 0                     |                                | 31.00              |
| 5.00 02040 I NTENSI VE NURSERY   |            |   | 0                     |                                | 35.00              |
| 1.00 04100 SUBPROVIDER - IRF   |            |   | 536                   |                                | 41.00              |
| 3.00 04300 NURSERY   |            |   | 0                     |                                | 43.00              |
| ANCI LLARY SERVICE COST CENTERS  |            | 0.40400                                 | 10 000                | 4 504                          | 1 50 00            |
| 0. 00 05000 OPERATING ROOM   |            | 0. 12432                                |                       | 1, 504                         |                    |
| 0. 01 05001 CARDI AC SURGERY<br>0. 02 05002 WVSC   |            | 0. 60401                                |                       | 0                              |                    |
|  |            | 0. 14516                                |                       | 170                            |                    |
|  |            | 0. 35285                                |                       | 0                              |                    |
| 1. 02 05101 0/P TREATMENT ROOM<br>2. 00 05200 DELIVERY ROOM & LABOR ROOM   |            | 0. 87933                                |                       | 621                            |                    |
| 4. 00 05200 DELIVERY ROOM & LABOR ROOM   |            | 0. 34658                                |                       | 601                            |                    |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C  |            | 0. 23828                                |                       | 27                             |                    |
| 6. 00 05600 RADIOLOGI - THERAPEOTIC  |            | 0. 33419                                |                       | 59                             |                    |
| 17. 00 05700 CT SCAN   |            | 0. 07078                                |                       | 165                            |                    |
| 88.00 05800 MAGNETIC RESONANCE IMAGING (MRI)   |            | 0. 21628                                |                       | 75                             |                    |
| i9. 00 05900 CARDI AC CATHETERI ZATI ON  |            | 0. 36016                                |                       | 440                            |                    |
| 0. 00 06000 LABORATORY   |            | 0. 12789                                |                       | 1, 325                         |                    |
| 52.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS   |            | 0. 45301                                |                       | 246                            |                    |
| 5. 00 06500 RESPIRATORY THERAPY  |            | 0. 19684                                |                       | 1, 329                         |                    |
| 6. 00 06600 PHYSI CAL THERAPY  |            | 0. 33174                                |                       | 355                            |                    |
| 6. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   |            | 0.00000                                 |                       | 0                              | 66.0 <sup>4</sup>  |
| 6. 02 06602 0/P PHYSICAL THERAPY   |            | 0. 38231                                | 5 0                   | 0                              | 66.0               |
| 7.00 06700 OCCUPATI ONAL THERAPY   |            | 0. 24936                                | 8 1, 154              | 288                            | 67.00              |
| 8.00 06800 SPEECH PATHOLOGY  |            | 0. 31646                                | 9 316                 | 100                            | 68.00              |
| 9. 00 06900 ELECTROCARDI OLOGY   |            | 0. 18626                                | 3 2, 328              | 434                            | 69.00              |
| 9. 01 06901 CARDI AC REHAB   |            | 0. 63185                                | 54 5                  | 3                              | 69. 0 <sup>-</sup> |
| 0.00 07000 ELECTROENCEPHALOGRAPHY  |            | 0. 68614                                | 3 311                 | 213                            | 70.00              |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  |            | 0.00000                                 |                       | 0                              |                    |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS  |            | 0. 57741                                |                       | 395                            |                    |
| 3.00 07300 DRUGS CHARGED TO PATIENTS   |            | 0. 19396                                |                       | 1, 913                         |                    |
| 76.00 03020 RENAL ACUTE  |            | 0. 56417                                | 1, 070                | 604                            | 76.00              |
| OUTPATIENT SERVICE COST CENTERS  |            |   | -                     | -                              |                    |
|  |            | 0. 51386                                |                       | 0                              |                    |
|  |            | 3. 98364                                |                       | 0                              |                    |
| 00.07 09007 WOUND CLINIC   |            | 0. 23877                                |                       | 0                              |                    |
| 1.00 09100 EMERGENCY   |            | 0. 11400                                |                       | 588<br>0                       |                    |
| 22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | h 09)      | 0. 69225                                |                       | -                              | 1                  |
| 200.00 Total (sum of lines 50 through 94 and 96 throug<br>201.00 Less PBP Clinic Laboratory Services-Program onl |            |   | 60, 737               | 11, 455                        | 200.00             |
| (01.00 Less PBP Clinic Laboratory Services-Program onl   |            |   |                       |                                |                    |

| Heal th        | Financial Systems UNION HOSPIT  | AL, INC.                   | In Lie                     | u of Form CMS-2         | 2552-10 |
|----------------|---|----------------------------|----------------------------|-------------------------|---------|
|                | ATION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 15-0023      | Period:<br>From 01/01/2020 | Worksheet E             |         |
|                |   |                            | To 12/31/2020              | Date/Time Pre           |         |
|                |   | Title XVIII                | Hospi tal                  | 7/29/2021 1:5<br>PPS    | 58 pm   |
|                |   |                            | 10301 181                  | 115                     |         |
|                |   |                            |                            | 1.00                    |         |
| 1.00           | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS<br>DRG Amounts Other than Outlier Payments                                |                            |                            | 0                       | 1.00    |
| 1.00           | DRG amounts other than outlier payments for discharges occu<br>instructions)  | rring prior to October 1   | (see                       | 38, 643, 481            |         |
| 1. 02          | DRG amounts other than outlier payments for discharges occu<br>instructions)  | rring on or after October  | 1 (see                     | 17, 095, 295            | 1.02    |
| 1.03           | DRG for federal specific operating payment for Model 4 BPCI<br>1 (see instructions)                                       | for discharges occurring   | prior to October           | 0                       | 1.03    |
| 1.04           | DRG for federal specific operating payment for Model 4 BPCI<br>October 1 (see instructions)                               | for discharges occurring   | on or after                | 0                       | 1.04    |
| 2.00           | Outlier payments for discharges. (see instructions)   |                            |                            |                         | 2.00    |
| 2.01           | Outlier reconciliation amount   |                            |                            | 0                       |         |
| 2.02           | Outlier payment for discharges for Model 4 BPCI (see instru   |                            |                            | 0                       | 2.02    |
| 2.03           | Outlier payments for discharges occurring prior to October  |                            |                            | 352, 872                |         |
| 2.04<br>3.00   | Outlier payments for discharges occurring on or after Octob<br>Managed Care Simulated Payments                            | er i (see instructions)    |                            | 63, 124<br>16, 996, 755 |         |
| 4.00           | Bed days available divided by number of days in the cost re   | porting period (see instr  | ructions)                  | 214.63                  | 1       |
| 4.00           | Indirect Medical Education Adjustment   | por tring period (see mat  |                            | 214.03                  | 4.00    |
| 5.00           | FTE count for allopathic and osteopathic programs for the m or before 12/31/1996. (see instructions)                      | ost recent cost reporting  | period ending or           | 12. 22                  | 5.00    |
| 6.00           | FTE count for allopathic and osteopathic programs that meet<br>new programs in accordance with 42 CFR 413.79(e)           | the criteria for an add-   | on to the cap for          | 0.00                    | 6.00    |
| 7.00           | MMA Section 422 reduction amount to the IME cap as specifie   |                            |                            | 0.00                    |         |
| 7.01           | ACA § 5503 reduction amount to the IME cap as specified und   | er 42 CFR §412.105(f)(1)(  | iv)(B)(2) If the           | 0.00                    | 7.01    |
| 8.00           | cost report straddles July 1, 2011 then see instructions.<br>Adjustment (increase or decrease) to the FTE count for allo  |                            |                            | 0.00                    | 8.00    |
|                | affiliated programs in accordance with 42 CFR 413.75(b), 41   | 3.79(c)(2)(iv), 64 FR 263  | 40 (May 12,                |                         |         |
| 8. 01          | 1998), and 67 FR 50069 (August 1, 2002).<br>The amount of increase if the hospital was awarded FTE cap                    | slots under § 5503 of the  | ACA. If the cost           | 0.00                    | 8.01    |
| 8.02           | report straddles July 1, 2011, see instructions.<br>The amount of increase if the hospital was awarded FTE cap            | slots from a closed teach  | ing hospital               | 0.00                    | 8.02    |
| 9.00           | under § 5506 of ACA. (see instructions)<br>Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus l                    | ines (8, 8,01 and 8,02)    | (see                       | 12. 22                  | 9.00    |
| 10.00          | instructions)<br>FTE count for allopathic and osteopathic programs in the cu  | rrant year from your rock  | rde                        | 21. 15                  | 10.00   |
| 11.00          | FTE count for residents in dental and podiatric programs.   | Trefft year from your rece | ii us                      |                         | 11.00   |
| 12.00          | Current year allowable FTE (see instructions)   |                            |                            | 12.22                   |         |
| 13.00          | Total allowable FTE count for the prior year.   |                            |                            | 12.22                   |         |
| 14.00          | Total allowable FTE count for the penultimate year if that otherwise enter zero.  | year ended on or after Se  | ptember 30, 1997,          | 12. 22                  | 14.00   |
| 15.00          | Sum of lines 12 through 14 divided by 3.  |                            |                            |                         | 15.00   |
| 16.00          | Adjustment for residents in initial years of the program  |                            |                            |                         | 16.00   |
| 17.00          | Adjustment for residents displaced by program or hospital c   | losure                     |                            |                         | 17.00   |
| 18.00<br>19.00 | Adjusted rolling average FTE count<br>Current year resident to bed ratio (line 18 divided by line                         | 4)                         |                            | 12.22<br>0.056935       |         |
| 20.00          | Prior year resident to bed ratio (see instructions)   | 4).                        |                            | 0.058991                |         |
| 21.00          | Enter the lesser of lines 19 or 20 (see instructions)   |                            |                            | 0.056935                |         |
| 22.00          | IME payment adjustment (see instructions)   |                            |                            | 1, 706, 610             | 22.00   |
| 22.01          | IME payment adjustment - Managed Care (see instructions)  |                            |                            | 520, 407                | 22.01   |
| 23.00          | Indirect Medical Education Adjustment for the Add-on for §<br>Number of additional allopathic and osteopathic IME FTE res |                            | CFR 412.105                | 8.45                    | 23.00   |
| 24.00          | (f)(1)(iv)(C).<br>IME FTE Resident Count Over Cap (see instructions)  |                            |                            | 8. 93                   | 24.00   |
| 24.00<br>25.00 | If the amount on line 24 is greater than -O-, then enter th   | e lower of line 23 or lir  | e 24 (see                  | 8. 45                   |         |
| 26.00          | instructions)<br>Resident to bed ratio (divide line 25 by line 4)   |                            |                            | 0. 039370               | 26.00   |
| 28.00          | IME payments adjustment factor. (see instructions)  |                            |                            | 0.039370                |         |
| 28.00          | IME add-on adjustment amount (see instructions)   |                            |                            | 579, 850                | 1       |
| 28.01          | IME add-on adjustment amount - Managed Care (see instructio   | ns)                        |                            | 176, 817                |         |
| 29.00          | Total IME payment ( sum of lines 22 and 28)   |                            |                            | 2, 286, 460             |         |
| 29. 01         | Total IME payment - Managed Care (sum of lines 22.01 and 28<br>Disproportionate Share Adjustment                          | . 01)                      |                            | 697, 224                | 29.01   |
| 30.00          | Disproportionate Share Adjustment<br>Percentage of SSI recipient patient days to Medicare Part A                          | patient days (see instru   | ictions)                   | 3. 79                   | 30.00   |
| 31.00          | Percentage of Medicaid patient days (see instructions)  | patront days (see filst)   |                            | 23.36                   | 1       |
|                | Sum of lines 30 and 31  |                            |                            | 27.15                   |         |
| 32.00          |   |                            |                            |                         |         |
| 33.00          | Allowable disproportionate share percentage (see instructio<br>Disproportionate share adjustment (see instructions)       | ns)                        |                            | 11. 61<br>1, 617, 818   |         |

|   | Financial Systems UNION HOSPITAL,<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 15-0023  | Period:<br>From 01/01/2020<br>To 12/31/2020 |  | pared  |
|---|--|--|---|--|--|
|   |  | Title XVIII  | Hospi tal                                   | PPS  | 0 pm   |
|   |  |  |   | On/After 10/1  |  |
|   |  |  | 1.00  | 2.00   |  |
|   | Uncompensated Care Adjustment  |  |   |  |  |
|   | Total uncompensated care amount (see instructions)   |  |   | 8, 290, 014, 521   | 35.0   |
|   | Factor 3 (see instructions)  |  | 0.000415960                                 |  | 35.0   |
| . 02  | Hospital uncompensated care payment (If line 34 is zero, enter   | zero on this line) (se   | e 3, 473, 515                               | 3, 398, 591  | 35.0   |
| 00  | instructions)  |  | 2 (00 201                                   | 057 (22)   | 25   |
|   | Pro rata share of the hospital uncompensated care payment amou<br>Total uncompensated care (sum of columns 1 and 2 on line 35.03   |  | 2, 600, 391<br>3, 457, 023                  | 856, 632   | 35.0<br>36.0   |
| . 00  | Additional payment for high percentage of ESRD beneficiary dis   |  |   |  | 30.1   |
| . 00  | Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 68   |  | 0   |  | 40. (  |
| . 00  | instructions)  |  | 0   |  | 10.1   |
| . 00  | Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68  | 3, 684 an 685. (see  | 0   |  | 41.0   |
|   | instructions)  |  |   |  |  |
| . 01  | Total ESRD Medicare covered and paid discharges excluding MS-D   | RGs 652, 682, 683, 684   | 0   |  | 41.(   |
| _   | an 685. (see instructions)   |  |   |  |  |
|   | Divide line 41 by line 40 (if less than 10%, you do not qualif   |  | 0.00  |  | 42.  |
| 8.00  | Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682  | , 683, 684 an 685. (see  | 0   |  | 43.  |
| . 00  | instructions)<br>Ratio of average length of stay to one week (line 43 divided b  | v Lipo 11 divided by 7   | 0. 000000                                   |  | 44.  |
| . 00  | days)  | y The 41 divided by /  | 0.00000                                     |  | 44.  |
| 5.00  | Average weekly cost for dialysis treatments (see instructions)   |  | 0.00  |  | 45.  |
|   | Total additional payment (line 45 times line 44 times line 41.   |  | 0   |  | 46.  |
|   | Subtotal (see instructions)  |  | 63, 516, 073                                |  | 47.  |
| 8. 00   | Hospital specific payments (to be completed by SCH and MDH, sm   | all rural hospitals  | 0   |  | 48.  |
|   | only. (see instructions)   |  |   |  |  |
|   |  |  |   | Amount   |  |
|   |  |  |   | 1.00   | 40   |
|   | Total payment for inpatient operating costs (see instructions)<br>Payment for inpatient program capital (from Wkst. L, Pt. I and   | Dt 11 ac applicable)   |   | 64, 213, 297<br>4, 815, 105  |  |
|   | Exception payment for inpatient program capital (Wkst. L, Pt. 1 and  |  |   | 4, 815, 105  | 50.  |
|   | Direct graduate medical education payment (from Wkst. E-4, lin   | · · · · · · · · · · · · · · · · · · ·  |   | 685, 929   | 52.  |
|   | Nursing and Allied Health Managed Care payment   |  |   | 8, 332   | 53.  |
|   | Special add-on payments for new technologies   |  |   | 155, 694   |  |
| . 01  | Islet isolation add-on payment   |  |   | 0  | 54.  |
| 6.00  | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69   | )  |   | 0  | 55.  |
| . 00  | Cost of physicians' services in a teaching hospital (see intru   | ctions)  |   | 0  | 56.  |
| . 00  | Routine service other pass through costs (from Wkst. D, Pt. II   | I, column 9, lines 30 t  | hrough 35).                                 | 0  |  |
|   | Ancillary service other pass through costs from Wkst. D, Pt. I   |  | - ·   | -  |  |
| . 00  |  | V, col. 11 line 200)   | •   | 42, 385  | 58.  |
| . 00<br>. 00  | Total (sum of amounts on lines 49 through 58)  | V, col. 11 line 200)   |   | 42, 385<br>69, 920, 742  | 58.<br>59.   |
| . 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments  |  | -   | 42, 385<br>69, 920, 742<br>15, 776   | 58.<br>59.<br>60.  |
| 8.00<br>9.00<br>0.00<br>.00   | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus   |  |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966   | 58.<br>59.<br>60.<br>61.   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries  |  |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144  | 58.<br>59.<br>60.<br>61.<br>62.  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries   |  |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112   | 58.<br>59.<br>60.<br>61.<br>62.<br>63.   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)   |  |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784   | 58.<br>59.<br>60.<br>61.<br>62.<br>63.<br>64.  |
| 3. 00         9. 00   | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries   | line 60)   |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112   | 58.<br>59.<br>60.<br>61.<br>62.<br>63.<br>64.<br>65.   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)   | line 60)   |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010   | 58.<br>59.<br>60.<br>61.<br>62.<br>63.<br>64.<br>65.<br>66.  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr   | line 60)<br>uctions)   | ee instructions)                            | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612   | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> </ol>   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s  |   | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720   | 58.<br>59.<br>60.<br>61.<br>62.<br>63.<br>64.<br>65.<br>65.<br>65.<br>66.  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction                           | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0  | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> </ol>  |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr   | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction                           | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0  | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> <li>70.</li> </ol>   |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration   | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction                           | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> <li>70.</li> <li>70.</li> </ol>  |
| <ul> <li>. 00</li> <li>. 87</li> <li>. 88</li> </ul>  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0  | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> </ol>  |
| <ul> <li>. 00</li> <li>. 00<td>Total (sum of amounts on lines 49 through 58)<br/>Primary payer payments<br/>Total amount payable for program beneficiaries (line 59 minus<br/>Deductibles billed to program beneficiaries<br/>Coinsurance billed to program beneficiaries<br/>Allowable bad debts (see instructions)<br/>Adjusted reimbursable bad debts (see instructions)<br/>Allowable bad debts for dual eligible beneficiaries (see instr<br/>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br/>Credits received from manufacturers for replaced devices for a<br/>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br/>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br/>Rural Community Hospital Demonstration Project (§410A Demonstr<br/>Demonstration payment adjustment amount before sequestration<br/>SCH or MDH volume decrease adjustment (contractor use only)<br/>Pioneer ACO demonstration payment adjustment amount (see instr</td><td>line 60)<br/>uctions)<br/>pplicable to MS-DRGs (s<br/>For SCH see instruction<br/>ation) adjustment (see</td><td>s)</td><td>42, 385<br/>69, 920, 742<br/>15, 776<br/>69, 904, 966<br/>5, 204, 144<br/>46, 112<br/>470, 784<br/>306, 010<br/>156, 612<br/>64, 960, 720<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td><td><ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> </ol></td></li></ul> | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)<br>Pioneer ACO demonstration payment adjustment amount (see instr  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | <ol> <li>58.</li> <li>59.</li> <li>60.</li> <li>61.</li> <li>62.</li> <li>63.</li> <li>64.</li> <li>65.</li> <li>66.</li> <li>67.</li> <li>68.</li> <li>69.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> <li>70.</li> </ol> |
|   | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)<br>Pioneer ACO demonstration payment adjustment amount (see instructions)  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 58.<br>59.<br>60.<br>61.<br>62.<br>63.<br>64.<br>65.<br>66.<br>67.<br>68.<br>69.<br>70.<br>70.<br>70.<br>70.<br>70.<br>70.   |
| 3. 00         0.00           4. 00         0.00           5. 00         0.00   | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)<br>Pioneer ACO demonstration payment adjustment amount (see instructions)<br>HSP bonus payment HRR adjustment amount (see instructions)  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | $\begin{array}{c} 58.\\ 59.\\ 60.\\ 61.\\ 62.\\ 63.\\ 64.\\ 65.\\ 66.\\ 67.\\ 70.\\ 70.\\ 70.\\ 70.\\ 70.\\ 70.\\ 70.\\ 7$   |
| 3. 00<br>2. 00<br>3. 00<br>4. 00<br>5.  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)<br>Pioneer ACO demonstration payment adjustment amount (see instructions)<br>HSP bonus payment HVBP adjustment amount (see instructions)<br>Bundled Model 1 discount amount (see instructions) | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | $\begin{array}{c} 42, 385\\ 69, 920, 742\\ 15, 776\\ 69, 904, 966\\ 5, 204, 144\\ 46, 112\\ 470, 784\\ 306, 010\\ 156, 612\\ 64, 960, 720\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$                             | 58.0<br>59.0<br>60.0<br>62.0<br>63.0<br>64.0<br>65.0<br>67.0<br>68.0<br>67.0<br>69.0<br>70.0<br>70.1<br>70.1<br>70.1<br>70.1<br>70.2<br>70.2   |
| 3. 00<br>2. 00<br>3. 00<br>4. 00<br>5.  | Total (sum of amounts on lines 49 through 58)<br>Primary payer payments<br>Total amount payable for program beneficiaries (line 59 minus<br>Deductibles billed to program beneficiaries<br>Coinsurance billed to program beneficiaries<br>Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)<br>Allowable bad debts for dual eligible beneficiaries (see instr<br>Subtotal (line 61 plus line 65 minus lines 62 and 63)<br>Credits received from manufacturers for replaced devices for a<br>Outlier payments reconciliation (sum of lines 93, 95 and 96). (<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)<br>Rural Community Hospital Demonstration Project (§410A Demonstr<br>Demonstration payment adjustment amount before sequestration<br>SCH or MDH volume decrease adjustment (contractor use only)<br>Pioneer ACO demonstration payment adjustment amount (see instructions)<br>HSP bonus payment HRR adjustment amount (see instructions)  | line 60)<br>uctions)<br>pplicable to MS-DRGs (s<br>For SCH see instruction<br>ation) adjustment (see | s)  | 42, 385<br>69, 920, 742<br>15, 776<br>69, 904, 966<br>5, 204, 144<br>46, 112<br>470, 784<br>306, 010<br>156, 612<br>64, 960, 720<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 59.0<br>60.0<br>61.0<br>62.0<br>63.0<br>64.0<br>65.0<br>67.0<br>68.0<br>69.0<br>70.0<br>70.0<br>70.1<br>70.1<br>70.1<br>70.2<br>70.2<br>70.2   |

|  | nancial Systems UNION HOSPITA<br>ON OF REIMBURSEMENT SETTLEMENT  | Provi der C  | CN: 15-0023 | Peri od:  | u of Form CMS-2<br>Worksheet E   |   |
|--|--|--|-------------|---|--|---|
|  |  |  |             | From 01/01/2020<br>To 12/31/2020                  | Part A<br>Date/Time Pre  | pare  |
|  |  | Title  | e XVIII     | Hospi tal   | 7/29/2021 1:5<br>PPS   | os pri  |
|  |  |  |             | (yyyy)  | Amount   |   |
|  |  |  |             | 0   | 1.00   |   |
|  | w volume adjustment for federal fiscal year (yyyy) (Enter<br>e corresponding federal year for the period prior to 10/1)  |  |             | 0   | 0  | 70.   |
| ). 97 Lov  | w volume adjustment for federal fiscal year (yyyy) (Enter<br>e corresponding federal year for the period ending on or a  | in column O  |             | 0   | 0  | 70.   |
|  | w Volume Payment-3   |  |             |   | 0  | 70.   |
|  | C adjustment amount (see instructions)   |  |             |   | 0  |   |
|  | ount due provider (line 67 minus lines 68 plus/minus lines   | 69 & 70)   |             |   | 64, 313, 880   |   |
|  | questration adjustment (see instructions)  |  |             |   | 424, 472   |   |
|  | monstration payment adjustment amount after sequestration  |  |             |   | 0  |   |
|  | questration adjustment-PARHM pass-throughs   |  |             |   | (2 527 054   | 71.   |
|  | terim payments<br>terim payments-PARHM   |  |             |   | 63, 527, 956   |   |
|  | ntative settlement (for contractor use only)   |  |             |   | 0  | 72.   |
|  | ntative settlement (for contractor use only)   |  |             |   | 0  | 73.   |
|  | lance due provider/program (line 71 minus lines 71.01, 71.   | 02 72 and  |             |   | 361, 452   |   |
| 73)  |  | 02, 72, and  |             |   | 501, 452   | /4  |
|  | /<br>lance due provider/program-PARHM (see instructions)   |  |             |   |  | 74  |
|  | otested amounts (nonallowable cost report items) in accord   | ance with  |             |   | 1, 377, 866  |   |
|  | S Pub. 15-2, chapter 1, §115.2   |  |             |   |  |   |
| TO   | BE COMPLETED BY CONTRACTOR (lines 90 through 96)   |  |             |   |  |   |
|  | erating outlier amount from Wkst. E, Pt. A, line 2, or sum   | of 2.03  |             |   | 0  | 90  |
| 1.   | us 2.04 (see instructions)   |  |             |   |  |   |
|  | pital outlier from Wkst. L, Pt. I, line 2  |  |             |   | 0  | 91  |
|  | erating outlier reconciliation adjustment amount (see inst   | ,  |             |   | 0  |   |
| . 00   Cap   | pital outlier reconciliation adjustment amount (see instru   | ictions)   |             |   | 0  | 1 02  |
|  |  |  |             |   | -  |   |
|  | e rate used to calculate the time value of money (see inst   | ructions)  |             |   | 0.00   | 94  |
| .00 Tin  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions   | ructions)<br>)   |             |   | 0.00   | 94<br>95  |
| .00 Tin  | e rate used to calculate the time value of money (see inst   | ructions)<br>)   |             | Prior to 10/1                                     | 0. 00<br>0<br>0  | 94<br>95  |
| .00 Tin  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions   | ructions)<br>)   |             | Pri or to 10/1<br>1.00                            | 0. 00<br>0<br>0  | 95  |
| .00 Tin<br>.00 Tin<br>HSP  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru<br>P Bonus Payment Amount   | ructions)<br>)   |             | 1.00  | 0.00<br>0<br>00/After 10/1<br>2.00   | 94<br>95<br>96  |
| .00 Tin<br>.00 Tin<br>.HSP<br>0.00 HSF   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)   | ructions)<br>)   |             |   | 0.00<br>0<br>00/After 10/1<br>2.00   | 94<br>95<br>96  |
| 00 Tin<br>00 Tin<br>100 HSP<br>0.00 HSP<br>HVB   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment  | ructions)<br>)   |             | 1.00  | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0   | 94<br>95<br>96  |
| 00 Tin<br>00 Tin<br>100 HSP<br>0.00 HSP<br>1.00 HVB  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>BP Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)   | ructions)<br>)<br>ctions)  |             | 0. 0000000000                                     | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0<br>0.0000000000   | 94<br>95<br>96<br>100   |
| . 00 Tin<br>. 00 Tin<br>. 00 HSP<br>0. 00 HSF<br>HVB<br>1. 00 HVE<br>2. 00 HVE   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>BP Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)  | ructions)<br>)<br>ctions)  |             | 1.00  | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0<br>0.0000000000   | 94<br>95<br>96<br>100   |
| 00 Tin<br>00 Tin<br>00 HSP<br>0. 00 HSF<br>HVB<br>1. 00 HVE<br>2. 00 HVE<br>HRR  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)<br>R Adjustment for HSP Bonus Payment  | ructions)<br>)<br>ctions)  |             | 1.00<br>0<br>0.000000000<br>0                     | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0<br>0.0000000000<br>0  | 94<br>95<br>96<br>100<br>101  |
| 00 Tin<br>00 Tin<br>00 HSP<br>0. 00 HSP<br>HVB<br>1. 00 HVE<br>2. 00 HVE<br>HRR<br>3. 00 HRP   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instru-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>BP Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>Adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)  | ructions)<br>)<br>ictions)<br>ms)  |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103  |
| . 00 Tin<br>. 00 Tin<br>. 00 Tin<br>. 00 HSF<br>HVB<br>1. 00 HVE<br>2. 00 HVE<br>. 00 HRF<br>4. 00 HRF   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus payment (see instructions)<br>R Adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instructions)<br>R adjustment amount for HSP bonus payment (see instructions)  | ructions)<br>)<br>ictions)<br>ns)<br>s)  | uctment     | 1.00<br>0<br>0.000000000<br>0                     | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103  |
| 00 Ti r<br>00 Ti r<br>1 r<br>00 HSP<br>HVB<br>1.00 HVE<br>2.00 HVE<br>HRR<br>3.00 HRF<br>Rur   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)<br>R Adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment<br>(see instructions)<br>R adjustment amount for HSP bonus payment (see instructions)  | ructions)<br>)<br>ictions)<br>ms)<br>s)<br>tration) Adj  |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104   |
| 00 Ti n<br>00 Ti n<br>00 HSP<br>0.00 HSF<br>HVB<br>1.00 HVE<br>2.00 HVE<br>3.00 HRF<br>4.00 HRF<br>Rur<br>0.00 I s   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)<br>C Adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment<br>(see instructions)<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p   | ructions)<br>)<br>ictions)<br>ms)<br>s)<br>tration) Adj  |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104   |
| .00         Ti n           .00         Ti n           .00         Ti n           .00         HSP           .00         HSP           .00         HSP           .00         HSP           .00         HSP           .00         HSP           .00         HVB           .00         HRR           .00         HRR           .00         HRR           .00         IS           .00         IS           .00         IS  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>BP Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment<br>(see instruction<br>al Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.   | ructions)<br>)<br>ictions)<br>ms)<br>s)<br>tration) Adj  |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104   |
| 00 Ti n<br>00 Ti n<br>00 HSP<br>0. 00 HSP<br>HVB<br>1. 00 HVE<br>2. 00 HVE<br>HRR<br>3. 00 HRF<br>4. 00 HRF<br>4. 00 HR<br>Rur<br>0. 00 I S<br>Cer<br>Cos  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)<br>C Adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment<br>(see instructions)<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p   | ructions)<br>)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under   |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200  |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>10  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii   | ructions)<br>)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under   |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0.0000<br>0<br>0                     | 94<br>95<br>96<br>1000<br>101<br>102<br>103<br>104<br>2000<br>201<br>201  |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>10  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>BP Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.   | ructions)<br>)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under   |             | 1.00<br>0<br>0.000000000<br>0<br>0.0000           | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0.0000<br>0<br>0                     | 94<br>95<br>96<br>1000<br>101<br>102<br>103<br>104<br>2000<br>201<br>201  |
| .00         Ti n           .00         Ti n           .00         Ti n           .00         HSP           .00         HSP           1.00         HVB           1.00         HVE           1.00         HVE           3.00         HRF           4.00         HRF           0.00         I S           Cer         Cos           1.00         Mec           3.00         Cas           0.00         I S           Cer         Cos           1.00         Mec           3.00         Cas           Com         Com  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>3P Adjustment amount for HSP bonus payment (see instructions)<br>3P Adjustment amount for HSP bonus payment (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>R adjustment amount for HSP bonus payment (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare di scharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>aputation of Demonstration Target Amount Limitation (N/A i   | ructions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0                               | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>201  |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>10 N<br>10 N<br>10 N<br>10 N<br>10 N<br>10 N<br>10 N<br>10 N  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instructions<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment amount for HSP bonus payment (see instructions)<br>R adjustment amount for HSP bonus payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment<br>R adjustment for HSP bonus payment<br>(see instructions)<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>uputation of Demonstration Target Amount Limitation (N/A i<br>riod)   | ructions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0n/After 10/1<br>2.00<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0.0000                     | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203   |
| 00         Ti n           00         Ti n           00         Ti n           00         HSP           0.00         HSF           1.00         HVB           1.00         HVE           1.00         HVE           2.00         HVE           3.00         HRR           3.00         HRF           0.00         IS           0.00         IS           0.00         IS           0.00         Ker           0.00         Ker <t< td=""><td>e rate used to calculate the time value of money (see inst<br/>me value of money for operating expenses (see instructions<br/>me value of money for capital related expenses (see instruc-<br/>peration of money for capital related expenses (see instruc-<br/>Perate and the second second second second second second<br/>Perate and the second second second second second second<br/>Perate and the second second second second second second<br/>Perate and the second second second second second second<br/>second second sec</td><td>ructions)<br/>(ctions)<br/>(ctions)<br/>(ctions)<br/>(ctions)<br/>(ns)<br/>(ns)<br/>(s)<br/>(tration) Adj<br/>(reriod under<br/>(ne 49)</td><td>the 21st</td><td>1.00<br/>0.000000000<br/>0.000000000<br/>0.0000<br/>0</td><td>0.00<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0<br/>0</td><td>94<br/>95<br/>96<br/>100<br/>101<br/>102<br/>103<br/>104<br/>200<br/>201<br/>202<br/>203<br/>203</td></t<> | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>peration of money for capital related expenses (see instruc-<br>Perate and the second second second second second second<br>Perate and the second second second second second second<br>Perate and the second second second second second second<br>Perate and the second second second second second second<br>second second sec | ructions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>203  |
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| 00 Ti n<br>00 Ti n<br>00 Ti n<br>10 Ti n<br>HSP<br>10 OO HSF<br>HVB<br>1. 00 HSF<br>HVB<br>1. 00 HSF<br>HVB<br>1. 00 HSF<br>HVB<br>1. 00 HSF<br>1. 00   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>peration of money for capital related expenses (see instruc-<br>peration of the second second second second second<br>P adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>ise-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205)   | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ns)<br>(ns)<br>(s)<br>tration) Adj<br>(ration) Adj<br>(ration | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0.000000000<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0.0000<br>0<br>0                | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>203  |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>00 HSP<br>1. 00 HSP<br>1. 00 HVE<br>2. 00 HVE<br>3. 00 HRF<br>4. 00 HRF<br>4. 00 HRF<br>4. 00 HRF<br>5. 00 Cas<br>5. 00 Cas<br>5. 00 Cas<br>5. 00 Cas   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>peration of money for capital related expenses (see instruc-<br>peration of the second second second second second<br>P adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus payment (see instruction<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>mputation of Demonstration Target Amount Limitation (N/A i<br>iod)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205<br>ustment to Medicare Part A Inpatient Reimbursement  | ructions)<br>)<br>ictions)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under<br>ne 49)<br>n first year<br>)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0.00000000<br>0<br>0.0000<br>0<br>0<br>0.0000<br>0<br>0                      | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>203<br>204<br>205<br>206                             |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>00 Ti n<br>10 N<br>1  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>peration of money for capital related expenses (see instruc-<br>peration of the second second second second second second<br>P Adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus payment (see instruction<br>Adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus payment (see instruction<br>adjustment for HSP bonus payment<br>(see instructions)<br>R adjustment factor (see instructions)<br>R adjustment for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>mutation of Demonstration Target Amount Limitation (N/A i<br>iod)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see instruction<br>(see instruction)  | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)<br>(n first year<br>)<br>(tructions)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>204<br>205<br>206<br>207                             |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>00 Ti n<br>1. 00 HSF<br>1. 00 HVE<br>2. 00 HVE<br>1. 00 HVE<br>2. 00 HVE<br>1. 00 HRF<br>4. 00 HRF<br>4. 00 HRF<br>0. 00 I s<br>Cer<br>0. 00 I s<br>Cer<br>0. 00 Mec<br>3. 00 Cas<br>5. 00 Mec<br>3. 00 Cas<br>5. 00 Mec<br>3. 00 Mec<br>3. 00 Cas<br>5. 00 Mec<br>3. 00 Mec   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instructions<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>3P Adjustment for HSP Bonus Payment<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>3P adjustment amount for HSP bonus payment (see instructions)<br>3P Adjustment amount for HSP bonus payment (see instructions)<br>3P adjustment amount for HSP bonus payment<br>Adjustment for HSP Bonus Payment<br>R adjustment amount for HSP bonus payment (see instructions)<br>3P adjustment amount for HSP bonus payment (see instruction<br>3P adjustment for HSP is bonus payment (see instruction<br>3P adjustment service costs (from Wkst. D-1, Pt. II, Ii<br>3P adjustment factor (see instructions)<br>3P adjustment factor (see instructions)<br>3P adjustment factor (see instructions)<br>3P adjusted target amount (line 203 times line 204)<br>3P adjustment to Medicare Part A Inpatient Reimbursement<br>3P adjustment reimbursement under the §410A Demonstration (see ins<br>3P adjusted Part A inpatient service costs (from Wkst. E, Pt. A  | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)<br>(n first year<br>)<br>(tructions)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>203<br>204<br>205<br>206<br>207<br>208               |
| 00 Ti n<br>00 Ti n<br>00 Ti n<br>00 Ti n<br>HSP<br>1.00 HSF<br>HVE<br>1.00 HVE<br>2.00 HVE<br>1.00 HVE<br>2.00 HRF<br>4.00 HRF<br>4.00 Mec<br>3.00 Cas<br>5.00 Cas   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>P bonus amount (see instructions)<br>approximation (see instructions)<br>approximation (see instructions)<br>approximation (see instructions)<br>approximation (see instructions)<br>and ustment factor (see instructions)<br>adjustment for HSP Bonus Payment<br>adjustment for HSP Bonus Payment<br>(see instructions)<br>adjustment factor (see instructions)<br>adjustment factor (see instructions)<br>adjustment amount for HSP bonus payment (see instruction<br>al Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>it Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>mputation of Demonstration Target Amount Limitation (N/A i<br>iod)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205)<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see ins<br>dicare Part A inpatient service costs (from Wkst. E, Pt. A<br>justment to Medicare IPPS payments (see instructions)  | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)<br>(n first year<br>)<br>(tructions)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>100<br>100<br>100<br>100<br>100<br>200<br>200<br>200<br>200  |
| 00         Ti n           00         Ti n           00         Ti n           00         Ti n           00         HSP           00         HSP           1.00         HVB           2.00         HVE           3.00         HRR           4.00         HRR           2.00         Kur           2.00         Mec           3.00         Cass           6.00         Mec           5.00         Cass           6.00         Mec           7.00         Prc           8.00         Mec           9.00         Adj           0.00         Res  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>me value of money for capital related expenses (see instruc-<br>peration of the second second second second second second<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>mutation of Demonstration Target Amount Limitation (N/A i<br>iod)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see ins<br>dicare Part A inpatient service costs (from Wkst. E, Pt. A<br>justment to Medicare IPPS payments (see instructions)<br>served for future use  | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)<br>(n first year<br>()<br>(tructions)<br>(, line 59)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>204<br>205<br>206<br>207<br>208<br>209<br>210        |
| .00         Ti n           .00         Ti n           .00         Ti n           .00         HSP           0.00         HSP           1.00         HVB           1.00         HVE           1.00         HVE           3.00         HRR           3.00         HRR           0.00         I s           Cer         Cos           1.00         Mec           2.00         Mec           3.00         Cas           6.00         Mec           7.00         Prc           8.00         Mec           9.00         Adj           9.00         To           1.00         To   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>me value of money for capital related expenses (see instruc-<br>peration of the second second second second second second<br>P adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, II<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>uputation of Demonstration Target Amount Limitation (N/A i<br>field)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205)<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see ins<br>dicare Part A inpatient service costs (from Wkst. E, Pt. A<br>justment to Medicare IPPS payments (see instructions)<br>served for future use<br>tal adjustment to Medicare IPPS payments (see instructions)   | ructions)<br>)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ctions)<br>(ns)<br>(s)<br>(tration) Adj<br>(reriod under<br>(ne 49)<br>(n first year<br>()<br>(tructions)<br>(, line 59)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0.000000000<br>0<br>0.0000<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203   |
| .00         Ti n           .00         Ti n           .00         Ti n           .00         HSP           .00         HSP           1.00         HVB           1.00         HVE           1.00         HVE           3.00         HRF           4.00         HRF           0.00         I S           Cer         Cos           1.00         Mec           5.00         Cas           6.00         Mec           7.00         Prc           8.00         Med           9.00         Adjj           7.00         To           9.00         Adj           0.00         Res           1.00         To  | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>me value of money for capital related expenses (see instruc-<br>perations)<br>P Bonus Payment Amount<br>P bonus amount (see instructions)<br>P Adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>R adjustment for HSP Bonus Payment<br>R adjustment factor (see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, Ii<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>mutation of Demonstration Target Amount Limitation (N/A i<br>iod)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see ins<br>dicare Part A inpatient service costs (from Wkst. E, Pt. A<br>justment to Medicare IPPS payments (see instructions)<br>served for future use<br>tal adjustment to Medicare IPPS payments (see instructions)   | ructions)<br>)<br>ictions)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under<br>ne 49)<br>n first year<br>)<br>itructions)<br>, line 59)<br>)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>204<br>205<br>206<br>207<br>208<br>209<br>210<br>211 |
| 00         Ti n           00         Ti n           00         Ti n           00         Ti n           00         HSP           1.00         HVB           1.00         HVE           1.00         HVE           2.00         HVE           3.00         HR           4.00         HR           0.00         I S           Cer         Cos           1.00         Mec           2.00         Mec           5.00         Cas           6.00         Mec           9.00         Adj           7.00         Prc           8.00         Mec           9.00         Adj           0.00         Tot           1.00         Tot           2.00         Tot   | e rate used to calculate the time value of money (see inst<br>me value of money for operating expenses (see instructions<br>me value of money for capital related expenses (see instruc-<br>me value of money for capital related expenses (see instruc-<br>peration of the second second second second second second<br>P adjustment for HSP Bonus Payment<br>BP adjustment factor (see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>BP adjustment for HSP Bonus Payment<br>(see instructions)<br>R adjustment factor (see instructions)<br>R adjustment amount for HSP bonus payment (see instruction<br>ral Community Hospital Demonstration Project (§410A Demons<br>this the first year of the current 5-year demonstration p<br>ntury Cures Act? Enter "Y" for yes or "N" for no.<br>st Reimbursement<br>dicare inpatient service costs (from Wkst. D-1, Pt. II, II<br>dicare discharges (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>se-mix adjustment factor (see instructions)<br>uputation of Demonstration Target Amount Limitation (N/A i<br>field)<br>dicare target amount<br>se-mix adjusted target amount (line 203 times line 204)<br>dicare inpatient routine cost cap (line 202 times line 205)<br>ustment to Medicare Part A Inpatient Reimbursement<br>ogram reimbursement under the §410A Demonstration (see ins<br>dicare Part A inpatient service costs (from Wkst. E, Pt. A<br>justment to Medicare IPPS payments (see instructions)<br>served for future use<br>tal adjustment to Medicare IPPS payments (see instructions)   | ructions)<br>)<br>ictions)<br>ictions)<br>ins)<br>is)<br>tration) Adj<br>eriod under<br>ne 49)<br>n first year<br>)<br>itructions)<br>, line 59)<br>)  | the 21st    | 1.00<br>0.000000000<br>0.000000000<br>0.0000<br>0 | 0.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                          | 94<br>95<br>96<br>100<br>101<br>102<br>103<br>104<br>200<br>201<br>202<br>203<br>204<br>205<br>206<br>207<br>208<br>209<br>210        |

| W VC | DLUME CALCULATION EXHIBIT 4   |                                |                             | Provider C              |                                  | Period:<br>From 01/01/2020<br>Fo 12/31/2020 |                                   | pared |
|------|---|--------------------------------|-----------------------------|-------------------------|----------------------------------|---|-----------------------------------|-------|
|      |   | line                           | Amounts (from<br>E, Part A) | Pre/Post<br>Entitlement | VIII<br>Period Prior<br>to 10/01 | 0n/After<br>10/01                           | PPS<br>Total (Col 2<br>through 4) |       |
| 00   | DRG amounts other than outlier  | 0                              | 1.00                        | 2.00                    | 3.00                             | 4.00  | 5.00                              | 1.0   |
| 00   | payments  | 1.00                           | 0                           | 0                       |                                  | 0   | 0                                 | 1.0   |
| 01   | DRG amounts other than outlier<br>payments for discharges<br>occurring prior to October 1                         | 1.01                           | 38, 643, 481                | 0                       | 38, 643, 48                      | 1   | 38, 643, 481                      | 1.0   |
| 02   | DRG amounts other than outlier<br>payments for discharges<br>occurring on or after October                        | 1.02                           | 17, 095, 295                | 0                       |                                  | 17, 095, 295                                | 17, 095, 295                      | 1. C  |
| 03   | DRG for Federal specific<br>operating payment for Model 4<br>BPCL occurring prior to                              | 1.03                           | O                           | 0                       |                                  | ס   | 0                                 | 1.0   |
| 04   | October 1<br>DRG for Federal specific<br>operating payment for Model 4<br>BPCI occurring on or after<br>October 1 | 1.04                           | O                           | 0                       |                                  | 0   | 0                                 | 1.0   |
| 00   | Outlier payments for  | 2.00                           |                             |                         |                                  |   |                                   | 2.0   |
| 01   | discharges (see instructions)<br>Outlier payments for   | 2.02                           | 0                           | 0                       |                                  | o o   | 0                                 | 2.0   |
| 02   | discharges for Model 4 BPCI<br>Outlier payments for<br>discharges occurring prior to                              | 2.03                           | 352, 872                    | 0                       | 352, 87                          | 2   | 352, 872                          | 2.0   |
| 03   | October 1 (see instructions)<br>Outlier payments for<br>discharges occurring on or<br>after October 1 (see        | 2.04                           | 63, 124                     | 0                       |                                  | 63, 124                                     | 63, 124                           | 2. (  |
| 00   | instructions)<br>Operating outlier<br>reconciliation  | 2.01                           | 0                           | 0                       | (                                | o o   | 0                                 | 3. (  |
| 00   | Managed care simulated payments   | 3.00                           | 16, 996, 755                | 0                       | 12, 113, 46                      | 4, 883, 287                                 | 16, 996, 755                      | 4.0   |
| 00   | Indirect Medical Education Adju<br>Amount from Worksheet E, Part  | ustment<br>21.00               | 0. 056935                   | 0. 056935               | 0. 05693                         | 0. 056935                                   |                                   | 5.0   |
|      | A, line 21 (see instructions)   |                                |                             |                         |                                  |   |                                   |       |
| 00   | IME payment adjustment (see<br>instructions)  | 22.00                          | 1, 706, 610                 | 0                       | , , .                            |   |                                   |       |
| 01   | IME payment adjustment for<br>managed care (see<br>instructions)  | 22.01                          | 520, 407                    | 0                       | 370, 89                          | 1 149, 516                                  | 520, 407                          | 6.    |
|      | Indirect Medical Education Adju   | ustment for th                 | e Add-on for Se             | ection 422 of           | L<br>the MMA                     |   |                                   |       |
| 00   | IME payment adjustment factor<br>(see instructions)   | 27.00                          | 0. 010403                   | 0. 010403               |                                  | 3 0. 010403                                 |                                   | 7.    |
| 00   | IME adjustment (see<br>instructions)  | 28.00                          | 579, 850                    | 0                       | 402, 008                         | 3 177, 842                                  | 579, 850                          | 8.    |
| 01   | IME payment adjustment add on<br>for managed care (see<br>instructions)   | 28.01                          | 176, 817                    | 0                       | 126, 010                         | 50, 801                                     | 176, 817                          | 8.    |
| 00   | Total IME payment (sum of<br>lines 6 and 8)   | 29.00                          | 2, 286, 460                 | 0                       | 1, 585, 194                      | 4 701, 266                                  | 2, 286, 460                       | 9.    |
| 01   | Total IME payment for managed<br>care (sum of lines 6.01 and<br>8.01)   | 29.01                          | 697, 224                    | 0                       | 496, 90                          | 7 200, 317                                  | 697, 224                          | 9.    |
|      | Disproportionate Share Adjustme   |                                |                             |                         | 1                                | -1  |                                   |       |
| . 00 | Allowable disproportionate<br>share percentage (see<br>instructions)  | 33.00                          | 0. 1161                     | 0. 1161                 | 0. 116                           | 0. 1161                                     |                                   | 10.   |
| . 00 | Disproportionate share<br>adjustment (see instructions)   | 34.00                          | 1, 617, 818                 | 0                       | 1, 121, 62                       | 7 496, 191                                  | 1, 617, 818                       | 11.   |
| . 01 | Uncompensated care payments   | 36.00                          | 3, 457, 023                 | 0                       | 2, 600, 39                       | 1 856, 632                                  | 3, 457, 023                       | 11.   |
| . 00 | Additional payment for high per<br>Total ESRD additional payment  | <u>rcentage of ES</u><br>46.00 | RD beneficiary              | discharges<br>0         |                                  | 0 0   | 0                                 | 12.   |
| . 00 | (see instructions)<br>Subtotal (see instructions)   | 47.00                          | 63, 516, 073                | 0                       |                                  | -   |                                   | 13.   |
| . 00 | Hospital specific payments<br>(completed by SCH and MDH,<br>small rural hospitals only.)<br>(see instructions)    | 48.00                          | 0                           | 0                       |                                  | 0 (   | 0                                 | 14.   |
| . 00 | Total payment for inpatient<br>operating costs (see<br>instructions)  | 49.00                          | 64, 213, 297                | 0                       | 44, 800, 472                     | 2 19, 412, 825                              | 64, 213, 297                      | 15.   |

|                  | Financial Systems   |                       | UNI ON HOSPI                | Provider C              | CN. 15 0000              | Period:                          | u of Form CMS-2<br>Worksheet E                  | 2552-10          |
|------------------|---|-----------------------|-----------------------------|-------------------------|--------------------------|----------------------------------|---|------------------|
| LOW VC           | LUME CALCULATION EXHIBIT 4  |                       |                             |                         |                          | From 01/01/2020<br>To 12/31/2020 | Part A Exhibi<br>Date/Time Pre<br>7/29/2021 1:5 | pared:           |
|                  |   |                       |                             |                         | XVIII                    | Hospi tal                        | PPS   |                  |
|                  |   | W/S E, Part A<br>line | Amounts (from<br>E, Part A) | Pre/Post<br>Entitlement | Period Prion<br>to 10/01 | 0n/After<br>10/01                | Total (Col 2<br>through 4)                      |                  |
|                  |   | 0                     | 1.00                        | 2.00                    | 3.00                     | 4.00                             | 5.00  |                  |
| 16.00            | Payment for inpatient program<br>capital (from Wkst. L, Pt. I,<br>if applicable)                      | 50.00                 | 4, 815, 105                 | 0                       | -1, 403, 10              | 07 6, 218, 212                   | 4, 815, 105                                     | 16.00            |
| 17.00            | Special add-on payments for<br>new technologies   | 54.00                 | 155, 694                    | 0                       | 2, 42                    | 29 153, 265                      | 155, 694  |                  |
| 17.01            | Net organ aquisition cost   |                       |                             | _                       |                          | _                                | _   | 17.01            |
| 17.02            | Credits received from<br>manufacturers for replaced<br>devices for applicable MS-DRGs                 | 68.00                 | 0                           | 0                       |                          | 0 0                              | 0   | 17.02            |
| 18.00            | Capital outlier reconciliation<br>adjustment amount (see<br>instructions)                             | 93.00                 | 0                           | 0                       |                          | 0 0                              | 0   | 18.00            |
| 19.00            | SUBTOTAL  |                       |                             | 0                       | 43, 399, 79              | 25, 784, 302                     | 69, 184, 096                                    | 19.00            |
|                  |   | W/S L, line           | (Amounts from<br>L)         |                         |                          |                                  |   |                  |
| 00.00            |   | 0                     | 1.00                        | 2.00                    | 3.00                     | 4.00                             | 5.00  | 00.00            |
| 20. 00<br>20. 01 | Capital DRG other than outlier<br>Model 4 BPCI Capital DRG other<br>than outlier                      |                       | 4, 334, 570<br>0            | 0                       | -1, 272, 82              | 29 5, 607, 399<br>0 0            | 4, 334, 570<br>0                                | 20. 00<br>20. 01 |
| 21.00            | Capital DRG outlier payments  | 2.00                  | 76, 553                     | 0                       | -11, 65                  | 50 88, 203                       | 76, 553   | 21.00            |
| 21.01            | Model 4 BPCI Capital DRG<br>outlier payments  | 2.01                  | 0                           | 0                       | 0.03                     | 0 0                              | 0   | 21.01            |
| 22.00<br>23.00   | Indirect medical education<br>percentage (see instructions)<br>Indirect medical education             | 5. 00<br>6. 00        | 0. 0367<br>159, 079         | 0. 0367                 |                          |                                  | 159, 079  | 22.00<br>23.00   |
| 23.00            | adjustment (see instructions)   | 0.00                  | 139,079                     | 0                       | -40, /                   | 13 205, 792                      | 159,079   | 23.00            |
| 24.00            | Allowable disproportionate<br>share percentage (see<br>instructions)                                  | 10.00                 | 0. 0565                     | 0. 0565                 | 0. 056                   | 0. 0565                          |   | 24.00            |
| 25.00            | Disproportionate share<br>adjustment (see instructions)   | 11.00                 | 244, 903                    | 0                       | -71, 91                  | 15 316, 818                      | 244, 903  | 25.00            |
| 26.00            | Total prospective capital payments (see instructions)   | 12.00                 | 4, 815, 105                 | 0                       | -1, 403, 10              | 07 6, 218, 212                   | 4, 815, 105                                     | 26.00            |
|                  |   | W/S E, Part A         | (Amounts to                 |                         |                          |                                  |   |                  |
|                  |   | line<br>0             | E, Part A)<br>1.00          | 2.00                    | 2.00                     | 4.00                             | 5.00  |                  |
| 27.00            | Low volume adjustment factor  | 0                     | 1.00                        | 2.00                    | 3.00<br>0.00000          | 4.00<br>00 0.000000              |   | 27.00            |
| 28.00            | Low volume adjustment factor<br>Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line) | 70. 96                |                             |                         |                          | 0                                | 0   | 28.00            |
| 29.00            | Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line)                                 | 70. 97                |                             |                         |                          | 0                                | 0   | 29.00            |
| 100.00           | Transfer low volume<br>adjustments to Wkst. E, Pt. A.   |                       | Y                           |                         |                          |                                  |   | 100.00           |

| SPI 1    | AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA   | TION EXHIBIT 5          | 5 Provider CC                   | N: 15-0023            | Period:<br>From 01/01/2020<br>To 12/31/2020 |                          | t 5<br>pared |
|----------|---|-------------------------|---------------------------------|-----------------------|---|--------------------------|--------------|
|          |   |                         | Title                           | XVIII                 | Hospi tal                                   | PPS                      |              |
|          |   | Wkst. E, Pt.<br>A, line | Amt. from<br>Wkst. E, Pt.<br>A) | Period to<br>10/01    | Period on<br>after 10/01                    | Total (cols.<br>2 and 3) |              |
|          |   | 0                       | 1.00                            | 2.00                  | 3.00  | 4.00                     |              |
| 00<br>01 | DRG amounts other than outlier payments<br>DRG amounts other than outlier payments for<br>discharges accurring prior to Ostober 1       | 1. 00<br>1. 01          | 38, 643, 481                    | 38, 643, 48           | 31  | 38, 643, 481             | 1.C<br>1.C   |
| 02       | discharges occurring prior to October 1<br>DRG amounts other than outlier payments for  | 1. 02                   | 17, 095, 295                    |                       | 17, 095, 295                                | 17, 095, 295             | 1.0          |
| 03       | discharges occurring on or after October 1<br>DRG for Federal specific operating payment<br>for Model 4 BPCI occurring prior to October | 1.03                    | 0                               |                       | 0   | 0                        | 1. (         |
| 04       | DRG for Federal specific operating payment<br>for Model 4 BPCI occurring on or after<br>October 1                                       | 1.04                    | 0                               |                       | 0   | 0                        | 1.           |
| 00       | Outlier payments for discharges (see<br>instructions)   | 2.00                    |                                 |                       |   |                          | 2.           |
| D1       | Outlier payments for discharges for Model 4<br>BPCI   | 2.02                    | 0                               |                       | 0 0   | 0                        | 2.           |
| 02       | Outlier payments for discharges occurring prior to October 1 (see instructions)   | 2.03                    | 352, 872                        | 352, 87               | 2   | 352, 872                 | 2.           |
| 03       | Outlier payments for discharges occurring on<br>or after October 1 (see instructions)   | 2.04                    | 63, 124                         |                       | 63, 124                                     | 63, 124                  | 2.           |
| 00<br>00 | Operating outlier reconciliation<br>Managed care simulated payments   | 2. 01<br>3. 00          | 0<br>16, 996, 755               | 12, 113, 46           | 0 0<br>9 4, 883, 287                        | 0<br>16, 996, 756        | 3.<br>4.     |
| 00       | Indirect Medical Education Adjustment<br>Amount from Worksheet E, Part A, line 21   | 21.00                   | 0. 056935                       | 0. 05693              | 0. 056935                                   |                          | 5.           |
| )0<br>)1 | (see instructions)<br>IME payment adjustment (see instructions)<br>IME payment adjustment for managed care (see                         | 22. 00<br>22. 01        | 1, 706, 610<br>520, 407         | 1, 183, 18<br>370, 89 |   |                          | 6.<br>6.     |
|          | instructions)<br>Indirect Medical Education Adjustment for the  |                         |                                 |                       |   |                          |              |
| 00       | IME payment adjustment factor (see<br>instructions)   | 27.00                   | 0. 010403                       | 0. 01040              | 03 0. 010403                                |                          | 7.           |
| )0<br>)1 | IME adjustment (see instructions)<br>IME payment adjustment add on for managed<br>care (see instructions)                               | 28. 00<br>28. 01        | 579, 850<br>176, 817            | 402, 00<br>126, 01    |   | 579, 850<br>176, 817     | 8.<br>8.     |
| )0<br>)1 | Total IME payment (sum of lines 6 and 8)<br>Total IME payment for managed care (sum of  | 29. 00<br>29. 01        | 2, 286, 460<br>697, 224         | 1, 585, 19<br>496, 90 |   | 2, 286, 460<br>697, 224  | 9.<br>9.     |
|          | lines 6.01 and 8.01)<br>Disproportionate Share Adjustment   |                         |                                 |                       |   |                          |              |
| 00       | Allowable disproportionate share percentage<br>(see instructions)   | 33.00                   | 0. 1161                         | 0. 116                | 0. 1161                                     |                          | 10.          |
| 00       | Disproportionate share adjustment (see<br>instructions)   | 34.00                   | 1, 617, 818                     | 1, 121, 62            | 496, 191                                    | 1, 617, 818              | 11.          |
| 01       | Uncompensated care payments<br>Additional payment for high percentage of ESP  | 36.00<br>RD beneficiary | 3, 457, 023<br>di scharges      | 2, 600, 39            | 856, 632                                    | 3, 457, 023              | 11.          |
| 00       |   | 46. 00                  | 0                               |                       | 0 0   | 0                        | 12.          |
| 00<br>00 | Subtotal (see instructions)<br>Hospital specific payments (completed by SCH<br>and MDH, small rural hospitals only.) (see               | 47.00<br>48.00          | 63, 516, 073<br>0               | 44, 303, 56           | 05 19, 212, 508<br>0 0                      | 63, 516, 073<br>0        |              |
| 00       | instructions)<br>Total payment for inpatient operating costs<br>(see instructions)  | 49.00                   | 64, 213, 297                    | 44, 800, 47           | 19, 412, 825                                | 64, 213, 297             | 15.          |
| 00       | Payment for inpatient program capital (from<br>Wkst. L, Pt. I, if applicable)   | 50.00                   | 4, 815, 105                     | -1, 403, 10           | 6, 218, 212                                 | 4, 815, 105              | 16.          |
| 00<br>01 | Special add-on payments for new technologies<br>Net organ acquisition cost  | 54.00                   | 155, 694                        | 2, 42                 | 29 153, 265                                 | 155, 694                 | 17.<br>17.   |
| 02       | Credits received from manufacturers for<br>replaced devices for applicable MS-DRGs  | 68.00                   | 0                               |                       | 0 0   | 0                        | 17.          |
| 00       | Capital outlier reconciliation adjustment<br>amount (see instructions)  | 93.00                   | 0                               |                       | 0 0   | 0                        | 18.          |
| 00       | SUBTOTAL  |                         |                                 | 43, 399, 79           | 25, 784, 302                                | 69, 184, 096             | 10           |

| HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA   | ATION EXHIBIT 5                      | Provider C                       |             | Period:<br>From 01/01/2020<br>To 12/31/2020 |                                | pared:         |
|---|--------------------------------------|----------------------------------|-------------|---|--------------------------------|----------------|
|   |                                      | Title                            | XVIII       | Hospi tal                                   | 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                                 | 4, 334, 570                      | -1, 272, 82 | 9 5, 607, 399                               | 4, 334, 570                    | 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                                 | 76, 553                          | -11, 65     | 0 88, 203                                   | 76, 553                        | 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. 0367                          | 0. 036      | .7 0. 0367                                  |                                | 22.00          |
| 23.00 Indirect medical education adjustment (see instructions)  | 6.00                                 | 159, 079                         | -46, 71     | 3 205, 792                                  | 159, 079                       | 23.00          |
| 24.00 Allowable disproportionate share percentage (see instructions)  | 10. 00                               | 0. 0565                          | 0. 056      | 5 0. 0565                                   |                                | 24.00          |
| 25.00 Disproportionate share adjustment (see instructions)  | 11.00                                | 244, 903                         | -71, 91     | 5 316, 818                                  | 244, 903                       | 25.00          |
| 26.00 Total prospective capital payments (see instructions)   | 12.00                                | 4, 815, 105                      | -1, 403, 10 | 6, 218, 212                                 | 4, 815, 105                    | 26.00          |
|   | Wkst. E, Pt.<br>A, line              | (Amt. from<br>Wkst. E, Pt.<br>A) |             |   |                                |                |
|   | 0                                    | 1.00                             | 2.00        | 3.00  | 4.00                           |                |
| <ul> <li>27.00</li> <li>28.00</li> <li>Low volume adjustment prior to October 1</li> <li>29.00</li> <li>Low volume adjustment on or after October 1</li> <li>30.00</li> <li>HVBP payment adjustment (see instructions)</li> <li>HVBP payment adjustment for HSP bonus payment (see instructions)</li> </ul> | 70. 96<br>70. 97<br>70. 93<br>70. 90 | 0<br>0<br>-252, 479<br>0         |             | 0<br>0<br>3 -71,096<br>0 0                  | , o                            | 29.00<br>30.00 |
| <ul> <li>31.00 HRR adjustment (see instructions)</li> <li>31.01 HRR adjustment for HSP bonus payment (see instructions)</li> </ul>  | 70. 94<br>70. 91                     | -394, 361<br>0                   | -251, 19    | 9 -143, 162<br>0 0                          | -394, 361<br>0                 |                |
| ,,  |                                      |                                  |             |   | (Amt. to<br>Wkst. E, Pt.<br>A) |                |
|   | 0                                    | 1.00                             | 2.00        | 3.00  | 4.00                           |                |
| 32.00 HAC Reduction Program adjustment (see instructions)   | 70. 99                               |                                  |             | 0 0   | 0                              |                |
| 100.00 Transfer HAC Reduction Program adjustment to<br>Wkst. E, Pt. A.  |                                      | Ν                                |             |   |                                | 100.00         |

| Health Financial Systems  | UNI ON HOSPI TA         |                                       | In Lie<br>Period:                | u of Form CMS-2              | 2552-1                     |
|---|-------------------------|---------------------------------------|----------------------------------|------------------------------|----------------------------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT   |                         | Provi der CCN: 15-0023                | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre                |                            |
|   |                         | Title XVIII                           | Hospi tal                        | 7/29/2021 1:5<br>PPS         |                            |
|   |                         |                                       |                                  | 1.00                         |                            |
| PART B - MEDICAL AND OTHER HEALTH SERVI   |                         |                                       |                                  |                              |                            |
| <ol> <li>Medical and other services (see instruct<br/>2.00 Medical and other services reimbursed u</li> </ol>                     |                         | ctions)                               |                                  | 8, 803<br>64, 954, 594       |                            |
| 3.00 OPPS payments  |                         |                                       |                                  | 57, 315, 873                 |                            |
| 4.00 Outlier payment (see instructions)   |                         |                                       |                                  | 38, 737                      |                            |
| <ul><li>4.01 Outlier reconciliation amount (see inst</li><li>5.00 Enter the hospital specific payment to</li></ul>                |                         | uctions)                              |                                  | 0.000                        |                            |
| 6.00 Line 2 times line 5  |                         | · · · · · · · · · · · · · · · · · · · |                                  | 0                            | 6.0                        |
| 7.00 Sum of lines 3, 4, and 4.01, divided by 8.00 Transitional corridor payment (see inst   |                         |                                       |                                  | 0.00                         |                            |
| 9.00 Ancillary service other pass through co  |                         | IV, col. 13, line 200                 |                                  | 169, 789                     |                            |
| 10.00 Organ acqui si ti ons   |                         |                                       |                                  | 0                            |                            |
| 11.00 Total cost (sum of lines 1 and 10) (see<br>COMPUTATION OF LESSER OF COST OR CHARGE  |                         |                                       |                                  | 8, 803                       | 11.0                       |
| Reasonabl e charges   | <u> </u>                |                                       |                                  |                              |                            |
| 12.00 Ancillary service charges   |                         | line (0)                              |                                  | 45, 093                      |                            |
| 13.00 Organ acquisition charges (from Wkst. [<br>14.00 Total reasonable charges (sum of lines                                     |                         | Tine 69)                              |                                  | 0<br>45, 093                 |                            |
| Customary charges   |                         |                                       |                                  |                              |                            |
| 15.00 Aggregate amount actually collected from 16.00 Amounts that would have been realized f                                      |                         |                                       |                                  | 0                            |                            |
| had such payment been made in accordance  |                         | 1 5                                   | on a chargebasis                 | 0                            | 10.00                      |
| 17.00 Ratio of line 15 to line 16 (not to exc   | ceed 1.000000)          | . ,                                   |                                  | 0. 000000                    |                            |
| <ul><li>18.00 Total customary charges (see instruction</li><li>19.00 Excess of customary charges over reason</li></ul>            |                         | nlvifling 18 exceeds l                | ing 11) (see                     | 45, 093<br>36, 290           |                            |
| i nstructi ons)   |                         | In y 11 11 11 10 exceeds 1            | (366                             | 30, 270                      | 19.0                       |
| 20.00 Excess of reasonable cost over customar   | ry charges (complete o  | nlyifline 11 exceeds l                | ine 18) (see                     | 0                            | 20.0                       |
| instructions)<br>21.00 Lesser of cost or charges (see instruct  | ions)                   |                                       |                                  | 8, 803                       | 21.0                       |
| 22.00 Interns and residents (see instructions   | 5)                      |                                       |                                  | 0                            | 22.0                       |
| <ul><li>23.00 Cost of physicians' services in a teach</li><li>24.00 Total prospective payment (sum of lines)</li></ul>            |                         | tructions)                            |                                  | 0<br>57, 524, 399            |                            |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                         |                                       |                                  | 57, 524, 399                 | 24.0                       |
| 25.00 Deductibles and coinsurance amounts (fo   |                         |                                       |                                  | 0                            |                            |
| 26.00 Deductibles and Coinsurance amounts rel<br>27.00 Subtotal [(lines 21 and 24 minus the su                                    |                         |                                       |                                  | 10, 389, 777<br>47, 143, 425 | 1                          |
| i nstructi ons)   |                         |                                       | 2 4114 20] (000                  |                              | 2/10                       |
| 28.00 Direct graduate medical education payme<br>29.00 ESRD direct medical education costs (fr                                    |                         |                                       |                                  | 696, 636<br>0                |                            |
| 30.00 Subtotal (sum of lines 27 through 29)   | UII WKSL. L-4, TITIE 30 | )                                     |                                  | 47, 840, 061                 |                            |
| 31.00 Primary payer payments  |                         |                                       |                                  | 13, 546                      |                            |
| 32.00 Subtotal (line 30 minus line 31)<br>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS  | FOR PROFESSIONAL SERVI  | I (FS)                                |                                  | 47, 826, 515                 | 32.0                       |
| 33.00 Composite rate ESRD (from Wkst. I-5, Ii   |                         | 1023)                                 |                                  | 0                            | 33.00                      |
| 34.00 Allowable bad debts (see instructions)  |                         |                                       |                                  | 1, 367, 715                  |                            |
| 35.00 Adjusted reimbursable bad debts (see ir<br>36.00 Allowable bad debts for dual eligible b                                    | •                       | tructions)                            |                                  | 889, 015<br>823, 480         |                            |
| 37.00 Subtotal (see instructions)   |                         | · · · · · · · · · · · · · · · · · · · |                                  | 48, 715, 530                 | 37.0                       |
| <ul><li>38.00 MSP-LCC reconciliation amount from PS&amp;F</li><li>39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (\$</li></ul>        |                         |                                       |                                  | 268                          |                            |
| 39.50 Pioneer ACO demonstration payment adjus   | -                       | ns)                                   |                                  | 0                            | 39.5                       |
| 39.97 Demonstration payment adjustment amount   |                         |                                       |                                  | 0                            |                            |
| 39.98 Partial or full credits received from n<br>39.99 RECOVERY OF ACCELERATED DEPRECIATION                                       | anufacturers for repla  | aced devices (see instru              | ctions)                          | 7,000                        | 1                          |
| 40.00 Subtotal (see instructions)   |                         |                                       |                                  | 48, 715, 262                 |                            |
| 40.01 Sequestration adjustment (see instructi   | ,                       |                                       |                                  | 321, 521                     | 1                          |
| <ul><li>40.02 Demonstration payment adjustment amount</li><li>40.03 Sequestration adjustment-PARHM pass-thr</li></ul>             |                         |                                       |                                  | 0                            | 40.0                       |
| 41.00 Interim payments  |                         |                                       |                                  | 48, 673, 367                 | 41.0                       |
| 41.01  Interim payments-PARHM<br>42.00  Tentative settlement (for contractors ι   |                         |                                       |                                  | 0                            | 41.0                       |
| 42.00 Tentative settlement (for contractors of 42.01 Tentative settlement-PARHM (for contractors of                               |                         |                                       |                                  | 0                            | 42.0                       |
| 43.00 Balance due provider/program (see instr   | ructions)               |                                       |                                  | -279, 626                    |                            |
| <ul> <li>43. 01 Balance due provider/program-PARHM (see<br/>44. 00 Protested amounts (nonallowable cost re<br/>§115. 2</li> </ul> |                         | ance with CMS Pub. 15-2,              | chapter 1,                       | 0                            | 43.0 <sup>-</sup><br>44.00 |
| TO BE COMPLETED BY CONTRACTOR   | -                       |                                       |                                  |                              | 1                          |
| 90.00 Original outlier amount (see instruction<br>91.00 Outlier reconciliation adjustment amour                                   |                         |                                       |                                  | 0                            |                            |
| 92.00 The rate used to calculate the Time Val   |                         |                                       |                                  |                              | 91.0                       |
| 93.00 Time Value of Money (see instructions)  |                         |                                       |                                  | 0                            | 93.0                       |
| 94.00  Total (sum of lines 91 and 93)   |                         |                                       |                                  | 0                            | 94.0                       |

| ALCUL          | Financial Systems UNION HOSPIT/<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provi der CCN: 15-0023    | Period:                          | u of Form CMS-2<br>Worksheet E |        |
|----------------|--|---------------------------|----------------------------------|--------------------------------|--------|
|                |  | Component CCN: 15-T023    | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre                  |        |
|                |  | Title XVIII               | Subprovider -                    | 7/29/2021 1:5<br>PPS           | o piii |
|                |  |                           |                                  | 1.00                           |        |
|                | PART B - MEDICAL AND OTHER HEALTH SERVICES   |                           |                                  |                                |        |
| . 00<br>. 00   | Medical and other services (see instructions)  | uctions)                  |                                  | 104<br>177                     |        |
| . 00           | Medical and other services reimbursed under OPPS (see instru<br>OPPS payments  |                           |                                  | 292                            |        |
| . 00           | Outlier payment (see instructions)   |                           |                                  | 0                              |        |
| . 01           | Outlier reconciliation amount (see instructions)   | wati ana)                 |                                  | 0                              |        |
| . 00<br>. 00   | Enter the hospital specific payment to cost ratio (see instr<br>Line 2 times line 5  | uctions)                  |                                  | 0.000                          |        |
| . 00           | Sum of lines 3, 4, and 4.01, divided by line 6   |                           |                                  | 0.00                           |        |
| . 00           | Transitional corridor payment (see instructions)   |                           |                                  | 0                              |        |
| . 00<br>0. 00  | Ancillary service other pass through costs from Wkst. D, Pt.<br>Organ acquisitions   | IV, COL. 13, TINE 200     |                                  | 0                              |        |
| 1.00           | Total cost (sum of lines 1 and 10) (see instructions)  |                           |                                  | 104                            |        |
|                | COMPUTATION OF LESSER OF COST OR CHARGES   |                           |                                  |                                |        |
| 2 00           | Reasonable charges<br>Ancillary service charges  |                           |                                  | 538                            | 12.    |
| 3.00           | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4,  | line 69)                  |                                  | 0                              |        |
| 4.00           | Total reasonable charges (sum of lines 12 and 13)  | -                         |                                  | 538                            | 14.    |
| 5.00           | Customary charges<br>Aggregate amount actually collected from patients liable for  | payment for services on   | a chargo basi s                  | 0                              | 15.    |
| 6.00           | Amounts that would have been realized from patients liable for   |                           |                                  | 0                              |        |
|                | had such payment been made in accordance with 42 CFR §413.13   | 3(e)                      | 0                                |                                |        |
| 7.00<br>8.00   | Ratio of line 15 to line 16 (not to exceed 1.000000)<br>Total customary charges (see instructions)                           |                           |                                  | 0. 000000<br>538               |        |
| 9.00           | Excess of customary charges over reasonable cost (complete c   | only if line 18 exceeds l | ine 11) (see                     | 434                            |        |
|                | instructions)  | 5                         | , ,                              |                                |        |
| 0.00           | Excess of reasonable cost over customary charges (complete c instructions)   | only if line 11 exceeds l | ine 18) (see                     | 0                              | 20.    |
| 1.00           | Lesser of cost or charges (see instructions)   |                           |                                  | 104                            | 21.    |
|                | Interns and residents (see instructions)   |                           |                                  | 0                              | 22.    |
| 3.00           | Cost of physicians' services in a teaching hospital (see ins<br>Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) |                           |                                  | 0<br>292                       |        |
| 4.00           | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                           |                                  | 272                            | 24.    |
| 5.00           | Deductibles and coinsurance amounts (for CAH, see instruction  |                           |                                  | 0                              |        |
| 6.00<br>7.00   | Deductibles and Coinsurance amounts relating to amount on li<br>Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) |                           |                                  | 15<br>381                      |        |
| 7.00           | instructions)  | prus the sum of trites z  |                                  | 301                            | 27.    |
| 8.00           | Direct graduate medical education payments (from Wkst. E-4,  | -                         |                                  | 0                              |        |
| 9.00<br>0.00   | ESRD direct medical education costs (from Wkst. E-4, line 36<br>Subtotal (sum of lines 27 through 29)                        | o)                        |                                  | 0<br>381                       |        |
| 1.00           | Primary payer payments   |                           |                                  | 0                              | 31.    |
| 2.00           | Subtotal (line 30 minus line 31)   |                           |                                  | 381                            | 32.    |
| 3.00           | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERV   | (ICES)                    |                                  | 0                              | 1 2 2  |
| 4.00           | Composite rate ESRD (from Wkst. I-5, line 11)<br>Allowable bad debts (see instructions)                                      |                           |                                  | 0                              |        |
| 5.00           | Adjusted reimbursable bad debts (see instructions)   |                           |                                  | 0                              | 35.    |
| 6.00           | Allowable bad debts for dual eligible beneficiaries (see ins   | structions)               |                                  | 0                              |        |
| 7.00<br>8.00   | Subtotal (see instructions)<br>MSP-LCC reconciliation amount from PS&R   |                           |                                  | 381<br>0                       |        |
| 9.00           | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                           |                                  | 0                              |        |
| 9.50           | Pioneer ACO demonstration payment adjustment (see instruction  |                           |                                  |                                | 39.    |
| 9.97<br>9.98   | Demonstration payment adjustment amount before sequestration<br>Partial or full credits received from manufacturers for repl |                           | ctions)                          | 0                              |        |
| 9.99           | RECOVERY OF ACCELERATED DEPRECIATION   |                           |                                  | 0                              |        |
|                | Subtotal (see instructions)  |                           |                                  | 381                            |        |
| 0.01           | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration                   |                           |                                  | 3                              |        |
| 0. 02<br>0. 03 | Sequestration adjustment-PARHM pass-throughs   |                           |                                  | 0                              | 40     |
| 1.00           | Interim payments   |                           |                                  | 384                            |        |
|                | 1 5  |                           |                                  | ^                              | 41     |
| 2.00<br>2.01   | Tentative settlement (for contractors use only)<br>Tentative settlement-PARHM (for contractor use only)                      |                           |                                  | 0                              | 42.    |
| 3.00           | Bal ance due provi der/program (see instructions)  |                           |                                  | -6                             | 43.    |
| 3.01           | Balance due provider/program-PARHM (see instructions)  |                           | shantan 1                        | -                              | 43.    |
| 4.00           | Protested amounts (nonallowable cost report items) in accord<br>§115.2   | ance with CMS Pub. 15-2,  | cnapter 1,                       | 0                              | 44.    |
|                | TO BE COMPLETED BY CONTRACTOR  |                           |                                  |                                |        |
|                | Original outlier amount (see instructions)   |                           |                                  | 0                              |        |
|                | Outlier reconciliation adjustment amount (see instructions)<br>The rate used to calculate the Time Value of Money            |                           |                                  | 0<br>0.00                      |        |
|                | Time Value of Money (see instructions)   |                           |                                  | 0.00                           |        |
|                | Total (sum of lines 91 and 93)   |                           |                                  |                                | 94.    |

| IALY:    | Financial Systems         UNION HOSPI           SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  | Provider C | CN: 15-0023 | Period:<br>From 01/01/2020 |   |                      |
|----------|---|------------|-------------|----------------------------|---|----------------------|
|          |   |            |             | To 12/31/2020              | Date/Time Prep<br>7/29/2021 1:58        | parec<br>8 nm        |
|          |   | Title      | XVIII       | Hospi tal                  | PPS                                     | <u>o p</u>           |
|          |   | Inpatien   | t Part A    | Pa                         | rt B                                    |                      |
|          |   | mm/dd/yyyy | Amount      | mm/dd/yyyy                 | Amount                                  |                      |
|          |   | 1.00       | 2.00        | 3.00                       | 4.00                                    |                      |
| 00<br>00 | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero<br>List separately each retroactive lump sum adjustment |            | 62, 475, 4  | 63<br>0                    | 46, 678, 791<br>0                       | 1. (<br>2. (<br>3. ( |
| 00       | amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider  |            |             |                            |   |                      |
| 01       | ADJUSTMENTS TO PROVIDER   | 12/31/2020 | 1, 052, 4   | 93 12/31/2020              | 1, 994, 576                             | 3.0                  |
| 02       |   |            |             | 0                          | 0                                       | 3.0                  |
| 03       |   |            |             | 0                          | 0                                       | 3.<br>3.             |
| 04<br>05 |   |            |             | 0                          | 0                                       | 3.<br>3.             |
| 00       | Provider to Program   |            |             |                            |   | J.                   |
| 50       | ADJUSTMENTS TO PROGRAM  |            |             | 0                          | 0                                       | 3.                   |
| 51       |   |            |             | 0                          | 0                                       | 3.                   |
| 52       |   |            |             | 0                          | 0                                       | 3.                   |
| 53<br>54 |   |            |             | 0                          | 0                                       | 3.                   |
| 99       | Subtotal (sum of lines 3.01-3.49 minus sum of lines   |            | 1, 052, 4   | -                          | 1, 994, 576                             | 3.                   |
|          | 3. 50-3. 98)  |            |             |                            | , |                      |
| 00       | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)   |            | 63, 527, 9  | 56                         | 48, 673, 367                            | 4.                   |
|          | TO BE COMPLETED BY CONTRACTOR   |            | 1           |                            |   |                      |
| 00       | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)   |            |             |                            |   | 5                    |
|          | Program to Provider   |            | 1           | -1                         |   |                      |
| 01<br>02 | TENTATI VE TO PROVIDER  |            |             | 0                          | 0                                       | 5                    |
| 02<br>03 |   |            |             | 0                          | 0                                       | 5                    |
|          | Provider to Program   |            | L           |                            |   | Ĭ                    |
| 50       | TENTATI VE TO PROGRAM   |            |             | 0                          | 0                                       | 5                    |
| 51       |   |            |             | 0                          | 0                                       | 5                    |
| 52<br>99 | Subtotal (sum of lines 5.01-5.49 minus sum of lines   |            |             | 0                          | 0                                       | 5                    |
| 9        | 5. 50-5. 98)  |            |             | 0                          | 0                                       | 5                    |
| 00       | Determined net settlement amount (balance due) based on<br>the cost report. (1)   |            |             |                            |   | 6                    |
| 01       | SETTLEMENT TO PROVIDER  |            | 361, 4      | 52                         | 0                                       | 6                    |
| 02       | SETTLEMENT TO PROGRAM   |            |             | 0                          | 279, 626                                | 6                    |
| 00       | Total Medicare program liability (see instructions)   |            | 63, 889, 4  |                            | 48, 393, 741                            | 7                    |
|          |   |            |             | Contractor<br>Number       | NPR Date<br>(Mo/Day/Yr)                 |                      |
|          |   | (          | )           | 1.00                       | (MO/Day/YF)<br>2.00                     |                      |
| 0        | Name of Contractor  |            | -           | 1.00                       | 2.00                                    | 8                    |

| NALYS                      | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   | Provider C<br>Component | CN: 15-0023<br>CCN: 15-T023 | Period:<br>From 01/01/2020<br>To 12/31/2020 |                                |                                  |
|----------------------------|--|-------------------------|-----------------------------|---|--------------------------------|----------------------------------|
|                            |  | Title                   | e XVIII                     | Subprovider -<br>IRF                        | PPS                            | <u>o p</u>                       |
|                            |  | Inpatien                | nt Part A                   |   | rt B                           |                                  |
|                            | -  | mm/dd/yyyy              | Amount                      | mm/dd/yyyy                                  | Amount                         |                                  |
| . 00                       | Total interim payments paid to provider  | 1.00                    | 2.00<br>3,911,7             | 3.00  | 4.00                           | 1.0                              |
| . 00                       | Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero   |                         | 3, 711, 7                   | 0   | 0                              | 2.0                              |
| . 00                       | List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider |                         |                             |   |                                | 3. (                             |
| 01                         | ADJUSTMENTS TO PROVIDER  |                         |                             | 0   | 0                              | 3.0                              |
| 02<br>03<br>04             |  |                         |                             | 0<br>0<br>0                                 | 0<br>0<br>0                    | 3. (<br>3. (<br>3. (             |
| 05                         | Provider to Program  |                         |                             | 0   | 0                              | 3.                               |
| 50                         | ADJUSTMENTS TO PROGRAM   |                         |                             | 0   | 0                              | 3.                               |
| 51<br>52<br>53<br>54<br>99 | Subtotal (sum of lines 3.01-3.49 minus sum of lines  |                         |                             | 0<br>0<br>0<br>0<br>0                       |                                | 3.<br>3.<br>3.<br>3.<br>3.<br>3. |
| 00                         | 3.50-3.98)<br>Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)  |                         | 3, 911, 7                   | 16  | 384                            | 4.                               |
| 00                         | TO BE COMPLETED BY CONTRACTOR<br>List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)<br>Program to Provider  |                         |                             |   |                                | 5.                               |
| 01                         | TENTATI VE TO PROVIDER   |                         |                             | 0   | 0                              | 5.                               |
| 02<br>03                   |  |                         |                             | 0<br>0                                      | 0                              | 5.<br>5.                         |
|                            | Provider to Program  |                         |                             |   | 1                              | _                                |
| 50<br>51<br>52<br>99       | TENTATIVE TO PROGRAM<br>Subtotal (sum of lines 5.01-5.49 minus sum of lines  |                         |                             | 0<br>0<br>0                                 | 0<br>0<br>0                    | 5<br>5<br>5<br>5                 |
| 99<br>00                   | 5.50-5.98)<br>Determined net settlement amount (balance due) based on  |                         |                             |   |                                | 6                                |
| 01<br>02                   | the cost report. (1)<br>SETTLEMENT TO PROVIDER<br>SETTLEMENT TO PROGRAM  |                         | 13, 5                       | 0<br>20                                     | 0                              | 6.<br>6.                         |
| 00                         | Total Medicare program liability (see instructions)  |                         | 3, 898, 1                   | 96<br>Contractor<br>Number                  | 378<br>NPR Date<br>(Mo/Day/Yr) | 7.                               |
|                            |  | (                       | 0                           | 1.00  | 2.00                           |                                  |

| Heal th | Financial Systems UNION HOSPITA   | AL, INC.                 | In Lie                     | u of Form CMS           | -2552-10 |
|---------|---|--------------------------|----------------------------|-------------------------|----------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT                               | Provider CCN: 15-0023    | Period:<br>From 01/01/2020 | Worksheet E-<br>Part II | 1        |
|         |   |                          | To 12/31/2020              |                         |          |
|         |   | Title XVIII              | Hospi tal                  | PPS                     |          |
|         |   |                          |                            |                         |          |
|         |   |                          |                            | 1.00                    |          |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS              |                          |                            |                         |          |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATIC            |                          |                            |                         |          |
| 1.00    | Total hospital discharges as defined in AARA §4102 from Wks1            |                          | e 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<br>line 168 | certified HIT technology | Wkst. S-2, Pt. I           |                         | 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            | n (see instructions)     |                            |                         | 10.00    |
|         | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH                        |                          |                            |                         |          |
| 30.00   | Initial/interim HIT payment adjustment (see instructions)               |                          |                            |                         | 30.00    |
| 31.00   | Other Adjustment (specify)  |                          |                            |                         | 31.00    |
| 32.00   | Balance due provider (line 8 (or line 10) minus line 30 and             | line 31) (see instructio | ns)                        |                         | 32.00    |
|         | ·   |                          |                            |                         | -        |

|              |  | SPITAL, INC.                 |                            | u of Form CMS-2                |          |
|--------------|--|------------------------------|----------------------------|--------------------------------|----------|
| CALCUL       | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-0023        | Period:<br>From 01/01/2020 | Worksheet E-3<br>Part III      |          |
|              |  | Component CCN: 15-T023       | To 12/31/2020              | Date/Time Pre<br>7/29/2021 1:5 |          |
|              |  | Title XVIII                  | Subprovider -              | PPS                            | o pi     |
|              |  | , <u> </u>                   |                            | 1.00                           |          |
|              | PART III - MEDICARE PART A SERVICES - IRF PPS  |                              |                            | 1.00                           |          |
| . 00         | Net Federal PPS Payment (see instructions)   |                              |                            | 3, 731, 422                    | 1.       |
| . 00         | Medicare SSI ratio (IRF PPS only) (see instructions)   |                              |                            | 0. 0157                        | 2.       |
| 00           | Inpatient Rehabilitation LIP Payments (see instructions)   |                              |                            | 182, 467                       | 3        |
| 00           | Outlier Payments   |                              |                            | 52, 981                        | 4        |
| 00           | Unweighted intern and resident FTE count in the most rec to November 15, 2004 (see instructions)               | ent cost reporting period e  | nding on or prior          | 21. 15                         | 5        |
| 01           | Cap increases for the unweighted intern and resident FTE   |                              |                            | 0.00                           | 5        |
|              | program or hospital closure, that would not be counted w   |                              | tment under 42             |                                |          |
|              | CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)  |                              |                            |                                |          |
| 00           | New Teaching program adjustment. (see instructions)  |                              |                            | 0.00                           |          |
| 00           | Current year's unweighted FTE count of I&R excluding FTE   | s in the new program growth  | berlod of a new            | 0.00                           | 7        |
| 00           | teaching program" (see instructions)<br>Current year's unweighted I&R FTE count for residents wi               | thin the new program growth  | period of a "new           | 0.00                           | 6        |
| 00           | teaching program" (see instructions)   | the new program growth       |                            | 0.00                           |          |
| 00           | Intern and resident count for IRF PPS medical education  | adjustment (see instructions | )                          | 0.00                           | 9        |
| 0. 00        | Average Daily Census (see instructions)  | 5                            |                            | 11. 409836                     | 10       |
| . 00         | Teaching Adjustment Factor (see instructions)  |                              |                            | 0.000000                       | 1        |
| 2. 00        | Teaching Adjustment (see instructions)   |                              |                            | 0                              | 12       |
| . 00         | Total PPS Payment (see instructions)   |                              |                            | 3, 966, 870                    |          |
| 1.00         | Nursing and Allied Health Managed Care payments (see ins   | truction)                    |                            | 0                              | 14       |
|              | Organ acquisition (DO NOT USE THIS LINE)   |                              |                            |                                | 1        |
| b. 00        | Cost of physicians' services in a teaching hospital (see   | instructions)                |                            | 0                              |          |
| 7.00<br>3.00 | Subtotal (see instructions)<br>Primary payer payments  |                              |                            | 3, 966, 870<br>0               |          |
| 9.00<br>9.00 | Subtotal (line 17 less line 18).   |                              |                            | 3, 966, 870                    |          |
| . 00         | Deducti bl es  |                              |                            | 35, 200                        |          |
| . 00         | Subtotal (line 19 minus line 20)   |                              |                            | 3, 931, 670                    |          |
|              | Coinsurance  |                              |                            | 10, 560                        |          |
| 3.00         | Subtotal (line 21 minus line 22)   |                              |                            | 3, 921, 110                    |          |
| 1.00         | Allowable bad debts (exclude bad debts for professional  | services) (see instructions) |                            | 3, 617                         | 24       |
| 5.00         | Adjusted reimbursable bad debts (see instructions)   |                              |                            | 2, 351                         | 2        |
| 6.00         | Allowable bad debts for dual eligible beneficiaries (see   | instructions)                |                            | 1, 364                         |          |
| . 00         | Subtotal (sum of lines 23 and 25)  |                              |                            | 3, 923, 461                    | 27       |
| 3.00         | Direct graduate medical education payments (from Wkst. E   | -4, line 49)                 |                            | 0                              | 28       |
| 9.00<br>).00 | Other pass through costs (see instructions)<br>Outlier payments reconciliation                                 |                              |                            | 634<br>0                       | 29       |
|              | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                              |                            | 0                              | 3        |
| 1.50         | Pioneer ACO demonstration payment adjustment (see instru   | ctions)                      |                            | 0                              | 3        |
| . 99         | Demonstration payment adjustment amount before sequestra   |                              |                            | 0                              |          |
| 2.00         | Total amount payable to the provider (see instructions)  |                              |                            | 3, 924, 095                    |          |
| 2. 01        | Sequestration adjustment (see instructions)  |                              |                            | 25, 899                        | 32       |
| 2. 02        | Demonstration payment adjustment amount after sequestrat   | i on                         |                            | 0                              |          |
| 8.00         | Interim payments   |                              |                            | 3, 911, 716                    |          |
| 1.00         | Tentative settlement (for contractor use only)   |                              |                            | 0                              | 34       |
| 5.00         | Balance due provider/program (line 32 minus lines 32.01,   | · · · · · ·                  | abantan 1                  | -13, 520                       |          |
| 5.00         | Protested amounts (nonallowable cost report items) in ac §115.2  | cordance with CMS Pub. 15-2, | cnapter 1,                 | 0                              | 36       |
|              | TO BE COMPLETED BY CONTRACTOR  |                              |                            |                                |          |
|              | Original outlier amount from Wkst. E-3, Pt. III, line 4  | nc)                          |                            | 52, 981                        | 50       |
| 1.00<br>2.00 | Outlier reconciliation adjustment amount (see instructio<br>The rate used to calculate the Time Value of Money | 115)                         |                            | 0<br>0.00                      | 51       |
| Z. UU        | Time Value of Money (see instructions)   |                              |                            |                                | 52<br>53 |

| LCUL          | ATION OF REIMBURSEMENT SETTLEMENT  | , INC.<br>Provider CCN: 15-0023 | Peri od:                         | Worksheet E-3         | 2552<br>} |
|---------------|--|---------------------------------|----------------------------------|-----------------------|-----------|
|               |  |                                 | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre         |           |
|               |  | Title XIX                       | Hospi tal                        | 7/29/2021 1:5<br>Cost | s pr      |
|               |  |                                 | Inpatient                        | Outpati ent           |           |
|               |  |                                 | 1.00                             | 2.00                  |           |
|               | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER   | VICES FOR TITLES V OR 2         | XIX SERVICES                     |                       |           |
|               | COMPUTATION OF NET COST OF COVERED SERVICES  |                                 |                                  |                       |           |
| 00            | Inpatient hospital/SNF/NF services   |                                 | 3, 207, 657                      | 0                     | 1.        |
| 00<br>00      | Medical and other services<br>Organ acquisition (certified transplant centers only)  |                                 | 0                                | 0                     | 2.        |
| 00            | Subtotal (sum of lines 1, 2 and 3)   |                                 | 3, 207, 657                      | 0                     |           |
| 00            | Inpatient primary payer payments   |                                 | 3, 207, 037                      | 0                     | 5         |
| 00            | Outpatient primary payer payments  |                                 | Ŭ                                | 0                     |           |
| 00            | Subtotal (line 4 less sum of lines 5 and 6)  |                                 | 3, 207, 657                      | 0                     |           |
|               | COMPUTATION OF LESSER OF COST OR CHARGES   |                                 |                                  |                       |           |
|               | Reasonabl e Charges  |                                 |                                  |                       |           |
| 00            | Routine service charges  |                                 | 5, 664, 515                      | 0                     | 8         |
| 00<br>. 00    | Ancillary service charges<br>Organ acquisition charges, net of revenue   |                                 | 7, 681, 315<br>0                 | 0                     | 9         |
| . 00          | Incentive from target amount computation   |                                 | 0                                |                       | 11        |
|               | Total reasonable charges (sum of lines 8 through 11)   |                                 | 13, 345, 830                     | 0                     | 12        |
|               | CUSTOMARY CHARGES  |                                 | 10/010/000                       |                       | 1 .~      |
| . 00          | Amount actually collected from patients liable for payment for   | services on a charge            | 0                                | 0                     | 13        |
|               | basi s   |                                 |                                  |                       |           |
| . 00          | Amounts that would have been realized from patients liable for   |                                 | on 0                             | 0                     | 14        |
| 00            | a charge basis had such payment been made in accordance with 4<br>Ratio of line 13 to line 14 (not to exceed 1.000000)       | 12 CFR §413.13(e)               | 0. 000000                        | 0,00000               | 10        |
| . 00          | Total customary charges (see instructions)   |                                 | 13, 345, 830                     | 0.000000              |           |
| . 00          | Excess of customary charges over reasonable cost (complete onl   | vifline 16 exceeds              | 10, 138, 173                     | 0                     |           |
| . 00          | line 4) (see instructions)   | y in the to exceeds             | 10, 100, 170                     | 0                     | ''        |
| . 00          | Excess of reasonable cost over customary charges (complete onl   | y if line 4 exceeds lin         | ne 0                             | 0                     | 18        |
|               | 16) (see instructions)   |                                 |                                  |                       |           |
|               | Interns and Residents (see instructions)   |                                 | 0                                | 0                     |           |
|               | Cost of physicians' services in a teaching hospital (see instr   |                                 | 0                                | 0                     |           |
| . 00          | Cost of covered services (enter the lesser of line 4 or line 1   |                                 | 3, 207, 657                      | 0                     | 21        |
| 00            | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be<br>Other than outlier payments                                 | compreted for PPS provi         | 0                                | 0                     | 22        |
|               | Outlier payments   |                                 | 0                                | 0                     |           |
|               | Program capital payments   |                                 | 0                                | -                     | 24        |
|               | Capital exception payments (see instructions)  |                                 | 0                                |                       | 25        |
| . 00          | Routine and Ancillary service other pass through costs   |                                 | 0                                | 0                     | 26        |
|               | Subtotal (sum of lines 22 through 26)  |                                 | 0                                | 0                     |           |
| . 00          | Customary charges (title V or XIX PPS covered services only)   |                                 | 0                                | 0                     |           |
| . 00          | Titles V or XIX (sum of lines 21 and 27)   |                                 | 3, 207, 657                      | 0                     | 29        |
| 00            | COMPUTATION OF REIMBURSEMENT SETTLEMENT<br>Excess of reasonable cost (from line 18)  |                                 | 0                                | 0                     | 30        |
|               | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)   |                                 | 3, 207, 657                      | 0                     |           |
| . 00          | Deducti bl es  |                                 | 0,207,007                        | 0                     |           |
|               | Coi nsurance   |                                 | 0                                | 0                     |           |
|               | Allowable bad debts (see instructions)   |                                 | 0                                | 0                     |           |
| . 00          | Utilization review   |                                 | 0                                |                       | 35        |
| . 00          | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and   | 1 33)                           | 3, 207, 657                      | 0                     |           |
|               | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                                 | 0                                | 0                     |           |
| . 00          | Subtotal (line 36 ± line 37)   |                                 | 3, 207, 657                      | 0                     |           |
|               | Direct graduate medical education payments (from Wkst. E-4)<br>Total amount payable to the provider (sum of lines 38 and 39) |                                 | 0<br>3, 207, 657                 | 0                     | 39        |
| 0. 00<br>. 00 | Interim payments   |                                 | 3, 207, 657<br>5, 202, 062       | 0                     |           |
| . 00          | Balance due provider/program (line 40 minus line 41)   |                                 | -1, 994, 405                     | 0                     |           |
| . 00          | Protested amounts (nonallowable cost report items) in accordar   | nce with CMS Pub 15-2           | 1, 334, 405                      | 0                     |           |
|               | chapter 1, §115.2  |                                 | Ŭ                                | 0                     |           |

| ALCULA | ATION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 15-0023    | Peri od:                         | Worksheet E-3                              |     |
|--------|---|--------------------------|----------------------------------|--|-----|
|        |   | Component CCN: 15-T023   | From 01/01/2020<br>To 12/31/2020 | Part VII<br>Date/Time Pre<br>7/29/2021 1:5 |     |
|        |   | Title XIX                | Subprovider -<br>IRF             | Cost                                       |     |
|        |   | · · ·                    | I npati ent                      | Outpati ent                                |     |
|        |   |                          | 1.00                             | 2.00                                       |     |
|        | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE<br>COMPUTATION OF NET COST OF COVERED SERVICES                  | RVICES FOR TITLES V OR 2 | KIX SERVICES                     |  |     |
|        | Inpatient hospital/SNF/NF services  |                          | 55, 876                          |  | 1 1 |
|        | Medical and other services  |                          | 55, 670                          | 0  |     |
|        | Organ acquisition (certified transplant centers only)   |                          | 0                                | 0  | 3   |
|        | Subtotal (sum of lines 1, 2 and 3)  |                          | 55, 876                          | 0  | 4   |
| 00     | Inpatient primary payer payments  |                          | 0                                |  | 5   |
|        | Outpatient primary payer payments   |                          |                                  | 0  | 6   |
|        | Subtotal (line 4 less sum of lines 5 and 6)   |                          | 55, 876                          | 0  | 7   |
|        | COMPUTATION OF LESSER OF COST OR CHARGES  |                          |                                  |  | -   |
|        | Reasonable Charges<br>Routine service charges   |                          | 536                              |  | 6   |
|        | Ancillary service charges   |                          | 60, 737                          | 0  |     |
|        | Organ acquisition charges, net of revenue   |                          | 00,707                           | 0  | 10  |
|        | Incentive from target amount computation  |                          | 0                                |  | 11  |
| . 00   | Total reasonable charges (sum of lines 8 through 11)  |                          | 61, 273                          | 0  | 12  |
|        | CUSTOMARY CHARGES   |                          |                                  |  |     |
| 3.00   | Amount actually collected from patients liable for payment fo   | or services on a charge  | 0                                | 0  | 13  |
| 00     | basis   |                          |                                  | 0  | 1   |
| . 00   | Amounts that would have been realized from patients liable for  |                          | on 0                             | 0  | 14  |
| . 00   | a charge basis had such payment been made in accordance with<br>Ratio of line 13 to line 14 (not to exceed 1.000000)          | 42 CFR 9413.13(e)        | 0, 000000                        | 0.000000                                   | 15  |
|        | Total customary charges (see instructions)  |                          | 61, 273                          | 0.000000                                   |     |
|        | Excess of customary charges over reasonable cost (complete on   | ly if line 16 exceeds    | 5, 397                           | 0  | 1   |
|        | line 4) (see instructions)  | <b>j</b>                 |                                  |  |     |
| 3.00   | Excess of reasonable cost over customary charges (complete on   | ly if line 4 exceeds li  | ne 0                             | 0  | 18  |
|        | 16) (see instructions)  |                          |                                  |  |     |
|        | Interns and Residents (see instructions)  |                          | 0                                | 0  |     |
| 1      | Cost of physicians' services in a teaching hospital (see inst   |                          | 0                                | 0  | 20  |
|        | Cost of covered services (enter the lesser of line 4 or line<br>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be |                          | 55, 876                          | 0  | 21  |
|        | Other than outlier payments   | compreted for FFS provi  | 0                                | 0  | 22  |
|        | Outlier payments  |                          | 0                                | 0  |     |
|        | Program capital payments  |                          | 0                                |  | 24  |
| . 00   | Capital exception payments (see instructions)   |                          | 0                                |  | 25  |
| . 00   | Routine and Ancillary service other pass through costs  |                          | 0                                | 0  | 26  |
|        | Subtotal (sum of lines 22 through 26)   |                          | 0                                | 0  |     |
|        | Customary charges (title V or XIX PPS covered services only)  |                          | 0                                | 0  | 28  |
| 0.00   | Titles V or XIX (sum of lines 21 and 27)  |                          | 55, 876                          | 0  | 29  |
| 0. 00  | COMPUTATION OF REIMBURSEMENT SETTLEMENT<br>Excess of reasonable cost (from line 18)   |                          | 0                                | 0  | 30  |
|        | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6   |                          | 55, 876                          | 0  |     |
|        | Deducti bl es   | ·)                       | 0                                | 0  |     |
|        | Coinsurance   |                          | 0                                | 0  |     |
|        | Allowable bad debts (see instructions)  |                          | 0                                | 0  |     |
|        | Utilization review  |                          | 0                                |  | 35  |
|        | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 an   | nd 33)                   | 55, 876                          | 0  |     |
|        | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |                          | 0                                | 0  | 37  |
|        | Subtotal (line 36 ± line 37)  |                          | 55, 876                          | 0  |     |
|        | Direct graduate medical education payments (from Wkst. E-4)   |                          |                                  | 0  | 39  |
|        | Total amount payable to the provider (sum of lines 38 and 39)   |                          | 55, 876                          | 0  |     |
|        | Interim payments<br>Balance due provider/program (line 40 minus line 41)  |                          | 55, 876                          | 0  |     |
| 1      | Protested amounts (nonallowable cost report items) in accorda   | unce with CMS Pub 15-2   | 00,070                           | 0  |     |
|        | chapter 1, §115.2   |                          | U U                              | 0  | 1 ' |

|          | Financial Systems UNION HOSPITA<br>GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT   | Provider CC   | CN: 15-0023               | Peri od:                         | u of Form CMS-2<br> Worksheet E-4 |            |
|----------|--|---------------|---------------------------|----------------------------------|-----------------------------------|------------|
| DICA     | AL EDUCATION COSTS   |               |                           | From 01/01/2020<br>To 12/31/2020 | Date/Time Pre                     | pare       |
|          |  | Titlo         | XVIII                     | Hospi tal                        | 7/29/2021 1:5<br>PPS              | 8 pm       |
|          |  | i             | <u></u>                   |                                  | FF3                               |            |
|          |  |               |                           |                                  | 1.00                              |            |
| 00       | COMPUTATION OF TOTAL DIRECT GME AMOUNT<br>Unweighted resident FTE count for allopathic and osteopathic                               | programs for  | r cost report             | ing periods                      | 14. 92                            | 1.         |
| 00       | ending on or before December 31, 1996.<br>Unweighted FTE resident cap add-on for new programs per 42 CF                              | R 413.79(e)   | (1) (see inst             | ructions)                        | 0.00                              | 2.         |
| 00       | Amount of reduction to Direct GME cap under section 422 of MM  | IA            |                           |                                  | 0.00                              | 3          |
| D1       | Direct GME cap reduction amount under ACA §5503 in accordance<br>instructions for cost reporting periods straddling 7/1/2011)        | e with 42 CFF | R §413.79 (m)             | . (see                           | 0.00                              | 3          |
| 00       | Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)           |               | programs due              | to a Medicare                    | 0.00                              | 4          |
| )1       | ACA Section 5503 increase to the Direct GME FTE Cap (see inst<br>straddling 7/1/2011)  |               | r cost report             | ing periods                      | 0.00                              | 4          |
| )2       | ACA Section 5506 number of additional direct GME FTE cap slot  | s (see inst   | tructions for             | cost reporting                   | 0.00                              | 4          |
| 00       | periods straddling 7/1/2011)<br>FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl  | us or minus   | line 4 plus               | lines 4.01 and                   | 14. 92                            | 5          |
| 00       | 4.02 plus applicable subscripts<br>Unweighted resident FTE count for allopathic and osteopathic                                      | programs for  | - the current             | year from your                   | 21.15                             | 6          |
| 20       | records (see instructions)   | 1 3           |                           | 5                                | 14. 92                            | -          |
| 00       | Enter the lesser of line 5 or line 6   |               | Primary Care              | e Other                          | Total                             | 7          |
|          |  |               | 1.00                      | 2.00                             | 3.00                              |            |
| 00       | Weighted FTE count for physicians in an allopathic and osteop<br>program for the current year.                                       | athi c        | 21. 1                     | 0.00                             | 21. 15                            | 8          |
| 00       | If line 6 is less than 5 enter the amount from line 8, otherw<br>multiply line 8 times the result of line 5 divided by the amo<br>6. |               | 14.9                      | 0.00                             | 14.92                             | ç          |
| 00       | Weighted dental and podiatric resident FTE count for the curr  | ,             |                           | 0.00                             |                                   | 10         |
| 01<br>00 | Unweighted dental and podiatric resident FTE count for the cu<br>Total weighted FTE count  | irrent year   | 14.9                      | 0.00<br>0.00                     |                                   | 10<br>  11 |
| 00       | Total weighted resident FTE count for the prior cost reportir  | ng year (see  | 14. 9                     |                                  |                                   | 12         |
| 00       | instructions)<br>Total weighted resident FTE count for the penultimate cost re<br>year (see instructions)                            | eporti ng     | 14.9                      | 0. 00                            |                                   | 13         |
| 00       | Rolling average FTE count (sum of lines 11 through 13 divided  | l by 3).      | 14.9                      |                                  |                                   | 14         |
| 00<br>01 | Adjustment for residents in initial years of new programs<br>Unweighted adjustment for residents in initial years of new p           | rograms       | 0. (<br>0. (              |                                  |                                   | 15         |
| 00       | Adjustment for residents displaced by program or hospital clo  |               | 0.0                       |                                  |                                   | 16         |
| 01       | Unweighted adjustment for residents displaced by program or h  |               | 0.0                       |                                  |                                   | 16         |
| 00       | closure<br>Adjusted rolling average FTE count  |               | 14. 9                     |                                  |                                   | 17         |
| 00<br>00 | Per resident amount<br>Approved amount for resident costs  |               | 131, 275. 4<br>1, 958, 62 |                                  | 1, 958, 629                       | 18         |
| 00       |  |               | 1, 700, 02                |                                  |                                   |            |
| 00       | Additional unweighted allopathic and osteopathic direct GME F  | TE resident   | cap slots re              | ceived under 42                  | <u> </u>                          | 20         |
|          | Sec. 413.79(c)(4)  |               | 0.010 / 0                 |                                  |                                   |            |
| 00       | Direct GME FTE unweighted resident count over cap (see instru  |               |                           |                                  | 6.23<br>5.75                      |            |
| 00<br>00 | Allowable additional direct GME FTE Resident Count (see instr<br>Enter the locality adjustment national average per resident a       |               | nstructions)              |                                  | 5. 75<br>104, 330. 96             |            |
| 00       | Multiply line 22 time line 23  |               |                           |                                  | 599, 903                          |            |
| 00       | Total direct GME amount (sum of lines 19 and 24)   |               |                           |                                  | 2, 558, 532                       |            |
|          |  |               | Inpatient<br>Part A       | Managed Care                     | Total                             |            |
|          | CONDUTATION OF DECEDAN DATIENT LOAD  |               | 1.00                      | 2.00                             | 3.00                              |            |
| 00       | COMPUTATION OF PROGRAM PATIENT LOAD<br>Inpatient Days (see instructions) (Title XIX - see S-2 Part I                                 | X, line       | 27, 31                    | 4 8, 088                         |                                   | 26         |
| 00       | 3.02, column 2)<br>Total Inpatient Days (see instructions)   |               | 63, 39                    | 63, 399                          |                                   | 27         |
| . 00     | Ratio of inpatient days to total inpatient days  |               | 0. 43082                  |                                  |                                   | 28         |
| . 00     | Program direct GME amount  |               | 1, 102, 28                | 35 326, 400                      | 1, 428, 685                       |            |
| . 01     | Percent reduction for MA DGME<br>Reduction for direct GME payments for Medicare Advantage  |               |                           | 46, 120                          | 46, 120                           | 29<br>30   |
| . 00     |  |               |                           |                                  |                                   |            |

| DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT       Provider CCN: 15-0023       Period:<br>From 01/01/2020<br>To 12/31/2020       Worksheet E-4         MEDICAL EDUCATION COSTS       Title XVIII       Hospital       Period:<br>From 01/01/2020       Date/Time Prepared:<br>7/29/2021         Image: Direct MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL<br>EDUCATION COSTS)       1.00         32.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74<br>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)       0       0       0.000000         34.00 Renal dialysis and home dialysis total charges (line 32 + line 33)       0       0.000000       35.00         35.00 Medicare outpatient ESRD charges (see instructions)       0       0       0.000000       36.00         APPORTIONMENT BASED OM NEDICARE REASONABLE COST - TITLE XVIII ONLY       Formary payer payments (see instructions)       0       38.00       0       38.00       0       39.00       15.776       40.00       38.00         39.00 Cost of physici ans' services in a teaching hospital (see instructions)       0       15.776       40.00       15.776       40.00         40.00 Part A Reasonable cost (sum of lines 37 through 39 minus line 40)       15.776       40.00       13.546       <                              | Heal th | Financial Systems UNION HOSPITA                               | L, INC.                 | In Lie            | u of Form CMS-2 | 2552-10 |
|---|---------|---|-------------------------|-------------------|-----------------|---------|
| To       12/31/2020       Date/Time Prepared:<br>7/29/2021 1:58 pm         DIRECT MEDICAL EDUCATION COSTS       FOR ESRD COMPOSITE RATE - TITLE XVIII       Hospital       PPS         DIRECT MEDICAL EDUCATION COSTS       FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL<br>EDUCATION COSTS)       1.00         32.00       Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74<br>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)       0       0       000000         34.00       Ratio of direct medical education costs to total charges (line 32 + line 33)       0       0.000000       34.00         35.00       Medicare outpatient ESRD charges (see instructions)       0       0       35.00       0         36.00       Medicare outpatient ESRD on gets (see instructions)       0       0       36.00         37.00       Reasonable cost (see instructions)       0       0       38.00         37.00       Reasonable cost (see instructions)       0       0       38.00         38.00       Primary payer payments (see instructions)       0       0       38.00         39.00       Cost of physicians' services in a teaching hospital (see instructions)       0       15,776       40.00   | DI RECT | GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT     | Provider CCN: 15-0023   |                   |                 |         |
| Title XVIII       Hospital       PPS         DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL       1.00         22.00 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)       0       33.00         35.00 Medicare outpatient ESRD charges (see instructions)       0.000000       35.00         36.00 Medicare outpatient ESRD charges (see instructions)       0       35.00         37.00 Reasonable cost (see instructions)       0       38.00         37.00 Reasonable cost (see instructions)       0       38.00         39.00 Cost of physicians' services in a teaching hospital (see instructions)       0       38.00         39.00 Cost of physicians' services in a teaching hospital (see instructions)       0       39.00         30.00 Reasonable cost (see instructions)       0       39.00         30.00 Reasonable cost (see instructions)       0       39.00         31.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)       64, 134, 821       37.00         32.00 Total Part B reasonable cost (sum of lines 41 and 44)       129, 238, 966       43.00         43.00 Frimary payer payments (see instructions)       65, 133, 467  | MEDI CA | L EDUCATION COSTS   |                         |                   |                 | norod.  |
| Title XVIIIHospitalPPSDIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL1.00EDUCATION COSTS)32.0032.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)033.00 Renal dialysis ad home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)034.00 Ratio of direct medical education costs to total charges (line 32 + line 33)0.000000035.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)036.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)037.00 Reasonable cost (see instructions)038.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)039.00 Cost of physicians' services in a teaching hospital (see instructions)039.00 Primary payer payments (see instructions)041.00 Part A reasonable cost (see instructions)042.00 Reasonable cost (see instructions)15, 776 40.0043.00 Primary payer payments (see instructions)65, 133, 46742.00 Reasonable cost (see instructions)13, 546 43.0043.00 Primary payer payments (see instructions)129, 238, 96645.00 Total Part A reasonable cost total reasonable cost (line 41 + line 45)0.496128 46.0046.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)0.496128 46.0048.00 Total part B reasonable cost to total reasonable cost (line 44 + line 45)0.496128 46.0048.00 Total part B reasonable cost to total reasonable cost (line 44 + li |         |   |                         | 10 12/31/2020     |                 |         |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL<br>EDUCATION COSTS)32.00Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74<br>and 94)032.0033.00Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)<br>00033.0035.00Medicare outpatient ESRD charges (see instructions)<br>000000000036.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)<br>0000037.00Reasonable Cost<br>0 rgan acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)<br>000038.0039.00Cost of physicians' services in a teaching hospital (see instructions)<br>000039.0040.00Primary payer payments (see instructions)<br>000038.0040.00Primary payer payments (see instructions)<br>00034.0041.00Part B Reasonable Cost<br>0015,77640.0042.00Reasonable cost (sum of lines 37 through 39 minus line 40)<br>0013,56443.0044.00Total Part A reasonable cost (sum of lines 41 and 44)<br>0029,238,96645.0045.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)<br>00.50387244.0048.00Total part A reasonable cost to total reasonable cost (line 41 + line 45)<br>00.50387247.0048.00Part B medicale cost Cost Diffec  |         |   | Title XVIII             | Hospi tal         |                 |         |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL<br>EDUCATION COSTS)32.00Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74<br>and 94)032.0033.00Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)<br>00033.0035.00Medicare outpatient ESRD charges (see instructions)<br>000000000036.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)<br>0000037.00Reasonable Cost<br>0 rgan acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)<br>000038.0039.00Cost of physicians' services in a teaching hospital (see instructions)<br>000039.0040.00Primary payer payments (see instructions)<br>000038.0040.00Primary payer payments (see instructions)<br>00034.0041.00Part B Reasonable Cost<br>0015,77640.0042.00Reasonable cost (sum of lines 37 through 39 minus line 40)<br>0013,56443.0044.00Total Part A reasonable cost (sum of lines 41 and 44)<br>0029,238,96645.0045.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)<br>00.50387244.0048.00Total part A reasonable cost to total reasonable cost (line 41 + line 45)<br>00.50387247.0048.00Part B medicale cost Cost Diffec  |         |   |                         |                   |                 |         |
| EDUCATI ON COSTS)32.00Renal dial ysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74032.0033.00Renal dial ysis and home dial ysis total charges (Wkst. C, Pt. I, col. B, sum of lines 74 and 94)033.0034.00Ratio of direct medical education costs to total charges (line 32 + line 33)0.00000034.0035.00Medicare outpatient ESRD charges (see instructions)00036.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)0036.00APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLYPart A Reasonable Cost64, 134, 82137.0037.00Reasonable cost (see instructions)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)038.0040.00Primary payer payments (see instructions)038.0070Reasonable cost (sum of lines 37 through 39 minus line 40)64, 134, 82137.0071.00Reasonable cost (see instructions)15, 77640.0072.00Reasonable cost (sum of lines 37 through 39 minus line 40)65, 119, 92142.0073.00Reasonable cost (sum of lines 41 and 44)129, 238, 96645.0074.00Total Part B reasonable cost total reasonable cost (line 41 + line 45)0.490245.0074.00Ratio of Part B reasonable cost total reasonable cost (line 44 + line 45)0.5037247.0075.00Ratio of Part B reasonable cost total reasonable cost (line 44 + line 45)0.503   |         |   |                         |                   |                 |         |
| 32.00Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74<br>and 94)032.0033.00Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)033.0034.00Ratio of direct medical education costs to total charges (line 32 + line 33)0.00000034.0035.00Medicare outpatient ESRD charges (see instructions)035.0036.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)036.00APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY<br>Part A Reasonable Cost64,134,82137.0038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15,77640.0041.00Part A reasonable cost (sum of lines 37 through 39 minus line 40)65,133,46742.0042.00Reasonable cost (sum of lines 41 and 44)129,238,96645.0045.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)0.4128,46.0045.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 44 + line 45)0.50387247.0048.00Total program GME payment (line 31)1,382,56548.0048.00Part A Medicare GME payment (line 45 × 48) (title XVIII only) (see instructions)1,382,56548.0049.00Part A Medicare GME payment (line 46 × 48) (title XVIII only) (see inst   |         |   | E XVIII ONLY (NURSING S | CHOOL AND PARAMED | OI CAL          |         |
| and 94)33.00Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)033.0034.00Ratio of direct medical education costs to total charges (line 32 ÷ line 33)0.00000034.0035.00Medicare outpatient ESRD charges (see instructions)00036.00Medicare outpatient ESRD on MEDI CARE REASONABLE COST - TITLE XVIII ONLY036.00APPORTIONMENT BASED ON MEDI CARE REASONABLE COST - TITLE XVIII ONLY038.00Part A Reasonable cost (see instructions)038.000Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0090.00Orst of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15.77640.0041.00Part A Reasonable cost (sum of lines 37 through 39 minus line 40)64, 119, 04541.0042.00Reasonable cost (see instructions)13.54643.0043.00Primary payer payments (see instructions)13.54643.0044.00Total Part B reasonable cost (sum of lines 41 and 44)129, 238, 96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)0.50387247.0048.00Total program GME payment (line 31)1, 382, 56548.0048.00Part B Reasonable cost to total reasonable cost (line 44 + line 45)0.50387247.0049.00Part A Reasonable cost to total reasonable cost (line 44 + line 45)0.50387247.00   | 32.00   |   | Pt. L. sum of col. 20 a | nd 23. lines 74   | 0               | 32.00   |
| 34.00Ratio of direct medical education costs to total charges (line 32 + line 33)0.00000035.00Medicare outpatient ESRD charges (see instructions)036.00Medicare outpatient ESRD on MEDICARE REASONABLE COST - TITLE XVIII ONLY0Part A Reasonable Cost64, 134, 82137.00Reasonable cost (see instructions)038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)039.00Cost of physicians' services in a teaching hospital (see instructions)040.00Primary payer payments (see instructions)041.00Total Part A reasonable cost (see instructions)15, 77642.00Reasonable cost (see instructions)65, 133, 46742.00Reasonable cost (see instructions)13, 54643.00Primary payer payments (see instructions)13, 54644.00Total Part A reasonable cost (out of lines 41 and 44)65, 119, 92144.00Ratio of Part B reasonable cost to total reasonable cost (line 41 + line 45)0.49612846.00Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)0.49612846.00Total program GME payment (line 31)1, 382, 56548.00Part B reasonable cost set to total reasonable cost (line 44 + line 45)0.50387247.00Ratio of Part B reasonable cost set to total reasonable cost (line 44 + line 45)0.50387248.00Part B reasonable cost set to total reasonable cost (line 44 + line 45)0.50387248.00Part A reasonable cost Set between PART A AND PART B1, 382, 565 <tr< td=""><td></td><td></td><td></td><td>,</td><td></td><td></td></tr<>   |         |   |                         | ,                 |                 |         |
| 35.00Medicare outpatient ESRD charges (see instructions)035.0036.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)036.00APPORTI ONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY036.00Part A Reasonable Cost64, 134, 82137.0038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)039.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)15, 77642.00Reasonable cost (see instructions)65, 133, 46742.0043.00Primary payer payments (see instructions)13, 54643.0044.00Total Part B reasonable cost (line 41 and 44)65, 119, 92144.0045.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)0.49612846.0046.00Ratio of Part B reasonable cost to total reasonable cost (line 41 + line 45)0.50382147.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 41 + line 45)0.50382147.0048.00Total program GME payment (line 31)1, 382, 56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685, 92949.00   | 33.00   | Renal dialysis and home dialysis total charges (Wkst. C, Pt.  | I, col. 8, sum of lines | 74 and 94)        | 0               | 33.00   |
| 36.00Medicare outpatient ESRD direct medical education costs (line 34 x line 35)036.00APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY<br>Part A Reasonable Cost036.007.00Reasonable cost (see instructions)64,134,82137.0038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15,77640.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64,119,04541.0042.00Reasonable cost (see instructions)65,133,46742.0043.00Primary payer payments (see instructions)13,54643.0044.00Total Part B reasonable cost (line 42 minus line 43)129,238,96645.0045.00Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 41 + line 45)0.50387247.0048.00Total porgram GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)13,325,6548.00   | 34.00   | Ratio of direct medical education costs to total charges (lir | ne 32 ÷ line 33)        |                   | 0.00000         | 34.00   |
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| Part A Reasonable Cost37.00Reasonable cost (see instructions)64, 134, 82137.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)039.00Cost of physicians' services in a teaching hospital (see instructions)040.00Primary payer payments (see instructions)15, 77640.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64, 119, 04541.00Part B Reasonable Cost65, 133, 46742.00Reasonable cost (see instructions)65, 133, 46743.00Primary payer payments (see instructions)13, 54643.00Total Part B reasonable cost (line 42 minus line 43)129, 238, 96645.00Total reasonable cost (sum of lines 41 and 44)129, 238, 96646.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0. 50387247.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0. 50387248.00Total program GME payment (line 31)1, 382, 56548.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)1, 382, 565  | 36.00   |   |                         |                   | 0               | 36.00   |
| 37.00Reasonable cost (see instructions)64, 134, 82137.0038.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15, 77640.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64, 119, 04541.0042.00Reasonable cost (see instructions)65, 133, 46742.0043.00Primary payer payments (see instructions)13, 54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65, 119, 92144.0045.00Total reasonable cost (sum of lines 41 and 44)129, 238, 96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.50387247.0048.00Total program GME payment (line 31)1, 382, 56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685, 92949.00   |         |   | ONLY                    |                   |                 |         |
| 38.00Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)038.0039.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15,77640.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64,119,04541.00Part B Reasonable cost (see instructions)65,133,46742.0043.00Primary payer payments (see instructions)13,54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65,119,92144.0045.00Total reasonable cost (sum of lines 41 and 44)129,238,96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.5087247.0048.00Total program GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)1,382,56548.00   |         |   |                         |                   |                 |         |
| 39.00Cost of physicians' services in a teaching hospital (see instructions)039.0040.00Primary payer payments (see instructions)15,77640.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64,119,04541.00Part B Reasonable cost65,133,46742.0042.00Reasonable cost (see instructions)13,54643.0043.00Primary payer payments (see instructions)13,54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65,119,92144.0045.00Total reasonable cost (sum of lines 41 and 44)129,238,96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.50887247.0048.00Total program GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685,92949.00   |         |   |                         |                   |                 |         |
| 40.00Primary payer payments (see instructions)15,77640.0041.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64,119,04541.0042.00Reasonable cost (see instructions)65,133,46742.0043.00Primary payer payments (see instructions)13,54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65,119,92144.0045.00Total reasonable cost (sum of lines 41 and 44)129,238,96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.49612846.0048.00Total program GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685,92949.00   |         |   |                         |                   | -               |         |
| 41.00Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)64, 119, 04541.00Part B Reasonable CostReasonable cost (see instructions)65, 133, 46742.0043.00Primary payer payments (see instructions)13, 54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65, 119, 92144.0045.00Total reasonable cost (sum of lines 41 and 44)129, 238, 96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.5087247.0048.00Total program GME payment (line 31)1, 382, 56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685, 92949.00  |         |   | tructions)              |                   |                 |         |
| Part B Reasonable Cost42.00Reasonable cost (see instructions)65, 133, 46742.00Primary payer payments (see instructions)13, 54643.00Primary payer payments (see instructions)13, 54644.00Total Part B reasonable cost (line 42 minus line 43)65, 119, 92144.00Total reasonable cost (sum of lines 41 and 44)129, 238, 96645.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.5087247.00ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B48.00Total program GME payment (line 31)1, 382, 56549.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685, 92949.00  |         |   | ia lina (0)             |                   |                 |         |
| 43.00Primary payer payments (see instructions)13,54643.0044.00Total Part B reasonable cost (line 42 minus line 43)65,119,92144.0045.00Total reasonable cost (sum of lines 41 and 44)129,238,96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.49612846.0048.00Total program GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)1,382,56548.00   | 41.00   |   | us iine 40)             |                   | 04, 119, 045    | 41.00   |
| 44.00Total Part B reasonable cost (line 42 minus line 43)65, 119, 92144.0045.00Total reasonable cost (sum of lines 41 and 44)129, 238, 96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.49612847.0048.00Total program GME payment (line 31)1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)1,382,56548.00  | 42.00   |   |                         |                   | 65, 133, 467    | 42.00   |
| 45.00Total reasonable cost (sum of lines 41 and 44)129,238,96645.0046.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.49612846.0047.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.50387247.004LLOCATI ON OF MEDI CARE DI RECT GME COSTS BETWEEN PART A AND PART B1,382,56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685,92949.00  | 43.00   | Primary payer payments (see instructions)                     |                         |                   | 13, 546         | 43.00   |
| 46.00<br>47.00Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)0.496128<br>0.50387246.00<br>47.0047.00<br>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B0.50387247.0048.00<br>49.00Total program GME payment (line 31)<br>Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)1,382,565<br>685,92948.00<br>49.00  | 44.00   | Total Part B reasonable cost (line 42 minus line 43)          |                         |                   | 65, 119, 921    | 44.00   |
| 47.00Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)0.50387247.00ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B48.0049.00Part A Medicare GME payment (line 31)1, 382, 565685, 92949.00  | 45.00   | Total reasonable cost (sum of lines 41 and 44)                |                         |                   | 129, 238, 966   | 45.00   |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B48.00Total program GME payment (line 31)1, 382, 56548.0049.00Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)685, 92949.00   | 46.00   | Ratio of Part A reasonable cost to total reasonable cost (lir | ne 41 ÷ line 45)        |                   | 0. 496128       | 46.00   |
| 48.00         Total program GME payment (line 31)         1, 382, 565         48.00           49.00         Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)         685, 929         49.00   | 47.00   |   |                         |                   | 0. 503872       | 47.00   |
| 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 685,929 49.00  |         |   | ART B                   |                   |                 |         |
|   |         |   |                         |                   |                 |         |
| 50.00  Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) 696,636 50.00   |         |   |                         |                   |                 |         |
|   | 50.00   | Part B Medicare GME payment (line 47 x 48) (title XVIII only) | ) (see instructions)    |                   | 696, 636        | 50.00   |

|       | E SHEET (If you are nonproprietary and do not maintain<br>ype accounting records, complete the General Fund column | Provider CC                     |                          | riod:<br>om 01/01/2020<br>12/31/2020 | Worksheet G<br>Date/Time Pre<br>7/29/2021 1:5 |                |
|-------|--|---------------------------------|--------------------------|--------------------------------------|---|----------------|
|       |  | General Fund                    | Specific<br>Purpose Fund | Endowment<br>Fund                    | Plant Fund                                    |                |
|       | CURRENT ASSETS   | 1.00                            | 2.00                     | 3.00                                 | 4.00  |                |
| 00    | Cash on hand in banks  | 106, 655, 661                   | 0                        | 0                                    | 0   | 1.00           |
| 00    | Temporary investments  | 0                               | 0                        | 0                                    | 0   | 2.00           |
| 00    | Notes receivable   | 0                               | 0                        | 0                                    | 0   | 3.00           |
| 00    | Accounts receivable  | 57, 296, 824                    | 0                        | 0                                    | 0   | 4.00           |
| 00    | Other receivable   | 0                               | 0                        | 0                                    | 0   | 5.00           |
| 00    | Allowances for uncollectible notes and accounts receivable<br>Inventory  | 5, 642, 770                     | 0                        | 0                                    | 0   | 6.00<br>7.00   |
| 00    | Prepai d expenses  | -27, 995, 438                   | 0                        | 0                                    | 0   | 8.00           |
| 00    | Other current assets   | 0                               | 0                        | 0                                    | 0   | 9.00           |
|       | Due from other funds   | 0                               | 0                        | 0                                    | 0   | 10.00          |
| 1.00  | Total current assets (sum of lines 1-10)   | 141, 599, 817                   | 0                        | 0                                    | 0   | 11.00          |
|       | FIXED ASSETS   |                                 |                          |                                      |   |                |
|       | Land   | 40, 217, 629                    | 0                        | 0                                    | 0   | 12.00          |
|       | Land improvements  | 0                               | 0                        | 0                                    | 0   | 13.00          |
|       | Accumulated depreciation   | 405 100 000                     | 0                        | 0                                    | 0   | 14.00          |
|       | Buildings<br>Accumulated depreciation  | 405, 129, 822<br>-342, 970, 044 | 0                        | 0                                    | 0   | 15.00<br>16.00 |
|       | Leasehold improvements   | -342, 970, 044                  | 0                        | 0                                    | 0   | 17.00          |
|       | Accumulated depreciation   | 0                               | 0                        | 0                                    | 0   | 18.00          |
|       | Fixed equipment  | 0                               | 0                        | 0                                    | 0   | 19.00          |
| 0. 00 | Accumulated depreciation   | 0                               | 0                        | 0                                    | 0   | 20.00          |
| 1.00  | Automobiles and trucks   | 0                               | 0                        | 0                                    | 0   | 21.00          |
|       | Accumulated depreciation   | 0                               | 0                        | 0                                    | 0   | 22.0           |
|       | Major movable equipment  | 175, 637, 407                   | 0                        | 0                                    | 0   | 23.0           |
|       | Accumulated depreciation   | 0                               | 0                        | 0                                    | 0   | 24.0           |
|       | Minor equipment depreciable<br>Accumulated depreciation  | 0                               | 0                        | 0                                    | 0   | 25.0<br>26.0   |
|       | HIT designated Assets  | 0                               | 0                        | 0                                    | 0   | 27.0           |
|       | Accumulated depreciation   | 0                               | 0                        | 0                                    | 0   | 28.0           |
|       | Mi nor equi pment-nondepreci abl e   | 0                               | 0                        | 0                                    | 0   | 29.0           |
|       | Total fixed assets (sum of lines 12-29)  | 278, 014, 814                   | 0                        | 0                                    | 0   | 30.00          |
|       | OTHER ASSETS   |                                 |                          |                                      |   |                |
|       | Investments  | 0                               | 0                        | 0                                    | 0   | 31.00          |
|       | Deposits on Leases   | 0                               | 0                        | 0                                    | 0   | 32.00          |
|       | Due from owners/officers   | 0 107 017 226                   | 0                        | 0                                    | 0   | 33.00          |
|       | Other assets<br>Total other assets (sum of lines 31-34)  | 197, 017, 336<br>197, 017, 336  | 0                        | 0                                    | 0   | 34.00<br>35.00 |
|       | Total assets (sum of lines 11, 30, and 35)   | 616, 631, 967                   | 0                        | 0                                    | 0   | 36.00          |
| 5.00  | CURRENT LIABILITIES  | 010/001//00/                    |                          |                                      |   |                |
| 7.00  | Accounts payable   | 44, 272, 611                    | 0                        | 0                                    | 0   | 37.00          |
| 3.00  | Salaries, wages, and fees payable  | 26, 338, 941                    | 0                        | 0                                    | 0   | 38.00          |
|       | Payroll taxes payable  | 0                               | 0                        | 0                                    | 0   | 39.0           |
|       | Notes and Loans payable (short term)   | 0                               | 0                        | 0                                    | 0   |                |
|       | Deferred income  | 0                               | 0                        | 0                                    | 0   |                |
|       | Accelerated payments<br>Due to other funds   | 0                               | 0                        | 0                                    | 0   | 42.0<br>43.0   |
|       | Other current liabilities  | 4, 770, 207                     | 0                        | 0                                    | 0   | 43.0           |
|       | Total current liabilities (sum of lines 37 thru 44)  | 75, 381, 759                    | 0                        | 0                                    | 0   | 45.0           |
| 5.00  | LONG TERM LIABILITIES  | 70,001,707                      | 0                        | 0                                    |   | 10.0           |
| 5.00  | Mortgage payable   | 57,008,607                      | 0                        | 0                                    | 0   | 46.00          |
|       | Notes payable  | 0                               | 0                        | 0                                    | 0   | 47.0           |
| 3.00  | Unsecured Loans  | 0                               | 0                        | 0                                    | 0   | 48.0           |
|       | Other long term liabilities  | 243, 330, 806                   | 0                        | 0                                    | 0   | 49.0           |
|       | Total long term liabilities (sum of lines 46 thru 49)  | 300, 339, 413                   | 0                        | 0                                    | 0   | 50.0           |
| 1.00  | Total liabilities (sum of lines 45 and 50)   | 375, 721, 172                   | 0                        | 0                                    | 0   | 51.0           |
| 0 00  | CAPITAL ACCOUNTS General fund balance  | 240, 910, 795                   |                          |                                      |   | 52.0           |
|       | Specific purpose fund  | 240, 910, 795                   | o                        |                                      |   | 53.0           |
|       | Donor created - endowment fund balance - restricted  |                                 | 0                        | 0                                    |   | 54.0           |
|       | Donor created - endowment fund balance - unrestricted  |                                 |                          | 0                                    |   | 55.0           |
|       | Governing body created - endowment fund balance  |                                 |                          | 0                                    |   | 56.0           |
|       | Plant fund balance - invested in plant   |                                 |                          |                                      | 0   | 57.0           |
| 3. 00 | Plant fund balance - reserve for plant improvement,  |                                 |                          |                                      | 0   | 58.0           |
|       | replacement, and expansion   |                                 |                          |                                      |   |                |
| 9.00  | Total fund balances (sum of lines 52 thru 58)  | 240, 910, 795                   | 0                        | 0                                    | 0   | 59.00          |
|       | Total liabilities and fund balances (sum of lines 51 and   | 616, 631, 967                   | 0                        | 0                                    | 0   | 60.0           |

| Health Financial Systems<br>STATEMENT OF CHANGES IN FUND BALANCES  |                   | Provider CC  | N: 15-0023 | Period:<br>From 01/01/2<br>To 12/31/2  | 020<br>020 Da         | rksheet G-<br>te/Time Pre<br>29/2021 1:5 | epared:   |
|--|-------------------|--|------------|--|-----------------------|--|---|
|  | General           | Fund   | Speci al   | Purpose Fund   |                       | Endowment<br>Fund                        |   |
|  | 1.00              | 2.00   | 3.00       | 4,00   |                       | 5.00                                     |   |
| 1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00Additions (credit adjustments) (specify)5.006.007.008.009.00Total additions (sum of line 4-9)11.00Subtotal (line 3 plus line 10)12.00Deductions (debit adjustments) (specify)13.0014.0015.0015.0018.00Total deductions (sum of lines 12-17)               |                   | 2.00<br>182, 328, 296<br>58, 582, 499<br>240, 910, 795<br>0<br>240, 910, 795<br>0<br>0 | 3.00       | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0 |  | 5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00 |
| 19.00 Fund balance at end of period per balance<br>sheet (line 11 minus line 18)   | Endowment<br>Fund | 240, 910, 795<br>Pl ant  | Fund       |  | 0                     |  | 19.00   |
|  |                   | 7.00   |            |  |                       |  |   |
| 1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00Additions (credit adjustments) (specify)5.006.007.008.009.009.00  | 6.00<br>0         | 7.00   | 8.00       | 0  |                       |  | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00                                |
| <ul> <li>10.00</li> <li>Total additions (sum of line 4-9)</li> <li>11.00</li> <li>Subtotal (line 3 plus line 10)</li> <li>Deductions (debit adjustments) (specify)</li> <li>13.00</li> <li>14.00</li> <li>15.00</li> <li>16.00</li> <li>17.00</li> <li>18.00</li> <li>Total deductions (sum of lines 12-17)</li> <li>19.00</li> <li>Fund balance at end of period per balance</li> </ul> | 0                 | 0<br>0<br>0<br>0<br>0<br>0<br>0  |            | 0  |                       |  | 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00              |

|                | Financial Systems UNION HOSPITAL  |             |                            |   | u of Form CMS-2                 |                |
|----------------|---|-------------|----------------------------|---|---------------------------------|----------------|
| STATEN         | ENT OF PATIENT REVENUES AND OPERATING EXPENSES                            | Provider CC | :N: 15-0023                | Period:<br>From 01/01/2020<br>To 12/31/2020 |                                 | pared:         |
|                | Cost Center Description   |             | Inpatient                  | Outpati ent                                 | Total                           |                |
|                |   |             | 1.00                       | 2.00  | 3.00                            |                |
|                | PART I - PATIENT REVENUES   |             |                            |   |                                 | -              |
| 1.00           | General Inpatient Routine Services<br>Hospital                            |             | 100, 929, 50               | (E  | 100, 929, 565                   | 1.00           |
| 2.00           | SUBPROVIDER - IPF   |             | 100, 929, 50               | 55  | 100, 727, 303                   | 2.00           |
| 3.00           | SUBPROVIDER - IRF   |             | 4, 648, 90                 | 57  | 4, 648, 967                     | 3.00           |
| 4.00           | SUBPROVI DER  |             | 1,010, 7                   | 57  |                                 | 4.00           |
| 5.00           | Swing bed - SNF   |             |                            | 0   | 0                               | 5.00           |
| 6.00           | Swing bed - NF  |             |                            | 0   | 0                               | 6.00           |
| 7.00           | SKILLED NURSING FACILITY  |             |                            |   |                                 | 7.00           |
| 8.00           | NURSING FACILITY  |             |                            |   |                                 | 8.00           |
| 9.00           | OTHER LONG TERM CARE  |             |                            |   |                                 | 9.00           |
| 10.00          | Total general inpatient care services (sum of lines 1-9)                  |             | 105, 578, 53               | 32  | 105, 578, 532                   | 10.00          |
| 11.00          | Intensive Care Type Inpatient Hospital Services INTENSIVE CARE UNIT       | I           | 31, 348, 54                | 14  | 31, 348, 544                    | 11.00          |
| 12.00          | CORONARY CARE UNIT  |             | 31, 340, 34                | +4  | 31, 340, 344                    | 12.00          |
| 13.00          | BURN INTENSIVE CARE UNIT  |             |                            |   |                                 | 13.00          |
| 14.00          | SURGI CAL I NTENSI VE CARE UNI T  |             |                            |   |                                 | 14.00          |
| 15.00          | I NTENSI VE NURSERY   |             | 18, 291, 88                | 31  | 18, 291, 881                    | 15.00          |
| 16.00          | Total intensive care type inpatient hospital services (sum of             | lines       | 49, 640, 42                |   | 49, 640, 425                    | 16.00          |
|                | 11-15)  |             |                            |   |                                 |                |
| 17.00          | Total inpatient routine care services (sum of lines 10 and 16)            | )           | 155, 218, 9                |   | 155, 218, 957                   |                |
| 18.00          | Ancillary services  |             | 364, 280, 8                |   | 1, 183, 504, 658                |                |
| 19.00          | Outpatient services   |             | 34, 602, 99                |   |                                 | 1              |
| 20.00          | RURAL HEALTH CLINIC   |             |                            | 0 0   |                                 |                |
| 21.00<br>22.00 | FEDERALLY QUALIFIED HEALTH CENTER<br>HOME HEALTH AGENCY                   |             |                            | 0 0   | 0                               | 21.00<br>22.00 |
| 22.00          | AMBULANCE SERVICES  |             |                            |   |                                 | 22.00          |
| 23.00          | CMHC  |             |                            |   |                                 | 23.00          |
| 24.00          | AMBULATORY SURGICAL CENTER (D. P. )                                       |             |                            |   |                                 | 24.00          |
| 26.00          | HOSPICE   |             |                            |   |                                 | 26.00          |
| 27.00          | RURAL HEALTH  |             |                            | 0 5, 058, 253                               | 5, 058, 253                     | 27.00          |
| 27.01          | RENTAL PROPERTY   |             |                            | 0 0   | 0                               | 27.01          |
| 27.02          | FAMILY PRACTICE   |             |                            | 0 964, 410                                  | 964, 410                        | 27.02          |
|                | WELLNESS  |             |                            | 0 0   | 0                               |                |
| 27.04          | PHYSI CI AN PRACTI CES  |             | 851, 30                    |   |                                 |                |
| 27.05          | SYCAMORE SPORTS MED   |             | 0.45 44                    | 0 0   |                                 |                |
| 27.06          | PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES                                    |             | 245, 49                    |   |                                 |                |
| 27.07<br>28.00 | PRO FEES<br>Total patient revenues (sum of lines 17-27)(transfer column 3 | to Wkst     | 4, 158, 50<br>559, 358, 18 |   | 5, 568, 166<br>1, 512, 816, 621 |                |
| 20.00          | G-3, line 1)  | to wkst.    | 557, 550, 10               | 55 955, 450, 450                            | 1, 512, 010, 021                | 20.00          |
|                | PART II - OPERATING EXPENSES  | I           |                            |   | I                               |                |
| 29.00          | Operating expenses (per Wkst. A, column 3, line 200)                      |             |                            | 351, 558, 743                               |                                 | 29.00          |
| 30.00          | HOME OFFICE   |             | 85, 491, 29                | 96  |                                 | 30.00          |
| 31.00          |   |             |                            | 0   |                                 | 31.00          |
| 32.00          |   |             |                            | 0   |                                 | 32.00          |
| 33.00          |   |             |                            | 0   |                                 | 33.00          |
| 34.00          |   |             |                            | 0   |                                 | 34.00          |
| 35.00          | Total additions (sum of lines 20.25)                                      |             |                            | 0   |                                 | 35.00          |
| 36.00<br>37.00 | Total additions (sum of lines 30-35)<br>DEDUCT (SPECIFY)                  |             |                            | 85, 491, 296                                |                                 | 36.00<br>37.00 |
| 37.00          |   |             |                            | 0   |                                 | 37.00          |
| 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            | 2)(transfer |                            | 437, 050, 039                               |                                 | 43.00          |
|                | to Wkst. G-3, line 4)   |             |                            |   | 1                               | 1              |

|        | Financial Systems UNION HOSPITA                               |                       |                            | u of Form CMS-2  |       |
|--------|---|-----------------------|----------------------------|------------------|-------|
| STATEM | ENT OF REVENUES AND EXPENSES                                  | Provider CCN: 15-0023 | Period:<br>From 01/01/2020 | Worksheet G-3    |       |
|        |   |                       | To 12/31/2020              |                  |       |
|        |   |                       |                            | 7/29/2021 1:5    | 8 pm  |
|        |   |                       |                            | 1.00             |       |
| 1.00   | Total patient revenues (from Wkst. G-2, Part I, column 3, li  | ne 28)                |                            | 1, 512, 816, 621 | 1.00  |
| 2.00   | Less contractual allowances and discounts on patients' accou  |                       |                            | 1,035,345,992    |       |
| 3.00   | Net patient revenues (line 1 minus line 2)                    |                       |                            | 477, 470, 629    |       |
| 4.00   | Less total operating expenses (from Wkst. G-2, Part II, line  | 2 43)                 |                            | 437,050,039      |       |
| 5.00   | Net income from service to patients (line 3 minus line 4)     |                       |                            | 40, 420, 590     | 5.00  |
|        | OTHER I NCOME   |                       |                            |                  | 1     |
| 6.00   | Contributions, donations, bequests, etc                       |                       |                            | 0                | 6.00  |
| 7.00   | Income from investments                                       |                       |                            | 0                | 7.00  |
| 8.00   | Revenues from telephone and other miscellaneous communication | n services            |                            | 0                | 8.00  |
| 9.00   | Revenue from television and radio service                     |                       |                            | 0                |       |
|        | Purchase discounts  |                       |                            | 0                | 10.00 |
|        | Rebates and refunds of expenses                               |                       |                            | 0                |       |
|        | Parking lot receipts  |                       |                            | 0                |       |
|        | Revenue from Laundry and Linen service                        |                       |                            | 0                |       |
|        | Revenue from meals sold to employees and guests               |                       |                            | 0                |       |
|        | Revenue from rental of living quarters                        |                       |                            | 0                |       |
|        | Revenue from sale of medical and surgical supplies to other   | than patients         |                            | 0                |       |
|        | Revenue from sale of drugs to other than patients             |                       |                            | 0                |       |
|        | Revenue from sale of medical records and abstracts            |                       |                            | 0                |       |
|        | Tuition (fees, sale of textbooks, uniforms, etc.)             |                       |                            | 0                |       |
|        | Revenue from gifts, flowers, coffee shops, and canteen        |                       |                            | 0                |       |
|        | Rental of vending machines                                    |                       |                            | 0                |       |
|        | Rental of hospital space                                      |                       |                            | 0                |       |
|        | Governmental appropriations<br>OTHER INCOME                   |                       |                            | 20, 419, 195     |       |
|        | TRANSFERS AND OTHER ALLOCATED                                 |                       |                            | 1, 485, 914      |       |
|        | INTEREST INCOME   |                       |                            | 19, 020, 302     |       |
|        | TRANSFER FOR PROPERTY AND EQUIPMENT                           |                       |                            | 1, 561, 948      |       |
|        | UNREALIZED GAIN/LOSS ON INVESTMENTS                           |                       |                            | 1, 301, 940      | 1     |
|        | OTHER INCOME AND EXPENSE                                      |                       |                            | -8, 279          |       |
|        | OTHER INCOME AND EXPENSE                                      |                       |                            | 1, 962, 817      |       |
|        | COVID-19 PHE Funding  |                       |                            | 19, 084, 608     |       |
|        | Total other income (sum of lines 6-24)                        |                       |                            | 63, 526, 505     |       |
|        | Total (line 5 plus line 25)                                   |                       |                            | 103, 947, 095    |       |
|        | ALLOCATED COSTS   |                       |                            | 45, 364, 596     |       |
| 28.00  | Total other expenses (sum of line 27 and subscripts)          |                       |                            | 45, 364, 596     |       |
|        | Net income (or loss) for the period (line 26 minus line 28)   |                       |                            | 58, 582, 499     |       |

| Health Financial Systems       | UNI ON HOSPI TAL, INC. | In Lieu                                     | u of Form CMS-2552-10  |
|--------------------------------|------------------------|---|--|
| CALCULATION OF CAPITAL PAYMENT | Provider CCN: 15-0023  | Period:<br>From 01/01/2020<br>To 12/31/2020 | Worksheet L<br>Parts I-III<br>Date/Time Prepared:<br>7/29/2021 1:58 pm |
|                                | <b>T</b> 111 X0011     |   | 000  |

|              |  | Title XVIII                 | Hospi tal       | PPS              | o piii       |
|--------------|--|-----------------------------|-----------------|------------------|--------------|
|              |  |                             |                 |                  |              |
|              |  |                             |                 | 1.00             |              |
|              | PART I - FULLY PROSPECTIVE METHOD  |                             |                 |                  | -            |
| 1 00         | CAPITAL FEDERAL AMOUNT   |                             |                 | 4 224 570        | 1 1 00       |
| 1.00<br>1.01 | Capital DRG other than outlier<br>Model 4 BPCI Capital DRG other than outlier  |                             |                 | 4, 334, 570<br>0 | 1.00         |
| 2.00         |  |                             |                 | 76, 553          | 2.00         |
| 2.00         | Model 4 BPCI Capital DRG outlier payments  |                             |                 | 70, 555          | 2.00         |
| 3.00         | Total inpatient days divided by number of days in the cost re  | enorting period (see inst   | tructions)      | 161.81           | 3.00         |
| 4.00         | Number of interns & residents (see instructions)   | epointing period (see mat   |                 | 20.67            | 4.00         |
| 5.00         | Indirect medical education percentage (see instructions)   |                             |                 | 3.67             | 5.00         |
| 6.00         | Indirect medical education adjustment (multiply line 5 by the  | e sum of lines 1 and 1.01   | L columns 1 and | 159,079          | 6.00         |
|              | 1.01) (see instructions)   |                             | ,               | ,                |              |
| 7.00         | Percentage of SSI recipient patient days to Medicare Part A  | oatient days (Worksheet E   | E, part A line  | 3. 79            | 7.00         |
| 8.00         | 30) (see instructions)   | usti onc)                   |                 | 22.24            | 8.00         |
| 8.00<br>9.00 | Percentage of Medicaid patient days to total days (see instru<br>Sum of lines 7 and 8                                      |                             |                 | 23.36<br>27.15   |              |
| 10.00        | Allowable disproportionate share percentage (see instructions  | s)                          |                 | 5.65             |              |
| 11.00        | Disproportionate share adjustment (see instructions)   | 3)                          |                 | 244, 903         |              |
| 12.00        | Total prospective capital payments (see instructions)  |                             |                 | 4, 815, 105      |              |
| 12.00        |  |                             |                 | 1, 010, 100      | 12.00        |
|              |  |                             |                 | 1.00             |              |
|              | PART II - PAYMENT UNDER REASONABLE COST  |                             |                 |                  |              |
| 1.00         | Program inpatient routine capital cost (see instructions)  |                             |                 | 0                | 1.00         |
| 2.00         | Program inpatient ancillary capital cost (see instructions)  |                             |                 | 0                |              |
| 3.00<br>4.00 | Total inpatient program capital cost (line 1 plus line 2)<br>Capital cost payment factor (see instructions)                |                             |                 | 0                | 3.00<br>4.00 |
| 4.00<br>5.00 | Total inpatient program capital cost (line 3 x line 4)   |                             |                 | 0                | 5.00         |
| 5.00         |  |                             |                 | 0                | 5.00         |
|              |  |                             |                 | 1.00             |              |
|              | PART III - COMPUTATION OF EXCEPTION PAYMENTS   |                             |                 |                  |              |
| 1.00         | Program inpatient capital costs (see instructions)   |                             |                 | 0                | 1.00         |
| 2.00         | Program inpatient capital costs for extraordinary circumstand  | ces (see instructions)      |                 | 0                | 2.00         |
| 3.00         | Net program inpatient capital costs (line 1 minus line 2)  |                             |                 | 0                |              |
| 4.00         | Applicable exception percentage (see instructions)   |                             |                 | 0.00             |              |
| 5.00<br>6.00 | Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in |                             |                 | 0<br>0.00        |              |
| 7.00         | Adjustment to capital minimum payment level for extraordinary  |                             | (lino 6)        | 0.00             | 7.00         |
| 8.00         | Capital minimum payment level (line 5 plus line 7)   | y circuitstances (iffie 2 ) | (THE U)         | 0                | 8.00         |
| 9.00         | Current year capital payments (from Part I, line 12, as appli  | i cabl e)                   |                 | 0                | 9.00         |
| 10.00        | Current year comparison of capital minimum payment level to (  |                             | less line 9)    | 0                | 10.00        |
| 11.00        | Carryover of accumulated capital minimum payment level over of<br>Worksheet L, Part III, line 14)                          | 1 1 3 1                     |                 | 0                | 11.00        |
| 12.00        | Net comparison of capital minimum payment level to capital pa  | avments (line 10 plus Lir   | 11)             | 0                | 12.00        |
| 12.00        | Current year exception payment (if line 12 is positive, enter  |                             |                 | 0                | 12.00        |
| 14.00        | Carryover of accumulated capital minimum payment level over o  |                             |                 | 0                | 14.00        |
| 15.00        | (if line 12 is negative, enter the amount on this line)<br>Current year allowable operating and capital payment (see ins   | structions)                 |                 | 0                | 15.00        |
| 16.00        | Current year operating and capital costs (see instructions)  | 311 ucti 0115 <i>)</i>      |                 | 0                |              |
|              | Current year exception offset amount (see instructions)  |                             |                 | 0                |              |
| 17.00        | our one year exception of set anount (see instructions)  |                             |                 | 0                | 117.00       |