This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-0074 Period: From 01/01/2019 To 12/31/2019 Parts I-III Date/Time Prepared: 8/19/2020 1: 43 pm

				8/19/2020 1: 43 pm
PART I - COST	REPORT STATUS			
Provi der	1. [ X ] Electronically prepared cost report		Date: 8/19/202	O Time: 1:43 pm
use only	2. [ ] Manually prepared cost report			
	3. [ 0 ] If this is an amended report enter the number 4. [ F ] Medicare Utilization. Enter "F" for full or		resubmitted this co	st report
Contractor use only	5. [ 1 ]Cost Report Status (1) As Submitted 7. Contractor No. (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	for this Provider CCN 12.		

## PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Si gned) HOLLY MI LLARD

Officer or Administrator of Provider(s)

NETWORK SR VP OF FINANCE

Title

(Dated when report is electronically signed.)

Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	365, 813	620, 167	0	0	1.00
2.00	Subprovi der - IPF	0	0	0		0	2. 00
3.00	Subprovi der - I RF	0	0	0		0	3. 00
5.00	Swing Bed - SNF	0	0	0		0	5. 00
6.00	Swing Bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11. 00
200.00	Total	0	365, 813	620, 167	0	0	200. 00
The ob	sava amaumta manmaaant "dua ta" am "dua fram"	the engliceble	program for th	s alamant of t	ha abayıa aamal	ov indicated	

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

105PI I	AL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICA	ATION DATA	F	Provi der	CCN:	15-0074	Period: From 01/0		Workshee Part I		
								To 12/3	31/2019	Date/Tin 8/19/202		
	1.00 Hospital and Hospital Health Care Co	mnlev Add	2.00		3.	. 00			4. 00			
. 00	Street: 1500 NORTH RITTER AVENUE		PO Box:									1.0
. 00	City: INDIANAPOLIS		State: IN		p Code:			inty: MARION				2. 0
		Comp	onent Name		CCN .	CBSA	Provi d			ent Syste		
				l Nu	mber   1	Number	Type	Certifi	ea V	, 0, or 1   XVIII	XIX	-
			1. 00	2	. 00	3. 00	4.00	5. 00	6.00		8. 00	
	Hospital and Hospital-Based Componen	t Identif										
. 00	Hospi tal	COMMUNI TY		15	0074	26900	1	07/01/19	066 N	P	Р	3.0
. 00	Subprovi der - IPF	NETWORK,	INC.									4.0
. 00	Subprovider - IRF											5.0
. 00	Subprovi der - (Other)											6.0
. 00	Swing Beds - SNF											7.0
. 00	Swing Beds - NF											8.0
. 00 0. 00	Hospi tal -Based SNF Hospi tal -Based NF											9. C
1. 00	Hospi tal -Based OLTC											11. 0
2. 00	Hospi tal -Based HHA											12.0
3. 00	Separately Certified ASC											13.0
4.00	Hospital-Based Hospice Hospital-Based Health Clinic - RHC											14. C
5. 00 6. 00	Hospital-Based Health Clinic - FQHC											16.0
7. 00	Hospi tal -Based (CMHC) I											17. 0
8. 00	Renal Dialysis											18. C
9. 00	0ther											19.0
									om: 00	To:	<u> </u>	1
0. 00	Cost Reporting Period (mm/dd/yyyy)								/2019	12/31/2		20. (
1.00	Type of Control (see instructions)							:	2			21. (
							1. 00	2	00	3. 00	<u> </u>	-
	Inpatient PPS Information									3.00		
2. 00	Does this facility qualify and is it						Υ	'	N			22.0
	disproportionate share hospital adju §412.106? In column 1, enter "Y" fo											
	facility subject to 42 CFR Section §											
	hospital?) In column 2, enter "Y" fo											
2. 01	Did this hospital receive interim un	compensat	ed care pay	yments fo	or this	_	Υ	,	Y			22.0
	cost reporting period? Enter in colu the portion of the cost reporting pe											
	Enter in column 2, "Y" for yes or "N					st						
	reporting period occurring on or aft		•		,							
2. 02	Is this a newly merged hospital that payments to be determined at cost re					.	N	'	N			22.0
	Enter in column 1, "Y" for yes or "N					'						
	cost reporting period prior to Octob					es						
	or "N" for no, for the portion of the	e cost re	porting per	riod on d	or after	-						
2 U3	October 1. Did this hospital receive a geograph	ic reclas	sification	from urk	an to		N		N	N		22. (
2. 03	rural as a result of the OMB standar					as	IV	'	·	IV		22. (
	adopted by CMS in FY2015? Enter in c	olumn 1,	"Y" for yes	s or "N"	for no							
	for the portion of the cost reporting											
	in column 2, "Y" for yes or "N" for reporting period occurring on or after											
	Does this hospital contain at least											
	counted in accordance with 42 CFR 41.	2. 105)? E	nter in col	umn 3, '	'Y" for							
2 00	yes or "N" for no. Which method is used to determine Me	dicaid da	vs on line	- 24 and	/or 2E			2	N			23. (
3.00	below? In column 1, enter 1 if date		,			3		ا	N			23.0
	if date of discharge. Is the method	of identi	fying the d	days in t	this cos							
	reporting period different from the											
	reporting period? In column 2, ente	r y ror		n-State	In-Sta	te (	Out-of	Out-of	Medi ca	id Otl	her	
				edi cai d	Medi ca		State	State	HMO da		cai d	
			pa	id days	el i gi b		ledi cai d	Medi cai d		da	ays	
					unpai		aid days	eligible				
				1.00	days 2. 00		3. 00	unpai d 4. 00	5. 00	4	00	
	If this provider is an IPPS hospital	, enter t	he	8, 490		309	3.00			647	00 51	24. (
4 ()()				5, 470	٠,		O		24,	· '	51	27. (
4. 00	in-state Medicaid paid days in colum	n I, In-S	tate			1		I .	1	1		
4. 00	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col	umn 2,	late									
4. 00	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col out-of-state Medicaid paid days in c	umn 2, olumn 3,										
4. 00	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col	umn 2, olumn 3, d days in	col umn									

Heal th	Financial Systems COMMUNITY	HEALTH	NETWORK, INC	·	In Lie	eu of Form CMS-:	2552-10
HOSPI T	HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		Provi der		Period: From 01/01/2019 To 12/31/2019		pared:
		Y/N	IME	Direct GME	I ME	Direct GME	
		1. 00	2. 00	3. 00	4.00	5. 00	1
61. 00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			32. 85	29. 67	61.00
61. 01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61. 02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61. 02
61. 03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61. 03
61. 04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period (see instructions).						61. 04
61. 05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61. 05
61. 06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Pr	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1. 00	2. 00	3.00	4. 00	
61. 10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0. 00	O. OO	61. 10
61. 20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.	FAMI LY	MEDI CI NE	1350	0. 00	0. 00	61. 20

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost	reporting peri	od for which	0.00	62.00		
	your hospital received HRSA PCRE funding (see instructions)						
62. 01	Enter the number of FTE residents that rotated from a Teaching Health Cen	ter (THC) into	your hospital	0.00	62. 01		
	during in this cost reporting period of HRSA THC program. (see instruction	าร)					
	Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	3.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter Y 6						
	"Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						
		Unwei ghted	Unwei ghted	Ratio (col. 1/			
		FTEs	FTEs in	(col. 1 + col.			
		Nonprovi der	Hospi tal	2))			
		Si te					
		1. 00	2. 00	3.00			
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings	This base year	is your cost r	reporting			
	period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents	0. 17	3. 25	0. 049708	64.00		
	in the base year period, the number of unweighted non-primary care						
	resident FTEs attributable to rotations occurring in all nonprovider						
	settings. Enter in column 2 the number of unweighted non-primary care						
	resident FTEs that trained in your hospital. Enter in column 3 the ratio						
	of (column 1 divided by (column 1 + column 2)). (see instructions)						

1.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Program Name Program Code Unwei ghted Unwei ghted Ratio (col. 3/ (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 FAMILY MEDICINE 3. 92 25. 07 0. 135219 65. 00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 3. 05 10. 09 0. 232116 66. 00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Unwei ghted Ratio (col. 3/ Program Code Unwei ahted FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 2.00 3. 00 1.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY PRACTICE 0. 167320 67. 00 1350 5.55 27.62 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most N O N 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF 75.00 Ν subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν Ν 0 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)

Health Financial Systems COMMUNITY HEALTH ! HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	NETWORK, INC.  Provider CO	`N: 15_0074	In Lie	u of Form CMS- Worksheet S-2	
TOST THE AND HOST THE HEALTH CARE COWN LEX TOENTH TOATTON DATA	Trovider co	N. 13-0074	From 01/01/2019 To 12/31/2019	Part I Date/Time Pre 8/19/2020 1:4	epared:
				1. 00	
Long Term Care Hospital PPS  80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes	and "N" for r	10		N	80.00
81.00 Is this a LTCH co-located within another hospital for part or "Y" for yes and "N" for no.			g period? Enter	N	81. 00
TEFRA Providers  85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i)  86.00 Did this facility establish a new Other subprovider (excluded)				N	85. 00 86. 00
\$413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.  87.00 Is this hospital an extended neoplastic disease care hospital 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	cl assi fi ed ι	under section	ı	N	87. 00
1000(d) (1) (b) (v1). Elited 1 101 yes of 11 101 its.			V	XI X	
			1. 00	2.00	
Title V and XIX Services	comilecco Fr	ston "V" for	N	Υ	00.00
90.00 Does this facility have title V and/or XIX inpatient hospital yes or "N" for no in the applicable column.	Services? Er	iter y ror	N	Y	90.00
91.00 Is this hospital reimbursed for title V and/or XIX through the			N	N	91. 00
full or in part? Enter "Y" for yes or "N" for no in the appli 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dua				N	92.00
instructions) Enter "Y" for yes or "N" for no in the applicat	ole column.	, ,			
93.00 Does this facility operate an ICF/IID facility for purposes of "Y" for yes or "N" for no in the applicable column.	of title V and	XIX? Enter	N	N	93. 00
94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, a	and "N" for no	in the	N	N	94. 00
applicable column. 95.00 If line 94 is "Y", enter the reduction percentage in the appl	0. 00	0. 00	95. 00		
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes			N	N	96. 00
applicable column. 97.00 If line 96 is "Y", enter the reduction percentage in the appl	0. 00	0. 00	97. 00		
.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.					98. 00
98.01 Does title V or XIX follow Medicare (title XVIII) for the rep C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for tit				Y	98. 01
98.02 Does title V or XIX follow Medicare (title XVIII) for the cal bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or			Y	Υ	98. 02
for title V, and in column 2 for title XIX.  98.03 Does title V or XIX follow Medicare (title XVIII) for a critireimbursed 101% of inpatient services cost? Enter "Y" for yes				N	98. 03
for title V, and in column 2 for title XIX.  98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH routpatient services cost? Enter "Y" for yes or "N" for no in			N	N	98. 04
in column 2 for title XIX.  98.05 Does title V or XIX follow Medicare (title XVIII) and add bac Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in co				Υ	98. 05
column 2 for title XIX.  98.06 Does title V or XIX follow Medicare (title XVIII) when cost r Pts. I through IV? Enter "Y" for yes or "N" for no in column			Y	Υ	98. 06
column 2 for title XIX.  Rural Providers					+
105. 00 Does this hospital qualify as a CAH?			N		105. 00
106.00 If this facility qualifies as a CAH, has it elected the all-i	nclusive meth	nod of paymen	it N		106. 00
for outpatient services? (see instructions)  107.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R  training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)  Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an					107. 00
approved medical education program in the CAH's excluded IPF		ıni t(s)?			
Enter "Y" for yes or "N" for no in column 2. (see instruction 108.00 is this a rural hospital qualifying for an exception to the (		dul e? See 42	. N		108. 00
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Physi cal	Occupati ona	ıl Speech	Respi ratory	
	1. 00	2. 00	3. 00	4. 00	
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109. 00

	1. 00	
110.00 Did this hospital participate in the Rural Community Hospital Demonstration project (§410A	N	110.00
Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes,		
complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as		
appl i cabl e.		

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider	CCN: 15-0074	Peri od:	Worksheet	S-2
		From 01/01/2019 To 12/31/2019	Part I Date/Time 8/19/2020	
		1. 00	2. 00	
11.00 If this facility qualifies as a CAH, did it participate in the Frontier Health Integration Project (FCHIP) demonstration for this cost reporting "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, integration prong of the FCHIP demo in which this CAH is participating i Enter all that apply: "A" for Ambulance services; "B" for additional become for tele-health services.	g period? Enter enter the n column 2.	N	2.00	111. (
	1. 00	2. 00	3. 00	
12.00 Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period?  Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.  Miscellaneous Cost Reporting Information	N N	2.00	3.00	112. (
Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N			0115.
16.00 s this facility classified as a referral center? Enter "Y" for yes or	N			116.
"N" for no. 17.00 s this facility legally-required to carry malpractice insurance? Enter	Υ			117. (
"Y" for yes or "N" for no.  18.00 s the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1	1		118.
IT the portey is cranii-illade. Enter 2 if the portey is occurrence.	Premi ums	Losses	Insurance	9
	1. 00	2.00	3. 00	
18.01 List amounts of malpractice premiums and paid losses:	1, 406, 5	66 0		0 118.
		1. 00	2.00	
18.02 Are malpractice premiums and paid losses reported in a cost center other Administrative and General? If yes, submit supporting schedule listing and amounts contained therein.		N		118.
19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless pr §3121 and applicable amendments? (see instructions) Enter in column 1, " "N" for no. Is this a rural hospital with < 100 beds that qualifies for Hold Harmless provision in ACA §3121 and applicable amendments? (see ins Enter in column 2, "Y" for yes or "N" for no.	'Y" for yes or the Outpatient		N	119. 120.
11.00 Did this facility incur and report costs for high cost implantable device	ces charged to	Y		121.
patients? Enter "Y" for yes or "N" for no. 22.00 Does the cost report contain healthcare related taxes as defined in §190	03(w)(3) of the	e N		122.
Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", ent the Worksheet A line number where these taxes are included. Transplant Center Information				
5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N	N" for no. If	N		125.
yes, enter certification date(s) (mm/dd/yyyy) below. [6.00] If this is a Medicare certified kidney transplant center, enter the cert	tification date			126.
in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare certified heart transplant center, enter the certi	fication date			127.
in column 1 and termination date, if applicable, in column 2. 28.00 f this is a Medicare certified liver transplant center, enter the certi				128.
in column 1 and termination date, if applicable, in column 2. 29.00 on the control of this is a Medicare certified lung transplant center, enter the certified lung transplant center.		n		129.
column 1 and termination date, if applicable, in column 2.				130.
date in column 1 and termination date, if applicable, in column 2.				131.
date in column 1 and termination date, if applicable, in column 2.				
32.00 of this is a Medicare certified islet transplant center, enter the certiin column 1 and termination date, if applicable, in column 2.	rication date			132.
				133. 134.
33.00 Removed and reserved  34.00 If this is an organ procurement organization (0P0), enter the 0P0 number and termination date, if applicable, in column 2.  All Providers	in column 1			

Health Financial Systems COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2019 Part I 12/31/2019 Date/Time Prepared: To 8/19/2020 1:43 pm 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number

141.00 Name: COMMUNITY HEALTH NETWORK Contractor's Name: WISCONSIN PHYSICIA Contractor's Name: WISCONSIN PHYSICIAN Contractor's Number: 08101 141 00 142.00 Street: 1500 N RITTER SERVI CES PO Box: 142.00 143.00 City: INDIANAPOLIS ΙN 46219-3095 143. 00 State: Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 1. 00 2.00 145.00|If costs for renal services are claimed on Wkst. A, line 74, are the costs for 145 00 inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 Ν 148 00 N 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no Ν 149.00 Part A Part B Title V Title XIX 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal 155.00 Ν N 156.00 Subprovi der - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 N Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν 159. 00 Ν 160.00 HOME HEALTH AGENCY 160.00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 s this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. 167 00 168.00 of this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the 168.00 reasonable cost incurred for the HIT assets (see instructions) 168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions) 168.01 169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the 0.00169.00 transition factor. (see instructions) Begi nni ng Endi ng 1.00 2.00 170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting 170. 00 period respectively (mm/dd/yyyy) 1.00 2.00 171.00|If line 167 is "Y", does this provider have any days for individuals enrolled in 0171.00 N section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)

PI I.	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0074	Peri od: From 01/01/2019 To 12/31/2019 Y/N		repare
		6 11 110		1.00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format.	for all NO re	esponses. Ente	er all dates in t	the	
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation Has the provider changed ownership immediately prior to the	boginning of	the cost	N		
0	reporting period? If yes, enter the date of the change in co			N )		1
			Y/N	Date	V/I	
0	Heartha provider terminated participation in the Medicara Dr	rogram? If	1.00 N	2. 00	3. 00	2
	Has the provider terminated participation in the Medicare Pryes, enter in column 2 the date of termination and in column voluntary or "I" for involuntary.	n 3, "V" for				
0	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	fices, drug er or its the board	Y			3
			Y/N	Туре	Date	
	Financial Data and Reports		1.00	2. 00	3. 00	
0	Column 1: Were the financial statements prepared by a Certi Accountant? Column 2: If yes, enter "A" for Audited, "C" fo or "R" for Reviewed. Submit complete copy or enter date avai column 3. (see instructions) If no, see instructions.	or Compiled, lable in	Y	A	03/26/2020	4
0	Are the cost report total expenses and total revenues differ		Y			5
	those on the filed financial statements? If yes, submit reco	onci i i a ti on.		Y/N	Legal Oper.	
				1. 00	2.00	
0	Approved Educational Activities  Column 1: Are costs claimed for nursing school? Column 2:	If was is th	ne provider is	s N		- l
O	the legal operator of the program?	11 yes, 13 ti	ie provider 1.	3   11		
0	Are costs claimed for Allied Health Programs? If "Y" see ins			Y		7
0	Were nursing school and/or allied health programs approved a cost reporting period? If yes, see instructions.	and/or renewed	during the	N		3
0	Are costs claimed for Interns and Residents in an approved of		al education	Υ		9
00	program in the current cost report? If yes, see instructions Was an approved Intern and Resident GME program initiated or		ho current	Y		10
00	cost reporting period? If yes, see instructions.	renewed in t	.ne current	ĭ		'
00	Are GME cost directly assigned to cost centers other than I	& R in an App	proved	N		11
	Teaching Program on Worksheet A? If yes, see instructions.				Y/N	
					1.00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes, If line 12 is yes, did the provider's bad debt collection poperiod? If yes, submit copy.			ost reporting	Y N	12
00	If line 12 is yes, were patient deductibles and/or co-paymer	nts waived? If	yes, see ins	structions.	N	14
00	Bed Complement Did total beds available change from the prior cost reporting	ng period? If	yes, see inst	tructions.	Y	15
		Par	t A	Par	t B	
		1. 00	2.00	Y/N 3. 00	Date 4.00	
	PS&R Data	1.00	2.00	3.00	4.00	
00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 (see instructions)	N		N		16
00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Υ	06/26/2020	Y	06/26/2020	17
00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	N		N		18
	cost report? If yes, see instructions.  If line 16 or 17 is yes, were adjustments made to PS&R	N	1	N		19

HBSPNTAL AND HOSPITAL HEALTH CARE REIMBURSENENT QUESTIONMAIRE    Provider COI: 15-0074   Period of 7/01/2010	Heal th	Financial Systems COMMUNITY HEALTH	I NETWORK, INC.		In Lie	u of Form CM	S-2552-10	
1.00   3.00   2.00   17   1 in 0 for 17   1s yes, were adjustments made to PS&R   N N N 20.00   Report data for Other? Describe the other adjustments:   V/N   Date   V/N	HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	From		Part II Date/Time P	repared:	
Report data for Other? Secrib at the other adjustments and to PSAR   N   Date   D						Y/N		
Report data for Other? Describe the other adjustments:   Y/k   Date   Y/N   Date	20.00	If line 16 or 17 is was were adjustments made to DS&D		0			20.00	
21.00 Was the cost report prepared only using the provider's N N 21.00    CAMPLETED BY COST RETINDEDS AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)   1.00	20.00				IN .	IN	20.00	
21.00 Was the cost report prepared only using the provider's N N 21.00 records? If yes, see instructions.    COMPLETED BY COST RELIBEURISED AND TERRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)   1.00				+				
Precords? If yes, see Instructions   1.00	21 00	Weekler and annual advisor the annual advisor		2.00		4. 00	21.00	
Completed BY COST RETMBURSED AND TERRA MOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS) Copital Related CoSt 22.00 Have assets been relifed for Medicare purposes? If yes, see instructions 23.00 Have changes occurred in the Medicare depred at on expense due to appraisals made during the cost reporting period? If yes, see instructions.  24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  25.00 Have the new read and an accept tail zed leases entered into during the cost reporting period? If yes, see linstructions.  26.00 Were assets subject to Sec 2314 of DEFRA acquired during the cost reporting period? If yes, see linstructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit coopy copy.  28.00 Were men loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Did the provider have a funded depreciation account? If yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  29.00 Did the provider have a funded depreciation account? If yes, see instructions.  30.00 Has edisting the been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has edisting the been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 Have changes or new agreements of Sec. 2135; 2 applied pertaining t	21.00		IN IN		IN .		21.00	
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22.00 lave assets been relifed for Medicare purposes? If yes, see instructions 23.00 reporting period? If yes, see instructions.  24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  25.00 Have there been ene capital ized leases entered into during the cost reporting period? If yes, see instructions.  26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.  28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, submit copy.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  30.00 Treated as a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  34.00 Fire 31 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If yes, see instructions.  35.00 If fire 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If yes, see instructions.  36.00 Were home office Costs  37.00 If fire 34 is yes, were the requirements of sec. 2135.2 applied pertaining to competitive bidding? If yes, see instructions.  38.00 If fire 34 is yes, were there are new agreements or amended existing agreements with the provider-based physicians?  38.00 If the additional provider feeling the provider facility under an arrangement with provider-bas		COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS H	IOSPI TALS)				
23.00   Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.   24.00   Were new leases and/or amendments to existing leases entered into during this cost reporting period?   24.00								
reporting period? If yes, see instructions.  24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period?  25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see  26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.  28.00 Express Expense  29.00 For east				ale mada dur	ing the cost			
24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period?  If yes, see instructions  25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.  26.00 Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.  28.00 Were new leass, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Were new leass, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 If the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  10.00 If the provider have a funded depreciation account? If yes, see instructions  29.00 If the provider have a funded depreciation account? If yes, see instructions  30.00 If structions  31.00 If structions  31.00 If structions  32.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions  32.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see  31.00 If structions  32.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were there new agreements of Sec. 2135. 2 applied pertaining to competitive bidding? If no, see Instructions.  33.00 If line 32 is yes, were there new agreements or amended existing agreements with the provider-based physicians?  34.00 If yes, see instructions.  35.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  36.00 Were home office costs claimed on the cost report?  37.00 If yes, see in	23.00		due to apprais	ars made dur	ring the cost		23.00	
25.00   Nave there been new capitalized leases entered into during the cost reporting period? If yes, see   26.00   Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see   26.00   Naturations   27.00   Naturations   27.0	24. 00	Were new leases and/or amendments to existing leases entere	ed into during	this cost re	porting period?		24. 00	
26.00   Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see   26.00   Instructions.   27.00   Has the provider's capitalization policy changed during the cost reporting period? If yes, submit   27.00   27.00   27.00   28.00   28.00   Were name of the provider has a funded depreciation account and/or bond funds (Debt Service Reserve Fund)   28.00   29.00   10 the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)   29.00   10 the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)   29.00   10 the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)   29.00   10 the provider have a funded depreciation account? If yes, see instructions   30.00   10 the provider have a funded depreciation account? If yes, see instructions   31.00   10 the provider have a funded depreciation account? If yes, see instructions   31.00   10 the provider have a funded depreciation account? If yes, see instructions   31.00   10 the provider have a funded depreciation account? If yes, see instructions   32.00   10 the provider have a funded depreciation account? If yes, see instructions   32.00   11 the 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If   33.00   11 the 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If   33.00   11 the 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians?   34.00   11 the 34 is yes, were there new agreements or amended existing agreements with the provider-based   35.00   11 the 34 is yes, see instructions.   36.00   36.00   37.00   11 the 36 is yes, was a home office costs claimed on the cost report?   36.00   36.00   37.00   11 the 36 is yes, was a home office cost statement been prepared by the home office?   37.00   11 the 36 is yes, was the fiscal year end of the home office?   11 the 36 is yes, was the fisca	25. 00	Have there been new capitalized leases entered into during	the cost repor	ting period?	'If yes, see		25. 00	
27.00 copy.  Interest Expense  28.00 Were home office Costs  30.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit cost reporting period? If yes, see instructions.  28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund)  29.00 Treated as a funded depreciation account? If yes, see instructions  30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  30.00 Has existing debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  30.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  30.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no. see instructions.  30.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.  30.00 Were home office costs  30.00 Were home office costs claimed on the cost report?  30.00 Were home office costs claimed on the cost report?  30.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  30.00 If line 36 is yes, and the provider render services to other chain components? If yes, see instructions.  30.00 If line 36 is yes, and the provider render services to other chain components? If yes, see instructions.  30.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  30.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  30.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  30.00	26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during th	ne cost reporti	ng period? I	f yes, see		26. 00	
Interest Expense	27. 00		e cost reportir	ng period? If	yes, submit		27. 00	
28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 bid the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.  30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians?  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  38.00 If line 36 is yes, was the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office?  41.00 Enter the First name, last name and the title/position held by the cost report Preparer in columns 1, 2, and 3, respectively.  41.00 Enter the provider Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report perparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report  43.00 Enter the tellephone number and email address of the cost 317-355-4135 SBISHOPECOMMUNITY.COM  43.00		сору.	<u> </u>		3 .			
29.00 bld the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions and the sexisting debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  38.00 If line 36 is yes, was the fiscal year end of the home office.  39.00 If line 36 is yes, was the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  41.00 Enter the employer/company name of the cost report COMMUNITY HEALTH NETWORK preparer.  42.00 Enter the employer/company name of the cost report Preparer in columns 1, 2, and 3, respectively.	28. 00	Were new loans, mortgage agreements or letters of credit er	ntered into dur	ing the cost	reporting		28. 00	
30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  Purchased Services  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians?  If yes, see instructions.  36.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.    Y/N	29. 00	Did the provider have a funded depreciation account and/or		ebt Service R	eserve Fund)		29. 00	
31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  Purchased Services  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no. see instructions.  Provider-Based Physicians  34.00 If seervices furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.    home Office Costs	30. 00			debt? If yes	, see		30.00	
instructions. Purchased Services  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians?  If yes, see instructions.  Provider-Based Physicians  34.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians?  If yes, see instructions.  35.00 Were home office costs claimed on the cost report?  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  If yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, see instructions.  38.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135 SBISHOPeECOMMUNITY. COM 43.00	31 00	instructions.						
Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.   33.00   If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.   33.00   Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.   34.00   Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.   35.00   If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.   N/N   Date   1.00   2.00		instructions.			,			
33.00   If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.  Provider-Based Physicians  34.00   Are services furnished at the provider facility under an arrangement with provider-based physicians?	32. 00	Have changes or new agreements occurred in patient care ser	rvi ces furni she	ed through co	ntractual		32. 00	
Provider-Based Physicians   34.00   Are services furnished at the provider facility under an arrangement with provider-based physicians?   34.00   If yes, see instructions.   35.00   If line 34 is yes, were there new agreements or amended existing agreements with the provider-based   35.00   physicians during the cost reporting period? If yes, see instructions.   Y/N   Date   1.00   2.00	33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app		ng to competi	tive bidding? If		33. 00	
If yes, see instructions.   35.00   If line 34 is yes, were there new agreements or amended existing agreements with the provider-based   35.00		Provi der-Based Physi ci ans			,			
35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based    Y/N	34. 00		rangement with	n provi der-ba	sed physicians?		34. 00	
Home Office Costs  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  If yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.  1.00 2.00  Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  Enter the telephone number and email address of the cost 317-355-4135 SBISHOP@ECOMMUNITY.COM 43.00	35. 00	If line 34 is yes, were there new agreements or amended exi		nts with the	provi der-based		35. 00	
Home Office Costs  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  If yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.  41.00 Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135 SBISHOP@ECOMMUNITY.COM 43.00		private auting the sast reporting porteur in year assert	.51. 451. 51.6.					
36.00 37.00   Were home office costs claimed on the cost report? 37.00   If line 36 is yes, has a home office cost statement been prepared by the home office?   If yes, see instructions.   If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.   39.00   If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.   40.00   If line 36 is yes, did the provider render services to the home office? If yes, see instructions.   40.00   If line 36 is yes, did the provider render services to the home office? If yes, see   40.00		Home Office Costs			1.00	2. 00		
37.00 If line 36 is yes, has a home office cost statement been prepared by the home office?  37.00 If yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  40.00 If line 36 is yes, did the provider render services to the home office?  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135 SBISHOP@ECOMMUNITY.COM 43.00	36. 00						36. 00	
38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  1.00 2.00  Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report  COMMUNITY HEALTH NETWORK  42.00 Enter the telephone number and email address of the cost  38.00  Cost Report Preparer Contact Information  Cost Report Preparer Contact Information  Cost Report Preparer Contact Information  And Cost Report Preparer Contact Information  SHIRLEY  SISHOP  SISHOP  SISHOP  SISHOP  SISHOP  All OO All		If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	'			
39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  1.00 2.00  Cost Report Preparer Contact Information  41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report  COMMUNITY HEALTH NETWORK  43.00 Enter the telephone number and email address of the cost  317-355-4135 SBI SHOP@ECOMMUNITY. COM  43.00	38. 00	If line 36 is yes , was the fiscal year end of the home off					38. 00	
40.00 If line 36 is yes, did the provider render services to the home office? If yes, see  1.00 2.00  Cost Report Preparer Contact Information  Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135  40.00  Additional types, see  1.00 2.00  All RLEY  BI SHOP 41.00 42.00 42.00 43.00	39. 00	If line 36 is yes, did the provider render services to othe			s,		39. 00	
Cost Report Preparer Contact Information  41.00 Enter the first name, I ast name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135 SBI SHOP@ECOMMUNITY. COM 43.00	40. 00	If line 36 is yes, did the provider render services to the	home office?	If yes, see			40. 00	
Cost Report Preparer Contact Information  41.00 Enter the first name, I ast name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135 SBI SHOP@ECOMMUNITY. COM 43.00		THOU dott ons.						
41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparer.  43.00 Enter the telephone number and email address of the cost 317-355-4135  SHIRLEY  BISHOP  41.00  42.00  SBISHOP@ECOMMUNITY.COM  43.00		Cook Donort Davison Control   C	1.	00	2.	00		
respectively. 42.00 Enter the employer/company name of the cost report preparer. 43.00 Enter the telephone number and email address of the cost 317-355-4135 SBI SHOP@ECOMMUNITY. COM 43.00	41. 00	Enter the first name, last name and the title/position	SHI RLEY		BI SHOP		41.00	
43.00 Enter the telephone number and email address of the cost   317-355-4135   SBI SHOP@ECOMMUNITY. COM   43.00	42. 00	respectively. Enter the employer/company name of the cost report	COMMUNITY HEAL	TH NETWORK			42.00	
	43. 00	Enter the telephone number and email address of the cost	317-355-4135		SBI SHOP@ECOMMUI	NITY. COM	43. 00	

Heal th	Financial Systems COMMUNITY HEALTH	H NETWORK, INC.	In Lie	In Lieu of Form CMS-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0074	Peri od: From 01/01/2019 To 12/31/2019		pared:	
		3.00				
	Cost Report Preparer Contact Information					
41. 00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NETWORK DIRECTOR OF REIMBURSEMENT			41. 00	
42.00	Enter the employer/company name of the cost report				42. 00	
43. 00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43. 00	

| Period: | Worksheet S-3 | From 01/01/2019 | Part | To 12/31/2019 | Date/Time Prepared: Heal th Fi nancialSystemsCOMMUNITYHOSPITALANDHOSPITAL HEALTH CARE COMPLEXSTATISTICAL DATA Provider CCN: 15-0074

				To	12/31/2019	Date/Time Prep 8/19/2020 1:43	
						I/P Days / 0/P	5 piii
						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	267	94, 642	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and						
	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 IPF Subprovider						3. 00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6. 00
7.00	Total Adults and Peds. (exclude observation		267	94, 642	0.00	0	7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00	50	18, 282	0. 00	0	8. 00
9.00	CORONARY CARE UNIT	32. 00	0	0	0.00	0	9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT	35. 00	18	6, 218	0.00	0	12.00
13.00	NURSERY	43. 00				0	13.00
14.00	Total (see instructions)		335	119, 142	0.00	0	14.00
15. 00	CAH visits					0	15. 00
16. 00	SUBPROVI DER - I PF						16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20. 00	NURSING FACILITY						20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						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	88. 00				0	26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00				0	26. 25
27. 00	Total (sum of lines 14-26)		335				27. 00
28. 00	Observation Bed Days					0	28. 00
29. 00	Ambul ance Tri ps						29. 00
30.00	Employee discount days (see instruction)						30.00
31. 00	Employee discount days - IRF						31. 00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32. 01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						
33. 00	LTCH non-covered days						33. 00
33. 01	LTCH site neutral days and discharges						33. 01

 
 Heal th Financial
 Systems
 COMMUNITY

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 COMMUNITY HEALTH NETWORK, INC. Provider CCN: 15-0074

						8/19/2020 1:4	3 pm
		I/P Days	s / O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8.00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	15, 658	8, 193	71, 932			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
2. 00	for the portion of LDP room available beds) HMO and other (see instructions)	11, 493	24, 684				2. 00
3. 00	HMO IPF Subprovider	11, 493	24, 664	1			3.00
4. 00	HMO IRF Subprovider	0	0				4.00
5. 00	Hospital Adults & Peds. Swing Bed SNF	0	0				5.00
6. 00	Hospital Adults & Peds. Swing Bed NF		0	· -			6.00
7. 00	Total Adults and Peds. (exclude observation	15, 658	8, 193				7. 00
7.00	beds) (see instructions)	10,000	3, 1,70	, , , , , , ,			/. 00
8.00	INTENSIVE CARE UNIT	4, 045	0	11, 736			8. 00
9.00	CORONARY CARE UNIT	0	0	0			9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	NEONATAL INTENSIVE CARE UNIT	0	0	_,			12. 00
13.00	NURSERY		1, 655				13. 00
14. 00	Total (see instructions)	19, 703	9, 848			2, 747. 44	•
15. 00	CAH visits	0	0	0			15. 00
16.00	SUBPROVIDER - I PF						16.00
17. 00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18.00
19. 00 20. 00	SKILLED NURSING FACILITY NURSING FACILITY						19. 00 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)			312			24. 10
25.00	CMHC - CMHC						25. 00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26. 25
27.00	Total (sum of lines 14-26)				46. 26	2, 747. 44	27. 00
28. 00	Observation Bed Days		2, 238	7, 491			28. 00
29. 00	Ambul ance Tri ps	0					29. 00
30. 00	Employee discount days (see instruction)			742			30. 00
31. 00	Employee discount days - IRF			0			31. 00
32.00	Labor & delivery days (see instructions)	0	51	390			32.00
32. 01	Total ancillary labor & delivery room						32. 01
33. 00	outpatient days (see instructions) LTCH non-covered days	0					33. 00
	LTCH site neutral days and discharges	0					33. 00
55. 51	12.5 5. to floati ai days and ai sonal ges	١		1	I .	I .	1 30.01

| Peri od: | Worksheet S-3 | From 01/01/2019 | Part | To 12/31/2019 | Date/Time Prepared: Provider CCN: 15-0074

				To	12/31/2019	Date/Time Prep 8/19/2020 1:43	
		Full Time		Di scha	arges		•
		Equi val ents					
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11. 00	12.00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	4, 546	1, 506	18, 971	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			2, 422	4, 818		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation						7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10. 00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	NEONATAL INTENSIVE CARE UNIT						12.00
13. 00	NURSERY						13. 00
14. 00	Total (see instructions)	0. 00	0	4, 546	1, 506	18, 971	14. 00
15. 00	CAH visits						15. 00
16. 00	SUBPROVI DER - I PF						16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )						23. 00
24. 00	HOSPICE						24. 00
24. 10 25. 00	HOSPICE (non-distinct part) CMHC - CMHC						24. 10 25. 00
26. 00	RURAL HEALTH CLINIC	0. 00					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27. 00	Total (sum of lines 14-26)	0.00					27. 00
28. 00	Observation Bed Days	0.00					28. 00
29. 00	Ambulance Trips						29. 00
30. 00	Employee discount days (see instruction)						30.00
31. 00	Employee discount days (see l'istruction)						31. 00
32. 00	Labor & delivery days (see instructions)						32. 00
32. 01	Total ancillary labor & delivery room						32. 01
52.01	outpatient days (see instructions)						32.01
33. 00	LTCH non-covered days			0			33. 00
	LTCH site neutral days and discharges			0			33. 01
	,	1		١	1		

Provider CCN: 15-0074

| Peri od: | Worksheet S-3 | From 01/01/2019 | Part II | To 12/31/2019 | Date/Time Prepared:

				_	T		Date/Time Pre 8/19/2020 1:4	3 pm
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst.	(col.2 ± col.	Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2. 00	A-6) 3.00	3) 4. 00	col . 4 5. 00	6. 00	
	PART II - WAGE DATA SALARIES							-
1.00	Total salaries (see	200. 00	193, 232, 697	-1, 109, 187	192, 123, 510	5, 714, 671. 00	33. 62	1.00
2. 00	instructions) Non-physician anesthetist Part		0	0	0	0.00	0. 00	2. 00
3. 00	Non-physician anesthetist Part		0	0	0	0.00	0.00	3.00
4. 00	Physician-Part A - Administrative		267, 363	0	267, 363	1, 635. 00	163. 52	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non Physician-Part B		698, 314 9, 431, 460		698, 314 9, 431, 460			
6. 00	Non-physician-Part B for hospital-based RHC and FQHC		0	o	О	0.00	0.00	6. 00
7. 00	services Interns & residents (in an approved program)	21. 00	0	3, 878, 630	3, 878, 630	129, 213. 00	30. 02	7. 00
7. 01	Contracted interns and residents (in an approved programs)		0	О	О	0.00	0.00	7. 01
8.00	Home office and/or related organization personnel		0	0	0	0. 00	0. 00	8.00
9. 00 10. 00	SNF Excluded area salaries (see instructions)	44. 00	0 4, 116, 594	-10, 080	0 4, 106, 514	0. 00 176, 887. 00		
	OTHER WAGES & RELATED COSTS							
11. 00	Contract Labor: Direct Patient Care		3, 440, 081	0	3, 440, 081	27, 065. 00	127. 10	11.00
12. 00	Contract labor: Top level management and other management and administrative		2, 213, 732	0	2, 213, 732	13, 415. 00	165. 02	12.00
13. 00	services Contract Labor: Physician-Part A - Administrative		3, 319, 955	0	3, 319, 955	25, 901. 00	128. 18	13. 00
14. 00	Home office and/or related organization salaries and		0	0	0	0.00	0.00	14.00
14. 01 14. 02 15. 00	wage-related costs Home office salaries Related organization salaries Home office: Physician Part A - Administrative		63, 537, 766 0 0	0	0	1, 599, 756. 00 0. 00 0. 00	0.00	
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0. 00	16. 00
16. 01	Home office Physicians Part A - Teaching		0	0	0	0.00	0. 00	16. 01
16. 02	Home office contract Physicians Part A - Teaching WAGE-RELATED COSTS		0	0	0	0.00	0.00	16. 02
17. 00	Wage-related costs (core) (see instructions)		49, 390, 170	0	49, 390, 170			17. 00
18. 00	Wage-related costs (other) (see instructions)							18.00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		1, 526, 753 0	0	1, 526, 753 0			19. 00 20. 00
21. 00	Non-physician anesthetist Part B		0	0	О			21. 00
22. 00	Physician Part A - Administrative		18, 853		18, 853			22.00
22. 01 23. 00	Physician Part A - Teaching Physician Part B		43, 436 1, 154, 135		43, 436 1, 154, 135			22. 01 23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an approved program)		873, 580	0	873, 580			24. 00 25. 00
25. 50	Home office wage-related (core)		15, 268, 506	0	15, 268, 506			25. 50
25. 51	Related organization wage-related (core)		0	0	0			25. 51
25. 52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25. 52

Provider CCN: 15-0074

					Т	o 12/31/2019	Date/Time Prep 8/19/2020 1:4:	
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1. 00	2. 00	3.00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII		044.500	_			50.00	
26. 00	Employee Benefits Department	4. 00	214, 580	l .	214, 580			
27. 00	Administrative & General	5. 00	10, 931, 388			·		
28. 00	Administrative & General under		15, 596, 563	0	15, 596, 563	155, 314. 00	100. 42	28. 00
00.00	contract (see inst.)	, 00	•			0.00	0.00	00.00
29. 00	Maintenance & Repairs	6. 00	0 704 000	14 400	0 700 004	0.00		29. 00
30.00	Operation of Plant	7. 00	2, 734, 232	-11, 428	2, 722, 804			
31.00	Laundry & Linen Service	8. 00	0	0	0	0.00		
32.00	Housekeepi ng	9. 00	2, 634, 771	-18, 265				
33. 00	Housekeeping under contract (see instructions)		561, 298	0	561, 298	13, 253. 00	42. 35	33. 00
34.00	Di etary	10. 00	2, 298, 650	-1, 728, 382	570, 268	34, 033. 00	16. 76	34.00
35. 00	Di etary under contract (see		508, 505	0	508, 505	10, 400. 00	48. 89	35. 00
27 00	instructions)	11 00	10/ 077	1 712 002	1 010 050	110 000 00	1/ 01	27 00
36.00	Cafeteria	11.00	196, 977	1, 713, 882	1, 910, 859	·		
37. 00	Maintenance of Personnel	12.00	0 (00 040	1/ 10/	2 (0/ 7/2	0.00		
38. 00	Nursing Administration	13. 00	2, 622, 949	-16, 186	2, 606, 763			
39. 00	Central Services and Supply	14. 00	( 504 004	0	0	0.00		
40.00	Pharmacy	15. 00	6, 501, 804			·		
41. 00	Medical Records & Medical Records Library	16. 00	690, 258	-2, 052	688, 206	16, 422. 00	41. 91	41. 00
42. 00	Social Service	17. 00	2, 150, 293	-4, 586	2, 145, 707	55, 377. 00	38. 75	42.00
43. 00	Other General Service	18. 00	0	0		0.00		43. 00

Health Financial Systems COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0074 Worksheet S-3 Peri od: From 01/01/2019 To 12/31/2019 Part III Date/Time Prepared: 8/19/2020 1:43 pm Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Average Hourly Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 ÷ (col . 2 ± col . (from Salaries in col . 5) 3) col. 4 Worksheet A-6) 1.00 2.00 6.00 5.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 199, 769, 289 -4, 987, 817 194, 781, 472 5, 660, 566. 00 1.00 34.41 instructions) 2.00 -10, 080 4, 106, 514 176, 887. 00 23. 22 2.00 Excluded area salaries (see 4, 116, 594 instructions) 3.00 Subtotal salaries (line 1 195, 652, 695 -4, 977, 737 190, 674, 958 5, 483, 679. 00 34.77 3.00 minus line 2) 4.00 Subtotal other wages & related 72, 511, 534 72, 511, 534 1, 666, 137. 00 43.52 4.00

C

-4, 977, 737

-113, 818

64, 677, 529

327, 864, 021

47, 528, 450

64, 677, 529

332, 841, 758

47, 642, 268

33. 92

45 86

39.07

5.00

6.00

7.00

0.00

7, 149, 816. 00

1, 216, 594. 00

costs (see inst.)

(see inst.)

instructions)

5.00

6.00

7.00

Subtotal wage-related costs

Total overhead cost (see

Total (sum of lines 3 thru 5)

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0074	Peri od: Worksheet S-3 From 01/01/2019 Part IV To 12/31/2019 Date/Time Prepared:

	To 12/31/2019	Date/Time Prep 8/19/2020 1:43	
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		1
1.00	401K Employer Contributions	6, 768, 739	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	77, 691	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	6, 085, 662	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	19, 203, 464	8. 02
8. 03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	4, 883, 816	9. 00
10.00	Dental, Hearing and Vision Plan	189, 853	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	107, 265	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12. 00
13.00	Disability Insurance (If employee is owner or beneficiary)	1, 630, 403	13. 00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15. 00	'Workers' Compensation Insurance	414, 958	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		l
	TAXES		l
	FICA-Employers Portion Only	13, 398, 447	17. 00
18.00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unempl oyment Insurance	0	19. 00
20.00	State or Federal Unemployment Taxes	0	20. 00
	OTHER		l
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see	0	21. 00
	instructions))		1
	Day Care Cost and Allowances	0	22. 00
	Tuition Reimbursement	246, 628	1
24. 00	Total Wage Related cost (Sum of lines 1 -23)	53, 006, 926	24. 00
	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)		25. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0074	Peri od: Worksheet S-3 From 01/01/2019 Part V To 12/31/2019 Date/Time Prepared:

		10	12/31/2019	Date/lime Prep   8/19/2020 1:43	
	Cost Center Description		Contract Labor	Benefit Cost	
			1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		3, 440, 081	53, 006, 926	1.00
2.00	Hospi tal		3, 440, 081	51, 480, 173	2.00
3.00	Subprovi der - IPF				3.00
4.00	Subprovi der - I RF				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	Hospi tal -Based SNF				8. 00
9.00	Hospi tal -Based NF				9. 00
10.00	Hospi tal -Based OLTC				10.00
11. 00	Hospi tal -Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospi tal -Based Hospi ce				13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15. 00	Hospital-Based Health Clinic FQHC		0	0	15.00
16. 00	Hospi tal -Based-CMHC				16.00
17. 00	Renal Dialysis		0	0	17.00
18. 00	Other		0	1, 526, 753	18. 00

OSPI T	TAL UNCOMPENSATED AND INDIGENT CARE DATA Pr	ovider CCN	N: 15-0074	Peri od:	Worksheet S-10	0
				From 01/01/2019	Doto/Time Dro	
				To 12/31/2019	Date/Time Prep 8/19/2020 1:4	
					1. 00	
	Uncompensated and indigent care cost computation					
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divident	ded by lin	e 202 column	8)	0. 231295	1. (
00	Medicaid (see instructions for each line)				142 450 277	١ , ,
. 00 . 00	Net revenue from Medicaid Did you receive DSH or supplemental payments from Medicaid?				143, 459, 377 Y	2. ( 3. (
00	If line 3 is yes, does line 2 include all DSH and/or supplementa	I navments	from Medica	i d?	Ϋ́	4. (
. 00	If line 4 is no, then enter DSH and/or supplemental payments from				. 0	5. (
. 00	Medi cai d charges				454, 455, 097	6. (
. 00	Medicaid cost (line 1 times line 6)				105, 113, 192	7. (
. 00	Difference between net revenue and costs for Medicaid program (I	ine 7 minu	s sum of lir	es 2 and 5; if	0	8. (
	< zero then enter zero)	1:	`			
. 00	Children's Health Insurance Program (CHIP) (see instructions for Net revenue from stand-alone CHIP	each IIne	)		0	9.0
0. 00	Stand-alone CHIP charges				0	
1. 00	Stand-alone CHIP cost (line 1 times line 10)				0	11. (
2. 00	Difference between net revenue and costs for stand-alone CHIP (I	ine 11 min	us line 9; i	f < zero then	0	
	enter zero)					
	Other state or local government indigent care program (see instru					
3.00	Net revenue from state or local indigent care program (Not inclu				0	13.
4. 00	Charges for patients covered under state or local indigent care   10)	program (N	ot included	III IIIles o oi	U	14.
5. 00	State or local indigent care program cost (line 1 times line 14)				0	15. (
6. 00	Difference between net revenue and costs for state or local indi		program (lir	e 15 minus line	0	16. (
	13; if < zero then enter zero)					
	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line)	and state	/local indig	ent care program	is (see	
7. 00	Private grants, donations, or endowment income restricted to fund				0	17. (
8. 00	Government grants, appropriations or transfers for support of ho				0	18. (
9. 00	Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16)	indigent c	are programs	(Sum of Tines	0	19. (
	[0, 12 did 10)		Uni nsured	Insured	Total (col. 1	
			pati ents	pati ents	+ col . 2)	
			1. 00	2. 00	3. 00	
0. 00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faci	Lity	49, 311, 20	4, 360, 601	53, 671, 805	20 (
5. 00	(see instructions)	''''	47, 511, 20	4, 300, 001	33, 071, 003	20.0
1. 00	Cost of patients approved for charity care and uninsured discoun	ts (see	11, 405, 43	4, 360, 601	15, 766, 036	21. (
	instructions)					
2.00	Payments received from patients for amounts previously written or	ff as	7, 11	3, 747	10, 857	22.0
2.00	charity care Cost of charity care (line 21 minus line 22)		11, 398, 32	25 4, 356, 854	15, 755, 179	23 (
			11, 070, 02	1, 000, 001	10,700,177	20.0
	,				1.00	
3. 00					1.00	
3. 00	Does the amount on line 20 column 2, include charges for patient	, ,	nd a length	of stay limit	N	24. (
4. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the	rogram?	3	,		
4. 00 5. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit	rogram? i ndi gent	3	,	N O	25. (
3. 00 4. 00 5. 00 6. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst	rogram? indigent ructions)	care program	,	N 0 50, 908, 801	25. ( 26. (
3. 00 4. 00 5. 00 6. 00 7. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare reimbursable bad debts for the entire hospital complex	rogram? indigent ructions) (see instr	care program	,	N 0 50, 908, 801 1, 679, 906	25. 0 26. 0 27. 0
3. 00 4. 00 5. 00 6. 00 7. 00 7. 01	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst	rogram? indigent ructions) (see instr	care program	,	N 0 50, 908, 801	25. ( 26. ( 27. ( 27. (
3. 00 4. 00 5. 00 6. 00 7. 00 7. 01 8. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare reimbursable bad debts for the entire hospital complex (see	rogram? indigent ructions) (see instree instruct	care programuctions)	's length of	N 0 50, 908, 801 1, 679, 906 2, 584, 471	26. 0 27. 0 27. 0 28. 0
4. 00 5. 00 7. 00 7. 01 8. 00 9. 00 0. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see inst Medicare reimbursable bad debts for the entire hospital complex Medicare allowable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	rogram? indigent ructions) (see instre instruct nse (see i	care programuctions)	's length of	N 0 50, 908, 801 1, 679, 906 2, 584, 471 48, 324, 330	25. ( 26. ( 27. ( 27. ( 28. ( 29. ( 30. (

DE	Financial Systems	COMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der CC		Period: From 01/01/2019 To 12/31/2019	Worksheet A  Date/Time Pre 8/19/2020 1:4	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1. 00	2. 00	3.00	4. 00	5. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT		0		0 27, 141, 728	27, 141, 728	
2.00	00200 CAP REL COSTS-MVBLE EQUIP		0		0 18, 442, 553	18, 442, 553	
3.00	00300 OTHER CAP REL COSTS		0		0	0	
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	214, 580	444, 273				
5.00	00500 ADMI NI STRATI VE & GENERAL	10, 931, 388	224, 719, 723			209, 152, 076	1
7. 00 8. 00	OO7OO   OPERATION OF PLANT   OO8OO   LAUNDRY & LINEN SERVICE	2, 734, 232	11, 872, 909 1, 159, 125			13, 830, 411 1, 159, 125	
9. 00	00900 HOUSEKEEPING	2, 634, 771	1, 980, 447				
10. 00	01000 DI ETARY	2, 298, 650	3, 447, 074				
11.00	01100 CAFETERI A	196, 977	285, 985				
13.00	01300 NURSING ADMINISTRATION	2, 622, 949	1, 019, 340	3, 642, 28	9 -41, 518	3, 600, 771	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	818, 387	818, 38			14.00
15.00	01500 PHARMACY	6, 501, 804	107, 948, 961				
16. 00	01600 MEDI CAL RECORDS & LI BRARY	690, 258	609, 411				
17. 00	01700 SOCIAL SERVICE	2, 150, 293	513, 135	2, 663, 42			1
21.00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0 214 (00	0 154 225	12 2/0 04	0 4, 774, 226		
22. 00 23. 00	02200   I &R SERVICES-OTHER PRGM COSTS APPRVD   02300   EMS TRAINING-ALLIED HEALTH	9, 214, 609	3, 154, 335	12, 368, 94	4 -4, 857, 124	7, 511, 820 0	1
23. 00	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH		0		0 0	0	23. 00
23. 01	02302 PHARMACY RESI DENCY-ALLI ED HEALTH		0		0 0	0	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH		0		o o	Ö	1
	INPATIENT ROUTINE SERVICE COST CENTERS	-					
30.00	03000 ADULTS & PEDI ATRI CS	44, 254, 554	17, 657, 899	61, 912, 45	3 -6, 004, 426	55, 908, 027	30.00
31.00	03100 INTENSIVE CARE UNIT	8, 513, 766	3, 997, 137	12, 510, 90	3 -1, 137, 244	11, 373, 659	31.00
32. 00	03200 CORONARY CARE UNIT	0	0		0 0	0	
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 118, 821	466, 121				
43. 00	04300 NURSERY	0	0		0 702, 636	702, 636	43.00
50. 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM	4, 461, 027	26, 284, 779	30, 745, 80	6 -21, 949, 612	8, 796, 194	50.00
51. 00	05100 RECOVERY ROOM	665, 887	367, 120				1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	700, 520	931, 718				
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 892, 091	3, 145, 204				
55.00	05500 RADI OLOGY-THERAPEUTI C	358, 971	1, 187, 705				1
57.00	05700 CT SCAN	924, 519	1, 607, 342	2, 531, 86	1 126, 966	2, 658, 827	57.00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	448, 696	1, 070, 872				
59. 00	05900 CARDI AC CATHETERI ZATI ON	3, 260, 278	31, 869, 677				
60.00	06000 LABORATORY	0	13, 980, 025				1
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	327, 983 3, 430, 876	120, 482 1, 670, 784			411, 763	1
66. 00	06600 PHYSI CAL THERAPY	6, 346, 998	3, 442, 033				1
	06700 OCCUPATI ONAL THERAPY	0, 340, 770	3, 442, 033 N		0 1, 801, 441		1
	06800 SPEECH PATHOLOGY	o	0		0 729, 193		
	06900 ELECTROCARDI OLOGY	2, 510, 323	693, 260	3, 203, 58			
70.00	07000 ELECTROENCEPHALOGRAPHY	587, 099	448, 135	1, 035, 23	4 -149, 050	886, 184	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 31, 114, 208		
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 26, 718, 491	26, 718, 491	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	4 547 05	0 122, 646, 421	122, 646, 421	
74. 00 76. 00	07400 RENAL DIALYSIS	300 540	1, 516, 953			1, 513, 882	
76. 00 76. 01	03330   ENDOSCOPY   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	390, 569 30, 457, 086	623, 676 11, 814, 508			621, 698 41, 098, 977	
76. 01	03951 LUTHERWOOD PARTNERSHIP	8, 065, 494	5, 899, 491			13, 813, 014	
76. 04	03952 WOUND CARE CENTER	1, 054, 441	2, 828, 392				1
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	10, 807, 013	30, 234, 881				1
76.06	03953 I MAGI NG CENTERS	2, 906, 015	5, 168, 915			5, 870, 663	
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	2, 312, 247	2, 312, 24			
76. 97		756, 537	377, 311	1, 133, 84			
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 539, 352	539, 352	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS				0 ^	~	00 00
88. 00 89. 00	08800   RURAL HEALTH CLINIC   08900   FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	88. 00 89. 00
90.00	09000 CLINIC		0		0 0	0	1
90. 00	04950 DIABETIC CARE CENTER		0		o n	n	90.00
90. 02	04951 HEALTHY HEARTS CENTER	1, 794, 221	790, 260	2, 584, 48	1 -43, 151	2, 541, 330	1
90. 03	09001 CLI NI C	0	0		0 0	0	1
90. 04	04953 SPI NE CENTER	0	0		0 0	0	1
90. 05	04954 I NFUSI ON CENTERS	298, 710	16, 039, 821	16, 338, 53	1 -15, 707, 045	631, 486	
	09002 MEDCHECK CLINICS	0	0		0	0	
00	09003 KNEE CENTER	1, 835, 380	2, 393, 431	4, 228, 81	-201, 754		
90. 07			Λ	i .	oı O	1 0	90.08
90. 08	09004 PALLIATIVE CARE	) o	0		0		
90. 08 90. 10		0	0		0 0	0	1

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CC		eri od:	Worksheet A	
				rom 01/01/2019 o 12/31/2019	Date/Time Prep 8/19/2020 1:4	
Cost Center Description	Sal ari es	0ther		Recl assi fi cati	Reclassi fied	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	2.00	2.00	4.00	col . 4)	
91. 00   09100   EMERGENCY	1.00	2.00	3. 00 16, 049, 432	4. 00	5. 00 14, 825, 746	91. 00
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	8, 757, 717	7, 291, 715	16, 049, 432	-1, 223, 686	14, 825, 746	91.00
OTHER REIMBURSABLE COST CENTERS						92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS	- υ <sub>լ</sub>			<u> </u>	0	70.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	189, 116, 103	554, 204, 999	743, 321, 102	1, 049, 924	744, 371, 026	118 00
NONREI MBURSABLE COST CENTERS	1077 1107 100	001,201,777	7 107 02 17 102	1/01///21	7 1 17 07 17 020	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
191. 00 19100 RESEARCH	o	o	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	O	208	208	-208	0	192. 00
194.00 07950 HOME OFFICE	o	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194. 01
194. 02 07952 ACCOUNTABLE CARE	166, 679	92, 469	259, 148	0	259, 148	194. 02
194. 03 07953 SCHOOL BASED CLINICS	111, 844	147, 016	·		258, 688	
194.04 07954 SMO-NON PROVIDER BASED	531, 559	149, 119	· ·		680, 678	
194.05 07955 FAMILY PRACTICE MEDICINE	2, 424, 855	2, 618, 633	5, 043, 488	-911, 952	4, 131, 536	
194. 07 07957 LI FECHECK	0	0	0	0	-	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	881, 657	513, 091	1, 394, 748	-137, 592	1, 257, 156	
194. 09 07959 SURGERY CENTER EAST	0	0	0	0	-	194. 09
200.00 TOTAL (SUM OF LINES 118 through 199)	193, 232, 697	557, 725, 535	750, 958, 232	0	750, 958, 232	200. 00

Provider CCN: 15-0074

| Period: | Worksheet A | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: 8/19/2020 1:43 pm

Part					8/19/2020 1: 43	3 pm
		Cost Center Description				•
OURSTAND SERVICE OST CHYTES   OURSTAND OF MEL COSTS-GENTES   FIXI						
1.00   00.000 CAP REL COSTS-BLUC & FIXI		GENERAL SERVICE COST CENTERS	2.20			
0.000   0.00	1.00	00100 CAP REL COSTS-BLDG & FIXT	-7, 248, 258	19, 893, 470		1. 00
4.00   DOCKOO DEMONATINE STRATINE CEDERAL   5-80   5-822   122 446   5-90   5	2.00	00200 CAP REL COSTS-MVBLE EQUIP	10, 107, 450	28, 550, 003		2. 00
0.000   0.000   DAMIN INTERNITY & CEMERAL   -80, 705, 832   122, 446, 244   5.00   7.00   0.000   DAMIN STRAT STRUCT   -10, 94   13, 816, 507   7.00   0.000   DAMIN STRAT STRUCT   -10, 94   13, 816, 507   7.00   0.000   DAMIN STRAT STRUCT   -2, 771, 317   1.00   1.10   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   1.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   1.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   1.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   11.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   12.00   DAMIN STRAT STRUCT   -2, 771, 317   2, 357, 781   12.00   DAMIN STRAT STRUCT   -2, 781, 780   2, 663, 659   17.00   DAMIN STRAT STRUCT   -2, 781, 781   2, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30						
0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.00000000				8, 582, 164		
8.00 00800 JAURIDAY & LINEN SERVICE 0 1,199,125 9 8 00 110 00 10000 DIETARY 9,000 00000 DIETARY 9,000 00000 DIETARY 9,000 00000 DIETARY 9,000 00000 DIETARY 9,000 113 00 10000 DIETARY 9,000 113 00 10000 DIETARY 9,000 113 00 1000 DIETARY 9,000 110 00 DIETARY 9					1	
9.00   0.000    0.000    0.000    0.000    0.000    0.000    1.000    0.000    0.000    0.000    1.000    0.000						
10.00   10000   DETERMY   -5.4,6.65   1,355,300   10.00   10.00   10.00   10.00   10.00   ARTERIA   -2,271,317   2,357,781   11.00   10.00   10.00   ARTERIA   -7.271,107   15.00   10.00   10.00   ARTERIA   -7.271,073   10.00   ARTERIA   -7.271,073						
11.00 0 1100 CAFFERIA			1			
13.00   1300   MIRSING ADMINISTRATION   5.277, 109   8,877,880   13.00   13.00   13.00   13.00   MIRSING ADMINISTRATION   7.77, 27.30   13.00   13.00   MIRSING ADMINISTRATION   7.77, 27.30   13.00   13.00   MIRSING ADMINISTRATION   7.78, 900   6.00   6.058, 465   15.00   13.00   MIRSING ADMINISTRATION   7.78, 900   6.00   6.058, 465   15.00   13.00   MIRSING ADMINISTRATION   7.78, 900   6.						
14.00   01400  CENTRAL SERVICES & SUPPLY						
15.00 0 1500   PHABIMACY   7-71, 723   10, 370, 177   15, 00   16, 00   1700   900   14, 18, 187   16, 00   1700   900   14, 18, 187   16, 00   1700   900   14, 187   16, 187   17, 189, 900   6, 008, 468   17, 00   1700					1	
16.00   01-00  INDICAL RECORDS & LISRARY   4,758 900   6,058,463   10.00   17.00   1					1	
17.00   01700   SICZIAL SERVICES-SALARY & FRINGES APPRVD   -1,136,491						
21.00 0 20100   IAS SERVICES-SALARY & FENNESS APPRIVO - 1, 136, 491			1		1	
22 00   02200   IAS SERVICES-OTHER PRIOR COSTS APPRIVD   -1, 682, 345   5, 829, 475   22, 00   230   02300   UST SIAN IN ACALLED HEALTH   0			1			
23.00					·	
23.01   03301   RADIOLOGY SCHOOL-ALLIED HEALTH   0   0   0   23.01			1		I	
23.0   2020   PHARMACY RESIDENCY-ABLIED HEALTH   0   0   22.0			١	0		
23. 03		· ·	1	0		
MPATT ENT BOUT INC SERVICE COST CENTERS   30.00   30		· ·	1		·	
30.00   03000   ADULTS & PEDI ATRICS   -966, 660   54, 941, 377   3.0   03.00   33.00   1 NENSINE CARE UNIT   0   11, 275, 659   3.1 0.0   32.00   03200   CORDMARY CARE UNIT   0   12, 07.00   32.00   32.00   03200   KNOWATAL INTERSIVE CARE UNIT   -45   1, 517, 654   35.00   32.00   ADULTS AND STREET   -55   1, 517, 654   35.00   32.00   ADULTS AND STREET   -55   1, 517, 654   35.00   32.00   ADULTS AND STREET   -55   3.5 0.00   ADULTS AND STREET   -55   3.0 0.00   ADULTS AND STREET   -	25. 05		<u> </u>	0		23.03
31.00   03100   INTENSIVE CARE UNIT	30.00		-966 650	54 941 377		30 00
32.00   03200  CORDMARY CARE UNIT			1			
35.00   02060   NEOMATAL INTENSIVE CARE UNIT		1	1		1	
43. 00   04300   NURSERY   0   702, 636   43. 00			1	1, 517, 654		
MACILLARY SERVICE COST CENTERS			1		,	
51.00						
52.00   OS2000   DELIVERY ROOM & LABOR ROOM   -908, 847   3, 30.0, 448   55.00	50.00	05000 OPERATING ROOM	-451, 466	8, 344, 728		50. 00
54.00   05400   RADI OLOGY-DI ACNOSTIC   -98, 49   4, 091, 889   55.00   55.00   05500   RADI OLOGY-THERAPEUTIC   0 0 2, 658, 827   55.00   55.00   05700   CT SCAN   0 0 2, 658, 827   55.00   58.00   05800   MAGNETIC RESONANCE I MAGING (MRI )   0 794, 073   58.00   05800   MAGNETIC RESONANCE I MAGING (MRI )   0 794, 073   58.00   05900   CARDI IAC CATHETERI ZATI ON   -200, 458   4, 585, 442   59.00   06.00   06000   LABORATORY   -1, 067, 993   12, 847, 082   60.00   06.00   06000   LABORATORY   -1, 067, 993   12, 847, 082   60.00   06.00   06000   RESPIRATORY   16, 65.00   0500   RESPIRATORY   16, 65.00   06.00   06.00   06.00   0500   RESPIRATORY   16, 65.00   06	51.00	05100 RECOVERY ROOM	0	898, 554		51.00
55.00   05500   RADIO LOCY-THERAPEUTI C   0   932, 392   55.00   85.00   05800   MAGNETI C RESONANCE I MAGING (MRI )   0   794, 073   58.00   05800   MAGNETI C RESONANCE I MAGING (MRI )   0   794, 073   58.00   05900   CARDI ACC CATHETERI ZATI ON   -2.00, 458   4, 585, 442   59.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   06.00   07	52.00	05200 DELIVERY ROOM & LABOR ROOM	-908, 847	3, 360, 448		52.00
57.00   05700   CT SCAN   0   2,658,827   57.00   58.00   5800   MAGNETIC RESONANCE I MAGING (MRI)   0   794,073   58.00   5800   MAGNETIC RESONANCE I MAGING (MRI)   0   794,073   58.00   5800   MAGNETIC RESONANCE I MAGING (MRI)   0   794,073   58.00   5800   0.640   0.6400   0.6400   0.6400   MITRAVENOUS THERAPY   0   4,474,341   65.00   0.6400   MITRAVENOUS THERAPY   0   4,474,341   65.00   0.6600   MESPIRATORY HIERAPY   0   4,474,341   65.00   0.6600   MESPIRATORY HIERAPY   0   1,801,441   67.00   0.6700	54.00	05400 RADI OLOGY-DI AGNOSTI C	-98, 459	4, 091, 889		54.00
SB. 00   OSBOO   MAGNETI C RESONANCE I MACI NG (MRI )	55.00	05500 RADI OLOGY-THERAPEUTI C	0	932, 392		55.00
59. 00   05900   CARDIAC CATHETER ZATION   -200, 458   4, 585, 442   059, 00	57.00	05700 CT SCAN	0	2, 658, 827		57.00
60.0   06000   LABORATORY   -1,067,993   12,847,082   60.0   0.0	58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	794, 073		58. 00
64.00   06400   INTRAVENDUS THERAPY   0   4.11, 763   65.00   065.00   06500   RESPIRATORY THERAPY   0   4.474, 341   65.50   06.00   06000   PHYSI CAL THERAPY   0   1.801, 441   67.00   06.00   06000   SPECH PATHOLOGY   0   7.973, 071   08.80   08.00   08600   SPECH PATHOLOGY   0   7.993   08.80   08.00   08600   SPECH PATHOLOGY   309, 709   3.161, 403   09.00   09.000   LELCTROCKARDI OLOGY   309, 709   3.161, 403   09.00   09.000   LELCTROCKEPHAL ORGAPHY   123, 947   1.010, 131   70.00   09.000   LELCTROCKEPHAL ORGAPHY   1.001, 131   70.00   09.00	59.00	05900 CARDI AC CATHETERI ZATI ON	-200, 458	4, 585, 442		59.00
65.00   06500   RESPI RATORY THERAPY   0   4, 474, 341   65.00   06.00   06600   PHYSI CAL THERAPY   339, 601   7, 073, 071   66.00   06.00   06600   PHYSI CAL THERAPY   0   1, 801, 441   67.00   06.00   06900   SPEECH PATHOLOGY   0   0   1, 801, 441   67.00   06.00   06900   ELECTROCARDI OLOGY   0   0   7.29, 193   0   07.00   07000   ELECTROCARDI OLOGY   123, 947   1, 010, 131   70.00   07.00   07000   ELECTROCARDI OLOGY   123, 947   1, 010, 131   70.00   07.00   07000   ELECTROCARDI OLOGY   123, 947   1, 010, 131   70.00   07.00   07200   MPL   DEV   CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07200   MPL   DEV   CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07300   DRUGS CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07300   DRUGS CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07300   DRUGS CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07300   DRUGS CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07300   DRUGS CHARGED TO PATI ENTS   0   26, 718, 491   72.00   07.00   07400   RENAL DI ALYSI S   0   1, 513, 882   74.00   07.00   07330   ENDOSCOPY   0   621, 698   76.00   07.01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   -27, 289, 509   13, 809, 468   76.00   07.01   03952   WOUND CARE CENTER   -9, 479, 507   4, 333, 507   76.04   07.00   03952   WOUND CARE CENTER   -5, 537, 764   27, 996, 340   76.05   07.00   03953   MAGIN NG CENTERS   0   5, 870, 663   76.06   07.00   03953   MAGIN NG CENTERS   0   5, 870, 663   76.06   07.00   03953   MAGIN NG CENTERS   0   5, 870, 663   76.06   07.00   03955   MAGIN NG CENTERS   0   5, 870, 663   76.06   07.00   03950   RURAL HEALTH CLINIC   0   0   0   09.00   09000   CLINIC   0   0   0   09.00   09000   CLINIC   0   0   0   09.01   04950   DIABETII C CARE CENTER   -733, 86   1, 808, 244   90.02   09.02   04951   HEALTHY HEARTS CENTER   -733, 86   1, 808, 244   90.02   09.03   09001   CLINIC   0   0   0   0   09.04   04953   PINE CENTER   -733, 86   1, 808, 244   90.02   09.05   04954   INTUST O	60.00	06000 LABORATORY	-1, 067, 993	12, 847, 082		60.00
66.00   06600   06600   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06800   SPEECH PATHOLOGY   0   7.90, 193   068.00   06800   SPEECH PATHOLOGY   309, 709   3, 161, 403   69.00   0700   07000   07000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   010000   0100000   0100000   01000000   0100000000	64.00	06400 I NTRAVENOUS THERAPY	0	411, 763		64. 00
67. 00   06700   0CCUPATI ONAL THERAPY   0   1, 801, 441   67. 00   68. 00   06800   SPEECH PATHOLOGY   0   07.00   07.00   07.00   ELECTROCARDI OLOGY   309, 709   3, 161, 403   70. 00   70. 00   07.00   ELECTROENCEPHALOGRAPHY   123, 947   1, 010, 131   70. 00   71. 00   7	65.00	06500 RESPI RATORY THERAPY	_	4, 474, 341		65. 00
68. 00   06.800   SPEECH PATHOLOGY   0   72.9   193   68. 00   69. 00   06.000   ELECTROCARDI OLOGY   30.9   70.9   3. 16.1, 40.3   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   123, 947   1, 010, 131   70. 00   71. 00   07100   MDEL CAL SUPPLIES CHARGED TO PATIENTS   0   31, 114, 208   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   26, 718, 491   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   2, 552, 097   125, 198, 518   73. 00   74. 00   07400   RENAL DIALYSIS   0   621, 698   74. 00   76. 01   03350   PSYCHI ATRIC C/PSYCHOLOGI CAL SERVI CES   -27, 289, 509   13, 809, 468   76. 01   76. 01   03355   PSYCHI ATRIC C/PSYCHOLOGI CAL SERVI CES   -27, 289, 509   13, 809, 468   76. 01   76. 03   03951   LUTHERWOOD PARTINERSHI P   -9, 479, 507   4, 333, 507   76. 04   76. 05   03480   ONCOLOGY-CANICER CARE CENTER   -5, 537, 764   27, 996, 340   76. 05   76. 06   03953   IMAGI NG CENTERS   -5, 537, 764   27, 996, 340   76. 05   76. 07   03954   BREAST DIAGNOSTIC CENTER   0   5, 870, 663   76. 06   76. 97   07697   CARDI ACR ELABBILLITATION   -27, 365   1, 067, 443   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   539, 352   0UTPATIENT SERVICE COST CENTERS   0   0   0   90. 00   09000   CLINIC   90. 00   90. 00   90. 01   04950   DIABETIC CARE CENTER   -733, 086   1, 808, 244   90. 02   90. 02   04951   HEALTHY HEARTS CENTER   -733, 086   1, 808, 244   90. 02   90. 03   09000   CLINIC   0   0   0   90. 04   04950   DIABETIC CARE CENTER   -733, 086   1, 808, 244   90. 02   90. 05   04954   HEALTHY HEARTS CENTER   -144, 453   3, 912, 604   90. 00   90. 07   09000   WORK SI TE CLINICS   0   0   0   90. 08   09000   09000   WORK SI TE CLINICS   0   0   90. 09   09000   000000	66. 00		339, 601	7, 073, 071		66. 00
69.00   06900   ELECTROCARDI OLOGY   309, 709   3, 161, 403   70, 00   70,	67.00	06700 OCCUPATI ONAL THERAPY	0			67. 00
70. 00   07000   LECTROENCEPHALOGRAPHY   123, 947   1, 010, 131   70. 00   71. 00   0710   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   31, 114, 208   72. 00   73. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   26, 718, 491   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   2, 552, 997   125, 198, 518   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   2, 552, 997   125, 198, 518   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   621, 698   74. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   -27, 289, 509   13, 809, 468   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   -27, 289, 509   13, 809, 468   76. 01   03952   WOUND CARE CENTER   0   2, 937, 573   76. 03   03951   LUTHERWOOD PARTNERSHI P   -9, 479, 507   4, 333, 507   76. 03   03952   WOUND CARE CENTER   0   2, 937, 573   76. 04   03952   WOUND CARE CENTER   -5, 537, 764   27, 996, 340   76. 05   76. 06   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   2, 311, 709   76. 07   76.			1		·	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 31, 114, 208 72. 00 772.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 26, 718, 491 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 2, 552, 097 125, 198, 518 73. 00 74. 00 07400 RENAL DIALYSIS 0 1,513, 882 74. 00 075. 00 03330 ENDOSCOPY 0 1,513, 882 74. 00 621, 698 76. 00 075.					·	
72. 00   07200   MPL. DEV. CHARGED TO PATIENTS   0   26,718,491   72,00   73.00   73.00   07400   RUGS CHARGED TO PATIENTS   2,552,097   125,198,518   73.00   74.00   07400   RENAL DI ALYSIS   0   1,513,882   74.00   74.00   76.01   3330   ENDOSCOPY   0   621,698   76.00   76.01   3550   PSVCHL ATRI C/PSYCHOLOGI CAL SERVI CES   -27,289,509   13,809,468   76.01   76.01   76.03   76.04   76.03   76.04   76.05   7		1	123, 947		·	
73. 00 07300 DRUGS CHARGED TO PATIENTS			1		·	
74. 00 0 7400 RENAL DI ALYSIS			1		·	
76. 00 03330   ENDOSCOPY 76. 01 03350   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76. 03 03951   LUTHERWOOD PARTNERSHI P 76. 07 03952   WOUND CARE CENTER 76. 08 03951   LUTHERWOOD PARTNERSHI P 76. 09 03952   WOUND CARE CENTER 76. 05 03480   ONCOLOGY-CANCER CENTER 76. 05 03480   ONCOLOGY-CANCER CENTER 76. 06 03953   I MAGI NG CENTERS 76. 07 03954   BREAST DI AGNOSTI C CENTER 76. 07 07697   CARDI AC REHABI LI TATI ON 76. 97 07697   CARDI AC REHABI LI TATI ON 76. 98   OTHER SERVI CE COST CENTERS 88. 00 08900   FURAL HEALTH CLINI C 89. 00 08900   RURAL HEALTH CLINI C 89. 00 08900   EURAL HEALTH CLINI C 89. 00 09000   CLINI C 99. 01 04950   DI ABETI C CARE CENTER 99. 02 04951   HEALTHY HEARTS CENTER 99. 03 09001   CLINI C 99. 04950   O14950   DI ABETI C CARE CENTER 99. 04954   INFUSION CENTERS 99. 04954   INFUSION CENTERS 99. 04955   SPINE CENTERS 99. 05 04954   INFUSION CENTERS 99. 06 09002   MEDICAL CENTERS 99. 07 09003   MEDICAL CENTERS 99. 08 09004   PALLI ATI VECARE 99. 09. 09005   CLINI C 99. 09007   O15007   CLINI C 99. 09008   O15007   CLINI C 99. 09009   CLINI C 99. 09009   O15007   CLINI C 99. 09009   O15007   CLINI C 99. 09009   O15007   CLINI C 99. 09009   CLINI					·	
76. 01         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         -27, 289, 509         13, 809, 468         76. 01           76. 03         03951         LUTHERWOOD PARTINERSHI P         -9, 479, 507         4, 333, 507         76. 03           76. 04         03952         WOND CARE CENTER         0         2, 937, 573         76. 04           76. 05         03480         ONCOLOGY-CANCER CARE CENTER         -5, 537, 764         27, 996, 340         76. 05           76. 07         03953         I IMAGI NG CENTERS         0         5, 870, 663         76. 06           76. 07         03954         BREAST DI AGNOSTIC CENTER         0         2, 311, 709         76. 07           76. 97         O7697         CARDI AC REHABI LI TATI ON         -27, 365         1, 067, 443         76. 97           76. 97         O7698         HYPERBARI C OXYGEN THERAPY         0         539, 352         76. 98           88. 00         08900         FEDERALLY QUALI FIED HEALTH CENTER         0         0         88. 00           89. 00         09000         CLI NI C         0         0         90. 01           90. 02         04950         I HEALTHY HEARTS CENTER         -733, 086         1, 808, 244         90. 02           90. 04		1	1			
76. 03  03951 LUTHERWOOD PARTNERSHIP		1	1		·	
76. 04 03952 WOUND CARE CENTER 0 2,937,573 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER -5,537,764 27,996,340 76. 05 76. 06 03953 IMAGI NG CENTERS 0 5,870,663 76. 05 76. 07 03954 BREAST DI AGNOSTIC CENTER 0 2,311,709 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON -27,365 1,067,443 76. 97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0 5399,352 76. 98 88. 00 08800 RURAL HEALTH CLINI C 0 0 0 0 89. 00 08900 FEDERALLY QUALI FIED HEALTH CENTER 0 0 0 90. 00 09000 CLI NI C 0 0 0 90. 01 04950 DI ABETI C CARE CENTER 0 0 0 0 90. 01 04950 DI ABETI C CARE CENTER 0 0 0 0 90. 02 04951 HEALTHY HEARTS CENTER -733,086 1,808,244 99. 02 90. 04 04953 SPI NE CENTER 0 0 0 0 90. 04 04953 SPI NE CENTER 0 0 0 0 90. 04 04953 SPI NE CENTER 0 0 0 0 90. 05 04954 I INFUSION CENTERS 0 631,486 90. 05 90. 06 09002 MEDCHECK CLI NI CS 0 0 0 0 90. 07 09003 MEDCHECK CLI NI CS 0 0 0 0 0 90. 08 09004 PALLI ATI VE CARE 0 0 0 0 0 0 90. 09 09004 PALLI ATI VE CARE 0 0 0 0 0 0 90. 09 09004 PALLI ATI VE CARE 0 0 0 0 0 0 90. 09 09004 PALLI ATI VE CARE 0 0 0 0 0 0 0 90. 01 09006 WORK SI TE CLI NI CS 0 0 0 0 0 0 0 90. 12 04961 FAMILY PRACTICE AND MATERNI TY CARE 0 0 0 0 0 0 0 0 90. 12 04961 FAMILY PRACTICE AND MATERNI TY CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1				
76. 05  03480			-9, 479, 507			
76. 06			F F27 744		,	
76. 07 03954 BREAST DI AGNOSTI C CENTER 0 2, 311, 709 76. 97 76. 97 07697 CARDI AC REHABI LI TATI ON -27, 365 1, 067, 443 76. 97 76. 97 76. 99 07698 HYPERBARI C 0XYGEN THERAPY 0 539, 352 76. 98 00TPATI ENT SERVI CE COST CENTERS 76. 98 08800 RURAL HEALTH CLINI C 0 0 0 89. 00 8900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 0 90. 01 90000 CLI NI C 0 0 0 90. 01 90000 CLI NI C 0 0 0 90. 01 90000 CLI NI C 90. 01 90000 PLANTING CENTER 90. 02 90. 01 90001 CLI NI C 90. 02 90. 01 9			-5, 537, 764		,	
76. 97			0		,	
76. 98   O7698   HYPERBARI C OXYGEN THERAPY   O   539, 352			1		1	
SE					,	
88. 00  89. 00  89. 00  89. 00  89. 00  89. 00  89. 00  90. 00  90. 00  90. 00  90. 00  90. 01  90. 02  90. 95  90. 02  90. 95  90. 96  90. 03  90. 04  90. 05  90. 04  90. 05  90. 05  90. 06  90. 05  90. 06  90. 07  90. 07  90. 08	10.70	-	<u> </u>	557, 352		70.70
89. 00 08900   FEDERALLY QUALIFIED HEALTH CENTER   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	88 00		n	n		88 00
90. 00   99.00   09000   CLI NI C   0   0   0   0   0   0   0   0   0			ا	_	1	
90. 01				n		
90. 02				0		
90. 03   09001   CLI NI C   0   0   0   0   90. 03   90. 04   04953   SPI NE CENTER   0   0   0   0   0   90. 04   90. 05   04954   I NFUSI ON CENTERS   0   631, 486   90. 05   90. 06   90. 07   09003   MEDCHECK CLI NI CS   0   0   0   90. 06   90. 07   90. 08   09004   PALLI ATI VE CARE   0   0   0   90. 06   90. 10   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   0   0   90. 12   91. 00   09100   EMERGENCY   1, 608, 685   16, 434, 431   91. 00   91. 0			-733 086	1,808 244		
90. 04			1		I	
90. 05			1	0		
90. 06   990.2   MEDCHECK CLINICS   90. 06   90. 07   90. 08   90. 07   90. 08   90. 07   90. 08   90. 01   90. 08   90. 01   90. 01   90. 02   90.				631. 486		
90. 07   90.03   KNEE CENTER   -114, 453   3, 912, 604   90. 07   90. 08   90. 00   90. 00   90. 00   90. 00   90. 00   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   91. 00   09100   EMERGENCY   1, 608, 685   16, 434, 431   91. 00   91. 0				001, 400		
90. 08   09004   PALLI ATI VE CARE   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-114. 453	3, 912, 604		
90. 10   09006   WORK SITE CLINICS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			l,	0, 7.2, 301		
90. 12   04961   FAMI LY PRACTICE AND MATERNITY CARE 91. 00   09100   EMERGENCY   1,608,685   16,434,431   91. 00		1	0	0		
91. 00 09100 EMERGENCY 1, 608, 685 16, 434, 431 91. 00		1	l ől	0		
		1	1, 608, 685	16, 434, 431		
72. 00 07200 0D3EKVATTON BEDS (NON BISTING) 1 72. 00	92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92. 00
· · · · · · · · · · · · · · · · · · ·	-		,		<u>.</u>	

Health FinancialSystemsCOMMUNITY HEADRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10 Provider CCN: 15-0074

			8/19/2020 1:	
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6. 00	7. 00		
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98. 00
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-108, 826, 779	635, 544, 247		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190. 00
191. 00 19100 RESEARCH	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192. 00
194.00 07950 HOME OFFICE	0	0		194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0		194. 01
194. 02 07952 ACCOUNTABLE CARE	0	259, 148		194. 02
194. 03 07953 SCHOOL BASED CLINICS	0	258, 688		194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	680, 678		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	4, 131, 536		194. 05
194. 07 07957 LI FECHECK	0	0		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	1, 257, 156		194. 08
194.09 07959 SURGERY CENTER EAST	0	0		194. 09
200.00   TOTAL (SUM OF LINES 118 through 199)	-108, 826, 779	642, 131, 453		200. 00

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: 8/19/2020 1:43 pm Provider CCN: 15-0074

					8/19/2020 1:	43 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - Chargeable Medical Suppli			04 444 000		4
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	31, 114, 208		1. 00
2.00	PATI ENTS	0.00	0	0		2. 00
3.00		0.00	0			3. 00
4. 00		0.00	0	0		4. 00
5. 00		0.00	0			5. 00
6.00		0.00	0	0		6. 00
7. 00		0.00	0			7. 00
8. 00		0.00	0			8. 00
9. 00		0.00	0			9. 00
10. 00		0.00	0			10. 00
11. 00		0.00	0			11. 00
12.00		0.00	0			12. 00
13.00		0.00	0	0		13. 00
14.00		0.00	0	0		14. 00
15.00		0.00	0	0		15. 00
16.00		0.00	0			16. 00
17.00		0.00	0			17. 00
18. 00		0.00	0			18. 00
19. 00		0.00	0			19. 00
20. 00		0.00	0			20. 00
21. 00		0.00	0			21. 00
22. 00		0.00	0			22. 00
23. 00		0.00	0			23. 00
24. 00		0.00	0			24. 00
25. 00 26. 00		0. 00 0. 00	0			25. 00 26. 00
26. 00		0.00	0			27.00
28. 00		0.00	0			28.00
29. 00		0.00	0			29. 00
30. 00		0.00	0			30.00
31. 00		0.00	0	0		31. 00
32. 00		0.00	0			32. 00
33. 00		0.00	0	0		33. 00
34. 00		0.00	0	0		34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	0	0		36. 00
37.00		0.00	0	0		37. 00
38.00		0.00	0	0		38. 00
	TOTALS			31, 114, 208		
	B - Implantable Device Reclas	SS				
1.00	IMPL. DEV. CHARGED TO	72. 00	0	26, 718, 491		1. 00
	PATI ENTS					
2.00		0.00	0			2. 00
3.00		0.00	0	0		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00		-		5. 00
6. 00	TOTALS — — — — —		0	0		6. 00
	C - Drugs Charges to Pat		U	26, 718, 491		
1.00	OPERATION OF PLANT	7. 00	0	1, 291		1. 00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	· ·		2. 00
3. 00		0.00	0			3. 00
4.00		0.00	0			4. 00
5.00		0.00	0			5. 00
6.00		0.00	0	0		6. 00
7.00		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0			10. 00
11. 00		0. 00	0			11. 00
12.00		0.00	0			12.00
13. 00		0.00	0			13.00
14.00		0.00	0			14. 00
15.00		0.00	0			15.00
16. 00 17. 00		0. 00 0. 00	0			16. 00 17. 00
17.00		0.00	0			17.00
19. 00		0.00	0	0		19. 00
20. 00		0.00	0			20.00
21. 00		0.00	0			21. 00
22. 00		0.00	-			22. 00
23. 00		0.00				23. 00
	ı	1 2.00	<u> </u>	٠		

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: 8/19/2020 1:43 pm Provider CCN: 15-0074

					8/19/2020 1:	43 pm
		Increases		·		
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4.00	5. 00		
24.00		0.00	0	0		24. 00
25.00		0.00	o	0		25. 00
26.00		0.00	o	0		26. 00
27. 00		0.00	o	Ö		27. 00
28. 00		0.00	o	0		28. 00
29. 00		0.00	0	0		29. 00
						1
30.00		0.00	0	0		30.00
31. 00		0.00	0	0		31.00
32.00	<del></del>	0.00	0	0		32. 00
	TOTALS		0	122, 647, 712		
	D - Depreciation Expense					
1. 00	CAP REL COSTS-MVBLE EQUIP	2.00	0	27, 660, 654		1. 00
2.00		0.00	0	0		2. 00
3.00		0.00	0	0		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	0	0		5. 00
6.00		0.00	0	0		6. 00
7.00		0.00	0	0		7. 00
8.00		0.00	O	0		8. 00
9.00		0.00	o	0		9. 00
10.00		0.00	o	0		10. 00
11.00		0.00	0	0		11. 00
12. 00		0.00	0	Ö		12. 00
13. 00		0.00	0	o		13. 00
14. 00		0.00	0	0		14. 00
15. 00		0.00	0	0		15. 00
16. 00		0.00	0	0		16. 00
		0.00	0	0		
17. 00						17. 00
18.00		0.00	0	0		18. 00
19.00		0.00	0	0		19. 00
20.00		0.00	0	0		20. 00
21. 00		0.00	0	0		21. 00
22. 00		0.00	0	0		22. 00
23.00		0.00	0	0		23. 00
24.00		0.00	0	0		24. 00
25. 00		0.00	0	0		25. 00
26.00		0.00	0	0		26. 00
27.00		0.00	o	0		27. 00
28.00		0.00	ol	0		28. 00
29.00		0.00	o	0		29. 00
30.00		0.00	0	0		30.00
31. 00		0.00	o	Ō		31. 00
32. 00		0.00	o	Ö		32. 00
33. 00		0.00	o	Ö		33. 00
34. 00		0.00	0	Ö		34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	0	0		36. 00
			0	0		
37. 00		0.00	-			37. 00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40. 00		0.00	0	0		40. 00
41. 00	<u></u>	0.00	0	0		41. 00
	TOTALS		0	27, 660, 654		
	E - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	•	<u>12, 799, 3</u> 06		1. 00
	TOTALS			12, 799, 306		_
	F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4, 737, 153		1. 00
2.00	DI ETARY	10.00	0	13, 738		2. 00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	6, 612		3. 00
4.00		0.00	O	0		4. 00
5.00		0.00	O	0		5. 00
6. 00		0.00	O	Ō		6. 00
7. 00		0.00	ő	Ö		7. 00
8. 00		0.00	0	0		8. 00
9. 00		0.00	0	0		9. 00
10. 00		0.00	0	0		10.00
11. 00		0.00	0	0		11. 00
			-			
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14. 00		0.00	0	0		14. 00
15. 00		0.00	0	0		15. 00
16.00		0.00	0	0		16. 00
17. 00		0.00	0	0		17. 00

COMMUNITY HEALTH NETWORK, INC.

Provider CCN: 15-0074 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2019 To 12/31/2019 Date/Ti me Prepared: 8/19/2020 1:43 pm

					8/19/2020 1:4	+3 pili
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4.00	5. 00		
18. 00	2. 00	0.00		0		18. 00
			0			1
19. 00		0. 00	0	-		19. 00
20.00		0.00	0	0		20. 00
21.00		0.00	0	0		21. 00
22. 00		0.00	0	0		22. 00
			-			1
23. 00		0.00	0			23. 00
24. 00		0. 00	0	-		24. 00
25.00		0. 00	0	0		25. 00
26.00		0.00	0	0		26. 00
27.00		0.00	0	l ol		27. 00
28. 00		0.00	0			28. 00
29. 00		0.00	0	1		29. 00
			-			1
30.00		0. 00	0			30. 00
31. 00		0.00	0	0		31. 00
32.00		0.00	0	0		32. 00
33.00		0.00	0	0		33. 00
34. 00		0.00	0	اً		34. 00
			0			1
35. 00		0.00	0	0		35. 00
36. 00		0. 00	0	0		36. 00
37. 00		0. 00	0	0		37. 00
	TOTALS		0	4, 757, 503		
	G - STD BENEFIT					
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	16, 406		1.00
	I			·		1
2.00	OPERATION OF PLANT	7. 00	0	·		2. 00
3.00	HOUSEKEEPI NG	9. 00	0			3. 00
4.00	DI ETARY	10. 00	0	12, 079		4. 00
5.00	CAFETERI A	11. 00	0	2, 421		5. 00
6.00	NURSING ADMINISTRATION	13. 00	0	16, 186		6. 00
7. 00	PHARMACY	15. 00	0	30, 395		7. 00
	I	•	, and the second			1
8. 00	MEDICAL RECORDS & LIBRARY	16. 00	0	-,		8. 00
9.00	SOCI AL SERVI CE	17. 00	0	4, 586		9. 00
10. 00	I&R SERVICES-OTHER PRGM	22. 00	0	71, 278		10.00
	COSTS APPRVD					
11. 00	ADULTS & PEDIATRICS	30.00	0	261, 044		11. 00
12.00	INTENSIVE CARE UNIT	31. 00	0	73, 688		12. 00
13. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	0			13. 00
	I					1
14. 00	OPERATING ROOM	50. 00	0			14. 00
15. 00	RECOVERY ROOM	51. 00	0	3, 246		15. 00
16. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	20, 415		16. 00
17.00	RADI OLOGY-THERAPEUTI C	55. 00	0	1, 435		17. 00
18. 00	CT SCAN	57.00	0			18. 00
19. 00	MAGNETIC RESONANCE IMAGING	58. 00	0	1		19. 00
19.00	I	36.00	U	2, 320		19.00
	(MRI)	50.00		40 707		
20. 00	CARDIAC CATHETERIZATION	59. 00	0			20. 00
21. 00	INTRAVENOUS THERAPY	64. 00	0	1, 375		21. 00
22.00	RESPIRATORY THERAPY	65.00	0	38, 952		22. 00
23.00	PHYSICAL THERAPY	66.00	0	28, 776		23. 00
24.00	ELECTROCARDI OLOGY	69.00	0			24. 00
	ELECTROENCEPHALOGRAPHY	70. 00	0	2, 596		25. 00
			0			1
26. 00	ENDOSCOPY	76. 00	0	· ·		26. 00
27. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	0	197, 265		27. 00
	SERVI CES					
28. 00	LUTHERWOOD PARTNERSHIP	76. 03	0	68, 586		28. 00
29.00	WOUND CARE CENTER	76. 04	0	6, 673		29. 00
30. 00	ONCOLOGY-CANCER CARE CENTER	76. 05	0			30.00
31. 00	I MAGI NG CENTERS	76. 06 76. 06	0	19, 922		31. 00
			0			
32.00	CARDI AC REHABI LI TATI ON	76. 97	0	7, 096		32. 00
33. 00	HEALTHY HEARTS CENTER	90. 02	0	7, 879		33. 00
34.00	INFUSION CENTERS	90. 05	0			34. 00
35.00	EMERGENCY	91.00	0	53, 947		35. 00
36.00	SCHOOL BASED CLINICS	194. 03	0			36. 00
37. 00	FAMILY PRACTICE MEDICINE	194. 05	0			37. 00
57.00	TOTALS	— — <del>' / ! · 0  </del>	— — — ö			000
				1, 109, 187		4
	H - Labor and Delivery					4
1. 00	NURSERY	43. 00	498, 327			1. 00
2.00	DELIVERY ROOM & LABOR ROOM	<u>52.</u> 00	<u>1, 870, 2</u> 67			2. 00
	TOTALS	T	2, 368, 594	971, 099		
	I - Cafeteria					1
1.00	CAFETERI A	11. 00	1, 716, 303			1.00
			1, 110, 303			
2.00	CAFETERI A	<u> </u>		2, 442, 017		2. 00
			1, 716, 303	2, 442, 017		1

| Peri od: | Worksheet A-6 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared:

					10 12/31/2019   Date/Time Prepa   8/19/2020 1:43	
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4.00	5. 00		
	J - Therapy Reclass		<u> </u>			
1.00	OCCUPATI ONAL THERAPY	67. 00	1, 220, 172	581, 269		1.00
2.00	SPEECH PATHOLOGY	68. 00	493, 905	235, 288	3	2.00
	TOTALS		1, 714, 077	816, 557		
	K - Builiding Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13, 955, 254		1.00
	TOTALS		0	13, 955, 254		
	L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	387, 168	3	1.00
	TOTALS		0	387, 168	3	
	M - Radi ol ogy Support					
1.00	RADI OLOGY-THERAPEUTI C	55. 00	240, 169	85, 163	3	1.00
2.00	CT SCAN	57.00	107, 843	38, 241		2.00
3.00	MAGNETIC RESONANCE I MAGING	58. 00	17, 073	6, 054		3.00
	(MRI)					
4.00	I MAGI NG CENTERS	<u>76.</u> 06	7 <u>6, 0</u> 46	<u> </u>		4.00
	TOTALS		441, 131	156, 424		
	N - Hyperbaric Oxygen Therapy					
1.00	HYPERBARIC OXYGEN THERAPY	76. 98	148, 563			1.00
2.00	HYPERBARI C OXYGEN THERAPY	<u>76.</u> 98		39 <u>0, 7</u> 89		2.00
			148, 563	390, 789		
	O - IHH Cat Scan					
1.00	CT_SCAN	5700	631, 836	17 <u>2, 7</u> 27	<u>'</u>	1.00
	TOTALS		631, 836	172, 727		
	P - Residents Costs					
1.00	I&R SERVICES-SALARY &	21.00	3, 878, 630	895, 596		1.00
	FRI NGES APPRVD					
	TOTALS		3, 878, 630	895, 596	<b>⊣</b>	
500.00	Grand Total: Increases		10, 899, 134	246, 994, 692	2    50	00.00

Health Financial Systems RECLASSIFICATIONS COMMUNITY HEALTH NETWORK, INC.

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2019 To 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm

						8/19/2020 1:4	43 pm
	0+ 0+	Decreases	C-1	0+1	 		
	Cost Center 6.00	Li ne # 7.00	Sal ary	0ther 9.00	Wkst. A-7 Ref.		
	A - Chargeable Medical Suppli		8. 00	9.00	10. 00		
1. 00	ADMINISTRATIVE & GENERAL	5. 00	ol	14, 015	O		1.00
2.00	OPERATION OF PLANT		_	·			2.00
		7.00	0		l .		1
3.00	DIETARY	10.00	0	830			3.00
4.00	NURSING ADMINISTRATION	13.00	0	269			4. 00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	346, 942	l .		5. 00
6.00	PHARMACY	15. 00	0	316, 198			6. 00
7. 00	I&R SERVICES-OTHER PRGM	22.00	0	11, 904	0		7. 00
	COSTS APPRVD						
8. 00	ADULTS & PEDIATRICS	30.00	0	1, 141, 585			8. 00
9. 00	INTENSIVE CARE UNIT	31.00	0	521, 407	0		9. 00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	39, 500	0		10.00
11. 00	OPERATING ROOM	50.00	o	8, 965, 456	O		11.00
12.00	RECOVERY ROOM	51.00	o	28, 253	O		12.00
13.00	RADI OLOGY-DI AGNOSTI C	54.00	ol	489, 230	ol		13.00
14. 00	RADI OLOGY-THERAPEUTI C	55.00	o	516, 397	l .		14.00
15. 00	CT SCAN	57. 00	o	193, 145			15. 00
16. 00	MAGNETIC RESONANCE I MAGING	58. 00	o	9, 921			16. 00
10.00	(MRI)	00.00	Ĭ	7, 721	١		10.00
17. 00	CARDIAC CATHETERIZATION	59.00	0	14, 285, 876	o		17. 00
18. 00	LABORATORY	60.00	Ö	61			18. 00
19. 00	I NTRAVENOUS THERAPY	64.00	o	33, 410			19. 00
20. 00	RESPIRATORY THERAPY	65.00	0	527, 237			20.00
			-				1
21. 00	PHYSI CAL THERAPY	66.00	0	94, 524			21. 00
22. 00	ELECTROCARDI OLOGY	69. 00	0	60, 713	l .		22. 00
23. 00	ELECTROENCEPHALOGRAPHY	70.00	0	35, 955	l .		23. 00
24. 00	RENAL DIALYSIS	74.00	0	2, 087	l .		24. 00
25. 00	ENDOSCOPY	76.00	0	177, 996	0		25. 00
26. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	0	37, 846	0		26. 00
	SERVI CES						
27. 00	LUTHERWOOD PARTNERSHIP	76. 03	0	777	0		27. 00
28.00	WOUND CARE CENTER	76. 04	0	267, 382	0		28. 00
29.00	ONCOLOGY-CANCER CARE CENTER	76. 05	o	678, 493	o		29. 00
30.00	I MAGING CENTERS	76.06	ol	1, 160, 353	l .		30.00
31. 00	CARDIAC REHABILITATION	76. 97	0	17, 291			31.00
32. 00	HEALTHY HEARTS CENTER	90. 02	o	23, 428			32. 00
33. 00	INFUSION CENTERS	90. 05	ő	112, 840			33.00
34. 00	KNEE CENTER	90. 07	ő	3, 942			34.00
35. 00	EMERGENCY	91.00	0				35. 00
	l .	1	ĭ	817, 717	-		1
36.00	SCHOOL BASED CLINICS	194. 03	0	172			36.00
37. 00	FAMILY PRACTICE MEDICINE	194. 05	0	26, 911	0		37. 00
38. 00	GROUP HOMES AND MISC. N_R	194. 08	0	147	0		38. 00
	CTRS	+			<del> </del>		
	TOTALS		0	31, 114, 208			
	B - Implantable Device Reclas						
1. 00	OPERATING ROOM	50.00	0				1.00
2.00	RADI OLOGY-THERAPEUTI C	55.00	0	·			2. 00
3.00	CARDIAC CATHETERIZATION	59.00	0	.,			3. 00
4.00	ENDOSCOPY	76.00	0	64, 303	0		4. 00
5.00	WOUND CARE CENTER	76.04	0	88, 101	0		5. 00
6.00	KNEE CENTER	90. 07	0	1, 114	0		6. 00
	TOTALS	- $  +$	<sub>0</sub>	26, 718, 491			
	C - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	684	0		1.00
2.00	DI ETARY	10.00	O				2. 00
3. 00	NURSING ADMINISTRATION	13. 00	o				3. 00
4. 00	CENTRAL SERVICES & SUPPLY	14.00	ő	579			4. 00
5.00	PHARMACY	15. 00	0	102, 996, 799			5. 00
6. 00	ADULTS & PEDIATRICS	30.00	0	64, 831			6. 00
		1	o o		l .		1
7.00	INTENSIVE CARE UNIT	31.00	O O	32, 614	l .		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	464			8.00
9.00	OPERATING ROOM	50.00	0	56, 258	l .		9.00
10.00	RECOVERY ROOM	51.00	0	507			10.00
11. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	72, 572			11. 00
12.00	RADI OLOGY-THERAPEUTI C	55. 00	0	2, 018			12. 00
13.00	CT SCAN	57.00	0	160, 015			13. 00
14.00	MAGNETIC RESONANCE IMAGING	58. 00	0	40, 880	0		14. 00
	(MRI)						
15.00	CARDIAC CATHETERIZATION	59.00	O	114, 600	0		15. 00
16.00	I NTRAVENOUS THERAPY	64.00	ol	109	l .		16. 00
17. 00	RESPIRATORY THERAPY	65.00	o	630			17. 00
18. 00	PHYSI CAL THERAPY	66.00	n n	3, 875	I .		18. 00
19. 00	ELECTROCARDI OLOGY	69.00	o	5, 596	l .		19. 00
20. 00	RENAL DI ALYSI S	74.00	o		l .		20.00
	p	, , , , , , , , ,	<u> </u>		١		

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

| Period: | Worksheet A-6 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: 8/19/2020 1:43 pm

						8/19/2020 1	: 43 pm
		Decreases					
	Cost Center	Li ne #	Salary		Wkst. A-7 Ref.		
21 00	6.00	7. 00	8.00	9.00	10. 00		21.00
21. 00	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76. 01	۷	26, 552	U		21. 00
22. 00	LUTHERWOOD PARTNERSHIP	76. 03	o	18, 619	0		22. 00
23. 00	WOUND CARE CENTER	76. 03 76. 04	0	43, 335	0		23. 00
24. 00	ONCOLOGY-CANCER CARE CENTER	76. 05 76. 05	0	2, 950, 983	0		24. 00
25. 00	I MAGING CENTERS	76. 06	0	108, 937	0		25. 00
26. 00	CARDIAC REHABILITATION	76. 97	0	2	0		26. 00
27. 00	HEALTHY HEARTS CENTER	90. 02	0	76	0		27. 00
28. 00	INFUSION CENTERS	90. 05	0	15, 504, 969	0		28. 00
29. 00	KNEE CENTER	90. 07	o	10, 785	0		29. 00
30.00	EMERGENCY	91.00	0	29, 364	0		30. 00
31. 00	FAMILY PRACTICE MEDICINE	194. 05	0	392, 434	0		31. 00
32. 00	GROUP HOMES AND MISC. N_R	194, 08	0	365	0		32. 00
	CTRS						
	TOTALS		0	122, 647, 712			
	D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	1, 339	9		1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	0	13, 287, 491	0		2. 00
3.00	OPERATION OF PLANT	7. 00	0	589, 439	0		3. 00
4.00	HOUSEKEEPI NG	9. 00	0	7, 860	0		4. 00
5. 00	DI ETARY	10. 00	0	190, 211	0		5. 00
6.00	CAFETERI A	11. 00	0	12, 184	0		6. 00
7. 00	NURSING ADMINISTRATION	13. 00	0	31, 541	0		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	0	106, 216	0		8. 00
9.00	PHARMACY	15. 00	0	102, 684	0		9. 00
10. 00	I&R SERVICES-OTHER PRGM	22. 00	0	63, 004	0		10. 00
44.00	COSTS APPRVD	20.00		4 000 400			11 00
11. 00	ADULTS & PEDIATRICS	30.00	0	1, 290, 483	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	580, 759	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	27, 279	0		13.00
14. 00 15. 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	0	1, 271, 454	0		14. 00 15. 00
16. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	105, 077 880, 981	0		16.00
17. 00	RADI OLOGY-THERAPEUTI C	55. 00	0	255, 293	0		17. 00
18. 00	CT SCAN	57. 00	0	470, 415	0		18. 00
19. 00	MAGNETIC RESONANCE I MAGING	58. 00	0	697, 524	0		19. 00
17.00	(MRI)	30.00		077, 324	O		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	907, 304	0		20. 00
21. 00	LABORATORY	60.00	0	64, 654	0		21. 00
22. 00	INTRAVENOUS THERAPY	64.00	o	2, 973	0		22. 00
23. 00	RESPIRATORY THERAPY	65.00	0	97, 465	0		23. 00
24.00	PHYSI CAL THERAPY	66.00	0	91, 601	0		24. 00
25.00	ELECTROCARDI OLOGY	69. 00	0	283, 577	0		25. 00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	119, 707	0		26. 00
27.00	RENAL DIALYSIS	74. 00	0	503	0		27. 00
28.00	ENDOSCOPY	76. 00	0	99, 277	0		28. 00
29.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	0	220, 717	0		29. 00
	SERVI CES						
30.00	LUTHERWOOD PARTNERSHIP	76. 03	0	109, 588	0		30. 00
31. 00	WOUND CARE CENTER	76. 04	0	6, 984	0		31. 00
32.00	ONCOLOGY-CANCER CARE CENTER	76. 05	0	3, 775, 288	0		32. 00
33. 00	I MAGING CENTERS	76. 06	0	1, 037, 607	0		33. 00
34. 00	BREAST DIAGNOSTIC CENTER	76. 07	0	538	0		34. 00
35. 00	CARDI AC REHABI LI TATI ON	76. 97	0	21, 747	0		35. 00
36. 00	HEALTHY HEARTS CENTER	90. 02	0	19, 487	0		36. 00
37. 00	I NFUSI ON CENTERS	90. 05	0	50, 829	0		37. 00
38. 00	KNEE CENTER	90.07	0	185, 913	0		38. 00
39. 00	EMERGENCY	91.00	0	375, 033	0		39. 00
40.00	FAMILY PRACTICE MEDICINE	194. 05	0	163, 268	0		40.00
41. 00	GROUP HOMES AND MISC. N_R	194. 08	0	55, 360	0		41. 00
	CTRS		— —  —  d	27, 660, 654			
	E - Interest Expense		U <sub>I</sub>	27,000,034			_
1.00	ADMI NI STRATI VE & GENERAL	5. 00	0	12, 799, 306	11		1.00
1.00	TOTALS		— — ŏ	12, 799, 306			1.00
	F - Other Capital Rental			, , , , , , 500			_
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2, 166	10		1.00
2. 00	ADMI NI STRATI VE & GENERAL	5. 00	o	10, 371	0		2. 00
3.00	OPERATION OF PLANT	7. 00	o	34, 584	0		3. 00
4. 00	HOUSEKEEPI NG	9. 00	o	29, 774	0		4. 00
5. 00	NURSING ADMINISTRATION	13. 00	o	1, 670	0		5. 00
6. 00	CENTRAL SERVICES & SUPPLY	14. 00	Ö	1, 753, 729	0		6. 00
7. 00	PHARMACY	15. 00	O	593, 184	0		7. 00
8.00	MEDICAL RECORDS & LIBRARY	16. 00	0	106	0		8. 00
		'	<u>'</u>				

Peri od: From 01/01/2019 To 12/31/2019

Date/Time Prepared: 8/19/2020 1:43 pm

Cost Center	9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
SOCI AL SERVI CE	10.00 11.00 12.00 13.00 14.00 15.00 16.00
9.00   SOCIAL SERVICE   17.00   0   769   0   10.00   I&R SERVICES-OTHER PRGM   22.00   0   7,990   0   11.00   ADULTS & PEDIATRICS   30.00   0   167,834   0   12.00   INTENSIVE CARE UNIT   31.00   0   2,464   0   13.00   OPERATING ROOM   50.00   0   289,549   0   14.00   RECOVERY ROOM   51.00   0   616   0   15.00   RADIOLOGY-DIAGNOSTIC   54.00   0   2,046   0   16.00   RADIOLOGY-THERAPEUTIC   55.00   0   233   0   17.00   CT SCAN   57.00   0   106   0   18.00   MAGNETIC RESONANCE I MAGING   58.00   0   297   0   (MRI )   19.00   CARDIAC CATHETERIZATION   59.00   0   3,872   0   20.00   LABORATORY   60.00   0   235   0	10.00 11.00 12.00 13.00 14.00 15.00 16.00
10. 00	10.00 11.00 12.00 13.00 14.00 15.00 16.00
COSTS APPRVD  11. 00 ADULTS & PEDI ATRI CS 30. 00 0 167, 834 0  12. 00 I NTENSI VE CARE UNI T 31. 00 0 2, 464 0  13. 00 OPERATI NG ROOM 50. 00 0 289, 549 0  14. 00 RECOVERY ROOM 51. 00 0 616 0  15. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 2, 046 0  16. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 233 0  17. 00 CT SCAN 57. 00 0 106 0  18. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  19. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 3, 872 0  20. 00 LABORATORY 60. 00 0 235 0	11. 00 12. 00 13. 00 14. 00 15. 00 16. 00
11. 00   ADULTS & PEDIATRICS   30. 00   0   167, 834   0   12. 00   INTENSIVE CARE UNIT   31. 00   0   2, 464   0   0   13. 00   0   0   289, 549   0   0   0   0   0   0   0   0   0	12. 00 13. 00 14. 00 15. 00 16. 00
12. 00 INTENSIVE CARE UNIT 31. 00 0 2, 464 0 13. 00 OPERATING ROOM 50. 00 0 289, 549 0 14. 00 RECOVERY ROOM 51. 00 0 616 0 15. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 2, 046 0 16. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 233 0 17. 00 CT SCAN 57. 00 0 106 0 18. 00 MAGNETI C RESONANCE I MAGI NG 58. 00 297 (MRI) 19. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 3, 872 0 20. 00 LABORATORY 60. 00 0 235 0	12. 00 13. 00 14. 00 15. 00 16. 00
13. 00     OPERATING ROOM     50. 00     0     289, 549     0       14. 00     RECOVERY ROOM     51. 00     0     616     0       15. 00     RADI OLOGY-DI AGNOSTI C     54. 00     0     2, 046     0       16. 00     RADI OLOGY-THERAPEUTI C     55. 00     0     233     0       17. 00     CT SCAN     57. 00     0     106     0       18. 00     MAGNETI C RESONANCE I MAGI NG (MRI)     58. 00     0     297     0       19. 00     CARDI AC CATHETERI ZATI ON     59. 00     0     3, 872     0       20. 00     LABORATORY     60. 00     0     235     0	14. 00 15. 00 16. 00
15. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 2, 046 0 16. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 233 0 17. 00 CT SCAN 57. 00 0 106 0 18. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 19. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 3, 872 0 20. 00 LABORATORY 60. 00 0 235 0	15. 00 16. 00
16. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 233 0 17. 00 17. 00 106 0 106 0 106 18. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 59. 00 0 297 0 106 0 106 0 106 0 106 0 106 0 106 0 106 0 106 0 106 0 106 0 106 0 106 106	16. 00
17. 00 CT SCAN 57. 00 0 106 0 18. 00 MAGNETIC RESONANCE I MAGI NG 58. 00 0 297 0  (MRI )  19. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 3, 872 0 20. 00 LABORATORY 60. 00 0 235 0	
18. 00 MAGNETIC RESONANCE I MAGI NG (MRI)  19. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 3, 872 0 20. 00 LABORATORY 60. 00 0 235 0	17.00
(MRI ) 19. 00   CARDI AC CATHETERI ZATI ON   59. 00   0   3, 872   0   20. 00   LABORATORY   60. 00   0   235   0	1 00
19. 00   CARDÍ AC CATHETERI ZATI ON 59. 00 0 3, 872 0   20. 00   LABORATORY 60. 00 0 235 0	18. 00
20. 00 LABORATORY 60. 00 0 235 0	
	19. 00
	20.00
21. 00   I NTRAVENOUS THERAPY   64. 00   0   210   0	21. 00
22. 00   RESPI RATORY THERAPY   65. 00   0   1, 987   0	22. 00
23. 00 PHYSI CAL THERAPY 66. 00 0 334, 927 0	23. 00
24. 00   ELECTROCARDI OLOGY   69. 00   0   2, 003   0	24. 00
25. 00   RENAL DI ALYSI S   74. 00   0   401   0	25. 00
26. 00 ENDOSCOPY 76. 00 0 50, 971 0	26.00
27. 00   PSYCHI ATRI C/PSYCHOLOGI CAL   76. 01   0   887, 502   0	27. 00
SERVICES	38.00
	28. 00 29. 00
29. 00   WOUND CARE CENTER   76. 04   0   106   0   30. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   103, 026   0	30.00
31. 00   IMAGING CENTERS 76. 06 0 382 0	31.00
32. 00   HEALTHY HEARTS CENTER   90. 02   0   160   0	32.00
33. 00   INFUSION CENTERS   90. 05   0   38, 407   0	33.00
34. 00 EMERGENCY 91. 00 0 1, 572 0	34.00
35. 00 PHYSI CI ANS' PRI VATE OFFI CES 192. 00 0 208 0	35. 00
36. 00 FAMILY PRACTI CE MEDI CI NE 194. 05 0 329, 339 0	36.00
37. 00 GROUP HOMES AND MISC. N_R 194. 08 0 81, 720 0	37. 00
CTRS	
TOTALS 0 4,757,503	
G - STD BENEFIT	
1.00 ADMINISTRATIVE & GENERAL 5.00 16,406 0 0	1. 00
2.00 OPERATION OF PLANT 7.00 11,428 0 0 0	2. 00
3. 00 HOUSEKEEPI NG 9. 00 18, 265 0 0	3. 00
4. 00   DI ETARY   10. 00   12, 079   0   0	4. 00
5. 00   CAFETERI A   11. 00   2, 421   0   0	5. 00
6.00   NURSING ADMINISTRATION   13.00   16,186   0   0	6. 00
7. 00 PHARMACY 15. 00 30, 395 0 0	7. 00
8. 00   MEDI CAL RECORDS & LI BRARY   16. 00   2, 052   0   0	8. 00
9. 00   SOCI AL SERVI CE   17. 00   4, 586   0   0	9. 00
10. 00   I&R SERVI CES-OTHER PRGM   22. 00   71, 278   0   0	10.00
COSTS APPRVD	11 00
11. 00   ADULTS & PEDI ATRICS   30. 00   261, 044   0   0   0   12. 00   INTENSI VE CARE UNI T   31. 00   73. 688   0   0   0	11.00
12. 22   1.11 - 1	12.00
13.00   NEONATAL INTENSIVE CARE UNIT   35.00   8,278   0   0   0   14.00   OPERATING ROOM   50.00   13,965   0   0	13. 00 14. 00
15. 00 RECOVERY ROOM 51. 00 3, 246 0	15. 00
	16. 00
16 00 IPADLOLOGY_DLAGNOSTLC	1 10.00
16. 00 RADI OLOGY-DI AGNOSTI C 54. 00 20, 415 0 0 0	1
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0	17. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0	17. 00 18. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0	17. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0       19. 00     MAGNETI C RESONANCE I MAGI NG     58. 00     2, 526     0     0	17. 00 18. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0       19. 00     MAGNETI C RESONANCE I MAGI NG (MRI)     58. 00     2, 526     0     0	17. 00 18. 00 19. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0	17. 00 18. 00 19. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI ) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0	17. 00 18. 00 19. 00 20. 00 21. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG 58. 00 2, 526 0 0 (MRI ) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0 24. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0       19. 00     MAGNETI C RESONANCE I MAGI NG (MRI)     58. 00     2, 526     0     0       20. 00     CARDI AC CATHETERI ZATI ON     59. 00     19, 707     0     0       21. 00     INTRAVENOUS THERAPY     64. 00     1, 375     0     0       22. 00     RESPI RATORY THERAPY     65. 00     38, 952     0     0       23. 00     PHYSI CAL THERAPY     66. 00     28, 776     0     0       24. 00     ELECTROCARDI OLOGY     69. 00     10, 940     0     0       25. 00     ELECTROENCEPHALOGRAPHY     70. 00     2, 596     0     0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 0 18. 00 CT SCAN 57. 00 760 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0       19. 00     MAGNETI C RESONANCE I MAGI NG (MRI)     58. 00     2, 526     0     0       20. 00     CARDI AC CATHETERI ZATI ON     59. 00     19, 707     0     0       21. 00     I NTRAVENOUS THERAPY     64. 00     1, 375     0     0       22. 00     RESPI RATORY THERAPY     65. 00     38, 952     0     0       23. 00     PHYSI CAL THERAPY     66. 00     28, 776     0     0       24. 00     ELECTROCARDI OLOGY     69. 00     10, 940     0     0       25. 00     ELECTROENCEPHALOGRAPHY     70. 00     2, 596     0     0       26. 00     ENDOSCOPY     76. 00     4, 489     0     0       27. 00     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     76. 01     197, 265     0     0       28. 00     LUTHERWOOD PARTNERSHI P     76. 03     68, 586     0     0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00
17. 00     RADI OLOGY-THERAPEUTI C     55. 00     1, 435     0     0       18. 00     CT SCAN     57. 00     760     0     0       19. 00     MAGNETI C RESONANCE I MAGI NG (MRI)     58. 00     2, 526     0     0       20. 00     CARDI AC CATHETERI ZATI ON     59. 00     19, 707     0     0       21. 00     I NTRAVENOUS THERAPY     64. 00     1, 375     0     0       22. 00     RESPI RATORY THERAPY     65. 00     38, 952     0     0       23. 00     PHYSI CAL THERAPY     66. 00     28, 776     0     0       24. 00     ELECTROCARDI OLOGY     69. 00     10, 940     0     0       25. 00     ELECTROENCEPHALOGRAPHY     70. 00     2, 596     0     0       26. 00     ENDOSCOPY     76. 00     4, 489     0     0       27. 00     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI C/PSYCHOLOG	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI)	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 18. 00 CT SCAN 57. 00 760 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 24. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0 25. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0 26. 00 ENDOSCOPY 76. 00 4, 489 0 27. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 28. 00 LUTHERWOOD PARTNERSHI P 76. 03 68, 586 0 29. 00 WOUND CARE CENTER 76. 04 6, 673 0 30. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 56, 830 0 31. 00 I MAGI NG CENTERS 76. 06 19, 922 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0 24. 00 ELECTROEARDI OLOGY 69. 00 10, 940 0 0 25. 00 ELECTROENCEPHALOGRAPHY 70. 00 2, 596 0 0 26. 00 ENDOSCOPY 76. 00 4, 489 0 0 27. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 28. 00 LUTHERWOOD PARTNERSHI P 76. 03 68, 586 0 0 29. 00 WOUND CARE CENTER 76. 04 6, 673 0 0 30. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 56, 830 0 0 31. 00 I MAGI NG CENTERS 76. 06 19, 922 0 0 32. 00 CARDI AC REHABI LI TATI ON 76. 97 7, 096 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI ) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0 24. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0 0 25. 00 ELECTROENEEPHALOGRAPHY 70. 00 2, 596 0 0 26. 00 ENDOSCOPY 76. 00 4, 489 0 0 27. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 28. 00 LUTHERWOOD PARTNERSHI P 76. 03 68, 586 0 0 29. 00 WOUND CARE CENTER 76. 04 6, 673 0 0 30. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 56, 830 0 0 31. 00 I MAGI NG CENTERS 76. 06 19, 922 0 0 32. 00 CARDI AC REHABI LI TATI ON 76. 97 7, 096 0 0 33. 00 HEALTHY HEARTS CENTER 90. 02 7, 879 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI ) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0 24. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0 0 25. 00 ELECTROCARDI OLOGY 70. 00 2, 596 0 0 26. 00 ENDOSCOPY 76. 00 4, 489 0 0 27. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 28. 00 LUTHERWOOD PARTNERSHI P 76. 03 68, 586 0 0 29. 00 WOUND CARE CENTER 76. 04 6, 673 0 0 30. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 56, 830 0 0 31. 00 IMAGING CENTERS 76. 06 19, 922 0 0 32. 00 CARDI AC REHABI LI TATI ON 76. 97 7, 096 0 0 33. 00 HEALTHY HEARTS CENTER 90. 02 7, 879 0 0 34. 00 INFUSI ON CENTERS 90. 05 3, 621 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00 34. 00
17. 00 RADI OLOGY-THERAPEUTI C 55. 00 1, 435 0 0 0 18. 00 CT SCAN 57. 00 760 0 0 19. 00 MAGNETI C RESONANCE I MAGI NG (MRI ) 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 19, 707 0 0 21. 00 I NTRAVENOUS THERAPY 64. 00 1, 375 0 0 22. 00 RESPI RATORY THERAPY 65. 00 38, 952 0 0 23. 00 PHYSI CAL THERAPY 66. 00 28, 776 0 0 24. 00 ELECTROCARDI OLOGY 69. 00 10, 940 0 0 25. 00 ELECTROENEEPHALOGRAPHY 70. 00 2, 596 0 0 26. 00 ENDOSCOPY 76. 00 4, 489 0 0 27. 00 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 28. 00 LUTHERWOOD PARTNERSHI P 76. 03 68, 586 0 0 29. 00 WOUND CARE CENTER 76. 04 6, 673 0 0 30. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 56, 830 0 0 31. 00 I MAGI NG CENTERS 76. 06 19, 922 0 0 32. 00 CARDI AC REHABI LI TATI ON 76. 97 7, 096 0 0 33. 00 HEALTHY HEARTS CENTER 90. 02 7, 879 0	17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00

| Peri od: | Worksheet A-6 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared:

					То	12/31/2019	Date/Time Prepared: 8/19/2020 1:43 pm
		Decreases					67 197 2020 1. 43 piii
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6.00	7. 00	8.00	9. 00	10. 00		
37. 00	FAMILY PRACTICE MEDICINE	194. 05	8, 577	0	0		37. 00
	TOTALS		1, 109, 187				
	H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	2, 368, 594	971, 099	0		1. 00
2.00		0.00	0	0	0		2. 00
	TOTALS		2, 368, 594	971, 099			
	I - Cafeteria						
1.00	DI ETARY	10.00	1, 716, 303				1.00
2.00	DI ETARY	<u>10.</u> 00		<u>2, 442, 017</u>			2. 00
			1, 716, 303	2, 442, 017			
	J - Therapy Reclass						
1.00	PHYSI CAL THERAPY	66.00	1, 714, 077	816, 557	0		1. 00
2.00		0.00	0	0	0		2. 00
	TOTALS		1, 714, 077	816, 557			
	K - Builiding Depreciation						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13, 955, 254			1. 00
	TOTALS		0	13, 955, 254			
	L - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	387, 168			1. 00
	TOTALS		0	387, 168			
	M - Radi ol ogy Support						
1.00	RADI OLOGY-DI AGNOSTI C	54.00	441, 131	156, 424	0		1.00
2.00		0.00	0	0	0		2. 00
3.00		0.00	0	0	0		3. 00
4.00		0.00	0	0	0		4. 00
	TOTALS		441, 131	156, 424			
	N - Hyperbaric Oxygen Therapy						
1.00	WOUND CARE CENTER	76. 04	148, 563				1.00
2.00	WOUND CARE CENTER	<u>76.</u> 04		39 <u>0, 7</u> 89			2. 00
			148, 563	390, 789			
	0 - IHH Cat Scan						
1.00	RADI OLOGY-DI AGNOSTI C	<u>54.</u> 00	631, 836	17 <u>2, 7</u> 27			1.00
	TOTALS		631, 836	172, 727			
	P - Residents Costs						
1.00	I&R SERVICES-OTHER PRGM	22. 00	3, 878, 630	895, 596	0		1. 00
	COSTS APPRVD	↓					
	TOTALS		3, 878, 630	895, 596			
E00 00	Grand Total: Decreases		12, 008, 321	245, 885, 505	1		500.00

COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10 Health Financial Systems RECONCILIATION OF CAPITAL COSTS CENTERS Worksheet A-7 Provider CCN: 15-0074 Peri od: From 01/01/2019 To 12/31/2019 Part I Date/Time Prepared: 8/19/2020 1:43 pm Acqui si ti ons Begi nni ng Purchases Donati on Total Di sposal s and Bal ances Retirements 2.00 3.00 4. 00 5. 00 1 00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 2, 743, 049 0 1.00 2.00 Land Improvements 4, 209, 543 0 0 0 0 0 2.00 3.00 462, 208, 704 218, 518, 286 191, 595, 859 Buildings and Fixtures 218, 518, 286 3.00 Building Improvements 4.00 11, 702, 937 536, 862 4.00 5.00 Fi xed Equipment 5.00 Movable Equipment 188, 234, 497 6.00 25, 695, 947 25, 695, 947 -2, 583, 463 6.00 HIT designated Assets 7.00 7.00 0 8.00 Subtotal (sum of lines 1-7) 669, 098, 730 244, 214, 233 244, 214, 233 189, 549, 258 8.00 0 9.00 Reconciling Items 9.00 10.00 Total (line 8 minus line 9) 244, 214, 233 669, 098, 730 0 244, 214, 233 189, 549, 258 10.00

		Endi ng Bal ance	Fully	
			Depreciated	
			Assets	
		6. 00	7. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	T BALANCES		
1.00	Land	2, 743, 049	0	1. 00
2.00	Land Improvements	4, 209, 543	0	2.00
3.00	Buildings and Fixtures	489, 131, 131	0	3.00
4.00	Building Improvements	11, 166, 075	0	4.00
5.00	Fixed Equipment	0	0	5. 00
6.00	Movable Equipment	216, 513, 907	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	723, 763, 705	0	8. 00
9.00	Reconciling Items	0	0	9. 00
10.00	Total (line 8 minus line 9)	723, 763, 705	0	10.00

Heal th	Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provi der Co	CN: 15-0074	Peri od: From 01/01/2019	Worksheet A-7	
					To 12/31/2019	Date/Time Pre	
						8/19/2020 1:4	3 pm
			Sl	JMMARY OF CAP	I TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
						instructions)	
		9. 00	10. 00	11. 00	12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	0	0		0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2. 00
3.00	Total (sum of lines 1-2)	0	0		0 0	0	3. 00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	o	0				2. 00
3.00	Total (sum of lines 1-2)	l	0				3. 00
		-1		1			

Heal th	n Financial Systems C	OMMUNITY HEALTH	I NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der Co		Period: From 01/01/2019 To 12/31/2019		pared:
		COM	PUTATION OF RAT	TI 0S	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	DART III DECONOLILATION OF CARLTAL COCTO	1. 00	2.00	3. 00	4. 00	5. 00	
1. 00	PART III - RECONCILIATION OF CAPITAL COSTS C CAP REL COSTS-BLDG & FIXT	ENTERS 507, 249, 798		507, 249, 79	8 0. 700850	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	216, 513, 907	l .				2.00
3.00	Total (sum of lines 1-2)	723, 763, 705	l .	723, 763, 70			3.00
0.00	1.01d. (3d 0. 1.1.05 1. <u>2</u> )		TION OF OTHER (			F CAPITAL	0.00
	Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6. 00	7.00	8.00	9. 00	10. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FLXT	0	0	i e	0 13, 992, 005		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 23, 812, 850		
3.00	Total (sum of lines 1-2)	0	0	<u> </u> JMMARY OF CAPI	0 37, 804, 855	4, 737, 153	3. 00
			30	JIVIIVIART OF CAPT	TAL		
	Cost Center Description	Interest	Insurance (see instructions)		Other Capi tal -Relate d Costs (see	Total (2) (sum of cols. 9 through 14)	
					instructions)	3,	
		11. 00	12.00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	CAP REL COSTS-BLDG & FLXT	5, 514, 297	387, 168	1	0		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0	,,	
3.00	Total (sum of lines 1-2)	5, 514, 297	387, 168	l	0 0	48, 443, 473	3. 00

| Period: | Worksheet A-8 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: Provider CCN: 15-0074

				T.	o 12/31/2019	Date/Time Prep 8/19/2020 1:43	
				Expense Classification on		0/ 17/ 2020 1. 43	у рііі
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount 2.00	Cost Center 3.00		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00		CAP REL COSTS-BLDG & FLXT	4. 00 1. 00	5. 00 0	1. 00
2. 00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
	COSTS-MVBLE EQUIP (chapter 2)		0	CAP REE COSTS-WVBEE EQUIP			
3. 00	Investment income - other (chapter 2)		0		0. 00	0	3. 00
4.00	Trade, quantity, and time		0		0. 00	О	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of	В	-23, 259	ADMINISTRATIVE & GENERAL	5. 00	o	5. 00
	expenses (chapter 8)						
6. 00	Rental of provider space by suppliers (chapter 8)		0		0. 00	0	6. 00
7. 00	Telephone services (pay stations excluded) (chapter		0		0. 00	0	7. 00
	21)						
8. 00	Television and radio service (chapter 21)		0		0. 00	0	8. 00
9. 00	Parking Lot (chapter 21)		0		0. 00	0	9. 00
10. 00	Provider-based physician adjustment	A-8-2	-675, 965			0	10. 00
11. 00	Sale of scrap, waste, etc.		0		0. 00	o	11. 00
12. 00	(chapter 23) Related organization	A-8-1	17, 596, 616			o	12. 00
12 00	transactions (chapter 10)		0		0.00		12.00
13. 00 14. 00	Laundry and linen service Cafeteria-employees and guests	В	-2, 137, 007	CAFETERI A	11. 00	0	13. 00 14. 00
15. 00	Rental of quarters to employee and others		0		0.00	0	15. 00
16. 00	Sale of medical and surgical		0		0. 00	О	16. 00
	supplies to other than patients						
17. 00	Sale of drugs to other than		0		0. 00	0	17. 00
18. 00	patients Sale of medical records and		0		0. 00	o	18. 00
19. 00	abstracts Nursing and allied health		0		0.00	0	19. 00
19.00	education (tuition, fees,		O		0.00	Ĭ	19.00
20. 00	books, etc.) Vending machines		0		0. 00	0	20. 00
21. 00	Income from imposition of		0		0. 00	ō	21. 00
	interest, finance or penalty charges (chapter 21)						
22. 00	Interest expense on Medicare		0		0. 00	О	22. 00
	overpayments and borrowings to repay Medicare overpayments						
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPIRATORY THERAPY	65.00		23. 00
	limitation (chapter 14)						
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
05.00	limitation (chapter 14)				444.00		05.00
25. 00	Utilization review - physicians' compensation		Ü	*** Cost Center Deleted ***	114. 00		25. 00
26. 00	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	26. 00
20.00	COSTS-BLDG & FLXT				1.00		20.00
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00 30. 00	Physicians' assistant Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	0. 00 67. 00	0	29. 00 30. 00
	therapy costs in excess of						
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
J 1. UU	pathology costs in excess of	N-0-3	U	OL ECOL I VILIOFOGI	00.00		31.00
32. 00	limitation (chapter 14) CAH HIT Adjustment for		0		0. 00	0	32. 00
	Depreciation and Interest		0		3.00	J	

Provider CCN: 15-0074 Peri od: Worksheet A-8 From 01/01/2019
To 12/31/2019 Date/Time Prepared:

				Ti-	12/31/2019		
				Expense Classification on	Worksheet A	8/19/2020 1:4	3 piii
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.	
00.00	TA O ALL: LIL LIL D. FMC	1.00	2.00	3.00	4. 00	5. 00	22.00
33. 00	A-8 Allied Health Program EMS Tuition	A	-35, 945	EMERGENCY	91. 00	0	33. 00
33. 01	Misc Revenue	В	-51, 496	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33. 01
33. 02	Mi sc Revenue	В		ADMINISTRATIVE & GENERAL	5. 00	l	33. 02
33. 03	Mi sc Revenue	В	-705, 425	OPERATION OF PLANT	7.00	0	33. 03
33. 04	Mi sc Revenue	В		DI ETARY	10. 00	l .	33. 04
33. 05	Mi sc Revenue	В	·	PHARMACY	15.00	l .	33. 05
33. 06 33. 07	Mi sc Revenue Mi sc Revenue	B B		MEDICAL RECORDS & LIBRARY I&R SERVICES-OTHER PRGM	16. 00 22. 00		33. 06 33. 07
33.07	Wi 3c Revenue		-10,000	COSTS APPRVD	22.00		33.07
33. 08	Mi sc Revenue	В	-11, 099	ADULTS & PEDIATRICS	30.00	0	33. 08
33. 09	Mi sc Revenue	В	-45	NEONATAL INTENSIVE CARE UNIT	35.00	0	33. 09
33. 10	Mi sc Revenue	В		RADI OLOGY-DI AGNOSTI C	54.00	l	33. 10
33. 11	Mi sc Revenue Mi sc Revenue	В		LABORATORY	60.00	0	33. 11 33. 12
33. 12 33. 13	Misc Revenue	B B		PHYSICAL THERAPY CARDIAC REHABILITATION	66. 00 76. 97	0	33. 12
33. 14	Mi sc Revenue	B		EMERGENCY	91.00		33. 14
33. 15	Space Rental Income	В	·	ADMINISTRATIVE & GENERAL	5. 00	l .	33. 15
33. 16	Space Rental Income	В	-515, 096	OPERATION OF PLANT	7. 00	0	33. 16
33. 17	Investment Income	В		LABORATORY	60.00	l .	33. 17
34. 00	50 BMO Loan Non- Allow Interest Expense	A	73, 067	CAP REL COSTS-BLDG & FIXT	1. 00	11	34. 00
34. 01	LOC Non-Allow Interest Expense	Α	-84 265	CAP REL COSTS-BLDG & FIXT	1. 00	11	34. 01
34. 02	12A Non-Allow Interest Expense			CAP REL COSTS-BLDG & FIXT	1. 00	l	ł
34. 03	12B Non-Allow Interest Expense			CAP REL COSTS-BLDG & FIXT	1.00	l	•
34. 04	50 BMO Loan Non- Allow	A	-73, 752	CAP REL COSTS-BLDG & FIXT	1.00	11	34. 04
24.05	Interest Expense		000 4/0	CAR REL COCTO DI DO 0 FLYT	1 00	11	24.05
34. 05 34. 06	12B Non-Allow Interest Expense 00 Non-Allow Interest Expense	A A		CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT	1. 00 1. 00	l	ı
34. 10	HAF Tax Offset	A		ADMINISTRATIVE & GENERAL	5. 00	l	1
35. 00	Bad Debt	A		ADMINISTRATIVE & GENERAL	5. 00	l	35. 00
35. 01	Bad Debt	A	-149, 651	I&R SERVICES-OTHER PRGM	22. 00	0	35. 01
			500 574	COSTS APPRVD			
35. 02 35. 03	Bad Debt Bad Debt	A A		ADULTS & PEDIATRICS OPERATING ROOM	30. 00 50. 00	l .	35. 02 35. 03
35. 03	Bad Debt	A		PHYSICAL THERAPY	66. 00	l	35. 03
35. 06	Bad Debt	A		PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	Ö	35. 06
				SERVI CES			
35. 07	Bad Debt	A	·	KNEE CENTER	90. 07	0	
35. 08	Bad Debt	A		EMERGENCY	91.00	l	35. 08 36. 00
36. 00 36. 01	CARDIAC CATH SHARED SVC CARDIAC MONITORING SHARED SVC	A A		CARDI AC CATHETERI ZATI ON ELECTROCARDI OLOGY	59. 00 69. 00	l	
	Non Allow Marketing Expense	A		ADMINISTRATIVE & GENERAL	5. 00	l	
36. 03		A		CAP REL COSTS-BLDG & FIXT	1.00		
36. 04	Depreciation Carryforward	A		CAP REL COSTS-MVBLE EQUIP	2. 00	l e	36. 04
36. 05	Meals on Wheels Cost	A		CAFETERI A	11. 00	l e	•
36. 06	Pavillions  Physician Assistant Offsot	A A		ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS	5.00	l e	36.06
36. 07 36. 08	Physician Assistant Offset Physician Assistant Offset	A A		OPERATING ROOM	30. 00 50. 00	l e	36. 07 36. 08
36. 09	Nurse Practitioner Offset	A	·	ADULTS & PEDIATRICS	30.00	l .	36. 09
36. 10	Nurse Practitioner Offset	A		OPERATING ROOM	50. 00	<b>l</b>	36. 10
36. 11	Nurse Practitioner Offset	A		KNEE CENTER	90. 07	l .	36. 11
36. 12	Nurse Practitioner Offset	A		HEALTHY HEARTS CENTER	90.02	1	36. 12
36. 13	Gallahue Professional Fee	A		PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76. 01	0	36. 13
36. 14	Gallahue Professional Fee	A		LUTHERWOOD PARTNERSHIP	76. 03	0	36. 14
36. 15	Sponsorshi p	A		ADMINISTRATIVE & GENERAL	5. 00	l	36. 15
36. 16	Sponsorshi p	A		PHYSI CAL THERAPY	66. 00	l	36. 16
36. 17	Sponsorshi p	A	·	KNEE CENTER	90. 07	l .	36. 17
36. 18	Anderson Cancer Center	A		ONCOLOGY-CANCER CARE CENTER	76. 05	l e	36. 18
36. 19 50. 00	OB Laborist Loss TOTAL (sum of lines 1 thru 49)	A	-908, 84 <i>7</i> -108, 826, 779	DELIVERY ROOM & LABOR ROOM	52. 00		36. 19 50. 00
55. 55	(Transfer to Worksheet A,		100,020,777				55. 55
	column 6, line 200.)						

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

<sup>(2)</sup> Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

Health Financial Systems	CC	MMUNITY HEALTH	In Lieu of Form CMS-2552-10			
ADJUSTMENTS TO EXPENSES				Peri od: From 01/01/2019	Worksheet A-8	
					Date/Time Pre 8/19/2020 1:4	
			Expense Classification o	n Worksheet A		
			To/From Which the Amount is	to be Adjusted		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	1.00	2.00	3, 00	4, 00	5. 00	

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

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

Provider CCN: 15-0074

Worksheet A-8-1

From 01/01/2019 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 3.00 4.00 5.00 1.00 2.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS 21. 00 | &R SERVICES-SALARY & FRINGE | INTERNS & RESIDENTS 1.00 3, 637, 735 4, 774, 226 1.00 22. 00 &R SERVICES-OTHER PRGM COST INTERNS & RESIDENTS 4.834.220 6, 344, 514 2.00 2.00 3.00 190, 349 7. 00 OPERATION OF PLANT 1400 N RITTER 143, 466 3.00 3.01 60. 00 LABORATORY 1400 N RITTER 70, 603 53, 213 3.01 3.02 15. 00 PHARMACY 1400 N RITTER 111, 452 84,001 3.02 76. 05 ONCOLOGY-CANCER CARE CENTER 153, 354 3 03 1400 N RITTER 203, 469 3 03 70. 00 ELECTROENCEPHALOGRAPHY 3.04 1400 N RITTER 62, 197 46,878 3.04 4.00 2. 00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE 10, 048, 747 4.00 4.01 4. OO EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE 8, 256, 426 0 4 01 94, 248, 812 5. 00 ADMINISTRATIVE & GENERAL HOME OFFICE 4.02 122, 109, 664 4.02 4.03 7. 00 OPERATION OF PLANT HOME OFFICE 1, 161, 734 4.03 13.00 NURSING ADMINISTRATION 4.04 HOME OFFICE 5, 277, 109 0 4.04 0 14. 00 CENTRAL SERVICES & SUPPLY HOME OFFICE 4, 227, 038 4 05 4 05 4.06 16.00 MEDICAL RECORDS & LIBRARY HOME OFFICE 4, 791, 288 4.06 4.07 30.00 ADULTS & PEDIATRICS HOME OFFICE 624, 974 0 4.07 54. 00 RADI OLOGY-DI AGNOSTI C 0 4.08 HOME OFFICE 55, 671 4.08 0 66. 00 PHYSI CAL THERAPY HOME OFFICE 4.09 4 09 460, 786 4.10 69. 00 ELECTROCARDI OLOGY HOME OFFICE 107, 939 4.10 70. 00 ELECTROENCEPHALOGRAPHY HOME OFFICE 0 4.11 108,628 4.11 73. 00 DRUGS CHARGED TO PATIENTS HOME OFFICE 2, 552, 097 4.12 0 4. 12 76. 05 ONCOLOGY-CANCER CARE CENTER HOME OFFICE 6, 409, 137 4.13 4. 13 4.14 90. 02 HEALTHY HEARTS CENTER HOME OFFICE 295, 891 4.14 91. 00 EMERGENCY 376, 139 0 4.15 HOME OFFICE 4.15 0 5. 00 ADMINISTRATIVE & GENERAL 4.16 CPN MEDICAL DIRECTOR 69, 741 4. 16 91. 00 EMERGENCY 0 4.17 CPN ED ON-CALL 1, 454, 310 4 17 76. 05 ONCOLOGY-CANCER CARE CENTER ANDERSON SUPPORT SERVICES 1,669,440 0 4.18 4.18 5.00 TOTALS (sum of lines 1-4). 151, 305, 932 133, 709, 316 5 00 Transfer column 6, line 5 to Worksheet A-8, column 2,

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			
		Ownershi p		Ownershi p			
1. 00	2. 00	3.00	4. 00	5. 00			
 B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:							

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

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

i ei ilibui	Sement under title Aviii.				
6.00	В	CHNW	100.00	0. 00	6. 00
7.00			0.00	0. 00	7. 00
8.00			0.00	0. 00	8. 00
9.00			0.00	0. 00	9. 00
10.00			0.00	0. 00	10. 00
	G. Other (financial or				100.00
	non-financial) specify				ı

- (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.
- 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
- 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

line 12.

					To 12/31/2019	Date/Time Pre 8/19/2020 1:4	
	Net	Wkst. A-7 Ref.				07 177 2020 1.4	+3 piii
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
	A. COSTS INCUR	RED AND ADJUSTN	MENTS REQUIRED AS A RESULT OF TRA	NSACTIONS WITH RELATED O	RGANIZATIONS OR (	CLAI MED	
	HOME OFFICE CO	STS:					
1.00	-1, 136, 491	0					1.00
2.00	-1, 510, 294	0					2.00
3.00	46, 883	0					3.00
3. 01	17, 390	0					3. 01
3.02	27, 451	0					3. 02
3.03	50, 115	0					3. 03
3.04	15, 319	0					3. 04
4.00	10, 048, 747	9					4.00
4.01	8, 256, 426	0					4. 01
4.02	-27, 860, 852	0					4. 02
4.03	1, 161, 734	0					4. 03
4.04	5, 277, 109	0					4. 04
4.05	4, 227, 038	0					4. 05
4.06	4, 791, 288	0					4.06
4.07	624, 974	0					4. 07
4.08	55, 671	0					4. 08
4.09	460, 786	0					4. 09
4.10	107, 939	0					4. 10
4.11	108, 628	0					4. 11
4.12	2, 552, 097	0					4. 12
4. 13	6, 409, 137	0					4. 13
4.14	295, 891	0					4. 14
4. 15	376, 139	0					4. 15
4. 16	69, 741	0				l	4. 16
4. 17	1, 454, 310	0					4. 17
4. 18	1, 669, 440	0					4. 18
5.00	17, 596, 616						5. 00
* TL-		1 4 (	cominto oo onnmonmisto) omo trono	-6 W		/ II:	

\* 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.

 	cordinate i dilaret 27 the dimedite difference of cordinate of the cordinate in cordinate in the partit	
Related Organization(s)		
and/or Home Office		
Type of Business		
6. 00		
B. INTERRELATIONSHIP TO RELAT	FED 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.

i ci ilibui	refinibal Seniert under title AVIII.								
6.00		6.	00						
7.00		7.	00						
8. 00 9. 00 10. 00			00						
9.00			00						
10.00		10.							
100.00		100.	00						

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

| Period: | Worksheet A-8-2 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Provider CCN: 15-0074

					ļi	To 12/31/2019	Date/Time Pre 8/19/2020 1:4	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	3 pili
		I denti fi er	Remuneration	Component	Component	1102 711104111	ider Component	
				·	·		Hours	
	1. 00	2. 00	3.00	4.00	5. 00	6. 00	7. 00	
1. 00	4. 00	AGGREGATE-EMPLOYEE BENEFITS	278, 114	278, 114	0	0	0	1. 00
2.00	5. 00	DEPARTME AGGREGATE-ADMI NI STRATI VE &	273, 931	0	273, 931	211, 500	1, 664	2. 00
3. 00	22. 00	GENERAL AGGREGATE-I&R SERVICES-OTHER PRGM CO	12, 400	12, 400	0	0	0	3. 00
4. 00	30. 00	AGGREGATE-ADULTS & PEDI ATRI CS	133, 687	133, 687	0	0	0	4. 00
5. 00	52. 00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5. 00
6. 00	76. 01	AGGREGATE-PSYCHI ATRI C/PSYCHO	1, 200	1, 200	0	0	0	6. 00
7. 00	90. 07	AGGREGATE-KNEE CENTER	12, 500	12, 500	0	0	o	7. 00
8. 00		AGGREGATE-EMERGENCY	133, 333		0	0	O	8. 00
9.00	0. 00		0	0	0	0	0	9.00
10.00	0. 00		0	0	0	0	0	10.00
200.00			845, 165		273, 931		1, 664	200. 00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE	Cost of	Provider Component	Physician Cost of Malpractice	
		r deriti i i ei	LIIIII L	Limit	Continuing	Share of col.	Insurance	
				2	Educati on	12	111041 41100	
	1. 00	2.00	8. 00	9. 00	12. 00	13. 00	14. 00	
1. 00	4. 00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1. 00
2. 00		AGGREGATE-ADMINISTRATIVE & GENERAL	169, 200	8, 460	0	0	0	2. 00
3. 00		AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	3. 00
4. 00		AGGREGATE-ADULTS & PEDI ATRI CS	0	0	0	0	0	4. 00
5. 00		AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5. 00
6. 00		AGGREGATE-PSYCHI ATRI C/PSYCHO LOGI CAL	0	0	0	0	0	6. 00
7.00		AGGREGATE EMERGENCY	0	0	0	0	0	7. 00
8.00		AGGREGATE-EMERGENCY	0	0	0	0	0	8. 00
9. 00 10. 00	0. 00 0. 00		0	0	0	0	0	9. 00 10. 00
200.00	0.00		169, 200	8, 460	0	0	0	
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
		I denti fi er	Component	Limit	Di sal I owance	,		
			Share of col.					
	4.00	0.00	14	47.00	47.00	40.00		
1.00	1.00	2.00 AGGREGATE-EMPLOYEE BENEFITS	15. 00	16. 00	17. 00	18. 00 278, 114		1. 00
2. 00		DEPARTME AGGREGATE-ADMINISTRATIVE &	"	169, 200	104, 731	104, 731		2. 00
3. 00		GENERAL AGGREGATE-I&R SERVICES-OTHER	0	104, 200	104, 731	12, 400		3. 00
		PRGM CO	0		0			
4. 00 E. 00		AGGREGATE ADULTS & PEDIATRICS	0		0			4. 00 E. 00
5. 00		AGGREGATE DELIVERY ROOM & LABOR ROOM	0	0	_	1 200		5. 00
6. 00		AGGREGATE PSYCHI ATRI C/PSYCHO LOGI CAL	0		0	1, 200		6. 00
7.00		AGGREGATE-KNEE CENTER AGGREGATE-EMERGENCY	)   0		0	12,500		7. 00
8. 00 9. 00	91.00 0.00	1	0		0	133, 333 0		8. 00 9. 00
9. 00 10. 00	0.00				0	0		9. 00 10. 00
200.00	5. 00		0		104, 731	_		200. 00
1		1	•				. '	

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Subtotal for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 19, 893, 470 19, 893, 470 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 28, 550, 003 28, 550, 003 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 8, 582, 164 225, 951 2,773 8, 810, 888 4.00 00500 ADMINISTRATIVE & GENERAL 11, 802, 052 5 00 1,019,533 501 129 135, 768, 958 5 00 122, 446, 244 7.00 00700 OPERATION OF PLANT 13, 818, 507 3, 113, 642 129, 554 125,009 17, 186, 712 7.00 1, 159, 125 8.00 00800 LAUNDRY & LINEN SERVICE 1, 159, 125 8.00 00900 HOUSEKEEPI NG 4, 577, 584 273, 256 35, 163 120, 129 5, 006, 132 9.00 9.00 01000 DI ETARY 10.00 1, 355, 300 23, 365 26, 182 1, 621, 188 10 00 216, 341 11.00 01100 CAFETERI A 2, 357, 781 690, 987 144, 131 87, 731 3, 280, 630 11.00 01300 NURSING ADMINISTRATION 232, 394 9, 263, 209 13.00 8, 877, 880 33, 253 119, 682 13.00 01400 CENTRAL SERVICES & SUPPLY 2, 837, 959 1, 862, 305 14.00 438, 603 5, 138, 867 14.00 10, 370, 177 185, 034 664, 058 297, 115 15.00 01500 PHARMACY 11, 516, 384 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 6, 058, 463 42, 707 106 31, 597 6, 132, 873 16.00 01700 SOCIAL SERVICE 17.00 2, 662, 659 82, 907 770 98, 514 2, 844, 850 17.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 3, 637, 735 178.076 3, 815, 811 21.00 C C 21.00 22 00 02200 L&R SERVICES-OTHER PRGM COSTS APPRVD 5, 829, 475 C 71, 084 241, 713 6, 142, 272 22 00 02300 EMS TRAINING-ALLIED HEALTH 0 23.00 23.00 23. 01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH 0 Ω 0 0 0 23.01 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 0 0 0 23.02 C 0 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH O 23.03 0 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 54, 941, 377 3, 810, 579 860, 242 1, 911, 047 61, 523, 245 30.00 31.00 03100 INTENSIVE CARE UNIT 526, 494 576, 305 387, 501 12, 863, 959 31.00 11, 373, 659 32.00 03200 CORONARY CARE UNIT 0 32.00 02060 NEONATAL INTENSIVE CARE UNIT 1, 517, 654 50, 987 1, 595, 955 35.00 27. 314 35.00 43.00 04300 NURSERY 702,636 97, 171 65, 829 22, 879 888, 515 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 8, 344, 728 1, 279, 958 1, 342, 402 50.00 204.174 11, 171, 262 50.00 51.00 05100 RECOVERY ROOM 898, 554 262, 628 105, 827 30, 423 1, 297, 432 51.00 05200 DELIVERY ROOM & LABOR ROOM 3, 360, 448 364, 699 247.066 118.030 4, 090, 243 52 00 52 00 54.00 05400 RADI OLOGY-DI AGNOSTI C 4, 091, 889 641, 342 860, 494 128, 494 5, 722, 219 54.00 05500 RADI OLOGY-THERAPEUTI C 27, 442 55.00 932, 392 15,006 238, 656 1, 213, 496 55.00 05700 CT SCAN 76, 372 3, 247, 837 57.00 2, 658, 827 41, 963 470, 675 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 21, 268 1, 589, 364 794, 073 698, 880 58.00 75, 143 58.00 59.00 05900 CARDIAC CATHETERIZATION 4, 585, 442 406, 497 751, 300 148, 781 5, 892, 020 59.00 60.00 06000 LABORATORY 12, 847, 082 131, 149 56, 693 13, 034, 924 60.00 3, 187 06400 INTRAVENOUS THERAPY 411, 763 14, 995 441, 234 64 00 11 289 64 00 06500 RESPIRATORY THERAPY 65.00 4, 474, 341 33, 097 99, 363 155, 730 4, 762, 531 65.00 66.00 06600 PHYSI CAL THERAPY 7, 073, 071 37, 502 402, 300 211, 386 7, 724, 259 66.00 06700 OCCUPATIONAL THERAPY 67.00 1,801,441 9, 885 17, 632 56, 021 1, 884, 979 67.00 06800 SPEECH PATHOLOGY 729 193 762, 999 68 00 3 993 7, 137 22,676 68 00 69.00 06900 ELECTROCARDI OLOGY 3, 161, 403 19,082 275, 426 114, 752 3, 570, 663 69.00 07000 ELECTROENCEPHALOGRAPHY 1,010,131 98, 805 26, 836 1, 135, 772 70.00 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 31, 114, 208 31, 114, 208 71.00 C 07200 IMPL. DEV. CHARGED TO PATIENTS 26, 718, 491 26, 718, 491 72 00 Ω O 0 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 125, 198, 518 0 0 125, 198, 518 73.00 07400 RENAL DIALYSIS 1, 513, 882 74.00 8,508 402 1, 522, 792 74.00 03330 ENDOSCOPY 150, 439 76.00 621, 698 C 17.726 789, 863 76, 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 13, 809, 468 1, 099, 402 1, 389, 289 76.01 142, 631 16, 440, 790 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 4, 333, 507 124, 762 367, 154 4, 825, 423 76.03 03952 WOUND CARE CENTER 76.04 2, 937, 573 136, 683 5, 977 41, 284 3, 121, 517 76.04 27, 996, 340 76.05 03480 ONCOLOGY-CANCER CARE CENTER 2, 511, 482 3.083.154 493, 562 34, 084, 538 76 05 76.06 03953 I MAGING CENTERS 5, 870, 663 87, 946 1, 029, 069 135, 998 7, 123, 676 76.06 03954 BREAST DIAGNOSTIC CENTER 2, 372, 478 76.07 2, 311, 709 60, 769 76.07 07697 CARDI AC REHABI LI TATI ON 1,067,443 21, 594 34, 408 1, 325, 716 76. 97 202.271 76. 97 07698 HYPERBARIC OXYGEN THERAPY 6, 821 573, 426 539, 352 76.98 26, 131 1, 122 76.98 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 88 00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 0 0 0 90.00 09000 CLI NI C 0 r 0 0 Λ 90 00 04950 DIABETIC CARE CENTER 90.01 90.01 90.02 04951 HEALTHY HEARTS CENTER 1, 808, 244 102, 678 5,049 82, 015 1, 997, 986 90.02 90.03 09001 CLI NI C 0 90.03 90.04 04953 SPINE CENTER C 0 90.04 90.05 04954 INFUSION CENTERS 631, 486 71, 348 13, 548 716, 382 90.05 09002 MEDCHECK CLINICS 90.06 90.06 0 09003 KNEE CENTER 90 07 90 07 3, 912, 604 514, 654 20, 722 84, 266 4, 532, 246 90.08 09004 PALLIATIVE CARE 0 90.08

Health Financial Systems (	COMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		eriod: rom 01/01/2019 o 12/31/2019		
		CAPI TAL REL	ATED COSTS			ļ
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
	col. 7)					
	0	1. 00	2.00	4. 00	4A	
90. 10 09006 WORK SITE CLINICS	0	0	0	0	0	90. 10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 12
91. 00   09100   EMERGENCY	16, 434, 431	1, 645, 924	357, 001	399, 607	18, 836, 963	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92. 00
OTHER REIMBURSABLE COST CENTERS	_					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	635, 544, 247	19, 728, 509	27, 944, 188	8, 622, 349	634, 584, 932	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0	_	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	208	0		192. 00
194.00 07950 HOME OFFICE	0	0	0	0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0		194. 01
194. 02 07952 ACCOUNTABLE CARE	259, 148	0	0	7, 653		
194. 03 07953 SCHOOL BASED CLINICS	258, 688	0	0	5, 066		
194. 04 07954 SMO-NON PROVI DER BASED	680, 678	0	402 222	24, 405		

4, 131, 536

1, 257, 156

642, 131, 453

40, 479

8, 810, 888

110, 936

493, 232

112, 375

28, 550, 003

164, 961

19, 893, 470

4, 735, 704 194. 05

642, 131, 453 202. 00

0 194. 07 1, 574, 971 194. 08

0 194. 09

0 200. 00

0 201.00

194. 05 07955 FAMILY PRACTICE MEDICINE

200.00

201.00

202.00

194.0707957 LI FECHECK 194.0807958 GROUP HOMES AND MISC. N\_R CTRS 194.0907959 SURGERY CENTER EAST

Cross Foot Adjustments

Negative Cost Centers TOTAL (sum lines 118 through 201)

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

				1	o 12/31/2019	Date/lime Pre 8/19/2020 1:4	
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	, p
		& GENERAL 5.00	7. 00	LINEN SERVICE 8.00	9. 00	10. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	135, 768, 958					5. 00
7. 00	00700 OPERATION OF PLANT	4, 608, 204	21, 794, 916	,			7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	310, 792	0	1			8. 00
9.00	00900 HOUSEKEEPI NG	1, 342, 274	383, 382		.,		9. 00
10.00	01000 DI ETARY	434, 683	303, 530			2, 454, 831	
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	879, 622 2, 483, 707	969, 466 326, 053		,	0	11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 377, 864	615, 366			0	14. 00
15. 00	01500 PHARMACY	3, 087, 842	259, 606		81, 620	0	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	1, 644, 383	59, 918	0	18, 838	0	16. 00
17. 00	01700 SOCIAL SERVICE	762, 778	116, 320	0	36, 571	0	17. 00
21. 00	02100   &R SERVICES-SALARY & FRINGES APPRVD	1, 023, 118	0	0	0	0	21.00
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 EMS TRAINING-ALLIED HEALTH	1, 646, 903	0	14, 560	0	0	22. 00 23. 00
23. 00	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH		0		0	0	23. 00
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	o o	o	0	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	16, 495, 982	5, 346, 299				
31. 00 32. 00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	3, 449, 162	738, 679	113, 471	232, 241	344, 583 0	31. 00 32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	427, 917	0		0	0	35. 00
43. 00	04300 NURSERY	238, 234	136, 332	8, 604	42, 863	0	43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2, 995, 306	1, 795, 800			3, 054	1
51.00	05100 RECOVERY ROOM	347, 875	368, 470		115, 847	0	51.00
52. 00 54. 00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	1, 096, 700 1, 534, 276	511, 679 899, 812			0	52. 00 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	325, 370	21, 054			0	55. 00
57. 00	05700 CT SCAN	870, 830	58, 875			0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	426, 150	105, 426	2, 539	33, 146	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 579, 804	570, 322			0	59. 00
60.00	06000 LABORATORY	3, 495, 002	184, 003		,	0	60.00
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	118, 306 1, 276, 958	15, 839 46, 435		4, 980 14, 599	0	64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	2, 071, 075	52, 617			0	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	505, 412	13, 869	1		0	67. 00
68. 00	06800 SPEECH PATHOLOGY	204, 580	5, 602	1		0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	957, 388	26, 772		0,	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	304, 530	0	16, 539	0	0	70.00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	8, 342, 528	0	0	0	0	71.00
72.00	07300 DRUGS CHARGED TO PATIENTS	7, 163, 922 33, 568, 984	0		0	0	72. 00 73. 00
	07400 RENAL DIALYSIS	408, 300	11, 937	Ö	3, 753	0	
76.00	03330 ENDOSCOPY	211, 783	. 0	1, 339		0	
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	4, 408, 203	200, 113	0	62, 915	0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	1, 293, 821	0	0	0	0	76. 03
76. 04 76. 05	03952 WOUND CARE CENTER 03480 ONCOLOGY-CANCER CARE CENTER	836, 960 9, 138, 951	191, 768			0	76. 04 76. 05
76. 05	03953 I MAGI NG CENTERS	1, 910, 043	3, 523, 647 123, 390		38, 794	0	76.05
76. 07	03954 BREAST DIAGNOSTIC CENTER	636, 123	85, 260	l	26, 806	0	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	355, 459	283, 789	1	89, 223	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	153, 750	36, 662	2 0	11, 526	0	76. 98
	OUTPATIENT SERVICE COST CENTERS			_		_	
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC		0		0	0	89. 00 90. 00
90. 01	04950 DI ABETI C CARE CENTER		0		0	0	90.00
90. 02	04951 HEALTHY HEARTS CENTER	535, 712	144, 058	32, 847	45, 292	0	90. 02
90. 03	09001 CLI NI C	0	0	0	0	0	90. 03
90. 04	04953 SPI NE CENTER	0	0	0	0	0	90. 04
90.05	04954 I NFUSION CENTERS	192, 081	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	1 215 212	722 073	0	0	0	90.06
90. 07 90. 08	09003 KNEE CENTER 09004 PALLIATIVE CARE	1, 215, 213	722, 067		227, 018	0	90. 07 90. 08
90. 08	09004 PALLIATIVE CARE		0	, 0 0		0	90.08
	04961 FAMILY PRACTICE AND MATERNITY CARE		Ö	o o	l ol	0	90. 12
91. 00	09100 EMERGENCY	5, 050, 680	2, 309, 256	233, 636	726, 030	19, 496	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			1			92. 00

			1	0 12/31/2019	8/19/2020 1:4	
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DIETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5. 00	7. 00	8. 00	9. 00	10. 00	
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS	,			,		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	133, 745, 540	21, 563, 473	1, 469, 917	6, 659, 022	2, 454, 831	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	56	0	0	0		192. 00
194.00 07950 HOME OFFICE	0	0	0	0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 02 07952 ACCOUNTABLE CARE	71, 536	0	0	0		194. 02
194. 03 07953 SCHOOL BASED CLINICS	70, 719	0	0	0	0	194. 03
194.04 07954 SMO-NON PROVIDER BASED	189, 051	0	0	0	0	194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	1, 269, 765	0	0	0	0	194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	422, 291	231, 443	0	72, 766	0	194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00   TOTAL (sum lines 118 through 201)	135, 768, 958	21, 794, 916	1, 469, 917	6, 731, 788	2, 454, 831	202. 00

Provider CCN: 15-0074

			10	12/31/2019	8/19/2020 1:4	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	<u>Б</u>
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
2. 00   00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00   00500   ADMINISTRATIVE & GENERAL 7.00   00700   OPERATION OF PLANT						5. 00 7. 00
8.00   00800 LAUNDRY & LINEN SERVICE						8.00
9. 00   00900 HOUSEKEEPING						9. 00
10. 00 01000 DI ETARY						10.00
11. 00   01100   CAFETERI A	5, 434, 518					11. 00
13.00 O1300 NURSING ADMINISTRATION	134, 794	12, 311, 849				13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	7, 325, 568			14. 00
15. 00   01500   PHARMACY	249, 863	0	94	15, 195, 409		15.00
16. 00   01600   MEDI CAL RECORDS & LI BRARY 17. 00   01700   SOCI AL SERVI CE	26, 301	0	53	0	7, 882, 366 0	16. 00 17. 00
21. 00   02100   1&R SERVI CES-SALARY & FRINGES APPRVD	88, 767 203, 836	0	280 0	0	0	21.00
22. 00   02200   Lar Services Saeari & Tringes Africes	92, 055	0	789	0	Ö	22. 00
23. 00   02300   EMS TRAINING-ALLIED HEALTH	0	o	0	0	Ö	23. 00
23. 01   02301   RADI OLOGY SCHOOL-ALLI ED HEALTH	0	o	0	0	0	23. 01
23. 02   02302   PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23. 02
23. 03 O2303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	23. 03
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 /7/ 710	7 402 0/0	77 007		/00,000	20.00
30. 00   03000   ADULTS & PEDI ATRI CS 31. 00   03100   I NTENSI VE CARE UNI T	1, 676, 713 361, 644	7, 483, 960 1, 614, 188	77, 927 19, 967	0	608, 908 150, 636	30. 00 31. 00
32. 00   03200   CORONARY CARE UNIT	301, 044 N	1,014,100	19, 967	0	150, 636	32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	52, 603	ő	2, 479	0	45, 796	35. 00
43. 00   04300   NURSERY	23, 014	102, 721	1, 671	0		43. 00
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	197, 260	880, 466	470, 336	0	372, 070	50. 00
51. 00   05100   RECOVERY ROOM	26, 301	0	1, 947	0	,	51.00
52. 00   05200   DELI VERY ROOM & LABOR ROOM	85, 479	381, 535	6, 391	0	30, 124	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C	82, 192 26, 301	0	643 8, 515	0	165, 599 58, 915	54. 00 55. 00
57. 00   05700   CT   SCAN	101, 918	0	530	0	247, 069	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	16, 438	ő	6	0	39, 108	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	124, 931	0	586, 288	0	672, 261	59. 00
60. 00   06000   LABORATORY	0	0	100, 631	0	480, 966	60.00
64. 00 06400 I NTRAVENOUS THERAPY	13, 151	0	0	0	1, 649	64. 00
65. 00 06500 RESPIRATORY THERAPY	141, 370	0	2, 719	0	82, 499	65. 00
66. 00 06600 PHYSI CAL THERAPY	78, 904	0	5, 293	0	77, 386	66.00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	49, 315 19, 726	0	1, 323 535	0	20, 731 8, 415	67. 00 68. 00
69. 00   06900   ELECTROCARDI OLOGY	141, 370	0	4, 756	0	171, 753	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	26, 301	o	2, 571	0	23, 368	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1, 194, 754	0	302, 466	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	232, 586	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0	4, 709, 536	15, 195, 409		
74. 00   07400   RENAL DI ALYSI S	0	0	121	0	13, 832	
76. 00   03330   ENDOSCOPY 76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	16, 438 170, 959	0	4, 372 13, 811	0	12, 677 62, 757	76. 00 76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	170, <del>3</del> 39	0	7, 811	0	3, 094	76. 01
76. 04 03952 WOUND CARE CENTER	49, 315	o	8, 340	0	38, 948	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	493, 150	0	24, 928	0	667, 835	76. 05
76.06 03953 I MAGI NG CENTERS	3, 288	0	3, 953	0	175, 163	76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	16, 115	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	46, 027	0	775	0	13, 915	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	9, 863	0	1, 220	0	8, 104	76. 98
OUTPATIENT SERVICE COST CENTERS  88. 00   08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	Ö	89. 00
90. 00   09000   CLI NI C	0	0	0	0	0	90.00
90. 01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90. 01
90. 02 04951 HEALTHY HEARTS CENTER	78, 904	0	3, 489	0	12, 797	90. 02
90. 03   09001   CLI NI C	0	0	0	0	0	90. 03
90. 04   04953   SPI NE CENTER	0	0	0	0	0	90.04
90. 05   04954   INFUSION CENTERS	0	0	0	0	6, 958	90.05
90. 06   09002   MEDCHECK   CLINICS 90. 07   09003   KNEE   CENTER	0 111, 781	0	1, 318	0	0 18, 158	90. 06 90. 07
90. 08   09004   PALLI ATI VE CARE	111, 701 N	n	1, 310 N	0	298	90.07
90. 10   09006   WORK SITE CLINICS	0	o	o	0	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	o	0	0	0	90. 12
91. 00 09100 EMERGENCY	414, 246	1, 848, 979	50, 855	0	670, 589	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 

					8/19/2020 1: 43 pm
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL
		ADMI NI STRATI ON	SERVICES &		RECORDS &
			SUPPLY		LI BRARY
	11. 00	13. 00	14. 00	15. 00	16. 00
OTHER REIMBURSABLE COST CENTERS					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 434, 518	12, 311, 849	7, 321, 027	15, 195, 409	7, 882, 366 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
191. 00 19100 RESEARCH	0	0	0	0	0 191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	0 192. 00
194. 00 07950  HOME OFFI CE	0	0	0	0	0 194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0 194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0	0	0	0 194. 02
194. 03 07953 SCHOOL BASED CLINICS	0	0	611	0	0 194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0 194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	179	0	0 194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0 194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	3, 751	0	0 194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00   TOTAL (sum lines 118 through 201)	5, 434, 518	12, 311, 849	7, 325, 568	15, 195, 409	7, 882, 366 202. 00

| Peri od: | Worksheet B | From 01/01/2019 | Part | To 12/31/2019 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074

				T	o 12/31/2019	Date/Time Pre 8/19/2020 1:4	
			INTERNS &	RESI DENTS		0/1//2020 1.4	5 piii
	Cost Contar Description	SOCIAL SERVICE	SEDVICES SALAD	CEDVI CES OTHER	EMS	RADI OLOGY	
	Cost Center Description	SUCIAL SERVICE	Y & FRINGES		TRAI NI NG-ALLI E		
					D HEALTH	HEALTH	
	CENEDAL SEDVICE COST CENTEDS	17.00	21. 00	22.00	23. 00	23. 01	
1. 00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FIXT						1. 00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10. 00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14. 00 15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY						16. 00
17. 00	01700 SOCIAL SERVICE	3, 849, 566					17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	5, 042, 765				21. 00
22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02300 EMS TRAINING-ALLIED HEALTH	0		7, 896, 579	0		22. 00 23. 00
23. 00	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0			0	0	23. 00
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0					23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0					23. 03
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	2 154 240	2 420 524	2 002 001	0	0	20.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	3, 154, 269 514, 632	2, 428, 524 50, 787				30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT	0	0		-	Ö	32. 00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	94, 761	0	0	0	0	35. 00
43.00	04300 NURSERY	85, 904	0	0	0	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM		230, 584	361, 076	0	0	50. 00
51. 00	05100 RECOVERY ROOM		230, 304				51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		0	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54. 00
55. 00 57. 00	05500   RADI OLOGY-THERAPEUTI C   05700   CT   SCAN	0	0	0	_	0	55. 00 57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	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	13, 563			0	60. 00
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	_	0	64.00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	136, 264	· -	_	0 0	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	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
70. 00 71. 00	07000   ELECTROENCEPHALOGRAPHY   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	70. 00 71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	O	0	Ö	0	ő	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
	07400 RENAL DIALYSIS	0	0	0	0	0	74. 00
76. 00 76. 01	03330   ENDOSCOPY   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	0	0 173, 177	271, 181	0	0 0	76. 00 76. 01
	03951 LUTHERWOOD PARTNERSHIP	0	173, 177	271, 101	0	0	76. 03
	03952 WOUND CARE CENTER	0	3, 788	5, 932	0	0	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76. 05
76. 06 76. 07	03953 I MAGI NG CENTERS 03954 BREAST DI AGNOSTI C CENTER	0	0	0	0	0 0	76. 06 76. 07
	07697 CARDIAC REHABILITATION	0	0	0	0	0	76. 97
	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS			-	=		00.00
	08800   RURAL HEALTH CLINIC   08900   FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	88. 00 89. 00
	09000 CLINIC	0	0	0	0	0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	Ō	Ö	o o	0	90. 01
	04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90. 02
	09001   CLI NI C   04953   SPI NE CENTER	0	0	0	0	0 0	90. 03
	04954 INFUSION CENTERS		0	0	0	0	90. 04 90. 05
	I I	0	0	o o	Ö	0	90.06
90. 07	09003 KNEE CENTER	0	39, 112	61, 246	0	0	90. 07
	09004 PALLI ATI VE CARE	0	0	0	0	0	90. 08
	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE		0	0	0	0	90. 10 90. 12
	12	<u> </u>	O <sub>1</sub>	1 0	<u> </u>	·	70. 12

			Fi To	rom 01/01/2019 o 12/31/2019		pared:
		I NTERNS &	RESI DENTS		07 1 97 2020 1.4	J piii
Cost Center Description	SOCI AL SERVI CE	SERVI CES-SALAR			RADI OLOGY	
		Y & FRINGES	PRGM COSTS	TRAI NI NG-ALLI E		
				D HEALTH	HEALTH	
	17. 00	21. 00	22. 00	23. 00	23. 01	
91. 00   09100   EMERGENCY	0	200, 809	314, 452	0	0	, 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS				_	_	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3, 849, 566	3, 276, 608	5, 130, 914	0	0	118. 00
NONREI MBURSABLE COST CENTERS		al				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0		192. 00
194. 00 07950 HOME OFFICE	0	0	0	0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0	0	0		194. 02
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	0	0	0		194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	1, 698, 653	2, 659, 958	0		194. 05
194. 07 07957 LI FECHECK	0	0	0	0		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	67, 504	105, 707	0		194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0		194. 09
200.00 Cross Foot Adjustments		0	0	0		200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	3, 849, 566	5, 042, 765	7, 896, 579	0	0	202. 00

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HEALTH NETWORK, INC. COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Cost Center Description **PHARMACY** PHARMACY Subtotal Intern & Total RESI DENCY-ALLI RESI DNECY-BTH Residents Cost ED HEALTH ALLIED HEALTH & Post Stepdown Adjustments 23. 03 23.02 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 17.00 01700 SOCIAL SERVICE 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22 00 22 00 23.00 02300 EMS TRAINING-ALLIED HEALTH 23.00 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 23.01 23.01 23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 23 03 INPATIENT ROUTINE SERVICE COST CENTERS 107, 031, 802 -6, 231, 405 30.00 03000 ADULTS & PEDIATRICS 0 100, 800, 397 30.00 0 31.00 03100 INTENSIVE CARE UNIT 0 20, 533, 477 -130, 315 20, 403, 162 31.00 03200 CORONARY CARE UNIT 32 00 32.00 0 0 0 35.00 02060 NEONATAL INTENSIVE CARE UNIT 0 0 2, 219, 511 0 2, 219, 511 35.00 04300 NURSERY 43.00 1, 535, 884 1, 535, 884 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50 00 0 19, 144, 436 -591, 660 18, 552, 776 05100 RECOVERY ROOM 0 2, 191, 872 2, 191, 872 51.00 51.00 0000000000000000000000000000000 05200 DELIVERY ROOM & LABOR ROOM 6, 395, 316 6, 395, 316 52.00 52 00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 8, 767, 348 8, 767, 348 0 54.00 55 00 05500 RADI OLOGY-THERAPEUTI C Ω 1, 664, 194 0 1, 664, 194 55 00 05700 CT SCAN 4, 557, 336 4, 557, 336 57.00 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 2, 212, 177 0 2, 212, 177 58.00 05900 CARDI AC CATHETERI ZATI ON 59.00 0 9, 637, 448 9, 637, 448 59.00 0 60.00 06000 LABORATORY 0 17, 388, 179 -34, 802 17, 353, 377 60.00 64.00 06400 INTRAVENOUS THERAPY 595, 159 0 595, 159 64.00 06500 RESPIRATORY THERAPY 6, 392, 823 6, 392, 823 65.00 65.00 10, 375, 720 06600 PHYSI CAL THERAPY -349, 643 10, 026, 077 66.00 66,00 67.00 06700 OCCUPATIONAL THERAPY 2, 479, 989 2, 479, 989 67.00 68.00 06800 SPEECH PATHOLOGY 1, 003, 618 1,003,618 68.00 4, 881, 119 4, 881, 119 06900 ELECTROCARDI OLOGY 69.00 0 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 1, 509, 081 0 1, 509, 081 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 40, 953, 956 40, 953, 956 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 0 34, 114, 999 34, 114, 999 72.00 72.00 180, 999, 242 07300 DRUGS CHARGED TO PATIENTS 180, 999, 242 0 0 73.00 73 00 74.00 07400 RENAL DIALYSIS 0 1, 960, 735 1, 960, 735 74.00 03330 ENDOSCOPY 76.00 1, 036, 472 1, 036, 472 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 21, 803, 906 -444, 358 21, 359, 548 76.01 76.01 6, 130, 149 76.03 03951 LUTHERWOOD PARTNERSHIP 6, 130, 149 76.03 76.04 03952 WOUND CARE CENTER 0 4, 349, 032 -9, 720 4, 339, 312 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 49, 060, 464 49, 060, 464 76.05 9, 378, 307 76 06 03953 I MAGING CENTERS 0 0 9, 378, 307 76 06 03954 BREAST DIAGNOSTIC CENTER 76.07 0 3, 136, 782 0 3, 136, 782 76.07 07697 CARDIAC REHABILITATION 0 2, 114, 904 0 2, 114, 904 76. 97 76.97 07698 HYPERBARI C OXYGEN THERAPY 0 76.98 0 794, 551 0 794, 551 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 0 0 89.00 0 90.00 09000 CLI NI C 00000000 0 0 90.00 0 04950 DIABETIC CARE CENTER 90 01 90.01 0 0 90.02 04951 HEALTHY HEARTS CENTER 0 2, 851, 085 0 2, 851, 085 90.02 0 90.03 09001 CLI NI C 90.03 90.04 04953 SPINE CENTER 0 0 90.04 0 0 90.05 04954 INFUSION CENTERS 0 915, 421 0 915, 421 90.05 09002 MEDCHECK CLINICS 90.06 0 90.06 90.07 09003 KNEE CENTER 0 6, 928, 159 -100, 358 6, 827, 801 90.07 90.08 09004 PALLIATIVE CARF 0 90 08 298 0 298 90. 10 09006 WORK SITE CLINICS 0 0 90.10

0

0

0 90.12

04961 FAMILY PRACTICE AND MATERNITY CARE

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2552-10
COST ALLOCATION CENEDAL SERVICE COSTS	Provider CCN: 15 0074	Port od:	Workshoot P

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der C		Peri od:	Worksheet B	
				From 01/01/2019 To 12/31/2019		nared:
				10 12/31/2017	8/19/2020 1:4	
Cost Center Description	PHARMACY	PHARMACY	Subtotal	Intern &	Total	
		RESI DNECY-BTH		Residents Cost		
	ED HEALTH	ALLI ED HEALTH		& Post		
				Stepdown		
	23. 02	23. 03	24.00	Adjustments	26.00	
91. 00   09100   EMERGENCY	23.02	23.03		25. 00 21 -515, 261	30, 160, 730	91, 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			30, 675, 95	-515, 201	30, 100, 730	91.00
OTHER REIMBURSABLE COST CENTERS				U		72.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS		) (	ol	0 0	0	98. 00
SPECIAL PURPOSE COST CENTERS		-	.1			
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	C	) C	627, 720, 94	-8, 407, 522	619, 313, 420	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	) C	)	0		190. 00
191. 00 19100 RESEARCH	C	) C		0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	C	) C	26	0		192. 00
194. 00 07950 HOME OFFICE	C			0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	C	) C	)	0 0		194. 01
194. 02 07952 ACCOUNTABLE CARE			338, 33		338, 337	
194. 03 07953 SCHOOL BASED CLINICS			335, 08		335, 084	
194. 04 07954 SMO-NON PROVI DER BASED			894, 13		894, 134	
194.05 07955  FAMILY PRACTICE MEDICINE 194.07 07957  LIFECHECK			10, 364, 25	-4, 358, 611	6, 005, 648	194. 05
194.08 07958 GROUP HOMES AND MISC. N R CTRS			2, 478, 43	33 -173, 211	2, 305, 222	
194. 09 07959 SURGERY CENTER EAST			2,470,4	0 -1/3,211		194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers			ol .	o o		201.00
202.00 TOTAL (sum lines 118 through 201)		)	642, 131, 45	-12, 939, 344		

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

				Т	o 12/31/2019	Date/Time Pre 8/19/2020 1:4	
			CAPI TAL REI	LATED COSTS		6/19/2020 1.4	3 piii
		D: 11	DI DO A FLYT	INVELS FOLLING		EMPL OVEE	
	Cost Center Description	Directly Assigned New	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		Capi tal				DEPARTMENT	
		Related Costs					
	GENERAL SERVICE COST CENTERS	0	1. 00	2. 00	2A	4. 00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	225, 951			228, 724	4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	0	1, 019, 533 3, 113, 642		12, 821, 585 3, 243, 196	13, 011 3, 246	5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	0	0, 113, 042	127, 334	3, 243, 170	0, 240	8. 00
9.00	00900 HOUSEKEEPI NG	0	273, 256	35, 163	308, 419	3, 119	9. 00
10. 00	01000 DI ETARY	0	216, 341			680	1
11.00	01100 CAFETERI A	0	690, 987			2, 278	1
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	0 0	232, 394 438, 603			3, 107 0	13. 00 14. 00
15. 00	01500 PHARMACY	0	185, 034			7, 714	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	42, 707	1		820	16. 00
17. 00	01700 SOCIAL SERVICE	0	82, 907	1		2, 558	1
21. 00 22. 00	02100   &R SERVICES-SALARY & FRINGES APPRVD 02200   &R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1	0 71, 084	4, 623 6, 276	1
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0	0	1	0	0, 2, 0	23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	0	c	0	0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0		0	0	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH INPATIENT ROUTINE SERVICE COST CENTERS	0	0	1	0	0	23. 03
30.00	03000 ADULTS & PEDIATRICS	0	3, 810, 579	860, 242	4, 670, 821	49, 584	30.00
31. 00	03100 INTENSIVE CARE UNIT	0	526, 494	1		10, 061	31. 00
32. 00 35. 00	03200 CORONARY CARE UNIT	0 0	0	27 214	-	1 224	32. 00 35. 00
43. 00	02060   NEONATAL   INTENSIVE CARE UNIT   04300   NURSERY	0	Ĭ	27, 314 65, 829		1, 324 594	43. 00
10.00	ANCILLARY SERVICE COST CENTERS		,,,,,,			37.	10.00
50.00	05000 OPERATING ROOM	0	1, 279, 958			5, 301	50.00
51. 00 52. 00	O5100   RECOVERY ROOM   O5200   DELIVERY ROOM & LABOR ROOM	0 0	262, 628 364, 699			790 3, 064	51. 00 52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	641, 342			3, 336	•
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	15, 006			712	55. 00
57. 00	05700 CT SCAN	0	41, 963			1, 983	1
58. 00 59. 00	05800   MAGNETIC RESONANCE   MAGING (MRI)   05900   CARDIAC CATHETERIZATION	0 0	75, 143 406, 497			552 3, 863	58. 00 59. 00
60.00	06000 LABORATORY	0	131, 149			3, 603	60.00
64. 00	06400 I NTRAVENOUS THERAPY	0	11, 289	1		389	64. 00
65. 00	06500 RESPI RATORY THERAPY	0	33, 097	1		4, 043	1
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	37, 502 9, 885	1		5, 488 1, 454	1
68. 00	06800 SPEECH PATHOLOGY	0	3, 993	1		589	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	19, 082		294, 508	2, 979	1
	07000 ELECTROENCEPHALOGRAPHY	0	0	98, 805	98, 805	697	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	71. 00 72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	Ö	0		0	Ö	73. 00
74. 00	1	0	8, 508	l .		0	74.00
76.00	03330   ENDOSCOPY   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	0	142 (21	150, 439		460	1
76. 01 76. 03	03950 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	142, 631 0	1, 099, 402 124, 762		36, 070 9, 532	1
76. 04		0	136, 683	1	142, 660	1, 072	1
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	2, 511, 482			12, 814	76. 05
76.06	03953 I MAGI NG CENTERS	0	87, 946	1		3, 531	76.06
76. 07 76. 97	03954 BREAST DI AGNOSTI C CENTER 07697 CARDI AC REHABI LI TATI ON	0	60, 769 202, 271	l .	60, 769 223, 865	0 893	76. 07 76. 97
76. 98		0	26, 131			177	ı
	OUTPATIENT SERVICE COST CENTERS						
88. 00		0	0	C	0	0	
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89. 00 90. 00
90. 00	04950 DI ABETI C CARE CENTER	0	0		ol	0	90.00
90. 02	04951 HEALTHY HEARTS CENTER	0	102, 678	5, 049	107, 727	2, 129	90. 02
90. 03	09001 CLI NI C	0	0	C	0	0	90. 03
90. 04 90. 05	04953 SPI NE CENTER 04954 I NFUSI ON CENTERS	0	0	71, 348	0 71, 348	0 352	90. 04 90. 05
90. 06	09002 MEDCHECK CLINICS	0	0	71, 340	, 1, 340	0	90.05
90. 07	09003 KNEE CENTER	0	514, 654	20, 722	535, 376	2, 188	90. 07
90.08	09004 PALLIATIVE CARE	0	0	C	0	0	1
90. 10	09006 WORK SITE CLINICS	0	0	, C	<u> </u>	0	90. 10

Health Financial Systems	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Pre 8/19/2020 1:4	
Cost Center Description	Di rectly	CAPITAL REL	ATED COSTS	Subtotal	   EMPLOYEE	
cost center bescription	Assigned New Capital Related Costs				BENEFITS DEPARTMENT	
	0	1. 00	2. 00	2A	4. 00	
90.12   04961 FAMILY PRACTICE AND MATERNITY CARE 91.00   09100 EMERGENCY	0	0 1, 645, 924	357, 00	0 1 2, 002, 925	0 10, 375	90. 12 91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,045,724	337,00	0	10, 373	92.00
OTHER REIMBURSABLE COST CENTERS						]
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0 (C	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	19, 728, 509	27, 944, 18	8 47, 672, 697	223, 828	118. 00
NONREI MBURSABLE COST CENTERS						
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0		190.00
191. 00 19100 RESEARCH	0	0		0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	20	208		192. 00 194. 00
194.00 07950 HOME OFFICE 194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0		0		194. 00
194. 02 07951 0CCUPATTONAL HEALTH ONSITE SVCS	0	0		0		194. 01
194. 03 07953  SCHOOL BASED CLINICS	0	0		0	l	194. 02
194. 04 07954 SMO-NON PROVI DER BASED	0	0		0		194. 03
194. 05 07955 FAMILY PRACTICE MEDICINE	0	0	493, 23	2 493, 232		194. 05
194. 07 07957 LI FECHECK		0	7,5, 25.	7,3, 232		194. 07
194. 08 07958 GROUP HOMES AND MISC. N R CTRS		164, 961	112, 37	5 277, 336		194. 08
194 09 07959 SURGERY CENTER FAST	0	101, 701		n 277,000		194 09

19, 893, 470

28, 550, 003

48, 443, 473

0 194. 09 200. 00

0 201.00

228, 724 202. 00

194. 09 07959 SURGERY CENTER EAST 200. 00 Cross Foot Adjustments

201.00

202.00

Negative Cost Centers TOTAL (sum lines 118 through 201)

90.05 90.06

90. 07

90.08

90. 10

90. 12 0

91.00

92.00

2, 699

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074 Period: Worksheet B

ALLOCA	NTION OF CAPITAL RELATED COSTS		Provi der Co		eriod: rom 01/01/2019 o 12/31/2019	Worksheet B Part II Date/Time Pre 8/19/2020 1:4	
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	J
		& GENERAL 5.00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	10.00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	7.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
4. 00 5. 00	OO400	12, 834, 596					4. 00 5. 00
7. 00	00700 OPERATION OF PLANT	435, 632	3, 682, 074				7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	29, 380	0				8. 00
9.00	00900 HOUSEKEEPI NG	126, 890	64, 769				9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	41, 092 83, 154	51, 279 163, 783		7, 133 22, 784	339, 890 0	1
13. 00	01300 NURSI NG ADMI NI STRATI ON	234, 795	55, 084		7, 663	0	1
14.00	01400 CENTRAL SERVICES & SUPPLY	130, 255	103, 961	0	14, 462	0	1
15. 00	01500 PHARMACY	291, 906	43, 858		6, 101	0	
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	155, 450 72, 108	10, 123 19, 651		1, 408 2, 734	0	
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	96, 719	19,031	1	2, 734	0	1
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	155, 688	0	291	0	0	1
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	
23. 01 23. 02	02301   RADI OLOGY SCHOOL-ALLI ED HEALTH   02302   PHARMACY RESI DENCY-ALLI ED HEALTH	0	0	0	0	0	
23. 02	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>			<u> </u>		20.00
30.00	03000 ADULTS & PEDIATRICS	1, 559, 430	903, 215			289, 058	1
31. 00 32. 00	03100   INTENSIVE CARE UNIT   03200   CORONARY CARE UNIT	326, 063	124, 794 0	2, 268 0	l '	47, 710 0	1
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	40, 453	0	0	· ·	0	1
43. 00	04300 NURSERY	22, 521	23, 032	172	3, 204	0	1
	ANCILLARY SERVICE COST CENTERS	000 450	222 224		40.000	400	
50. 00 51. 00	O5000   OPERATI NG ROOM   O5100   RECOVERY ROOM	283, 158 32, 886	303, 386 62, 250		l '	423 0	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	103, 675	86, 444			0	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	145, 041	152, 016			0	
55.00	05500 RADI OLOGY-THERAPEUTI C	30, 758	3, 557			0	
57. 00 58. 00	05700 CT SCAN   05800 MAGNETIC RESONANCE I MAGING (MRI)	82, 323 40, 286	9, 946 17, 811			0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	149, 345	96, 351			0	1
60.00	06000 LABORATORY	330, 396	31, 086		4, 324	0	60. 00
64. 00	06400   NTRAVENOUS THERAPY	11, 184	2, 676		372	0	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	120, 716 195, 787	7, 845 8, 889		1, 091 1, 237	0	
67. 00	06700 OCCUPATI ONAL THERAPY	47, 779	2, 343	1	326	0	1
68. 00	06800 SPEECH PATHOLOGY	19, 340	946		132	0	
69.00	06900 ELECTROCARDI OLOGY	90, 506	4, 523		~	0	
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28, 788 788, 652	0		0	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS	677, 234	Ō		1	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	3, 173, 230	0		0	0	73. 00
74. 00 76. 00	07400 RENAL DI ALYSI S 03330 ENDOSCOPY	38, 598 20, 021	2, 017	0 27		0	
76. 00 76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	416, 725	33, 807			0	
76. 03	03951 LUTHERWOOD PARTNERSHIP	122, 310	0	0	.,	0	1
76. 04	03952 WOUND CARE CENTER	79, 121	32, 398		l '	0	
76. 05 76. 06	03480   ONCOLOGY-CANCER CARE CENTER   03953   I MAGI NG CENTERS	863, 941 180, 564	595, 292 20, 846		82, 810 2, 900	0	
76. 07	03954 BREAST DIAGNOSTIC CENTER	60, 135	14, 404		2, 900	0	1
76. 97	07697 CARDI AC REHABI LI TATI ON	33, 603	47, 944	0	6, 669	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	14, 535	6, 194	0	862	0	76. 98
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	0	0	0	O	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	Ö	0	
90.00	09000 CLI NI C	0	0	0	0	0	
90. 01 90. 02	O4950   DI ABETI C CARE CENTER   O4951   HEALTHY HEARTS CENTER	0	0 24 227	0	0 3, 386	0	
90. 02	09001 CLINIC	50, 643 0	24, 337 0	657 0	3, 386 N	0	1
90. 04	04953 SPI NE CENTER		Ö	Ö	o	0	90. 04
90.05	04954 INFUSION CENTERS	18 158	0	l n	l ol	0	90.05

18, 158

114, 879

477, 461

121, 987

390, 130

0

4, 670

54, 270

90. 05 | 04954 | I NFUSI ON CENTERS 90. 06 | 09002 | MEDCHECK CLINICS

90. 08 09004 PALLIATIVE CARE

90. 10 09006 WORK SITE CLINICS

90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

90. 07 09003 KNEE CENTER

91. 00 09100 EMERGENCY

| Period: | Worksheet B | From 01/01/2019 | Part II | To 12/31/2019 | Date/Time Prepared:

				1	0 12/31/2019	8/19/2020 1:4	
Cost Ce	nter Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	Dill Dill
		& GENERAL	PLANT	LINEN SERVICE			
		5. 00	7. 00	8. 00	9. 00	10.00	
OTHER REIMBUR	SABLE COST CENTERS						
98. 00 09850 OTHER R	EIMBURSABLE COST CENTERS	0	(	0	0	0	98. 00
SPECIAL PURPO	SE COST CENTERS						
	LS (SUM OF LINES 1 through 117)	12, 643, 314	3, 642, 974	29, 380	497, 758	339, 890	118. 00
	LE COST CENTERS						
	LOWER, COFFEE SHOP & CANTEEN	0	(	0	0	1	190. 00
191. 00 19100 RESEARC		0	(	0	0	1	191. 00
	ANS' PRIVATE OFFICES	5	(	0	0	0	192. 00
194.00 07950 HOME OF	FI CE	0	(	0	0	0	194. 00
194. 01 07951 OCCUPAT	IONAL HEALTH ONSITE SVCS	0	(	0	0	0	194. 01
194. 02 07952 ACCOUNT	ABLE CARE	6, 763	(	0	0	0	194. 02
194. 03 07953 SCH00L	BASED CLINICS	6, 685	(	0	0	0	194. 03
194. 04 07954 SMO-NON	PROVI DER BASED	17, 872	(	0	0	0	194. 04
194. 05 07955 FAMI LY	PRACTICE MEDICINE	120, 036	(	0	0	0	194. 05
194. 07 07957 LI FECHE	CK	0	(	0	0	0	194. 07
194.08 07958 GROUP H	OMES AND MISC. N_R CTRS	39, 921	39, 100	0	5, 439	0	194. 08
194. 09 07959 SURGERY	CENTER EAST	0	(	0	0	0	194. 09
200.00 Cross F	oot Adjustments						200. 00
201.00 Negati v	e Cost Centers	0	(	0	0	0	201. 00
202.00 TOTAL (	sum lines 118 through 201)	12, 834, 596	3, 682, 074	29, 380	503, 197	339, 890	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2019 Part II
To 12/31/2019 Date/Time Prepared:
8/19/2020 1:43 pm

					12/31/2019	8/19/2020 1:4	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVI CES & SUPPLY		RECORDS & LI BRARY	
		11. 00	13. 00	14. 00	15. 00	16. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9. 00
10. 00							10.00
11. 00	l i	1, 107, 117					11. 00
13. 00	l i	27, 460	593, 787				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	2, 549, 586			14.00
15. 00		50, 902	0	33	1, 249, 606		15. 00
16. 00	l i	5, 358	0	18	0	215, 990	16. 00
17. 00	l i	18, 084	0	98	0	0	17.00
21. 00	l i	41, 525	1	0	0	0	21.00
22. 00 23. 00	l i	18, 753 0	0	274	0	0	22. 00 23. 00
23. 00	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	0	0	0		23. 00
23. 02		0	0	0	0	Ö	23. 02
23. 03		0	o	0	0	Ö	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	341, 579	360, 943	27, 121	0	16, 753	30. 00
31. 00		73, 674	77, 851	6, 949	0	.,	31. 00
32. 00		0	0	0	0	0	32. 00
35. 00		10, 716	1	863	0		35. 00
43. 00		4, 688	4, 954	582	0	221	43. 00
50. 00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	40, 186	42, 464	163, 691	0	10, 237	50.00
51. 00		5, 358		678	0		51.00
52. 00		17, 414	18, 401	2, 224	0		52. 00
54. 00		16, 744	0	224	0	4, 556	54.00
55.00		5, 358	o	2, 964	0	1, 621	55. 00
57.00	05700 CT SCAN	20, 763	o	185	0	6, 798	57. 00
58. 00	1 1	3, 349	0	2	0	1, 076	58. 00
59. 00		25, 451	0	204, 046	0	18, 496	59. 00
60.00		0	0	35, 023	0	13, 233	60.00
64. 00		2, 679	0	0	0	45	64.00
65. 00 66. 00	l i	28, 800 16, 074	0	946 1, 842	0	2, 270 2, 129	65. 00 66. 00
67. 00	l i	10, 074	0	460	0	570	67.00
68. 00	l i	4, 019	0	186	0	232	68. 00
69. 00	l i	28, 800	o o	1, 655	0	4, 726	69. 00
70.00	l i	5, 358	o	895	0	643	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	o	415, 810	0	8, 322	71. 00
72. 00		0	0	0	0	6, 399	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	1, 639, 127	1, 249, 606		
74. 00		0	0	42	0	381	74.00
76. 00		3, 349	1	1, 522	0	349	76. 00
76. 01 76. 03		34, 828	0	4, 807 2, 718	0	1, 727 85	76. 01 76. 03
76. 03		10, 046	0	2, 718	0	1, 072	76. 03
76. 05		100, 464	0	8, 676	0	18, 375	76. 05
76. 06		670	o	1, 376	0	4, 819	76. 06
76. 07		0	o	0	0	443	76. 07
76. 97	07697 CARDIAC REHABILITATION	9, 377	0	270	0	383	76. 97
76. 98		2, 009	0	425	0	223	76. 98
	OUTPATIENT SERVICE COST CENTERS						
88. 00		0	0	0	0	_	88. 00
89. 00		0	0	0	0		89. 00
90. 00 90. 01		0	0	0	0	0	90. 00 90. 01
90.01	1	16, 074	0	1, 214	0	352	90.01
90. 02		10,074	0	1, 214	0	0	90. 03
90. 03	1 1	0	l ol	0	0	0	90.03
90. 05	1 1	0	Ö	Ö	0	191	90. 05
90. 06	l i	0	o	0	0	0	90. 06
90. 07	09003 KNEE CENTER	22, 772	0	459	0	500	90. 07
90. 08		0	0	0	0	8	90. 08
90. 10	l i	0	0	0	0	0	90. 10
90. 12		0	0 00 47	0	0	10.450	90. 12
91. 00 92. 00	l i	84, 390	89, 174	17, 699	0	18, 450	91. 00 92. 00
<del>7</del> ∠. UU	107200 ODSERVATION DEDS (NON-DISTINCT PART)	<u> </u>	l			l	72. UU

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2019 Part II 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & RECORDS & LI BRARY SUPPLY 11.00 13.00 15.00 14.00 16.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 98.00 0 0 0 0 0 98.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 1, 249, 606 118.00 1, 107, 117 593, 787 2, 548, 006 215, 990 118. 00 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 191. 00 19100 RESEARCH 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192, 00 0 194.00 07950 HOME OFFICE 0 0 0 194. 00

1, 107, 117

0

0

0

0

0

593, 787

0

0

0

62

0

1, 249, 606

1, 305

2, 549, 586

213

0 194. 01

0 194. 02

0 194. 03

0 194. 04

0 194. 05 0 194. 07

0 194. 08

0 194. 09

0 201. 00

215, 990 202. 00

200.00

194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS

194. 08 07958 GROUP HOMES AND MISC. N\_R CTRS

Cross Foot Adjustments Negative Cost Centers

TOTAL (sum lines 118 through 201)

194. 02 07952 ACCOUNTABLE CARE

194. 07 07957 LI FECHECK

200.00

201.00

202.00

194.03 07953 SCHOOL BASED CLINICS

194. 09 07959 SURGERY CENTER EAST

194. 04 07954 SMO-NON PROVIDER BASED

194. 05 07955 FAMILY PRACTICE MEDICINE

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2019 Part II
To 12/31/2019 Date/Time Prepared:
8/19/2020 1:43 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

				'	0 12/31/2019	8/19/2020 1: 4	
			INTERNS &	RESI DENTS			
		000141 05011105	050,41050,04140	local acceptance	540	5.5.0.000	
	Cost Center Description	SOCIAL SERVICE	SERVI CES-SALAR			RADI OLOGY	
			Y & FRINGES	PRGM COSTS	TRAINING-ALLIE D HEALTH	HEALTH	
		17. 00	21.00	22. 00	23. 00	23. 01	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON						13. 00
14. 00	01400 CENTRAL SERVI CES & SUPPLY						14. 00
15. 00 16. 00	01500   PHARMACY   01600   MEDICAL RECORDS & LIBRARY						15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	198, 910					17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	142, 867				21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	·	252, 366			22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0			0	•	23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0				0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0					23. 02
23. 03	02303   PHARMACY RESIDNECY-BTH ALLIED HEALTH   INPATIENT ROUTINE SERVICE COST CENTERS	0					23. 03
30. 00	03000 ADULTS & PEDIATRICS	162, 984					30.00
31. 00	03100   NTENSI VE CARE UNI T	26, 591					31. 00
32.00	03200 CORONARY CARE UNIT	0					32. 00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4, 896					35. 00
43. 00	04300 NURSERY	4, 439					43. 00
50. 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM	0	I	Γ	I	Γ	50. 00
51.00	05100 RECOVERY ROOM	0	ł				51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0					52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0					54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0					55. 00
57. 00 58. 00	05700 CT SCAN   05800 MAGNETIC RESONANCE IMAGING (MRI)	0					57. 00 58. 00
59. 00	05900 CARDIAC CATHETERIZATION	0					59.00
60.00	06000 LABORATORY	0					60.00
64.00	06400 I NTRAVENOUS THERAPY	0					64. 00
65.00	06500 RESPI RATORY THERAPY	0					65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY	0					66. 00 67. 00
68. 00	O6700   OCCUPATI ONAL THERAPY   O6800   SPEECH PATHOLOGY	0					68.00
69. 00	06900 ELECTROCARDI OLOGY	0					69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0					70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0					72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0					73.00
74. 00 76. 00	07400   RENAL DI ALYSI S   03330   ENDOSCOPY	0					74. 00 76. 00
76. 00	03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES	0					76. 00
76. 03	03951 LUTHERWOOD PARTNERSHI P	0					76. 03
76. 04	03952 WOUND CARE CENTER	0					76. 04
	03480 ONCOLOGY-CANCER CARE CENTER	0					76. 05
76. 06	03953 I MAGI NG CENTERS	0					76.06
76. 07 76. 97	03954  BREAST DI AGNOSTIC CENTER   07697  CARDI AC REHABI LI TATI ON	0					76. 07 76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0					76. 98
	OUTPATIENT SERVICE COST CENTERS				<u> </u>		
88. 00	08800 RURAL HEALTH CLINIC	0					88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89. 00
90. 00 90. 01	09000   CLI NI C   04950   DI ABETI C CARE CENTER	0					90. 00 90. 01
90.01	04951 HEALTHY HEARTS CENTER	0					90.01
90. 02	09001 CLINIC	0					90.02
90. 04	04953 SPI NE CENTER	0					90. 04
90. 05	04954 I NFUSI ON CENTERS	0					90. 05
90. 06	09002 MEDCHECK CLINICS	0					90. 06
90. 07	09003 KNEE CENTER	0					90. 07
90. 08 90. 10	09004   PALLI ATI VE CARE   09006   WORK SI TE CLI NI CS						90. 08 90. 10
	04961 FAMILY PRACTICE AND MATERNITY CARE	0					90. 10
	1 1 222 3		1	1	1		, <del></del>

				o 12/31/2019		
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES		TRAI NI NG-ALLI E		
	17. 00	21. 00	22. 00	D HEALTH 23.00	HEALTH 23. 01	
91. 00   09100   EMERGENCY	17.00	21.00	22.00	23.00	23.01	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						72.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0					98. 00
SPECIAL PURPOSE COST CENTERS				· · · · · · · · · · · · · · · · · · ·		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	198, 910	0	0	0	0	118. 00
NONRE MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190. 00
191. 00 19100 RESEARCH	0					191. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0					192. 00
194. 00 07950 HOME OFFICE	0					194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0					194. 01
194. 02 07952 ACCOUNTABLE CARE	0					194. 02
194. 03 07953 SCHOOL BASED CLINICS	0					194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0					194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0					194. 05
194. 07 07957 LI FECHECK	0					194. 07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194. 08
194. 09 07959 SURGERY CENTER EAST	0	440.047	050 044		0	194. 09
200.00 Cross Foot Adjustments		142, 867	252, 366	0		200. 00 201. 00
201.00   Negative Cost Centers 202.00   TOTAL (sum lines 118 through 201)	198, 910	142, 867	252, 366	0		201.00
202.00   TOTAL (Suill TITIES TTO LITEOUGH 201)	190,910	142, 807	202, 300	ı Y	U	202.00

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2019 Part II 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Cost Center Description **PHARMACY** PHARMACY Intern & Subtotal Total RESIDENCY-ALLI RESIDNECY-BTH Residents Cost ED HEALTH ALLI ED HEALTH & Post Stepdown Adjustments 23. 03 23.02 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 17.00 01700 SOCIAL SERVICE 17.00 02100 | &R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22 00 22 00 23.00 02300 EMS TRAINING-ALLIED HEALTH 23.00 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 23.01 23.01 23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 23 03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 8, 520, 413 8, 520, 413 30.00 1, 820, 265 1, 820, 265 31.00 03100 INTENSIVE CARE UNIT 0 31.00 0 03200 CORONARY CARE UNIT 32.00 32.00 0 35.00 02060 NEONATAL INTENSIVE CARE UNIT 86, 826 0 86, 826 35.00 04300 NURSERY 43.00 227, 407 227, 407 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50 00 3, 515, 460 0 3, 515, 460 51.00 05100 RECOVERY ROOM 480, 012 0 480, 012 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 856, 486 0 856, 486 52 00 1, 846, 493 54.00 05400 RADI OLOGY-DI AGNOSTI C 1, 846, 493 54.00 05500 RADI OLOGY-THERAPEUTI C 299, 205 55 00 299, 205 55 00 05700 CT SCAN 636, 255 0 0 0 636, 255 57.00 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 839, 628 839, 628 58.00 05900 CARDI AC CATHETERI ZATI ON 1, 669, 402 59.00 1, 669, 402 59.00 60.00 06000 LABORATORY 601, 904 601, 904 60.00 64.00 06400 INTRAVENOUS THERAPY 31, 821 0 0 31, 821 64.00 06500 RESPIRATORY THERAPY 299, 484 299, 484 65.00 65.00 06600 PHYSI CAL THERAPY 671, 248 671, 248 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 90, 495 0 0 0 0 0 0 0 90, 495 67.00 68.00 06800 SPEECH PATHOLOGY 36, 574 36, 574 68.00 06900 ELECTROCARDI OLOGY 69.00 428, 326 428, 326 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 135, 517 135, 517 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 1, 212, 784 1, 212, 784 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 683, 633 683, 633 72.00 07300 DRUGS CHARGED TO PATIENTS 6, 125, 099 6, 125, 099 73.00 73 00 74.00 07400 RENAL DIALYSIS 50, 229 50, 229 74.00 03330 ENDOSCOPY 0 0 0 0 0 0 76.00 176, 167 176, 167 76.00 1, 774, 700 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 1, 774, 700 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 259, 407 259, 407 76.03 76.04 03952 WOUND CARE CENTER 274, 421 274, 421 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 7, 277, 399 7, 277, 399 76.05 76 06 03953 I MAGING CENTERS 1, 331, 721 1, 331, 721 76 06 03954 BREAST DIAGNOSTIC CENTER 76.07 137, 755 137, 755 76.07 07697 CARDIAC REHABILITATION 323, 004 0 323, 004 76. 97 76.97 07698 HYPERBARI C OXYGEN THERAPY 51, 678 76.98 0 51,678 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 0 89.00 0 90.00 09000 CLI NI C 0 0 90.00 04950 DIABETIC CARE CENTER 90 01 90.01 0 0 90.02 04951 HEALTHY HEARTS CENTER 206, 519 206, 519 90.02 90.03 09001 CLI NI C 0 90.03 0 90.04 04953 SPINE CENTER 90.04 C 0 90.05 04954 INFUSION CENTERS 90,049 0 90,049 90.05 09002 MEDCHECK CLINICS 90.06 0 90.06 0 90.07 09003 KNEE CENTER 815, 130 815, 130 90.07 09004 PALLIATIVE CARF 90.08 90 08 8 8 90. 10 09006 WORK SITE CLINICS 0 0 90.10 04961 FAMILY PRACTICE AND MATERNITY CARE 0 0 90.12

Health Financial Systems C	OMMUNITY HEALTH	I NETWORK, INC.		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2019 Fo 12/31/2019		
Cost Center Description	PHARMACY RESI DENCY-ALLI ED HEALTH	PHARMACY RESI DNECY-BTH ALLI ED HEALTH	Subtotal	Intern & Resi dents Cost & Post Stepdown Adjustments	Total	
	23. 02	23. 03	24. 00	25. 00	26. 00	
91. 00   09100   EMERGENCY			3, 152, 24	3 0	3, 152, 243	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS				0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	47, 035, 16	7 0	47, 035, 167	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190. 00
191. 00 19100 RESEARCH				0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES			21	3 0	213	192. 00
194.00 07950 HOME OFFICE				0	0	194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS				0	0	194. 01
194. 02 07952 ACCOUNTABLE CARE			6, 96	2 0	6, 962	194. 02
194.03 07953 SCHOOL BASED CLINICS			7, 03	0	7, 030	194. 03
194.04 07954 SMO-NON PROVIDER BASED			18, 50	6 0	18, 506	194. 04
194.05 07955 FAMILY PRACTICE MEDICINE			616, 21	0	616, 210	194. 05
194. 07 07957 LI FECHECK				0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS			364, 15	2 0	364, 152	194. 08
194 09 07959 SURGERY CENTER FAST						194 09

395, 233

48, 443, 473

395, 233 200. 00 0 201. 00 48, 443, 473 202. 00

0 194. 09

194.09 07959 SURGERY CENTER EAST 200.00 Cross Foot Adjustmer

201.00 202.00 Cross Foot Adjustments Negative Cost Centers

TOTAL (sum lines 118 through 201)

| Period: | Worksheet B-1 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS COMMUNITY HEALTH NETWORK, INC. Provider CCN: 15-0074

2.00							o 12/31/2019		
Colored Programmer   Colored				CAPITAL RE	L LATED COSTS			8/19/2020 1: 4.	3 pm
Colored Programmer   Colored				DIDO A FLVT	MANUE FOLLID	ENDLOVEE		ADMINI CTDATIVE	
CEMERAL SERVICE COST CENTERS			Cost Center Description				Reconciliation		
SAI ARTES    SAI				(040/1112 1221)	(5022/11/17/1202)				
CENERAL SERVICE COST CENTERS									
CEMPRIAL SERVICE COST CENTERS				1.00	2.00		5A	5. 00	
2.00								2.22	
0.000   DOMO   DIFFLOYE BENEFITS DEPARTIENT   8, 206   2, 707   191, 908, 908   902   135, 768, 968   506, 302, 995   5.00   5		1		722, 483	1				1. 00
0.000   0.0000   AMIN ISTRATIVE & CENERAL   37,027   11,787,009   10,914,922   -135,768,958   0.06, 302,495   12,700   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000				8 206					
0.00   00000   DANDERY PET NO.   0   0   0   0   1, 159, 125   8.00				1	1			506, 362, 495	5. 00
9.00   0.00000   0.00000   0.00000   0.00000   0.00000000				113, 080	1				7. 00
10.00   01000   DETARY   7.857   23,335   570,266   0   1.671,188   10.00   13.00   CAFEERI   A. 1940   33,211   2.006,0763   0   9.263,209   13.00   13.00   13.00   CAFEERI   A. 1940   33,211   2.006,0763   0   9.263,209   13.00   13.00   13.00   CAFEERI   A. 1940   0   0   0   0   0   0   0   0   0				0 024	_	_	_		
11.00 0 01000 (APETERIA ) 25,095		1	l e e e e e e e e e e e e e e e e e e e	1	1				
14.00   01400 (CENTRAL SERVICES & SUPPLY   15, 929   1,895, 945   0   0   5,138, 867   14, 00   0   15,108, 867   14, 00   0   16.00   MEDICAL RECORDS & LIBRARY   1,551   106   688, 206   0   6,132, 873   16, 00   17, 00   1700   0700   0700   0710   0710   07100   07		1	l e e e e e e e e e e e e e e e e e e e	1	1				•
15.00   01500   PHARMARY   61,720   663,716   6471,409   0   11,1516,384   15.00   17.00   01700   MBICAL RECORDS & LIBRARY   1,551   63,701   0   688,206   0   6,132,873   17.00   17.00   0200   188 SERVICES-SALARY & FRINGES APPRVD   0   0   0   3,878,630   0   3,815,811   17.00   17.00   0200   188 SERVICES-SALARY & FRINGES APPRVD   0   70,994   5,264,701   0   6,142,727   22.00   0200   188 SERVICES-GHEEP PROW OSTS APPRVD   0   70,994   5,264,701   0   6,142,727   22.00   0200   188 SERVICES-GHEEP PROW OSTS APPRVD   0   0   0   0   0   0   0   0   0									13.00
1.00   01600 MEDICAL RECORDS & LIBRARY   1.551   106   688, 206   0 6.132, 873   16.00   21.00   02100   248 SERVI CESS-SALARY & FRINCES APPRVD   0   0   0   0   3.878, 630   0   3.818, 811   21.00   22.00   02200   248 SERVI CESS-OHER PREMICOSTS APPRVD   0   0   0   0   0   0   0   0   0		1	l .	1					
21 00   02100   RR SERVI CES. SALARY & FRINGES APPRVD   0   70, 994   5, 264, 701   0   6, 142, 72   22, 00   220, 00   220, 00   230, 01   230   RR SERVI CES. SOFTIER PRING COSTS APPRVD   0   70, 994   5, 264, 701   0   6, 142, 72   22, 00   230, 01   230, 201				1	1				•
22.00   02200   RAF SERVI CES-OTHER PROM COSTS APPRVD   0   70, 994   5, 264, 701   0   6, 142, 272   22.00   23.01   23.00		1	l .	3, 011	l .				•
23. 00   02300   EMS TRAIN IN OS-ALLED HEALTH   0   0   0   0   0   0   23. 00				0	1				
23. 01   02301   RADIOLOGY SCHOOL-ALLIED HEALTH   0   0   0   0   0   0   23. 01     23. 02   02302   PHARMACY RESIDENCY-ALLIED HEALTH   0   0   0   0   0   0   23. 02     10   10   10   10   10   10   0   0						0, 204, 701			23. 00
23. 02   02303   PHARMACY RESIDNECY-BTH ALLIED   HEALTH   0   0   0   0   0   0   0   23. 03		02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	_	C	0		
INPATE INT ROUTI NE SERVICE COST CENTERS				0					
30. 00   03000   ADULTS & PEDIATRIC IS   138, 391   859, 152   41, 624, 916   0   61, 523, 245   30. 00   310   00   310   00   1   178, 178   178, 178   178, 178, 178, 178, 178, 178, 178, 178,	23. 03				<u> </u>		0	0	23.03
32 00   03200   CORDANARY CARE LUNIT   0   0   0   0   32 .00		03000	ADULTS & PEDIATRICS	138, 391	859, 152	41, 624, 916		61, 523, 245	30. 00
15.00   02060   NEDNATAL INTENSIVE CARE UNIT   0   27, 279   1,110, 543   0   1,595, 955   35.00		1	l .	19, 121		8, 440, 078	_		
A3.00   04300   NURSERY				0		1 110 543	_		
SOLO   OSDOO		1		3, 529					43. 00
51 00   05100   RECOVERY ROOM   9,538   105,693   662,641   0   1,297,432   51,00									
52.00   05.200   05.200   05.11 VERY ROOM & LABOR ROOM   13, 245   246, 753   2, 570, 787   0   4, 090, 243   52.00		1	l e e e e e e e e e e e e e e e e e e e						
55. 00   05500   RADI OLOGY-THERAPEUTIC   5.45   238, 354   5.97, 7.05   0   1, 213, 496   5.5. 00   05700   CT SCAN   1, 5.24   470, 078   1, 663, 438   0   3, 247, 837   57. 00   05800   MAGNETIC RESONANCE IMAGING (MRI )   2, 729   697, 994   463, 243   0   1, 589, 364   58. 00   05900   CARDI ACC CATHETERI ZATI ON   14, 763   750, 348   3, 240, 571   0   5, 892, 020   59. 00   0.00   0.00   0.0000   LABORATORY   4, 763   56, 621   0   0   13, 344, 924   60. 00   0.00   0.000   LABORATORY   4, 763   56, 621   0   0   13, 344, 924   60. 00   0.00   0.000   0.000   LABORATORY   4, 763   56, 621   0   0   13, 344, 924   60. 00   0.00   0		1	l e e e e e e e e e e e e e e e e e e e	1	1				
57.00   05700   CT SCAN   1,524   470,078   1,663,438   0   3,247,837   57.00				1	1				•
58 00         0 05800   MAGNETI C RESONANCE I MAGING (MRI)         2,729         697,994         463,243         0         1,589,364         58,00           69 00         0 05900   CARDI AC CATHLETERI ZATI ON         14,763         750,348         3,240,571         0         5,892,020         59,00           60 00         0 66000   LABDRATORY         4,763         56,621         0         0         13,034,924         60,00           64 00         0 6400   INTRAVENOUS THERAPY         410         3,183         326,608         0         441,234         64,00           66 00         0 6600   PEYSI CAL THERAPY         1,202         99,237         3,391,924         0         4,762,531         65.00           67 00         0 6700   OCCUPATI ONAL THERAPY         359         17,610         1,220,172         0         1,884,979         67.00           68 00         0 6800   SPEECH PATHOLOGY         145         7,128         493,905         0         762,999         68.00           69 00         0 6900   ELECTROCARDI OLOGY         693         275,077         2,499,383         0         3,570,663         69.00           70.00 0 07000   ELECTROCARDI OLOGY         693         275,077         2,499,383         0         1,135,772         70.00				1	1				•
59. 00   05900   CARDI AC CATHETERI ZATI ON   14, 763   750, 348   3, 240, 571   0   5, 892, 020   59. 00   06000   CARDI AC CATHETERI ZATI ON   4, 763   56, 621   0   0   13, 034, 924   60. 00   64.00   CARDI ACTORY   4, 763   56, 621   0   0   13, 034, 924   60. 00   64.00   CARDI ACTORY   4, 763   36, 608   0   441, 234   64. 00   64.00   CARDI ACTORY   THERAPY   1, 202   99, 237   3, 391, 924   0   4, 762, 531   65. 00   66. 00   60600   PMST CAL THERAPY   1, 362   401, 790   4, 604, 145   0   7, 724, 259   66. 00   60600   PMST CAL THERAPY   1, 362   401, 790   4, 604, 145   0   7, 724, 259   66. 00   60600   CARDI ACTOR   67. 00   67. 00   67. 00   67. 00   67. 00   67. 00   68. 00   60800   SPECH PATHOLOGY   145   7, 128   493, 905   0   762, 999   68. 00   69. 00		1	l .						
64. 00   06400   NTRAVENOUS THERAPY   410   3, 183   326, 608   0   441, 234   64. 00   65. 00   06500   RESPI RATORY THERAPY   1, 202   99, 237   3, 391, 924   0   4, 762, 531   65. 00   66. 00   06600   PMST (CAL THERAPY   1, 202   401, 790   4, 604, 145   0   7, 724, 259   66. 00   6600   PMST (CAL THERAPY   359   17, 610   1, 220, 172   0   1, 884, 979   67. 00   67. 00   6070   0CCUPATI ONAL THERAPY   359   17, 610   1, 220, 172   0   1, 884, 979   67. 00   69. 00   6900   ELECTROCARDI OLOGY   693   275, 077   2, 499, 383   0   3, 570, 633   69. 00   6900   ELECTROCARDI OLOGY   693   275, 077   2, 499, 383   0   3, 570, 633   69. 00   69.		05900	CARDI AC CATHETERI ZATI ON	14, 763	750, 348		0	5, 892, 020	59. 00
65.00   06500   RESPI RATORY THERAPY   1, 202   99, 237   3, 391, 924   0   4, 762, 531   65.00   66.00   06600   PHYSI CAL THERAPY   1, 362   401, 790   4, 604, 145   0   7, 724, 259   66.00   67.00   06700   06CUPATI ONAL THERAPY   359   17, 610   1, 220, 172   0   1, 884, 979   67.00   68.00   06800   SPEECH PATHOLOGY   145   7, 128   493, 905   0   762, 999   68.00   69.00   06900   ELECTROCARDI OLOGY   693   275, 077   2, 499, 383   0   3, 570, 663   69.00   69.00   07000   ELECTROCARDI OLOGY   0   98, 680   584, 503   0   1, 135, 772   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   31, 114, 208   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   26, 718, 491   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   1255, 198, 518   74.00   07400   RENAL DI ALYSIS   309   401   0   0   1, 522, 792   74.00   76.01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   5, 180   1, 098, 009   30, 259, 821   0   16, 440, 790   76.01   76.03   03951   LUTHERWOOD PARTINERSHI P   0   124, 604   7, 996, 908   0   4, 825, 423   76.03   76.04   03952   WOUND CARE CENTER   4, 964   5, 969   899, 205   0   3, 121, 517   76.04   76.05   03480   ONCOLOGY-CANCER CARE CENTER   91, 211   3, 079, 246   10, 750, 183   0   34, 084, 538   76.05   76.07   03953   IMAGI NG CENTERS   3, 194   1, 027, 765   2, 962, 139   0   7, 123, 676   76.07   76.07   03954   BREAST DI AGNOSTIC CENTER   2, 207   0   0   0   0   0   0   0   76.08   000   09000   ELINIC CENTER   0   0   0   0   0   0   0   76.09   07698   HYPERBARI C OXYGEN THERAPY   949   1, 121   148, 563   0   573, 426   76.09   07699   ORROLLOGY-CANCER CENTER   949   1, 121   148, 563   0   0   0   0   76.00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   76.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   76.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   76.01   04950   DIABETIC CARE CENTER   0   0   0   0   0   0   76.01   04950   DIABETIC CARE CENTER   0   0		1	l .	1	1	_			
66.00 06600 PHYSI CAL THERAPY 1, 362 401, 790 4, 604, 145 0 7, 724, 259 66.00 67.00 06700 0CCUPATI ONAL THERAPY 359 17, 610 1, 220, 172 0 1, 884, 979 67.00 68.00 06800 SPECH PATHOLOGY 145 7, 128 493, 905 0 762, 999 68.00 69.00 06900 ELECTROCARDI OLOGY 69.00 06900 ELECTROCARDI OLOGY 69.3 275, 077 2, 499, 383 0 3, 570, 663 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 98, 680 584, 503 0 1, 135, 772 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 31, 114, 208 71.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 26, 718, 491 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 125, 198, 518 73.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 125, 198, 518 73.00 74.00 07400 RENAL DI ALYSI S 0 0 150, 248 386, 080 0 789, 863 76.00 03330 ENDOSCOPY 0 150, 248 386, 080 0 789, 863 76.00 03330 ENDOSCOPY 0 150, 248 386, 080 0 789, 863 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 5, 180 1, 098, 009 30, 259, 821 0 16, 440, 790 76.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 5, 180 1, 098, 009 30, 259, 821 0 16, 440, 790 76.01 76.04 03952 WOUND CARE CENTER 4, 964 5, 969 899, 205 0 3, 121, 151 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 91, 211 3, 079, 246 10, 750, 183 0 34, 084, 538 76.05 76.06 03953 I MAGIN GENTERS 3, 194 1, 027, 765 2, 962, 139 0 7, 123, 676 60 76.97 07697 CARDI AC REHABI LI TATI ON 7, 346 21, 567 749, 441 0 1, 325, 716 76.06 76.97 07697 CARDI AC REHABI LI TATI ON 7, 346 21, 567 749, 441 0 1, 325, 716 76.98 07698 HYPERBARI C OXYGEN THERAPY 949 1, 121 148, 563 0 573, 426 0 573, 426 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1					•
68. 00   06800   SPEECH PATHOLOGY   145   7, 128   493, 905   0   762, 999   68. 00   69. 00   06900   ELECTROCARDI OLOGY   693   275, 077   2, 499, 383   0   3, 570, 663   69. 00   07000   ELECTROENCEPHALOGRAPHY   0   98, 680   584, 503   0   1, 135, 772   70. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   31, 114, 208   71. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   26, 718, 491   72. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   125, 198, 518   73. 00   07400   RENAL DIALYSIS   309   401   0   0   1, 522, 792   74. 00   03330   ENDOSCOPY   0   150, 248   386, 080   0   789, 863   76. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   5, 180   1, 098, 009   30, 259, 821   0   16, 440, 790   76. 01   76. 04   03952   WOUND CARE CENTER   4, 964   5, 969   899, 205   0   3, 121, 517   76. 04   76. 05   03480   0NCOLOGY-CANCER CARE CENTER   91, 211   3, 079, 246   10, 750, 183   0   34, 084, 538   76. 05   76. 07   03954   BREAST DIAGNOSTIC CENTER   2, 207   0   0   0   0   2, 372, 478   76. 07   76. 97   76. 98   100	66.00	06600	PHYSI CAL THERAPY	1, 362	401, 790	4, 604, 145	0		•
69. 00 06900 ELECTROCARDI OLOGY 693 275, 077 2, 499, 383 0 3, 570, 663 69. 00 70. 00 07000 ELECTROCEPHAL LOGRAPHY 0 98, 680 584, 503 0 1, 135, 772 70. 00 71. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 071. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 072. 00 073. 00 073. 00 073. 00 073. 00 073. 00 073. 00 074.				1	1				67. 00
70. 00         07000         ELECTROENCEPHALOGRAPHY         0         99, 680         584, 503         0         1, 135, 772         70. 00           71. 00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         0         0         0         31, 114, 208         71. 00           72. 00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0         0         0         0         26, 718, 491         72. 00           73. 00         07300         DRUGS CHARGED TO PATI ENTS         0         0         0         0         125, 198, 518         73. 00           74. 00         07400         RENAL DI ALYSI S         0         0         0         0         1, 522, 792         74. 00           76. 01         03350         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         5, 180         1, 098, 009         30, 259, 821         0         16, 440, 790         76. 01           76. 03         03951         LUTHERWOOD PARTNERSHI P         0         124, 604         7, 996, 908         0         4, 825, 423         76. 03           76. 04         03952         WOUND CARE CENTER         4, 964         5, 969         899, 205         0         3, 121, 517         76. 03           76. 05         03480		1	l .	1	1			l I	1
72. 00		1	l .	1	1				
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 125, 198, 518 73. 00 74. 00 07400 RENAL DI ALYSI S 309 401 0 0 1, 522, 792 74. 00 76. 00 0330 ENDOSCOPY 0 150, 248 386, 080 0 789, 863 76. 00 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 5, 180 1, 098, 009 30, 259, 821 0 16, 440, 790 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 124, 604 7, 996, 908 0 4, 825, 423 76. 03 76. 04 03952 WOUND CARE CENTER 4, 964 5, 969 899, 205 0 3, 121, 517 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 91, 211 3, 079, 246 10, 750, 183 0 34, 084, 538 76. 05 76. 06 03953 I MAGI NG CENTERS 3, 194 1, 027, 765 2, 962, 139 0 7, 123, 676 76. 06 76. 97 07697 CARDI AC REHABI LI TATI ON 7, 346 21, 567 749, 441 0 1, 325, 716 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 949 1, 121 148, 563 0 573, 426  88. 00 08800 RURAL HEALTH CLI NI C 0 0 0 0 0 0 0 89. 00 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1	C	_		
74. 00       07400       RENAL DI ALYSI S       309       401       0       0       1,522,792       74. 00         76. 00       03330       ENDOSCOPY       0       150, 248       386, 080       0       789, 863       76. 00         76. 01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       5, 180       1,098, 009       30, 259, 821       0       16, 440, 790       76. 01         76. 03       03951       LUTHERWOOD PARTNERSHI P       0       124, 604       7,996, 908       0       4,825, 423       76. 03         76. 04       03952       WOUND CARE CENTER       4,964       5,969       899, 205       0       3,121, 517       76. 04         76. 05       03480       ONCOLOGY-CANCER CARE CENTER       91, 211       3,079, 246       10,750, 183       0       34,084,538       76. 05         76. 06       03953       I MAGI NG CENTERS       3, 194       1,027,765       2,962, 139       0       7,123,676       76. 06         76. 97       07697       CARDI AC REHABILLI TATI ON       7,346       21,567       749,441       0       1,325,716       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       949       1,121       148,563       0				0	0		_		
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 5, 180 1, 098, 009 30, 259, 821 0 16, 440, 790 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 124, 604 7, 996, 908 0 4, 825, 423 76. 03 76. 04 03952 WOUND CARE CENTER 4, 964 5, 969 899, 205 0 3, 121, 517 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 91, 211 3, 079, 246 10, 750, 183 0 34, 084, 538 76. 05 76. 05 03953 I MAGI NG CENTERS 3, 194 1, 027, 765 2, 962, 139 0 7, 123, 676 76. 05 76. 07 03954 BREAST DI AGNOSTI C CENTER 2, 207 0 0 0 2, 372, 478 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON 7, 346 21, 567 749, 441 0 1, 325, 716 76. 97 07698 HYPERBARI C OXYGEN THERAPY 949 1, 121 148, 563 0 573, 426 76. 98 OUTPATI ENT SERVI CE COST CENTERS  88. 00 08800 RURAL HEALTH CLINI C 0 0 0 0 0 0 0 0 89. 00 90. 00 09000 CLINI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				309	401	d	_		
76. 03		1		0	•				
76. 04		1		5, 180					
76. 05		1		4, 964					
76. 07				91, 211					76. 05
76. 97   07697   CARDI AC REHABI LI TATI ON   7, 346   21, 567   749, 441   0   1, 325, 716   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   949   1, 121   148, 563   0   573, 426   76. 98    88. 00   08800   RURAL HEALTH CLINI C   0   0   0   0   0   0    89. 00   08900   FEDERALLY QUALI FIED HEALTH CENTER   0   0   0   0   0   0    90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0    90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0    90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0    90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0    90. 01   04950   04   04   04   04   04   04    90. 01   04   04   04   04   04   04    90. 01   04   04   04   04   04    90. 01   04   04   04   04    90. 01   04   04   04    90. 01   04   04   04    90. 01   04    90. 01   04    9				1					1
76. 98   07698   HYPERBARI C OXYGEN THERAPY   949   1, 121   148, 563   0   573, 426   76. 98   0   0   0   0   0   0   0   0   0				1	l e	_	_		•
88. 00		07698	HYPERBARI C OXYGEN THERAPY		I .				•
89.00     08900     FEDERALLY QUALIFIED HEALTH CENTER     0     0     0     0     0     0     89.00       90.00     09000     CLINIC     0     0     0     0     0     0     90.00       90.01     04950     DIABETIC CARE CENTER     0     0     0     0     0     0     0     0     90.01	00.00								00.00
90. 00   09000   CLI NI C   0   0   0   0   0   90. 00   90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   90. 01		1	l e e e e e e e e e e e e e e e e e e e		0		_		
		09000	CLINIC		o o		Ö		90.00
00 00 1040E4111 ALTIN HEADTO CENTED   0.700  F.040  4.700 000  01 1.77 7.77		1	l e e e e e e e e e e e e e e e e e e e	0	_	0	0		
		1	l e e e e e e e e e e e e e e e e e e e	3, 729	5, 043	1, 786, 342	0		90. 02 90. 03
					o o		Ö		90.03
90. 05   04954   I NFUSI ON CENTERS   0 71, 258 295, 089 0 716, 382 90. 05		04954	INFUSION CENTERS	0	71, 258	295, 089	0		
				10 401	20 404	1 925 200	0		90. 06 90. 07
				1	1				
								'	

Health Financial Systems C	OMMUNITY HEALTH	NETWORK INC		In lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS	OMMION TO THE TEXT	Provi der CC		Period: From 01/01/2019	Worksheet B-1	2002 10
					Date/Time Pre 8/19/2020 1:4	
	CAPITAL REL	ATED COSTS				
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	

			1	0 12/31/2019	8/19/2020 1:4	
	CAPI TAL REI	LATED COSTS			07 177 2020 1. 1	O PIII
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			
			SALARI ES)			
	1.00	2.00	4. 00	5A	5. 00	
90. 10 09006 WORK SITE CLINICS	0	0	0	0	0	
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 12
91. 00 09100 EMERGENCY	59, 776	356, 549	8, 703, 770	0	18, 836, 963	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS	_	_	_	_1		
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	716, 492	27, 908, 778	187, 802, 416	-135, 768, 958	498, 815, 974	1118. 00
NONREI MBURSABLE COST CENTERS	_		_	_1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	208	0	0		192. 00
194. 00 07950 HOME OFFICE	0	0	0	0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0	166, 679	0	266, 801	
194. 03 07953 SCHOOL BASED CLINICS	0	0	110, 341	0	263, 754	
194. 04 07954 SMO-NON PROVI DER BASED	0	0	531, 559	0	705, 083	
194. 05 07955 FAMILY PRACTICE MEDICINE	0	492, 607	2, 416, 278	0	4, 735, 704	
194. 07 07957 LI FECHECK	0	0	0	0		194. 07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	5, 991	112, 233	881, 657	0	1, 574, 971	
194. 09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	40 000 470					201. 00
202.00 Cost to be allocated (per Wkst. B,	19, 893, 470	28, 550, 003	8, 810, 888		135, 768, 958	202.00
Part I)	07 504040	4 0040/0	0.045040		0.0/040/	000 00
203.00 Unit cost multiplier (Wkst. B, Part I)	27. 534862	1. 001269			0. 268126	1
204.00 Cost to be allocated (per Wkst. B,			228, 724		12, 834, 596	204.00
Part II)			0.001100		0.005047	205 00
205.00 Unit cost multiplier (Wkst. B, Part			0. 001192		0. 025347	205.00
206.00 NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						200.00
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)						207.00
	1	1	ı	ı		1

| Period: | Worksheet B-1 | From 01/01/2019 | To 12/31/2019 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074

				To 12/31/2019	Date/Time Prep 8/19/2020 1:43	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	5 PIII
	PLANT	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	
	(SQUARE FEET)	(POUNDS OF LAUNDRY)				
	7. 00	8.00	9. 00	10.00	11. 00	
GENERAL SERVICE COST CENTERS	1	1	1			4 00
1.00   00100   CAP REL COSTS-BLDG & FLXT 2.00   00200   CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7. 00   00700   OPERATION OF PLANT	564, 170	ł .				7. 00
8.00   00800   LAUNDRY & LI NEN SERVI CE 9.00   00900   HOUSEKEEPI NG	9, 924	254, 717 0	1			8. 00 9. 00
10. 00 01000 DI ETARY	7, 857	Ö	7, 857			10.00
11. 00 01100 CAFETERI A	25, 095		,		1, 653	11. 00
13. 00   01300   NURSI NG   ADMI NI STRATI ON 14. 00   01400   CENTRAL   SERVI CES & SUPPLY	8, 440 15, 929		1		41 0	13. 00 14. 00
15. 00   01500   PHARMACY	6, 720		6, 720		76	15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY	1, 551	0	1, 551		8	16. 00
17. 00 01700 SOCIAL SERVICE	3, 011	0	3, 011		27	17. 00
21.00   02100   1 &R SERVI CES-SALARY & FRI NGES APPRVD 22.00   02200   1 &R SERVI CES-OTHER PRGM COSTS APPRVD	0	2, 523			62 28	21. 00 22. 00
23. 00 02300 EMS TRAINING-ALLIED HEALTH	0	0		o o	0	23. 00
23. 01 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0	0	(	0	0	23. 01
23. 02   02302   PHARMACY RESIDENCY-ALLIED HEALTH 23. 03   02303   PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0		0	0	23. 02 23. 03
INPATIENT ROUTINE SERVICE COST CENTERS				<u>)</u>	U	23.03
30. 00 03000 ADULTS & PEDI ATRI CS	138, 391	115, 152	138, 391	71, 104	510	30.00
31. 00 03100 I NTENSI VE CARE UNI T	19, 121	19, 663	1	· ·	110	31.00
32.00   03200   CORONARY CARE UNIT 35.00   02060   NEONATAL INTENSIVE CARE UNIT	0	0			0 16	32. 00 35. 00
43. 00   04300   NURSERY	3, 529	1, 491	3, 529	-	7	43. 00
ANCILLARY SERVICE COST CENTERS			1			
50.00   05000   OPERATING ROOM 51.00   05100   RECOVERY ROOM	46, 485 9, 538		46, 485 9, 538		60 8	50. 00 51. 00
52. 00   05200   DELI VERY ROOM & LABOR ROOM	13, 245				26	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	23, 292				25	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	545		•		8	55. 00
57.00   05700   CT SCAN 58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	1, 524 2, 729	2, 039 440			31 5	57. 00 58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	14, 763	l .			38	59. 00
60. 00 06000 LABORATORY	4, 763		4, 763		0	60.00
64. 00   06400   I NTRAVENOUS THERAPY 65. 00   06500   RESPI RATORY THERAPY	410	l e	410		4	64. 00 65. 00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	1, 202 1, 362		1, 202 1, 362		24	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	359		359		15	67. 00
68. 00 06800 SPEECH PATHOLOGY	145		145		6	68.00
69. 00   06900  ELECTROCARDI OLOGY 70. 00   07000  ELECTROENCEPHALOGRAPHY	693		693	0	43	69. 00 70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			o o	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		(	0	0	72. 00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS	309	1	(	-	0	73. 00 74. 00
74. 00   07400   RENAL DIALYSTS 76. 00   03330   ENDOSCOPY	309		309		5	74. 00 76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	5, 180		1	0	52	76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	0	1	(	0	0	76. 03
76. 04   03952   WOUND CARE CENTER 76. 05   03480   ONCOLOGY-CANCER CARE CENTER	4, 964 91, 211	5, 575 3, 393			15 150	76. 04 76. 05
76. 06   03953   I MAGI NG CENTERS	3, 194		3, 194		1	76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	2, 207	0	2, 207		0	76. 07
76. 97   O7697   CARDI AC REHABI LI TATI ON 76. 98   O7698   HYPERBARI C OXYGEN THERAPY	7, 346 949		7, 34 <i>6</i> 949		14	76. 97 76. 98
OUTPATIENT SERVICE COST CENTERS	747		743	7	3	70. 70
88. 00 08800 RURAL HEALTH CLINIC	0	1	(	-	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1	(		0	89. 00
90. 00   09000   CLI NI C 90. 01   04950   DI ABETI C CARE CENTER	0			0	0	90. 00 90. 01
90.02 04951 HEALTHY HEARTS CENTER	3, 729	5, 692	3, 729	e o	24	90. 02
90. 03   09001   CLINI C	0	0	(	0	0	90. 03
90. 04   04953   SPI NE CENTER 90. 05   04954   I NFUSI ON CENTERS	0	0		0	0	90. 04 90. 05
90. 06   09002   MEDCHECK CLINICS		0		o o	0	90.05
90. 07   09003   KNEE CENTER	18, 691	0	18, 691	0	34	90. 07
90. 08   09004   PALLIATIVE CARE	0	0	9	0	0	90. 08
90.10   09006   WORK SITE CLINICS 90.12   04961   FAMILY PRACTICE AND MATERNITY CARE	0	0			0	90. 10 90. 12
91. 00   09100   EMERGENCY	59, 776	40, 486	59, 776	664	126	91. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	eu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0074	Peri od:	Worksheet B-1

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	
				rom 01/01/2019		
			1	To 12/31/2019		
	005047101105	1 41111551/ 4	LUQUIGEVEERING	DI ETIDY	8/19/2020 1: 4	3 pm
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
	PLANT	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	
	(SQUARE FEET)	(POUNDS OF				
		LAUNDRY)				
	7. 00	8. 00	9. 00	10.00	11. 00	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					<u> </u>	92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS				+		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	558, 179	254, 717	548, 255	83, 608	1, 653	118. 00
NONREI MBURSABLE COST CENTERS				_		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0	0	190. 00
191. 00 19100 RESEARCH	0	0	C	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	C	0	0	192. 00
194.00 07950 HOME OFFICE	0	0	(	0	ĺ	194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0	ĺ	194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0	1	0	ĺ	194. 02
194. 03 07953 SCHOOL BASED CLINICS	0	0	1	0	ĺ	194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	1	0	ĺ	194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	0		0		194. 05
194, 07 07957 LI FECHECK	0	0		0		194. 07
194.08 07958 GROUP HOMES AND MISC. N R CTRS	5, 991	0	5, 991	0	0	194. 08
194. 09 07959 SURGERY CENTER EAST	0	0		0		194. 09
200.00 Cross Foot Adjustments		Ĭ		1	ĺ	200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	21, 794, 916	1, 469, 917	6, 731, 788	2, 454, 831		
Part I)	21, 774, 710	1, 407, 717	0, 731, 700	2, 454, 651	3, 434, 310	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	38. 631824	5. 770785	12. 145849	29. 361197	3, 287. 669691	203 00
204.00 Cost to be allocated (per Wkst. B,	3, 682, 074	l e	•			
Part II)	3,002,074	27, 300	303, 177	337, 070	1, 107, 117	204.00
205.00 Unit cost multiplier (Wkst. B, Part	6. 526533	0. 115344	0. 907895	4. 065281	669. 762250	205 00
	0. 520555	0.115544	0. 70/073	4.003201	009.702230	203.00
206.00 NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						200.00
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)						207.00
raits iii allu iv)		l	1	1	1	I

	ALLOCATION - STATISTICAL BASIS	OWNIONI II HEALIN	Provi der CC	CN: 15-0074 F	Peri od:	Worksheet B-1	
				T		Date/Time Prep 8/19/2020 1:43	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY (COSTED	MEDI CAL RECORDS &	SOCIAL SERVICE	
			SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT	
		(DI RECT NURS. HRS. )	(COSTED REQUIS.)		(GROSS CHARGES)	DAYS)	
		13. 00	14. 00	15. 00	16. 00	17. 00	
1 00	GENERAL SERVICE COST CENTERS	T	T				1 1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPI NG						9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A						10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	839					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	190, 774, 056				14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	2, 444	100			15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	0	1, 377 7, 302	(	) 2, 677, 586, 291 ) 0	87, 788	17. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	C	0	0	21. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20, 537	(	0	0	22. 00
23. 00 23. 01	02300 EMS TRAINING-ALLIED HEALTH 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	O O	(		0	23. 00 23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	o	C	o o	Ö	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	(	0	0	23. 03
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	510	2, 029, 411	(	206, 830, 121	71, 932	30.00
31. 00	03100 I NTENSI VE CARE UNI T	110	519, 996	C			•
32. 00	03200 CORONARY CARE UNIT	O	0	C		0	32. 00
35. 00 43. 00	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	0 7	64, 558 43, 523	(			35. 00 43. 00
43.00	ANCI LLARY SERVI CE COST CENTERS	/	45, 525		2, 720, 300	1, 757	43.00
50.00	05000 OPERATING ROOM	60	12, 248, 652	C			50.00
51. 00 52. 00	05100   RECOVERY ROOM   05200   DELIVERY ROOM & LABOR ROOM	0 26	50, 708 166, 431	(			51. 00 52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	16, 733	(		0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	221, 756	C	20, 011, 789		55. 00
57. 00 58. 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13, 809 161	(			57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	15, 268, 318	(			59.00
60.00	06000 LABORATORY	0	2, 620, 675	C			60.00
64. 00 65. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	0 70, 798	(	560, 183 28, 022, 802		64. 00 65. 00
66. 00	06600 PHYSI CAL THERAPY	0	137, 839	(		0	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0	34, 445	C	7, 041, 633	0	67. 00
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	13, 943	(	_, _,	0	68. 00
	07000 ELECTROENCEPHALOGRAPHY	0	123, 849 66, 962	(		0	69. 00 70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31, 114, 205	C	102, 739, 725	0	71. 00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	122 646 417	100	, ,	0	72. 00 73. 00
74.00	07400 RENAL DIALYSIS		122, 646, 417 3, 153	100	4, 698, 345	0	74.00
76. 00	03330 ENDOSCOPY	0	113, 859	C	4, 306, 113	0	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	359, 677	(	21, 317, 048		76. 01
76. 03 76. 04	03951   LUTHERWOOD   PARTNERSHI P   03952   WOUND   CARE   CENTER	0	203, 417 217, 186	(	1, 051, 120 13, 229, 493	0	76. 03 76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	649, 194	C	226, 846, 151	0	76. 05
76.06	03953 I MAGI NG CENTERS	0	102, 953	(	59, 498, 441	0	76.06
76. 07 76. 97	03954 BREAST DIAGNOSTIC CENTER 07697 CARDIAC REHABILITATION		20, 183	(	5, 473, 939 4, 726, 421	0	76. 07 76. 97
	07698 HYPERBARI C OXYGEN THERAPY	Ö	31, 771	Č			76. 98
00.00	OUTPATIENT SERVICE COST CENTERS						00.00
88. 00 89. 00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	O O	(		0	88. 00 89. 00
90. 00	09000 CLINIC	O	Ö	C	o o	Ö	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	(	0	0	90. 01
90. 02 90. 03	04951 HEALTHY HEARTS CENTER 09001 CLI NI C	0	90, 861 0	(	4, 346, 774	0	90. 02 90. 03
90. 04	04953 SPI NE CENTER		o	C	o o	Ö	90.03
90. 05	04954 INFUSION CENTERS	0	0	C	2, 363, 368	0	90. 05
90. 06 90. 07	09002 MEDCHECK CLINICS 09003 KNEE CENTER	0	0 34, 316	(	0 6, 167, 659	0	90. 06 90. 07
90. 07	09004 PALLIATIVE CARE		34, 310 O	(	101, 330	0	90.07
	07001 TREETATIVE ONICE	91	9				
90. 10	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	0	ō	(	0	0	90. 10 90. 12

	COMMUNITY HEALTH				eu of Form CMS-	
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	
				From 01/01/2019 To 12/31/2019		
Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE (TOTAL PATIENT	
	(DI RECT NURS.	(COSTED		(GROSS	DAYS)	
	HRS. )	REQUIS.)	45.00	CHARGES)	47.00	
01 00 00100 EMEDCENCY	13.00	14.00	15. 00	16. 00 0 227 781 538	17. 00	01 00
91. 00   09100   EMERGENCY 92. 00   09200   0BSERVATI ON BEDS (NON-DI STINCT PART)	126	1, 324, 371		0 227, 781, 538	0	91. 00 92. 00
OTHER REIMBURSABLE COST CENTERS					1	92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	98. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>			0  0	,	70.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	839	190, 655, 790	10	0 2, 677, 586, 291	87, 788	118. 00
NONREI MBURSABLE COST CENTERS		.,		, , , , , , , , , , , , , , , , , , , ,		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	0	190. 00
191. 00 19100 RESEARCH	o	0		0 0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		0 0		192. 00
194.00 07950 HOME OFFICE	0	0		0 0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0		0 0		194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0		0 0		194. 02
194. 03 07953 SCH00L BASED CLINICS	0	15, 918		0 0		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	0		0	1	194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	4, 672		0 0		194. 05
194. 07 07957 LI FECHECK	0	07.77		0		194. 07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	0	97, 676		0 0		194. 08 194. 09
194.09 07959 SURGERY CENTER EAST 200.00  Cross Foot Adjustments	١	Ü			) 	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B, Part I)	12, 311, 849	7, 325, 568	15, 195, 40	7, 882, 366	3, 849, 566	
203.00 Unit cost multiplier (Wkst. B, Part I)	14, 674, 432658	0 038399	   151, 954, 09000	0. 002944	43. 850709	203 00
204.00 Cost to be allocated (per Wkst. B,	593, 787	2, 549, 586			1	

707. 731824

0. 013364 12, 496. 060000

2. 265799 205. 00

206. 00

207. 00

0.000081

205.00

206.00

207.00

Part II)

11)

Unit cost multiplier (Wkst. B, Part

NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Parts III and IV)

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074

				Т	o 12/31/2019	Date/Time Pre 8/19/2020 1:4	
		INTERNS &	RESI DENTS			0/17/2020 1.4	5 piii
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME)	SERVI CES-OTHER PRGM COSTS (ASSI GNED TI ME)		RADI OLOGY SCHOOL-ALLI ED HEALTH (ASSI GNED	PHARMACY RESI DENCY-ALLI ED HEALTH (ASSI GNED	
		TTWL)	TTWL)	TIME)	TIME)	TI ME)	
	CENEDAL CEDIUCE COCT CENTEDO	21. 00	22. 00	23. 00	23. 01	23. 02	
1. 00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00 5. 00 7. 00 8. 00 9. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						2. 00 4. 00 5. 00 7. 00 8. 00 9. 00
10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00	01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE						10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00
	02100   I&R SERVI CES-SALARY & FRINGES APPRVD 02200   I&R SERVI CES-OTHER PRGM COSTS APPRVD 02300   EMS TRAINING-ALLIED HEALTH 02301   RADIOLOGY SCHOOL-ALLIED HEALTH 02302   PHARMACY RESI DENCY-BTH ALLIED HEALTH   INPATIENT ROUTINE SERVICE COST CENTERS	437, 982	437, 982	C	0	0	21. 00 22. 00 23. 00 23. 01 23. 02 23. 03
30. 00	03000 ADULTS & PEDI ATRI CS	210, 926	210, 926	C	0	0	30. 00
31. 00 32. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	4, 411	4, 411 0	0	_	0	
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	1
43. 00	04300 NURSERY	0	0	C	0	0	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS    05000   OPERATING ROOM	20, 027	20, 027	1 0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	o c		0	
52.00	O5200   DELI VERY ROOM & LABOR ROOM	0	0	C	0	0	
54. 00 55. 00	05400  RADI OLOGY-DI AGNOSTI C   05500  RADI OLOGY-THERAPEUTI C	0	0		0	0	
57. 00	05700 CT SCAN	0	0	d	0	0	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	C	0	0	
59. 00 60. 00	05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY	0 1, 178	1 170		0	0	
64. 00	06400 I NTRAVENOUS THERAPY	1, 178	1, 178 0		0	0	60. 00 64. 00
65. 00	06500 RESPIRATORY THERAPY	0	0	C	Ö	Ō	1
66. 00	06600 PHYSI CAL THERAPY	11, 835	11, 835	i	0	0	
67. 00 68. 00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	1	0	0	
	06900 ELECTROCARDI OLOGY	0	0		0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	d	0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	71.00
72. 00 73. 00	O7200   IMPL. DEV. CHARGED TO PATIENTS   O7300   DRUGS CHARGED TO PATIENTS	0	0		0	0	72. 00 73. 00
	07400 RENAL DIALYSIS	0	0	ď	0	0	1
	03330 ENDOSCOPY	0	0	C	0	0	
	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03951   LUTHERWOOD PARTNERSHI P	15, 041	15, 041		0	0	76. 01 76. 03
76. 03	03952 WOUND CARE CENTER	329	329		0	0	1
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	o c	0	0	76. 05
	03953 I MAGI NG CENTERS	0	0	C	0	0	76. 06
	03954  BREAST DI AGNOSTIC CENTER   07697  CARDI AC REHABI LI TATI ON	0	0		0	0	76. 07 76. 97
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						1
88. 00	08800 RURAL HEALTH CLINIC	0	0	C	0	0	
	08900   FEDERALLY QUALIFIED HEALTH CENTER   09000   CLINIC		0		0	0	89. 00 90. 00
90. 01	04950 DI ABETI C CARE CENTER	0	Ö	ď	Ö	0	90. 01
	04951 HEALTHY HEARTS CENTER	0	0	C.	0	0	
90. 03 90. 04	09001   CLI NI C   04953   SPI NE CENTER	0	0		0	0	90. 03 90. 04
	04954 I NFUSI ON CENTERS		0		0	0	1
90.06	09002 MEDCHECK CLINICS	0	0	o c	0	0	90. 06
	09003 KNEE CENTER	3, 397	3, 397		0	0	
90.08	09004  PALLI ATI VE CARE	l O	0	'I C	<u> </u>	0	90. 08

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074 Peri od: From 01/01/2019 To 12/31/2019 Worksheet B-1 Date/Time Prepared: 8/19/2020 1:43 pm INTERNS & RESIDENTS SERVI CES-SALAR SERVI CES-OTHER EMS RADI OLOGY PHARMACY Cost Center Description

	Y & FRINGES	PRGM COSTS	TRAI NI NG-ALLI E	SCHOOL-ALLI ED	RESI DENCY-ALLI	
	(ASSI GNED	(ASSI GNED	D HEALTH	HEALTH	ED HEALTH	
	TIME)	TIME)	(ASSI GNED	(ASSI GNED	(ASSI GNED	
			TIME)	TIME)	TIME)	
	21. 00	22. 00	23. 00	23. 01	23. 02	
90. 10   09006   WORK SITE CLINICS	0	0	0	0	0	, , , , , ,
90. 12   04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 12
91. 00   09100   EMERGENCY	17, 441	17, 441	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	284, 585	284, 585	0	0	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 00
194.00 07950 HOME OFFICE	0	0	0	0	0	194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194. 01
194. 02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194. 02
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	147, 534	147, 534	0	0	0	194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	5, 863	5, 863	0	0	0	194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	5, 042, 765	7, 896, 579	0	0	0	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	11. 513635	18. 029460	0.000000	0.000000	0.000000	203. 00
204.00 Cost to be allocated (per Wkst. B,	142, 867	252, 366	0	0	0	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 326194	0. 576202	0.000000	0. 000000	0.000000	205. 00
206.00 NAHE adjustment amount to be allocated			0	0	0	206. 00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,			0.000000	0. 000000	0.000000	207. 00
Parts III and IV)						

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2019 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Cost Center Description PHARMACY RESIDNECY-BTH ALLIED HEALTH (ASSI GNED TIME) 23.03 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16 00 17. 00 | 01700 | SOCIAL SERVICE 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 22 00 23.00 02300 EMS TRAINING-ALLIED HEALTH 23.00 02301 RADIOLOGY SCHOOL-ALLIED HEALTH 23.01 23.01 23. 02 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23. 03 23 03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 31.00 03100 INTENSIVE CARE UNIT 0 31.00 03200 CORONARY CARE UNIT 32.00 32 00 02060 NEONATAL INTENSIVE CARE UNIT 35.00 35.00 04300 NURSERY 0 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 0 51.00 05100 RECOVERY ROOM 00000000000000000000000000000000 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 05500 RADI OLOGY-THERAPEUTI C 55 00 55 00 57.00 05700 CT SCAN 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 58.00 05900 CARDI AC CATHETERI ZATI ON 59.00 59.00 06000 LABORATORY 60.00 60.00 64.00 06400 INTRAVENOUS THERAPY 64.00 65.00 06500 RESPIRATORY THERAPY 65.00 66.00 06600 PHYSI CAL THERAPY 66.00 67.00 06700 OCCUPATIONAL THERAPY 67.00 68.00 06800 SPEECH PATHOLOGY 68.00 06900 ELECTROCARDI OLOGY 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 07300 DRUGS CHARGED TO PATIENTS 73 00 73 00 74. 00 07400 RENAL DIALYSIS 74.00 03330 ENDOSCOPY 76.00 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 76.01 03951 LUTHERWOOD PARTNERSHIP 76.03 76.03 76.04 03952 WOUND CARE CENTER 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 76.05 76 06 03953 I MAGING CENTERS 76 06 03954 BREAST DIAGNOSTIC CENTER 76.07 76.07 76. 97 07697 CARDIAC REHABILITATION 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0 76.98 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 00000000000 89.00 89.00 90.00 09000 CLI NI C 90.00 90.01 04950 DIABETIC CARE CENTER 90.01 90.02 04951 HEALTHY HEARTS CENTER 90.02 90. 03 09001 CLINIC 90.03 90.04 04953 SPINE CENTER 90.04 04954 INFUSION CENTERS 90.05 90.05 09002 MEDCHECK CLINICS 90.06 90.06 90. 07 09003 KNEE CENTER 90.07 09004 PALLIATIVE CARE 90.08 90 08 90. 10 09006 WORK SITE CLINICS 90.10 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 90.12

Heal th Financial		OMMUNITY HEALTH N			u of Form CMS-2552-10
COST ALLOCATION	- STATISTICAL BASIS		Provider CCN: 15-0074	Peri od: From 01/01/2019	Worksheet B-1
				To 12/31/2019	
					8/19/2020 1:43 pm
Cos	t Center Description	PHARMACY			
		RESI DNECY-BTH			
		ALLIED HEALTH (ASSIGNED			
		, , , , , , , , , , , , , , , , , , ,			
		TI ME) 23. 03			
91. 00 09100 EMER	RGFNCY	25.05			91. 00
	ERVATION BEDS (NON-DISTINCT PART)				92.00
	MBURSABLE COST CENTERS				
	ER REIMBURSABLE COST CENTERS	0			98. 00
	URPOSE COST CENTERS				
	TOTALS (SUM OF LINES 1 through 117)	0			118. 00
	RSABLE COST CENTERS	T			
	T, FLOWER, COFFEE SHOP & CANTEEN	0			190. 00
191. 00 19100 RESI		0			191. 00
	SICIANS' PRIVATE OFFICES	0			192. 00
194. 00 07950 HOME		0			194. 00
	UPATIONAL HEALTH ONSITE SVCS	0			194. 01
194. 02 07952 ACC		0			194. 02
	OOL BASED CLINICS	0			194. 03
	-NON PROVIDER BASED	0			194. 04
	ILY PRACTICE MEDICINE	0			194. 05
194. 07 07957 LI FI		0			194. 07
	UP HOMES AND MISC. N_R CTRS	0			194. 08
	GERY CENTER EAST	0			194. 09
	ss Foot Adjustments				200. 00
	ative Cost Centers				201. 00
	t to be allocated (per Wkst. B, t l)	0			202. 00
	t cost multiplier (Wkst. B, Part I)	0. 000000			203. 00
	t to be allocated (per Wkst. B,	0. 000000			204. 00
	t II)				204.00
	t cost multiplier (Wkst. B, Part	0. 000000			205. 00
	•				

0.000000

206. 00

207. 00

206.00

207.00

11)

NAHE adjustment amount to be allocated (per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D, Parts III and IV)

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0074 Peri od: Worksheet C From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Hospi tal Title XVIII PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 100, 800, 397 100 800 397 100, 800, 397 30.00 03100 INTENSIVE CARE UNIT 0 31.00 20, 403, 162 20, 403, 162 20, 403, 162 31.00 03200 CORONARY CARE UNIT o 32.00 32.00 02060 NEONATAL INTENSIVE CARE UNIT 2, 219, 511 2, 219, 511 0 35, 00 2, 219, 511 35, 00 43.00 04300 NURSERY 1, 535, 884 1, 535, 884 1, 535, 884 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 18, 552, 776 18, 552, 776 18, 552, 776 50.00 0 05100 RECOVERY ROOM 2, 191, 872 2, 191, 872 51 00 2, 191, 872 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 6, 395, 316 6, 395, 316 6, 395, 316 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 8, 767, 348 8, 767, 348 0 0 0 8, 767, 348 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 1, 664, 194 1, 664, 194 1, 664, 194 55.00 05700 CT SCAN 4, 557, 336 4, 557, 336 57.00 4, 557, 336 57 00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 2, 212, 177 2, 212, 177 2, 212, 177 58.00 05900 CARDIAC CATHETERIZATION 59.00 9, 637, 448 9, 637, 448 0 9, 637, 448 59.00 06000 LABORATORY 60 00 17 353 377 17 353 377 17, 353, 377 60 00 64.00 06400 INTRAVENOUS THERAPY 595, 159 595, 159 595, 159 64.00 06500 RESPIRATORY THERAPY 6, 392, 823 6, 392, 823 0 6, 392, 823 65.00 65.00 0 66.00 06600 PHYSI CAL THERAPY 10, 026, 077 10, 026, 077 10, 026, 077 66.00 06700 OCCUPATIONAL THERAPY 2, 479, 989 2, 479, 989 2, 479, 989 67 00 67 00 0 68.00 06800 SPEECH PATHOLOGY 1,003,618 1,003,618 1,003,618 68.00 69.00 06900 ELECTROCARDI OLOGY 4, 881, 119 4, 881, 119 0 0 0 4, 881, 119 69.00 70 00 07000 ELECTROENCEPHALOGRAPHY 1 509 081 1, 509, 081 1 509 081 70 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 40, 953, 956 40, 953, 956 40, 953, 956 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 34, 114, 999 34, 114, 999 34, 114, 999 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 180, 999, 242 180, 999, 242 0 180, 999, 242 73.00 07400 RENAL DIALYSIS 1, 960, 735 74 00 1, 960, 735 1, 960, 735 74 00 76.00 03330 ENDOSCOPY 1, 036, 472 1, 036, 472 1, 036, 472 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 21, 359, 548 21, 359, 548 0 21, 359, 548 76.01 76.01 0 76.03 03951 LUTHERWOOD PARTNERSHIP 6, 130, 149 6, 130, 149 6, 130, 149 76.03 03952 WOUND CARE CENTER 4, 339, 312 4, 339, 312 4, 339, 312 76.04 76 04 0 76.05 03480 ONCOLOGY-CANCER CARE CENTER 49, 060, 464 49, 060, 464 49, 060, 464 76.05 9, 378, 307 03953 I MAGING CENTERS 0 76.06 9, 378, 307 9, 378, 307 76.06 0 76.07 03954 BREAST DIAGNOSTIC CENTER 3, 136, 782 3, 136, 782 3, 136, 782 76.07 07697 CARDIAC REHABILITATION 2, 114, 904 2, 114, 904 76.97 2, 114, 904 76.97 07698 HYPERBARIC OXYGEN THERAPY 794, 551 794, 551 794, 551 76.98 76.98 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 0 Λ 89 00 90.00 09000 CLI NI C 0 0 0 90.00 0 90. 01 04950 DIABETIC CARE CENTER 90.01 0 04951 HEALTHY HEARTS CENTER 90.02 2, 851, 085 2, 851, 085 2, 851, 085 90.02 0 90.03 09001 CLI NI C C 0 90.03 90.04 04953 SPINE CENTER 90.04 0 90.05 04954 INFUSION CENTERS 915, 421 915, 421 915, 421 90.05 09002 MEDCHECK CLINICS 90.06 r Λ 90.06 09003 KNEE CENTER 0 6, 827, 801 90.07 6,827,801 6, 827, 801 90.07 90.08 09004 PALLIATIVE CARE 298 298 0 298 90.08 09006 WORK SITE CLINICS 90.10 0 C 0 90.10 90.12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 0 0 90.12 91.00 09100 EMERGENCY 30, 160, 730 30, 160, 730 30, 160, 730 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 9, 507, 278 9, 507, 278 9, 507, 278 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 98.00 628, 820, 698 628, 820, 698 628, 820, 698 200. 00 200.00 Subtotal (see instructions) 0 0 9.507.278 9, 507, 278 9, 507, 278 201. 00 201.00 Less Observation Beds

619, 313, 420

619, 313, 420

619, 313, 420 202. 00

202.00

Total (see instructions)

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0074 Peri od: Worksheet C From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 194, 884, 616 194, 884, 616 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 51, 166, 968 51, 166, 968 31.00 03200 CORONARY CARE UNIT 32.00 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 15, 555, 634 15, 555, 634 35.00 04300 NURSERY 43.00 2, 726, 360 2, 726, 360 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 101, 502, 559 24, 879, 877 126, 382, 436 0 146799 0.000000 50.00 05100 RECOVERY ROOM 6, 967, 548 11, 548, 825 0.189792 0.000000 51.00 51.00 4, 581, 277 05200 DELIVERY ROOM & LABOR ROOM 0.625013 52 00 10, 232, 289 10, 232, 289 0.000000 52 00 54.00 05400 RADI OLOGY-DI AGNOSTI C 10, 704, 642 45, 545, 132 56, 249, 774 0.155865 0.000000 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 6, 875, 201 13, 136, 588 20, 011, 789 0.083161 0.000000 55.00 62, 076, 266 83, 923, 025 05700 CT SCAN 0.054304 57.00 21, 846, 759 0.000000 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 3, 678, 264 9, 605, 716 13, 283, 980 0.166530 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 85, 509, 913 142, 839, 489 228, 349, 402 0.042205 0.000000 59.00 60.00 06000 LABORATORY 76, 343, 903 87, 027, 587 163, 371, 490 0.106220 0.000000 60.00 06400 INTRAVENOUS THERAPY 536, 806 64.00 23. 377 560, 183 1.062437 0.000000 64.00 65.00 06500 RESPIRATORY THERAPY 25, 204, 848 2, 817, 954 28, 022, 802 0. 228129 0.000000 65.00 06600 PHYSI CAL THERAPY 66.00 3, 852, 721 22, 433, 366 26, 286, 087 0.381421 0.000000 66.00 06700 OCCUPATIONAL THERAPY 4, 157, 049 7, 041, 633 0.352189 0.000000 67.00 2, 884, 584 67.00 06800 SPEECH PATHOLOGY 1, 807, 246 68.00 1, 050, 952 2, 858, 198 0.351137 0.000000 68.00 69.00 06900 ELECTROCARDI OLOGY 14, 556, 649 43, 783, 219 58, 339, 868 0.083667 0.000000 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 956, 081 6, 981, 369 7, 937, 450 0. 190122 0.000000 70.00 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 52 684 738 50.054.987 102, 739, 725 0.398619 0 000000 71 00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 48, 502, 823 30, 500, 423 79, 003, 246 0.431818 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 64, 652, 123 725, 852, 265 790, 504, 388 0. 228967 0.000000 73.00 73.00 74.00 07400 RENAL DIALYSIS 4, 698, 345 4, 698, 345 0.417325 0.000000 74.00 03330 ENDOSCOPY 0. 240698 76.00 2, 042, 449 2, 263, 664 4, 306, 113 0.000000 76.00 76.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 21, 317, 048 21, 317, 048 1.001994 0.000000 76.01 03951 LUTHERWOOD PARTNERSHIP 76.03 1,051,120 1, 051, 120 5.832016 0.000000 76.03 76 04 03952 WOUND CARE CENTER 624 038 12, 605, 455 13 229 493 0.328003 0 000000 76 04 03480 ONCOLOGY-CANCER CARE CENTER 225, 203, 087 76.05 1,643,064 226, 846, 151 0. 216272 0.000000 76.05 03953 I MAGING CENTERS 135, 983 59, 362, 458 59, 498, 441 0.157623 0.000000 76.06 76.06 76.07 03954 BREAST DIAGNOSTIC CENTER 18, 446 5, 455, 493 5, 473, 939 0.573039 0.000000 76.07 07697 CARDIAC REHABILITATION 4, 641, 191 0.447464 76 97 85.230 4, 726, 421 0.000000 76 97 07698 HYPERBARIC OXYGEN THERAPY 0.288626 76.98 0 2, 752, 878 2, 752, 878 0.000000 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC Э 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89 00 89 00 Ω 90.00 09000 CLI NI C 0 0 0.000000 0.000000 90.00 90.01 04950 DIABETIC CARE CENTER 0.000000 0.000000 90.01 04951 HEALTHY HEARTS CENTER 0.655908 90.02 26, 582 4. 320. 192 0.000000 90.02 4, 346, 774 90.03 09001 CLINIC 0 0.000000 0.000000 90.03 90.04 04953 SPINE CENTER 0 0.000000 0.000000 90.04 90 05 04954 INFUSION CENTERS 0 2, 363, 368 2, 363, 368 0.387337 0.000000 90 05 09002 MEDCHECK CLINICS 0.000000 0.000000 90.06 0 90.06 C 6, 159, 688 90 07 09003 KNEE CENTER 7.971 6, 167, 659 1.107033 0.000000 90 07 09004 PALLIATIVE CARE 101, 330 101, 330 0.002941 0.000000 90.08 90.08 90. 10 09006 WORK SITE CLINICS 0 0.000000 0.000000 90.10 C 04961 FAMILY PRACTICE AND MATERNITY CARE 90.12 0 0.000000 0.000000 90.12 91.00 09100 EMERGENCY 44, 204, 064 183, 577, 474 227, 781, 538 0.132411 0.000000 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 3, 253, 408 8, 692, 097 11, 945, 505 0.795887 0.000000 92.00 OTHER REIMBURSABLE COST CENTERS

1, 817, 969, 730

859, 616, 561 1, 817, 969, 730 2, 677, 586, 291

859, 616, 561

2, 677, 586, 291

0.000000

0.000000

98 00

200.00

201.00

202, 00

98.00

200.00

201.00

202.00

09850 OTHER REIMBURSABLE COST CENTERS

Less Observation Beds

Total (see instructions)

Subtotal (see instructions)

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2019 | Part I | To 12/31/2019 | Date/Time Prepared: | 8/19/2020 1:43 pm | PPS | Title XVIII

			Title XVIII	Hospi tal	PPS
Cost Cent	er Description	PPS Inpatient			
		Ratio			
		11. 00			
I NPATI ENT ROUTI	NE SERVICE COST CENTERS				
30. 00 03000 ADULTS &	PEDI ATRI CS				30.00
31. 00 03100 I NTENSI VE	CARE UNIT				31.00
32. 00 03200 CORONARY					32. 00
	INTENSIVE CARE UNIT				35. 00
43. 00 04300 NURSERY					43.00
	CE COST CENTERS				
50. 00 05000 OPERATI NO		0. 146799			50.00
51. 00 05100 RECOVERY		0. 189792			51.00
	ROOM & LABOR ROOM	0. 625013			52. 00
54. 00   05400 RADI OLOGY		0. 155865			54. 00
55. 00 05500 RADI OLOGY		0. 083161			55. 00
57. 00 05700 CT SCAN		0. 054304			57. 00
1 1	RESONANCE IMAGING (MRI)	0. 166530			58.00
59. 00 05900 CARDI AC 0		0. 042205			59.00
60. 00 06000 LABORATOR		0. 106220			60.00
64. 00   06400   NTRAVENO		1. 062437			64. 00
65. 00 06500 RESPIRATO		0. 228129			65. 00
66. 00 06600 PHYSI CAL		0. 381421			66.00
67. 00 06700 OCCUPATIO		0. 352189			67. 00
68. 00   06800   SPEECH PA		0. 351137			68. 00
69. 00   06900   ELECTROCA		0. 083667			69. 00
70. 00 07000 ELECTROEN		0. 190122			70.00
	SUPPLIES CHARGED TO PATIENTS	0. 398619			71.00
	/. CHARGED TO PATTENTS	0. 431818			71.00
	ARGED TO PATTENTS	0. 228967			73. 00
74. 00 07400 RENAL DI A		0. 417325			74.00
76. 00 07400 KENAL DIA		0. 240698			74.00
	RIC/PSYCHOLOGICAL SERVICES	1. 001994			76. 00
76. 03 03951 LUTHERWOO		5. 832016			76. 03
76. 04 03952 WOUND CAR		0. 328003			76. 03
	-CANCER CARE CENTER	0. 216272			76. 04
76. 06 03953 I MAGI NG 0		0. 157623			76.06
	AGNOSTIC CENTER	0. 137023			76.07
		0. 447464			76. 97
					76. 97
	C OXYGEN THERAPY	0. 288626			76. 98
	/I CE COST CENTERS				20, 00
88. 00   08800   RURAL   HEA					88.00
	QUALIFIED HEALTH CENTER	0.000000			89.00
90. 00   09000   CLI NI C	CADE CENTED	0.000000			90.00
90. 01   04950   DI ABETI C		0.000000			90. 01
90. 02   04951   HEALTHY F 90. 03   09001   CLINIC	IEARIS CENIEK	0. 655908			90. 02
	ITED	0.000000			90. 03
90. 04   04953 SPI NE CEN		0.000000			90.04
90. 05   04954   I NFUSI ON		0. 387337			90. 05
90. 06   09002   MEDCHECK		0. 000000			90.06
90. 07   09003   KNEE CENT		1. 107033			90. 07
90. 08   09004   PALLI ATI V		0. 002941			90. 08
90. 10   09006   WORK SITE		0. 000000			90. 10
	RACTICE AND MATERNITY CARE	0. 000000			90. 12
91. 00   09100   EMERGENCY		0. 132411			91.00
	ON BEDS (NON-DISTINCT PART)	0. 795887			92. 00
	ABLE COST CENTERS				
	MBURSABLE COST CENTERS	0. 000000			98. 00
	(see instructions)				200. 00
	ervation Beds				201. 00
202.00   Total (se	ee instructions)				202. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0074 Peri od: Worksheet C From 01/01/2019 Part I Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Hospi tal Title XIX PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 107, 031, 802 107, 031, 802 107, 031, 802 30.00 03100 INTENSIVE CARE UNIT 0 31.00 20, 533, 477 20, 533, 477 20, 533, 477 31.00 03200 CORONARY CARE UNIT o 32.00 32.00 02060 NEONATAL INTENSIVE CARE UNIT 2, 219, 511 2, 219, 511 0 35, 00 2, 219, 511 35, 00 04300 NURSERY 43.00 1, 535, 884 1, 535, 884 1, 535, 884 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 19, 144, 436 19, 144, 436 19, 144, 436 50.00 0 05100 RECOVERY ROOM 2, 191, 872 2, 191, 872 51 00 2, 191, 872 51 00 05200 DELIVERY ROOM & LABOR ROOM 52.00 6, 395, 316 6, 395, 316 0 6, 395, 316 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 8, 767, 348 8, 767, 348 0 0 0 8, 767, 348 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 1, 664, 194 1, 664, 194 1, 664, 194 55.00 4, 557, 336 05700 CT SCAN 4, 557, 336 57.00 4, 557, 336 57 00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 2, 212, 177 2, 212, 177 2, 212, 177 58.00 05900 CARDIAC CATHETERIZATION 59.00 9, 637, 448 9, 637, 448 0 9, 637, 448 59.00 06000 LABORATORY 60 00 17 388 179 17 388 179 17, 388, 179 60 00 64.00 06400 INTRAVENOUS THERAPY 595, 159 595, 159 595, 159 64.00 06500 RESPIRATORY THERAPY 6, 392, 823 6, 392, 823 0 6, 392, 823 65.00 65.00 0 66.00 06600 PHYSI CAL THERAPY 10, 375, 720 10, 375, 720 10, 375, 720 66.00 06700 OCCUPATIONAL THERAPY 2, 479, 989 2, 479, 989 2, 479, 989 67 00 67 00 0 68.00 06800 SPEECH PATHOLOGY 1,003,618 1,003,618 1,003,618 68.00 69.00 06900 ELECTROCARDI OLOGY 4, 881, 119 4, 881, 119 0 0 0 4, 881, 119 69.00 70 00 07000 ELECTROENCEPHALOGRAPHY 1 509 081 1, 509, 081 1 509 081 70 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 40, 953, 956 40, 953, 956 40, 953, 956 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 34, 114, 999 34, 114, 999 34, 114, 999 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 180, 999, 242 180, 999, 242 0 180, 999, 242 73.00 07400 RENAL DIALYSIS 1, 960, 735 74 00 1, 960, 735 1, 960, 735 74 00 76.00 03330 ENDOSCOPY 1,036,472 1, 036, 472 1, 036, 472 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 21, 803, 906 21, 803, 906 0 21, 803, 906 76.01 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 6, 130, 149 6, 130, 149 0 6, 130, 149 76.03 03952 WOUND CARE CENTER 4, 349, 032 4, 349, 032 4, 349, 032 76.04 76 04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 49, 060, 464 49, 060, 464 49, 060, 464 76.05 o 03953 I MAGING CENTERS 9, 378, 307 76.06 9, 378, 307 9, 378, 307 76.06 0 76.07 03954 BREAST DIAGNOSTIC CENTER 3, 136, 782 3, 136, 782 3, 136, 782 76.07 07697 CARDIAC REHABILITATION 2, 114, 904 2, 114, 904 76.97 2, 114, 904 76.97 07698 HYPERBARIC OXYGEN THERAPY 794, 551 794, 551 794, 551 76.98 76.98 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 0 Λ 89 00 90.00 09000 CLI NI C 0 0 0 0 90.00 0 90. 01 04950 DIABETIC CARE CENTER 90.01 Ω 04951 HEALTHY HEARTS CENTER 90.02 2, 851, 085 2, 851, 085 2, 851, 085 90.02 0 90.03 09001 CLI NI C C 0 90.03 90.04 04953 SPINE CENTER 90.04 0 90.05 04954 INFUSION CENTERS 915, 421 915, 421 915, 421 90.05 09002 MEDCHECK CLINICS 90.06  $\cap$  $\Gamma$ Λ 90.06 09003 KNEE CENTER 0 6, 928, 159 90.07 6, 928, 159 6, 928, 159 90.07 90.08 09004 PALLIATIVE CARE 298 298 0 298 90.08 09006 WORK SITE CLINICS 90.10 0 C 0 90.10 90.12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 Λ 90.12 91.00 09100 EMERGENCY 30, 675, 991 30, 675, 991 30, 675, 991 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 9, 507, 278 9, 507, 278 9, 507, 278 92.00 92.00 OTHER REIMBURSABLE COST CENTERS

637, 228, 220

627, 720, 942

9.507.278

0

0

637, 228, 220

627, 720, 942

9, 507, 278

0

0 98.00

637, 228, 220 200. 00

627, 720, 942 202. 00

9, 507, 278 201. 00

98.00

200.00

201.00

202.00

09850 OTHER REIMBURSABLE COST CENTERS

Less Observation Beds

Total (see instructions)

Subtotal (see instructions)

COMPUT	ATI ON	OF RATIO OF COSTS TO CHARGES		Provider Co	CN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Pre 8/19/2020 1:4	pared:
				Titl	e XIX	Hospi tal	PPS	<u> </u>
				Charges				
		Cost Center Description	Inpati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA I npati ent Rati o	
			6. 00	7. 00	8. 00	9. 00	10.00	
		ENT ROUTINE SERVICE COST CENTERS						
30. 00	1	ADULTS & PEDI ATRI CS	194, 884, 616		194, 884, 61			30. 00
31.00		INTENSIVE CARE UNIT	51, 166, 968		51, 166, 96			31.00
32.00		CORONARY CARE UNIT	0		•	)		32.00
35. 00		NEONATAL INTENSIVE CARE UNIT	15, 555, 634		15, 555, 63			35. 00
43. 00		NURSERY LARY SERVICE COST CENTERS	2, 726, 360		2, 726, 36	)		43. 00
50. 00		OPERATING ROOM	101, 502, 559	24, 879, 877	126, 382, 43	0. 151480	0. 000000	50. 00
51. 00		RECOVERY ROOM	6, 967, 548				0. 000000	51.00
52. 00		DELIVERY ROOM & LABOR ROOM	10, 232, 289				0. 000000	52. 00
54. 00		RADI OLOGY-DI AGNOSTI C	10, 704, 642				0. 000000	54.00
55. 00		RADI OLOGY-THERAPEUTI C	6, 875, 201				0. 000000	55. 00
57.00		CT SCAN	21, 846, 759				0. 000000	57. 00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3, 678, 264	9, 605, 716	13, 283, 980	0. 166530	0.000000	58. 00
59.00	05900	CARDI AC CATHETERI ZATI ON	85, 509, 913	142, 839, 489	228, 349, 40	0. 042205	0. 000000	59. 00
60.00	06000	LABORATORY	76, 343, 903	87, 027, 587	163, 371, 490	0. 106433	0. 000000	60.00
64. 00	1	INTRAVENOUS THERAPY	536, 806				0.000000	64. 00
65.00		RESPI RATORY THERAPY	25, 204, 848				0. 000000	65. 00
66. 00		PHYSI CAL THERAPY	3, 852, 721	22, 433, 366			0. 000000	66. 00
67. 00		OCCUPATIONAL THERAPY	2, 884, 584				0. 000000	67. 00
68. 00		SPEECH PATHOLOGY	1, 050, 952				0.000000	68. 00
69.00	1	ELECTROCARDI OLOGY	14, 556, 649				0.000000	
70.00	1	ELECTROENCEPHALOGRAPHY	956, 081	6, 981, 369			0.000000	70.00
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	52, 684, 738				0. 000000 0. 000000	71. 00 72. 00
73. 00		DRUGS CHARGED TO PATTENTS	48, 502, 823 64, 652, 123				0.000000	73.00
74. 00		RENAL DIALYSIS	4, 698, 345				0. 000000	74.00
76. 00	1	ENDOSCOPY	2, 042, 449				0. 000000	76.00
76. 01	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0				0. 000000	76. 01
76. 03		LUTHERWOOD PARTNERSHIP	0				0. 000000	76. 03
76. 04		WOUND CARE CENTER	624, 038				0. 000000	76. 04
76. 05		ONCOLOGY-CANCER CARE CENTER	1, 643, 064				0. 000000	76. 05
76. 06		I MAGING CENTERS	135, 983				0.000000	76. 06
76. 07	03954	BREAST DIAGNOSTIC CENTER	18, 446	5, 455, 493	5, 473, 93	0. 573039	0. 000000	76. 07
76. 97		CARDIAC REHABILITATION	85, 230				0. 000000	76. 97
76. 98		HYPERBARI C OXYGEN THERAPY	0	2, 752, 878	2, 752, 87	0. 288626	0. 000000	76. 98
		TIENT SERVICE COST CENTERS			T .			
88. 00		RURAL HEALTH CLINIC	0		i	0.000000	0.000000	88. 00
89. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	1	0.000000	0.000000	1
90. 00 90. 01	1	DIABETIC CARE CENTER	0	0		0. 000000 0. 000000	0. 000000 0. 000000	1
90.01		HEALTHY HEARTS CENTER	26, 582	4, 320, 192	•		0.000000	
		CLINIC	20, 362	4, 320, 192 0	4, 340, 77	0.000000	0. 000000	
90. 04		SPI NE CENTER	0	0		0. 000000	0. 000000	90. 04
90. 05	1	INFUSION CENTERS	0		2, 363, 36		0. 000000	90. 05
90. 06	1	MEDCHECK CLINICS	0	0	_,,	0. 000000	0. 000000	90. 06
90. 07	1	KNEE CENTER	7, 971	6, 159, 688	6, 167, 65		0. 000000	90. 07
90. 08		PALLI ATI VE CARE	0	101, 330			0. 000000	90. 08
90. 10	09006	WORK SITE CLINICS	0	0		0. 000000	0. 000000	90. 10
90. 12		FAMILY PRACTICE AND MATERNITY CARE	0	0		0. 000000	0. 000000	90. 12
91. 00		EMERGENCY	44, 204, 064				0. 000000	91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	3, 253, 408	8, 692, 097	11, 945, 50	0. 795887	0. 000000	92. 00
00.00		REI MBURSABLE COST CENTERS		^		0.000000	0.000000	00 00
98. 00 200. 00	1	OTHER REIMBURSABLE COST CENTERS Subtotal (see instructions)	0 0 616 561	0 1, 817, 969, 730	•	0.000000	0. 000000	98. 00 200. 00
200.00		Less Observation Reds	007,010,001	1,017,707,730 	2,011,000,29	1		200.00

859, 616, 561 1, 817, 969, 730 2, 677, 586, 291

201. 00

202. 00

201.00

202.00

Less Observation Beds

Total (see instructions)

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | Part | | To | 12/31/2019 | Date/Time Prepared: | 8/19/2020 1: 43 pm | PROPERTY | PROPER

MARTIFUT BOUTH IN SERVICE COST CENTERS				Title XIX	Hospi tal	PPS
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   30.		Cost Center Description	PPS Inpatient			
INPACT ENT. ROUTH SERVICE COST CENTERS   30.00   30.00   30.00   30.00   31.			Ratio			
30.00   30.00   ADULTS & PEDIATRICS     30.00   30.0			11.00			
31.00   30100   INTENSIVE CARE INNIT   32.00   32300   CORONARY CARE, UNIT   32.00   32.00   32000   CORONARY CARE, UNIT   32.00   35.	I	NPATIENT ROUTINE SERVICE COST CENTERS				
32.00     03200   COROMARY CARE UNIT     33.00   03200   COROMARY CARE UNITS     23.00   03200   COROMARY CARE UNITS     43.00	30.00	D3000 ADULTS & PEDIATRICS				30. 00
35.00   20200   NEONATAL INTENSIVE CARE UNIT   43.00   20300   NUNSERY   43.00   20300   NUNSERY   50.00   5	31.00	D3100 INTENSIVE CARE UNIT				31.00
43. 00   0300   MIRSERY     43. 00   ANOLEANY SERVICE COST CENTERS   50. 00   05000   OFERATING ROOM   0.158792   51. 00   50. 00   50.000   OFERATING ROOM   0.25913   52. 00   55. 00   05000   ORLANDER ROOM   0.25913   52. 00   55. 00   05000   OBLIVERY ROOM & LABOR ROOM   0.25913   55. 00   55. 00   05000   OBADI LOGAY-I HEARPEUTIC   0.083161   55. 00   55. 00   05500   RADI LOGAY-I HEARPEUTIC   0.083161   55. 00   55. 00   05000   OBSOD   MAGNETIC RESONANCE I MAGI ING (MRI )   0.166530   55. 00   55. 00   05000   ARONETIC RESONANCE I MAGI ING (MRI )   0.166530   55. 00   05000   ARONETIC RESONANCE I MAGI ING (MRI )   0.166530   55. 00   05000   OBSOD   MAGNETIC RESONANCE I MAGI ING (MRI )   0.16633   56. 00   05000   OBSOD   MAGNETIC RESONANCE I MAGI ING (MRI )   0.16633   66. 00   06000   LABORATORY   TERRAPY   0.106433   66. 00   06000   LABORATORY   TERRAPY   0.29129   0.60   0.0000   OBSOD   OBSO	32.00	D3200 CORONARY CARE UNIT				32. 00
MICLILARY SERVICE COST CENTERS   50.00   00.000 OPERATI NO RODOR   0.151480   50.00   51.00   51.00   51.00   51.00   51.00   52.00	35.00	D2060 NEONATAL INTENSIVE CARE UNIT				35. 00
50.00   60000   DREATING ROOM   0.151480   50.00   51.00   51.00   60000   DRECOVERY ROOM   0.480792   51.00   52.00   03200   DELIVERY ROOM & LABOR ROOM   0.625013   52.00   55.00   03200   DELIVERY ROOM & LABOR ROOM   0.625013   55.00   55.00   03500   RADIOLOGY - HICKAPEUTIC   0.083161   55.00   55.00   03500   MARIETIC RESONANCE IMAGING (MRI)   0.166530   55.00   55.00   03500   MARIETIC RESONANCE IMAGING (MRI)   0.166530   55.00   03500   MARIETIC RESONANCE IMAGING (MRI)   0.166530   55.00   03500   MARIETIC RESONANCE IMAGING (MRI)   0.106433   66.00   0.00600   PASSIGATION (MRI)   0.106433   0.30647   0.00600						43. 00
51.00   05.100   RECOVERY ROOM   0.189792   55.00	P	ANCILLARY SERVICE COST CENTERS				
52.0 0   5200   DELIVERY ROOM & LABOR ROOM   0.625013   55.0 0   55.0 0   5550   60500   RADIOLOGY - HERAPEUTI C   0.083161   55.0 0   55.0 0   5570 C   55.0 0   55.	50.00	D5000 OPERATING ROOM	0. 151480			50. 00
54.00     05400   RADI OLOSY-DI AGNOSTIC   0.155865   55.00     05500   RADI OLOSY-THERAPEUTIC   0.083161   55.00     05500   05700   CT SCAN   0.064304   57.00     05800   MACNETTI C RESONANCE I IMAGI NG (MRI)   0.166530   59.00   05900   CARDI AC CATHETERI ZATI ON   0.042205   59.00   06900   CARDI AC CATHETERI ZATI ON   0.042205   59.00   06400   LABORATORY   1.062437   66.00   06600   RESPI RATORY   1.062437   66.00   06600   RESPI RATORY   1.062437   66.00   06600   RESPI RATORY   1.062437   66.00   06600   PHYSI CALL THERAPY   0.394723   66.00   06600   PHYSI CALL THERAPY   0.394723   66.00   06800   SPECH PATHOLOGY   0.351137   67.00   07000   CLECTROCARDI LATERAPY   0.351137   68.00   06800   SPECH PATHOLOGY   0.351137   68.00   06800   SPECH PATHOLOGY   0.351137   69.00   07000   LELCTROCARDI LOLGY   0.190122   70.00   71.00   07100   DELCY CHARGED TO PATI ENTS   0.394519   71.00   07000   DELCY CHARGED TO PATI ENTS   0.398619   72.00   07200   IMPL DEV. CHARGED TO PATI ENTS   0.288967   72.00   07200   IMPL DEV. CHARGED TO PATI ENTS   0.288967   73.00   07300   O7300   DRUGS CHARGED TO PATI ENTS   0.288967   73.00   07400   RENAL DI ALYSI S   0.417325   74.00   0.355   BNOSCOPY   0.00   0.			0. 189792			51.00
55. 00       05500 RADIOLOGY-THERAPEUTI C       0.083161       55. 00         58. 00       05800 MAGNETI C RESONANCE IMAGING (MRI)       0.16630       58. 00         59. 00       05900 CARDIA CCATHETERI ZATION       0.04205       59. 00         60. 00       06000 LABORATORY       0.106433       60. 00         64. 00       06400 INTRAUKMUS THERAPY       1.062437       66. 00         65. 00       06500 RESPI RATORY THERAPY       0.28129       65. 00         67. 00       06700 ORCHARTIONAL THERAPY       0.394723       66. 00         67. 00       06700 OCCUPATIONAL THERAPY       0.352189       67. 00         67. 00       06700 OCCUPATIONAL THERAPY       0.352189       67. 00         69. 00       06900 ELECTROCARDIOLOGY       0.351137       68. 00         69. 00       06900 ELECTROCARDIOLOGY       0.083667       69. 00         71. 00       07000 IMPLIC DEV. CHARGED TO PATIENTS       0.398619       71. 00         72. 00       07200 IMPLIES CHARGED TO PATIENTS       0.398619       72. 00         73. 00       07200 IMPLIES CHARGED TO PATIENTS       0.28967       73. 00         74. 00       07400 IMPLIES CHARGED TO PATIENTS       0.289619       76. 01         76. 01       015550 IMPLIES CHARGED TO PAT	52.00	D5200 DELIVERY ROOM & LABOR ROOM	0. 625013			52. 00
57.00   05700   CT SCAN   57.00   59.00   CT SCAN   59.00   05900   05900   CARDIAC CATHETER IZATION   0.042205   59.00   06900   CARDIAC CATHETER IZATION   0.042205   59.00   06400   LABORATORY   1.062437   64.00   06400   INTRAVENOUS THERAPY   1.062437   65.00   06500   RESPI RATORY THERAPY   0.22129   65.00   06600   RESPI RATORY THERAPY   0.394723   66.00   06600   PHYSI CAL THERAPY   0.394723   66.00   06600   PHYSI CAL THERAPY   0.352189   67.00   06700   CEPHOR TORIL THERAPY   0.352189   67.00   06700   CLECHTORADIAL THERAPY   0.351137   68.00   06800   SPECH PATHOLOGY   0.351137   69.00   06900   LECTROCARDIUL THERAPY   0.190122   70.00   70.00   CTOOL (LECTROCARDIUL THE SPECH PATHOLOGY   0.083667   70.00   07000   LECTROCARDIUL SEAN PATHOLOGY   0.190122   70.00   70.00   07000   RELOCEROSCEPHAL CORAPHY   0.190122   70.00   70.00   07000   DRUGS CHARREGE TO PATIENTS   0.398619   71.00   70.00   07000   DRUGS CHARREGE TO PATIENTS   0.431818   72.00   73.00   07300   DRUGS CHARREGE TO PATIENTS   0.471325   72.00   73.00   07300   BRUGS CHARREGE TO PATIENTS   0.282967   73.00   07300   BRUGS CHARREGE TO PATIENTS   0.282967   73.00   07300   DRUGS CHARREGE TO PATIENTS   0.282967   75.00   07400   RENAL DIALYSI S   0.417325   76.00   76.00   03550   PSYCH ATRIC (CPSYCHOLOGI CAL SERVICES   1.022839   76.01   76.00   76.00   03550   PSYCH ATRIC (CPSYCHOLOGI CAL SERVICES   1.022839   76.01   76.00	54.00	D5400 RADI OLOGY-DI AGNOSTI C	0. 155865			54.00
58.00	55.00	D5500 RADI OLOGY-THERAPEUTI C	0. 083161			55. 00
59.00	57.00	D5700 CT SCAN	0. 054304			57. 00
60.00	58.00	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 166530			58. 00
64.00   06400   NTRAVENOUS THERAPY   1.062437   65.00   65.00   6500   RESPI RATORY THERAPY   0.28129   65.00   66.00   RESPI RATORY THERAPY   0.394723   65.00   66.00   RESPI RATORY THERAPY   0.394723   65.00   66.00   RESPI RATORY THERAPY   0.394723   65.00   67.00   68.00   68.00   5PECH PATHOLOGY   0.083673   68.00   68.00   68.00   5PECH PATHOLOGY   0.083673   68.00   68.00   70.00   ELECTROROGIO LOGY   0.083667   70.00   70.00   ELECTROROGIO LOGY   0.093667   71.00	59.00	D5900 CARDI AC CATHETERI ZATI ON	0. 042205			59. 00
65.00   06500   RESPI RATORY THERAPY   0. 228129   0. 66.00   06600   PHYSICAL THERAPY   0. 394723   0. 66.00   06700   PHYSICAL THERAPY   0. 352189   0. 67.00   06700   0CUPATI ONAL THERAPY   0. 352189   0. 67.00   0. 06700   0. PECH PATHOLOGY   0. 351137   0. 88.00   0. 06900   PECH PATHOLOGY   0. 0. 083667   0. 00 06900   ELECTROCARDI OLOGY   0. 083667   0. 00 07000   ELECTROENCEPHALOGRAPHY   0. 190122   70.00   0. 00 07000   DELOCAL SUPPLIES CHARGED TO PATIENTS   0. 396619   71.00   0. 00 07000   DELOCAL SUPPLIES CHARGED TO PATIENTS   0. 451818   72.00   0. 00 07000   DRUGS CHARGED TO PATIENTS   0. 451818   72.00   0. 00 07000   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   DRUGS CHARGED TO PATIENTS   0. 417325   74.00   0. 00 0700   0. 00	60.00	06000 LABORATORY	0. 106433			60. 00
66. 00	64.00	06400 INTRAVENOUS THERAPY	1. 062437			64. 00
67. 00   66700   CCUPATI ONAL THERAPY   0. 352189   67. 00   68. 00   06800   SPECH PATHOLOGY   0. 351137   68. 00   69. 00   06900   CLECTROCARDI OLOGY   0. 033667   69. 00   71. 00   07000   CLECTROCARDI OLOGY   0. 033667   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0. 398619   71. 00   712. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0. 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0. 431818   72. 00   74. 00   07400   RABAL DI ALVSI S   0. 417325   74. 00   76. 01   03550   PSCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   76. 01   03550   PSCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   76. 03   03951   UNIFORMOD PARTHERSHIP   5. 332016   76. 04   76. 04   03952   WOUND CARE CENTER   0. 328738   76. 04   76. 05   03480   NOOLOGY-CANCER CARE CENTER   0. 328738   76. 04   76. 07   03954   BREAST DI LA GNOSTI C CENTER   0. 216272   76. 05   76. 07   03954   BREAST DI LA GNOSTI C CENTER   0. 573039   76. 07   76. 07   07697   CARDI LAC REHABI LI TATI ON   0. 447464   76. 97   76. 97   07697   CARDI LAC REHABI LI TATI ON   0. 447464   76. 97   76. 98   07699   WYPERBARI COXYGEN THERAPY   0. 288626	65.00	D6500 RESPIRATORY THERAPY	0. 228129			65. 00
68. 00 66800 SPEECH PATHOLOGY 0. 351137 6. 00 00000 0 10000 ELECTROCARDIOLOGY 0. 0083667 6. 00 00000 0 10000 ELECTROCARDIOLOGY 0. 0083667 6. 00 00000 0 10000 ELECTROCARDIOLOGY 0. 0083667 7. 00 00700 ELECTROCARDIOLOGY 0. 0083667 7. 00 007100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0. 398619 7. 00 007200 IMPL. DEV. CHARGED TO PATI ENTS 0. 431818 7.2 00 007200 IMPL. DEV. CHARGED TO PATI ENTS 0. 228967 7.3 00 00 007300 DRUGS CHARGED TO PATI ENTS 0. 228967 7.3 00 00 003330 ENDOSCOPY 0. 00 147325 7.4 00 00 33330 ENDOSCOPY 0. 00 147325 7.0 00 000000 0. 00 3330 ENDOSCOPY 0. 00 147325 7.0 00 000000 0. 00 00000 0. 00 00000 0. 00 00	66.00	D6600 PHYSI CAL THERAPY	0. 394723			66. 00
69. 00   06.900   CLECTROCARDIOLOGY   0. 083667   70. 00   70.00   70.00   CLECTROCARDIOLOGY   70. 00   70.00   CLECTROCARDIOLOGY   70. 00   70.00   CLECTROCARDIOLOGY   70. 00   70.00   CLECTROCARDIOLOGY   70. 00   70.00   70.00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 398619   71. 00   70.00	67.00	06700 OCCUPATI ONAL THERAPY	0. 352189			67. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   0. 190122   70. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0. 398619   71. 00   07200   MPIL DEV. CHARGED TO PATIENTS   0. 431818   72. 00   07300   DRUGS CHARGED TO PATIENTS   0. 421818   72. 00   07400   RENAL DIALYSIS   0. 417325   74. 00   07400   RENAL DIALYSIS   0. 417325   74. 00   07400   RENAL DIALYSIS   0. 417325   76. 00   03330   ENDOSCOPY   0. 240698   76. 00   03300   ENDOSCOPY   0. 240698   76. 00   03301   ENDOSCOPY   0. 240698   0. 2328738   76. 00   03301   ENDOSCOPY   0. 240698   0. 24	68.00	D6800 SPEECH PATHOLOGY	0. 351137			68. 00
71. 00	69.00	D6900 ELECTROCARDI OLOGY	0. 083667			69. 00
72. 00   O7200   IMPL. DEV. CHARGED TO PATIENTS   0. 431818   72. 00   O7300   DRUGS CHARGED TO PATIENTS   0. 228967   74. 00   O7400   RENAL DIALYSIS   0. 417325   74. 00   O7400   RENAL DIALYSIS   0. 417325   74. 00   O7400   RENAL DIALYSIS   0. 417325   75. 00   O7400   RENAL DIALYSIS   0. 417325   75. 00   O7400   RENAL DIALYSIS   0. 417325   75. 00   O7400   RENAL DIALYSIS   0. 417325   0. 41	70.00	07000 ELECTROENCEPHALOGRAPHY	0. 190122			70. 00
73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 228967   73. 00   07400   07400   RENAL DI ALYSIS   0. 417325   73. 00   07400   RENAL DI ALYSIS   0. 417325   75. 00   07400   RENAL DI ALYSIS   0. 417325   75. 00   07400   03550   PSYCHI ATRI CYSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI CYSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI CYSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI CYSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03591   LUTHER WOOD PARTNERSHI P   5. 832016   76. 03   03691   LUTHER WOOD PARTNERSHI P   6. 03   03893   LUTHER WOOD PARTNERSHI P   6. 03   03893   LUTHER WOOD PARTNERSHI P   6. 03   03893   LUTHER WOOD PARTNERSHI P   6. 04   03952   WOUND CARE CENTER   0. 226272   76. 05   03953   LMAGI NG CENTERS   0. 157623   76. 06   03953   LMAGI NG CENTERS   0. 157623   76. 07   07697   CARPOT CARD LAR CENTER   0. 573039   76. 07   07697   CARPOT CARD LAR CEHABIL LITATI ON   0. 447464   76. 97   07698   HYPERBARI C OXYGEN THERAPY   0. 288626   76. 98   0000000   WOOD CULNIC   0. 000000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 00000   0. 000000   0. 00000   0. 00000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 398619			71. 00
74. 00   07400   RANAL DIALYSIS   0. 417325   0. 240698   76. 00   03330   ENDOSCOPY   0. 240698   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   076. 03   03951   LUTHERWOOD PARTNERSHI P   5. 832016   76. 03   03952   WOND CARE CENTE R   0. 216272   76. 05   03480   WOLOGY-CANCER CARE CENTER   0. 216272   76. 05   03953   IMAGI NG CENTERS   0. 157623   76. 06   03953   IMAGI NG CENTERS   0. 573039   76. 07   076. 07   07697   CARDI AC REHABI LI TATI ON   0. 447464   76. 97   07697   CARDI AC REHABI LI TATI ON   0. 447464   76. 97   07698   MPSERRARI CO XYGEN THERAPY   0. 288626   0. 0800   RURAL HEALTH CLI NI C   0. 000000   089.00   08900   FEDERALLY QUALI FIED HEALTH CENTER   0. 000000   09000   CLI NI C   0. 000000   09000   09000   CLI NI C   0. 000000   090000   09000   09000   09000   09000   09000   09000   09000   09000   09000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   0900000   0900000   0900000   0900000   0900000   0900000   0900000   09000	72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 431818			72. 00
76. 00 03300 ENDOSCOPY 0. 240098 76. 00 03550 PSYCHI ATRIC/PSYCHOLOGI CAL SERVI CES 1. 022839 76. 01 03550 PSYCHI ATRIC/PSYCHOLOGI CAL SERVI CES 1. 022839 76. 01 03550 PSYCHI ATRIC/PSYCHOLOGI CAL SERVI CES 1. 0. 228378 76. 03 03951 LUTHERWOOD PARTNERSHI P 5. 832016 76. 04 03952 WOUND CARE CENTER 0. 328738 76. 05 03480 NOCOLOGY-CANCER CARE CENTER 0. 216272 76. 05 03953 I MAGI NG CENTERS 0. 157623 76. 06 03953 I MAGI NG CENTERS 0. 157623 76. 07 03954 BREAST DI AGNOSTI C CENTER 0. 573039 76. 07 07097 CARDI AC REHABI LI TATI ON 0. 447464 76. 97 0709 CARDI AC REHABI LI TATI ON 0. 447464 76. 97 0709 CARDI AC REHABI LI TATI ON 0. 447464 76. 97 0709 CARDI AC REHABI LI TATI ON 0. 447464 76. 97 0709 CARDI AC REHABI LI TATI ON 0. 447464 76. 97 0709 CARDI AC REHABI LI TATI ON 0. 000000 00 00000 00 00000 00 00000 00	73.00	D7300 DRUGS CHARGED TO PATIENTS	0. 228967			73. 00
76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 022839   76. 01   76. 03   03951   LUTHERWOOD PARTNERSHI P   5. 832016   76. 04   03952   WOUND CARE CENTER   0. 328738   76. 04   03952   WOUND CARE CENTER   0. 216272   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0. 216272   76. 05   03953   IMAGI NG CENTERS   0. 157623   76. 06   03953   IMAGI NG CENTERS   0. 573039   76. 07   076. 07   07697   CARDI AC REHABI LITATI ON   0. 447464   76. 97   07697   CARDI AC REHABI LITATI ON   0. 447464   76. 98   076.98   HYPERBARI C DAYGEN THERAPY   0. 288626   76. 98   076. 98   HYPERBARI C DAYGEN THERAPY   0. 288626   76. 98   076. 98   HYPERBARI C DAYGEN THERAPY   0. 000000   89. 00   09000   CLI NI C   0. 000000   89. 00   09000   CLI NI C   0. 000000   090. 01   04950   DIABETI C CARE CENTER   0. 000000   090. 01   04950   DIABETI C CARE CENTER   0. 000000   090. 01   04950   DIABETI C CARE CENTER   0. 000000   0. 00000   0. 00000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000	74.00	D7400 RENAL DIALYSIS				74. 00
76. 03 03951 LUTHERWOOD PARTNERSHIP 5. 832016 76. 04 03952 WOUND CARE CENTER 0. 328738 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0. 216272 76. 06 03953 IMAGI NG CENTERS 0. 157623 76. 06 03953 IMAGI NG CENTERS 0. 157623 76. 07 07697 CARDIAC REHABILITATION 0. 447464 76. 97 07697 CARDIAC REHABILITATION 0. 447464 76. 97 07698 HYPERBARI C. OXYGEN THERAPY 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 288626 76. 98 07698 HYPERBARI C. OXYGEN THERAPY 0. 0. 000000 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE CENTER 0. 0. 000000 90. 01 04950 DIABETI C. CARE 0. 0. 000000 90. 01 04950 DIABE			0. 240698			76. 00
76. 04 03952 WOUND CARE CENTER 0.32838 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0.216272 76. 05 76. 06 03953 I MAGING CENTERS 0.157623 76. 06 76. 07 03954 BREAST DI AGNOSTIC CENTER 0.573039 76. 07 76. 97 07697 CARDIAC REHABILITATION 0.447464 76. 97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0.288626 76. 98 0011PATIENT SERVICE COST CENTERS  88. 00 08900 RURAL HEALTH CLINIC 0.000000 89. 00 90. 00 09000 CLINIC 0.000000 99. 00 90. 00 09000 CLINIC 0.000000 99. 00 90. 01 04950 DI ABETIC CARE CENTER 0.000000 99. 00 90. 02 04951 HEALTHY HEARTS CENTER 0.000000 99. 00 90. 03 09001 CLINIC 0.000000 99. 00 90. 04 04953 SPINE CENTER 0.000000 99. 00 90. 05 04954 INFUSION CENTERS 0.387337 99. 05 90. 06 09002 MEDCHECK CLINICS 0.000000 99. 00 90. 07 09003 MEDCHECK CLINICS 0.000000 99. 00 90. 08 09004 PALLIATIVE CARE 0.000000 99. 00 90. 07 09003 KEEC ENTER 1.123304 99. 06 90. 07 09003 KEEC ENTER 1.123304 99. 07 90. 08 09004 PALLIATIVE CARE 0.002941 99. 01 90. 01 09006 WORK SITE CLINICS 0.000000 99. 10 90. 02 09001 BERGENCY 0.000000 99. 10 90. 03 09004 PALLIATIVE CARE 0.000000 99. 10 90. 04 09006 WORK SITE CLINICS 0.000000 99. 10 90. 05 09006 WORK SITE CLINICS 0.000000 99. 10 90. 06 09007 09008 BERGENCY 0.000000 99. 10 90. 07 09008 BERGENCY 0.000000 99. 10 90. 08 09004 PARLIATIVE CARE 0.000000 99. 10 90. 09000 BERGENCY 0.000000 99. 00 90. 000000 99000 BERGENCY 0.000000 99. 00 90. 0000000 99000 BERGENCY 0.000000 99. 00 90. 0000000 99000 BERGENCY 0.000000 99. 00 90. 0000000 99000 BERGENCY 0.000000 990. 00 90. 00000000 99000 BERGENCY 0.000000 990. 00 90. 0000000 99000 BERGENCY 0.000000 990. 00 90. 000000000 99000 BERGENCY 0.000000 990. 00 90. 000000000 99000 BERGENCY 0.000000 990. 00 90. 0000000000 99000 BERGENCY 0.000000 990. 00 90. 00000000 99000 BERGENCY 0.000000 990. 00 90. 00000000 99000 BERGENCY 0.000000 990. 00 90. 00000000000 99000 99000 990000000 99000000						
76. 05						76. 03
76. 06 03953   MAGING CENTERS 0. 157623 76. 06 76. 07 03954   BREAST DI AGNOSTIC CENTER 0. 573039 76. 07 6. 97 07697   CARDI JAC REHABI LI TATI ON 0. 447464 76. 97 76. 98 07698   HYPERBARI C. OXYGEN THERAPY 0. 288626 76. 98 88. 00 08800   RURAL HEALTH CENTER 0. 0. 000000 89. 00 90. 00 09000   CLI NI C 0. 0. 000000 90. 00 90. 00 09000   CLI NI C 0. 0. 000000 90. 00 90. 01 04950   DI ABETI C CARE CENTER 0. 0. 000000 90. 00 90. 02 04951   HEALTHY HEARTS CENTER 0. 0. 655908 90. 04 90. 03 09001   CLI NI C 0. 0. 000000 90. 00 90. 04 04953   SPINE CENTER 0. 0. 000000 90. 00 90. 05 04954   INFUSI ON CENTERS 0. 387337 90. 06 90. 07 09003   KINE C ENTER 0. 0. 000000 90. 00 90. 07 09003   KINE C ENTER 1. 123304 90. 07 90. 08 09004   PALLI ATI VE CARE 0. 0. 000000 90. 00 90. 09 09004   OHLI ATI VE CARE 0. 0. 000000 90. 00 90. 01 09005   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 02 09004   DALLI ATI VE CARE 0. 0. 000000 90. 00 90. 01 09005   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 02 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0. 0. 000000 90. 00 90. 01 09006   MORK SITE CLINI CS 0.		03952 WOUND CARE CENTER	0. 328738			76. 04
76. 07 03954 BREAST DIAGNOSTIC CENTER 0. 573039 76. 97 07697 CARDIAC REHABILITATION 0. 4477464 76. 97 07697 CARDIAC REHABILITATION 0. 4477464 76. 98 00000000000000000000000000000000000	76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0. 216272			76. 05
76. 97   07697   CARDI AC REHABILITATION   0. 447464   76. 97   0. 288626   76. 98   0. 28862			1			
76. 98   07698   HYPERBARI C OXYGEN THERAPY   0. 288626   0. 0 8900   TENT SERVI CE COST CENTERS   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000			1			
OUTPATIENT SERVICE COST CENTERS			0. 447464			
88. 00   08800   RURAL HEALTH CLINIC   0.000000   89. 00   8900   FEDERALLY QUALIFIED HEALTH CENTER   0.000000   90. 00	76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 288626			76. 98
89. 00       08900   FEDERALLY QUALIFIED HEALTH CENTER       0.000000       89.00         90. 00   09000   CLINIC       0.000000       90.00         90. 01   04950   DIABETIC CARE CENTER       0.000000       90.01         90. 02   04951   HEALTHY HEARTS CENTER       0.655908       90.02         90. 03   09001   CLINIC       0.000000       90.03         90. 04   04953   SPINE CENTER       0.000000       90.03         90. 05   04954   INFUSION CENTERS       0.387337       90.05         90. 06   09002   MEDCHECK CLINICS       0.000000       90.05         90. 07   09003   KNEE CENTER       1.123304       90.07         90. 08   09004   PALLIATIVE CARE       0.002941       90.08         90. 10   09006   WORK SITE CLINICS       0.000000       90.10         90. 12   04961   9						
90. 00   09000   CLINIC   0.000000   90. 00   90. 00   90. 00   90. 00   90. 01   90. 00   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 02   90. 03   90. 01   EALTHY HEARTS CENTER   0.655908   90. 02   90. 03   90. 01   CLINIC   0.000000   90. 03   90. 04   90. 05   90. 04   1NFUSION CENTERS   0.387337   90. 05   90. 06   90. 02   MEDCHECK CLINICS   0.000000   90. 05   90. 06   90. 07   90. 08   90. 04   PALLIATIVE CARE   0.000000   90. 07   90. 08   90. 04   PALLIATIVE CARE   0.000000   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   90. 12   91. 00   91. 00   92. 00   09100   EMERGENCY   0.134673   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.795887   92. 00   09850   OTHER REIMBURSABLE COST CENTERS   0.000000   98. 00   200. 00   Less Observation Beds   90. 000000   201. 00   0.000000   0.000000   0.000000000			1			
90. 01 04950 DI ABETI C CARE CENTER						
90. 02			1			
90. 03			1			
90. 04   04953   SPI NE CENTER   0.000000   90. 05   90. 05   04954   INFUSI ON CENTERS   0.387337   90. 06   09002   MEDCHECK CLINICS   0.000000   90. 06   90. 07   9003   KNEE CENTER   0.000000   90. 07   90. 08   09004   PALLI ATI VE CARE   0.002941   90. 08   90. 10   90. 10   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0.00000   90. 12   91. 00   9100   EMERGENCY   0.134673   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0.795887   92. 00   09850   OTHER REI MBURSABLE COST CENTERS   0.000000   98. 00   09850   OTHER REI MBURSABLE COST CENTERS   0.000000   200. 00   Subtotal (see instructions)   Less Observation Beds   201. 00			1			
90. 05						
90. 06   09002   MEDCHECK CLINICS   0.000000   90. 06   90. 07   09003   KNEE CENTER   1.123304   90. 07   90. 08   09004   PALLIATIVE CARE   0.002941   90. 08   90. 10   09006   WORK SITE CLINICS   0.000000   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   90. 12   09100   EMERGENCY   0.134673   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0.795887   92. 00   09850   OTHER REIMBURSABLE COST CENTERS   0.000000   98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0.000000   090.000   090.000   090.000   090.000   090.000   090.000   090.000   090.000   090.000   000.0000   000.0000   000.0000   000.0000   000.0000   000.0000   000.0000   000.0000   000.0000   000.00000   000.00000   000.00000   000.000000   000.00000000						
90. 07						
90. 08						
90. 10						
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   90.12   0.134673   91.00   92.00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0.795887   92.00   07HER REIMBURSABLE COST CENTERS   0.000000   98.00   09850   07HER REIMBURSABLE COST CENTERS   0.000000   98.00   000000000000000000000000000000000						
91. 00   09100   EMERGENCY   0. 134673   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0. 795887   92. 00   OTHER REIMBURSABLE COST CENTERS   0. 000000   200. 00   Subtotal (see instructions)   Less Observation Beds   201. 00   201. 00   Control of the control of th	1					
92. 00			1			
OTHER REIMBURSABLE COST CENTERS   98.00						
98. 00			0. 795887			92. 00
200. 00       Subtotal (see instructions)       200. 00         201. 00       Less Observation Beds       201. 00	_					
201.00 Less Observation Beds 201.00			0. 000000			
202.00    Total (see instructions)						
	202.00	rotal (see instructions)	1			202. 00

Heal th Financial Systems COMMUNITY HEA CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY In Lieu of Form CMS-2552-10

Period:	Worksheet C
From 01/01/2019	Part II
To 12/31/2019	Date/Time Prepared:
8/19/2020 1:43 pm	Provider CCN: 15-0074

					10 12/31/2017	8/19/2020 1:4	
			Ti t	le XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost	Operating Cos	t Capi tal	Operating Cost	
	·	(Wkst. B, Part	(Wkst. B, Par	tNet of Capita	Reduction	Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1	_	Amount	
		·		col . 2)			
		1.00	2.00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000  OPERATI NG ROOM	19, 144, 436	3, 515, 46	0 15, 628, 97	6 0	0	50. 00
51.00	05100 RECOVERY ROOM	2, 191, 872	480, 01	2 1, 711, 86	0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6, 395, 316	856, 48	5, 538, 83	0 (0	0	52.00
54.00	05400  RADI OLOGY-DI AGNOSTI C	8, 767, 348	1, 846, 49	6, 920, 85		_	54.00
55. 00	05500  RADI OLOGY-THERAPEUTI C	1, 664, 194	299, 20				55. 00
57. 00	05700  CT SCAN	4, 557, 336					57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 212, 177	839, 62				58. 00
59. 00	05900  CARDI AC CATHETERI ZATI ON	9, 637, 448					59. 00
60.00	06000 LABORATORY	17, 388, 179					60.00
64. 00	06400 I NTRAVENOUS THERAPY	595, 159					64. 00
65.00	06500 RESPI RATORY THERAPY	6, 392, 823	299, 48	6, 093, 33			65. 00
66. 00	06600 PHYSI CAL THERAPY	10, 375, 720					66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	2, 479, 989					67. 00
68. 00	06800 SPEECH PATHOLOGY	1, 003, 618					68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 881, 119					69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	1, 509, 081	135, 51				70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40, 953, 956					71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	34, 114, 999				-	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	180, 999, 242					73. 00
74. 00	07400 RENAL DI ALYSI S	1, 960, 735				-	74. 00
76.00	03330 ENDOSCOPY	1, 036, 472					76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	21, 803, 906					76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	6, 130, 149					76. 03
76. 04	03952 WOUND CARE CENTER	4, 349, 032				-	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	49, 060, 464					76. 05
76. 06	03953 I MAGI NG CENTERS	9, 378, 307	1, 331, 72				76. 06
76. 07	03954 BREAST DI AGNOSTI C CENTER	3, 136, 782				-	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	2, 114, 904	1			-	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	794, 551	51, 67	8 742, 87	3 0	0	76. 98
00.00	OUTPATIENT SERVICE COST CENTERS		Γ	ol .			00.00
88. 00	08800 RURAL HEALTH CLINIC	0		•	0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		1	0		89. 00
90. 00 90. 01	09000 CLINIC	0			0 0		90. 00 90. 01
90.01	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER	2 051 005	20/ 51	~			
		2, 851, 085	1		-	-	90. 02
90. 03 90. 04	09001   CLI NI C   04953   SPI NE CENTER	0					90. 03 90. 04
90. 04	04954 I NFUSI ON CENTERS	915, 421	90, 04	-1			90.04
90.05	09002 MEDCHECK CLINICS	915, 421	90, 04		0 0		90.05
90.06	09003 KNEE CENTER	6, 928, 159	815, 13	9	-	-	90.06
90.07	09004 PALLI ATI VE CARE	0, 928, 159	1	8 29			90.07
90. 08	09004 PALLIATIVE CARE	298					90. 08
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE	0					90. 10
91. 00	09100 EMERGENCY	30, 675, 991	3, 152, 24	-1	-	-	90. 12
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 507, 278					91.00
7Z. UU	OTHER REIMBURSABLE COST CENTERS	7,501,210	003, 03	0, 703, 04	,, 0		72.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS			o	0 (	0	98. 00
200.00		505, 907, 546	l .	-			200.00
200.00	,	9, 507, 278					200.00
202.00		496, 400, 268					202.00
202.00	1.0101 (1110 200 1111103 11110 201)	170, 400, 200	1 00, 000, 20	01 100, 020, 01.	-1	, 0	1202.00

Peri od: From 01/01/2019 To 12/31/2019 | Worksheet C Part II Date/Ti me Prepared: 8/19/2020 1:43 pm Peri od: REDUCTIONS FOR MEDICALD ONLY

Cost Center Description							8/19/2020 1:4	43 pm
ANCILLARY SERVICE COST CENTERS   Co.00   Freduction   Co.00   Freducti					e XIX	Hospi tal	PPS	
MACILLIARY SERVICE COST CENTERS		Cost Center Description	Cost Net of	Total Charges	Outpati ent			
MACILLIARY SERVICE COST CENTERS			Capital and	(Worksheet C,	Cost to Charge			
ANCILLARY SERVICE COST CENTERS			Operating Cost	Part I, column	Ratio (col. 6			
ANCILLARY SERVICE COST CENTRES  50.00 GOOD OPERATING ROOM  51.00 6100 PERATING ROOM  52.00 6200 DELIVERY ROOM & LABOR ROOM  52.00 6200 DELIVERY ROOM & LABOR ROOM  52.00 6200 DELIVERY ROOM & LABOR ROOM  52.00 6200 RADIOLOCY-TIARROSTIC  62.00 6200 RADIOLOCY-TIARROSTIC  63.00 6500 RADIOLOCY-TIARROSTIC  63.00 6500 RADIOLOCY-TIARROSTIC  63.00 6500 RADIOLOCY-TIARROSTIC  64.00 6500 ROSTOR ROOM ROOM FILE RESONANCE IMAGING (MRI)  65.00 6500 ROSTOR LABRAGORY  65.00 6500 ROSTOR LABRAGORY  65.00 6500 LABRAGORY  65.00 6500 RESPIRATORY TIERRAPY  65.00 6500 RESPIRATORY TIERRAPY  65.00 6500 RESPIRATORY TIERRAPY  65.00 6600 RESPIRATORY TIERRAPY  65.00 6600 RESPIRATORY TIERRAPY  65.00 6600 RESPIRATIONAL TIERRAPY  67.00 6700 ROCCURATIONAL TIERRAPY  67.00 ROCC			Reduction	8)	/ col. 7)			
50.00   05000   0FECATI NG ROOM   19, 144, 436   126, 382, 436   0.151480   50.00   51.00   51.00   05200   DELIVERY ROOM   2, 191, 872   11, 544, 825   0.189792   51.00   52.00   05200   DELIVERY ROOM   2, 191, 872   11, 544, 825   0.189792   51.00   52.00   05200   DELIVERY ROOM   3, 200, 200, 200, 200, 200, 200, 200, 2			6. 00	7. 00	8. 00			
15.1 0.0   05100 RECOVERY ROOM & LABOR ROOM   2, 191, 872   11, 548, 825   0, 189792   51, 00   520 00   6200 DELIVERY ROOM & LABOR ROOM   6, 395, 316   10, 232, 289   0, 625013   52, 00   550, 00   05500 RADI LOUGY-I LEGABERT C   1, 664, 194   20, 011, 789   0, 083161   55, 00   05500 CT SCAN   4, 557, 348   56, 249, 774   0, 158665   54, 400   57, 00   05700 CT SCAN   4, 557, 336   83, 923, 2025   0, 064304   57, 00   59, 00   05900 CARDIAC CATHETERI ZATION   9, 637, 448   228, 349, 402   0, 042205   59, 00   64, 00   05900 CARDIAC CATHETERI ZATION   9, 637, 448   228, 349, 402   0, 042205   59, 00   64, 00   06400 LABORATORY   17, 388, 179   163, 371, 490   0, 106433   60, 00   66, 00   06600 CRSPI RATORY THERAPY   595, 159   560, 183   1, 062437   64, 00   66, 00   06600 PHYSI CAL THERAPY   10, 375, 720   26, 286, 087   0, 394723   66, 00   06600 PHYSI CAL THERAPY   10, 375, 720   26, 286, 087   0, 394723   66, 00   06600 PHYSI CAL THERAPY   10, 375, 720   26, 286, 087   0, 394723   66, 00   06600 PHYSI CAL THERAPY   1, 003, 618   2, 858, 198   0, 351137   68, 00   06900 ELECTROCARDIOLOGY   1, 003, 618   2, 858, 198   0, 351137   68, 00   06900 ELECTROCARDIOLOGY   1, 003, 618   2, 858, 198   0, 351137   68, 00   06900 ELECTROCARDIOLOGY   1, 803, 114, 999   7, 970, 32, 450   0, 438181   72, 00   70, 00   07000 ELECTROCARDIOLOGY   1, 803, 114, 999   79, 003, 246   0, 438181   72, 00   73, 00   07300 DRUSS CHARRED TO PATIENTS   34, 114, 999   34, 619, 348   0, 417325   74, 00   74, 00   07400 RENAL DIALYSIS   1, 960, 735   102, 737, 755   3, 98619   7, 10, 00   7100 DRUSS CHARRED TO PATIENTS   34, 114, 999   346, 345   0, 417325   74, 00   74, 00   7400 RENAL DIALYSIS   1, 960, 735   102, 737, 755   3, 98619   7, 10, 00   7		ANCILLARY SERVICE COST CENTERS						
52.00   05200   DELIVERY ROOM & LABOR ROOM   6, 395, 316   10, 232, 289   0, 625013   52.00	50.00	05000 OPERATING ROOM	19, 144, 436	126, 382, 436	0. 151480			50.00
54. 00   05400   RADIOLOGY-JI AGNOSTI C   8, 767, 348   56, 249, 774   0, 158665   54. 40   57. 00   05700   CT SCAN   4, 557, 336   83, 923, 2025   0, 064304   57. 00   58. 00   05800   MAGNETI C RESOMANCE IMAGING (MRI)   2, 212, 177   13, 283, 980   0, 166503   58. 00   05800   CARDIAC CATHETERI ZATI ON   9, 637, 448   228, 349, 402   0, 042205   59. 00   06400   LABORATORY   17, 388, 179   163, 371, 490   0, 106433   60. 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0, 106433   60. 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0, 106433   60. 00   06000   LABORATORY   16, 392, 32   28, 022, 28, 202   2, 228129   65. 00   06500   CKEPI RATORY   16, 392, 32   28, 022, 2802   2, 228129   65. 00   06500   DELECTROCARDIAL THERAPY   10, 375, 720   26, 286, 897   0, 394723   66. 00   06500   DELECTROCARDIAL OLOGY   1, 003, 618   2, 858, 198   0, 351137   68. 00   06900   ELECTROCARDIAL OLOGY   1, 003, 618   2, 858, 198   0, 351137   68. 00   07000   ELECTROCARDIAL OLOGY   1, 003, 618   2, 858, 198   0, 363667   69. 00   07000   ELECTROCARDIAL OLOGY   1, 803, 114, 199   79, 79, 37, 450   0, 190122   70. 00   70. 00   07000   ELECTROCARDIAL OLOGY   1, 803, 114, 199   79, 903, 246   0, 431818   72. 00   73. 00   07200   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07200   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72. 00   73. 00   7300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 503, 389   0, 417325   74. 00   74. 00   74. 00   74. 00   74. 00   7	51.00	05100 RECOVERY ROOM	2, 191, 872	11, 548, 825	0. 189792			51.00
54 00   05400   RADIOLOGY-DIAGNOSTI C   8, 767, 348   56, 249, 774   0. 158865   54, 40   05700   CT SCAN   4, 557, 336   83, 923, 925   0. 063404   57, 00   05700   CT SCAN   4, 557, 336   83, 923, 925   0. 064304   57, 00   05900   CARDIAC CATHETRICATION   9, 637, 448   228, 349, 402   0. 042205   59, 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0. 106433   60, 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0. 106433   60, 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0. 106433   60, 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0. 106433   60, 00   06000   LABORATORY   17, 388, 179   163, 371, 490   0. 106433   60, 00   06000   LABORATORY   17, 387, 179   163, 371, 490   0. 106433   60, 00   06000   PHYSICAL THERAPY   595, 159   560, 183   1. 1062437   64, 00   06600   DECENTRAL THERAPY   10, 375, 720   26, 286, 087   0. 394723   66, 00   06600   PHYSICAL THERAPY   10, 375, 720   26, 286, 087   0. 394723   66, 00   06800   SPECCH PATHOLOGY   1, 003, 618   2, 695, 199   0. 351137   68, 00   0. 06900   LECTROCAMPHALOGRAPHY   1, 003, 618   2, 695, 199   0. 351137   68, 00   0. 06900   LECTROCAMPHALOGRAPHY   1, 509, 081   7, 937, 450   0. 190122   70, 00   70, 00   07000   LECTROCAMPHALOGRAPHY   1, 509, 081   7, 937, 450   0. 190122   70, 00   70, 00   07000   DRUGS CHARRED TO PATIENTS   34, 114, 999   79, 003, 246   0. 431818   72   00   730, 00   7300   DRUGS CHARRED TO PATIENTS   34, 114, 999   79, 003, 246   0. 431818   72   00   730, 00   7300   DRUGS CHARRED TO PATIENTS   180, 999, 242   790, 504, 888   0. 249967   73, 30   0. 10300   DRUGS CHARRED TO PATIENTS   180, 999, 242   790, 504, 888   0. 417325   74, 00   74, 00   74000   RENAL LIJALYSIS   1, 960, 735   1, 960, 73	52.00	05200 DELIVERY ROOM & LABOR ROOM	6, 395, 316	10, 232, 289	0. 625013			52.00
55. 00   05500   RADIO LOGY-THERAPCUTC   1, 664, 194   20, 011, 789   0, 083161   55. 00   57. 00   05700   CT SCAN   4, 557, 336   83, 932, 025   0, 054304   57. 00   6500   05800   MAGNETIC RESONANCE IMAGING (MRI )   2, 212, 177   13, 283, 980   0, 166530   58. 00   60. 00   06000   CADDIAC CATHERER IZATION   9, 637, 448   228, 349, 402   0, 00   042205   59. 00   05000   CADDIAC CATHERER IZATION   9, 637, 448   228, 349, 402   0, 106433   60. 00   06. 00   06000   INTRAVENOUS THERAPY   595, 159   65. 00, 183   11, 062437   65. 00   06500   RESPI RATORY THERAPY   10, 375, 720   26, 286, 087   0344723   66. 00   06600   PHSI CALL THERAPY   12, 375, 720   26, 286, 087   0344723   66. 00   06600   PHSI CALL THERAPY   12, 375, 720   26, 286, 087   0344723   66. 00   06600   PHSI CALL THERAPY   12, 375, 720   26, 286, 087   0344723   66. 00   06600   PHSI CALL THERAPY   1, 030, 618   2, 479, 999   7, 041, 633   0, 352189   67. 00   06900   ELECTROCARDIO LOGY   1, 003, 618   2, 479, 999   7, 041, 643   0, 352189   67. 00   07000   CELOTROCARDIO LOGY   1, 003, 618   2, 481, 119   58, 339, 868   0, 083667   69. 00   071, 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   34, 114, 999   79, 003, 246   0, 441, 441, 441, 441, 441, 441, 441, 4	54.00		8, 767, 348	56, 249, 774	0. 155865			54.00
57.00   05700   CT SCAN	55.00							55. 00
58. 00   06500   MAGNETIC RESONANCE IMAGING (MRI )   2, 212, 177   13, 283, 980   0, 166530   58, 00   60. 00   06600   CABDIAC CATHIFER IZATION   9, 637, 448   228, 349, 402   0, 042205   59, 00   60. 00   06600   LABDATORY   17, 388, 179   163, 371, 490   0, 106433   60, 00   60. 00   06600   INTRAVENOUS THERAPY   595, 159   560, 183   1, 062437   64, 00   66. 00   06600   PHSYLCAL THERAPY   10, 375, 720   26, 286, 087   0, 28129   65, 00   67, 00   06700   OFFICIAL THERAPY   10, 375, 720   26, 286, 087   0, 394723   66, 00   6600   PHSYLCAL THERAPY   12, 375, 720   26, 286, 087   0, 394723   66, 00   6600   OFFICIAL THERAPY   1, 036, 1618   2, 286, 087   0, 394723   66, 00   6600   OFFICIAL THERAPY   1, 036, 018   2, 286, 087   0, 394723   67, 00   67, 00   06700   CSUCPATIONAL THERAPY   1, 036, 018   2, 288, 198   0, 3852189   67, 00   67, 00   06700   CSUCPATIONAL THERAPY   1, 509, 081   7, 937, 450   0, 381137   68, 00   06900   ELECTROCARDIOLOGY   1, 003, 618   2, 288, 198   0, 083667   69, 00   07, 00   07000   CELECTROCARDIOLOGY   1, 003, 618   2, 289, 198   0, 083667   69, 00   07, 100   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72, 00   07, 00   07300   DRUGS CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0, 431818   72, 00   07, 00   07300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 504, 388   0, 228967   73, 00   73, 00   07300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 504, 388   0, 228967   73, 00   74, 00   07400   REMAL DIAL/YSIS   1, 960, 735   4, 131, 104   1, 0214098   76, 00   76, 00   03330   ENDOSCOPY   1, 036, 472   4, 306, 113   0, 240698   76, 00   76, 00   03330   ENDOSCOPY   1, 036, 472   4, 306, 113   0, 240698   76, 00   76, 00   03330   ENDOSCOPY   1, 036, 472   4, 306, 113   0, 240698   76, 00   76, 00   76, 00   76, 00   0								1
59 00   05900   CARDINAC CATHETERIZATION   9, 637, 448   228, 334, 402   0.04205   59, 000								
0.0   0.0								1
64. 00   0.0400   INTRAVENOUS THERAPY   5.95, 15.9   5.00, 133   1. 0.02437   6.4. 00   6.6. 00   0.0600   0.0600   0.0600   0.0600   0.0600   0.0600   0.06000   0.06000   0.06000   0.06000   0.06000   0.06000   0.06000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000								
65. 00								•
66. 00   06.00   06.00   04.								
67. 00 67.00 67.00 67.00 68.00 69.00								1
68. 00   06800   SPECCH PATHOLOGY   1,003,618   2,858,198   0,351137   68. 00   08. 00   09. 00   1.0000   1.0000   1.000   1.000   1.000   1.000   1.000   1.000   1.000   1.000   1.000   1.000								
69.00   06900   ELECTROCKEPHALOGRAPHY   4,881,119   58,339,868   0.083667   69.00   07.00								1
70.00   070000   07000   07000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   0700000   0700000   0700000   0700000   0700000   0700000   0700000   07000000   0700000   07000000   070000000   070000000   070000000   070000000   0700000000								
77. 00   07100   IMPL. DEV. CHARGED TO PATIENTS   40, 953, 956   102, 739, 725   0. 398619   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0. 431818   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 504, 388   0. 228967   73. 00   74. 00   07400   RENAL DIALYSIS   1, 960, 735   4, 698, 345   0. 417325   74. 00   76. 00   033301   ENDOSCOPY   1, 036, 472   4, 306, 113   0. 240698   76. 00   033301   ENDOSCOPY   1, 036, 472   4, 306, 113   0. 240698   76. 01   76. 03   76. 00   03350   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   21, 803, 906   21, 317, 048   1, 022839   76. 01   76. 03   03951   LUTHERWOOD PARTNERSHI P   6, 130, 149   1, 051, 120   5, 832016   76. 03   76. 00   03952   WOUND CARE CENTER   49, 060, 464   226, 846, 151   0. 216272   76. 05   76. 06   03953   IMAGI NG CENTERS   9, 378, 307   59, 498, 441   0. 157623   76. 06   76. 07   03954   BREAST DIAGNOSTIC CENTER   3, 136, 782   5, 473, 939   0. 573039   76. 07   76. 97   07697   CARDIA CREHABI LITATIO   2, 114, 904   4, 726, 427   0. 447464   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   794, 551   2, 752, 878   0. 288626   76. 98   000   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0. 000000   89, 00   090								
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   34, 114, 999   79, 003, 246   0. 431818   72. 00   07300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 504, 388   0. 228967   73. 00   74. 00   07400   RENAL DI ALYSIS   1. 960, 735   4. 698, 345   0. 417325   74. 00   76. 00   03330   ENDOSCOPY   1. 036, 472   4. 306, 113   0. 240698   76. 01   76. 01   03550   PSYCHI ATRICAPSYCHOLOGI CAL SERVI CES   21, 803, 906   21, 317, 048   1. 022839   76. 01   76. 03   76. 04   03952   WOUND CARE CENTER   4. 349, 032   13, 229, 493   0. 328738   76. 04   76. 05   76. 05   76. 05   76. 05   76. 05   76. 05   76. 05   76. 05   76. 05   76. 06   03953   IMAGI NO CENTERS   9, 378, 307   59, 498, 441   0. 157623   76. 05   76. 07								
73. 00   07300   DRUGS CHARGED TO PATIENTS   180, 999, 242   790, 504, 388   0. 228967   73. 00   74. 00   07400   RENAL DI ALYSIS   1, 960, 735   4, 698, 345   0. 417325   74. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   21, 803, 906   21, 317, 048   1. 022839   76. 01   76. 03   30550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   21, 803, 906   21, 317, 048   1. 022839   76. 01   76. 03   76. 04   03952   MOUND CARE CENTER   4, 349, 032   13, 229, 493   0. 328738   76. 04   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   49, 060, 464   226, 846, 151   0. 216272   76. 05   76. 06   03953   IMAGI NG CENTERS   9, 378, 307   59, 498, 441   0. 157623   76. 06   76. 07   03954   BREAST DI AGNOSTI C CENTER   3, 136, 782   5, 473, 939   0. 573039   76. 07   76. 97								1
74. 00 07400 RENAL DI ALYSIS 1, 960, 735 4, 698, 345 0, 417325 76. 00 76. 00 03330 ENDOSCOPY 1, 036, 472 4, 306, 113 0, 240698 76. 00 76. 00 3650 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 21, 803, 906 21, 317, 048 1, 022839 76. 01 76. 00 76. 03 93951 LUTHERWOOD PARTNERSHI P 6, 130, 149 1, 051, 120 5, 832016 76. 03 76. 04 03952 WOUND CARE CENTER 4, 349, 032 13, 229, 493 0, 328738 76. 04 76. 05 76. 05 76. 06 03952 WOUND CARE CENTER 4, 349, 032 13, 229, 493 0, 328738 76. 04 76. 05 76. 05 76. 06 03953 I MAGI NG CENTERS 9, 378, 307 59, 498, 441 0, 157623 76. 06 76. 07 76								
76. 00 03330   ENDOSCOPY								1
76. 01 03550   SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES								
76. 03 03951 LUTHERWOOD PARTNERSHIP 6, 130, 149 1, 051, 120 5, 832016 76. 04 76. 03 76. 04 03952 WOUND CARE CENTER 4, 349, 032 13, 229, 493 0, 328738 76. 04 76. 05 76. 06 03953 IMAGING CENTERS 9, 378, 307 59, 498, 441 0, 157623 76. 05 76. 06 03953 IMAGING CENTERS 9, 378, 307 59, 498, 441 0, 157623 76. 06 76. 07 03954 BREAST DI AGNOSTIC CENTER 3, 136, 782 5, 473, 939 0, 573039 76. 07 76. 07 76. 97 97 76. 97 76. 97 76. 97 76. 97 76. 97 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 97 76. 97 97 76. 97 76. 97 97 76. 97 97 97 97 97 97 97 97 97 97 97 97 97		1 1						1
76. 04   03952   WOUND CARE CENTER								
76. 05 03480 0NCOLOGY-CANCER CARE CENTER								1
76. 06   03953   IMAGI NG CENTERS   9, 378, 307   59, 498, 441   0. 157623   76. 06   76. 07   03954   BREAST DI AGNOSTIC CENTER   3, 136, 782   5, 473, 939   0. 573039   76. 07   76. 97   76. 97   76. 97   76. 97   76. 97   76. 97   76. 98   76.								
76. 07								1
76. 97 76. 97 76. 97 76. 98 07698   HYPERBARI C OXYGEN THERAPY   794, 551   2, 752, 878   0. 288626   76. 98 00   OUPNATI ENT SERVI CE COST CENTERS  88. 00 89. 00 89. 00 89. 00 89. 00 89. 00 89. 00 00 CLI NI C 00 00 CLI NI C 00 00 00 CLI NI C 00 00 00 00 00 00 00 00 00 00 00 00 00								1
76. 98   07698   HYPERBARI C OXYGEN THERAPY   794, 551   2, 752, 878   0. 288626   76. 98   0000000000000000000000000000000000								•
SECTION   SERVICE COST CENTERS   SERVICE COST CENTER   SERVICE CENTER   SERVICE COST CENTER   SERVICE COST CENTER   SERVICE CENTER   SERVICE COST CENTERS   SERVICE COST CENTER								
88. 00   08800   RURAL HEALTH CLINIC   0   0   0   0.000000   89. 00   89. 00   69000   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0.000000   90. 00   90.	76. 98		794, 551	2, 752, 878	0. 288626			76. 98
89. 00			_	I _				
90. 00			0					1
90. 01			0	1				•
90. 02			0	0				1
90. 03   09001   CLINIC   0   0   0   0   0   0   0   0   0			0	0				•
90. 04			2, 851, 085					•
90. 05			0					
90. 06   09002   MEDCHECK CLINICS   0   0   0   0   0   0   0   0   0			0					1
90. 07   09003   KNEE CENTER   6, 928, 159   6, 167, 659   1. 123304   90. 07   90. 08   09004   PALLI ATI VE CARE   298   101, 330   0. 002941   90. 08   90. 10   09006   WORK SITE CLINI CS   0   0   0. 000000   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   0. 0000000   90. 12   91. 00   09100   EMERGENCY   30, 675, 991   227, 781, 538   0. 134673   91. 00   9200   0BSERVATI ON BEDS (NON-DI STINCT PART)   9, 507, 278   11, 945, 505   0. 795887   92. 00   09850   OTHER REI MBURSABLE COST CENTERS   0   0. 0000000   98. 00   00. 0000000   98. 00   00. 0000000   99. 00   00. 0000000   99. 00   00. 0000000   99. 00   00. 0000000   99. 00   00. 0000000   90. 0000000000			915, 421	2, 363, 368				
90. 08   09004   PALLIATIVE CARE   298   101, 330   0.002941   90. 08   90. 10   09006   WORK SITE CLINICS   0   0.000000   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0.000000   90. 12   91. 00   09100   EMERGNCY   30, 675, 991   227, 781, 538   0.134673   91. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   9, 507, 278   11, 945, 505   0.795887   92. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0.000000   98. 00   0000000   98. 00   0000000   98. 00   0000000   00000000   00000000000			0	0				1
90. 10								
90. 12			298	101, 330				
91. 00   09100   EMERGENCY   30, 675, 991   227, 781, 538   0. 134673   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   9, 507, 278   11, 945, 505   0. 795887   92. 00   OTHER REIMBURSABLE COST CENTERS   0   0. 0000000   98. 00   200. 00   Subtotal (sum of lines 50 thru 199)   505, 907, 546   2, 413, 252, 713   200. 00   200. 00			_	1				
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   9,507,278   11,945,505   0.795887   92. 00   OTHER REIMBURSABLE COST CENTERS   98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0 0 0.000000   98. 00   200. 00   Subtotal (sum of lines 50 thru 199)   505,907,546   2,413,252,713   200. 00								1
OTHER REIMBURSABLE COST CENTERS  98. 00								
98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0.000000   98. 00   200. 00   Subtotal (sum of lines 50 thru 199)   505, 907, 546   2, 413, 252, 713   200. 00	92.00		9, 507, 278	11, 945, 505	0. 795887			92.00
200.00   Subtotal (sum of lines 50 thru 199)   505,907,546 2,413,252,713   200.00			_					
				ı				1
201.00   Less Observation Beds   9.507.278   0     201.00		,						
	201.00		9, 507, 278					201. 00
202.00   Total (line 200 minus line 201)   496, 400, 268  2, 413, 252, 713    202.00	202.00	Total (line 200 minus line 201)	496, 400, 268	2, 413, 252, 713				202. 00

Health Financial Systems	COMMUNITY HEALTH			In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE	CAPITAL COSTS	Provi der C		Period: From 01/01/2019 To 12/31/2019		
		Titl∈	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col .			
	26)		2)			
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTER			0.500.44	70.400	107.00	
30. 00 ADULTS & PEDIATRICS	8, 520, 413	l e	0,020,			
31. 00   I NTENSI VE CARE UNI T	1, 820, 265		1, 820, 26			
32. 00 CORONARY CARE UNIT	0		1	0	0.00	
35. 00 NEONATAL INTENSIVE CARE UNIT	86, 826		86, 82	•	40. 18	
43. 00 NURSERY	227, 407	l e	227, 40	•	•	
200.00 Total (lines 30 through 199)	10, 654, 911		10, 654, 91	1 95, 279		200. 00
Cost Center Description	I npati ent	Inpatient				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
	6.00	6) 7. 00	-			
INPATIENT ROUTINE SERVICE COST CENTER		7.00				
30. 00 ADULTS & PEDIATRICS	15, 658	1, 679, 790				30.00
31. 00 INTENSIVE CARE UNIT	4, 045					31.00
32. 00   CORONARY CARE UNIT	4, 045	027,380				31.00
35. 00   CORONARY CARE UNIT						35.00
43. 00 NURSERY						43.00
200.00 Total (lines 30 through 199)	19, 703	2, 307, 170				200.00
200. 00 Total (Titles 30 through 199)	19,703	2,307,170	'			1200.00

Heal th	Financial Systems C	OMMUNITY HEALTH	I NETWORK, INC.		In Lie	eu of Form CMS-:	2552-10
APPORT	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der Co	CN: 15-0074	Peri od: From 01/01/2019 To 12/31/2019	Date/Time Pre	pared:
			T: +1 o	WILL	Hooni tol	8/19/2020 1: 4 PPS	3 pm
	Cost Center Description	Capi tal	Total Charges	XVIII	t Inpatient	Capital Costs	
	Cost Center Description	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col . 1 ÷ col	9	column 4)	
		Part II, col.	8)	2)	. Charges	COTUIIIT 4)	
		26)	0)	2)			
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50.00	05000 OPERATI NG ROOM	3, 515, 460	126, 382, 436	0. 0278	16 34, 271, 593	953, 299	50.00
51. 00	05100 RECOVERY ROOM	480, 012					
52. 00	05200 DELIVERY ROOM & LABOR ROOM	856, 486				02,	52.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 846, 493				ľ	ł
55. 00	05500 RADI OLOGY-THERAPEUTI C	299, 205	20, 011, 789	0. 01495		48, 117	55.00
57. 00	05700 CT SCAN	636, 255	83, 923, 025				
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	839, 628					
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 669, 402		0.00320		235, 858	
60.00	06000 LABORATORY	601, 904					
		· ·					
64.00	06400   NTRAVENOUS THERAPY	31, 821	560, 183			0	64.00
65.00	06500 RESPI RATORY THERAPY	299, 484					
66. 00	06600 PHYSI CAL THERAPY	671, 248		0. 02553			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	90, 495				14, 039	
68. 00	06800 SPEECH PATHOLOGY	36, 574	2, 858, 198			4, 428	
69. 00	06900 ELECTROCARDI OLOGY	428, 326		0. 00734	12 5, 306, 912	38, 963	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	135, 517	7, 937, 450	0. 01707	73 385, 766	6, 586	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 212, 784	102, 739, 725	0. 01180	17, 690, 498	208, 819	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	683, 633	79, 003, 246	0.00865	53 20, 927, 003	181, 081	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	6, 125, 099	790, 504, 388	0. 00774	19, 009, 199	147, 283	73. 00
74.00	07400 RENAL DIALYSIS	50, 229	4, 698, 345	0. 01069	2, 082, 358	22, 262	74.00
76.00	03330 ENDOSCOPY	176, 167	4, 306, 113		11 120, 261	4, 920	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 774, 700				1	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	259, 407	1, 051, 120			0	76. 03
76. 04	03952 WOUND CARE CENTER	274, 421	13, 229, 493				
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	7, 277, 399		0. 03208	· ·	12, 753	76. 05
76. 06	03953 I MAGI NG CENTERS	1, 331, 721	59, 498, 441	0. 02238		189	
76. 07	03954 BREAST DIAGNOSTIC CENTER	137, 755				-	
76. 97	07697 CARDI AC REHABILITATION	323, 004		0. 06834		l .	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	51, 678				l .	ł
70. 70	OUTPATIENT SERVICE COST CENTERS	31,070	2, 732, 070	0.0107	0	0	70.70
88. 00	08800 RURAL HEALTH CLINIC	T 0	0	0.00000	00 0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0. 00000		l .	89. 00
90.00	09000 CLINIC	0	0	0. 00000		•	90.00
90. 01	04950 DIABETIC CARE CENTER			0. 00000		•	90.00
90.01	04951 HEALTHY HEARTS CENTER	204 510	1 214 771				
90. 02	09001 CLINIC	206, 519	4, 346, 774	0.04751			90. 02
		0	0	0.00000			90. 03
90. 04	04953 SPI NE CENTER	00.040	0 0/0 0/0	0.00000			90.04
90. 05	04954   NFUSION CENTERS	90, 049	2, 363, 368	0. 03810			90. 05
90. 06	09002 MEDCHECK CLINICS	0	0	0. 00000			90. 06
90. 07	09003 KNEE CENTER	815, 130					90. 07
90. 08	09004 PALLIATIVE CARE	8	101, 330	0.00007		0	90. 08
90. 10	09006 WORK SITE CLINICS	0	0	0. 00000		0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0. 00000		0	90. 12
91.00	09100 EMERGENCY	3, 152, 243	227, 781, 538	0. 01383	15, 096, 003		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	803, 631	11, 945, 505	0. 06727			92. 00
	OTHER REIMBURSABLE COST CENTERS						
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.00000		0	
200.00	Total (lines 50 through 199)	37, 183, 887	2, 413, 252, 713		201, 102, 791	2, 722, 741	200. 00

Weelth Financial Contant	COMMUNITY LIE ALT	I NETWODY INC		1 1:-	6 F CMC	2552 42
Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	COMMUNITY HEALTH PASS THROUGH COS	TS Provider CO	F	Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 8/19/2020 1:4	pared:
			XVIII	Hospi tal	PPS	
Cost Center Description	Post-Stepdown Adjustments	J	Post-Stepdown Adjustments		All Other Medical Education Cost	
LANDATI ENT. DOUTLAGE OFFICE OFFICE	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	0	0	(	0	0	
31. 00 03100 I NTENSI VE CARE UNI T		0	(	0	0	
32. 00 03200 CORONARY CARE UNIT		0	(	0	0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	C	0	(	0	0	
43. 00 04300 NURSERY	C	0	(	0	0	
200.00   Total (lines 30 through 199)		0	(	0		200. 00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6, 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
30. 00 03000 ADULTS & PEDIATRICS	(	0	79, 423	0.00	15, 658	30.00
31. 00 03100 INTENSIVE CARE UNIT		0	11, 736			
32. 00 03200 CORONARY CARE UNIT		0	(			1
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	2, 161	0.00	0	35. 00
43. 00   04300 NURSERY		0	1, 959		0	43.00
200.00 Total (lines 30 through 199)		0	95, 279	9	19, 703	200.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
LABORT FAIT DOUTLAND OFFICE OF COURT OFFITTEDS	_					

30.00

31. 00 32. 00

35. 00 43. 00 200. 00

30. 00 | 03000 | ADULTS & PEDIATRICS | 03100 | O3100 | INTENSIVE CARE UNIT | 03200 | CORONARY CARE UNIT | 02060 | NEONATAL INTENSIVE CARE UNIT | 04300 | O4300 | O4300

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2019 Part IV
To 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Provider CCN: 15-0074 THROUGH COSTS

					8/19/2020 1:4	3 pm
			XVIII	Hospi tal	PPS	
Cost Center Description			Nursing School	Allied Health	Allied Health	
	Anestheti st	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	0	(	0	0	50.00
51.00  05100 RECOVERY ROOM	0	0	(	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0	0	(	0	0	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0	(	0	0	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	0	(	o	0	55. 00
57. 00   05700   CT   SCAN	0			o o	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			o o	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	l 0		0	0	59.00
60. 00   06000   LABORATORY	0	0		0	0	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	i o		0	l o	64. 00
65. 00 06500 RESPIRATORY THERAPY	0	i o		0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0		0	Ō	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	ĺ			o o	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	Ĭ			Ö	68.00
69. 00   06900   ELECTROCARDI OLOGY	0	Ĭ			Ö	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	l o			0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	٥			0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0				0	73.00
74. 00 07400 RENAL DIALYSIS	0					74.00
76. 00 03330 ENDOSCOPY	0					76.00
76. 00   03330   ENDOSCOFT 76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES					0	76. 00
76. 03   03951   LUTHERWOOD   PARTNERSHI P					0	76. 01
76. 04   03952   WOUND CARE CENTER	0				0	76. 03
76. 05 03480 ONCOLOGY-CANCER CARE CENTER					0	76.04
76. 06 03953 I MAGING CENTERS					0	76.05
76. 07 03954 BREAST DIAGNOSTIC CENTER	0				0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0				0	76. 97
76. 98   07698   HYPERBARI C OXYGEN THERAPY					0	76. 97
OUTPATIENT SERVICE COST CENTERS	0		1	<u> </u>	0	70.98
88. 00   08800   RURAL HEALTH CLINIC	0	0		0	0	00 00
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER			1		-	88. 00 89. 00
	0			-	0	1
	0			0	0	90. 00 90. 01
· ·	0			0	0	90.01
	0	0		0		
90. 03   09001   CLI NI C	0				0	90. 03
90. 04   04953   SPI NE CENTER	0	0		0	0	90. 04
90. 05   04954   NFUSION CENTERS	0	0		0	0	90.05
90. 06   09002   MEDCHECK   CLI NI CS	0	0		0	0	90.06
90. 07   09003   KNEE CENTER	0	0		0	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0		]	J 0	0	90. 08
90. 10   09006   WORK SITE CLINICS	0	0		0	0	90. 10
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE	0		]	0	0	90. 12
91. 00   09100   EMERGENCY	0	0		0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		1 (	)	0	92.00
OTHER REIMBURSABLE COST CENTERS	_			J -	_	00.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	l .	1		-	
200.00   Total (lines 50 through 199)	0	0	ų (	0	l 0	200. 00

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2019 Part IV
To 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm 
 Heal th Financial
 Systems
 COMMUNITY
 HEALTH N

 APPORTIONMENT
 OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0074 THROUGH COSTS

						8/19/2020 1: 4	3 pm
			Title	: XVIII	Hospi tal	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	·	Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
			.,	and 4)		(see	
				and 4)		instructions)	
		4. 00	5. 00	6. 00	7. 00	8. 00	
	ANCILLADY SERVICE COST CENTERS	4.00	5.00	0.00	7.00	0.00	
FO 00	ANCI LLARY SERVI CE COST CENTERS	0		Ι	0 107 200 407	0.000000	FO 00
50.00	05000 OPERATI NG ROOM	_			0 126, 382, 436		
51. 00	05100 RECOVERY ROOM	0			0 11, 548, 825		51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 10, 232, 289		52. 00
54.00	05400   RADI OLOGY-DI AGNOSTI C	0	0		0 56, 249, 774	0.000000	54. 00
55.00	05500  RADI OLOGY-THERAPEUTI C	0	0		0 20, 011, 789	0.000000	55.00
57.00	05700 CT SCAN	0	0		0 83, 923, 025	0.000000	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 13, 283, 980		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	Ö		0 228, 349, 402	0. 000000	59. 00
60.00	06000 LABORATORY		Ö		0 163, 371, 490		60. 00
64. 00			0		0 560, 183		64. 00
	06400 I NTRAVENOUS THERAPY	0	1			0.000000	
65.00	06500 RESPI RATORY THERAPY	0	0		0 28, 022, 802	0.000000	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0		0 26, 286, 087	0. 000000	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 7, 041, 633		67. 00
68.00	06800  SPEECH PATHOLOGY	0	0		0 2, 858, 198	0.000000	68. 00
69.00	06900 ELECTROCARDI OLOGY	0	0		0 58, 339, 868	0.000000	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 7, 937, 450	0.000000	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 102, 739, 725	0.000000	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 79, 003, 246	0.000000	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	Ö		0 790, 504, 388	0. 000000	73. 00
74. 00	07400 RENAL DIALYSIS	0	0		0 4, 698, 345		74.00
76. 00	03330 ENDOSCOPY		0		0 4, 306, 113		
		0	1				
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 21, 317, 048		76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	0	•	0 1, 051, 120	0. 000000	76. 03
76. 04	03952 WOUND CARE CENTER	0	0		0 13, 229, 493	0. 000000	
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	0		0 226, 846, 151	0. 000000	76. 05
76.06	03953 I MAGI NG CENTERS	0	0		0 59, 498, 441	0.000000	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	0		0 5, 473, 939	0.000000	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0		0 4, 726, 421	0.000000	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 2, 752, 878		76. 98
70. 70	OUTPATIENT SERVICE COST CENTERS				2,702,070	0.000000	70.70
88. 00	08800 RURAL HEALTH CLINIC	0	0		0 0	0. 000000	88. 00
89. 00							89. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0	0.000000	
90.00	09000 CLINIC	0	0		0	0. 000000	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0		0	0. 000000	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	0	0		0 4, 346, 774	0.000000	90. 02
90. 03	09001  CLI NI C	0	0		0	0.000000	90. 03
90. 04	04953 SPI NE CENTER	0	0		0	0.000000	90. 04
90. 05	04954 I NFUSI ON CENTERS	0	0		0 2, 363, 368	0.000000	90. 05
90.06	09002 MEDCHECK CLINICS	0	0		o o	0.000000	90. 06
90. 07	09003 KNEE CENTER	1 0	Ö		0 6, 167, 659		90. 07
90. 08	09004 PALLI ATI VE CARE		١		0 101, 330		90. 08
90. 10	09006 WORK SITE CLINICS		0		0 101, 330	0. 000000	90. 00
			1		-		
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		0		90. 12
91.00	09100 EMERGENCY	0	0		0 227, 781, 538		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 11, 945, 505	0. 000000	92. 00
	OTHER REIMBURSABLE COST CENTERS						
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0			0		
200.00	Total (lines 50 through 199)	0	0		0 2, 413, 252, 713		200. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2019 | Part IV | To 12/31/2019 | Date/Time Prepared: Health Financial Systems COMMUNITY HEALTH NA
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0074 THROUGH COSTS

				0 12/31/2019	8/19/2020 1: 4	
		Title	XVIII	Hospi tal	PPS	<u> </u>
Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
· ·	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges before		
	(col. 6 ÷ col.	3	Costs (col. 8		on/after Geo	
	7)		x col. 10)	Recl assi fi cati		
			<b>_</b>	on	on	
	9. 00	10.00	11. 00	12.00	12. 01	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0. 000000	34, 271, 593	(	6, 492, 086	0	50.00
51.00   05100   RECOVERY ROOM	0. 000000	1, 976, 437	(	82, 872	0	51.00
52.00   05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0	(	0	0	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 000000	3, 679, 220	(	11, 066, 610	0	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0. 000000	3, 218, 307	(	9, 024, 424	0	55. 00
57. 00   05700 CT SCAN	0. 000000	7, 558, 196	(	12, 730, 975	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	1, 196, 552		2, 178, 794	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	32, 260, 771	(	51, 433, 725	0	59. 00
60. 00 06000 LABORATORY	0. 000000	24, 093, 042			0	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000	2 1, 0 , 0 , 0 12			o o	64. 00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	7, 350, 363		-	o o	65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000	1, 411, 526		,	Ö	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 092, 461		.07 .00	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	346, 027			0	68. 00
69. 00   06900   SPEECH PATHOLOGY	0. 000000	5, 306, 912			0	69. 00
70. 00   07000   ELECTROCARDI OLOGT	1			, , , , , , ,	0	1
	0.000000	385, 766		.,	_	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	17, 690, 498	1	,	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	20, 927, 003			0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	19, 009, 199	(		0	73. 00
74. 00   07400   RENAL DI ALYSI S	0. 000000	2, 082, 358		,	0	74.00
76. 00 03330 ENDOSCOPY	0. 000000	120, 261	(	,	0	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	0	(		0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	0. 000000	0	(	-	0	76. 03
76. 04   03952   WOUND CARE CENTER	0. 000000	283, 565	•		0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0. 000000	397, 514	(		0	76. 05
76. 06   03953   I MAGI NG CENTERS	0. 000000	8, 454	(		0	76. 06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0. 000000	1, 527	(	,	0	76. 07
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 000000	1, 470		.,	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0	(	0	0	76. 98
OUTPATIENT SERVICE COST CENTERS	0.000000					00.00
88. 00 08800 RURAL HEALTH CLINIC	0. 000000	0		-	0	
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0			0	89. 00
90. 00   09000   CLI NI C	0. 000000	0			0	90.00
90. 01   04950   DI ABETI C CARE CENTER	0. 000000	0		-	0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	0. 000000	0	(		0	90. 02
90. 03   09001   CLI NI C	0. 000000	0			0	90. 03
90. 04   04953   SPI NE CENTER	0. 000000	0	(	-	0	90. 04
90. 05   04954   INFUSION CENTERS	0. 000000	0	1		0	90. 05
90. 06   09002   MEDCHECK CLINICS	0. 000000	0	(	,	0	90. 06
90. 07   09003   KNEE CENTER	0. 000000	0	(	,	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0. 000000	0	(	20,017	0	90. 08
90. 10   09006   WORK SITE CLINICS	0. 000000	0	(	,	0	90. 10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0	(	0	0	90. 12
91. 00   09100   EMERGENCY	0. 000000	15, 096, 003	(	29, 110, 604	0	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	1, 337, 766	(	4, 165, 500	0	92. 00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0. 000000	0	(		0	
200.00   Total (lines 50 through 199)		201, 102, 791	(	533, 290, 133	0	200. 00

Cost Center Description					10 12/31/2017	8/19/2020 1: 4	3 pm
Program   Pass   Through   Cast is (cat)   Vac cot   12)   Cast is (cat)   Vac cot			Title	XVIII	Hospi tal		
Program   Pass   Through   Cast is (cat)   Vac cot   12)   Cast is (cat)   Vac cot	Cost Center Description	Outpati ent	Outpati ent				
Pass-Tirrough   Costs (col. 9   x col. 12)   before (see   media serif catt)   costs (col. 9   x col. 12)   before (see   media serif catt)   costs (col. 9   x col. 12)   before (see   media serif catt)   costs (col. 9   x col. 12)   before (see   media serif catt)   costs (col. 9   x col. 12)   before (see   media serif catt)   costs (col. 9   x col. 12)   co							
Costs (col.   9   x col.   12)   before Go   Red assi fl catt   Red							
NCOL 12   DeFORE GOO   Reclass if cat							
No.   Section							
NOTE   CONTRICT   CO							
Description							
ANCILLARY SERVICE COST CENTERS							
ANCILLARY SERVICE COST CENTERS							
50. 00   050000   0FEATI NG ROOM   0	ANCILLARY SERVICE COST CENTERS	13.00	13.01				
15.1 0.0   05.100   RECOVERY ROOM   6.1 D.0   0   0   55.00   55.00   55.00   05.00		1	1				50.00
1.0   0.5200   DELIVERY ROOM & LABOR ROOM   0   0   55.00   55.00   55.00   0.5500   RADIOLOGY-IN AGNOSTIC   0   0   0   0   55.00   55.00   0.55000   0.5500   0.5							1
54. 00   05400   ARDIOLOGY - DI AGNOSTIC   0   0   55. 00							
55.00   05500   AADIOLOGY-THERAPLETIC   0 0 0   55.00   57.0		1		1			1
57.00   05700   CT SCAN   0 0 0   55.00   58.00   05900   0AGNDTIC RESONANCE IMAGING (MRI ) 0 0 0   58.00   05900   0AGNDTIC RESONANCE IMAGING (MRI ) 0 0 0   59.00   0.							
SB 00   OSBOD   MAGNETI C RESONANCE I IMAGI NG (MRI )		0					1
59. 00   05900   CARDI AC CATHETERI ZATION   0   0   0   0   0   0   0   0   0		0					
COLONO   CABORATORY   COLON   CABORATORY   COLON   CABORATORY   COLON   CABORATORY   COLON   CABORATORY   COLON   CABORATORY   CABORATORY   COLON   CABORATORY   CABORATORY   COLON   CABORATORY   CAB		0		•			1
44. 00   0.400   INTRAVENDUS THERAPY   0   0   0   0.500   0		0		•			1
65. 00   0.500   RESPIRATORY THERAPY   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0					60. 00
66. 00   06600		0					64. 00
67. 00 6700   0COUPATIONAL THERAPY   0 0 0 0 68. 00   68. 00   68. 00   68. 00 0   68. 00   69. 00   6	65. 00 06500 RESPIRATORY THERAPY	0	0				65. 00
68. 00 68. 00 68. 00 68. 00 69. 00 69. 00 69. 00 69. 00 69. 00 69. 00 69. 00 69. 00 70	66. 00 06600 PHYSI CAL THERAPY	0	0				66. 00
69. 00   06900   ELECTROCARDIOLOGY   0   0   0   0   70. 00   70	67. 00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
70.00   07000   CAUCHEC	68. 00 06800 SPEECH PATHOLOGY	0	0				68. 00
70.00   07000   CAUCHEC	69. 00 06900 ELECTROCARDI OLOGY	0	0				69.00
71. 00   07100   MDIL CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   72. 00   72. 00   73.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   73.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   73.00   73.00   73.00   07400   RENAL DILALYSIS   0   0   0   0   0   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   75. 00   0   0   0   0   0   76. 00   0   76. 00   0   76. 00   0   76. 00   0   76. 00   0   76. 00   0   76. 00   0   76. 00   0   76. 01   76. 01   76. 03   03951   IUTHERNOOD PARTNERSHIP   0   0   0   0   0   76. 03   76. 04   03952   WOUND CARE CARE CENTER   0   0   0   0   0   76. 03   76. 04   03952   WOUND CARE CARE CENTER   0   0   0   0   0   76. 05   76. 06   03953   IMAGING CENTERS   0   0   0   0   0   0   76. 07		0					1
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   72. 00   073. 00   073.00   073.00   073.00   07400   RENAL DI ALYSIS   0   0   0   0   0   0   0   0   0							1
73. 00 73. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 75. 01 76. 01 76. 00 76. 01 76. 00 76. 01 76. 00 76. 01 76. 00 76. 01 76. 00 76. 01 76. 00 76. 01 76. 00 76		0					1
74. 00 07400 RENAL DI ALYSIS 0 076. 00		0					1
76. 00   03330   RNOSCOPY   0   0   0   76. 00   76. 01   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   76. 01   76. 03   03951   LUTHERWOOD PARTHERSHI P   0   0   0   0   76. 03   76. 04   03952   WOUND CARE CENTER   0   0   0   0   0   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   0   0   0   0   76. 05   76. 06   03953   IMAGI NG CENTERS   0   0   0   0   0   0   0   0   0		0					1
76. 01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 0 0 0 76. 03 76. 03 03951 LUTHERNOOD PARTINERSHI P 0 0 0 76. 03 76. 04 03952 WOUND CARE CENTER 0 0 0 0 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 0 0 0 76. 05 76. 06 03953 IMAGING CENTERS 0 0 0 0 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 0 0 0 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 0 0 0 76. 07 76. 97 07697 CARDI AC REHABILITATI ON 0 0 0 76. 97 76. 98 0000 FORBRIC COXYGEN THERAPY 0 0 0 0 0 76. 98 88. 00 08800 RURAL HEALTH CLINI C 0 0 0 8800 RURAL HEALTH CLINI C 8 0 0 0 8800 RURAL HEALTH CLINI C 8 0 0 0 9000 FOLDRIC CARE CENTER 0 0 0 0 90. 00 90. 01 04950 DI ABETIC CARE CENTER 0 0 0 0 90. 00 90. 01 04950 DI ABETIC CARE CENTER 0 0 0 0 90. 01 90. 02 04951 HEALTHY HEARTS CENTER 0 0 0 0 90. 02 90. 03 09001 CLINI C 0 0 0 90. 02 90. 04 04953 SPI NE CENTER 0 0 0 0 90. 03 90. 04 04953 SPI NE CENTER 0 0 0 0 90. 04 90. 05 04954 INFUSION CENTERS 0 0 0 0 90. 05 90. 06 09002 MEDCHECK CLINI CS 0 0 0 90. 05 90. 07 09003 KNEE CENTER 0 0 0 0 90. 07 90. 08 09004 PALLIATIVE CARE 0 0 0 0 90. 07 90. 08 09004 PALLIATIVE CARE 0 0 0 0 90. 07 90. 09 0004 DOUGH AT TITLE CARE 0 0 0 0 90. 07 90. 01 09006 WORK SI TE CLINI CS 0 0 0 90. 07 90. 02 09004 PALLIATIVE CARE 0 0 0 0 90. 07 90. 02 09004 PALLIATIVE CARE 0 0 0 0 90. 07 90. 02 09004 PALLIATIVE CARE 0 0 0 0 90. 08 90. 10 09006 WORK SI TE CLINI CS 0 0 0 90. 10 90. 10 09006 WORK SI TE CLINI CS 0 0 0 90. 09004 PALLIATIVE CARE 0 0 0 0 0 90. 09004 PALLIATIVE CARE 0 0 0 0 0 90. 09004 PALLIATIVE CARE 0 0 0 0 0 90. 09004 PAL		0					1
76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 0 76. 03 76. 04 03952 WOUND CARE CENTER 0 0 0 0 76. 05 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 0 0 0 76. 05 76. 06 03953 IMAGI NG CENTERS 0 0 0 0 0 76. 05 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 0 0 0 76. 07 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 0 0 0 76. 07 76. 97 97 97 97 97 97 97 97 97 97 97 97 97		0					
76. 04 03952 WOUND CARE CENTER 0 0 0 76. 04 76. 05 03480 ONCOLOGY-CANCER CENTER 0 0 0 76. 06 76. 07 03954 BREAST DI AGNOSTIC CENTER 0 0 0 0 76. 06 76. 07 07697 CARDI AC REHABILITATION 0 0 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		•			1
76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   0   0   76. 05   76. 06   03953   IMAGI NG CENTERS   0   0   0   76. 06   76. 07   03954   BREAST DI AGNOSTIC CENTER   0   0   0   76. 07   76. 97   07697   CARDI AC REHABILITATI ON   0   0   0   0   76. 98   O7698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   88. 00   OBSOO RURAL HEALTH CLINIC   0   0   0   89. 00   08900   RURAL HEALTH CLINIC   0   0   0   90. 00   09000   CLINIC   0   0   90. 01   04950   DI ABETLI C CARE CENTER   0   0   0   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   90. 03   09001   CLINIC   0   0   90. 04951   HEALTHY HEARTS CENTER   0   0   0   90. 05   04954   INFUSION CENTERS   0   0   0   90. 06   04953   SPINE CENTER   0   0   0   90. 07   09002   MEDCHECK CLINICS   0   0   90. 08   09004   PALLIATIVE CARE   0   0   0   90. 07   09003   MEDCHECK CLINICS   0   0   90. 08   09004   PALLIATIVE CARE   0   0   0   90. 0900   09006   WORK SITE CLINICS   0   0   90. 01   09006   WORK SITE CLINICS   0   0   90. 02   09100   EMERGENCY   0   0   90. 02   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   90. 00   OP100   DIHER REIMBURSABLE COST CENTERS   0   0   90. 00   OP100   OP16   REIMBURSABLE COST CENTERS   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   90. 00   OP16   REIMBURSABLE COST CENTERS   0   0   0   0		0					1
76. 06 03953 I MAGING CENTERS 0 0 0 0 76. 06 76. 07 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07697 07698 HYPERBARI C OXYGEN THERAPY 0 0 0 76. 97  76. 98 0015 0015 0015 0015 0015 0015 0015 001		0					1
76. 07		0					
76. 97   07697   CARDI AC REHABILITATION   0   0   0   0   76. 97				1			1
76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0		1		1			1
SECTION   SERVICE COST CENTERS   SERVICE COST CENTER   SERVICE COST CENTERS   SERVICE COST CENTER COST CENTERS   SERVICE COST CEN							
88. 00 08800 RURAL HEALTH CLINIC 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 09000 CLINIC 0 0 0 90. 00 90. 01 04950 DI ABETIC CARE CENTER 0 0 0 90. 02 90. 03 09001 CLINIC 0 0 0 90. 04 90. 02 90. 03 90. 04 04953 SPINE CENTER 0 0 0 90. 04 90. 05 04954 INFUSION CENTERS 0 0 0 90. 05 90. 06 90. 07 90. 08 90. 07 90. 08 90. 07 90. 08 90. 09 90. 08 90. 09 90. 0		0	0				76. 98
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 90. 00 90.		T	T	ı			
90. 00   09000   CLI NI C   0   0   0   0   0   0   0   0   0		1		•			1
90. 01		1					
90. 02		0	0				90.00
90. 03   09001   CLINIC   0   0   0   0   0   0   0   0   0	90. 01   04950   DI ABETI C CARE CENTER	0	0				90. 01
90. 04	90.02 04951 HEALTHY HEARTS CENTER	0	0				90. 02
90. 05	90. 03  09001 CLI NI C	0	0				90. 03
90. 06   09002   MEDCHECK CLINICS   0   0   0   90. 06   90. 07   09003   KNEE CENTER   0   0   0   90. 07   90. 08   09004   PALLIATIVE CARE   0   0   0   90. 08   90. 10   09006   WORK SITE CLINICS   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   0   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0THER REIMBURSABLE COST CENTERS   98. 00   0   9850   0THER REIMBURSABLE COST CENTERS   0   0   0   98. 00	90. 04   04953   SPI NE CENTER	0	0				90. 04
90. 06   09002   MEDCHECK CLINICS   0   0   0   90. 06   90. 07   09003   KNEE CENTER   0   0   0   90. 07   90. 08   09004   PALLI ATIVE CARE   0   0   0   90. 08   90. 10   09006   WORK SITE CLINICS   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   90. 12   91. 00   09100   EMERGENCY   0   0   0   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0THER REIMBURSABLE COST CENTERS   0   0   98. 00   98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   99. 06		0	0				90.05
90. 07   09003   KNEE CENTER   0 0 0 0   90. 07   90. 08   09004   PALLI ATI VE CARE   0 0 0   90. 08   90. 10   09006   WORK SITE CLINICS   0 0 0   90. 10   90. 12   04901   FAMI LY PRACTI CE AND MATERNITY CARE   0 0   90. 12   91. 00   09100   EMERGENCY   0   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0   0   0   0THER REI MBURSABLE COST CENTERS   98. 00   0   98. 00		0	0				90.06
90. 08   09004   PALLIATIVE CARE   0 0 0 0   90. 08   90. 10   09006   WORK SITE CLINICS   0 0 0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0 0   0   90. 12   91. 00   09100   EMERGENCY   0 0   0   91. 00   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0THER REIMBURSABLE COST CENTERS   98. 00   0   9850   OTHER REIMBURSABLE COST CENTERS   0   0   0   98. 00		0					1
90. 10   09006   WORK SITE CLINICS   0   0   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   91. 00   09100   EMERGENCY   0   0   0   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   07HER REIMBURSABLE COST CENTERS   0   0   0   98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   0   99. 10		1					
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   0   0   91.00   91.00   91.00   92.00   085ERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0							
91. 00							1
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   92. 00		1					1
OTHER REI MBURSABLE COST CENTERS  98. 00   09850   OTHER REI MBURSABLE COST CENTERS   0   0   98. 00		1					1
98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0   0   98. 00	,	0	1 0	L			J 92. UU
		_	_				00 00
200. 00							
	200.00   Total (Tines 50 through 199)	1	l 0	I			J∠UU. UÜ

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2019 Part V Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Title XVIII Hospi tal PPS Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Subject To Subject To Part I, col. 9 Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 146799 6, 492, 086 953, 032 50.00 51.00 05100 RECOVERY ROOM 0. 189792 82, 872 0 0 51.00 15, 728 05200 DELIVERY ROOM & LABOR ROOM 0 0 52 00 0.625013 52 00 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.155865 11, 066, 610 0 1, 724, 897 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0.083161 9, 024, 424 0 750, 480 55.00 05700 CT SCAN 0.054304 12, 730, 975 0 0 57 00 691 343 57 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 0.166530 2, 178, 794 362, 835 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.042205 51, 433, 725 2, 170, 760 59.00 60.00 06000 LABORATORY 0.106220 20, 474, 513 0 0 2, 174, 803 60.00 06400 INTRAVENOUS THERAPY 0 64 00 1 062437 64 00 0 65.00 06500 RESPIRATORY THERAPY 0. 228129 380, 382 0 86, 776 65.00 06600 PHYSI CAL THERAPY 0.381421 0 66.00 46, 185 17, 616 66.00 0 06700 OCCUPATIONAL THERAPY 0 67.00 0.352189 12.609 4.441 67.00 06800 SPEECH PATHOLOGY 0 3, 293 68 00 0.351137 1, 156 68 00 69.00 06900 ELECTROCARDI OLOGY 0.083667 12, 454, 601 0 0 1, 042, 039 69.00 07000 ELECTROENCEPHALOGRAPHY 0 0 70.00 0.190122 1, 326, 168 252, 134 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.398619 14, 978, 802 0 0 5, 970, 835 71.00 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 0.431818 10, 758, 778 0 0 4, 645, 834 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 228967 246, 709, 281 296, 670 291, 321 56, 488, 284 73.00 07400 RENAL DIALYSIS 74.00 0.417325 0 0 0 74.00 03330 ENDOSCOPY 76.00 0.240698 522, 202 0 0 125, 693 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76.01 1.001994 1, 269, 645 0 1, 272, 177 76 01 03951 LUTHERWOOD PARTNERSHIP 5.832016 0 0 76.03 76.03 03952 WOUND CARE CENTER 0 76.04 0.328003 5, 121, 218 0 1, 679, 775 76.04 03480 ONCOLOGY-CANCER CARE CENTER 72, 129, 873 0 15, 599, 672 76.05 0.216272 76.05 672 76.06 03953 I MAGING CENTERS 0. 157623 15, 593, 822 0 0 2, 457, 945 76.06 03954 BREAST DIAGNOSTIC CENTER 0.573039 127, 263 0 0 72, 927 76.07 76.07 o 76. 97 07697 CARDIAC REHABILITATION 0.447464 1, 766, 592 0 790, 486 76. 97 07698 HYPERBARIC OXYGEN THERAPY 0 76.98 0.288626 Ω 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 n 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0.000000 89.00 0 90.00 09000 CLI NI C 0.000000 0 Λ 90.00 90.01 04950 DIABETIC CARE CENTER 0.000000 0 90.01 0 04951 HEALTHY HEARTS CENTER 0.655908 0 1, 140, 297 90.02 90.02 1, 738, 502 09001 CLINIC 0.000000 0 90.03 90 03 Λ 90.04 04953 SPINE CENTER 0.000000 0 0 90.04 90.05 04954 INFUSION CENTERS 0. 387337 824, 981 0 319, 546 90.05 09002 MEDCHECK CLINICS 0 90.06 0.000000 90.06 0 0 90 07 09003 KNEE CENTER 1.107033 742, 484 821, 954 90.07 90.08 09004 PALLIATIVE CARE 0.002941 23, 349 0 0 69 90.08 0 90.10 09006 WORK SITE CLINICS 0.000000 0 90.10 0 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 90 12 0.000000 0 0 09100 EMERGENCY 91.00 0. 132411 29, 110, 604 0 372 3, 854, 564 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 4, 165, 500 0 3, 315, 267 92.00 92.00 0.795887 156 OTHER REIMBURSABLE COST CENTERS 98 00 09850 OTHER REIMBURSABLE COST CENTERS 98 00 0.000000 O 0 200.00 Subtotal (see instructions) 533, 290, 133 296, 670 292, 521 108, 803, 365 200.00 201.00 Less PBP Clinic Lab. Services-Program 201. 00 Only Charges Net Charges (line 200 - line 201) 202.00 108, 803, 365 202. 00

533, 290, 133

296, 670

292, 521

Peri od: Worksheet D
From 01/01/2019
To 12/31/2019 Date/Time Prepared: 8/19/2020 1: 43 pm Provider CCN: 15-0074

						8/19/2020 1: 4	13 pm
				XVIII	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
	'	Rei mbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7. 00				
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATI NG ROOM	1	0				50.00
		0		•			•
1	05100 RECOVERY ROOM	0		•			51. 00
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	1 0				55. 00
	05700 CT SCAN						57. 00
		0	0				
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60. 00	06000 LABORATORY	0	0				60.00
1	06400 I NTRAVENOUS THERAPY	0	1				64.00
1			ĺ				65. 00
1	06500 RESPI RATORY THERAPY	0		•			1
	06600 PHYSI CAL THERAPY	0	0				66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00	06800 SPEECH PATHOLOGY	0	l o				68. 00
1	06900 ELECTROCARDI OLOGY	0	1				69. 00
1				•			1
1	07000 ELECTROENCEPHALOGRAPHY	0	0	1			70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	67, 928	66, 703				73. 00
	07400 RENAL DIALYSIS	07,720	00,700	1			74. 00
			ł .	1			
	03330 ENDOSCOPY	0	0				76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	0				76. 03
	03952 WOUND CARE CENTER	0	0				76. 04
1	03480 ONCOLOGY-CANCER CARE CENTER		145	1			76. 05
1				1			
1	03953 I MAGI NG CENTERS	0	0	•			76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	0				76. 07
76. 97	07697 CARDIAC REHABILITATION	0	0				76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0				76. 98
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0	0				00 00
				1			88. 00
1	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89. 00
90. 00	09000 CLI NI C	0	0				90.00
90. 01	04950 DIABETIC CARE CENTER	0	0				90. 01
1	04951 HEALTHY HEARTS CENTER	1	l n				90. 02
	09001 CLI NI C		٥				90. 03
1			1				
1	04953 SPI NE CENTER	0	0				90. 04
90. 05	04954 INFUSION CENTERS	0	[ 0				90. 05
90. 06	09002 MEDCHECK CLINICS	0	0				90. 06
	09003 KNEE CENTER	1	ا آ				90. 07
1	09004 PALLI ATI VE CARE		٥				90. 08
			1				
	09006 WORK SITE CLINICS	0	0				90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90. 12
91. 00	09100 EMERGENCY	0	49				91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1	124	1			92.00
	OTHER REIMBURSABLE COST CENTERS		124	1			1 /2.00
		_	1 -	I			1 00 00
	09850 OTHER REIMBURSABLE COST CENTERS	0	0	•			98. 00
200.00	Subtotal (see instructions)	67, 928	67, 021				200. 00
201.00	Less PBP Clinic Lab. Services-Program	0					201. 00
	Only Charges						
202. 00	, , ,	67, 928	67, 021				202. 00
202.00	152 5 955 (1.15 255 11116 251)	37,720	1 37,321	I			,

Health Financial Systems	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider Co	Provi der CCN: 15-0074		Worksheet D Part I Date/Time Pre 8/19/2020 1:4	
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				<del>-</del>		
30. 00 ADULTS & PEDIATRICS	8, 520, 413	0	8, 520, 41			30. 00
31.00   INTENSIVE CARE UNIT	1, 820, 265		1, 820, 26	5 11, 736	155. 10	31. 00
32. 00 CORONARY CARE UNIT	0			0 0	0.00	32. 00
35.00 NEONATAL INTENSIVE CARE UNIT	86, 826		86, 82	6 2, 161	40. 18	35. 00
43. 00 NURSERY	227, 407		227, 40	7 1, 959	116. 08	43.00
200.00 Total (lines 30 through 199)	10, 654, 911		10, 654, 91	1 95, 279		200. 00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	8, 193	878, 945				30. 00
31.00   INTENSIVE CARE UNIT	0	0				31. 00
32. 00 CORONARY CARE UNIT	0	0				32. 00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35. 00
43. 00 NURSERY	1, 655	192, 112				43.00
200.00 Total (lines 30 through 199)	9, 848	1, 071, 057				200. 00

Heal th	Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-:	2552-10
	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0074	Peri od:	Worksheet D	
					From 01/01/2019	Part II	
					To 12/31/2019	Date/Time Pre 8/19/2020 1:4	parea:
			Ti +I	e XIX	Hospi tal	PPS	э рііі
	Cost Center Description	Capi tal		Ratio of Cost		Capital Costs	
	5051 5011101 50501 1 pt 1 011		(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		(col. 1 ÷ col.		column 4)	
		Part II, col.	8)	2)		,	
		26)	,				
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3, 515, 460	126, 382, 436			71, 019	
51. 00	05100 RECOVERY ROOM	480, 012				15, 269	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	856, 486					
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 846, 493				19, 900	
55. 00	05500  RADI OLOGY-THERAPEUTI C	299, 205				5, 439	1
57. 00	05700 CT SCAN	636, 255				10, 150	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	839, 628					
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 669, 402		1			1
60. 00	06000 LABORATORY	601, 904		1			1
64. 00	06400 I NTRAVENOUS THERAPY	31, 821		1			1
65.00	06500 RESPI RATORY THERAPY	299, 484					
66. 00	06600 PHYSI CAL THERAPY	671, 248				5, 348	
67. 00	06700 OCCUPATI ONAL THERAPY	90, 495		1			1
68. 00	06800 SPEECH PATHOLOGY	36, 574				899	
69. 00	06900 ELECTROCARDI OLOGY	428, 326	58, 339, 868				
70. 00	07000 ELECTROENCEPHALOGRAPHY	135, 517				874	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 212, 784		1			1
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	683, 633				6, 102	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	6, 125, 099		1		32, 650	
74. 00	07400 RENAL DI ALYSI S	50, 229				1, 276	
76. 00	03330 ENDOSCOPY	176, 167		1			
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 774, 700				0	
76. 03	03951 LUTHERWOOD PARTNERSHIP	259, 407				0	76. 03
76. 04	03952 WOUND CARE CENTER	274, 421					1
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	7, 277, 399					1
76.06	03953 I MAGI NG CENTERS	1, 331, 721				35	1
76. 07	03954 BREAST DI AGNOSTI C CENTER	137, 755				-	
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	323, 004	1	1			1
70. 90	OUTPATIENT SERVICE COST CENTERS	51, 678	2, 752, 878	0.01677.	2 0		70. 90
88. 00	08800 RURAL HEALTH CLINIC	Ιο	0	0.00000	0 0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89. 00
90.00	09000 CLINIC	0		1 0.0000		0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0					90. 01
90. 02	04951 HEALTHY HEARTS CENTER	206, 519	ļ	1			1
90. 03	09001 CLINI C	200,017	1,010,771	1		0	1
90. 04	04953 SPI NE CENTER	0				0	90. 04
90. 05	04954 I NFUSI ON CENTERS	90, 049	_	1		l ő	90. 05
90. 06	09002 MEDCHECK CLINICS	0		1			90. 06
	09003 KNEE CENTER	815, 130				Ö	1
	09004 PALLI ATI VE CARE	8				l o	
	09006 WORK SITE CLINICS	0	0			Ö	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	1 0	l o	0.00000		Ö	90. 12
	09100 EMERGENCY	3, 152, 243	227, 781, 538			42, 666	1
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	803, 624				5, 545	1
	OTHER REIMBURSABLE COST CENTERS		, , , , , , , , , , , , ,		==, 100	2,310	1
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0. 00000		0	
200.00	Total (lines 50 through 199)	37, 183, 880	2, 413, 252, 713	В	25, 003, 989	357, 571	200.00
					·		

Health Financial Systems	COMMUNITY HEALTH	H NETWORK INC		In lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER		TS Provider C		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Pre 8/19/2020 1:4	pared:
			e XIX	Hospi tal	PPS	
Cost Center Description	Post-Stepdown Adjustments	3	Post-Stepdowr Adjustments		Medical Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	(	0	1	0	0	
31.00 03100 INTENSIVE CARE UNIT		0	1	0	0	31.00
32. 00 03200 CORONARY CARE UNIT		0	1	0	0	32. 00
35. 00   02060   NEONATAL   INTENSIVE CARE UNIT	(	) 0	1	0	0	35. 00
43. 00 04300 NURSERY	(	) 0	1	0	0	43.00
200.00   Total (lines 30 through 199)	(	) 0		0 0		200. 00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adj ustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,				
	instructions) 4.00	mi nus col . 4) 5.00	6, 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
30. 00 03000 ADULTS & PEDIATRICS			79, 42	3 0.00	8, 193	30.00
31. 00   03100   NTENSI VE CARE UNI T			11, 73			31.00
32. 00   03200 CORONARY CARE UNIT			1	0.00	•	32.00
35. 00   02060 NEONATAL INTENSIVE CARE UNIT			2, 16			35.00
43. 00   04300   NURSERY			1, 95			
200.00 Total (lines 30 through 199)			95, 27			200.00
Cost Center Description	I npati ent		75,21	<u> </u>	7,040	200.00
oost content boschiptron	Program					
	Pass-Through					
	Cost (col. 7 >					
	col . 8)					
LANDATI ENT. DOUTLING OFFIN OF COOT OFFITEDO	9. 00					

30.00

31. 00 32. 00

35. 00 43. 00 200. 00

INPATIENT ROUTINE SERVICE COST CENTERS

30. 00 03000 ADULTS & PEDIATRICS
31. 00 03100 INTENSIVE CARE UNIT
32. 00 03200 CORONARY CARE UNIT
35. 00 02060 NEONATAL INTENSIVE CARE UNIT
43. 00 04300 NURSERY
200. 00 Total (lines 30 through 199)

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 01/01/2019 Part IV
To 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Provider CCN: 15-0074 THROUGH COSTS

					8/19/2020 1:4	3 pm
			e XIX	Hospi tal	PPS	
Cost Center Description			Nursing School	Allied Health	Allied Health	
	Anestheti st	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2. 00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	0	)	0	0	50.00
51.00   05100   RECOVERY ROOM	0	0	(	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0	0	) (	0	0	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	0	) (	0	0	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	0	) (	0	0	55. 00
57. 00  05700 CT SCAN	0	0	) (	0	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		) (	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	l		0	0	59.00
60. 00   06000 LABORATORY	0	0	,	0	0	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	i o		0	o o	64. 00
65. 00 06500 RESPIRATORY THERAPY	0	0		0	o o	65. 00
66. 00   06600   PHYSI CAL THERAPY	0	Ö			o o	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	ĺ			o o	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	l o			Ö	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	l o			Ö	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	l o			Ö	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				Ö	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	٥			Ö	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	٥			Ö	73.00
74. 00   07400   RENAL DIALYSIS	0				0	74.00
76. 00   03330   ENDOSCOPY	0		)		0	76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0				0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	0				0	76. 03
76. 04   03952   WOUND CARE CENTER	0				0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0				0	76. 05
76. 06   03953   I MAGI NG CENTERS	0				0	76.06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0		)		0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0		)		0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY					0	76. 97
OUTPATIENT SERVICE COST CENTERS	0		1	<u> </u>	0	70. 70
88. 00 08800 RURAL HEALTH CLINIC	0	0	1 /	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER			1			89.00
90. 00   09000   CLI NI C					0	90.00
90. 01   04950   DI ABETI C CARE CENTER					0	90.00
90. 02   04951   HEALTHY HEARTS CENTER	0				0	90.01
90. 02   04951   HEALTHY HEARTS CENTER 90. 03   09001   CLINI C	0				0	
· · · · · · · · · · · · · · · · · · ·	0					90. 03 90. 04
90. 04   04953   SPI NE CENTER 90. 05   04954   I NFUSI ON CENTERS	0					90.04
· · · · · · · · · · · · · · · · · · ·	0					
	0				0	90.06
90. 07   09003   KNEE CENTER	0				1	90. 07
90. 08   09004   PALLI ATI VE CARE	0		]	0	0	90.08
90. 10 09006 WORK SITE CLINICS	0		]	0	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0		]	0	0	90. 12
91. 00 09100 EMERGENCY	0		1	0	0	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART)	0		1(		0	92.00
OTHER REIMBURSABLE COST CENTERS	1 ^					00.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	l .	1	0		98. 00
200.00   Total (lines 50 through 199)	0	0	'	0	l 0	200. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2019 | Part IV | To 12/31/2019 | Date/Time Prepared: 
 Heal th Financial
 Systems
 COMMUNITY
 HEALTH NI

 APPORTIONMENT
 OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0074 THROUGH COSTS

					10 12/31/2019	8/19/2020 1:4	
			Ti tl	e XIX	Hospi tal	PPS	<u>-  </u>
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	<b>'</b>	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
			,	and 4)	,	(see	
				,		instructions)	
		4.00	5. 00	6.00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	C	)	126, 382, 436	0. 000000	50. 00
51. 00	05100 RECOVERY ROOM	0	C	)	11, 548, 825	0. 000000	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	C	)	10, 232, 289	0.000000	52. 00
54.00	05400  RADI OLOGY-DI AGNOSTI C	0	C	)	56, 249, 774	0. 000000	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	C	)	20, 011, 789	0. 000000	55. 00
57.00	05700 CT SCAN	0	C	)	83, 923, 025	0.000000	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	C		13, 283, 980	0.000000	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	C	)	228, 349, 402	0.000000	59. 00
60.00	06000 LABORATORY	0	C		163, 371, 490	0.000000	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	C		560, 183	0.000000	64.00
65.00	06500 RESPI RATORY THERAPY	0	C		28, 022, 802	0.000000	65. 00
66.00	06600 PHYSI CAL THERAPY	0	C		26, 286, 087	0.000000	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	C		7, 041, 633	0.000000	67.00
68. 00	06800 SPEECH PATHOLOGY	0	C		2, 858, 198	0.000000	68. 00
69.00	06900 ELECTROCARDI OLOGY	0	l c		58, 339, 868	0.000000	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	l c		7, 937, 450	0.000000	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	l c		102, 739, 725	0.000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	l c		79, 003, 246	0.000000	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	l c		790, 504, 388	0.000000	73. 00
74.00	07400 RENAL DIALYSIS	0	l c		4, 698, 345	0.000000	74. 00
76.00	03330 ENDOSCOPY	0	l c		4, 306, 113	0.000000	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	l c		21, 317, 048	0.000000	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	l c		1, 051, 120	0.000000	76. 03
76. 04	03952 WOUND CARE CENTER	0	l c		13, 229, 493	0.000000	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0	l c		226, 846, 151	0.000000	76. 05
76. 06	03953 I MAGI NG CENTERS	0	l c		59, 498, 441	0.000000	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	C		5, 473, 939	0.000000	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	0	C		4, 726, 421	0.000000	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	l c		2, 752, 878	0.000000	76. 98
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	C		0 0	0. 000000	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		0	0.000000	89. 00
90.00	09000 CLI NI C	0	C		0	0.000000	90.00
90. 01	04950 DIABETIC CARE CENTER	0	C		0	0.000000	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	0	C		4, 346, 774	0.000000	90. 02
90. 03	09001 CLI NI C	0	l c		0	0.000000	90. 03
90. 04	04953 SPI NE CENTER	0	l c		0	0.000000	90. 04
90. 05	04954 INFUSION CENTERS	0	l c		2, 363, 368	0.000000	90. 05
90.06	09002 MEDCHECK CLINICS	0	l c		0	0.000000	90.06
90. 07	09003 KNEE CENTER	0	l c		6, 167, 659	0.000000	90. 07
90.08	09004 PALLIATIVE CARE	0	c	)	101, 330	0. 000000	90. 08
90. 10	09006 WORK SITE CLINICS	0	c	)	0	0. 000000	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	C		0	0. 000000	90. 12
91.00	09100 EMERGENCY	0	C		227, 781, 538	0.000000	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	c		11, 945, 505	0. 000000	92. 00
	OTHER REIMBURSABLE COST CENTERS						
	09850 OTHER REIMBURSABLE COST CENTERS	0			0	0. 000000	98. 00
200.00	Total (lines 50 through 199)	0	C	)	2, 413, 252, 713		200. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2019 | Part IV | To 12/31/2019 | Date/Time Prepared: 
 Heal th Financial
 Systems
 COMMUNITY
 HEALTH NI

 APPORTIONMENT
 OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CCN: 15-0074 THROUGH COSTS

			'	10 12/31/2019	8/19/2020 1: 4	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpatient	Inpati ent	Outpati ent	Outpati ent	
· ·	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through			
	(col. 6 ÷ col.	3 - 3	Costs (col. 8		on/after Geo	
	7)		x col. 10)	Recl assi fi cati		
	'/		,	on	on	
	9.00	10.00	11.00	12.00	12. 01	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	0. 000000	2, 553, 168	(	0	0	50.00
51.00   05100   RECOVERY ROOM	0. 000000	367, 357	(	o	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	593, 213		o	0	52.00
54. 00   05400 RADI OLOGY-DI AGNOSTI C	0. 000000	606, 217		0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	363, 767		0	Ō	55. 00
57. 00   05700   CT   SCAN	0. 000000	1, 338, 837	l .	-	o o	57. 00
58. 00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	206, 580	1	-	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000		1		0	59.00
	1	1, 330, 089	1		0	•
	0.000000	5, 030, 675	1			60.00
64. 00   06400   I NTRAVENOUS THERAPY	0. 000000	50, 068	1		0	64.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	1, 374, 305	(	-	0	65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000	209, 423	1	-	0	66. 00
67.00 06700 OCCUPATIONAL THERAPY	0. 000000	150, 105	1	-	0	67. 00
68.00 06800 SPEECH PATHOLOGY	0. 000000	70, 295	1		0	68. 00
69. 00  06900 ELECTROCARDI OLOGY	0. 000000	660, 486	(	0	0	69. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY	0. 000000	51, 203	(	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	1, 689, 294	. (	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	705, 214		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	4, 213, 981	(	o	0	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	119, 361		o	0	74. 00
76. 00 03330 ENDOSCOPY	0. 000000	93, 526		o	0	76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	. 0	(	o	O	76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	0. 000000	0	(	o	0	76. 03
76. 04   03952   WOUND CARE CENTER	0. 000000	55, 520		0	0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0. 000000	2, 259	1		Ō	76. 05
76. 06   03953   MAGING CENTERS	0. 000000	1, 577		-	ő	76.06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0. 000000	1, 3, 7		, i	Ö	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	1, 726	1	ا ا	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	1, 720	1			76. 98
OUTPATIENT SERVICE COST CENTERS	0.000000			<u> </u>	0	70.70
88. 00 08800 RURAL HEALTH CLINIC	0. 000000	0		0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0	1	-	Ö	89. 00
90. 00   09000   CLINIC	0. 000000	0			0	90.00
90. 01   04950   DI ABETI C CARE CENTER	0. 000000	0	1	-		90.00
90. 02   04950 BYABETTE CARE CENTER	0. 000000	286	1	-	0	90.01
90. 02   04951   HEALTHY HEARTS CENTER 90. 03   09001   CLINI C	l l		1	-	0	90.02
	0.000000	0	1	-		
90. 04   04953   SPI NE CENTER	0. 000000	0	1	-	0	90. 04
90. 05   04954   I NFUSI ON CENTERS	0. 000000	0	1		0	90. 05
90. 06 09002 MEDCHECK CLINICS	0. 000000	0	1	-	0	90.06
90. 07   09003   KNEE CENTER	0. 000000	0	(	, i	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0. 000000	0	(	, i	0	90. 08
90. 10   09006   WORK SITE CLINICS	0. 000000	0	(	0	0	90. 10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0	(	0	0	90. 12
91. 00  09100 EMERGENCY	0. 000000	3, 083, 027	(	0	0	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	82, 430	(	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0. 000000	0				98. 00
200.00   Total (lines 50 through 199)		25, 003, 989	(	0	0	200. 00

8/19/2020 1:43 pm Title XIX Hospi tal PPS Outpati ent Cost Center Description Outpati ent Program Program Pass-Through Pass-Through Costs (col. Costs (col. x col. 12) x col. 12) before Geo on/after Geo Recl assi fi cati Recl assi fi cati on on 13.00 13.01 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 51.00 05100 RECOVERY ROOM 0 51.00 0000000000000000000000000000000 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 52 00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 05700 CT SCAN 0 57.00 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58 00 0 58 00 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 60.00 06000 LABORATORY 60.00 06400 I NTRAVENOUS THERAPY 0 64.00 64.00 06500 RESPIRATORY THERAPY 65.00 0 65.00 66.00 06600 PHYSI CAL THERAPY 66.00 06700 OCCUPATIONAL THERAPY 0 67.00 67.00 06800 SPEECH PATHOLOGY 68.00 0 68.00 06900 ELECTROCARDI OLOGY 0 69.00 69.00 70.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 07400 RENAL DIALYSIS 74.00 74.00 76.00 03330 ENDOSCOPY 0 76, 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76. 01 76.01 03951 LUTHERWOOD PARTNERSHIP 76.03 0 76. 04 03952 WOUND CARE CENTER 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 0 76.05 76.06 03953 I MAGING CENTERS 0 76.06 03954 BREAST DIAGNOSTIC CENTER 0 76.07 76.07 07697 CARDIAC REHABILITATION 76. 97 76 97 0 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0 76. 98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 00000000000000 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89 00 89 00 90.00 09000 CLI NI C 0 90.00 90. 01 04950 DIABETIC CARE CENTER 0 90.01 04951 HEALTHY HEARTS CENTER 0 90. 02 90.02 09001 CLINIC 0 90.03 90.03 90.04 04953 SPINE CENTER 0 90.04 90. 05 04954 INFUSION CENTERS 90.05 09002 MEDCHECK CLINICS 0 90.06 90.06 90.07 09003 KNEE CENTER 0 90.07 90.08 09004 PALLIATIVE CARE 0 90.08 09006 WORK SITE CLINICS 90.10 0 90.10 04961 FAMILY PRACTICE AND MATERNITY CARE 0 90. 12 90.12 91.00 09100 EMERGENCY 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 0 92.00 OTHER REIMBURSABLE COST CENTERS 98. 00 09850 OTHER REIMBURSABLE COST CENTERS 0 98.00 0

0

200.00

200.00

Total (lines 50 through 199)

Cost Center Description	APPOR'	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provi der C	CN: 15-0074	Period: From 01/01/2019 To 12/31/2019		nared:
Cost Center Description						10 12/31/2017		
Cost Center Description				Ti tI		Hospi tal		
Ratio From   Variable   Variabl		C+ C+ Di-+i	C+ +- Ch	DDC Daimboora	Charges	0+		
North-Sheet C, Part I, col. 9   North-Sheet C, Part I, col.		Cost Center Description						
Part I, col. 9   Subject To   Ded. & Colns   Colse   Cols   Col							(See Hist.)	
MICHELARY SERVICE COST CENTERS								
					1			
AMCILLARY SERVICE COST CENTERS					(see inst.)	(see inst.)		
50.00   GSCOOD   GEEDATI NG ROOM   0.151480   0   0.998, 265   0.50.00   5.10.00   5			1.00	2.00	3. 00	4. 00	5. 00	
51.00   05100   RECOVERY ROOM   0. 189792   0   0. 246, 238   0. 51.00   0. 52.00   05200   05400   DELIVERY ROOM   0. 625013   0   0   0. 52.00   0. 52.00   05400   DELIVERY ROOM   0. 625013   0   0   0. 52.00   05500	FO 00		0.151400			000.275		F0 00
52.00   63200   BELIVERY ROMA & LABOR ROM   0.625013   0   0   0.52.00   0.500   RADI (LOCY-THERAPEUT) C   0.0155865   0   0.2193.214   0.54.00   0.550.		1		l e	•			
54 00   05-400   RADI LOGY-DI ACNOSTI   0   1558-65   0   0   2,193,214   0   54.00   55.00   05500   CT SCAN   0   0.054304   0   0   4,634,427   0.57.00   55.00   05500   CT SCAN   0   0.054304   0   0   4,634,427   0.57.00   59.00   0.5900   CARDIA CCATHETERI ZATI ON   0   0.042205   0   0   1,624,744   0.59.00   0.000					1			1
55. 00   05500   RADIOLOGY-THERAPEUTIC   0.083161   0   0   263, 367   0.55, 00   550   0.57, 00   05700   075000   075000   075000   07500   075000   075000   075000   075000   075000   075000   075000				1	1	-	_	
1.00   0.05700   CT SCAN   0.054304   0.054304   0.054304   0.05500   0.05		1		1	1			1
18.0   0.05800   JASONETIC RESONANCE   IMAGI NG (MRI )   0.166530   0   356.151   0   58.00		1	l .	C			0	1
0.000   0.0000   LABORATORY   0.106433   0   4,887,389   0   0.00   0.	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 166530	C		0 356, 151	0	58. 00
64.00   06400   INTRAVENOUS THERAPY   1.062437   0 0 3,457   0 64.00	59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 042205	C		-,,		59. 00
65.00   06500   RESPIRATORY THERAPY   0.228129   0   0   155, 427   0   65.00					•	0 4, 887, 389	0	1
66. 00   06600   PHYSI CAL THERAPY   0. 394723   0   0   362, 480   0   6.6 00				1	1		_	1
1.00		1 1			I .		l	1
68. 00   06800   SPECCH PATHOLOGY   0.351137   0   0   68. 283   0   68. 00				1	1		l	1
69.00   06900   ELECTROCARDIOLOGY   0.083667   0 0 544,957   0 69.00				ł	1			
70.00   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   070000   0700000   0700000   0700000   0700000   0700000   0700000   0700000   0700000   07000000   07000000   07000000   070000000   070000000   070000000   070000000   070000000   070000000   0700000000			1	1	1		l	
171.00				1	1		_	1
172.00   072.00   IMPL   DEV. CHARGED TO PATIENTS   0. 431818   0   0   464, 205   0   72.00		1 1			•		l .	1
74. 00 07400   RENAL DI ALYSI S   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1	0. 431818	c			l .	72. 00
76. 00   03330   ENDOSCOPY   0. 240698   0   0   37, 309   0   76. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 228967	C		0 14, 987, 846	0	73. 00
76. 01 03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 1. 0.22839 0 0 0 6, 198, 325 0 76. 0.1 76. 0.3 03951   LUTHERWOOD PARTNERSHI P 5. 832016 0 0 945, 495 0 76. 0.3 76. 0.4 03952 WOUND CARE CENTER 0. 328738 0 0 945, 495 0 76. 0.4 76. 0.5 03480   ONCOLOGY-CANCER CARE CENTER 0. 216272 0 0 4, 006, 631 0 76. 0.5 76. 0.6 0.5 3953   IMAGIN G CENTERS 0. 157623 0 0 757, 656 0 76. 0.6 76. 0.6 76. 0.5 03951   MIGHING CENTERS 0. 157623 0 0 757, 656 0 76. 0.6 7	74. 00		0. 417325		I .	0 0	0	74. 00
76. 03   03951   LUTHERWOOD PARTNERSHI P   5. 832016   0   0   910.955   0   76. 03   76. 04   03952   WOUND CARE CENTER   0. 328738   0   0   945.495   0   76. 04   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0. 216272   0   0   4. 006, 631   0   76. 05   76. 06   03953   IMAGI NG CENTERS   0. 157623   0   0   757, 656   0   76. 06   76. 07   03954   BREAST DI AGNOSTIC CENTER   0. 573039   0   0   63, 599   0   76. 07   76. 97   07697   CARDI AC REHABI LI TATI ON   0. 447464   0   0   14, 790   0   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0. 288626   0   0   0   0   0   76. 98   76. 07   08800   RURAL HEALTH CLINI C   0. 000000   0   0   0   0   89. 00   79. 00   09000   CLINI C   0. 000000   0   0   0   0   0   0   79. 01   04950   DI ABETI C CARE CENTER   0. 0000000   0   0   0   0   0   0   79. 02   04951   HEALTHY HEARTS CENTER   0. 055598   0   0   49, 922   0   90. 02   79. 04   04953   SPI NE CENTERS   0. 387337   0   0   8, 598   0   90. 05   79. 05   04954   INFUSION CENTERS   0. 387337   0   0   8, 598   0   90. 05   79. 06   09002   MEDICHECK CLINI CS   0. 000000   0   0   0   0   0   0   79. 07   09003   NEE CENTER   1. 123304   0   0   10, 479   0   90. 05   79. 08   09004   PALLI ATI VE CARE   0. 002941   0   0   7, 058   0   90. 07   79. 09   0900   OSSERVATI ON BEDS (NON-DI STINCT PART)   0. 795887   0   0   0   628, 369   0   70. 00   09000   Subtotal (see instructions)   0   0   0   0   0   0   70. 00   09100   ENERGENCY   0. 134673   0   0   65, 720, 444   0   200.00   70. 00   0910   CLINIC REI MBURSABLE COST CENTERS   0. 000000   0   0   0   65, 720, 444   0   200.00   70. 00   0010   Charges   0011   Charges   0. 000000   0   0   0   0   0   70. 00   0010   Charges   0011   Clab. Services-Program   0010				1	1			1
76. 04 03952 WOUND CARE CENTER		1 1		l e	1		l	1
76. 05 03480   ONCOLOGY-CANCER CARE CENTER		1 1		l e	•	7.07700	l	1
76. 06 03953   IMAGI NG CENTERS				l e	1			1
76. 97   07697   CARDI ACMOSTIC CENTER   0.573039   0   0   63,599   0   76. 07   76. 97   07697   CARDI AC REHABI LITATI ON   0.447464   0   0   0   14,790   0   76. 97   76. 98   O7698   HYPERBARI C OXYGEN THERAPY   0.288626   0   0   0   0   0   76. 98    88. 00   08800   RURAL HEALTH CLINI C   0.000000   0   0   0   0   99. 00    90. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0.000000   0   0   0   0   0   99. 00    90. 01   04950   DI ABETI C CARE CENTER   0.000000   0   0   0   0   0    90. 02   04951   HEALTHY HEARTS CENTER   0.000000   0   0   0   0   0   0    90. 03   09001   CLINI C   0.000000   0   0   0   0   0   0    90. 04953   SPINE CENTER   0.000000   0   0   0   0   0    90. 05   04954   INFUSION CENTERS   0.387337   0   0   8.598   0   90.05    90. 06   09002   MEDCHECK CLINICS   0.387337   0   0   8.598   0   90.05    90. 07   09003   KNEE CENTER   1.123304   0   0   10,479   0   90.05    90. 08   09004   PALLI ATI VE CARE   0.000000   0   0   0   0   0    90. 01   09006   WORK SITE CLINICS   0.000000   0   0   0   0   0    90. 02   09004   PALLI ATI VE CARE   0.000000   0   0   0   0   0    90. 03   09004   PALLI ATI VE CARE   0.000000   0   0   0   0    90. 04   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   0   0   19,369,356   0    90. 02   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0.795887   0   0   658,720,4444   0   200.000    90. 00   09800   OTHER REIMBURSABLE COST CENTERS   0.000000   0   0   0   658,720,4444   0   200.000    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0   0    201. 00   0010   CLIS PREZIDENT CENTERS   0.000000   0   0   0   0    201. 00   0010   CLIS PREZIDENT				1	1	.,	_	1
76. 97   07697   CARDI AC REHABI LITATION   0. 447464   0   0   0   14,790   0   76.97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0. 288626   0   0   0   0   0   0   89. 00   08800   RURAL HEALTH CLINIC   0. 000000   0   0   0   89.00   89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0. 000000   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0. 000000   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0. 655908   0   0   49,922   0   90. 01   90. 02   04951   HEALTHY HEARTS CENTER   0. 655908   0   0   49,922   0   90. 02   90. 03   09001   CLI NI C   0. 000000   0   0   0   0   0   90. 04953   SPI NE CENTER   0. 000000   0   0   0   0   0   90. 05   04954   INFUSI ON CENTERS   0. 387337   0   0   8,598   0   90. 05   90. 06   09002   MEDCHECK CLI NI CS   0. 000000   0   0   0   0   0   90. 07   09003   KNEE CENTER   1. 123304   0   0   10,479   0   90. 07   90. 08   09004   PALLI ATI VE CARE   0. 002941   0   0   7,058   0   90. 08   90. 10   09006   WORK SI TE CLI NI CS   0. 000000   0   0   0   0   0   90. 10   094961   FAILI ATI DE CANE   0. 000000   0   0   0   0   0   90. 10   094961   FAILI ATI DE CANE   0. 000000   0   0   0   0   90. 10   09100   EMERGENCY   0. 134673   0   0   19,369,356   0   91. 00   91. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0. 795887   0   0   628,369   0   92.00   92. 00   09100   DIFFER REI MBURSABLE COST CENTERS   0. 000000   0   0   0   628,369   0   92.00   90. 10   09500   OTHER REI MBURSABLE COST CENTERS   0. 000000   0   0   0   65,720,444   0. 200.00   90. 10   001 y Charges   0   0   0   0   0   0   0   90. 10   001 y Charges   0   0   0   0   0   0   0   90. 10   001 y Charges   0   001 y Charges   0   0   0   0   90. 10   00000000000000000000000000000000				l e	1			1
76. 98				l	1			1
88. 00	76. 98			c				76. 98
89.00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0.000000   0   0   0   0   0   0   0		OUTPATIENT SERVICE COST CENTERS						
90. 00		1		l			0	1
90. 01 04950 DI ABETI C CARE CENTER				l e			_	1
90. 02		1		ł	1	0	_	1
90. 03   09001   CLINIC   0.000000   0   0   0   0   0   90. 03   90. 04   04953   SPINE CENTER   0.000000   0   0   0   0   90. 04   90. 05   04954   INFUSION CENTERS   0.387337   0   0   8,598   0   90. 05   90. 06   09002   MEDCHECK CLINICS   0.000000   0   0   0   0   0   0   90. 07   09003   KNEE CENTER   0.1123304   0   0   10,479   0   90. 06   90. 10   09004   PALLIATIVE CARE   0.002941   0   0   7,058   0   90. 08   90. 10   09006   WORK SITE CLINICS   0.000000   0   0   0   0   0   0   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   0   0   0   0   0   90. 12   91. 00   09100   EMERGENCY   0.134673   0   0   19,369,356   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.795887   0   0   628,369   0   92. 00   00000   OTHER REIMBURSABLE COST CENTERS   0.000000   0   0   0   65,720,444   0   200. 00   201. 00   Charges   0   0   0   0   0   0   0   00   0		1 1				0 40 022		1
90. 04		1 1						1
90. 05				Č			0	1
90. 06   09002   MEDCHECK CLINICS   0.000000   0   0   0   0   90. 06   90. 07   09003   KNEE CENTER   1.123304   0   0   10,479   0   90. 07   90. 08   09004   PALLI ATIVE CARE   0.002941   0   0   7,058   0   90. 08   90. 10   09006   WORK SITE CLINICS   0.000000   0   0   0   0   0   0   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   0   0   0   0   0   0   91. 00   09100   EMERGENCY   0.134673   0   0   19,369,356   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.795887   0   0   628,369   0   93. 00   09850   OTHER REI MBURSABLE COST CENTERS   0.000000   0   0   65,720,444   0   200. 00   201. 00   Charges   0   0   0   0   0   0   201. 00   0   0   0   0   0   201. 00   0   0   0   0   201. 00   0   0   0   0   201. 00   0   0   0   201. 00   0   0   0   201. 00   0   0   0   201. 00   0   0   0   201. 00   0   201. 00   0   0   201. 00   0   20	90. 05			Ċ		0 8, 598	Ō	
90. 07   09003   KNEE CENTER   1. 123304   0   0   10, 479   0   90. 07   90. 08   09004   PALLI ATIVE CARE   0. 002941   0   0   7, 058   0   90. 08   90. 10   09006   WORK SITE CLINICS   0. 000000   0   0   0   0   0   90. 12   04961   FAMILLY PRACTICE AND MATERNITY CARE   0. 000000   0   0   0   0   0   91. 00   09100   EMERGENCY   0. 134673   0   0   19, 369, 356   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0. 795887   0   0   628, 369   0   98. 00   09850   OTHER REI MBURSABLE COST CENTERS   0. 000000   0   0   65, 720, 444   0   200. 00   201. 00   Charges   0   0   0   0   0   00   0   0   0	90. 06	09002 MEDCHECK CLINICS		ł			l .	90. 06
90. 10	90. 07		1. 123304	C		0 10, 479	0	
90. 12				C	)	0 7, 058	l .	
91. 00   09100   EMERGENCY   0. 134673   0   0   19, 369, 356   0   91. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0. 795887   0   0   628, 369   0   92. 00   00   00   00   00   00   00   00				C		-		
92. 00   09200   0BSERVATI ON BEDS (NON-DI STINCT PART)   0. 795887   0   0   628, 369   0   92. 00		1		ł	1	-	_	1
OTHER REIMBURSABLE COST CENTERS   O. 000000   O   O   O   O   O   O   O   O				ł	1			
98. 00	92.00		U. 795887	1	'l	U <sub> </sub> 628, 369	0	92.00
200.00   Subtotal (see instructions)	98 00		0 000000	<u> </u>	)	0 0	0	98.00
201.00 Less PBP Clinic Lab. Services-Program 0 0 201.00 Only Charges			3.00000	ŀ	•			
Only Charges				]				
202.00   Net Charges (line 200 - line 201)   0  0  65,720,444  0 202.00								
	202. 0	Net Charges (line 200 - line 201)		[ C	P	0 65, 720, 444	0	202. 00

In Lieu of Form CMS-2552-10 COMMUNITY HEALTH NETWORK, INC. APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2019 Part V Date/Time Prepared: 12/31/2019 8/19/2020 1:43 pm Title XIX Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 151, 217 50.00 51.00 05100 RECOVERY ROOM 0 0 0 46, 734 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 52 00 r 05400 RADI OLOGY-DI AGNOSTI C 54.00 341, 845 54.00 55. 00 05500 RADI OLOGY-THERAPEUTI C 21, 902 55.00 57.00 05700 CT SCAN 000000000000000000000000000 251, 668 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 59, 310 58.00 59.00 05900 CARDI AC CATHETERI ZATI ON 68, 572 59.00 06000 LABORATORY 60.00 520, 179 60.00 06400 I NTRAVENOUS THERAPY 64 00 3.673 64 00 65.00 06500 RESPIRATORY THERAPY 35, 457 65.00 06600 PHYSI CAL THERAPY 143, 079 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 43, 804 67.00 68.00 06800 SPEECH PATHOLOGY 23, 977 68 00 69.00 06900 ELECTROCARDI OLOGY 45, 595 69.00 07000 ELECTROENCEPHALOGRAPHY 26, 975 70.00 70.00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 261, 173 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 200, 452 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 3, 431, 722 73.00 07400 RENAL DIALYSIS 74.00 74.00 03330 ENDOSCOPY 8, 980 76.00 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 6, 339, 889 76.01 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 5, 312, 704 76.03 03952 WOUND CARE CENTER 76. 04 310, 820 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 866, 522 76.05 03953 I MAGING CENTERS 76.06 119, 424 76.06 03954 BREAST DIAGNOSTIC CENTER 36, 445 76.07 76.07 07697 CARDIAC REHABILITATION 76. 97 6, 618 76. 97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76. 98 0 OUTPATIENT SERVICE COST CENTERS 0 88.00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0000000000000 89.00 0 90.00 09000 CLI NI C 0 90.00 90.01 04950 DIABETIC CARE CENTER 90.01 90. 02 04951 HEALTHY HEARTS CENTER 32, 744 90.02 90.03 09001 CLI NI C 90.03 C 90.04 04953 SPINE CENTER 90.04 90.05 04954 INFUSION CENTERS 3, 330 90.05 09002 MEDCHECK CLINICS 90.06 90.06 09003 KNEE CENTER 90 07 11, 771 90 07 90.08 09004 PALLIATIVE CARE 21 90.08 90.10 09006 WORK SITE CLINICS 0 90.10 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 90 12 91.00 09100 EMERGENCY 2,608,529 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 500, 111 92.00 92.00 OTHER REIMBURSABLE COST CENTERS

> 0 0

0

21, 835, 242

21, 835, 242

98 00

200.00

201. 00

202.00

98 00

200.00

201.00

202.00

09850 OTHER REIMBURSABLE COST CENTERS

Only Charges

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0074	Peri od: From 01/01/2019	Worksheet D-1	
			Date/Time Pre 8/19/2020 1:4	
	Title XVIII	Hospi tal	PPS	
Cost Center Description				

		Title XVIII	Hospi tal	8/19/2020 1: 4 PPS	3 pm
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS				
1.00 2.00 3.00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-leprivate room days (excluding swing-bed and observation bed days do not complete this line.	ped and newborn days)	vate room days,	79, 423 79, 423 0	1. 00 2. 00 3. 00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roof reporting period		31 of the cost	71, 932 0	4. 00 5. 00
6. 00	Total swing-bed SNF type inpatient days (including private rooreporting period (if calendar year, enter 0 on this line)			0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private roor reporting period	m days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)			0	8. 00
9. 00	Total inpatient days including private room days applicable to newborn days) (see instructions)	0 1 0		15, 658	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instructions)	tions)		0	
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, en	nter O on this line)	,	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI) through December 31 of the cost reporting period	,	0	12. 00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XI) after December 31 of the cost reporting period (if calendar year).	ear, enter O on this line	e)	0	13. 00
14. 00 15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	0	14. 00 15. 00		
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 o	f the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	0.00	18. 00		
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	0.00	19. 00		
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	0.00	20. 00		
21. 00 22. 00	Total general inpatient routine service cost (see instructions $Swing$ -bed cost applicable to $SNF$ type services through $December 5 \times Iine 17$ )		ng period (line	100, 800, 397 0	21. 00 22. 00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December $ 7 \times 1 $ ine 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December (x line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 100, 800, 397	26. 00 27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00 30. 00
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0. 00	
33. 00 34. 00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 min	nue lina 33)(ega inetruc	tions)	0. 00 0. 00	
35. 00	Average per diem private room cost differential (line 34 x line)	11 0113)	0.00	35. 00	
36.00	0 Private room cost differential adjustment (line 3 x line 35)				36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	fferential (line	100, 800, 397	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 269. 16	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	38)		19, 872, 507	39. 00
40. 00 41. 00	Medically necessary private room cost applicable to the Progra Total Program general inpatient routine service cost (line 39			0 19, 872, 507	40. 00 41. 00
55	1.1.1.		'	, 0, 2, 007	

Heal th	Financial Systems CO	OMMUNITY HEALTH N	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10		
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CC	CN: 15-0074	Period: From 01/01/2019	Worksheet D-1			
					To 12/31/2019	Date/Time Pre			
			Title	XVIII	Hospi tal	8/19/2020 1: 43 PPS	3 pm		
	Cost Center Description	Total	Total	Average Per		Program Cost			
		Inpatient Cost Ir	npatient Days		÷	(col. 3 x col.			
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00			
42. 00	NURSERY (title V & XIX only)	0	0				42. 00		
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	20, 403, 162	11, 736	1, 738. 5	51 4, 045	7, 032, 273	43. 00		
44. 00	CORONARY CARE UNIT	20, 403, 162	11, 730	1, 736. 5		7,032,273	44. 00		
45.00	1						45. 00		
46. 00	SURGICAL INTENSIVE CARE UNIT	2 210 511	2, 161	1 027 (	0.8		46. 00 47. 00		
47.00	NEONATAL INTENSIVE CARE UNIT  Cost Center Description	2, 219, 511	2, 101	1, 027. 0	0	0	47.00		
						1. 00			
48. 00	Program inpatient ancillary service cost (Wk Total Program inpatient costs (sum of lines			ne)		38, 600, 815 65, 505, 595			
47.00	PASS THROUGH COST ADJUSTMENTS	41 till ough 40) (30	ee mstructro	113)		05, 305, 375	47.00		
50. 00	Pass through costs applicable to Program inp	atient routine se	ervices (from	Wkst. D, sum	n of Parts I and	2, 307, 170	50.00		
51. 00		atient ancillary	services (fr	om Wkst D s	sum of Parts II	2, 722, 741	51. 00		
01.00	and IV)	,	00. 7. 000 (	oot. 2, c	Jam 61 1 41 16 11				
52. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		a+ad mam mh	aiaian anaath	atiot and	5, 029, 911			
53. 00	medical education costs (line 49 minus line	9 1	ateu, non-pny	sician anestr	ietist, and	60, 475, 684	53. 00		
	TARGET AMOUNT AND LIMIT COMPUTATION	,							
54. 00 55. 00	Program discharges Target amount per discharge					0 00	54. 00 55. 00		
56. 00	Target amount (line 54 x line 55)					0.00	56. 00		
57. 00	,	ing cost and tar	get amount (I	ine 56 minus	line 53)	0	57. 00 58. 00		
58. 00 59. 00	58.00  Bonus payment (see instructions) 59.00  Lesser of Lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the								
37.00	market basket								
60.00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				the emount by	0.00	60.00		
61. 00	which operating costs (line 53) are less than					0	61. 00		
	amount (line 56), otherwise enter zero (see Relief payment (see instructions)				3	_			
62. 00 63. 00	0	62. 00 63. 00							
03.00	0	03.00							
64.00		ts through Decemb	ber 31 of the	cost reporti	ng period (See	0	64. 00		
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	r 31 of the c	ost reportino	period (See	0	65. 00		
	instructions) (title XVIII only)				, , , ,				
66. 00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (line 64	4 plus line 6	5)(title XVII	I only). For	0	66. 00		
67.00	,	e costs through [	December 31 o	f the cost re	eporting period	0	67. 00		
68. 00	(line 12 x line 19)	o costs after Do	combon 21 of	the cost rone	orting ported		68. 00		
08.00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)	e costs after bed	celliber 31 01	the cost repo	of tring period	U	00.00		
69. 00	Total title V or XIX swing-bed NF inpatient					0	69. 00		
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NI Skilled nursing facility/other nursing facil				I		70. 00		
71. 00	Adjusted general inpatient routine service c	ost per diem (li		• •			71. 00		
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 1/ v li	ne 35)			72. 00 73. 00		
74. 00	Total Program general inpatient routine serv			ne 35)			74. 00		
75. 00	Capital -related cost allocated to inpatient	routine service (	costs (from W	orksheet B, F	Part II, column		75. 00		
76. 00	26, line 45)   Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00		
77. 00	Program capital -related costs (line 9 x line	. *					77. 00		
78.00	Inpatient routine service cost (line 74 minu			٥)			78. 00		
79. 00 80. 00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp			*.	nus line 79)		79. 00 80. 00		
81. 00	81.00 Inpatient routine service cost per diem limitation								
82. 00 83. 00	82.00  Inpatient routine service cost limitation (line 9 x line 81) 83.00   Reasonable inpatient routine service costs (see instructions)								
84. 00	Program inpatient ancillary services (see in		,				83. 00 84. 00		
85.00	Utilization review - physician compensation						85. 00		
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PAS:		ougn 85)				86. 00		
87. 00	Total observation bed days (see instructions	)				7, 491	87. 00		
88.00	Adjusted general inpatient routine cost per Observation bed cost (line 87 x line 88) (se	•	line 2)			1, 269. 16 9, 507, 278			
57.00	Topoci varion bod coor (Time of X Time oo) (Se	o man don ons)				7, 501, 210	57.00		

Health Financial Systems CO	OMMUNITY HEALTH NETWORK, INC.			In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2019 To 12/31/2019	Date/Time Prep 8/19/2020 1:43	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x 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	8, 520, 413	100, 800, 397	0. 084528	9, 507, 278	803, 631	90.00
91.00 Nursing School cost	0	100, 800, 397	0. 000000	9, 507, 278	0	91.00
92.00 Allied health cost	0	100, 800, 397	0. 000000	9, 507, 278	0	92.00
93.00 All other Medical Education	0	100, 800, 397	0. 000000	9, 507, 278	0	93. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2	DEE2 10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0074	Peri od: From 01/01/2019	Worksheet D-1	
		To 12/31/2019	Date/Time Pre 8/19/2020 1:4	
	Title XIX	Hospi tal	PPS	
Cost Center Description				
			1. 00	

		Title XIX	Hospi tal	8/19/2020 1: 4 PPS	3 pm	
	Cost Center Description	THE AIR	nospi tu.	1.00		
	PART I - ALL PROVIDER COMPONENTS					
	I NPATI ENT DAYS			70 400		
1. 00 2. 00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-l			79, 423 79, 423	1. 00 2. 00	
3.00	Private room days (excluding swing-bed and observation bed day	<i>3</i> ,	vate room days	79, 423	3.00	
	do not complete this line.	,-, , , ,				
4.00	Semi-private room days (excluding swing-bed and observation be		04 6 11	71, 932	4. 00	
5. 00	Total swing-bed SNF type inpatient days (including private rooreporting period	om days) through December	1 or the cost	0	5. 00	
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December 3	31 of the cost	0	6. 00	
	reporting period (if calendar year, enter 0 on this line)					
7. 00	Total swing-bed NF type inpatient days (including private roor reporting period	m days) through December	31 of the cost	0	7. 00	
8. 00	Total swing-bed NF type inpatient days (including private roor	m davs) after December 3	1 of the cost	0	8. 00	
	reporting period (if calendar year, enter 0 on this line)					
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swi ng-bed and	8, 193	9. 00	
10. 00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	nom days)	0	10. 00	
	through December 31 of the cost reporting period (see instruc-		oom dayo)	, and the second	10.00	
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00	
12. 00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12. 00	
12.00	through December 31 of the cost reporting period	Comy (Therading private	2 1 doil days)		12.00	
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13. 00	
14. 00	after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra			0	14. 00	
15. 00	Total nursery days (title V or XIX only)	diii (excrudring swring-bed t	uays)	1, 959		
16. 00	Nursery days (title V or XIX only)			1, 655		
	SWING BED ADJUSTMENT					
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	the cost	0.00	17. 00	
18. 00	reporting period 00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost				18. 00	
	reporting period					
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0. 00	19. 00	
20. 00	Medicald rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0.00	20. 00	
04.00	reporting period	`		407 004 000	04 00	
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ng period (line	107, 031, 802 0	21. 00 22. 00	
22.00	5 x line 17)	si 31 of the cost reporti	ng perrou (Trie	0	22.00	
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	0	23. 00	
24. 00	x line 18) Swing-bed cost applicable to NF type services through December	s 21 of the cost reportion	ag ported (Line	0	24. 00	
24.00	7 x line 19)	or the cost reportin	ig perrod (Triic	Ü	24.00	
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00	
26. 00	x line 20) Total swing-bed cost (see instructions)			0	26. 00	
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		107, 031, 802		
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0		
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00	
31. 00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0. 000000		
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0. 00		
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	1: 22) ( :+	h!>	0.00		
34. 00 35. 00				0. 00 0. 00	34. 00 35. 00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	10 01)		0.00	36. 00	
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	107, 031, 802	37. 00	
	27 minus line 36)					
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS				
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 347. 62	38. 00	
39. 00	Program general inpatient routine service cost (line 9 x line			11, 041, 051	39. 00	
40.00	Medically necessary private room cost applicable to the Program general inpatient routine service cost (Line 20)			11 041 051	40.00	
41.00	Total Program general inpatient routine service cost (line 39	+ IIIIE 40 <i>)</i>		11, 041, 051	41.00	

Heal th	Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
					From 01/01/2019 To 12/31/2019	Date/Time Pre	pared:
						8/19/2020 1: 4	
	Cost Center Description	Total	Total	e XIX Average Per	Hospital Program Days	PPS Program Cost	
	cost center bescription	Inpatient Cost				(col. 3 x col.	
				col . 2)		4)	
	I	1. 00	2. 00	3. 00	4. 00	5. 00	
42. 00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	1, 535, 884	1, 959	784. 0	1 1, 655	1, 297, 537	42. 00
43. 00	INTENSIVE CARE UNIT	20, 533, 477	11, 736	1, 749. 6	1 0	0	43. 00
44. 00	CORONARY CARE UNIT	0	0	0. 0			44. 00
45. 00	BURN INTENSIVE CARE UNIT						45.00
46. 00	SURGICAL INTENSIVE CARE UNIT	2 210 511	2 1/1	1 007 0			46. 00
47.00	NEONATAL INTENSIVE CARE UNIT   Cost Center Description	2, 219, 511	2, 161	1, 027. 0	8 0	0	47. 00
	oost denter bescription					1. 00	
48. 00	Program inpatient ancillary service cost (Wk					4, 758, 424	48. 00
49. 00	Total Program inpatient costs (sum of lines	41 through 48)(s	see instructio	ns)		17, 097, 012	49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS  Pass through costs applicable to Program inp	ationt routine	carvices (from	Wket D sum	of Parts I and	1, 071, 057	50. 00
30.00	[11]	attent routine .	services (ITOIII	WKSt. D, Suiii	or raits raild	1,071,037	30.00
51.00	Pass through costs applicable to Program inp	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	357, 571	51.00
F0 00	and IV)	FO 1 F4)				4 400 400	F0 00
52. 00 53. 00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		ated non-phy	sician anesth	atist and	1, 428, 628 15, 668, 384	
33. 00	medical education costs (line 49 minus line		atea, non phy	si ci dii dilestii	ctist, and	13, 000, 304	33. 00
	TARGET AMOUNT AND LIMIT COMPUTATION						
	Program di scharges					0	54. 00
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	55. 00 56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and tai	get amount (I	ine 56 minus	line 53)	Ö	57. 00
58. 00	Bonus payment (see instructions)					0	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost re	porting period (	ending 1996, u	pdated and co	mpounded by the	0.00	59. 00
60. 00	market basket Lesser of lines 53/54 or 55 from prior year	cost report upo	dated by the m	arket basket		0.00	60. 00
	If line 53/54 is less than the lower of line				the amount by	0	61. 00
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target						
62. 00	amount (line 56), otherwise enter zero (see instructions)						62. 00
63. 00							63. 00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decer	mber 31 of the	cost reporti	ng period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	er 31 of the c	ost renortina	neriod (See	o	65. 00
00.00	instructions)(title XVIII only)			, ,	,		00.00
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line d	64 plus line 6	5)(title XVII	l only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	a costs through	December 31 o	f the cost re	norting period	0	67. 00
07.00	(line 12 x line 19)	c costs through	December 31 0	T the cost re	por tring perrou		07.00
68. 00	Title V or XIX swing-bed NF inpatient routin	e costs after De	ecember 31 of	the cost repo	rting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routino costs (	ino 67 i lino	60)		0	69. 00
07.00	PART III - SKILLED NURSING FACILITY, OTHER N					0	09.00
70. 00	Skilled nursing facility/other nursing facil						70. 00
71.00	Adjusted general inpatient routine service c		ne 70 ÷ line	2)			71.00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 v li	ne 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine serv			116 33)			74. 00
75. 00	Capital-related cost allocated to inpatient			orksheet B, P	art II, column		75. 00
7/ 00	26, line 45)	2)					7/ 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minu	•					78. 00
79. 00	Aggregate charges to beneficiaries for exces						79. 00
80.00	Total Program routine service costs for comp		ost limitation	(line 78 min	us line 79)		80. 00 81. 00
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		)				81.00
83. 00	Reasonable inpatient routine service costs (						83. 00
84. 00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00	Utilization review - physician compensation						85. 00 86. 00
oo. uu	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PAS:		ough 60)				oo. 00
87. 00	Total observation bed days (see instructions					7, 491	87. 00
88. 00	Adjusted general inpatient routine cost per		line 2)			1, 347. 62	88. 00
89. UU	Observation bed cost (line 87 x line 88) (se	e instructions)				10, 095, 021	87. UU

Health Financial Systems CO	DMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Period: From 01/01/2019	Worksheet D-1	
				Γο 12/31/2019	Date/Time Prep 8/19/2020 1:43	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x 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	8, 520, 413	107, 031, 802	0. 07960	10, 095, 021	803, 624	90.00
91.00 Nursing School cost	0	107, 031, 802	0. 000000	10, 095, 021	0	91.00
92.00 Allied health cost	0	107, 031, 802	0. 000000	10, 095, 021	0	92.00
93.00 All other Medical Education	0	107, 031, 802	0. 000000	10, 095, 021	0	93. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 15-0074	Peri od:	Worksheet D-3

INPATIENT A	NCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0074	Peri od:	Worksheet D-3	
				From 01/01/2019 To 12/31/2019		pared:
					8/19/2020 1:4	3 pm
	Cost Conton Decement on	litle	Ratio of Cos	Hospi tal	PPS Innationt	
	Cost Center Description		To Charges	t Inpatient Program	Inpatient Program Costs	
				Charges	(col. 1 x col.	
					2)	
LNDAT	FLENT DOUTLING CEDVICE COCT CENTEDS		1.00	2. 00	3. 00	
	FIENT ROUTINE SERVICE COST CENTERS  ADULTS & PEDIATRICS			34, 197, 686		30.00
	INTENSIVE CARE UNIT			16, 150, 894	l .	31. 00
	CORONARY CARE UNIT			0		32. 00
	NEONATAL INTENSIVE CARE UNIT			0		35. 00
	NURSERY LLARY SERVICE COST CENTERS					43. 00
	OPERATING ROOM		0. 14679	9 34, 271, 593	5, 031, 036	50.00
1	RECOVERY ROOM		0. 18979			
	DELIVERY ROOM & LABOR ROOM		0. 62501	3 0	0	52. 00
	RADI OLOGY-DI AGNOSTI C		0. 15586			
l l	D RADIOLOGY-THERAPEUTIC CT SCAN		0. 08316 0. 05430			
	MAGNETIC RESONANCE IMAGING (MRI)		0. 05430			
1	CARDI AC CATHETERI ZATI ON		0. 04220			
	LABORATORY		0. 10622	0 24, 093, 042	2, 559, 163	60.00
1	I NTRAVENOUS THERAPY		1. 06243		0	64.00
1	RESPIRATORY THERAPY		0. 22812			65.00
	O PHYSI CAL THERAPY OCCUPATI ONAL THERAPY		0. 38142 0. 35218			
	SPEECH PATHOLOGY		0. 35113			
	D ELECTROCARDI OLOGY		0. 08366	7 5, 306, 912	444, 013	1
l l	DELECTROENCEPHALOGRAPHY		0. 19012			
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 39861			1
ı	OIMPL. DEV. CHARGED TO PATIENTS DIDRUGS CHARGED TO PATIENTS		0. 43181 0. 22896			1
	RENAL DIALYSIS		0. 41732			
	ENDOSCOPY		0. 24069			76. 00
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		1. 00199		0	76. 01
	LUTHERWOOD PARTNERSHIP		5. 83201		0	76. 03
	2 WOUND CARE CENTER O ONCOLOGY-CANCER CARE CENTER		0. 32800 0. 21627			
	I MAGING CENTERS		0. 21027			
l l	BREAST DIAGNOSTIC CENTER		0. 57303		l .	1
	7 CARDIAC REHABILITATION		0. 44746			1
	HYPERBARI C OXYGEN THERAPY		0. 28862	6 0	0	76. 98
	ATIENT SERVICE COST CENTERS  RURAL HEALTH CLINIC		0.00000		1 0	88. 00
	FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	89. 00
	CLINIC		0.00000		0	90.00
l l	DIABETIC CARE CENTER		0.00000		0	90. 01
	HEALTHY HEARTS CENTER		0. 65590			
90. 03   09001	I CLINIC 3 SPINE CENTER		0. 00000 0. 00000		_	
	I I NFUSION CENTERS		0. 38733		0	90.04
	2 MEDCHECK CLINICS		0. 00000		ő	90.06
90. 07 09003	3 KNEE CENTER		1. 10703	3 0	0	90. 07
	4 PALLIATIVE CARE		0. 00294		0	90. 08
1	5 WORK SITE CLINICS 1 FAMILY PRACTICE AND MATERNITY CARE		0.00000		0	90. 10 90. 12
	FAMILY PRACTICE AND MATERNITY CARE		0. 00000 0. 13241		0 1, 998, 877	
1	OBSERVATION BEDS (NON-DISTINCT PART)		0. 79588			1
	R REIMBURSABLE COST CENTERS			, , , , , , , ,	,,	1
	OTHER REIMBURSABLE COST CENTERS		0.00000		0	
200.00	Total (sum of lines 50 through 94 and 96 through 98)	- (11 (4)		201, 102, 791	38, 600, 815	
201. 00 202. 00	Less PBP Clinic Laboratory Services-Program only charges Net charges (line 200 minus line 201)	s (IINE 61)		201, 102, 791	1	201. 00 202. 00
202. 00	1.101 0.10. god (11110 200 militud 11110 201)		ı	201, 102, 771	I	1-02.00

Health Financial Systems COMMUNITY HEALTH NE	ETWORK, INC.		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0074	Peri od:	Worksheet D-3	
			From 01/01/2019	5	
			To 12/31/2019	Date/Time Pre	
	T: +1	- VIV	11: 4-1	8/19/2020 1:4	3 pm
Cook Cooker Books at lan	11 (1	e XIX	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1 00	2.00	2)	
INDATIENT DOUTINE CEDVICE COCT CENTERS		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			17 222 124		20.00
30. 00   03000   ADULTS & PEDI ATRI CS			17, 322, 124		30.00
31. 00   03100   INTENSI VE CARE UNI T			2, 669, 722		31.00
32. 00   03200   CORONARY CARE UNIT			0 000 1/0		32.00
35. 00   02060   NEONATAL   INTENSIVE CARE UNIT			2, 930, 169		35. 00
43. 00   04300  NURSERY			362, 560		43. 00
ANCILLARY SERVICE COST CENTERS			0.550.440	201 751	
50. 00   05000   OPERATI NG ROOM		0. 15148		386, 754	1
51. 00   05100   RECOVERY ROOM		0. 18979		69, 721	1
52. 00   05200   DELI VERY ROOM & LABOR ROOM		0. 62501		370, 766	1
54. 00   05400   RADI OLOGY - DI AGNOSTI C		0. 15586		94, 488	1
55. 00   05500   RADI OLOGY-THERAPEUTI C		0. 08316		30, 251	1
57. 00   05700   CT   SCAN		0. 05430		72, 704	1
58. 00   05800   MAGNETI C RESONANCE I MAGING (MRI)		0. 16653		34, 402	
59. 00   05900   CARDI AC   CATHETERI ZATI ON		0. 04220		56, 136	1
60. 00   06000   LABORATORY		0. 10643		535, 430	1
64.00   06400   I NTRAVENOUS THERAPY		1. 06243		53, 194	1
65. 00   06500   RESPI RATORY THERAPY		0. 22812		313, 519	1
66. 00   06600   PHYSI CAL THERAPY		0. 39472		82, 664	
67. 00   06700   OCCUPATI ONAL THERAPY		0. 35218		52, 865	1
68. 00   06800   SPEECH PATHOLOGY		0. 35113	70, 295	24, 683	68. 00
69. 00   06900   ELECTROCARDI OLOGY		0. 08366	660, 486	55, 261	69. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY		0. 19012	22 51, 203	9, 735	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 39861	9 1, 689, 294	673, 385	71. 00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS		0. 43181	8 705, 214	304, 524	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 22896		964, 863	73. 00
74. 00   07400   RENAL DI ALYSI S		0. 41732		49, 812	74.00
76. 00   03330   ENDOSCOPY		0. 24069	93, 526	22, 512	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		1. 02283	0	0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P		5. 83201	6 0	0	76. 03
76. 04   03952   WOUND CARE CENTER		0. 32873	55, 520	18, 252	76. 04
76. 05   03480   ONCOLOGY-CANCER CARE CENTER		0. 21627	2, 259	489	76. 05
76. 06   03953   I MAGI NG CENTERS		0. 15762	1, 577	249	76. 06
76. 07   03954   BREAST DI AGNOSTI C CENTER		0. 57303	0	0	76. 07
76. 97 O7697 CARDIAC REHABILITATION		0. 44746	1, 726	772	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 28862	26 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC		0.00000		0	1
89.00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0. 00000		0	1
90. 00  09000  CLI NI C		0.00000	0 0	0	
90. 01  04950  DI ABETI C CARE CENTER		0.00000	0 0	0	1
90. 02  04951 HEALTHY HEARTS CENTER		0. 65590	286	188	1
90. 03   09001   CLI NI C		0.00000		0	
90. 04   04953   SPI NE CENTER		0.00000	00	0	
90. 05   04954   I NFUSI ON CENTERS		0. 38733	57 0	0	90. 05
90. 06   09002   MEDCHECK CLINICS		0.00000	0 0	0	90. 06
90. 07   09003   KNEE CENTER		1. 12330	04	0	90. 07
90. 08 09004 PALLIATIVE CARE		0. 00294	1 0	0	90. 08
90. 10 09006 WORK SITE CLINICS		0.00000	0 0	0	90. 10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE		0.00000	0 0	0	90. 12
91. 00   09100   EMERGENCY		0. 13467	3, 083, 027	415, 200	91.00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 79588	82, 430	65, 605	92. 00
OTHER REIMBURSABLE COST CENTERS					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS		0.00000	00 0	0	98. 00
200.00 Total (sum of lines 50 through 94 and 96 through 98)		1	25, 003, 989	4, 758, 424	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)	1	0		201. 00
202.00 Net charges (line 200 minus line 201)		1	25, 003, 989		202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet E
From 01/01/2019 Part A
To 12/31/2019 Date/Time Prepared: 8/19/2020 1:43 pm Provider CCN: 15-0074

				8/19/2020 1: 43	
		Title XVIII	Hospi tal	PPS	
			Before GEO	On/After GEO	
			Recl ass	Recl ass	
			1. 00	1. 01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	0	1. 00
1.01	DRG amounts other than outlier payments for discharges occurring p	rior to October 1	36, 512, 243	0	1. 01
	(see instructions)				
1. 02	DRG amounts other than outlier payments for discharges occurring o	n or after October 1	4, 536, 938	7, 476, 345	1. 02
	(see instructions)				
1. 03	DRG for federal specific operating payment for Model 4 BPCI for di	scharges occurring	0	0	1. 03
	prior to October 1 (see instructions)				
1. 04	DRG for federal specific operating payment for Model 4 BPCI for di	scharges occurring	0	0	1. 04
	on or after October 1 (see instructions)				
2.00	Outlier payments for discharges. (see instructions)				2. 00
2. 01	Outlier reconciliation amount		0	0	2. 01
2. 02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2. 02
2.03	Outlier payments for discharges occurring prior to October 1 (see	i nstructi ons)	1, 118, 356	0	2. 03
2.04	Outlier payments for discharges occurring on or after October 1 (s	ee instructions)	265, 370	313, 934	2. 04
3.00	Managed Care Simulated Payments	•	21, 704, 502	4, 792, 118	3. 00
4.00	Bed days available divided by number of days in the cost reporting	period (see	305. 04		4.00
	instructions)				
	Indirect Medical Education Adjustment		'		
5.00	FTE count for allopathic and osteopathic programs for the most rec	ent cost reporting	32. 51		5. 00
	period ending on or before 12/31/1996. (see instructions)	3			
6.00	FTE count for allopathic and osteopathic programs that meet the cr	iteria for an add-on	0.00		6. 00
0.00	to the cap for new programs in accordance with 42 CFR 413.79(e)	. torra ro. ar. aaa o	0.00		0.00
7. 00	MMA Section 422 reduction amount to the IME cap as specified under	42 CFR	2. 69		7. 00
7.00	\$412.105(f)(1)(iv)(B)(1)	12 0110	2.07		7.00
7. 01	ACA § 5503 reduction amount to the IME cap as specified under 42 C	FD	0.00		7. 01
7.01	[\$412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011		0.00		7.01
	instructions.	then see			
8. 00	Adjustment (increase or decrease) to the FTE count for allopathic s	and esteenathic	-9.69		8. 00
8.00	programs for affiliated programs in accordance with 42 CFR 413.75(		-7.07		8.00
	413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (Aug				
8. 01			10. 39		8. 01
8.01	The amount of increase if the hospital was awarded FTE cap slots u	nder 9 5503 of the	10. 39		8.01
0.00	ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		0.00
8. 02	The amount of increase if the hospital was awarded FTE cap slots f	rom a crosed	0.00		8. 02
0.00	teaching hospital under § 5506 of ACA. (see instructions)	0.01 1.0.00	00 50		0.00
9. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8	, 8,01 and 8,02)	30. 52		9. 00
40.00	(see instructions)	6	40.47		40.00
10. 00	FTE count for allopathic and osteopathic programs in the current y	ear from your	43. 47		10. 00
	records				
11. 00	FTE count for residents in dental and podiatric programs.		2. 79		11. 00
12. 00	Current year allowable FTE (see instructions)		33. 31		12.00
13. 00	Total allowable FTE count for the prior year.		26. 15		13. 00
14. 00	Total allowable FTE count for the penultimate year if that year en	ded on or after	26. 77		14.00
	September 30, 1997, otherwise enter zero.				
15. 00	Sum of lines 12 through 14 divided by 3.		28. 74		15. 00
16. 00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18. 00	Adjusted rolling average FTE count		28. 74		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0. 094217		19.00
20.00	Prior year resident to bed ratio (see instructions)		0. 093136		20.00
21. 00	Enter the lesser of lines 19 or 20 (see instructions)		0. 093136		21. 00
22. 00	IME payment adjustment (see instructions)		2, 035, 095	370, 655	22. 00
	IME payment adjustment - Managed Care (see instructions)		1, 076, 044	237, 579	22. 01
22.01	Indirect Medical Education Adjustment for the Add-on for § 422 of	the MMA	1,070,044	231, 317	22.01
23. 00	Number of additional allopathic and osteopathic IME FTE resident c		0.00		23. 00
23.00	CFR 412.105 (f)(1)(iv)(C).	ap 31013 unuen 42	0.00		23.00
24. 00	IME FTE Resident Count Over Cap (see instructions)		12. 95		24. 00
25. 00	If the amount on line 24 is greater than -0-, then enter the lower	of line 22 or line			
25.00	,	of Title 23 of Title	0.00		25. 00
27 00	24 (see instructions)		0.000000		27 00
26. 00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26. 00
27. 00	IME payments adjustment factor. (see instructions)		0. 000000		27. 00
28. 00	IME add-on adjustment amount (see instructions)		0	0	28. 00
28. 01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28. 01
29. 00	Total IME payment ( sum of lines 22 and 28)		2, 035, 095	370, 655	29. 00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1, 076, 044	237, 579	29. 01
	Di sproporti onate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patien	t days (see	9. 25		30.00
	instructions)				
31.00	Percentage of Medicaid patient days (see instructions)		38. 89		31.00
32.00	Sum of lines 30 and 31		48. 14	ļ	32.00
33.00	Allowable disproportionate share percentage (see instructions)		28. 93	12. 00	33.00
34.00	Di sproporti onate share adjustment (see instructions)		2, 968, 882	224, 290	
					•

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Pre	pared
		Title XVIII	Hospi tal	8/19/2020 1: 4 PPS	3 pm
		TI LIE AVIII	Prior to 10/1		
			1. 00	2. 00	
	Uncompensated Care Adjustment				
5. 00	Total uncompensated care amount (see instructions)			8, 350, 599, 096	1
5. 01	Factor 3 (see instructions)		0. 000683862	0. 000259811	35.
5. 02	Hospital uncompensated care payment (If line 34 is zero, enter	zero on this line) (se	ee 5, 657, 507	2, 169, 581	35.
5. 03	instructions) Pro rata share of the hospital uncompensated care payment amou	nt (see instructions)	4, 231, 504	545, 359	35.
6. 00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	,	4, 776, 863		36.
0.00	Additional payment for high percentage of ESRD beneficiary disc				00.
0. 00	Total Medicare discharges on Worksheet S-3, Part I excluding d		0		40.
	652, 682, 683, 684 and 685 (see instructions)				
			Before GEO	On/After GEO	
			Reclass 1.00	Recl ass 1. 01	
1. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	3. 684 an 685. (see	1.00		41.
	instructions)				
1. 01	Total ESRD Medicare covered and paid discharges excluding MS-D	RGs 652, 682, 683, 684	0	0	41.
2 00	an 685. (see instructions)	V for adjustus 1	0.00		4.0
2. 00	Divide line 41 by line 40 (if less than 10%, you do not qualify Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682		0.00		42. 43.
3.00	instructions)	, 005, 004 all 005. (See	,		43.
4. 00	Ratio of average length of stay to one week (line 43 divided b	y line 41 divided by 7	0. 000000		44.
	days)	-			
5. 00	Average weekly cost for dialysis treatments (see instructions)		0.00	0. 00	
6. 00	Total additional payment (line 45 times line 44 times line 41.)	01)	0	0 000 500	46.
7. 00 8. 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH, sm.	all rural bacaitals	51, 668, 388	8, 930, 583 0	1
0.00	only. (see instructions)	iari rurar nospitars		U	40.
			•	Amount	
				1. 00	
9.00	Total payment for inpatient operating costs (see instructions)			61, 912, 594	1
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I and Exception payment for inpatient program capital (Wkst. L, Pt.			4, 569, 385 0	50. 51.
2. 00	Direct graduate medical education payment (from Wkst. E-4, line			402, 473	
3. 00	Nursing and Allied Health Managed Care payment	.,		0	1
4. 00	Special add-on payments for new technologies			0	54.
4. 01	Islet isolation add-on payment			0	54.
5. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	•		0	55.
6.00	Cost of physicians' services in a teaching hospital (see intru		-brough 2E)	0	56. 57.
7. 00 8. 00	Routine service other pass through costs (from Wkst. D, Pt. II Ancillary service other pass through costs from Wkst. D, Pt. I'		.nrougn 35).	0	1
9. 00	Total (sum of amounts on lines 49 through 58)	v, cor. 11 1111c 200)		66, 884, 452	
0. 00	,			15, 532	
	Total amount payable for program beneficiaries (line 59 minus	line 60)		66, 868, 920	
	Deductibles billed to program beneficiaries			4, 185, 012	1
	Coinsurance billed to program beneficiaries			149, 699	1
3. 00	Allowable bad debts (see instructions)			957, 760	1
3. 00 4. 00	Adiusted reimburgedle had debte (ees instructions)			622, 544 468, 442	1
3. 00 4. 00 5. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru	uctions)			
3. 00 4. 00 5. 00 6. 00	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		63, 156, 753	
3. 00 4. 00 5. 00 6. 00 7. 00	1 • • • • • • • • • • • • • • • • • • •		see instructions)	63, 156, 753 0	68.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Allowable bad debts for dual eligible beneficiaries (see instrisubtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96).(	pplicable to MS-DRGs (s	,		69.
3. 00 4. 00 5. 00 6. 00 7. 00 3. 00 9. 00 0. 00	Allowable bad debts for dual eligible beneficiaries (see instrisubtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96).( OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	pplicable to MS-DRGs (s For SCH see instruction	ns)	0 0 0	69. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 3. 00 9. 00 0. 50	Allowable bad debts for dual eligible beneficiaries (see instrisubtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96).(I OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra	pplicable to MS-DRGs (s For SCH see instruction	ns)	0 0 0	69. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 87	Allowable bad debts for dual eligible beneficiaries (see instructions) (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96). (OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration	pplicable to MS-DRGs (s For SCH see instruction	ns)	0 0 0 0	69. 70. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 50 0. 87 0. 88	Allowable bad debts for dual eligible beneficiaries (see instrusibility) (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Qutlier payments reconciliation (sum of lines 93, 95 and 96). (OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	pplicable to MS-DRGs (s For SCH see instruction ation) adjustment (see	ns)	0 0 0	69. 70. 70. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89	Allowable bad debts for dual eligible beneficiaries (see instrusibility) (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96). (OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instru	pplicable to MS-DRGs (s For SCH see instruction ation) adjustment (see	ns)	0 0 0 0 0	69. 70. 70. 70. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 50 0. 87 0. 88 0. 89 0. 90	Allowable bad debts for dual eligible beneficiaries (see instrusibility) (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Qutlier payments reconciliation (sum of lines 93, 95 and 96). (OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	pplicable to MS-DRGs (s For SCH see instruction ation) adjustment (see	ns)	0 0 0 0	69. 70. 70. 70. 70. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91	Allowable bad debts for dual eligible beneficiaries (see instrusubtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a Outlier payments reconciliation (sum of lines 93, 95 and 96). (OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instructions)	pplicable to MS-DRGs (s For SCH see instruction ation) adjustment (see	ns)	0 0 0 0 0	69. 70. 70. 70. 70. 70. 70.
3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91 0. 92	Allowable bad debts for dual eligible beneficiaries (see instrusible subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for all Outlier payments reconciliation (sum of lines 93, 95 and 96). (I OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instructions) HSP bonus payment HVBP adjustment amount (see instructions)	pplicable to MS-DRGs (s For SCH see instruction ation) adjustment (see	ns)	0 0 0 0 0	69. 70. 70. 70. 70. 70. 70. 70. 70.

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0074	From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 1:43 pm
	T: 11 \0.0111	11 1 1	DDC

				Fo 12/31/2019	Part A   Date/Time Pre   8/19/2020 1:4	
		Title	xVIII	Hospi tal	PPS	3 piii
				(уууу)	Amount	
				0	1. 00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period prior to 10/1)	n column 0		0	0	70. 96
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period ending on or aft	column 0		0	0	70. 97
70. 98	Low Volume Payment-3				0	70. 98
70. 99	HAC adjustment amount (see instructions)				646, 189	70. 99
	Amount due provider (line 67 minus lines 68 plus/minus lines 6	59 & 70)			62, 159, 530	
71. 01	Sequestration adjustment (see instructions)				1, 243, 191	
	Demonstration payment adjustment amount after sequestration				0	
	Sequestration adjustment-PARHM pass-throughs				/O FFO FO/	71. 03
	Interim payments				60, 550, 526	72. 00 72. 01
	Interim payments-PARHM Tentative settlement (for contractor use only)				0	
	Tentative settlement (for contractor use only)				U	73. 00
74. 00	Balance due provider/program (line 71 minus lines 71.01, 71.02	2 72 and			365, 813	1
74.00	73)	z, 72, and			303, 013	74.00
74. 01	Balance due provider/program-PARHM (see instructions)					74. 01
75. 00	Protested amounts (nonallowable cost report items) in accordan	nce with			1, 921, 531	75. 00
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			
90. 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of the 2 of th	of 2.03			0	90. 00
91. 00	plus 2.04 (see instructions) Capital outlier from Wkst. L, Pt. I, line 2				0	91.00
	Operating outlier reconciliation adjustment amount (see instru	ictions)			0	1
	Capital outlier reconciliation adjustment amount (see instruct				0	
	The rate used to calculate the time value of money (see instructions)				0.00	1
95. 00	,	30 (1 0113)			0.00	1
96. 00	Time value of money for capital related expenses (see instruct	tions)			0	1
		,		Prior to 10/1	On/After 10/1	
				1. 00	2. 00	
400.00	HSP Bonus Payment Amount			1		
100.00	HSP bonus amount (see instructions)			0	0	100. 00
101 00	HVBP Adjustment for HSP Bonus Payment			0.000000000	0. 0000000000	101 00
	HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions	-)		0.000000000		101.00
102.00	HRR Adjustment for HSP Bonus Payment	s)		U	0	102.00
103 00	HRR adjustment factor (see instructions)			0.0000	0.000	103. 00
	HRR adjustment amount for HSP bonus payment (see instructions)	)		0.0000		104. 00
	Rural Community Hospital Demonstration Project (§410A Demonstr		stment			
200.00	Is this the first year of the current 5-year demonstration per					200. 00
	Century Cures Act? Enter "Y" for yes or "N" for no.					
	Cost Reimbursement			_		
	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	9 49)				201. 00
	Medicare discharges (see instructions)					202. 00
203.00	Case-mix adjustment factor (see instructions)	C' 1	6.11			203. 00
	Computation of Demonstration Target Amount Limitation (N/A in period)	Tirst year	or the current	5-year demonst	ration	
204 00	Medicare target amount			T		204. 00
	Case-mix adjusted target amount (line 203 times line 204)					205. 00
	Medicare inpatient routine cost cap (line 202 times line 205)					206. 00
	Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instr	ructions)				207. 00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	line 59)				208. 00
209.00	Adjustment to Medicare IPPS payments (see instructions)					209. 00
210.00						210. 00
211 00	Reserved for future use					
211.00	Total adjustment to Medicare IPPS payments (see instructions)					211. 00
	Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement					
212. 00	Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 2	211)				212. 00
212. 00 213. 00	Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 2 Low-volume adjustment (see instructions)	•				212. 00 213. 00
212. 00 213. 00	Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 2	•	nbursement)			212. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0074	Peri od: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared:

			12/01/201/	8/19/2020 1:4	
		Title XVIII	Hospi tal	PPS	
				1 00	
	DADT D. MEDICAL AND OTHER HEALTH CERVICES			1. 00	
1. 00	PART B - MEDICAL AND OTHER HEALTH SERVICES  Medical and other services (see instructions)			134, 949	1.00
2.00	Medical and other services (see Instructions)  Medical and other services reimbursed under OPPS (see instructions)	ns)		108, 803, 365	2.00
3. 00	OPPS payments			85, 945, 994	3.00
4.00	Outlier payment (see instructions)			677, 175	4. 00
4.01	Outlier reconciliation amount (see instructions)			0	4. 01
5.00	Enter the hospital specific payment to cost ratio (see instructi	ons)		0. 000	5. 00
6.00	Line 2 times line 5			0	6. 00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0. 00	7. 00
8.00	Transitional corridor payment (see instructions)			0	8. 00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	col. 13, line 200		0	9.00
10.00	Organ acquisitions			124 040	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			134, 949	11. 00
	Reasonable charges				
12. 00	Ancillary service charges			589, 191	12. 00
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	,		589, 191	14.00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for pay	ment for services on a	charge basis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for p	ayment for services or	a chargebasis	0	16. 00
47.00	had such payment been made in accordance with 42 CFR §413.13(e)				47.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17. 00
18. 00 19. 00	Total customary charges (see instructions)	if line 10 eveneds lin	0 11) (600	589, 191	18. 00 19. 00
19.00	Excess of customary charges over reasonable cost (complete only instructions)	II TITIE 16 EXCEEUS III	le II) (See	454, 242	19.00
20. 00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds lin	e 18) (see	0	20. 00
20.00	instructions)	e exceede	(555	· ·	20.00
21.00	Lesser of cost or charges (see instructions)			134, 949	21. 00
22. 00	Interns and residents (see instructions)			0	22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instruc	tions)		0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			86, 623, 169	24. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	4 (for CALL one inctri	ationa)	59, 334	
26. 00 27. 00	Deductibles and Coinsurance amounts relating to amount on line 2 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu			14, 560, 826 72, 137, 958	
27.00	instructions)	s the sum of filles 22	and 23] (See	12, 131, 730	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, line	50)		669, 327	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	,		0	29. 00
30.00	Subtotal (sum of lines 27 through 29)			72, 807, 285	30. 00
31.00	Primary payer payments			26, 026	
32. 00	Subtotal (line 30 minus line 31)			72, 781, 259	32. 00
00.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	)			00.00
33. 00 34. 00	Composite rate ESRD (from Wkst. I-5, line 11)			1 424 711	33. 00 34. 00
35. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			1, 626, 711 1, 057, 362	35.00
36. 00	Allowable bad debts for dual eligible beneficiaries (see instruc	tions)		921, 120	36.00
37. 00	Subtotal (see instructions)	11 0113)		73, 838, 621	
38. 00	MSP-LCC reconciliation amount from PS&R			-271	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. 00
39. 50	Pioneer ACO demonstration payment adjustment (see instructions)				39. 50
39. 97	Demonstration payment adjustment amount before sequestration			0	39. 97
39. 98	Partial or full credits received from manufacturers for replaced	devices (see instruct	i ons)	46, 282	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99
40.00	Subtotal (see instructions)			73, 838, 892	40.00
40. 01 40. 02	Sequestration adjustment (see instructions)			1, 476, 778	40. 01 40. 02
40. 02	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40. 02
41. 00	Interim payments			71, 741, 947	1
41. 01	Interim payments-PARHM			, , , , , , , , ,	41. 01
42. 00	Tentative settlement (for contractors use only)			0	42. 00
42. 01	Tentative settlement-PARHM (for contractor use only)				42. 01
43.00	Balance due provider/program (see instructions)			620, 167	43. 00
43. 01	Balance due provider/program-PARHM (see instructions)				43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance	with CMS Pub. 15-2, c	hapter 1,	0	44. 00
	§115. 2				
00.00	TO BE COMPLETED BY CONTRACTOR			0	00 00
90. 00 91. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	90. 00 91. 00
92. 00	The rate used to calculate the Time Value of Money			0.00	
93. 00	Time Value of Money (see instructions)			0.00	93.00
	Total (sum of lines 91 and 93)			0	94.00

In Lieu of Form CMS-2552-10

Period:	Worksheet E-1
From 01/01/2019	Part
To 12/31/2019	Date/Time Prepared:
8/19/2020 1:43 pm	Health Financial Systems COMMUNANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0074

					8/19/2020 1:43	3 pm
		Title	XVIII	Hospi tal	PPS	
		I npati en	it Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4. 00	
1.00	Total interim payments paid to provider		60, 550, 52		71, 741, 947	1. 00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for			0	0	2. 00
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3. 02				0	0	3. 02
3.03				0	0	3. 03
3. 04				0	0	3. 04
3.05				0	0	3. 05
0.50	Provi der to Program		1			0.50
3.50	ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 51 3. 52			•	0		3. 51 3. 52
3. 52				0		3. 52
3. 54				0		3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
0. 77	3. 50-3. 98)				· ·	0. 77
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		60, 550, 52	6	71, 741, 947	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
5. 01	Program to Provider TENTATIVE TO PROVIDER		T	0	0	5. 01
5. 01	TENTATIVE TO PROVIDER			0		5. 01
5. 02				0		5. 02
0.00	Provider to Program			<u> </u>	J	0.00
5. 50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5.52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)		0.5.5			
6. 01	SETTLEMENT TO PROVIDER		365, 81		620, 167	6. 01
6. 02	SETTLEMENT TO PROGRAM		l .	0	0	6. 02
7. 00	Total Medicare program liability (see instructions)		60, 916, 33	Contractor	72, 362, 114 NPR Date	7. 00
				Number	(Mo/Day/Yr)	
		(	)	1. 00	2. 00	
8. 00	Name of Contractor		-		2.00	8. 00
	1			1		

Heal th	Financial Systems	COMMUNITY HEALTH NETWORK, INC.		In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provi der CCN: 15	From 01	/01/2019 2/31/2019		epared:
		Title XVII	I Hos	pi tal	PPS	
					1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDAR					
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION					
	1.00   Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1. 00	
	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				2. 00	
3. 00	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 Wk	st. S-10, col. 3 line 20				6. 00
7. 00	CAH only - The reasonable cost incurred for line 168	the purchase of certified HIT tech	nnology Wkst. S-	2, Pt. I		7. 00
8.00	Calculation of the HIT incentive payment (s	ee instructions)				8. 00
9.00	Sequestration adjustment amount (see instru	ctions)				9. 00
10.00	Calculation of the HIT incentive payment af	ter sequestration (see instructions	5)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS 8	CAH .				
30.00	Initial/interim HIT payment adjustment (see	instructions)				30.00
	Other Adjustment (specify)	,				31. 00
	Delenes due provider (line 0 (en line 10) m	nualine 20 and line 21) (see inst	mustisms)			22 00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

30. 00 31. 00 32. 00

Heal th	Financial Systems COMMUNITY HEALTH N	ETWORK, INC.		In Lie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT L EDUCATION COSTS	Provider C	1	Period: From 01/01/2019 Fo 12/31/2019	Worksheet E-4 Date/Time Prep 8/19/2020 1:43	
		Title	xVIII	Hospi tal	PPS	5 piii
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reportir	ng periods	26. 92	1. 00
2. 00 3. 00	Unweighted FTE resident cap add-on for new programs per 42 CF Amount of reduction to Direct GME cap under section 422 of MM.		1) (see instru	uctions)	0. 00 2. 82	2. 00 3. 00
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance		§413.79 (m).	(see	0. 00	3. 00
4.00	instructions for cost reporting periods straddling 7/1/2011) 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 1	to a Medicare	-9. 69	4. 00
4. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst		cost reportir	ng periods	9. 31	4. 01
4. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	s (see inst	ructions for o	cost reporting	0. 00	4. 02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl 4.02 plus applicable subscripts	us or minus	line 4 plus li	nes 4.01 and	23. 72	5. 00
6.00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current y	year from your	43. 47	6. 00
7. 00	Enter the lesser of line 5 or line 6				23. 72	7. 00
			Primary Care 1.00	0ther 2.00	<u>Total</u> 3. 00	
8. 00	Weighted FTE count for physicians in an allopathic and osteop	athi c	33. 12		43. 47	8. 00
9. 00	program for the current year.  If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo		18. 0 <sup>-</sup>	5. 65	23. 72	9. 00
40.00	6.			0.70		40.00
10. 00 10. 01	Weighted dental and podiatric resident FTE count for the curr Unweighted dental and podiatric resident FTE count for the cu			2. 79 2. 79		10. 00 10. 01
11.00	Total weighted FTE count	a voor (ooo	18. 0			11. 00 12. 00
12. 00	Total weighted resident FTE count for the prior cost reportininstructions)		33. 13			
13. 00	Total weighted resident FTE count for the penultimate cost re year (see instructions)		33. 43			13. 00
14. 00 15. 00	Rolling average FTE count (sum of lines 11 through 13 divided Adjustment for residents in initial years of new programs	by 3).	28. 2° 0. 00			14. 00 15. 00
15. 01	Unweighted adjustment for residents in initial years of new p		0.00			15. 01
16. 00 16. 01	Adjustment for residents displaced by program or hospital clo Unweighted adjustment for residents displaced by program or h		0.00			16. 00 16. 01
	closure					
17. 00 18. 00	Adjusted rolling average FTE count Per resident amount		28. 2° 86, 866. 2°			17. 00 18. 00
19. 00	Approved amount for resident costs		2, 450, 490	590, 139	3, 040, 635	19. 00
					1. 00	
20. 00	Additional unweighted allopathic and osteopathic direct GME F	TE resident	cap slots rece	eived under 42		20. 00
21. 00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instru-	ctions)			19. 75	21. 00
22. 00	Allowable additional direct GME FTE Resident Count (see instr				0. 00	
23. 00 24. 00	Enter the locality adjustment national average per resident a Multiply line 22 time line 23	mount (see i	nstructions)		0. 00 0	
	Total direct GME amount (sum of lines 19 and 24)		1		3, 040, 635	
			Inpatient Par A	t Managed Care	Total	
	COMPUTATION OF PROCESS PATIENT LOAD		1.00	2. 00	3. 00	
26. 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions)		19, 70	3 11, 493		26. 00
27. 00	Total Inpatient Days (see instructions)		86, 219	86, 219		27. 00
28. 00 29. 00	Ratio of inpatient days to total inpatient days		0. 228523		1 100 170	28. 00
29. 00 29. 01	Program direct GME amount Percent reduction for MA DGME		694, 85	5 405, 317 7. 00	1, 100, 172	29. 00 29. 01
30. 00	Reduction for direct GME payments for Medicare Advantage			28, 372	28, 372	30. 00
31.00	Net Program direct GME amount		I	1	1, 071, 800	31.00

	Financial Systems COMMUNITY HEALTH N			u of Form CMS-2	
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0074	Peri od: From 01/01/2019	Worksheet E-4	
MEDI CA	L EDUCATION COSTS		To 12/31/2019	Date/Time Prep 8/19/2020 1:43	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL EDUCATION COSTS)	•		CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	nd 23, lines 74	0	32. 00
33.00					33.00
34.00	0 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	00 Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
	Reasonable cost (see instructions)			65, 505, 595	
	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
	Primary payer payments (see instructions)			15, 532	
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		65, 490, 063	41.00
	Part B Reasonable Cost			100 000 011	
	Reasonable cost (see instructions)			108, 938, 314	
	Primary payer payments (see instructions)			26, 026	
	Total Part B reasonable cost (line 42 minus line 43)			108, 912, 288	
	Total reasonable cost (sum of lines 41 and 44) Ratio of Part A reasonable cost to total reasonable cost (lin	o 41 . Lino 45)		174, 402, 351 0. 375511	
	Ratio of Part A reasonable cost to total reasonable cost (IIII			0. 375511	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA			0. 024489	47.00
48 00	Total program GME payment (line 31)	KI D		1, 071, 800	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		402, 473	
	Part B Medicare GME payment (line 47 x 48) (title XVIII only)			669, 327	

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

Provider CCN: 15-0074

Peri od: From 01/01/2019 To 12/31/2019 Date/Ti me Prepared: 8/19/2020 1:43 pm

Speci fi c Endowment Fund General Fund Plant Fund Purpose Fund 1.00 3.00 4.00 2.00 CURRENT ASSETS 1.00 1.00 Cash on hand in banks 10, 440 0 0 0 Temporary investments 0 0 2.00 0 2.00 0 3.00 Notes receivable 86, 930 0 0 3.00 3, 235, 974, 141 0 4 00 4 00 Accounts receivable 0 0 5.00 Other receivable 26, 493, 466 0 0 5.00 6.00 Allowances for uncollectible notes and accounts receivable 6, 865, 571 6.00 0 7.00 Inventory 9, 357, 505 0 0 7.00 0 8.00 Prepaid expenses 0 8.00 0 9.00 Other current assets 6, 330, 142 0 9.00 10 00 Due from other funds 0 0 0 10 00 Total current assets (sum of lines 1-10) 3, 285, 118, 195 0 0 11.00 0 11 00 FIXED ASSETS 12.00 Land 2.743.049 0 0 0 12.00 Land improvements 0 13.00 0 0 0 0 0 0 0 0 0 0 0 0 0 13.00 4, 209, 543 οĺ Accumulated depreciation 14.00 0 14.00 15.00 Bui I di ngs 489, 131, 131 0 0 15.00 16.00 Accumulated depreciation 16.00 0 17.00 Leasehold improvements 17.00 11, 166, 075 0 0 18 00 Accumulated depreciation 0 18.00 Fi xed equipment 19.00 19.00 216, 216, 727 0 20.00 Accumulated depreciation 0 20.00 0 21.00 Automobiles and trucks 238, 280 0 21.00 22.00 Accumulated depreciation 0 22.00 23.00 Major movable equipment 0 23.00 Accumulated depreciation -354, 715, 560 24.00 0 24.00 0 25.00 Mi nor equi pment depreci able Λ 25, 00 26.00 Accumulated depreciation 0 0 26.00 C 27.00 HIT designated Assets 0 0 27.00 0 28.00 Accumulated depreciation C 0 28.00 0 29.00 Mi nor equi pment-nondepreci abl e 58, 900 0 29.00 30.00 Total fixed assets (sum of lines 12-29) 369, 048, 145 0 30.00 OTHER ASSETS 31 00 Investments O 0 0 31 00 0 0 32.00 Deposits on Leases 0 32.00 Due from owners/officers 0 0 0 33.00 33.00 0 34.00 Other assets -2, 711, 882, 484 0 0 34.00 0 Total other assets (sum of lines 31-34) -2, 711, 882, 484 35.00 0 35, 00 36.00 Total assets (sum of lines 11, 30, and 35) 942, 283, 856 0 0 0 36.00 CURRENT LIABILITIES 37 00 855 575 O 0 n 37 00 Accounts payable 0 0 38.00 Salaries, wages, and fees payable -321, 184 0 38.00 0 Payroll taxes payable 0 39.00 39.00 0 40.00 Notes and Loans payable (short term) 0 0 40.00 0 0 Deferred income 41 00 41 00 Ω 0 42.00 Accelerated payments 0 42.00 43.00 Due to other funds 0 0 0 43.00 Other current liabilities 15, 888, 214 0 44.00 0 0 44.00 Total current liabilities (sum of lines 37 thru 44) 0 16, 422, 605 0 45.00 0 45.00 ONG TERM LIABILITIES 46.00 Mortgage payable 0 46.00 0 0 47.00 Notes payable 0 47.00 0 48 00 Unsecured Loans 0 0 0 48 00 Other long term liabilities 6, 595, 021 0 0 49.00 49.00 0 50 00 Total long term liabilities (sum of lines 46 thru 49) 6, 595, 021 0 0 0 50.00 Total liabilities (sum of lines 45 and 50) 51.00 23, 017, 626 0 0 0 51.00 CAPITAL ACCOUNTS General fund balance 919, 266, 230 52.00 52.00 53.00 Specific purpose fund 0 53.00 Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted 54.00 0 54.00 55.00 0 55.00 56.00 Governing body created - endowment fund balance 0 56.00 Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement, 57.00 0 57.00 58.00 0 58.00 replacement, and expansion 59.00 Total fund balances (sum of lines 52 thru 58) 919, 266, 230 0 59.00 60.00 Total liabilities and fund balances (sum of lines 51 and 942, 283, 856 0 0 0 60.00

Provider CCN: 15-0074

					To	12/31/2019	Date/Time Prep 8/19/2020 1:43	
		General	Fund	Speci al	Pur	pose Fund	Endowment Fund	5 p
				·				
		1.00						
1 00	Trund halanan at hankankan as anni ad	1.00	2.00	3. 00		4. 00	5. 00	1 00
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)		724, 405, 417 194, 860, 813			0		1. 00 2. 00
3.00	Total (sum of line 1 and line 2)		919, 266, 230			0		2. 00 3. 00
4. 00	Additions (credit adjustments) (specify)		919, 200, 230		0	U	0	4. 00
5.00	Additions (credit adjustments) (specify)				0		0	5. 00
6.00					0		0	6. 00
7. 00		o o			0		0	7. 00
8.00		o			Ö		Ö	8. 00
9.00		0			0		0	9. 00
10.00	Total additions (sum of line 4-9)		0			0		10.00
11.00	Subtotal (line 3 plus line 10)		919, 266, 230			0		11.00
12.00	Deductions (debit adjustments) (specify)	O			0		0	12.00
13.00		0			0		0	13.00
14.00		0			0		0	14.00
15.00		0			0		0	15.00
16. 00		0			0		0	16. 00
17. 00		0	_		0	_	0	17. 00
18.00	Total deductions (sum of lines 12-17)		0			0		18.00
19. 00	Fund balance at end of period per balance sheet (line 11 minus line 18)		919, 266, 230			0		19. 00
	Sheet (Title II IIII lius II lie 10)	Endowment Fund	PI ant	Fund				
		6.00	7.00	8. 00				
1.00	Fund balances at beginning of period	0			0			1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)							2.00
3.00	Total (sum of line 1 and line 2)	0			0			3. 00
4.00	Additions (credit adjustments) (specify)		0					4. 00
5.00			0					5. 00
6.00			0					6. 00
7. 00 8. 00			0					7. 00 8. 00
9. 00		1	0					9. 00
10.00	Total additions (sum of line 4-9)		U		0			10.00
11. 00	Subtotal (line 3 plus line 10)				0			11. 00
12. 00	Deductions (debit adjustments) (specify)		0		Ŭ			12. 00
13. 00	Security (Specify)		0					13. 00
14. 00			0					14. 00
15.00			o					15.00
16.00			0					16.00
17. 00			O					17.00
18. 00	Total deductions (sum of lines 12-17)	0			0			18. 00
19. 00	Fund balance at end of period per balance	0			0			19. 00
	sheet (line 11 minus line 18)	I I		I	Į		l	

Health Financial Systems COMM STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0074

			0 12/31/2019	8/19/2020 1:4	
	Cost Center Description	Inpati ent	Outpati ent	Total	o piii
	'	1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospi tal	65, 518, 070	)	65, 518, 070	1. 00
2.00	SUBPROVI DER - I PF				2. 00
3.00	SUBPROVI DER - I RF				3. 00
4.00	SUBPROVI DER				4. 00
5.00	Swing bed - SNF			0	5. 00
6.00	Swing bed - NF			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)	65, 518, 070		65, 518, 070	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	12, 893, 168	3	12, 893, 168	11. 00
12.00	CORONARY CARE UNIT			0	12.00
13.00	BURN INTENSIVE CARE UNIT				13. 00
14.00	SURGICAL INTENSIVE CARE UNIT				14. 00
15.00	NEONATAL INTENSIVE CARE UNIT	15, 580, 327	7	15, 580, 327	15. 00
16.00	Total intensive care type inpatient hospital services (sum of lines	28, 473, 495	5	28, 473, 495	16. 00
	11-15)				
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	93, 991, 565	5	93, 991, 565	17. 00
18.00	Ancillary services	731, 524, 760	1, 971, 261, 507	2, 702, 786, 267	18. 00
19.00	Outpatient services		0	0	19. 00
20.00	RURAL HEALTH CLINIC		0	0	20. 00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21. 00
22.00	HOME HEALTH AGENCY				22. 00
23.00	AMBULANCE SERVICES				23. 00
24.00	CMHC				24. 00
25.00	AMBULATORY SURGICAL CENTER (D. P. )				25. 00
26.00	HOSPI CE				26. 00
27.00	PROFESSI ONAL FEES	(	19, 649, 915	19, 649, 915	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.	825, 516, 325	1, 990, 911, 422	2, 816, 427, 747	28. 00
	G-3, line 1)				
	PART II - OPERATING EXPENSES		+		
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		750, 958, 232		29. 00
30. 00	ADD (SPECIFY)	(			30. 00
31.00		(			31. 00
32.00		(	)		32. 00
33. 00		(	)		33. 00
34.00		(	)		34. 00
35.00					35. 00
36.00	Total additions (sum of lines 30-35)		0		36. 00
37.00	DEDUCT (SPECIFY)		)		37. 00
38.00		(			38. 00
39. 00					39. 00
40.00					40. 00
41.00					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)(transfe	er	750, 958, 232		43.00
	to Wkst. G-3, line 4)				
				· ·	

Heal th	Financial Systems CC	MMUNITY HEALTH NETWORK, INC.	In Lie	eu of Form CMS-2	2552-10
STATEM	IENT OF REVENUES AND EXPENSES	Provi der CCN: 15-007		Worksheet G-3	
			From 01/01/2019 To 12/31/2019	Date/Time Pre	nared:
			10 12/31/2017	8/19/2020 1:4	
	·	· ·			
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part			2, 816, 427, 747	
2.00	Less contractual allowances and discounts on	patients' accounts		1, 893, 366, 755	
3.00	Net patient revenues (line 1 minus line 2)			923, 060, 992	
4.00	Less total operating expenses (from Wkst. G-2			750, 958, 232	4. 00
5. 00	Net income from service to patients (line 3 r	ninus line 4)		172, 102, 760	5. 00
	OTHER I NCOME				1
6.00	Contributions, donations, bequests, etc			2, 583, 303	
7. 00	Income from investments			1, 094, 941	
8. 00	Revenues from telephone and other miscellaneo	ous communication services		0	
9.00	Revenue from television and radio service			0	
10.00	Purchase di scounts			23, 259	
11. 00	Rebates and refunds of expenses			0	
12.00	Parking lot receipts			0	
13. 00	Revenue from Laundry and Linen service			0	1
14. 00	Revenue from meals sold to employees and gues	sts		2, 137, 007	
15. 00	Revenue from rental of living quarters			0	
16. 00	Revenue from sale of medical and surgical sup			0	
17. 00	Revenue from sale of drugs to other than pati			0	
18. 00	Revenue from sale of medical records and abst			0	
19. 00	Tuition (fees, sale of textbooks, uniforms, e			0	
20. 00	Revenue from gifts, flowers, coffee shops, ar	nd canteen		0	
21. 00	Rental of vending machines			948	
22. 00	Rental of hospital space			526, 856	22. 00
	Governmental appropriations			0	
	MI SC REVENUE			16, 391, 739	
25 00	T-+-1 -+ ! /€ !! / 24)			00 750 050	1 05 00

194, 860, 813 29. 00

0 27. 00

25.00 26. 00

28. 00

22, 758, 053 194, 860, 813

25.00 Total other income (sum of lines 6-24)
26.00 Total (line 5 plus line 25)

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

27. 00 OTHER EXPENSES (SPECIFY)

CALCUL	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0074	Peri od: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Pre 8/19/2020 1:4	
		Title XVIII	Hospi tal	PPS	
			Urban	Rural	
			1. 00	1. 01	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3, 332, 602	595, 282	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1. 01
2.00	Capital DRG outlier payments		164, 338		2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0		2.01
3.00	Total inpatient days divided by number of days in the cost re	eporting period (see	238. 25		3.00
	instructions)				
4. 00	Number of interns & residents (see instructions)		28. 74		4.00
5.00	Indirect medical education percentage (see instructions)		3. 46		5. 0
6. 00	Indirect medical education adjustment (multiply line 5 by the	e sum of lines 1 and 1.01	, 135, 905		6.0
7 00	columns 1 and 1.01) (see instructions)				7.0
7. 00	Percentage of SSI recipient patient days to Medicare Part A part A Line 30) (see instructions)	batient days (worksheet E	9. 25		7.0
8. 00	part A line 30) (see instructions) Percentage of Medicaid patient days to total days (see instru	usti ons)	38. 89		8.0
9. 00	Sum of lines 7 and 8	ictions)	48. 14		9.0
10.00	Allowable disproportionate share percentage (see instructions	.)	10. 24		10.0
11. 00	Disproportionate share adjustment (see instructions)	5)	341, 258		11.0
12. 00	Total prospective capital payments (see instructions)		4, 569, 385		12. 0
12.00	Total prospective capital payments (see mistructions)		4, 307, 303		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	2.0
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.0
4.00	Capital cost payment factor (see instructions)			0	4.0
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5. 0
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1. 00	Program inpatient capital costs (see instructions)			0	
2.00	Program inpatient capital costs for extraordinary circumstance	ces (see instructions)		0	
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	
4. 00	Applicable exception percentage (see instructions)			0. 00	
5. 00	Capital cost for comparison to payments (line 3 x line 4)			0	
6.00	Percentage adjustment for extraordinary circumstances (see in	*		0. 00	
7.00	Adjustment to capital minimum payment level for extraordinary	/circumstances (line 2 x	(line 6)	0	
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.0
9.00	Current year capital payments (from Part I, line 12, as appli	,		0	
10.00	Current year comparison of capital minimum payment level to c			0	
11. 00	Carryover of accumulated capital minimum payment level over o	capitai payment (from pri	or year	0	11. 0
	Worksheet L, Part III, line 14)				l
10.00			- 11\	^	100
	Net comparison of capital minimum payment level to capital pa			0	
12. 00 13. 00 14. 00		the amount on this line	e)	0	13. 0

0 15.00 0 16.00 0 17.00

(if line 12 is negative, enter the amount on this line)

15.00 Current year allowable operating and capital payment (see instructions)

16.00 Current year operating and capital costs (see instructions)

17.00 Current year exception offset amount (see instructions)