Health Financial Systems COMMUNITY HEALT	H NETWORK, INC.	In Lieu	of Form CMS-2	552-10					
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)).			FORM APPROVED						
payments made since the beginning of the cost reporting period be	eing deemed overpayments (42		OMB NO. 0938-0 EXPIRES 09-30-						
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATI AND SETTLEMENT SUMMARY	ON Provider CCN: 15-0074	From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prep 5/25/2023 1:46						
PART I – COST REPORT STATUS									
Provider 1. [X] Electronically prepared cost report		Date: 5/25/202	23 Time: 1:	:46 pm					
use only 2. [] Manually prepared cost report									
3.[0]If this is an amended report enter the numl 4.[F]Medicare Utilization. Enter "F" for full,	ber of times the provider re "L" for low, or "N" for no.	esubmitted this co	st report						
Contractor         5. [1] Cost Report Status         6. Date Received:           use only         (1) As Submitted         7. Contractor No.           (2) Settled without Audit         8. [N] Initial Report	10. N 11. C	IPR Date: Contractor's Vendo 0]Ifline 5, col	r Code:  umn 1 is 4: Er es reopened = (						
PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINIST	RATOR OR PROVIDER(S)								
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED I ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OR ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.	N. FURTHERMORE, IF SERVICES	IDENTIFIED IN TH	IS REPORT WERE						
CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATO	R OF PROVIDER(S)								
I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.									
SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR CH	HECKBOX	ELECTRONI C							

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SI GNATURE STATEMENT	
1	Hol	ly Millard	T	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Holly Millard			2
3	Signatory Title	SVP OF FINANCE			3
4	Date	(Dated when report is electronica			4

			Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPI TAL	0	568, 808	-33, 267	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
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	568, 808	-33, 267	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 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.

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX I	COMMUNITY H	Provi d	er CCN:		Period:	2022	Workshe	et S-2	2552
						From 01/01/ Fo 12/31/		Part I Date/Ti		
	1.00	2.00		3.00		,	1.00	5/25/20	23 1:4	6 pm
	Hospital and Hospital Health Care Co		5	3.00			+. 00			
00	Street: 1500 NORTH RITTER AVENUE	P0 Box:								1.
0	City: INDIANAPOLIS	State: IN	Zip Cod	e: 46219	Count	y: MARION				2
		Component Name		CBSA	Provi der	Date		nt Syst		
			Number	Number	Туре	Certified		0, or		-
		1.00	2.00	3.00	4.00	5.00	V 6.00	XVIII 7.00		-
	Hospital and Hospital-Based Componen		2.00	3.00	4.00	5.00	0.00	1.00	0.00	
00		COMMUNITY HEALTH	150074	26900	1	07/01/1966	N	Р	Р	3
		NETWORK, INC.								
00	Subprovider - IPF									4
0	Subprovider - IRF									5
0	Subprovider - (Other)									6
0	Swing Beds - SNF									7
0	Swing Beds - NF Hospital-Based SNF									8
00	Hospi tal -Based NF									10
00	Hospital -Based OLTC									11
00	Hospital-Based HHA									12
00	Separately Certified ASC									13
00	Hospi tal -Based Hospi ce									14
00	Hospital-Based Health Clinic - RHC									15
00	Hospital-Based Health Clinic - FQHC									16
00	Hospital-Based (CMHC) I									17
00	Renal Dialysis									18
00	Other					From:		То		19
						1.00		2.0		1
00	Cost Reporting Period (mm/dd/yyyy)					01/01/20	022	12/31/		20
	Type of Control (see instructions)					2				21
	1				1.00	2.00		3. C	00	
	Inpatient PPS Information									
00	Does this facility qualify and is it	2	0.5		Y	N				22
	disproportionate share hospital adjus §412.106? In column 1, enter "Y" for									
	facility subject to 42 CFR Section §4									
	hospital?) In column 2, enter "Y" for									
01	Did this hospital receive interim UCI			for	Y	Y				22
	this cost reporting period? Enter in									
	for the portion of the cost reporting									
	1. Enter in column 2, "Y" for yes or			ie						
	cost reporting period occurring on or	r after October 1.	(see							
02	instructions) Is this a newly merged hospital that	requires a final l	ICP to be		Ν	N				22
02	determined at cost report settlement			ump	IN IN	IN				22
	1, "Y" for yes or "N" for no, for the	· · · · · · · · · · · · · · · · · · ·	.,							
	period prior to October 1. Enter in o			no,						
	for the portion of the cost reporting									
03	Did this hospital receive a geographi				Ν	N		Ν		22
	rural as a result of the OMB standard									
	adopted by CMS in FY2015? Enter in co									
	for the portion of the cost reporting in column 2, "Y" for yes or "N" for			er						
	reporting period occurring on or afte									
	Does this hospital contain at least			IS						
	counted in accordance with 42 CFR 412									
	yes or "N" for no.									
04	Did this hospital receive a geographi									22
	rural as a result of the revised OMB									
	adopted by CMS in FY 2021? Enter in a									
	for the portion of the cost reporting			er						
	in column 2, "Y" for yes or "N" for i									
	reporting period occurring on or after Does this hospital contain at least									
	counted in accordance with 42 CFR 412									
00	yes or "N" for no. Which method is used to determine Med	dicaid days on line	es 24 and/or 25			3 N				23
00	yes or "N" for no.					3 N				23
00	yes or "N" for no. Which method is used to determine Med	of admission, 2 if of identifying the	census days, c days in this c	or 3		3 N				23

Health Financial Systems COMMUNITY HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	HEALTH NET	Provi der CC	N: 15-0074		i od:		Worksh	eet S-2	
				To		1/2022 1/2022		ime Pre 023 1:4	
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medi cai d pai d days	St Med eli un	t-of ate i cai d gi bl e pai d	Medi ca HMO da	id ( ys Me	)ther di cai d days	
24.00 If this provider is an IPPS hospital, enter the	1.00	2.00	3.00	_	. 00 140	<u>5.00</u> 35,		<u>6.00</u> 66	24.00
<ul> <li>in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.</li> <li>25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid</li> </ul>				-	0		0		25. 00
HMO paid and eligible but unpaid days in column 5.					Irban/R	ural S	Date o	f Geogr	
					1. (			00	
26.00 Enter your standard geographic classification (not wa cost reporting period. Enter "1" for urban or "2" for		at the beg	inning of t	the		1			26.00
27.00 Enter your standard geographic classification (not was reporting period. Enter in column 1, "1" for urban of enter the effective date of the geographic reclassifiance. Solution of the second provide the second provided the second provide	age) status r "2" for r ication in	ural. If ap column 2.	pl i cabl e,			1			35.00
effect in the cost reporting period.	e number of	perrous su				0			35.00
				-	Begi nı 1. (		End 2.	i ng: 00	-
36.00 Enter applicable beginning and ending dates of SCH s of periods in excess of one and enter subsequent date		cript line	36 for numb	ber					36.00
37.00   f this is a Medicare dependent hospital (MDH), enter		r of period	ls MDH statu	us		0			37.00
is in effect in the cost reporting period. B7.01 Is this hospital a former MDH that is eligible for the accordance with FY 2016 OPPS final rule? Enter "Y" for									37.0
instructions) 38.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.									38.00
				_	Y/ 1. (			/N 00	-
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii) or "N" for no. (see instructions)	), (ii), or the mileage	(iii)? Ent requiremen	er in colur ts in	mn	<u> </u>			N	39.00
40.00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1.	ber 1. Ente	r"Y" for y			N	I	I	N	40.00
						V 1.00	XVIII 2.00	_	-
Prospective Payment System (PPS)-Capital									
<ul> <li>45.00 Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions)</li> <li>46.00 Is this facility eligible for additional payment exceptions</li> </ul>	eption for	extraordi na	ary circumst	tance	S	N N	N N	N	45.0
pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III.					0				
47.00  Is this a new hospital under 42 CFR §412.300(b) PPS ( 48.00  Is the facility electing full federal capital paymen					no.	N N	N N	N N	47.00
Teaching Hospitals 56.00 Is this a hospital involved in training residents in periods beginning prior to December 27, 2020, enter	"Y" for yes	or "N" for	no in colu	umn 1	. For	Y	Y		56.00
<ul> <li>cost reporting periods beginning on or after December the instructions. For column 2, if the response to con- involved in training residents in approved GME progra- and are you are impacted by CR 11642 (or applicable do "Y" for yes; otherwise, enter "N" for no in column 2.</li> <li>7.00 For cost reporting periods beginning prior to Decemb- is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no in residents start training in the first month of this do "N" for no in column 2. If column 2 is "Y", complete complete Wkst. D, Parts III &amp; IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CFI</li> </ul>	olumn 1 is ams in the CRs) MA dir er 27, 2020 residents n column 1. cost report e Worksheet applicable	"Y", or if prior year ect GME pay , if line 5 in approvec If column ing period? E-4. If cc . For cost	this hospin or penultir ment reduct 66, column 1 GME progra 1 is "Y", c 2 Enter "Y" olumn 2 is " reporting p	tal w mate tion? 1, is ams t did " for "N", perio	as year, Enter yes, rai ned yes or ds				57.0
which month(s) of the cost report the residents were for yes, enter "Y" for yes in column 1, do not comple 58.00 If line 56 is yes, did this facility elect cost reim defined in CMS Pub. 15-1, chapter 21, §2148? If yes,	on duty, i ete column bursement f	f the respo 2, and comp or physicia	onse to line blete Worksk	e 56 heet	is "Y" E-4.	N			58.0

OSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provider CC		V	Date/Time Pre 5/25/2023 1:4 XVIII XIX	pared:
0.00	Are costs claimed on line 100 of Worksheet A? If yes	- compl	ata Wkat D 2	Pt. I.	1.0	0 2.00 3.00	59.0
9.00	Are costs clarined on the loo of worksheet A? If yes	<u>s, comp</u>	ete wkst. D-2,	NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
	Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent adjustment? Enter "Y" for yes or "N" for no in colur	.85? (s lumn 1. CR) NAHE	see If column 1	N			60. (
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
1. 01 1. 02	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 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) Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs,	Y			32. 8	5 29.67	61. (
	and primary care FTEs added under section 5503 of ACA). (see instructions) 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) Enter the number of unweighted primary care/or						61.
. 05	surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 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) Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary						61. 61.
	care or general surgery. (see instructions)	Pr	ogram Name	Program Code	Unweighted IME	Unweighted	
			-		FTE Count	Direct GME FTE Count	
			1.00	2.00	3.00	4.00	1
	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. 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.		MEDI CI NE	1350	0. 00		61.
				·	·	1.00	
. 00	ACA Provisions Affecting the Health Resources and Se Enter the number of FTE residents that your hospital	trai neo			od for which	0.00	62.0
2. 01	your hospital received HRSA PCRE funding (see instruc Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC prog	a Teachi			your hospital	0.00	62. (
3. 00	Teaching Hospitals that Claim Residents in Nonprovid Has your facility trained residents in nonprovider s "Y" for yes or "N" for no in column 1. If yes, comple	er Setti ettings	ings during this co	ost reporting p		Y	63. (

leal th Financial	Systems SPITAL HEALTH CARE COMP		HEALTH NETWORK, INC.	CN: 15-0074 P	In Lie eriod:	u of Form CMS- Worksheet S-2	
NUSPITAL AND NU	SPITAL MEALIN CARE COMP	LEX IDENTIFICATION D			rom 01/01/2022	Part I	epared:
				Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				Si te 1.00	2.00	3.00	-
	504 of the ACA Base Yea						
64.00 Enter in in the ba resident settings. resident	<u>nat begins on or after</u> column 1, if line 63 is use year period, the num FTEs attributable to ro Enter in column 2 the FTEs that trained in yo n 1 divided by (column	s yes, or your facili nber of unweighted no otations occurring in e number of unweighte our hospital. Enter i	ty trained residents on-primary care a all nonprovider ed non-primary care n column 3 the ratio	0. 17	3. 25	0. 049708	3 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
				Site		5.00	-
65.00 Enter in	column 1, ifline 63	1.00 FAMILY MEDICINE	2.00	3.00	4.00	5.00 0.135219	65 00
is yes, c trained r year peri associate FTEs for program i residents the progr col umn 3, unweighte residents rotations non-provi col umn 4, unweighte resident your hosp 5, the ra divided b	column 1, 11 the base or your facility residents in the base od, the program name ed with primary care each primary care n which you trained s. Enter in column 2, am code. Enter in the number of ed primary care FTE s attributable to s occurring in all der settings. Enter in the number of ed primary care FTEs that trained in bital. Enter in column tio of (column 3 by (column 3 + column e instructions)	FAMILY MEDICINE	1350	Unweighted	Unwei ghted	Ratio (col. 1/	
				FTEs Nonprovi der Si te	FTEs in Hospital	(col. 1 + col. 2))	
Section 5	504 of the ACA Current	Year FTF Residents i	n Nonprovider Setting	1.00	2.00 2.00	3.00	
begi nni ng	on or after July 1, 20	010					
FTEs attr Enter in FTEs that	column 1 the number of ibutable to rotations of column 2 the number of trained in your hospit divided by (column 1 +	occurring in all nonp unweighted non-prima tal. Enter in column	provider settings. ary care resident 3 the ratio of	2.04	13. 47	0. 131528	3 66.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
T		1.00	2.00	3.00	4.00	5.00	
name asso your prim which you Enter in code. Ent number of care FTE to rotati non-provi column 4, unweighte resident your hosp	column 1, the program beiated with each of mary care programs in a trained residents. column 2, the program er in column 3, the sunweighted primary residents attributable ons occurring in all der settings. Enter in the number of ed primary care FTEs that trained in bital. Enter in column stico of (column 3	FAMILY PRACTICE	1350	7. 16	27. 23	0. 208200	67.00

		eriod: rom 01/01/20:	22 Part I	eet S-2				
		) 12/31/20.		me Pre 023 1:4				
		2022)	1.	00				
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, For a cost reporting period beginning prior to October 1, 2022, did you obtain permissio MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR (August 10, 2022)?	n from your	1	1	68.00			
		1	. 00 2. 00	3.00				
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subp	rovi der?	N		70.00			
	Enter "Y" for yes or "N" for no. If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in t recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for r 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teach program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for r Column 3: If column 2 is Y, indicate which program year began during this cost reporting (see instructions)	he most io. (see iing io.	N N	0	71.00			
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF		N		75.00			
	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 t recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or no. Column 2: Did this facility train residents in a new teaching program in accordance CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y,	"N" for with 42	N N	0	76.00			
	indicate which program year began during this cost reporting period. (see instructions)							
	Long Term Care Hospital PPS		1.	00				
	<ul> <li>80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</li> <li>81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.</li> </ul>							
	TEFRA Providers         85.00       Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.         86.00       Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section							
87.00	<pre>§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.</pre>		1	I	87.00			
		Approved for Permanent Adjustment (Y/N) 1.00	Appr	oved nent ments				
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions)				88.00			
	Column 2: Enter the number of approved permanent adjustments. Wkst. A Line	Effective Da						
	No.		Perma Adjus Amoun Disch	tment t Per				
89 00	1.00           Column 1: If line 88, column 1 is Y, enter the Worksheet A line number         0.00	2.00	3.		89.00			
	column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.							
		V	XI					
	Title V and XIX Services	1.00	2.					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		М		92.00			
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	Ν	N		94.00			
95. 00 96. 00	applicable column. If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	0. 00 N	0. N		95. 00 96. 00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.	00	97.00			

	ial Systems COMMUNITY HEA HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	ALTH NETWORK, INC. Provider CC		eriod:	Worksheet S	S-2552-1 -2
				rom 01/01/2022 o 12/31/2022	Part I Date/Time P	
				V	5/25/2023 1 XI X	:46 pm
				1.00	2.00	
stepdo	itle V or XIX follow Medicare (title XVIII) for th wn adjustments on Wkst. B, Pt. I, col. 25? Enter " 1 for title V, and in column 2 for title XIX.			Y	N	98.0
98.01 Does t	itle V or XIX follow Medicare (title XVIII) for th I? Enter "Y" for yes or "N" for no in column 1 fo			Y	Y	98.0
98.02 Does t bed co	itle V or XIX follow Medicare (title XVIII) for th sts on Wkst. D-1, Pt. IV, line 89? Enter "Y" for y tle V, and in column 2 for title XIX.			Y	Y	98.0
98.03 Does t reimbu	itle V or XIX follow Medicare (title XVIII) for a rsed 101% of inpatient services cost? Enter "Y" fo tle V, and in column 2 for title XIX.			N	N	98.0
98.04 Does t outpat	itle V or XIX follow Medicare (title XVIII) for a ient services cost? Enter "Y" for yes or "N" for n umn 2 for title XIX.			N	N	98.0
98.05 Does t Wkst.	itle V or XIX follow Medicare (title XVIII) and ad C, Pt. I, col. 4? Enter "Y" for yes or "N" for no 2 for title XIX.			Y	Y	98.0
98.06 Does t Pts. I column	itle V or XIX follow Medicare (title XVIII) when c through IV? Enter "Y" for yes or "N" for no in co 2 for title XIX.			Y	Y	98.0
105.00 Does t	Providers his hospital qualify as a CAH? s facility qualifies as a CAH, has it elected the	all-inclusive meth	nod of payment	N N		105. 0 106. 0
for ou 107.00Columr traini	tpatient services? (see instructions) 1: If line 105 is Y, is this facility eligible fo ng programs? Enter "Y" for yes or "N" for no in co	or cost reimburseme lumn 1. (see inst	ent for I&R tructions)	N		107. 0
approv Enter 108.001s thi	2: If column 1 is Y and line 70 or line 75 is Y, ed medical education program in the CAH's excluded "Y" for yes or "N" for no in column 2. (see instr s a rural hospital qualifying for an exception to ction §412.113(c). Enter "Y" for yes or "N" for no	l IPF and/or IRF u ructions) the CRNA fee scheo	uni t(s)?	N		108. 0
	<u>stron 9412. (13(c). Enter 1 for yes of N for no</u>	Physi cal	Occupati onal	Speech	Respi rator	y
therap	s hospital qualifies as a CAH or a cost provider, y services provided by outside supplier? Enter "Y" s or "N" for no for each therapy.		2.00 N	3.00 N	4.00 N	109.0
						_
	is hospital participate in the Rural Community Hos				1.00 N	110. 0
	tration)for the current cost reporting period? Ent te Worksheet E, Part A, lines 200 through 218, and able.					
				1.00	2.00	_
Heal th	s facility qualifies as a CAH, did it participate Integration Project (FCHIP) demonstration for thi r yes or "N" for no in column 1. If the response t ation prong of the FCHIP demo in which this CAH is	s cost reporting p o column 1 is Y, e	period? Enter enter the	N		111.0
Enter	all that apply: "A" for Ambulance services; "B" fo le-health services.	participating in additional beds;	column 2. and/or "C"			
Enter		participating in additional beds;	and/or "C"	2.00	3.00	_
Enter for te	le-health services.	or additional beds;	col umn 2. and/or "C" 1.00 N	2.00	3.00	112.0
Enter for te 112.00 Did th (PARHM perioc "Y", e demons	le-health services. is hospital participate in the Pennsylvania Rural ) demonstration for any portion of the current cos ? Enter "Y" for yes or "N" for no in column 1. I nter in column 2, the date the hospital began part tration. In column 3, enter the date the hospital	r additional beds; Health Model t reporting f column 1 is icipating in the	and/or "C"	2.00	3.00	112. 0
Enter for te 112.00 Did th (PARHM perioc "Y", e demons partic 113.00 Did th Transf report	Le-health services. is hospital participate in the Pennsylvania Rural ) demonstration for any portion of the current cos ? Enter "Y" for yes or "N" for no in column 1. I nter in column 2, the date the hospital began part tration. In column 3, enter the date the hospital ipation in the demonstration, if applicable. is hospital participate in the Community Health Ac ormation (CHART) model for any portion of the curr ing period? Enter "Y" for yes or "N" for no.	Health Model Health Model t reporting f column 1 is icipating in the ceased ccess and Rural	and/or "C"	2.00	3.00	
Enter for te 112.00 Did th (PARHM perioc "Y", e demons partic 113.00 Did th Transf report Miscel 115.00 Is thi in col for sh psychi	<pre>is hospital participate in the Pennsylvania Rural ) demonstration for any portion of the current cos ? Enter "Y" for yes or "N" for no in column 1. I nter in column 2, the date the hospital began part tration. In column 3, enter the date the hospital ipation in the demonstration, if applicable. is hospital participate in the Community Health Ac ormation (CHART) model for any portion of the curr ing period? Enter "Y" for yes or "N" for no. laneous Cost Reporting Information s an all-inclusive rate provider? Enter "Y" for ye umn 1. If column 1 is yes, enter the method used ( umn 2. If column 2 is "E", enter in column 3 eithe ort term hospital or "98" percent for long term ca atric, rehabilitation and long term hospitals prov</pre>	Health Model thealth Model threporting f column 1 is ticipating in the ceased teess and Rural tent cost tes or "N" for no A, B, or E only) thr "93" percent thre (includes	and/or "C"	2.00	3.00	113. 0
Enter for te 112.00 Did th (PARHM perioc "Y", e demons partic 113.00 Did th Transf <u>report</u> Miscel 115.00 Is thi in col for sh psychi the de	is hospital participate in the Pennsylvania Rural ) demonstration for any portion of the current cos ? Enter "Y" for yes or "N" for no in column 1. I nter in column 2, the date the hospital began part tration. In column 3, enter the date the hospital ipation in the demonstration, if applicable. is hospital participate in the Community Health Ac ormation (CHART) model for any portion of the curr ing period? Enter "Y" for yes or "N" for no. laneous Cost Reporting Information s an all-inclusive rate provider? Enter "Y" for ye umn 1. If column 1 is yes, enter the method used ( umn 2. If column 2 is "E", enter in column 3 eithe ort term hospital or "98" percent for long term ca atric, rehabilitation and long term hospitals prov finition in CMS Pub. 15-1, chapter 22, §2208.1.	Health Model the reporting f column 1 is ticipating in the ceased teent cost sor "N" for no A, B, or E only) tr "93" percent tree (includes tiders) based on	and/or "C"	2.00	3.00	112. 0 113. 0 0 115. 0 116. 0
Enter for te for te 112.00 Did th (PARHM perioc "Y", e demons partic 113.00 Did th Transf report Miscel 115.00 Is thi in col for sh psychi the de 116.00 Is thi "N" fc 117.00 Is thi "Y" fc	is hospital participate in the Pennsylvania Rural ) demonstration for any portion of the current cos ? Enter "Y" for yes or "N" for no in column 1. I nter in column 2, the date the hospital began part tration. In column 3, enter the date the hospital ipation in the demonstration, if applicable. is hospital participate in the Community Health Ac ormation (CHART) model for any portion of the curr ing period? Enter "Y" for yes or "N" for no. laneous Cost Reporting Information s an all-inclusive rate provider? Enter "Y" for ye umn 1. If column 1 is yes, enter the method used ( umn 2. If column 2 is "E", enter in column 3 eithe ort term hospital or "98" percent for long term ca atric, rehabilitation and long term hospitals prov finition in CMS Pub. 15-1, chapter 22, §2208.1.	Heal th Model the reporting f column 1 is icipating in the ceased cess and Rural ent cost s or "N" for no A, B, or E only) r "93" percent ire (includes riders) based on "Y" for yes or nsurance? Enter	and/or "C"	2.00	3.00	113. 0 0 115. 0

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider C		eriod: rom 01/01/2022 o 12/31/2022	Worksheet S Part I Date/Time P 5/25/2023 1	repared:
	Premi ums	Losses	Insurance	
	1.00	2.00	3.00	_
18.01 List amounts of malpractice premiums and paid losses:	5, 056, 221			0 118. 0
		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 c and amounts contained therein.	than the cost centers	N N	2.00	118.0
19.00 D0 NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless pro §3121 and applicable amendments? (see instructions) Enter in column 1, "Y "N" for no. Is this a rural hospital with < 100 beds that qualifies for t Hold Harmless provision in ACA §3121 and applicable amendments? (see inst Enter in column 2, "Y" for yes or "N" for no.	(" for yes or the Outpatient	N	N	119.00 120.00
21.00 Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.	es charged to	Y		121.0
22.00 Does the cost report contain healthcare related taxes as defined in §1903 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included.		N		122. 00
23.00 Did the facility and/or its subproviders (if applicable) purchase profess services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, management/consulting services, from an unrelated organization? In column for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than professional services expenses, for services purchased from unrelated org located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no.	and/or 1, enter "Y" 50% of total ganizations			123. 0
Certified Transplant Center Information	"V" for yoo	N		125 0
25.00 Does this facility operate a Medicare-certified transplant center? Enter and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the cert	3	IN .		125. 0 126. 0
in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare-certified heart transplant program, enter the certi				127.0
in column 1 and termination date, if applicable, in column 2. 28.00 f this is a Medicare-certified liver transplant program, enter the certi	fication date			128. 0
in column 1 and termination date, if applicable, in column 2. 29.00 f this is a Medicare-certified lung transplant program, enter the certif	ication date			129. 0
in column 1 and termination date, if applicable, in column 2. 30.00 If this is a Medicare-certified pancreas transplant program, enter the ce	erti fi cati on			130. 0
date in column 1 and termination date, if applicable, in column 2. B1.00 If this is a Medicare-certified intestinal transplant program, enter the	certi fi cati on			131. 0
date in column 1 and termination date, if applicable, in column 2. 32.00 If this is a Medicare-certified islet transplant program, enter the certi	fication date			132. 0
in column 1 and termination date, if applicable, in column 2. 33.00 Removed and reserved 34.00 If this is a hospital-based organ procurement organization (OPO), enter t in column 1 and termination date, if applicable, in column 2.	the OPO number			133. 0 134. 0
All Providers 40.00 Are there any related organization or home office costs as defined in CMS chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home are claimed, enter in column 2 the home office chain number. (see instruc-	e office costs	Y 3. 00	HB0720	140. 0
1.00         2.00           If this facility is part of a chain organization, enter on lines 141 throws home office and enter the home office contractor name and contractor numbers.			of the	
41. 00 Name: COMMUNI TY HEALTH NETWORK Contractor's Name: WI SCONSI N PHYSI		's Number: 0810	)1	141.0
42.00Street:1500 N RITTERPO Box:SERVICES43.00City:INDIANAPOLISState:IN	Zip Code:	4621	9-3095	142. C
	, , ,			_
44.00 Are provider based physicians' costs included in Worksheet A?			1.00 Y	144. C
The opinite provider based physicians costs included in worksheet A?			I	144.0
	<u> </u>	1.00	2.00	4.5
45.00 If costs for renal services are claimed on Wkst. A, line 74, are the cost inpatient services only? Enter "Y" for yes or "N" for no in column 1. If no, does the dialysis facility include Medicare utilization for this cost period? Enter "Y" for yes or "N" for no in column 2.	column 1 is	Y		145. (
46.00 Has the cost allocation methodology changed from the previously filed cost Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146. (

HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA		Provider CC	:N: 15-0074	F		/01/2022 /31/2022		epared:
								1.00	-
147.00Was there a change in the statisti	cal basis? Enter "Y"	for ves	s or "N" for	no.				Y	147.00
148.00 Was there a change in the order of								N	148.00
149.00Was there a change to the simplifi	ed cost finding method	d? Ente						N	149.00
			Part A	Part			tle V	Title XIX	_
			1.00	2.00			. 00	4.00	_
Does this facility contain a provi or charges? Enter "Y" for yes or '									
155.00Hospital	IN TOP NO FOR EACH CO	mponen	N	N and Part	В. (,	See 42	N	N	155.00
56. 00 Subprovi der – IPF			N	N			N	N	156.0
57. 00 Subprovider - IRF			N	I N			N	N	157.00
58. 00 SUBPROVI DER									158.0
159.00 SNF			Ν	N N			Ν	N	159.00
160.00 HOME HEALTH AGENCY			Ν	N			Ν	N	160.00
61.00 CMHC				N			Ν	N	161.00
								1.00	-
Multicampus								1.00	
65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that has	s one d	or more campu	uses in di	ffere	ent CBS/	As?	N	165. 0
	Name		County	State	Zip	Code	CBSA	FTE/Campus	
I	0		1.00	2.00	3.	00	4.00	5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.0	00166.00
								1.00	-
Health Information Technology (HI	() incentive in the Am	eri can	Recovery and	d Reinvest	ment	Act			
<ul> <li>167.00 Is this provider a meaningful user</li> <li>168.00 If this provider is a CAH (line 10 reasonable cost incurred for the H</li> </ul>	05 is "Y") and is a mea	ani ngfu	ul user (line			enter ·	the	Y	167.00 168.00
<ul> <li>68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)?</li> <li>69.00 If this provider is a meaningful u</li> </ul>	'Enter "Y" for yes or	"N" fo	or no. (see i	nstructio	ns)		•		168. 0 00169. 0
transition factor. (see instruction			SHUL A CAR (		12 1	v, en		0.0	0109.0
						Beai	nni ng	Endi ng	
							. 00	2.00	
70.00 Enter in columns 1 and 2 the EHR k period respectively (mm/dd/yyyy)	eginning date and endi	ing da	te for the re	eporting					170. 0
						1	. 00	2.00	-
71.00 If line 167 is "Y", does this prov	ider have anv davs for	r indiv	viduals enrol	led in			N		0171.0
section 1876 Medicare cost plans r "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	eported on Wkst. S-3, mn 1. If column 1 is y	Pt. I,	, line 2, col	. 6? Ente					

	Financial Systems COMMUNITY HEALTH				u of Form CMS-	
HUSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CCN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022		epared:
				Y/N	Date	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSE	MENT OUESTION	NAL RE	1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter № mm/dd/yyyy format.			er all dates in t	he	
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					_
1.00	Has the provider changed ownership immediately prior to the			N		1.00
	reporting period? If yes, enter the date of the change in a	corumn z. (see	Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare F	Program? If	1.00 N	2.00	3.00	2.00
	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	mn 3, "V" for				
3.00	Is the provider involved in business transactions, including management Y contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar					3.00
	of directors through ownership, control, or family and other relationships? (see instructions)	er similar				
			Y/N	Туре	Date	
	Financial Data and Reports		1.00	2.00	3.00	
4.00	Column 1: Were the financial statements prepared by a Cer- Accountant? Column 2: If yes, enter "A" for Audited, "C" or or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	for Compiled,	Y	A	03/31/2022	4.00
5.00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit red		Y			5.00
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities	0.16				- <u> </u>
6.00	Column 1: Are costs claimed for a nursing program? Column the legal operator of the program?	2: IT yes, Is	s the provider	- N		6.00
7.00 8.00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing programs and/or allied health programs approve cost reporting period? If yes, see instructions.		wed during the	e N		7.00 8.00
9.00	Are costs claimed for Interns and Residents in an approved		cal education	Y		9.00
10.00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated of cost reporting period? If yes, see instructions.		the current	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	I & R in an App	proved	Ν		11.00
					Y/N 1.00	
10.00	Bad Debts	· .				10.00
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	Y N	12.00 13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsura instructions.	ance amounts wa	aived? If yes,	see	N	14.00
15.00	Bed Complement Did total beds available change from the prior cost reporti	ing period? If	yes, see inst	ructions.	Y	15.00
			rt A		t B	
		Y/N 1.00	Date 2.00	Y/N 3.00	Date 4.00	
16.00	PS&R Data Was the cost report prepared using the PS&R Report only?	N		N		16.00
10.00	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		10.00
17.00	totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Y	05/02/2022	Y	05/02/2022	17.00
18.00	Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	N		Ν		18.00
19. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		Ν		19.00

Health Financial Systems

## COMMUNITY HEALTH NETWORK, INC.

In Lieu of Form CMS-2552-10

leal th	Financial Systems COMMUNITY HEALTH	H NETWORK, INC.		In Lie	u of Form CM	IS-2552-1
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider (		Period: From 01/01/2022 To 12/31/2022	Date/Time	Prepared:
	· · · · · · · · · · · · · · · · · · ·			N/ (b)	5/25/2023	1:46 pm
		Descr	<u>iption</u>	Y/N	Y/N	
0.00			0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R			N	N	20.00
	Report data for Other? Describe the other adjustments:	Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21 00	Was the cost report prepared only using the provider's	N 1.00	2.00	N	4.00	21.00
21.00	records? If yes, see instructions.	IN IN		IN		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCI	EPT CHILDRENS I	HOSPI TALS)			
	Capital Related Cost		/			
2.00	Have assets been relifed for Medicare purposes? If yes, se	e instructions				22.00
3. 00	Have changes occurred in the Medicare depreciation expense			ng the cost		23.00
	reporting period? If yes, see instructions.			-		
4.00	Were new leases and/or amendments to existing leases enter	ed into during	this cost rep	orting period?		24.00
	If yes, see instructions					
5.00	Have there been new capitalized leases entered into during	the cost repo	rting period?	lf yes, see		25.00
	instructions.					
6. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions	ne cost report	ing period? If	yes, see		26.00
	instructions.	o cost ronorti	na nori od? If	voc cubmit		27.00
7.00	Has the provider's capitalization policy changed during the copy.	e cost reporti	ig periou? IT	yes, suulii i		27.00
	Interest Expense					
8 00	Were new Loans, mortgage agreements or letters of credit e	ntered into du	ring the cost	reporting		28.0
0.00	period? If yes, see instructions.		The cost	reporting		20.0
9.00	Did the provider have a funded depreciation account and/or	bond funds (D	ebt Service Re	serve Fund)		29.0
	treated as a funded depreciation account? If yes, see inst					2/10
0. 00	Has existing debt been replaced prior to its scheduled mat		debt? If yes,	see		30.0
	instructions.	3	5			
1.00	Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes,	see		31.0
	instructions.					
	Purchased Services					
2.00			ed through con	tractual		32.00
	arrangements with suppliers of services? If yes, see instru					
3.00	If line 32 is yes, were the requirements of Sec. 2135.2 ap	piled pertaini	ng to competit	ive bidding? IT		33.0
	no, see instructions. Provider-Based Physicians					
1 00	Were services furnished at the provider facility under an	arrangomont wi	th provider ba	sod physicians?	[	34.0
4.00	If yes, see instructions.	arrangement wi	tii provider-ba	seu physicians:		34.0
5.00		isting agreeme	nts with the n	rovi der-based		35.0
0.00	physicians during the cost reporting period? If yes, see in		neo in en eno p	lottaol bacca		
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
6. 00	Were home office costs claimed on the cost report?					36. 0
7.00	If line 36 is yes, has a home office cost statement been p	repared by the	home office?			37.0
	If yes, see instructions.					
8.00	If line 36 is yes, was the fiscal year end of the home of					38.0
	the provider? If yes, enter in column 2 the fiscal year en					
9.00	If line 36 is yes, did the provider render services to oth	er chain compo	nents? If yes,			39.0
0 00	see instructions.	home off	16,000			40.0
0.00	If line 36 is yes, did the provider render services to the	nome office?	IT yes, see			40.0
	instructions.				L	
		1	. 00	2	00	
	Cost Report Preparer Contact Information	1		Ζ.	00	
1.00	Enter the first name, last name and the title/position	SHI RLEY		BI SHOP		41.0
1.00	held by the cost report preparer in columns 1, 2, and 3,			51 51101		41.0
	respectively.					
2.00	Enter the employer/company name of the cost report	COMMUNITY HEAI	TH NETWORK			42.0
50	preparer.					12.0
3. 00	Enter the telephone number and email address of the cost	317-355-4135		SBI SHOP@ECOMMU	NITY. COM	43.0
	report preparer in columns 1 and 2, respectively.					
	1	1		I		П

Heal th	Financial Systems COMMUNITY HE	ALTH	NETWORK, INC.		In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		eriod: rom 01/01/2022	Worksheet S-2 Part II	
				To			pared: 6 pm
			3.00				
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position		NETWORK DIRECTOR OF				41.00
	held by the cost report preparer in columns 1, 2, and 3	,	REIMBURSEMENT				
	respecti vel y.						
42.00	Enter the employer/company name of the cost report						42.00
	preparer.						
43.00	Enter the telephone number and email address of the cos	t					43.00
	report preparer in columns 1 and 2, respectively.						

	Financial Systems CC TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	<u>MMUNITY HEALTH</u> AL DATA	Provider CO	CN: 15-0074	Period:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2022 To 12/31/2022	Part I Date/Time Pre 5/25/2023 1:40	
						I/P Days / 0/P	
						Visits / Trips	
	Component	Worksheet A Line No.	No. of Beds	Bed Days Avai I abl e	CAH Hours	Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I – STATISTICAL DATA			L	- 1		-
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2	30. 00	300	109, 50	0.00	0	1.00
2.00	for the portion of LDP room available beds) HMO and other (see instructions)						2.00
3.00	HMO I PF Subprovi der						3.00
4.00	HMO I RF Subprovi der						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		300	109, 50	0. 00	0	7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31.00	68	24, 82		0	8.00
9.00	CORONARY CARE UNIT	32.00	0		0 0.00	0	
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	35.00	19	( 0)	0.00	0	11.00
12.00 13.00	NEONATAL INTENSIVE CARE UNIT NURSERY	43.00	19	6, 93	35 0.00	0	13.00
14.00	Total (see instructions)	43.00	387	141, 25	55 0.00	0	14.00
15.00	CAH visits		507	171,20	0.00	0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						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		20.00					24.00
24.10	HOSPICE (non-distinct part) CMHC - CMHC	30.00					24.10
25.00 26.00	RURAL HEALTH CLINIC	88.00				0	25.00
26.00	FEDERALLY QUALIFIED HEALTH CENTER	88.00 89.00				0	26.00
27.00	Total (sum of lines 14-26)	09.00	387			0	27.00
28.00	Observation Bed Days		007			0	
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0		0		32.00
32. 01	Total ancillary labor & delivery room						32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges	20.00	~				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0		0	0	34.00

)SPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CO	CN: 15-0074	Peri From To	od: n 01/01/2022 12/31/2022	Worksheet S-3 Part I Date/Time Pre 5/25/2023 1:4	pared
		I/P Days	/ O/P Visits	/ Trips		Full Time E		[
	Component	Title XVIII	Title XIX	Total All Patients		otal Interns & Residents	Employees On Payroll	
	PART I – STATISTICAL DATA	6.00	7.00	8.00		9.00	10.00	
00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2	12, 936	5, 844	83, 33	38			1. C
00	for the portion of LDP room available beds) HMO and other (see instructions)	22, 568	35, 685					2.0
00	HMO IPF Subprovider	0	0					3.0
00	HMO IRF Subprovider	0	0					4. C
00	Hospital Adults & Peds. Swing Bed SNF	0	0		0			5. C
00	Hospital Adults & Peds. Swing Bed NF		0		0			6. C
00	Total Adults and Peds. (exclude observation	12, 936	5, 844	83, 33	38			7.0
~~	beds) (see instructions)	0.044		4.4.7	20			
00		3, 241	808 0	14, 79				8.0
00	CORONARY CARE UNIT	0	0		0			9.0
	BURN INTENSIVE CARE UNIT							
1.00 2.00	SURGI CAL I NTENSI VE CARE UNI T NEONATAL I NTENSI VE CARE UNI T	o	324	2, 50	4.2			11. 12.
2.00	NURSERY	0	1, 323					12.
1.00	Total (see instructions)	16, 177	8, 299	102, 30		49, 90	2,941.00	
5.00	CAH visits	0	0, 277	102, 50	0	47.70	2, 741.00	15.
5.00	SUBPROVIDER - IPF		0		Ŭ			16.
7.00	SUBPROVIDER - IRF							17.
3.00	SUBPROVIDER							18.
9.00	SKILLED NURSING FACILITY							19.
0. 00	NURSING FACILITY							20.
1.00	OTHER LONG TERM CARE							21.
2.00	HOME HEALTH AGENCY							22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)							23.
1. 00	HOSPICE							24.
1. 10	HOSPICE (non-distinct part)			(	90			24.
5.00	CMHC - CMHC							25.
5.00	RURAL HEALTH CLINIC	0	0		0	0.00	0.00	
5.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0.00	0.00	
7.00	Total (sum of lines 14-26) Observation Bed Days		2,077	6, 88	7	49.90	2,941.00	27.
00 0.00	Ambul ance Trips	o	2,077	0,00	57			20.
). 00	Employee discount days (see instruction)	0		8	31			30.
1.00	Employee discount days (see Fisting to the second s			00	0			31.
2.00	Labor & delivery days (see instructions)	0	66	Δ	91			32.
2.00	Total ancillary labor & delivery room	0	00	4	0			32.
	outpatient days (see instructions)				Ĭ			02.
3. 00	LTCH non-covered days	0						33.
3. 01	LTCH site neutral days and discharges	0						33.
1 00	Temporary Expansion COVID-19 PHE Acute Care	0	0		0			34.

	Financial Systems CC AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider (	CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Prep 5/25/2023 1:40	pared
		Full Time		Dis	charges		
	Component	Equi val ents Nonpai d Workers	Title V	Title XVII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I – STATISTICAL DATA			1			
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		(	3, 4	52 1, 270	20, 689	1.
. 00	HMO and other (see instructions)			4, 2	37 6, 767		2.
. 00	HMO IPF Subprovider				0		3.
. 00	HMO IRF Subprovider				0		4.
. 00	Hospital Adults & Peds. Swing Bed SNF						5.
. 00	Hospital Adults & Peds. Swing Bed NF						6.
. 00	Total Adults and Peds. (exclude observation						7.
. 00	beds) (see instructions) INTENSIVE CARE UNIT						8.
00	CORONARY CARE UNIT						0. 9.
). 00	BURN I NTENSI VE CARE UNI T						10
. 00	SURGI CAL I NTENSI VE CARE UNI T						11
2.00	NEONATAL INTENSIVE CARE UNIT						12
3.00	NURSERY						13
1.00	Total (see instructions)	0.00	(	3,4	52 1, 270	20, 689	14
5.00	CAH visits						15
. 00	SUBPROVIDER - IPF						16
7.00	SUBPROVIDER – IRF						17
8. 00	SUBPROVI DER						18
9.00	SKILLED NURSING FACILITY						19
). 00	NURSING FACILITY						20
. 00	OTHER LONG TERM CARE						21
. 00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. )						22
. 00 . 00	HOSPICE						23
. 10	HOSPICE (non-distinct part)						24
5.00	CMHC - CMHC						25
. 00	RURAL HEALTH CLINIC	0.00					26
. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26
. 00	Total (sum of lines 14-26)	0.00					27
. 00	Observation Bed Days						28
. 00	Ambulance Trips						29
. 00	Employee discount days (see instruction)						30
. 00	Employee discount days - IRF						31
2.00	Labor & delivery days (see instructions)						32
2. 01	Total ancillary labor & delivery room						32
2 00	outpatient days (see instructions)				0		33.
3.00 3.01	LTCH non-covered days LTCH site neutral days and discharges				0		33
	Temporary Expansion COVID-19 PHE Acute Care			1	9		34.

	Financial Systems AL WAGE INDEX INFORMATION		MMUNITY HEALTH	Provider CC		eri od:	eu of Form CMS-2 Worksheet S-3 Part II	
					T	rom 01/01/2022 o 12/31/2022		pared:
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)		Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							
1.00	Total salaries (see instructions)	200. 00	249, 540, 123	-1, 304, 467	248, 235, 656			
2.00	Non-physician anesthetist Part A		C	0	0	0.00		
3.00 4.00	Non-physician anesthetist Part B Physician Part A		1 910 120		1 910 120	0.00		
4.00	Physician-Part A - Administrative Physicians - Part A - Teaching		1, 819, 129 922, 869		1, 819, 129 922, 869			
5.00	Physician and Non Physician-Part B		10, 376, 670		10, 376, 670			
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		C	0	0	0.00	0. 00	6.00
7.00	Interns & residents (in an approved program)	21.00	4, 255, 359	106, 334	4, 361, 693	137, 728. 00	31.67	7.00
7. 01	Contracted interns and residents (in an approved programs)		C	0	0	0.00	0. 00	7.01
8.00	Home office and/or related organization personnel		C	0	0	0.00	0. 00	8.00
9. 00 10. 00	SNF Excluded area salaries (see	44.00	C 10, 937, 104	0 -67, 892	0 10, 869, 212	0. 00 394, 395. 00		
	instructions) OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		13, 707, 747	0	13, 707, 747	109, 391. 00	125. 31	11.00
12.00	Contract Labor: Top Level management and other management and administrative		1, 931, 624	0	1, 931, 624	10, 883. 00	177. 49	12.00
13.00	services Contract Labor: Physician-Part		3, 074, 599	0	3, 074, 599	24, 627. 00	124. 85	13.00
14. 00	A - Administrative Home office and/or related organization salaries and		C	0	0	0.00	0. 00	14.00
14. 01	wage-related costs Home office salaries		C	0	0	0.00	0.00	14.01
14.02	Related organization salaries		C	0	0	0.00		14.02
15.00	Home office: Physician Part A - Administrative		L	0	0	0.00		15.00
	Home office and Contract Physicians Part A - Teaching		C	0	0	0.00		16.00
16.01	Home office Physicians Part A - Teaching		C	0	0	0.00		16.01
16. 02	Home office contract Physicians Part A - Teaching		C	0	0	0.00	0.00	16. 02
17.00	WAGE-RELATED COSTS Wage-related costs (core) (see instructions)		62, 264, 740	0	62, 264, 740			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		4, 114, 350 C	0	4, 114, 350 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part B		C	0	0			21.00
22. 00	Physician Part A - Administrative		163, 757	0	163, 757			22.00
22. 01 23. 00	Physician Part A - Teaching Physician Part B		76, 380 1, 003, 951		76, 380 1, 003, 951			22. 01 23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		1, 003, 931 C 1, 098, 899	0	1, 003, 931 0 1, 098, 899			24.00 25.00
25. 50	approved program) Home office wage-related		C	0	0			25. 50
25. 51	(core) Related organization wage-related (core)		C	0	0			25. 51
25. 52	Home office: Physician Part A - Administrative -		C	0	0			25. 52

	Financial Systems	CO	MMUNIIY HEALIF	I NETWORK, INC.			u of Form CMS-2	
HOSPI 1	AL WAGE INDEX INFORMATION			Provider C	F	Period: rom 01/01/2022 o 12/31/2022		pared
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Paid 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			25.5
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARIE							
26.00	Employee Benefits Department	4.00	237, 839		237, 839			
27.00	Administrative & General	5.00	10, 537, 563					
28.00	Administrative & General under		16, 596, 475	0	16, 596, 475	135, 451. 00	122. 53	28.0
	contract (see inst.)							
29.00	Maintenance & Repairs	6. 00	0	0	0	0.00		29. (
30. 00	Operation of Plant	7.00	2, 279, 242	-7, 956	2, 271, 286			
31.00	Laundry & Linen Service	8.00	0	0	0	0.00		
32.00	Housekeepi ng	9.00	3, 937, 575					
33. 00	Housekeeping under contract (see instructions)		647, 865	0	647, 865	12, 563. 00	51. 57	33. (
34.00	Di etary	10.00	3, 381, 842	-2, 353, 660	1, 028, 182	44, 960. 00	22. 87	34.0
35.00	Dietary under contract (see instructions)		517, 210	0	517, 210	10, 400. 00	49. 73	35. (
36.00	Cafeteri a	11.00	264, 001	2, 346, 322	2, 610, 323	114, 049. 00	22.89	36. (
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.
38. 00	Nursing Administration	13.00	3, 117, 272	-32, 081	3, 085, 191	76, 977. 00	40. 08	38.0
39.00	Central Services and Supply	14.00	436, 063	-6, 875	429, 188	15, 421. 00	27.83	39. (
40.00	Pharmacy	15.00	11, 180, 058	-2, 040, 147	9, 139, 911	230, 215. 00	39. 70	40.0
41.00	Medi cal Records & Medi cal Records Library	16. 00	136, 777	0	136, 777	3, 360. 00	40. 71	41.0
42.00	Social Service	17.00	1, 978, 698	-9, 349	1, 969, 349	45, 115. 00	43.65	42. (
43.00	Other General Service	18.00	0	0		0.00		43.0

Heal th	Financial Systems	СО	MMUNITY HEALTH	INETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC	-	Period: From 01/01/2022 To 12/31/2022		
		Worksheet A		Recl assi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)		col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				-		
1.00	Net salaries (see		251, 746, 775	-1, 410, 801	250, 335, 97	4 6, 058, 839. 00	41. 32	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		10, 937, 104	-67, 892	10, 869, 21	2 394, 395. 00	27. 56	2.00
3.00	Subtotal salaries (line 1		240, 809, 671	-1, 342, 909	239, 466, 76	2 5, 664, 444. 00	42. 28	3.00
	minus line 2)							
4.00	Subtotal other wages & related		18, 713, 970	0	18, 713, 97	0 144, 901. 00	129. 15	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		62, 428, 497	0	62, 428, 49	7 0.00	26. 07	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		321, 952, 138	-1, 342, 909	320, 609, 22	9 5, 809, 345. 00	55.19	6.00
7.00	Total overhead cost (see		55, 248, 480	-2, 167, 215	53, 081, 26	5 1, 293, 820. 00	41.03	7.00
	instructions)							

OSPI 1	AL WAGE RELATED COSTS	Provider CCN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022		par
				Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS				4
	Part A - Core List				4
~~	RETIREMENT COST			40.00/.01/	
. 00	401K Employer Contributions			10, 086, 316	
. 00	Tax Sheltered Annuity (TSA) Employer Contribution			0	
00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	-
. 00	Qualified Defined Benefit Plan Cost (see instructions)			903, 022	4
00	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				١.
. 00 . 00	401K/TSA Plan Administration fees			0	-
. 00	Legal /Accounting/Management Fees-Pension Plan			6, 105, 795	
. 00	Employee Managed Care Program Administration Fees HEALTH AND INSURANCE COST			0	- '
00	Health Insurance (Purchased or Self Funded)			0	8
00	Health Insurance (Self Funded without a Third Party Administ	rator		0	-
01	Health Insurance (Self Funded with a Third Party Administrate			21, 589, 294	1 ~
02	Health Insurance (Purchased)	01)		21, 369, 294	
03	Prescription Drug Plan			8, 064, 095	
). 00	Dental, Hearing and Vision Plan			220, 377	
1.00	Life Insurance (If employee is owner or beneficiary)			115, 532	
2.00	Accident Insurance (If employee is owner or beneficiary)				12
2.00	Disability Insurance (If employee is owner or beneficiary)			3, 216, 492	
1.00	Long-Term Care Insurance (If employee is owner or beneficiary)				14
+. 00 5. 00	Workers' Compensation Insurance	y)		860, 801	
5.00	Retirement Health Care Cost (Only current year, not the extra	and party accrual require	d by EASP 104		16
3. 00	Noncumulative portion)	aorumary accruar require	eu by FASE 100.	0	
	TAXES				
7.00	FICA-Employers Portion Only			17, 525, 004	1 17
3.00	Medicare Taxes - Employers Portion Only			0	
7.00	Unemployment Insurance			0	
). 00	State or Federal Unemployment Taxes			0	
	OTHER			-	1 - 1
. 00	Executive Deferred Compensation (Other Than Retirement Cost I	Reported on lines 1 throu	ugh 4 above. (see	0	21
0.00	instructions)) Day Care Cost and Allowances			~	1 22
2.00					22
3.00	Tuition Reimbursement			35, 348	
4. 00				68, 722, 076	24
	Part B - Other than Core Related Cost				1

Heal th	Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2	2552-10
H0SPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0074	Peri od:	Worksheet S-3	
			From 01/01/2022		nored.
			To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
	Cost Center Description		Contract Labor		
	· · · · · · · · · · · · · · · · · · ·		1.00	2.00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Ider	nti fi cati on:			]
1.00	Total facility's contract labor and benef	it cost	13, 707, 747	68, 722, 076	1.00
2.00	Hospi tal		13, 707, 747	64, 608, 511	2.00
3.00	SUBPROVIDER - IPF				3.00
4.00	SUBPROVIDER - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	SKILLED NURSING FACILITY				8.00
9.00	NURSING FACILITY				9.00
10.00	OTHER LONG TERM CARE I				10.00
11.00	Hospi tal -Based HHA				11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I				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 I		0	0	17.00
18.00	Other		0	4, 113, 565	18.00

Heal th	Financial Systems	COMMUNITY HEALTH NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider (	CCN: 15-0074	Period: From 01/01/2022	Worksheet S-1	0
				To 12/31/2022		
					372372023 1.4	o pii
					1.00	
1.00	Uncompensated and indigent care cost comput Cost to charge ratio (Worksheet C, Part I I		ine 202 colum	8)	0. 234611	1.00
1.00	Medicaid (see instructions for each line)	The 202 condina 5 drivided by t		1 0)	0.234011	1.00
2.00	Net revenue from Medicaid				191, 046, 219	2.00
3.00	Did you receive DSH or supplemental payment				Y	3.00
4.00 5.00	If line 3 is yes, does line 2 include all [ If line 4 is no, then enter DSH and/or supp			ai d?	N -20, 127, 134	4.00 5.00
5.00 6.00	Medicaid charges	n emeritar payments from medica	i u		759, 179, 046	6.00
7.00	Medicaid cost (line 1 times line 6)				178, 111, 755	7.00
8.00	Difference between net revenue and costs for	or Medicaid program (line 7 mi	nus sum of lir	nes 2 and 5; if	7, 192, 670	8.00
	< zero then enter zero) Children's Health Insurance Program (CHIP)	(coo instructions for each li	<b>n</b> o)			
9.00	Net revenue from stand-al one CHIP				0	9.00
10.00	Stand-al one CHIP charges				0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10				0	11.00
12.00	Difference between net revenue and costs for	or stand-alone CHIP (line 11 m	inus line 9; i	f < zero then	0	12.00
	enter zero) Other state or local government indigent ca	re program (see instructions	for each line`			
13.00	Net revenue from state or local indigent ca				0	13.00
14.00	Charges for patients covered under state or				0	14.00
45 00	10)					45 00
15.00 16.00	State or local indigent care program cost ( Difference between net revenue and costs for		o program (li	o 15 minus lino	0	15.00 16.00
10.00	13; if < zero then enter zero)	state of rocal margent car			0	10.00
	Grants, donations and total unreimbursed co instructions for each line)	st for Medicaid, CHIP and sta	te/local indig	jent care program	ns (see	
17.00	Private grants, donations, or endowment ind	come restricted to funding cha	ritv care		0	17.00
18.00	Government grants, appropriations or transf				0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIF	o and state and local indigent	care programs	s (sum of lines	7, 192, 670	19.00
	8, 12 and 16)		Uni nsured	Insured	Total (col. 1	
			pati ents	pati ents	+ col. 2)	
	Uncomponented Cone (and instructions for as	oh ling)	1.00	2.00	3.00	
20. 00	Uncompensated Care (see instructions for ea Charity care charges and uninsured discount		21, 150, 7	28 3, 911, 131	25, 061, 859	20.00
	(see instructions)					
21.00	Cost of patients approved for charity care instructions)	and uninsured discounts (see	4, 962, 19	3, 911, 131	8, 873, 324	21.00
22.00	Payments received from patients for amounts	s previously written off as	2	54 0	254	22.00
	chari ty care					
23.00	Cost of charity care (line 21 minus line 22	2)	4, 961, 93	39 3, 911, 131	8, 873, 070	23.00
					1.00	
24.00	Does the amount on line 20 column 2, includ	le charges for patient days be	yond a length	of stay limit	N 1.00	24.00
	imposed on patients covered by Medicaid or		5 5	3		
25.00	If line 24 is yes, enter the charges for pa stav limit	atient days beyond the indigen	t care program	n's length of	0	25.00
26.00	Total bad debt expense for the entire hospi	tal complex (see instructions	)		31, 295, 366	26.00
27.00	Medicare reimbursable bad debts for the ent				542, 940	
27.01	Medicare allowable bad debts for the entire		ctions)		835, 292	
28.00 29.00	Non-Medicare bad debt expense (see instruct Cost of non-Medicare and non-reimbursable M		instructions		30, 460, 074 7, 438, 620	
30.00	Cost of uncompensated care (line 23 column				16, 311, 690	
	Total unreimbursed and uncompensated care of				23, 504, 360	

CLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	OF EXPENSES	Provider C		eriod: rom 01/01/2022	Worksheet A	
				T	o 12/31/2022	Date/Time Pre 5/25/2023 1:4	
	Cost Center Description	Sal ari es	Other		Reclassi fi cati	Recl assi fi ed	
				+ col. 2)	ons (See A-6)	Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	<u>col. 4)</u> 5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
00	00100 CAP REL COSTS-BLDG & FIXT		0	0		28, 169, 186	
00 00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS		0	0	26, 569, 106 0	26, 569, 106 0	2.
00	00400 EMPLOYEE BENEFITS DEPARTMENT	237, 839	499, 985	-	-	712, 415	4.
00	00500 ADMI NI STRATI VE & GENERAL	10, 537, 563	273, 734, 393			256, 235, 985	5.
00	00700 OPERATION OF PLANT	2, 279, 242	13, 481, 141			14, 903, 144	7.
00	00800 LAUNDRY & LINEN SERVICE	0	1, 390, 784		0	1, 390, 784	8.
00	00900 HOUSEKEEPI NG 01000 DI ETARY	3, 937, 575 3, 381, 842	2, 653, 323 4, 358, 738			6, 555, 654 2, 296, 531	9. 10
. 00	01100 CAFETERIA	264, 001	397, 194			5, 846, 927	
. 00	01300 NURSING ADMINISTRATION	3, 117, 272	958, 701	4, 075, 973		4, 026, 186	
. 00	01400 CENTRAL SERVICES & SUPPLY	436, 063	2, 738, 289			641, 745	
. 00 . 00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	11, 180, 058 136, 777	225, 144, 914 621, 832	236, 324, 972 758, 609	-223, 864, 907	12, 460, 065 758, 609	15
. 00	01700 SOCIAL SERVICE	1, 978, 698	527, 646		•	2, 506, 186	
. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	4, 255, 359	1, 584, 198			6, 012, 162	21
. 00	02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD	10, 234, 800	2, 505, 361	12, 740, 161	-244, 112	12, 496, 049	22
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	57, 364, 270	30, 407, 380	87, 771, 650	-7, 364, 179	80, 407, 471	30
. 00	03100 I NTENSI VE CARE UNI T	12, 977, 085	8, 919, 241	21, 896, 326		19, 491, 680	
. 00	03200 CORONARY CARE UNI T	0	0	0	0	0	32
. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 982, 342	789, 632	2, 771, 974	-64, 196	2, 707, 778	35
. 00	04300 NURSERY	0	0	0	730, 077	730, 077	43
. 00	ANCI LLARY SERVI CE COST CENTERS	9, 606, 612	35, 935, 863	45, 542, 475	-23, 685, 649	21, 856, 826	50
. 00	05100 RECOVERY ROOM	778, 324	606, 879			1, 259, 351	51
. 00	05200 DELIVERY ROOM & LABOR ROOM	485, 686	1, 195, 000	1, 680, 686		4, 825, 747	52
. 00	05400 RADI OLOGY-DI AGNOSTI C	4, 886, 749	3, 441, 162		-3, 437, 472	4, 890, 439	
. 00	05500 RADI OLOGY-THERAPEUTI C	508, 184	3, 671, 053		-2, 083, 980	2,095,257	55
. 00 . 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 378, 250 733, 945	2, 487, 728 1, 301, 911			4, 455, 781 1, 260, 610	57 58
. 00	05900 CARDI AC CATHETERI ZATI ON	4, 184, 879	44, 486, 776			7, 245, 334	59
. 00	06000 LABORATORY	0	16, 665, 480			16, 556, 908	
. 00	06400 I NTRAVENOUS THERAPY	1, 369, 963	1, 383, 424		-107, 660	2, 645, 727	64
. 00	06500 RESPI RATORY THERAPY	5, 287, 996	2, 326, 618			7, 070, 862	
. 00 . 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	7, 644, 772	3, 635, 364 0		-4, 760, 304 2, 531, 293	6, 519, 832 2, 531, 293	
. 00	06800 SPEECH PATHOLOGY	0	0	0	1, 064, 990	1, 064, 990	
. 00	06900 ELECTROCARDI OLOGY	3, 241, 394	1, 376, 196	4, 617, 590		4, 106, 428	
. 00	07000 ELECTROENCEPHALOGRAPHY	754, 059	526, 485			1, 107, 833	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0			35, 770, 733	
. 00 . 00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	36, 182, 491 175, 049, 654	36, 182, 491 175, 049, 654	72
. 01	07301 SPECIALTY PHARMACY	0	18, 257, 364	-		77, 402, 210	
. 00	07400 RENAL DI ALYSI S	10, 478	1, 684, 279		-45, 323	1, 649, 434	74
. 00	03330 ENDOSCOPY	561, 364	755, 585			1, 112, 499	76
. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	30, 670, 044	13, 844, 168		-1, 705, 451	42, 808, 761	76
. 03 . 04	03951 LUTHERWOOD PARTNERSHIP 03952 WOUND CARE CENTER	4, 184, 894 1, 106, 089	4, 931, 605 2, 156, 414	9, 116, 499 3, 262, 503		8, 944, 820 2, 544, 194	76
. 04	03480 ONCOLOGY-CANCER CARE CENTER	14, 937, 386	14, 140, 184			23, 772, 507	76
. 06	03953 I MAGI NG CENTERS	3, 728, 235	6, 529, 276		-3, 901, 110	6, 356, 401	76
. 07	03954 BREAST DIAGNOSTIC CENTER	120	2, 908, 282		-95, 587	2, 812, 815	
. 97 . 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	906, 013 0	492, 984 0		-194, 267	1, 204, 730	76
. 90	OUTPATIENT SERVICE COST CENTERS	0	0	0	464, 141	464, 141	1 /0
. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88
. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89
. 00	09000 CLINIC	0	0	0	0	0	90
. 01 . 02	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER	0 1, 921, 865	0 882, 020	0 2, 803, 885	0 -213, 761	0 2, 590, 124	90 90
. 02	09001 CLINIC	1, 721, 005	882, 020 0	2,000,000	-213, 701	2, 390, 124	90
. 04	04953 SPI NE CENTER	0	13	13	0	13	90
. 05	04954 INFUSION CENTERS	441, 975	9, 960, 757	10, 402, 732	-9, 742, 709	660, 023	90
. 06	09002 MEDCHECK CLINICS	0	0	0	0	0	90
. 07	09003 KNEE CENTER 09004 PALLI ATI VE CARE	2, 121, 115	2, 433, 646	4, 554, 761	-218, 549	4, 336, 212 0	90 90
. 08 . 09	09004 PALLIATI VE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	0	0 16, 183	16, 183	-3, 607	12, 576	
. 10	09006 WORK SITE CLINICS	0	0, 103	0, 103	0	12, 570	90
. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90
. 00	09100 EMERGENCY	12, 851, 842	8, 103, 715	20, 955, 557	-1, 329, 353	19, 626, 204	
. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			1	1		92

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC		eriod:	Worksheet A
				rom 01/01/2022 o 12/31/2022	Date/Time Prepared: 5/25/2023 1:46 pm
Cost Center Description	Sal ari es	Other		Recl assi fi cati	
			+ col. 2)	ons (See A-6)	
					(col. 3 +-
	1.00	0.00	0.00	4.00	col . 4)
	1.00	2.00	3.00	4.00	5.00
0THER REI MBURSABLE COST CENTERS	0	0	0	0	0 98.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS	U	0	C	0	0 98.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	238, 603, 019	776 040 166	1,015,452,185	2 250 215	1, 017, 711, 500 118. 00
NONREI MBURSABLE COST CENTERS	230,003,019	770, 649, 100	1,015,452,165	2,239,313	1, 017, 711, 300 118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	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	158	158	-158	
194. 00 07950 HOME OFFICE	0	0	0	0	0 194.00
194. 01 07951 CHNW LEASED SPACE	0	0	0	0	0 194. 01
194. 02 07952 ACCOUNTABLE CARE	402, 282	125, 201	527, 483	0	527, 483 194. 02
194. 03 07953 SCHOOL BASED CLINICS	86, 408	96, 662			183, 070 194. 03
194.0407954 SMO-NON PROVIDER BASED	645, 247	199, 191			844, 201 194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	3, 617, 866	3, 651, 521			5, 234, 034 194. 05
194. 07 07957 LI FECHECK	0	0	C	0	0 194.07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	6, 185, 301	3, 214, 162	9, 399, 463	-223, 567	9, 175, 896 194. 08
194.0907959 SURGERY CENTER EAST	0	0	C	0	0 194.09
200.00 TOTAL (SUM OF LINES 118 through 199)	249, 540, 123	784, 136, 061	1, 033, 676, 184	0	1, 033, 676, 184 200. 00

ULAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	JF EXPENSES	Provider CCN: 15	-00/4	Period: From 01/01/2022	Worksheet A	
					To 12/31/2022	Date/Time Pr 5/25/2023 1:	
	Cost Center Description	Adjustments	Net Expenses			372372023 1.	
		(See A-8) 6.00	For Allocation 7.00				
	GENERAL SERVICE COST CENTERS	0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
00	00100 CAP REL COSTS-BLDG & FIXT	-7, 599, 021	20, 570, 165				1
00	00200 CAP REL COSTS-MVBLE EQUIP	7,000,885					2
00 00	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	12, 855, 134	0 13, 567, 549				3
00	00500 ADMINI STRATI VE & GENERAL	-120, 399, 472	135, 836, 513				5
	00700 OPERATION OF PLANT	6, 916, 572	21, 819, 716				7
	00800 LAUNDRY & LINEN SERVICE	0	1, 390, 784				8
	00900 HOUSEKEEPING	0	6, 555, 654				9
	01000 DI ETARY 01100 CAFETERI A	-2, 754, 525	2, 296, 531 3, 092, 402				10
	01300 NURSI NG ADMI NI STRATI ON	7, 814, 684	11, 840, 870				13
	01400 CENTRAL SERVICES & SUPPLY	6, 859, 820	7, 501, 565				14
	01500 PHARMACY	-77, 482	12, 382, 583				15
	01600 MEDICAL RECORDS & LIBRARY	5, 304, 049					16
	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	-1, 614, 434	2, 506, 186 4, 397, 728				21
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	-3, 186, 973	9, 309, 076				22
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDI ATRI CS	-11, 545, 811	68, 861, 660				30
	03100 I NTENSI VE CARE UNI T	0	19, 491, 680				31
	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0	0 2, 707, 778				32
	04300 NURSERY	0	730, 077				43
	ANCI LLARY SERVI CE COST CENTERS						
	05000 OPERATING ROOM	-540, 063					50
	05100 RECOVERY ROOM	0	1, 259, 351				51
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	-1, 179, 210 152, 614	3, 646, 537 5, 043, 053				52 54
	05500 RADI OLOGY - THERAPEUTI C	0	2, 095, 257				55
	05700 CT SCAN	0	4, 455, 781				57
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1, 260, 610				58
	05900 CARDI AC CATHETERI ZATI ON	-168, 519	7,076,815				59
	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	-22, 254	16, 556, 908 2, 623, 473				60
	06500 RESPI RATORY THERAPY	0	7, 070, 862				65
. 00	06600 PHYSI CAL THERAPY	633, 486	7, 153, 318				66
	06700 OCCUPATI ONAL THERAPY	0	2, 531, 293				67
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	66, 915	1, 064, 990 4, 173, 343				68
	07000 ELECTROENCEPHALOGRAPHY	159, 346	1, 267, 179				70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35, 770, 733				71
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	36, 182, 491				72
	07300 DRUGS CHARGED TO PATIENTS	2, 488, 744					73
	07301 SPECI ALTY PHARMACY 07400 RENAL DI ALYSI S	0	77, 402, 210 1, 649, 434				73
	03330 ENDOSCOPY	0	1, 112, 499				76
. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	-31, 808, 422	11, 000, 339				76
	03951 LUTHERWOOD PARTNERSHI P	-4, 124, 493					76
	03952 WOUND CARE CENTER	0	2, 544, 194				76
	03480 ONCOLOGY-CANCER CARE CENTER 03953 I MAGI NG CENTERS	20, 202, 427	43, 974, 934 6, 356, 401				76
	03954 BREAST DIAGNOSTIC CENTER	0	2, 812, 815				76
. 97	07697 CARDI AC REHABI LI TATI ON	-8, 172	1, 196, 558				76
. 98	07698 HYPERBARI C OXYGEN THERAPY	0	464, 141				76
00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC						88
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				88
	09000 CLINIC	0	0				90
. 01	04950 DI ABETI C CARE CENTER	0	О				90
	04951 HEALTHY HEARTS CENTER	-1, 245, 740					90
	09001 CLI NI C 04953 SPI NE CENTER	0	0 13				90 90
	04953 SPINE CENTER 04954 INFUSION CENTERS		660, 023				90
	09002 MEDCHECK CLINICS	0	0				90
	09003 KNEE CENTER	-147, 905	4, 188, 307				90
	09004 PALLI ATI VE CARE	0	0				90
	09005 MULTI DI SCI PLI NARY CLI NI C	0	12, 576				90
	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90 90
	09100 EMERGENCY	2, 342, 885	ő				91.
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						

Health Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC.		In Lieu	u of Form CMS-25	52-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CO	CN: 15-0074	Peri od:	Worksheet A	
				From 01/01/2022 To 12/31/2022	Date/Time Prepa	red
				10 12/01/2022	5/25/2023 1:46	
Cost Center Description	Adjustments	Net Expenses				
	· · · · · · · · · · · · · · · · · · ·	For Allocation				
	6.00	7.00				
SPECIAL PURPOSE COST CENTERS	440 404 005					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-113, 624, 935	904, 086, 565			11	18.00
	0	0			10	00.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				90.00
	0	0				91.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0				92.00
194.0007950 HOME OFFICE	0	0				94.00
194.01 07951 CHNW LEASED SPACE	0	0				94.01
194. 02 07952 ACCOUNTABLE CARE	0	527, 483				94.02
194. 03 07953 SCHOOL BASED CLINICS	0	183, 070				94.03
194. 04 07954 SMO-NON PROVIDER BASED	0	844, 201				94.04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	5, 234, 034				94.05
194. 07 07957 LI FECHECK	0	0				94.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	9, 175, 896				94.08
194.0907959 SURGERY CENTER EAST	0	0				94.09
200.00   TOTAL (SUM OF LINES 118 through 199)	-113, 624, 935	920, 051, 249			20	00.00

#### Health Financial Systems In Lieu of Form CMS-2552-10 COMMUNITY HEALTH NETWORK, INC. RECLASSI FI CATI ONS Provider CCN: 15-0074 Peri od: Worksheet A-6 From 01/01/2022 12/31/2022 Date/Time Prepared: То 5/25/2023 1:46 pm Increases 0ther Cost Center Line # Sal ary 2.00 3.00 4.00 5.00 - Chargeable Medical Supplies 1.00 CENTRAL SERVICES & SUPPLY 14.00 0 53, 315 1.00 MEDICAL SUPPLIES CHARGED TO 0 35, 770, 733 71.00 2.00 2.00 PATI ENTS 3.00 0.00 0 3.00 0 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 0 0 6.00 0.00 0 6.00 7.00 0 0.00 7.00 0 0 8.00 0.00 8.00 9.00 0.00 0 0 9.00 0 0 10.00 0.00 10.00 0 0 11.00 0.00 11.00 12.00 0.00 0 0 12.00 0 0 0 13.00 0.00 13.00 0.00 14.00 14.00 0 15.00 0.00 0 15.00 16.00 0.00 0 0 16.00 0 0 0 0 0.00 17.00 17.00 18.00 0.00 18.00 19.00 0.00 0 0 19.00 20.00 0.00 0 0 0 0 0 0 20.00 21.00 0.00 21.00 22.00 0.00 22.00 0 0 23.00 0.00 0 23.00 0 24.00 0.00 24.00 0 0 0 25.00 0.00 25.00 26.00 0.00 0 26.00 27.00 0.00 0 27.00 0 0 0 0 0 28.00 0.00 28.00 0 29.00 29.00 0.00 30.00 0.00 0 30.00 0 0 0 31.00 0.00 31.00 32 00 0 00 0 32 00 33.00 0.00 0 0 33.00 ō TOTALS 35, 824, 048 B - Implantable Device Reclass IMPL. DEV. CHARGED TO 1.00 72.00 36, 182, 491 1.00 PATI ENTS 2.00 2.00 3.00 3.00 4.00 4.00 5.00 5.00 6.00 6.00 ō 36, 182, 491 - Drugs Charges to Pat ELECTROCARDI OLOGY 1.00 69.00 208, 292 1.00 2.00 DRUGS CHARGED TO PATIENTS 73.00 175, 049, 654 2.00 3.00 3.00 4.00 4.00 5.00 5.00 6.00 6.00 7.00 7.00 8.00 8.00 9.00 9.00 10.00 10.00 11.00 11.00 12.00 12.00 13.00 13.00 14.00 14.00 15.00 15.00 16.00 16.00 17.00 17.00 18 00 18 00 19.00 19.00 20.00 20.00 21.00 21.00 22.00 22.00 23.00 23.00 24.00 24.00 25.00 25.00 26.00 26.00 27.00 27.00

28.00

28.00

	Financial Systems	CO	MMUNITY HEALTH	NETWORK, INC. Provider CCN: 15-00		u of Form CMS-2552-10 Worksheet A-6
NEOLAS.					From 01/01/2022 To 12/31/2022	Date/Time Prepared:
		Increases				5/25/2023 1:46 pm
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
29.00 30.00 31.00 32.00			0	175, 257, 946		29.00 30.00 31.00 32.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ 34.\ 00\\ 35.\ 00\\ 35.\ 00\\ 36.\ 00\\ 37.\ 00\\ 38.\ 00\\ 39.\ 00\\ 40.\ 00\\ 41.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 42.\ 00\\ 00\\ 41.\ 00\\ 42.\ 00\\ 00\\ 00\\ 00\\ 00\\ 00\\ 00\\ 00\\ 00\\ 00$	D - Depreciation Expense CAP REL COSTS-MVBLE EQUIP			29, 922, 098 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ 20.00\\ 21.00\\ 22.00\\ 23.00\\ 24.00\\ 25.00\\ 26.00\\ 25.00\\ 26.00\\ 27.00\\ 28.00\\ 29.00\\ 30.00\\ 31.00\\ 32.00\\ 33.00\\ 34.00\\ 35.00\\ 33.00\\ 34.00\\ 35.00\\ 33.00\\ 34.00\\ 35.00\\ 33.00\\ 34.00\\ 35.00\\ 36.00\\ 37.00\\ 38.00\\ 39.00\\ 40.00\\ 41.00\\ 42.00\\ \end{array}$
1.00	E - Interest Expense CAP REL_COSTS-BLDG_&_FIXT TOTALS		0	<u>12, 055, 642</u> 12, 055, 642		1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\end{array}$	F - Other Capital Rental CAP REL COSTS-MVBLE EQUIP	$\begin{array}{c} 2. \ 00\\ 0. \ 0. \$		11, 998, 366 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

Peri od: Worksheet A-6 From 01/01/2022 То 12/31/2022 Date/Time Prepared: 5/25/2023 1:46 pm Increases Cost Center Sal ary 0ther Line # 2.00 3.00 4.00 5.00 22.00 0.00 0 0 22 00 23.00 0.00 0 0 23.00 0 24.00 0.00 0 24.00 25.00 0.00 0 0 25.00 0 26.00 0.00 0 26.00 0 0 27.00 0.00 27.00 0 0 28.00 0.00 28.00 0 0 29.00 0.00 29.00 30.00 0.00 0 0 30.00 0 31.00 0.00 0 31.00 32 00 0 00 0 0 32 00 0 33.00 0.00 0 33.00 34.00 0.00 0 0 34.00 35.00 0.00 0 0 35.00 0 0 36 00 0 00 36 00 37.00 0.00 0 0 37.00 38.00 38.00 0.00 0 0 39.00 0.00 0 39.00 0 11, 998, 366 TOTALS STD BENEFIT RECLASS ADMI NI STRATI VE & GENERAL 5.00 1.00 0 37,460 1.00 0 2.00 OPERATION OF PLANT 7.00 7,956 2.00 3.00 HOUSEKEEPI NG 9.00 0 26,009 3.00 4.00 **DI ETARY** 10.00 0 6,877 4.00 5.00 CAFETERI A 11.00 0 461 5.00 NURSING ADMINISTRATION 0 6.00 13.00 32 081 6.00 7.00 CENTRAL SERVICES & SUPPLY 14.00 0 6,875 7.00 PHARMACY 0 34, 139 8.00 15.00 8.00 0 9.00 SOCIAL SERVICE 17.00 9.349 9.00 10.00 I&R SERVICES-SALARY & 21.00 0 40, 562 10.00 FRINGES APPRVD 11.00 I&R SERVICES-OTHER PRGM 22.00 0 173, 406 11.00 COSTS APPRVD 12.00 ADULTS & PEDIATRICS 30.00 0 237, 747 12.00 31.00 0 INTENSIVE CARE UNIT 69, 942 13.00 13.00 14.00 NEONATAL INTENSIVE CARE UNIT 35.00 0 11, 763 14.00 OPERATING ROOM 50.00 0 15.00 41,602 15.00 0 0 16.00 RECOVERY ROOM 51.00 5, 794 16.00 RADI OLOGY-DI AGNOSTI C 17.00 54.00 9.022 17.00 18.00 RADI OLOGY-THERAPEUTI C 55.00 0 6, 872 18.00 19.00 CT SCAN 57.00 0 18, 194 19.00 0 CARDIAC CATHETERIZATION 20.00 59.00 25.916 20.00 INTRAVENOUS THERAPY 21.00 64.00 10, 182 21.00 22.00 RESPI RATORY THERAPY 65.00 0 37, 951 22.00 23.00 PHYSICAL THERAPY 66.00 0 41, 939 23.00 69.00 0 ELECTROCARDI OLOGY 9, 222 24.00 24.00 25.00 ELECTROENCEPHALOGRAPHY 70.00 0 424 25.00 26.00 PSYCHI ATRI C/PSYCHOLOGI CAL 76.01 0 174, 292 26.00 SERVI CES 27.00 LUTHERWOOD PARTNERSHIP 76 03 0 7 407 27.00 28.00 WOUND CARE CENTER 76.04 0 3, 773 28.00 29.00 ONCOLOGY-CANCER CARE CENTER 76.05 0 70, 269 29.00 0 30.00 I MAGING CENTERS 76.06 30, 772 30.00 0 76.97 CARDIAC REHABILITATION 3,023 31 00 31 00 HEALTHY HEARTS CENTER 32.00 90.02 0 5, 379 32.00 KNEE CENTER 90.07 0 6, 194 33.00 33.00 0 34.00 EMERGENCY 91.00 33, 721 34.00 SMO-NON PROVIDER BASED 0 194 04 35 00 3.331 35.00 36.00 FAMILY PRACTICE MEDICINE 194.05 0 31, 970 36.00 194.08 GROUP HOMES AND MISC. N\_R 0 37.00 32, 591 37.00 CTRS \_ ō 1, 304, 467 TOTALS H - Labor and Delivery NURSERY 482, 376 1.00 43.00 0 1.00 2.00 DELIVERY ROOM & LABOR ROOM 52.00 2,078,002 0 2.00 43.00 247,701 3.00 NURSERY 3.00 C 4.00 DELIVERY ROOM & LABOR ROOM 52.00 1,067,059 4.00 TOTALS 2, 560, 378 1, 314, 760 - Cafeteria 1.00 CAFETERI A 11.00 2, 346, 783 1.00 2.00 CAFETERI A 11.00 2,863,709 2.00 2, 346, 783 2,863,709

	Financial Systems	C(	MMUNITY HEALTH			u of Form CMS-2552-10
RECLAS	SIFICATIONS			Provider CCN: 15-0074	Period: From 01/01/2022	Worksheet A-6
					To 12/31/2022	Date/Time Prepared: 5/25/2023 1:46 pm
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - Therapy Reclass					
1.00	OCCUPATI ONAL THERAPY	67.00	1, 724, 757	0		1.00
2.00	SPEECH PATHOLOGY	68.00	725, 657	0		2.00
3.00	OCCUPATI ONAL THERAPY	67.00	0	806, 536		3.00
4.00	SPEECH PATHOLOGY	68.00	0	339, 333		4.00
	TOTALS		2, 450, 414	1, 145, 869		
	K - Builiding Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15, 351, 358		1.00
	TOTALS		0	15, 351, 358		
	L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	762, 186		1.00
	TOTALS		0	762, 186		
	M - Radiology Support					
1.00	RADI OLOGY-THERAPEUTI C	55.00	347, 709	0		1.00
2.00	CT SCAN	57.00	157, 744	0		2.00
3.00	MAGNETIC RESONANCE IMAGING	58.00	25, 234	0		3.00
	(MRI)					
4.00	I MAGI NG CENTERS	76.06	114, 942	0		4.00
5.00	RADI OLOGY-THERAPEUTI C	55.00	0	138, 657		5.00
6.00	CT SCAN	57.00	0	62, 903		6.00
7.00	MAGNETIC RESONANCE IMAGING	58.00	0	10, 062		7.00
	(MRI)					
8.00	I MAGI NG_CENTERS	76.06	0	45, 835		8.00
	TOTALS		645, 629	257, 457		
	N - Hyperbaric Oxygen Therapy					
1.00	HYPERBARIC OXYGEN THERAPY	76. 98	150, 513			1.00
2.00	HYPERBARI C OXYGEN THERAPY	76.98		31 <u>3, 6</u> 28		2.00
			150, 513	313, 628		
	0 - IHH Cat Scan					
1.00	CT SCAN	57.00	918, 383			1.00
2.00	CT_SCAN	57.00		304, 538		2.00
			918, 383	304, 538		
	P - Specialty Pharmacy					
1.00	SPECIALTY PHARMACY	73.01	2, 006, 008			1.00
2.00	SPECIALTY PHARMACY	73.01		57, 138, 862		2.00
3.00			l			3.00
			2, 006, 008	57, 138, 862		
	Q - FELLOWS					
1.00	I&R SERVICES-SALARY &	21.00	146, 896	28, 034		1.00
	FRINGES APPRVD		$   \perp$			
	TOTALS		146, 896	28, 034		
500.00	Grand Total: Increases		11, 225, 004	382, 025, 459		500.00

RECLASSI FI CATLONS         Provider CCN: 15-0074         Period: From 01/01/2022 To 12/31/2022         Worksheet / Date/Time I 5/25/2023           Cost Center         Line #         Salary         Other         Wkst. A-7 Ref.           A - Chargeable Medical Supplies         0         10.00         10.00           A - Chargeable Medical Supplies         0         10.00         0         10.00           A - Chargeable Medical Supplies         5.00         0         11,990         0           2.00         OPERATION OF PLANT         7.00         0         161,105         0           3.00         HOUSEKEEPING         9.00         0         25         0           4.00         DIETARY         10.00         1,332,101         0           7.00         NUTENSIVE CARE UNIT         31.00         1,332,101         0           7.00         NUTENSIVE CARE UNIT         35.00         0         32,629         0           9.00         OPERATING ROOM         51.00         0         8,197         0           11.00         RADI OLOCY-THERNEY E CARE UNIT         35.00         0         237,312         0           12.00         RADI OLOCY-THERAPEUTIC         55.00         0         2,246,324         0	IS-2552-10
To         12/31/2022         Date/Time I           Decreases           Cost Center         Line #         Salary         Other         %           A - Chargeable Medical Supplies           1.00         A - Chargeable Medical Supplies           1.00         A - Chargeable Medical Supplies           1.00         0         11,990         0           A - Chargeable Medical Supplies           1.00         A - Chargeable Medical Supplies           1.00         OPERATION OF PLANT         7.00         0         11,990         0           0         OPERATION OF PLANT         7.00         0         1,990         0           0         OPERATION OF PLANT         7.00         0         1,990         0           0         0         0         DEPENTION         5.00         1,332,001         0           0 <th< td=""><td><b>\-6</b></td></th<>	<b>\-6</b>
Decreases         Une #         Sal ary         Other         Wkst. A-7 Ref.           A Chargeable Medical Supplies         8.00         9.00         10.00           A Chargeable Medical Supplies         5.00         0         11,990         0           3.00         POPRATION OF PLANT         7.00         0         11,990         0           3.00         HOUSEKEEPING         9.00         0         161,105         0           4.00         DIETARY         10.00         0         1,561         0           5.00         PHARMACY         15.00         0         28,957         0           6.00         ADULTS & PEDIATRICS         30.00         0         1,332,101         0           7.00         INTENSIVE CARE UNIT         31.00         0         3,480         0           8.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         3,197         0           10.00         RECOVERY ROM         51.00         0         2,23,025         0           10.00         CT SCAN         57.00         0         2,246,324         0           12.00         RADI LOGY-THERAPEUTIC         55.00         0         2,246,324         0      <	
Cost Center         Line #         Salary         Other         Wkst. A-7 Ref.           6.00         7.00         8.00         9.00         10.00           A - Chargeable Medical Supplies	:46 pm
6.00         7.00         8.00         9.00         10.00           A - Chargeable Medical Supplies         5.00         0         11,990         0           2.00         OPERATION OF PLANT         7.00         0         161,105         0           3.00         HOUSEKEEPING         9.00         0         25         0           4.00         DIETARY         10.00         0         1,561         0           5.00         PHARMACY         15.00         0         288,957         0           6.00         ADULTS & PEDIATRICS         30.00         0         1,332,101         0           7.00         INTENSI VE CARE UNI T         31.00         0         1,183,480         0           8.00         NEONATAL INTENSI VE CARE UNI T         35.00         0         32,629         0           9.00         OPERATING ROOM         50.00         0         6,223,025         0           10.00         RECOVERY ROOM         51.00         0         237,312         0           11.00         RADI OLOGY-DI AGNOSTIC         54.00         0         237,312         0           12.00         CT SCAN         57.00         0         56,743         0 <td></td>	
1.00       ADMI NI STRATI VE & GENERAL       5.00       0       11,990       0         2.00       OPERATI ON OF PLANT       7.00       0       161,105       0         3.00       HOUSEKEEPI NG       9.00       0       25       0         4.00       DI ETARY       10.00       0       1,561       0         5.00       PHARMACY       15.00       0       288,957       0         6.00       ADULTS & PEDI ATRI CS       30.00       0       1,332,101       0         7.00       INTENSI VE CARE UNI T       31.00       0       3.2,629       0         9.00       OPERATI NG ROOM       50.00       0       2,37,312       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       2,246,324       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,244,324       0         13.00       CT SCAN       57.00       0       2,649       0         14.00       MACNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         (MRI)	
2.00       OPERATION OF PLANT       7.00       0       161,105       0         3.00       HOUSEKEEPING       9.00       0       25       0         4.00       DIETARY       10.00       0       1,561       0         5.00       PHARMACY       15.00       288,957       0         6.00       ADULTS & PEDIATRICS       30.00       0       1,332,101       0         7.00       INTENSI VE CARE UNIT       31.00       0       1,183,480       0         8.00       NEONATAL INTENSI VE CARE UNIT       35.00       0       32,629       0         9.00       OPERATING ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       18,775,665       0       0         15.00       CARDI AC CATHETERI ZATI ON       59.00	
3.00       HOUSEKEEPING       9.00       0       25       0         4.00       DI ETARY       10.00       0       1,561       0         5.00       PHARMACY       15.00       0       288,957       0         6.00       ADULTS & PEDI ATRICS       30.00       0       1,332,101       0         7.00       INTENSI VE CARE UNI T       31.00       0       1,183,480       0         8.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       32,629       0         9.00       OPERATI NG ROOM       50.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       17,272       0         (MRI )	1.00
4.00       DI ETARY       10.00       0       1,561       0         5.00       PHARMACY       15.00       0       288,957       0         6.00       ADULTS & PEDI ATRI CS       30.00       0       1,332,101       0         7.00       INTENSI VE CARE UNI T       31.00       0       1,832,401       0         8.00       NEONATAL I NTENSI VE CARE UNI T       35.00       0       32,629       0         9.00       OPERATI NG ROOM       50.00       0       6,223,025       0         10.00       RECOVERY ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         (MR1)       1       0       9,8,211       0       18,775,665       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       45,412       0         17.00       RESPI RATO	3.00
6.00       ADULTS & PEDIATRICS       30.00       0       1,332,101       0         7.00       INTENSIVE CARE UNIT       31.00       0       1,183,480       0         8.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       32,629       0         9.00       OPERATING ROOM       50.00       0       6,223,025       0         10.00       RECOVERY ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         (MRI)	4.00
7.00       INTENSIVE CARE UNIT       31.00       0       1,183,480       0         8.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       32,629       0         9.00       OPERATING ROOM       50.00       0       6,223,025       0         10.00       RECOVERY ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         (MRI)	5.00
8.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       32,629       0         9.00       OPERATING ROOM       50.00       0       6,223,025       0         10.00       RECOVERY ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         (MRI)	6.00 7.00
9.00       OPERATING ROOM       50.00       0       6,223,025       0         10.00       RECOVERY ROOM       51.00       0       8,197       0         11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       18,775,665       0         16.00       INTRAVENOUS THERAPY       64.00       0       98,211       0         17.00       RESPI RATORY THERAPY       66.00       0       6,423       0         18.00       PHYSI CAL THERAPY       66.00       0       6,423       0         19.00       ELECTROCARDI OLOGY       69.00       0       22,174       0         20.00       ELECTROENCEPHALOGRAPHY       70.00       0       19,289       0	8.00
11.00       RADI OLOGY-DI AGNOSTI C       54.00       0       237,312       0         12.00       RADI OLOGY-THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG (MRI )       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       18,775,665       0         16.00       INTRAVENOUS THERAPY       64.00       0       98,211       0         17.00       RESPI RATORY THERAPY       65.00       0       455,412       0         18.00       PHYSI CAL THERAPY       66.00       0       6,423       0         19.00       ELECTROCARDI OLOGY       69.00       0       22,174       0         20.00       ELECTROENCEPHALOGRAPHY       70.00       0       19,289       0	9.00
12.00       RADI OLOGY - THERAPEUTI C       55.00       0       2,246,324       0         13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG (MRI )       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       18,775,665       0         16.00       I NTRAVENOUS THERAPY       64.00       0       98,211       0         17.00       RESPI RATORY THERAPY       65.00       0       455,412       0         18.00       PHYSI CAL THERAPY       66.00       0       6,423       0         19.00       ELECTROCARDI OLOGY       69.00       0       22,174       0         20.00       ELECTROENCEPHALOGRAPHY       70.00       0       19,289       0	10.00
13.00       CT SCAN       57.00       0       56,743       0         14.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       18,775,665       0         16.00       I NTRAVENOUS THERAPY       64.00       0       98,211       0         17.00       RESPI RATORY THERAPY       65.00       0       455,412       0         18.00       PHYSI CAL THERAPY       66.00       0       6,423       0         19.00       ELECTROCARDI OLOGY       69.00       0       22,174       0         20.00       ELECTROENCEPHALOGRAPHY       70.00       0       19,289       0	11.00
14.00       MAGNETIC RESONANCE I MAGI NG (MRI)       58.00       0       17,272       0         15.00       CARDI AC CATHETERI ZATI ON       59.00       0       18,775,665       0         16.00       I NTRAVENOUS THERAPY       64.00       0       98,211       0         17.00       RESPI RATORY THERAPY       65.00       0       455,412       0         18.00       PHYSI CAL THERAPY       66.00       0       6,423       0         19.00       ELECTROCARDI OLOGY       69.00       0       22,174       0         20.00       ELECTROENCEPHALOGRAPHY       70.00       0       19,289       0	12.00 13.00
15.00CARDÍ AC CATHETERI ZATI ON59.00018, 775, 665016.00I NTRAVENOUS THERAPY64.00098, 211017.00RESPI RATORY THERAPY65.000455, 412018.00PHYSI CAL THERAPY66.0006, 423019.00ELECTROCARDI OLOGY69.00022, 174020.00ELECTROENCEPHALOGRAPHY70.00019, 2890	14.00
16.00I NTRAVENOUS THERAPY64.00098, 211017.00RESPI RATORY THERAPY65.000455, 412018.00PHYSI CAL THERAPY66.0006, 423019.00ELECTROCARDI OLOGY69.00022, 174020.00ELECTROENCEPHALOGRAPHY70.00019, 2890	
17. 00       RESPI RATORY THERAPY       65. 00       0       455, 412       0         18. 00       PHYSI CAL THERAPY       66. 00       0       6, 423       0         19. 00       ELECTROCARDI OLOGY       69. 00       0       22, 174       0         20. 00       ELECTROENCEPHALOGRAPHY       70. 00       0       19, 289       0	15.00
18.00         PHYSI CAL         THERAPY         66.00         0         6,423         0           19.00         ELECTROCARDI OLOGY         69.00         0         22,174         0           20.00         ELECTROENCEPHALOGRAPHY         70.00         0         19,289         0	16.00 17.00
19.00         ELECTROCARDI OLOGY         69.00         0         22, 174         0           20.00         ELECTROENCEPHALOGRAPHY         70.00         0         19, 289         0	18.00
	19.00
21.00 [RENAL DI ALYSI S [ 74.00] OI 44.820 OI	20.00
	21.00
22. 00         ENDOSCOPY         76. 00         0         52, 959         0           23. 00         PSYCHI ATRI C/PSYCHOLOGI CAL         76. 01         0         605         0	22.00 23.00
SERVICES	20.00
24. 00 WOUND CARE CENTER 76. 04 0 146, 667 0	24.00
25. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 691, 351 0	25.00
26. 00         I MAGI NG CENTERS         76. 06         0         2, 560, 169         0           27. 00         CARDI AC REHABI LI TATI ON         76. 97         0         12, 685         0	26.00 27.00
28. 00 HEALTHY HEARTS CENTER 90. 02 0 27, 848 0	27.00
29.00 INFUSION CENTERS 90.05 0 3,355 0	29.00
30.00 KNEE CENTER 90.07 0 86 0	30.00
31. 00 EMERGENCY 91. 00 0 909, 118 0	31.00
32. 00         FAMILY PRACTICE MEDICINE         194. 05         0         195, 581         0           33. 00         GROUP HOMES AND MISC. N_R         194. 08         0         909         0	32.00 33.00
CTRS	33.00
T0TALS 0 35, 824, 048	
B - Implantable Device Reclass	1.00
1. 00         OPERATI NG ROOM         50. 00         14, 631, 481           2. 00         RADI OLOGY-THERAPEUTI C         55. 00         284, 526	1.00 2.00
3. 00 CARDI AC CATHETERI ZATI ON 59. 00 21, 192, 218	3.00
4.00 ENDOSCOPY 76.00 2,503	4.00
5. 00 WOUND CARE CENTER 76. 04 70, 742	5.00
6. 00 KNEE CENTER 90. 07 0 36, 182, 491	6.00
C - Drugs Charges to Pat	
1.00 ADMI NI STRATI VE & GENERAL 5.00 115	1.00
2. 00 OPERATION OF PLANT 7. 00 1, 120	2.00
3. 00         DI ETARY         10. 00         18           4. 00         NURSI NG ADMI NI STRATI ON         13. 00         6, 287	3.00
4. 00 NURSI NG ADMI NI STRATI ON 13. 00 6, 287 5. 00 CENTRAL SERVI CES & SUPPLY 14. 00 19, 295	5.00
6. 00 PHARMACY 15. 00 163, 599, 313	6.00
7. 00 ADULTS & PEDIATRICS 30. 00 47, 604	7.00
8. 00 I NTENSI VE CARE UNI T 31. 00 33, 239	8.00
9. 00 NEONATAL INTENSIVE CARE UNIT 35. 00 466	9.00
10.00         OPERATING ROOM         50.00         48,561           11.00         RECOVERY ROOM         51.00         19	10.00 11.00
12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 304, 232	12.00
13. 00 RADI OLOGY-THERAPEUTI C 55. 00 6, 269	13.00
14. 00 CT SCAN 57. 00 175, 349	14.00
15. 00 MAGNETIC RESONANCE I MAGI NG 58. 00 67, 854	15.00
(MRI ) 16. 00 CARDI AC CATHETERI ZATI ON 59. 00 30, 095	16.00
17. 00 I NTRAVENOUS THERAPY 64. 00 241	17.00
18. 00 RESPIRATORY THERAPY 65. 00 24	18.00
19. 00 PHYSI CAL THERAPY 66. 00 1, 800	19.00
20. 00 SPECIALTY PHARMACY 73. 01 24	20.00
21. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 14, 394 SERVI CES	21.00
22. 00 LUTHERWOOD PARTNERSHI P 76. 03 15	22.00
23. 00 WOUND CARE CENTER 76. 04 29, 775	23.00
24. 00         ONCOLOGY-CANCER CARE CENTER         76. 05         796, 507           25. 00         I MAGI NG CENTERS         76. 06         107, 986	24.00
	25.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	IS

Provi der	CCN:	15-0074	Pe
			Fr

In Lie	u of Form CMS-2552-10
Peri od:	Worksheet A-6
To 12/31/2022	Worksheet A-6 Date/Time Prepared: 5/25/2023 1:46 pm

Image: Control of Plant         Uniter         West: A:2 dect         A:2 dect           26         0.00         9.00							5/25/2023 1:	46 pm
n         0.00         7.00         8.00         9.00         10.00         20           20.0         PALLIP MARKS CALL         90.02         90.03         90.								
25. 00         PAIL INV. IFARTS CENTER         90. 02         351         24. 00         25. 00         25. 00         25. 00         26. 00         27. 00								
28.00         MAPE CPUTER         90.07         36.700         28.00         92.00	26.00			0.00		10.00		26.00
29.00         DERGENCY         91.00         21.641         29.00           31.00         DERGENCY         194.40         37.00								
30.00         SKO-MON PROVIDER BASED         194.04         227         30.00         30.00           31.00         FAULY PRACTICE REDITIONE         194.06         39.41         30.00         30.00           32.00         FAULY PRACTICE REDITIONE         194.06         37.42         30.00         30.00           32.00         FAULY PRACTICE REDITIONE         194.06         7.7         9         1.00           32.00         PREFIGE TRANSTONE PRACTICE REDITIONE         0.00         17.027.94         1.00           32.00         PREFIGE TRANSTONE PRACTICE REDITIONE         0.00         17.02         1.00           30.00         0.175.977.94         1.00         4.065.63         0         2.00           30.00         0.175.977         0         4.00         4.00         4.00         4.00           30.00         0.175.771         0         1.00								
31.00         PANLLY PRACTICE HED CINE         194.05         394.411         31.00           20         DEBTE         0         75,257.946         30.00           1.00         DEDTECTE Lation Expense         0         73,257.946         30.00           20         DEDTECTE ESERTING         4.00         73,257.946         30.00           20         DEDTECTE ESERTING         4.00         74,37         9         2.00           20         DEDTECTE ESERTING         1.00         1.40,65,677         0         2.00           20.00         DETTECTE ESERTING         1.100         0         12.184         0         3.00           20.00         DETTER IN         11.00         0         12.184         0         5.00           20.00         DETTER IN         11.00         0         12.02,179         0         10.00           20.00         DETTER INC         3.00         0         14.02,471         0         10.00           21.00         DETTER INC         3.00         0         1.97,631         0         10.00           21.00         DETTER INC         S.00         0         1.97,97         0         11.00           21.00         DETTER INC								
CHS								
D         D         Depreci ation is parked         1.00           D1.00         DPR OTTE DIRENT SO DEPARTMENT         4.00         0         725.25.946         1.00           D00         DEPARTMENT SO DEPARTMENT         4.00         0         727.09         1.00           D00         DEPARTMENT         5.00         0         4.01         5.00         5.00           D00         DEPARTMENT         1.00         0         7.600         0         4.00           D00         DEPARTMENT         1.00         0         7.600         0         4.00           D00         DEPARTMENT         1.00         0         7.600         4.00         4.00           D00         DEPARTMENT         1.00         0         7.600         8.00         4.00           D00         DEPARTMENT         1.00         1.17.00         1.01.77.1         0         1.00           D1.00         DERASTMENT         3.00         1.407.47.1         0         1.00           D1.00         DERASTMENT         3.00         1.407.47.0         1.00         1.00           D1.00         DERASTMENT         3.00         1.407.47.0         1.00         1.00           D1.00 <td>32.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>32.00</td>	32.00							32.00
D         - Depreciation Expense           1.00         BEALWORK DENTRIENT         4.00         0.737         9         1.00           2.00         ADMINISTRATIVE & CERERAL         5.00         0.14.085.027         0         2.00           2.00         ADMINISTRATIVE & CERERAL         5.00         0.14.085.027         0         2.00           0.00         DETARY         10.00         2.24.168         0         4.00           5.00         DETARY         10.00         2.4.168         0         5.00           5.00         DETARY         13.00         0.43.369         0         0.00           5.01         DETARY         12.00         0         10.3.709         0         0.00           10.00         LAR SERVICES SUPPLY         11.00         0         1.492.417         0         11.00           11.00         DAULTS & PEDIATRICS         30.00         0         1.492.417         0         11.00           11.00         DEREVEROW         10.00         1.197.005         0         11.00           11.00         DAULTS & PEDIATRICS         30.00         0         1.797.005         0           11.00         DEREVEROW         ADOLDS & DEREVEROW <t< td=""><td></td><td><u>CTRS</u></td><td></td><td></td><td>175 257 046</td><td></td><td></td><td></td></t<>		<u>CTRS</u>			175 257 046			
2.00         ADMI NI STRATURE & GENERAL         5.00         14,085,627         0         2.00           0.00         PERLINE         7.00         0         4.01         HUBSREEPING         9.00         3.00           4.00         HUBSREEPING         9.00         7.000         0         4.00           6.00         DITARI         11.00         12.399         0         6.00           6.01         DITARI         11.00         12.399         0         6.00           0.01         DITARI         11.00         12.399         0         6.00           0.01         DITARI         SERVICES-OTHER PERM         2.00         0.63,709         0         10.00           1.00         DITARISTICS-OTHER PERM         30.00         1.492,417         10.00         11.00         12.00           1.100         CASTRANCES-OTHER PERM         30.00         1.1492,417         10.00         13.101         12.00           1.100         CASTRANCES-OTHER PERM         30.00         1.1492,417         10.00         13.101         12.00           1.100         CASTRANCES-OTHER PERM         30.00         1.179,90,975         0         14.00           1.000         CASTRANCES-OTHER PERM		D - Depreciation Expense		V	175, 257, 940			
3.00         DEFENTION OF PLANT         7.00         441,534         0         3.00           0.00         DEFENTION OF PLANT         7.00         0         7.00         0         0.00           5.00         DETARY         10.00         0         224,186         0         5.00<	1.00	EMPLOYEE BENEFITS DEPARTMENT		0	737	9		1.00
4.00         PULSEKEFPIKG         9.00         7.600         0         4.00           0.00         CAFETERIA         11.00         0         72.184         0         6.00           0.00         CAFETERIA         11.00         0         72.184         0         6.00           0.00         MARENER AUXIN STRATION         13.00         0         12.184         0         6.00           0.00         MARENER AUXIN STRATION         13.00         0         13.230         0         0.00           0.00         MARENER AUXIN STRATION         13.00         0         13.737         0         0         0.00           0.00         MARENER PEOL         22.00         0         6.3773         0         10.00           1.00         OUSTATION         30.00         0         1.492.417         0         11.00           1.00         MARENER PEOL         20.00         1.187.633         0         13.00         14.00           1.00         MARENER PEOL         20.00         7.492.417         0         15.00         17.00         18.00         16.00         17.00         18.00         16.00         17.00         18.00         16.00         17.00         18.00				1				
5.00         DETARY         10.00         224,186         0         5.00           00         CARTERIA         11.00         0         2.184         0         6.00           7.00         MRSI NG ADM NISRATION         13.00         0         43.369         0         7.00           0.00         CARTERIA         14.00         0         106.573         0         8.00           0.01         CARTERIA         12.00         0         106.3709         0         10.00           0.015         SAPEVID         30.00         1,492.417         0         11.00         12.00           11.00         ADULTS & PEDI ARICS         30.00         0         1,31.00         13.00         14.00         13.00           14.00         DERATIC ECON         S0.00         0         1,320.772         0         14.00         16.00         16.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         18.00         17.20         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00						-		
7.00         NURSING ADMINISTRATION         13.00         43.369         7.00           8.00         CLENTAGL SERVICES - SUPPLY         15.00         0         10.273         9.00           9.00         CLENTAGL SERVICES - OTHER PREM         22.00         0         63.709         0         10.00           11.00         CLASTS APPROT         30.00         1.402.417         0         11.00           12.00         NEXINFIES CARE UNIT         35.00         0         1.107.00         13.00           14.00         PLANING CARE UNIT         35.00         0         11.730.0         11.00           15.00         RECOVERT ROOM         51.00         0         17.305         16.00           16.00         RADIONOVI JAANDSTIC         54.00         0         7.24.73         16.00           17.00         RADIONOVI JAANDSTIC         55.00         0         31.101         17.00           18.00         CLASIA CARLERAPEUTIC         55.00         0         7.24.725         0         20.00           19.00         LABORATORY         66.00         0         52.55         0         21.00           20.00         CARLE CHARCHER TERAPY         66.00         0         60.494.0         22.0				-		-		
8.00         CHUTBAL SERVICES & SUPPLY         14.00         0         156.77         0         8.00           10.00         IAR SERVICES. OTTER FRAM         22.00         0         63.709         0         10.00           11.00         DATA SERVICES. OTTER FRAM         22.00         0         63.709         0         10.00           12.00         NTERSIVE CARE UNIT         31.00         0         1.472,417         0         11.00           12.00         NTERSIVE CARE UNIT         31.00         0         1.472,477         0         14.00           13.00         PERATING ROOM         50.00         0         1.773,653         0         13.00           14.00         OFERATING ROOM         50.00         0         7.473,975         14.00         15.00           16.00         CT SCAN         S7.00         0         621,673         0         15.00           19.00         MENTER EXEMENTER         57.00         0         621,673         0         10.00           10.00         CARDAC CATHERREVATION         59.00         0         1.424,725         0         20.00         22.00         22.00         22.00         22.00         22.00         22.00         22.00         2	6.00	CAFETERI A	11.00	0	12, 184	. 0		6.00
9.00         HARMACY         15.00         0         10.1273         0         9.00           10.00         DAR SEVICES-OTHER PROM         22.00         0         63.707         0         10.00           10.00         DAR SEVICES-OTHER PROM         22.00         0         63.707         0         10.00           12.00         INTERSIVE CARE UNIT         31.00         0         1.492,417         0         11.00           12.00         INTERSIVE CARE UNIT         31.00         0         1.930,975         0         14.00           14.00         DECONFERV ROOM         51.00         0         1.930,975         0         16.00           15.00         RADIOGNY-DI ARNORTI C         54.00         0         768,872         0         16.00           16.00         RADIOGNY-DI ARNORTI C         55.00         0         273,00         17.00         17.00         17.00           20.00         RAMENDIS THERAPEN         64.00         0         9.20,80         22.00         17.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00				-				
10. 00         IAR SERVICES 20THER PRCM         22. 00         0         63, 709         0         10. 00           11. 00         ADULTS & FEDIATRICS         30. 00         1, 422, 417         0         11. 00           12. 00         INTERSIVE CARE UNIT         31. 00         0         1, 187, 663         0         12. 00           13. 00         MEGWATAL         INTENSIVE CARE UNIT         35. 00         0         31. 301         0         13. 00           14. 00         OFRATICS RYDE CARE UNIT         35. 00         0         1, 300, 975         0         14. 00           14. 00         OFRATICS RYDE CARE UNIT         50. 00         0         13. 101         0         15. 00           16. 00         CARDIACS         S7. 00         0         31. 167         0         17. 00           16. 00         CARDIACS         S8. 00         0         725, 243         0         18. 00         19. 00           20. 00         CARDIAC CATHETERIZATION         59. 00         0         1, 424, 725         0         20. 00         21. 00         23. 00         22. 00         23. 00         23. 00         23. 00         23. 00         23. 00         23. 00         23. 00         23. 00         23. 00				-				
11.00       ADULTS & PEDIATRICS       30.00       0       1.42,417       0       11.00         12.00       NTRNS IVE CARE UNIT       31.00       0       1.187,653       0       12.00         13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       31.101       0       13.00         14.00       OPERATING ROOM       51.00       0       1.7930,775       0       14.00         15.00       RECOVERY ROOM       51.00       0       1.7336       0       15.00         16.00       RADIO COV-DI AGNOSTIC       54.00       0       768,872       0       16.00         17.00       RADIO COV-DI AGNOSTIC       54.00       0       621,673       0       18.00         17.00       MACRETIC RESONANCE I MAGING 58.00       0       22.00       178,00       1.424,775       0       19.00         21.00       LARGNATORY       64.00       0       92.20       0       22.00       20.00       20.00       22.00       20.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00				-				
12.00       INTERSIVE CARE UNIT       31.00       0       1,187,653       0       12.00       12.00       12.00       12.00       13.00       14.00       14.00       14.00       14.00       16.00       16.00       16.00       16.00       10.00		COSTS APPRVD						
13.00       NEONATAL INTERSIVE CARE UNIT       35.00       0       31.101       0       13.00         14.00       OPERATING ROOM       50.00       0       17.305       0       16.00         15.00       RECOVERY ROOM       51.00       0       17.305       0       16.00         16.00       RAIOLOGY-DI ANOSTIC       54.00       0       76.872       0       16.00         17.00       RAIOLOGY-DI ANOSTIC       55.00       0       33.187       0       17.00       18.00         18.00       CT SCAN       S5.00       0       725.243       0       19.00       19.00       0       18.00       19.00       0       0.00       19.00       0       20.00				-				
14.00       OPERATING ROOM       50.00       0       1,920,975       0       14.00         15.00       RECOVERY ROOM       51.00       0       177,306       0       15.00         15.00       RECOVERY ROOM       55.00       0       33.187       0       17.00         18.00       CT SCAN       55.00       0       621,673       0       18.00       17.00         19.00       MACRITIC RESONANCE IMAGING       55.00       0       725,243       0       20.00         19.00       ACRIVACTIC RESONANCE IMAGING       56.00       0       725,243       0       22.00       17.00         20.00       IARDARYONGS THERAPY       66.00       0       0       92.08       22.00       22.00         21.00       IARDARYONGS THERAPY       66.00       0       60.496       22.00       22								
15.00       RECOVERY ROOM       51.00       0       117.305       0       15.00         16.00       RADIOLOX+-DIRADUTIC       55.00       0       33.187       0       17.00         18.00       CT SCAN       57.00       0       621.673       0       18.00         19.00       MAGRETIC RESONANCE I MAGING       58.00       0       725.243       0       120.00         20.00       CARDIAC CATHETERIZATION       59.00       0       1,424,725       0       22.00         23.00       CREMATORY       60.00       0       75.559       0       22.00         23.00       INTRAVENOUS THERAPY       66.00       0       80.486       23.00       22.00         24.00       PHYSICAL THERAPY       66.00       0       80.496       24.00       25.00         26.00       ELECTROEARCIPHALOGRAPHY       70.00       0       13.3187       0       26.00         27.00       READ I ALTYSINS       74.00       0       503       0       27.00         28.00       ELECTROEARCIPHALOGRAPHY       70.00       13.3187       0       30.00         31.00       MULTANTORCHAL FRANCINCHAL CRAPHY       76.00       0       50.93       27				-				
17.00       RADIOLOGY-THERAPEUTIC       55.00       0       33.187       0       17.00         18.00       CTSCAN       57.00       0       67.73       0       18.00         19.00       MAGNETIC RESONANCE I MAGI NG (MR)       58.00       0       725.243       0       19.00         20.00       CARDIAC CATHETERIZATION       59.00       0       1.424,725       0       20.00         21.00       LABAGTORY       66.00       0       9.208       0       22.00         23.00       RESIRATORY THERAPY       66.00       0       80.496       22.00       23.00         24.00       PHYSICAL THERAPY       66.00       0       80.496       24.00       25.00         25.00       ELECTROEKCEPHALOGRAPHY       70.00       0       123.187       0       26.00         27.00       RNAL DI ALYSIS       74.00       0       503       0       27.00         28.00       ELECTROEKCEPHALOGRAPHY       70.00       123.187       0       30.00         31.00       BLITERNOOD PARTNERSHIP       76.03       0       146.587       0       33.00         32.00       MAUND CARE CENTER       76.04       0       57.70       33.00 <td>15.00</td> <td>RECOVERY ROOM</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>	15.00	RECOVERY ROOM		0				
18 00       CT SCAN       57.00       0       621,673       0       18.00       (MRI)         19 00       MAGRETIC RESONANCE IMAGING       58.00       0       725,243       0       19.00         20 00       CARDIA C CATHETREIZ ZATION       59.00       0       1,424,725       0       22.00       17.00       22.00       17.00       22.00       17.00       22.00				-				
19.00         MAGNETIC RESONANCE IMAGING         58.00         0         725,243         0         19.00           20.00         CARDIAC CATHETERIZATION         59.00         0         1,424,725         0         20.00           21.00         LABGATORY         60.00         0         55.359         0         22.00           22.00         INTRAVENUS THERAPY         64.00         0         9.208         0         23.00           23.00         RESPIRATORY THERAPY         65.00         0         87.884         0         23.00           25.00         LICETROCANDIOLOGY         69.00         0         516.744         0         25.00           25.00         ELECTROCANDIOLOGY         76.00         0         71.318         0         27.00           27.00         REMUND CARETTERRENT P         76.00         0         188.966         0         33.00						-		
(MR1)         (MR1) <th< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td></td></th<>				-		-		
21.00         LABORATORY         60.00         0         55.359         0         21.00         1           22.00         INTRAVENOUS THERAPY         65.00         0         87.884         0         23.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         22.00         1         0				-	,			
22.00         INTRAVENUS THERAPY         64.00         0         9,208         0         22.00           23.00         RESPIRATORY THERAPY         66.00         0         60.466         0         23.00           25.00         ELECTROCARDIOLOGY         69.00         0         516.744         0         25.00         ELECTROCARDIOLOGY         69.00         0         516.744         0         26.00         27.00         28.00         27.00         28.00         27.00         28.00         27.00         28.00         27.00         28.00         27.00         28.00         27.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         30.00         31.00         0.00         28.00         31.00         31.00         33.00         146.597         0         33.00         35.00         34.00 <td></td> <td>1</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		1		-				
22.00         RESPIRATORY THERAPY         65.00         0         87.84         0         23.00           24.00         PHYSICAL THERAPY         66.00         0         60.496         0         24.00           05.00         ELECTROCADDIOLOGY         69.00         0         516.744         0         25.00           06.00         ELECTROCADDIALOGRAPHY         70.00         0         123.187         0         26.00           07.00         REMAL DI ALYSIS         74.00         0         73.318         0         27.00           08.00         ENDOSCOPY         76.00         0         71.318         0         27.00           30.00         LITTREWOOD ARATINERSHI P         76.03         0         146.587         0         30.00         31.00           31.00         WOUND CARE CENTER         76.04         0         6.964         0         32.00         33.00         34.00         33.00         34.00         33.00         34.00         35.00         34.00         35.00         6.00         92.881         0         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         37.00         38.00				-				
24.00         PHYSICAL THERAPY         66.00         0         60.496         0         24.00           25.00         ELECTROCARDIOLOGY         69.00         0         516.744         0         25.00           26.00         RENAL DIALYSIS         74.00         0         503         0         27.00           28.00         RENAL DIALYSIS         74.00         0         503         0         28.00           29.00         PSYCHIATRIC/PSYCHOLOGICAL         76.01         0         188.966         29.00           30.00         LUTHERWOOD PARTNERSHIP         76.03         0         146.587         0         31.00           31.00         ONCLOCY-CANCER CARE CENTER         76.06         927.881         0         33.00           33.00         IMAGINO CENTERS         76.06         927.881         0         33.00           33.00         IMAGINO CENTERS         76.06         927.881         0         34.00           35.00         CARDLAR ERHABILITATION         76.97         0         58.7         0         34.00           36.00         HACINCERTERS         70.00         14.788         0         35.00         38.00           37.00         INFUSION CENTERS				-				
26.00         ELECTROENCEPHALOGRAPHY         70.00         0         123.187         0         26.00           27.00         REMAL DIALYSIS         74.00         0         503.00         27.00           28.00         PNOSCOPY         76.00         0         71.318         0         28.00           29.00         PSYCHI ATRI C/PSYCHOLOGI CAL         76.01         0         188,966         0         29.00           30.00         LUTHERWOOD PARTNERSHI P         76.03         0         146,587         0         30.00           31.00         NOND CARE CENTER         76.04         0         6,984         0         31.00           32.00         MAGING CENTERS         76.06         0         227.881         0         33.00           33.00         JAGNOSTI C CENTER         76.07         587         0         34.00           35.00         CARDI AC REHABI LI TATI ON         76.97         0         41.678         0         35.00           36.00         HALTHY HERTS CENTER         90.05         59.964         0         37.00         38.00           37.00         D         77.770         0         43.600         42.00         0           0.00 <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td></td></t<>				-		-		
27.00         RENAL DI ALYSI S         74.00         0         503         0         27.00         RENAL DI ALYSI S         74.00         0         503         0         27.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         29.00         28.00         29.00         5ERVICES         29.00         30.00						-		
28.00         ENDOSCOPY         76.00         0         71.318         0         28.00           29.00         PSYCHIATRIC/PSYCHOLOGICAL         76.01         0         188,966         0         29.00           30.00         LUTHERMOOD PARTNERSHIP         76.03         0         146,587         0         30.00           31.00         MOUND CARE CENTER         76.04         0         6,924         0         31.00           32.00         INAGING CENTERS         76.05         0         3.01,971         0         32.00           33.00         BREAST DI AGNOSTI C CENTER         76.07         587         0         34.00           35.00         CARDI AC REHABLI LTATI ON         76.97         0         41.678         0         35.00           36.00         HEALTHY HEARTS CENTER         90.02         0         19.883         0         36.00           37.00         INFUSION CENTERS         90.05         0         57,00         37.00         37.00           38.00         ENERGENCY         91.00         0         39.774         0         40.00           41.00         GROUP HOMES AND MISC. N_R         194.06         0         63.607         0         29.02,098				-				
29.00         PSYCHI ATRI C/PSYCHOLOGI CAL         76.01         0         188,966         0         29.00           30.00         LUTHERWOOD PARTNERSHI P         76.03         0         146,587         0         30.00           31.00         WOUND CARE CENTER         76.04         0         6,984         0         31.00           32.00         NOCOLGOY-CANCER CARE CENTER         76.06         0         927.881         0         33.00           33.00         IMAGI NG CENTERS         76.06         0         927.881         0         33.00           34.00         REAST DI ACNOSTI C CENTER         76.07         0         587         0         35.00           35.00         CARDI AC REHABI LI TATI ON         76.97         0         41.678         0         35.00           36.00         HACLTHY HEARTS CENTER         90.02         0         19.983         0         36.00           37.00         INFUSI ON CENTERS         90.05         0         59.064         0         37.00           38.00         RAMERE CENTER         90.07         0         177.970         0         40.00           41.00         GRUP HOMES AND MISC. N.R         194.06         0         63.416         <								
30.00         LUTHERWOOD PARTMERSHIP         76.03         0         146,587         0         30.00           31.00         WOUND CARE CENTER         76.04         0         6,984         0         31.00           32.00         ONCOLGGY-CANCER CARE CENTER         76.06         0         927,881         0         32.00           33.00         IMAGING CENTERS         76.06         0         927,881         0         33.00           34.00         REAST DI AGNOSTI C CENTER         76.06         927,881         0         34.00           35.00         CARDIAC REHABILITATION         76.97         0         41,678         0         35.00           36.00         HAELTHY HEARTS CENTER         90.02         0         19,883         0         36.00           37.00         INFUSION CENTERS         90.05         0         59,064         0         37.00           38.00         KREE CENTER         90.07         0         171,970         0         38.00           40.00         FAMILY PRACTICE MEDICI NE         194.05         0         171,090         0         41.00           CTRS         C         NULTIDISCIPLINARY CLINIC         90.09         0         29,92,098         1 </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>				-				
31.00       WOUND CARE CENTER       76.04       0       6.984       0       31.00         32.00       ONCOLOGY-CANCER CARE CENTER       76.05       0       3.301,971       0       32.00         33.00       IMAGING CENTERS       76.06       9.27,881       0       33.00         34.00       BREAST DI AGNOSTI C CENTER       76.07       0       5.87       0       34.00         35.00       CARDIAC REHABILITATION       76.97       0       41.678       0       35.00         36.00       HEALTHY HEARTS CENTER       90.02       0       19.883       0       36.00         38.00       KEE CENTER       90.05       0       59.064       0       37.00         38.00       KEE CENTER       90.05       0       37.70       0       38.00         38.00       KEE CENTER       90.05       0       37.74       0       39.00         40.00       FAMILY PRACTICE MEDICINE       194.05       0       171.090       0       40.00         1.00       GROUP HOMES AND MISC. N.R       194.08       0       63.416       0       42.00         CTRS       -       -       0       12.055.642       -       11       <			74 00	2	444 507			
32.00       ONCOLOGY-CANCER CARE CENTER       76.05       0       3.301,971       0       32.00         33.00       IMAGING CENTERS       76.06       0       927,881       0       33.00         34.00       BREAST DI AGNOSTI C CENTER       76.07       0       587       0       34.00         35.00       CARDIAC REHABILITATION       76.97       0       41,678       0       35.00         36.00       HEALTHY HEARTS CENTER       90.02       0       19,883       0       36.00         37.00       INFUSION CENTERS       90.05       0       59,064       0       37.00         38.00       KNEE CENTER       90.07       0       177,970       0       38.00         39.00       EMEGENCY       91.00       0       397,774       0       39.00         40.00       FAMILY PRACTICE MEDICINE       194.08       0       63,416       0       41.00         0       GROUP HOMES AND NISC. N_R       194.08       0       29,922.098       11       10       100         42.00       MULTIDISCIPLINARY CLINIC       90.09       0       3,607       0       12,055,642       11       10       100         1.00       E				-				
33.00       IMAGING CENTERS       76.06       0       927,881       0       33.00         34.00       BREAST DI AGNOSTI C CENTER       76.07       0       587       0       34.00         35.00       CARDI AC RHABI LI TATI ON       76.97       0       41,678       0       35.00       36.00       35.00       36.00       36.00       35.00       36.00		1						
35.00       CARDIAC REHABILITATION       76.97       0       41,678       0       35.00       35.00       35.00       35.00       35.00       36.00       36.00       36.00       36.00       36.00       36.00       36.00       36.00       36.00       37.00       10.170.910       36.00       37.00       37.00       37.00       37.00       37.00       37.00       37.00       37.00       37.00       38.00       37.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       39.00       39.00       60.00       41.01       60.00       41.00       40.00       41.00       41.00       41.00       41.00       41.00       41.00       42.00       40.00       50.00	33.00	I MAGI NG CENTERS	76.06	0	927, 881	0		
36.00       HEALTHY HEARTS CENTER       90.02       0       19,883       0       36.00         37.00       INFUSION CENTERS       90.05       0       59,064       0       37.00         38.00       KNEE CENTER       90.07       0       177,970       0       38.00         39.00       EMERGENCY       91.00       0       397,774       0       40.00         40.00       FAMILY PRACTICE MEDICINE       194.08       0       63,416       0       41.00         CROUP HOMES AND MISC. N_R       194.08       0       63,416       0       42.00       42.00         42.00       MULTIDISCIPLINARY CLINIC       90.09       0       3,607       0       42.00         42.00       MULTIDISCIPLINARY CLINIC       90.09       0       29,922.098       11       100         F - Interest Expense				-				
37.00       INFUSION CENTERS       90.05       0       59,064       0       37.00         38.00       KNEE CENTER       90.07       0       177,970       0       38.00         39.00       EMERGENCY       91.00       0       397,774       0       39.00         40.00       FAMILY PRACTICE MEDICINE       194.05       0       171,090       0       40.00         41.00       GROUP HOMES AND MISC. N_R       194.08       0       63,416       0       41.00         42.00       MULTIDISCIPLINARY CLINIC        90.09        0       3,607        0       42.00         42.00       MULTIDISCIPLINARY CLINIC        90.09        0       12,055,642      11       1.00         1.00       ADMINISTRATIVE & GENERAL        0       12,055,642      11       1.00         2.00       ADMINISTRATIVE & GENERAL        0       12,055,642      11       1.00         1.00       Q       24,672       10       1.00       2.00       3.00       2.00         3.00       OPERATION OF PLANT       7.00       0       233,				0				
39.00       EMERGENCY       91.00       0       397,774       0       39.00         40.00       FAMILY PRACTICE MEDICINE       194.05       0       171,090       0       40.00         41.00       GRUP HOMES AND MISC. N_R       194.08       0       63,416       0       41.00         42.00       MULTIDISCIPLINARY CLINIC       90.09       0       3,607       0       42.00         42.00       TOTALS       0       29.922.098       0       42.00       42.00         TOTALS       0       12,055,642       11       1       1.00         F       Other Capital Rental       5.00       0       12,055,642       11       1.00         1.00       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       24,672       10       1.00         2.00       ADMIN ISTRATI VE & GENERAL       5.00       0       833,473       0       2.00         3.00       OPERATION OF PLANT       7.00       0       233,480       0       3.00         4.00       HOUSEKEEPING       9.00       0       7,792       0       5.00         5.00       DI ETARY       10.00       0       12,576       0       5.00       6.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
40.00       FAMILY PRACTICE MEDICINE       194.05       0       171,090       0         41.00       GROUP HOMES AND MISC. N_R       194.08       0       63,416       0       41.00         42.00       MULTIDISCIPLINARY CLINIC       90.09       0       3,607       0       42.00       42.00         MULTIDISCIPLINARY CLINIC       90.09       0       3,607       0       42.00       42.00         E - Interest Expense       0       12,055,642       11       1.00       1.00         F - Other Capital Rental       0       12,055,642       11       1.00         F - Other Capital Rental       5.00       0       24,672       10       1.00         2.00       ADMINISTRATIVE & GENERAL       5.00       0       883,473       0       2.00         3.00       OPERATION OF PLANT       7.00       0       23,480       0       3.00         4.00       0       7,792       0       5.00       6.00       1.00       6.00         5.00       DIETARY       10.00       0       7,792       0       5.00       6.00         6.00       CAFETERIA       11.00       0       1.31       0       7.00       9.00	38.00		90.07	0				
41.00       GROUP HOMES AND MISC. N_R       194.08       0       63,416       0       41.00         42.00       MULTIDISCIPLINARY CLINIC				-				
42. 00         CTRS MULTI DI SCI PLI NARY CLINIC         90. 09         0         3, 607         0         42. 00           TOTALS         0         29, 922, 098         42. 00				1				
TOTALS         O         29, 922, 098         Image: Constraint of the second	41.00		194.08	0	03, 410	0		41.00
E         Interest Expense           1.00         ADMI NI STRATI VE & GENERAL	42.00	MULTIDISCIPLINARY CLINIC	90.09					42.00
1.00       ADMI NI STRATI VE & GENERAL       5.00       0       12,055,642       11         TOTALS       0       12,055,642       11       1       0         F - Other Capital Rental       0       12,055,642       10       1.00         EMPLOYEE BENEFITS DEPARTMENT       4.00       0       24,672       10       1.00         2.00       ADMI NI STRATI VE & GENERAL       5.00       0       883,473       0       2.00         3.00       OPERATION OF PLANT       7.00       0       233,480       0       3.00         4.00       HOUSEKEEPI NG       9.00       0       27,619       0       4.00         5.00       DI ETARY       10.00       0       7,792       0       5.00       6.00         6.00       CAFETERIA       11.00       0       12,576       0       6.00         7.00       NURSI NG ADMI NI STRATI ON       13.00       0       131       0       7.00         8.00       CENTRAL SERVI CES & SUPPLY       14.00       0       2,410,056       0       8.00         9.00       PHARMACY       15.00       0       967,432       0       9.00       9.00         10.00       10.00				0	29, 922, 098	5		-
TOTALS	1 00		5.00	0	12 055 642	11		1 00
F - Other Capital Rental           1.00         EMPLOYEE BENEFITS DEPARTMENT         4.00         0         24,672         10         1.00           2.00         ADMINI STRATI VE & GENERAL         5.00         0         883,473         0         2.00           3.00         OPERATI ON OF PLANT         7.00         0         233,480         0         3.00           4.00         HOUSEKEEPI NG         9.00         0         27,619         0         4.00           5.00         DI ETARY         10.00         0         7,792         0         5.00           6.00         CAFETERI A         11.00         0         12,576         0         6.00           7.00         NURSI NG ADMI NI STRATI ON         13.00         0         131         0         7.00           8.00         CENTRAL SERVICES & SUPPLY         14.00         2,410,056         0         8.00           9.00         PHARMACY         15.00         967,432         0         9.00         9.00           10.00         SCI AL SERVI CE         17.00         158         0         10.00         10.00           11.00         I&R SERVICES-SALARY & 21.00         0         2,325         0         11.00 <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.00</td>	1.00							1.00
2.00       ADMI NI STRATI VE & GENERAL       5.00       0       883, 473       0       2.00         3.00       OPERATI ON OF PLANT       7.00       0       233, 480       0       3.00         4.00       HOUSEKEEPI NG       9.00       0       27, 619       0       4.00         5.00       DI ETARY       10.00       0       7, 792       0       5.00         6.00       CAFETERI A       11.00       0       12, 576       0       6.00         7.00       NURSI NG ADMI NI STRATI ON       13.00       0       131       0       7.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       2, 410, 056       0       8.00         9.00       PHARMACY       15.00       0       967, 432       0       9.00       9.00         10.00       SOCI AL SERVI CE       17.00       0       158       0       10.00         11.00       I&R SERVI CES-SALARY &       21.00       0       2, 325       0       11.00								
3.00       OPERATION OF PLANT       7.00       0       233,480       0       3.00         4.00       HOUSEKEEPING       9.00       0       27,619       0       4.00         5.00       DI ETARY       10.00       0       7,792       0       5.00         6.00       CAFETERIA       11.00       0       12,576       0       6.00         7.00       NURSI NG ADMI NI STRATI ON       13.00       0       131       0       7.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       2,410,056       0       8.00         9.00       PHARMACY       15.00       0       967,432       0       9.00       10.00       10.00       11.00       11.00       11.00         11.00       I&R SERVICES-SALARY &       21.00       0       2,325       0       11.00								
4.00       HOUSEKEEPING       9.00       0       27,619       0       4.00         5.00       DI ETARY       10.00       0       7,792       0       5.00         6.00       CAFETERIA       11.00       0       12,576       0       6.00         7.00       NURSI NG ADMI NI STRATI ON       13.00       0       131       0       7.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       2,410,056       0       8.00         9.00       PHARMACY       15.00       0       967,432       0       9.00       10.00         10.00       SOCI AL SERVI CE       17.00       0       158       0       10.00         11.00       I&R SERVI CES-SALARY & 21.00       0       2,325       0       11.00								
5.00         DI ETARY         10.00         0         7,792         0         5.00           6.00         CAFETERIA         11.00         0         12,576         0         6.00           7.00         NURSI NG ADMI NI STRATI ON         13.00         0         131         0         7.00           8.00         CENTRAL SERVI CES & SUPPLY         14.00         0         2,410,056         0         8.00           9.00         PHARMACY         15.00         0         967,432         0         9.00         10.00           11.00         I&R SERVI CES - SALARY &         21.00         0         2,325         0         11.00				-				
7. 00         NURSI NG ADMI NI STRATI ON         13. 00         0         131         0           8. 00         CENTRAL SERVI CES & SUPPLY         14. 00         0         2, 410, 056         0         8. 00           9. 00         PHARMACY         15. 00         0         967, 432         0         9. 00           10. 00         SOCI AL SERVI CE         17. 00         0         158         0         10. 00           11. 00         I & R SERVI CES-SALARY &         21. 00         0         2, 325         0         11. 00				-				
8.00         CENTRAL SERVICES & SUPPLY         14.00         0         2,410,056         0         8.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         10.00         SOCI AL SERVICE         17.00         0         158         0         10.00         10.00         11.00         1& R SERVICES-SALARY &         21.00         0         2,325         0         11.00				1				
9.00         PHARMACY         15.00         0         967,432         0         9.00           10.00         SOCI AL SERVI CE         17.00         0         158         0         10.00           11.00         I & R SERVI CES-SALARY &         21.00         0         2, 325         0         11.00				-				
10.00         SOCIAL SERVICE         17.00         0         158         0         10.00           11.00         I & R SERVICES-SALARY &         21.00         0         2,325         0         11.00				-				
11.00 I&R SERVICES-SALARY & 21.00 0 2,325 0 11.00				-				
	11.00	I&R SERVICES-SALARY &	21.00	О	2, 325	0		11.00
		FRINGES APPRVD						I

## Health Financial Systems RECLASSIFICATIONS

### COMMUNITY HEALTH NETWORK, INC.

In Lieu of Form CMS-2552-10

Provider CCN: 15-0074

Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared:

					1	o 12/31/2022 Date/Time P 5/25/2023 1	
		Decreases				. 1	
	Cost Center	Line #	Salary	Other 0	Wkst. A-7 Ref.		
12.00	6.00 I&R SERVICES-OTHER PRGM	7.00	8.00	<u>9.00</u> 5,473	10.00		12.00
12.00	COSTS APPRVD	22.00	Ŭ	5, 475	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	616, 919			13.00
14.00	INTENSIVE CARE UNIT	31.00	0	274	0		14.00
15.00	OPERATING ROOM	50.00	0	851, 607	0		15.00
16.00 17.00	RECOVERY ROOM RADI OLOGY-DI AGNOSTI C	51.00 54.00	0	331 1, 049			16.00 17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	0	40			18.00
19.00	MAGNETIC RESONANCE IMAGING	58.00	0	173	0		19.00
~~ ~~	(MRI)	50.00					
20.00	CARDI AC CATHETERI ZATI ON LABORATORY	59.00	0	3, 618			20.00
21.00 22.00	RESPIRATORY THERAPY	60.00 65.00	0	53, 213 432	-		21.00 22.00
23.00	PHYSI CAL THERAPY	66.00	o	1,095,302	0		23.00
24.00	ELECTROCARDI OLOGY	69.00	0	180, 536	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	30, 235			25.00
26.00		76.00	0	77,670			26.00
27.00	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76.01	0	1, 501, 486	0		27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	25, 077	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	515, 234			29.00
30.00	I MAGI NG CENTERS	76.06	0	465, 851	0		30.00
31.00 32.00	BREAST DI AGNOSTI C CENTER CARDI AC REHABI LI TATI ON	76. 07 76. 97	0	95, 000 139, 904	0		31.00 32.00
32.00	HEALTHY HEARTS CENTER	90.02	0	165, 679	-		32.00
34.00	INFUSION CENTERS	90.05	0	173, 805	-		34.00
35.00	KNEE CENTER	90.07	0	2, 712	0		35.00
36.00	EMERGENCY	91.00	0	620			36.00
37.00 38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	158	0		37.00
38.00 39.00	FAMILY PRACTICE MEDICINE GROUP HOMES AND MISC. N_R	194.05 194.08	0	1, 274, 271 151, 983	Ű		38.00 39.00
07.00	CTRS	171.00	Ŭ	101, 700	Ŭ		07.00
	TOTALS		0	11, 998, 366			
1 00	G - STD BENEFIT RECLASS	F 00	27.4(0	0			1.00
1.00 2.00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.00 7.00	37, 460 7, 956	0 0			1.00 2.00
3.00	HOUSEKEEPING	9.00	26,009	0			3.00
4.00	DI ETARY	10.00	6, 877	0	0		4.00
5.00	CAFETERI A	11.00	461	0			5.00
6.00	NURSING ADMINISTRATION	13.00	32, 081	0	0		6.00
7.00 8.00	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	6, 875 34, 139	0	-		7.00 8.00
9.00	SOCI AL SERVI CE	17.00	9, 349	0	-		9.00
10.00	I&R SERVICES-SALARY &	21.00	40, 562	0	0		10.00
11 00	FRINGES APPRVD	22.00	172 404	0			11.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	173, 406	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	237, 747	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	69, 942	0			13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	11, 763	0			14.00
15.00 16.00	OPERATING ROOM RECOVERY ROOM	50.00 51.00	41, 602 5, 794	0 0			15.00 16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	9, 022	0			17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	6, 872	0	0		18.00
19.00	CT SCAN	57.00	18, 194	0			19.00
20.00	CARDI AC CATHETERI ZATI ON	59.00	25, 916	0			20.00
21.00 22.00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	64.00 65.00	10, 182 37, 951	0			21.00 22.00
23.00	PHYSI CAL THERAPY	66.00	41, 939	0	-		23.00
24.00	ELECTROCARDI OLOGY	69.00	9, 222	0			24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	424	0			25.00
26.00	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76.01	174, 292	0	0		26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	7, 407	0	0		27.00
28.00	WOUND CARE CENTER	76.04	3, 773	0			28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	70, 269	0			29.00
30.00	I MAGI NG CENTERS	76.06	30, 772	0			30.00
31.00 32.00	CARDIAC REHABILITATION HEALTHY HEARTS CENTER	76. 97 90. 02	3, 023 5, 379	0 0			31.00 32.00
32.00 33.00	KNEE CENTER	90.02 90.07	5, 379 6, 194	0	-		32.00
34.00	EMERGENCY	91.00	33, 721	0	-		34.00
35.00	SMO-NON PROVIDER BASED	194.04	3, 331	0			35.00
36.00	FAMILY PRACTICE MEDICINE	194.05	31, 970	0	0		36.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	S

Provi der	CCN:	15-0074	P

In Lieu	u of Form CMS-2552-10
Period: From 01/01/2022	Worksheet A-6 Date/Time Prepared: 5/25/2023 1:46 pm
To 12/31/2022	Date/Time Prepared: 5/25/2023 1:46 pm

					10	11me Prepare 2023 1:46 pm
		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	GROUP HOMES AND MISC. N_R	194.08	32, 591	0	0	37.
	CTRS	+			<u> </u>	
	TOTALS		1, 304, 467	ō	<u> </u>	
00	H - Labor and Delivery ADULTS & PEDIATRICS	30.00	2, 560, 378	0	0	1.
00	ADULIS & PEDIATRICS	0.00	2, 500, 378	0		2.
00	ADULTS & PEDIATRICS	30.00	0	1, 314, 760		3.
00	ADULIS & PEDIATRICS	0.00	0	1, 314, 700		4.
00	TOTALS		2, 560, 378	1, 314, 760		4.
	I - Cafeteri a		2, 300, 370	1, 314, 700	<u> </u>	
00	DI ETARY	10.00	2, 346, 783			1.
00	DI ETARY	10.00	2,010,700	2, 863, 709	,	2.
00			2, 346, 783	2,863,709		2.
	J - Therapy Reclass		2,010,700	2,000,107		
00	PHYSICAL THERAPY	66,00	2, 450, 414	0	0	1
00		0.00	0	0		2
00	PHYSICAL THERAPY	66.00	0	1, 145, 869		3
00		0.00	0	0	0	4
	TOTALS		2, 450, 414	1, 145, 869		
	K - Builiding Depreciation					
00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15, 351, 358	9	1.
	TOTALS		0	15, 351, 358		
	L - Capital Insurance Costs					
00	ADMI NI STRATI VE & GENERAL	5.00	0	76 <u>2, 1</u> 86		1
	TOTALS		0	762, 186	1	
	M - Radiology Support	I				
00	RADI OLOGY-DI AGNOSTI C	54.00	645, 629	0		1
00		0.00	0	0		2
00		0.00	0	0	-	3
00		0.00	0	0		4
00	RADI OLOGY-DI AGNOSTI C	54.00	0	257, 457		5
00		0.00	0	0		6
00		0.00	0	0		7
00	TOTALS — — — — —	0.00	645, 629	257, 457	<u> </u>	8
	N - Hyperbaric Oxygen Therapy		045, 029	207,407	LL	
00	WOUND CARE CENTER	76.04	150, 513			1
00	WOUND CARE CENTER	76.04	150, 515	313, 628	2	2
00			150, 513	313, 628		2
	0 - IHH Cat Scan		130, 313	515, 020		
00	RADI OLOGY-DI AGNOSTI C	54.00	918, 383			1
00	RADI OLOGY-DI AGNOSTI C	54.00	, 10, 000	304, 538		2
			918, 383	304, 538		-
	P - Specialty Pharmacy	I			<u> </u>	
00	PHARMACY	15.00	2,006,008			1
00	ADMINI STRATI VE & GENERAL	5.00		236, 938		2
00	PHARMACY	15.00		56, 901, 924		3
-			2,006,008	57, 138, 862		
	Q - FELLOWS	I	, , , , , , , , , , , , , , , , , , , ,	,,	<u> </u>	
00	I &R SERVICES-OTHER PRGM	22.00	146, 896	28, 034	0	1
-	COSTS APPRVD			,,		· · ·
	TOTALS	+	146, 896	28,034		

		OMMUNITY HEALTH					u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CO		Fro To	iod: m 01/01/2022 12/31/2022		pared:
				Acqui si ti on	s			
		Begi nni ng	Purchases	Donati on		Total	Di sposal s and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE							
1.00	Land	2, 743, 049	0		0	0	0	1.00
2.00	Land Improvements	4, 349, 043	125, 376		0	125, 376	0	2.00
3.00	Buildings and Fixtures	535, 232, 989	14, 086, 165		0	14, 086, 165	2, 547, 417	3.00
4.00	Building Improvements	12, 975, 903	1, 371, 280		0	1, 371, 280	20, 558	4.00
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	222, 103, 384	9, 257, 588		0	9, 257, 588	1, 241, 912	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	777, 404, 368	24, 840, 409		0	24, 840, 409	3, 809, 887	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	777, 404, 368	24, 840, 409		0	24, 840, 409	3, 809, 887	10.00
		Ending Balance					i	
		J	Depreciated					
			Assets					
		6.00	7.00	1				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	F BALANCES						
1.00	Land	2, 743, 049	0					1.00
2.00	Land Improvements	4, 474, 419	0					2.00
3.00	Buildings and Fixtures	546, 771, 737	0					3.00
4.00	Building Improvements	14, 326, 625	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	230, 119, 060	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	798, 434, 890	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	798, 434, 890	0					10.00

Heal th	Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0074	Peri od:	Worksheet A-7	
					From 01/01/2022		
					To 12/31/2022		
				IMMARY OF CAP		5/25/2023 1:4	o pm
				IMMARY UF CAP			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
					instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUN	N 2, LINES 1 ar	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	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 -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUN	IN 2, LINES 1 ar	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00
		•					

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CO	F	Period: From 01/01/2022 Fo 12/31/2022	Worksheet A-7 Part III Date/Time Prep 5/25/2023 1:46	
	COM	PUTATION OF RAT	FI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)		Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS C	1.00	2.00	3.00	4.00	5.00	
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	568, 315, 829 230, 119, 061 798, 434, 890	0	568, 315, 829 230, 119, 061 798, 434, 890 CAPI TAL	0. 288213	0 0 0 F CAPITAL	1.00 2.00 3.00
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 1.00 CAP REL COSTS-BLDG & FIXT	-				0	1 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	0		<ul> <li>15, 351, 358</li> <li>21, 571, 625</li> <li>36, 922, 983</li> </ul>	0 11, 998, 366 11, 998, 366	1.00 2.00 3.00
	SUMMARY OF CAPITAL					
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS C		7(0,40)			00 570 4/5	4 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	4, 456, 621 0 4, 456, 621	0	( C		20, 570, 165 33, 569, 991 54, 140, 156	1.00 2.00 3.00

# COMMUNITY HEALTH NETWORK INC.

Health Financial Systems		COMMUNI TY HEALTH	I NETWORK, INC.	In Lie	eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0074	Period: From 01/01/2022	Worksheet A-8	
				To 12/31/2022		
			Expense Classification			
			To/From Which the Amount	is to be Adjusted		
Cost Center	Description Basis/Co	ode (2) Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.0		3.00	4.00	5.00	
1.00 Investment income COSTS-BLDG & FIXT		U	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income	- CAP REL	C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 COSTS-MVBLE EQUIP		C		0.00	0	3.00
(chapter 2) 4.00 Trade, quantity,		C		0.00	0	4.00
di scounts(chapte5.00Refunds and rebat	es of B	-24, 071	ADMI NI STRATI VE & GENERAL	5.00	0	5.00
expenses (chapter 6.00 Rental of provide		0		0.00	0	6.00
suppliers (chapte	r 8)					
7.00 Tel ephone servi ce stati ons excluded		0		0.00	0	7.00
8.00 Tel evi si on and ra	dio service	С		0.00	0	8. 00
(chapter 21) 9.00 Parking lot (chap	ter 21)	C		0.00	0	9.00
10.00 Provider-based ph adjustment	ysician A-8	-2 -7, 553, 193			0	10.00
11.00 Sale of scrap, wa (chapter 23)	ste, etc.	0		0.00	0	11.00
12.00 Related organizat transactions (cha		-1 13, 698, 317			0	12.00
13.00 Laundry and Linen	servi ce	0		0.00		
14.00 Cafeteria-employe 15.00 Rental of quarter		-2, 369, 809	CAFETERI A	11.00 0.00		
and others						
16.00 Sale of medical a supplies to other		0		0.00	0	16.00
patients 17.00 Sale of drugs to	other than	0		0.00	0	17.00
patients 18.00 Sale of medical r	ecords and	C		0.00	0	18.00
abstracts 19.00 Nursing and allie	d heal th	0		0.00	0	19.00
education (tuitio				0.00		19.00
books, etc.) 20.00 Vending machines		0		0.00	0	20.00
21.00 Income from impos		0		0.00	0	21.00
interest, finance charges (chapter						
22.00 Interest expense overpayments and		0		0.00	0	22.00
repay Medicare ov	erpayments					
23.00 Adjustment for re therapy costs in		-3 0	RESPI RATORY THERAPY	65.00		23.00
limitation (chapt 24.00 Adjustment for ph		-3 0	PHYSICAL THERAPY	66.00		24.00
therapy costs in	excess of					
limitation (chapt 25.00 Utilization revie	w -	0	*** Cost Center Deleted *	** 114.00		25.00
physicians' compe (chapter 21)	nsation					
26.00 Depreciation - CA COSTS-BLDG & FIXT		C	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CA	P REL	C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
COSTS-MVBLE EQUIP 28.00 Non-physician Ane		C	*** Cost Center Deleted *	** 19.00		28.00
29.00 Physicians' assis	tant	0		0.00		
30.00 Adjustment for oc therapy costs in	excess of	-3 0	OCCUPATI ONAL THERAPY	67.00		30.00
30.99 Hospice (non-dist		C	ADULTS & PEDIATRICS	30.00		30. 99
i nstructions) 31.00 Adjustment for sp			SPEECH PATHOLOGY	68.00		31.00
pathology costs i	n excess of	-5	DI LEGIT FATHOLUGI	00.00		31.00
32.00 CAH HIT Adjustmen		C		0.00	0	32.00
Depreciation and					l	

JU211	MENTS TO EXPENSES			Provider CCN: 15-0074	Period: From 01/01/2022	Worksheet A-8	
					To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
				Expense Classification of To/From Which the Amount i		10/20/2020 11 1	
				10/From which the Amount i	s to be Adjusted		
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line #	Wkst. A-7 Ref. 5.00	
. 00	OTHER ADJUSTMENTS (SPECIFY)	1.00	2.00		0.00		33.
. 01	(3) Space Rental Income	В	-122, 125	ADMI NI STRATI VE & GENERAL	5.00	0	33
	Space Rental Income	В	-498, 663	OPERATION OF PLANT	7.00		
. 03	Space Rental Income	В	-4, 072	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76.01	0	33
	Misc Revenue	В		ADMINISTRATIVE & GENERAL	5.00		
	Misc Revenue Misc Revenue	B B		OPERATION OF PLANT CAFETERIA	7.00 11.00	0	
	Misc Revenue	В		NURSING ADMINISTRATION	13.00		
	Mi sc Revenue	В		PHARMACY	15.00		33
	Misc Revenue	В		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		
. 10	Misc Revenue	В	-126, 974	RADI OLOGY-DI AGNOSTI C	54.00	0	33
	Mi sc Revenue	B		CARDI AC REHABI LI TATI ON	76.97	0	
	HAF Tax Offset	А		ADMINISTRATIVE & GENERAL	5.00		
	Hospitalist Loss	A		ADULTS & PEDIATRICS	30.00		
	Loss on Assets Loss on Assets	A A		ADULTS & PEDIATRICS	30.00 76.01	0	
				PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			
04	Sponsorshi p	A	-400	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76.01	0	34
	APP	А		ADULTS & PEDIATRICS	30.00		
	APP	A		OPERATING ROOM	50.00		
	APP APP	A A		HEALTHY HEARTS CENTER KNEE CENTER	90.02 90.07	0	
	Bad Debt	A		ADMI NI STRATI VE & GENERAL	5.00		
	Bad Debt	A		PHARMACY	15.00		
. 02	Bad Debt	A	-248, 406	I &R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35
. 03	Bad Debt	А	-291, 106	I&R SERVICES-OTHER PRGM	22.00	0	35
. 04	Bad Debt	А	-348 412	COSTS APPRVD ADULTS & PEDIATRICS	30.00	о	35
	Bad Debt	A		OPERATI NG ROOM	50.00		
06	Bad Debt	А		INTRAVENOUS THERAPY	64.00	0	35
07	Bad Debt	A	-1, 996, 463	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	76.01	0	35
. 08	Bad Debt	А	-4, 739	LUTHERWOOD PARTNERSHIP	76.03	0	35
	Bad Debt	А		KNEE CENTER	90.07	0	
	Meals on Wheels Cost	A			11.00		
	Non Allow Marketing Expense Pavillions	A A		ADMI NI STRATI VE & GENERAL ADMI NI STRATI VE & GENERAL	5.00 5.00		
-	OB Laborist Loss	A		DELIVERY ROOM & LABOR ROOM			
05	Debt Issuance Expense	А	-333, 831	ADMI NI STRATI VE & GENERAL	5.00		36
	PNC Non-Allow Interest Expense	A		CAP REL COSTS-BLDG & FIXT	1.00		
	2012A Non-Allow Interest Expense	A		CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 08	2012B Non-Allow Interest Expense	А	-145, 015	CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 09	2022A Non- Allow Interest Expense	А	-48, 464	CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 10	2016AB Non-Allow Interest	А	-534, 444	CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 11	Expense 2018A Non-Allow Interest	A	-3, 966, 382	CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 12	Expense 2020A Non-Allow Interest	A	-2, 793, 388	CAP REL COSTS-BLDG & FIXT	1.00	11	36
. 13	Expense Gallahue Professional Fee	A	-29, 619, 328	PSYCHI ATRI C/PSYCHOLOGI CAL	76.01	0	36
. 14	Gallahue Professional Fee	А	-4 119 754	SERVICES LUTHERWOOD PARTNERSHIP	76.03	0	36
	SHARED SERVICES-CATH LAB	A		CARDIAC CATHETERIZATION	59.00		36
	SHARED SERVICES-EEG	A		ELECTROCARDI OLOGY	69.00		
. 00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,		-113, 624, 935				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.			In Lieu of Form CMS-2552-10		
ADJUSTMENTS TO EXPENSES	S TO EXPENSES			Period: From 01/01/2022	Worksheet A-8	
				To 12/31/2022		
			Expense Classification or			
			To/From Which the Amount is	to be Adjusted		
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	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.

Heal th	Financial Systems	COMMUNI TY HEALT	H NETWORK, INC.	In Lie	eu of Form CMS-2	552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	ME Provider CCN: 15-0074	Peri od:	Worksheet A-8-	-1
OFFICE	COSTS			From 01/01/2022 To 12/31/2022		orod.
				To 12/31/2022	Date/Time Prep 5/25/2023 1:46	
	Line No.	Cost Center	Expense Items	Amount of	Amount	<u>, pin</u>
			P	Allowable Cost		
					Wks. A, column	
					5	
	1. 00	2.00	3. 00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED C	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00		I&R SERVICES-SALARY & FRINGE		4, 397, 728		1.00
2.00		I&R SERVICES-OTHER PRGM COST		9, 309, 076	12, 200, 673	2.00
3.00			HOME OFFICE	7,000,885	0	3.00
3.01		EMPLOYEE BENEFITS DEPARTMENT		12, 864, 518	0	3.01
3.02			HOME OFFICE	111, 139, 641	168, 808, 171	3.02
3.03			HOME OFFICE	7, 965, 968	0	3.03
3.04			HOME OFFICE	8, 563, 120	0	3.04
3.05			HOME OFFICE	6, 859, 820	0	3.05
3.06			HOME OFFICE	5, 304, 049	0	3.06
3.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	257, 733	0	3.07
3.08	54.00	RADI OLOGY-DI AGNOSTI C	HOME OFFICE	279, 588	0	3.08
3.09	66.00	PHYSI CAL THERAPY	HOME OFFICE	633, 486	0	3.09
3.10	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	159, 346	0	3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	2, 488, 744	0	3.11
3.12	76.05	ONCOLOGY-CANCER CARE CENTER	HOME OFFICE	20, 202, 427	0	3.12
3.13	91.00	EMERGENCY	HOME OFFICE	365, 622	0	3.13
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	61, 903	0	4.00
4.01	91.00	EMERGENCY	CPN ED ON CALL	2, 617, 263	0	4.01
5.00	TOTALS (sum of lines 1-4).			200, 470, 917	186, 772, 600	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					
* Tho	amounts on Lines 1 / (and sub	corinto ao appropriato) aro t	rancforred in detail to Wor	kchoot A column	4 Lines as	

\* 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.

1103 110	t been posted to worksheet A,	corumns ranu/or z, the amour	it allowable si		or this part.				
				Related Organization(s) and/	or Home Office				
	Symbol (1)	Name	Percentage of	Name	Percentage of				
			Ownershi p		Ownership				
	1.00	2.00	3.00	4.00	5.00				
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:								

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

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

6.00 C	O. OO CHNW	100.00	6.00
7.00	0.00	0.00	7.00
8.00	0.00	0.00	8.00
9.00	0.00	0.00	9.00
10.00	0.00	0.00	10.00
100.00 G. Other (financial or			100.00
non-financial) specify:			

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related

organizati on.

E. Individual is director, officer, administrator, or key person of provider and related organization.
 F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in

provi der.

Health Financial Systems	Financial Systems COMMUNITY HEALTH NE				In Lieu of Form CMS-2552-10		
STATEMENT OF COSTS OF SERVICES OFFICE COSTS	FROM RELATED	ORGANI ZATI ONS	AND HOME	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Date/Time Prepared:	
						5/25/2023 1:46 pm	

					5/25/2023 1:4	PW PM
		Wkst. A-7 Ref.				
	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 (	ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:				1
1.00	-1, 366, 028	0				1.00
2.00	-2, 891, 597	0				2.00
3.00	7,000,885	9	,			3.00
3.01	12, 864, 518	0				3. 01
3.02	-57, 668, 530	0				3. 02
3.03	7, 965, 968	0				3.03
3.04	8, 563, 120	0				3.04
3.05	6, 859, 820	0				3.05
3.06	5, 304, 049	0				3.06
3.07	257, 733	0				3.07
3.08	279, 588	0				3.08
3.09	633, 486	0				3.09
3.10	159, 346	0				3.10
3.11	2, 488, 744	0				3. 11
3.12	20, 202, 427					3. 12
3.13	365, 622					3.13
4.00	61, 903					4.00
4.01	2, 617, 263					4.01
5.00	13, 698, 317					5.00
-			oscripts as appropriate) are tran	ferred in detail to Wor	ksheet A column 6 lines as	

\* 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.

1100		
	Related Organization(s)	
	and/or Home Office	
	Type of Business	
	6. 00	
	D INTERDELATIONCULD TO DELAT	

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

reriiibui		
	HEALTHCARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
7.00 8.00 9.00 10.00 100.00		100.00

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related

organization. E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Heal th	Fi nanci al	Systems	

### COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10

	FINANCIAI Syste		JUNINUNT IT HEALT				eu or Form CM3-	
PROVI DE	ER BASED PHYSIC			Provider (	1	Period: From 01/01/2022 To 12/31/2022		epared:
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Prov ider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		AGGREGATE-EMPLOYEE BENEFITS	9, 384	9, 384	0.00		0	1.00
1.00		DEPARTME	7, 304	7, 304			0	1.00
2.00		AGGREGATE-ADMI NI STRATI VE & GENERAL	1, 097, 801	1, 097, 801	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSI NG ADMI NI STRATI ON	48, 436	48, 436	0	0	0	3.00
4.00	30.00	AGGREGATE - ADULTS & PEDI ATRI CS	5, 664, 629	5, 529, 702	134, 927	211, 500	723	4.00
5.00	76. 01	AGGREGATE-PSYCHI ATRI C/PSYCHO LOGI CAL	166, 460	166, 460	0	0	0	5.00
6.00	91.00	AGGREGATE - EMERGENCY	640, 000	640, 000	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7, 626, 710	7, 491, 783	134, 927		723	200.00
200100	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er		Unadjusted RCE Limit		Component Share of col. 12	of Malpractice Insurance	
	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	1.00
2.00	5.00	AGGREGATE-ADMI NI STRATI VE & GENERAL	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSI NG ADMI NI STRATI ON	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDI ATRI CS	73, 517	3, 676	0	0	0	4.00
5.00	76. 01	AGGREGATE-PSYCHI ATRI C/PSYCHO LOGI CAL	0	0	0	0	0	5.00
6.00	91 00	AGGREGATE - EMERGENCY	0	0	0	0	0	6.00
7.00	0.00				0	0	0	7.00
8.00	0.00					0	0	8.00
9.00	0.00				0	0	0	9.00
10.00	0.00				0	0	0	
200.00	0.00		73, 517	3, 676	-	-	0	
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
		I denti fi er	Component Share of col.	Limit	Di sal I owance	Aujustillert		
	1.00	2.00	14	16.00	17.00	10.00		
1.00	1.00	2.00 AGGREGATE-EMPLOYEE BENEFITS	15.00 0	16.00 0	17.00 0	18.00 9,384		1.00
2.00	5.00	DEPARTME AGGREGATE-ADMI NI STRATI VE &	0	0	0	1, 097, 801		2.00
3.00	13.00	GENERAL AGGREGATE-NURSI NG ADMI NI STRATI ON	0	0	0	48, 436		3.00
4.00	30.00	ADMENTSTRATION AGGREGATE-ADULTS & PEDIATRICS	0	73, 517	61, 410	5, 591, 112		4.00
5.00	76. 01	AGGREGATE-PSYCHI ATRI C/PSYCHO	0	0	0	166, 460		5.00
6.00	91 00	AGGREGATE - EMERGENCY	0	n	0	640,000		6.00
7.00	0.00		0		0	0.0,000		7.00
8.00	0.00		0	n	0	n 0		8.00
9.00	0.00		0	n	0	-		9.00
10.00	0.00		0		0	0		10.00
200.00			0		61, 410	7, 553, 193		200.00
		1						

COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Pre 5/25/2023 1:4	
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
	for Cost Allocation			BENEFI TS DEPARTMENT		
	(from Wkst A					
	col. 7) 0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FLXT 2.00 00200 CAP REL COSTS-MVBLE EQUI P	20, 570, 165 33, 569, 991	20, 570, 165	33, 569, 99	1		1.00 2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	13, 567, 549	151, 818	24, 40	4 13, 743, 771		4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT	135, 836, 513 21, 819, 716	926, 400 2, 698, 074			147, 038, 136 24, 921, 894	5.00 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1, 390, 784	2,090,074		0 0	1, 390, 784	8.00
9. 00 00900 HOUSEKEEPING	6, 555, 654	256, 403			7,060,656	9.00
10. 00  01000  DI ETARY 11. 00  01100   CAFETERI A	2, 296, 531 3, 092, 402	226, 020 564, 226			2, 610, 252 3, 985, 010	
13.00 01300 NURSI NG ADMI NI STRATI ON	11, 840, 870	203, 142	43, 02			
14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY	7, 501, 565 12, 382, 583	407, 591 230, 716			10, 471, 713 14, 151, 947	14.00 15.00
16. 00 01600 MEDICAL RECORDS & LIBRARY	6, 062, 658	28, 180		0 7, 580	6, 098, 418	16.00
17.00 01700 SOCIAL SERVICE 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2, 506, 186 4, 397, 728	66, 140 0				17.00 21.00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	9, 309, 076	107, 490				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	(0.0(1.(()	4 220 220	1 500 01	/ 2 022 070	77 004 005	20.00
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	68, 861, 660 19, 491, 680	4, 339, 330 1, 159, 658			77, 824, 885 22, 389, 033	30. 00 31. 00
32.00 03200 CORONARY CARE UNI T	0	0		0 0	0	32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY	2, 707, 778 730, 077	64, 930 50, 743			2, 912, 679 859, 647	35.00 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM	21, 316, 763 1, 259, 351	2, 151, 157 198, 929				50.00 51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	3, 646, 537	218, 612			4, 231, 641	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	5,043,053	671, 208				
55. 00 05500 RADI OLOGY-THERAPEUTI C 57. 00 05700 CT SCAN	2, 095, 257 4, 455, 781	3, 922 30, 213			2, 179, 700 5, 236, 205	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 260, 610	291	717, 58	8 42, 073	2, 020, 562	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	7, 076, 815 16, 556, 908	353, 458 109, 475			8, 899, 109 16, 765, 597	59.00 60.00
64.00 06400 I NTRAVENOUS THERAPY	2, 623, 473	53, 479	9, 09	2 75, 358	2, 761, 402	64.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	7, 070, 862 7, 153, 318	21, 910 227, 593			7, 470, 870 8, 790, 526	
67. 00 06700 OCCUPATI ONAL THERAPY	2, 531, 293	75, 582			2, 715, 960	
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	1,064,990	31, 787				68.00
70. 00 07000 ELECTROCARDIOLOGY	4, 173, 343 1, 267, 179	51, 469 2, 082			5, 077, 468 1, 455, 002	69.00 70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	35, 770, 733	0		0 0	35, 770, 733	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	36, 182, 491 177, 538, 398	0		0 0 0 0	36, 182, 491 177, 538, 398	
73. 01 07301 SPECI ALTY PHARMACY	77, 402, 210	0		0 111, 171	77, 513, 381	73.01
74. 00 07400 RENAL DI ALYSI S 76. 00 03330 ENDOSCOPY	1, 649, 434 1, 112, 499	9, 877 0		0 581 1 31, 110	1, 659, 892 1, 290, 980	
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	11,000,339	115, 431		9 1, 690, 044	14, 495, 233	
76. 03 03951 LUTHERWOOD PARTNERSHIP 76. 04 03952 WOUND CARE CENTER	4, 820, 327 2, 544, 194	0 104, 222			5, 207, 163 2, 706, 931	76. 03 76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	43, 974, 934	2, 093, 176			49, 603, 887	
76. 06 03953 I MAGI NG CENTERS	6, 356, 401	73, 936			8, 010, 004	
76. 07 03954 BREAST DI AGNOSTI C CENTER 76. 97 07697 CARDI AC REHABI LI TATI ON	2, 812, 815 1, 196, 558	130, 852 143, 369			3, 037, 643 1, 554, 076	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	464, 141	20, 626			494, 249	
0UTPATI ENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.00
89. 00 08900 FEDERALLY QUALI FIED HEALTH CENTER	0	0		0 0	0	89.00
90. 00 09000 CLINIC 90. 01 04950 DIABETIC CARE CENTER	0	0		0 0	0	90.00 90.01
90. 02 04951 HEALTHY HEARTS CENTER	1, 344, 384	80, 400	169, 35	4 106, 210		90.02
90. 03 09001 CLINIC	0	0		0 0	0	90.03
90. 04 04953 SPINE CENTER 90. 05 04954 INFUSION CENTERS	13 660, 023	0 0		0 0 6 24, 494	13 895, 093	90. 04 90. 05
90. 06 09002 MEDCHECK CLINICS	0	0		0 0	0	90.06
90. 07 09003 KNEE CENTER 90. 08 09004 PALLI ATI VE CARE	4, 188, 307 0	354, 887 5, 423		8 117, 207 0 0	4, 675, 699 5, 423	
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	12, 576	0	3, 56		16, 144	90.09
90.10 09006 WORK SITE CLINICS 90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0 0		0 0 0 0	0	90. 10 90. 12
A A A A A A A A A A A A A A A A A A A	<u>ן</u> ע	0	1		ı 0	1 /0.12

Health Financial Systems 0	COMMUNI TY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	F	eriod: rom 01/01/2022 o 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 1:46 pm
		CAPI TAL REL	_ATED COSTS		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FI XT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal
	0	1.00	2.00	4.00	4A
91.00 09100 EMERGENCY	21, 969, 089	1, 609, 374	376, 463	710, 367	24, 665, 293 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)	904, 086, 565	20, 423, 601	31, 957, 084	13, 141, 410	901, 724, 733 118. 00
NONREI MBURSABLE COST CENTERS			1		
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	156	0	156 192.00
194.0007950 HOME OFFICE	0	0	0	0	0 194.00
194.0107951CHNW LEASED SPACE	0	0	0	0	0 194.01
194.0207952 ACCOUNTABLE CARE	527, 483	0	0	22, 294	549, 777 194. 02
194.03 07953 SCHOOL BASED CLINICS	183, 070	0	0	4, 789	187, 859 194. 03
194.04 07954 SMO-NON PROVIDER BASED	844, 201	0	0	35, 574	879, 775 194. 04
194.0507955 FAMILY PRACTICE MEDICINE	5, 234, 034	0	1, 429, 674	198, 727	6, 862, 435 194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0 194. 07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	9, 175, 896	146, 564	183, 077	340, 977	9, 846, 514 194. 08
194.0907959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					0 200. 00
201.00 Negative Cost Centers		0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	920, 051, 249	20, 570, 165	33, 569, 991	13, 743, 771	920, 051, 249 202. 00

ST A	ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	veriod: rom 01/01/2022 o 12/31/2022	Worksheet B Part I Date/Time Pre 5/25/2023 1:4	
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	io pi
		& GENERAL 5.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	0.00	9.00	10.00	
00	00100 CAP REL COSTS-BLDG & FIXT						1
00	00200 CAP REL COSTS-MVBLE EQUIP						2
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4
00	00500 ADMINISTRATIVE & GENERAL	147, 038, 136					5
00	00700 OPERATION OF PLANT	4, 740, 493		4 (55 004			7
)0 )0	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	264, 547	452.074	1, 655, 331			8
00	01000 DI ETARY	1, 343, 036 496, 506	452, 874 399, 210	0		3, 627, 012	9
00	01100 CAFETERIA	758,005	996, 571	0		3, 027, 012	
00	01300 NURSI NG ADMI NI STRATI ON	2, 331, 647	358, 802	0		0	
00	01400 CENTRAL SERVICES & SUPPLY	1, 991, 866		0		0	
00	01500 PHARMACY	2, 691, 898	407, 506	0		0	15
00	01600 MEDICAL RECORDS & LIBRARY	1, 160, 004	49, 773	0	15, 092	0	16
00	01700 SOCI AL SERVI CE	510, 082	116, 821	0		0	
00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	882, 926	0	0	-	0	
00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	1, 908, 693	189, 856	0	57, 566	0	22
~~	INPATIENT ROUTINE SERVICE COST CENTERS	14 002 202	7 (( 1 200	747.01/	2 222 007	2 0(2 102	1 20
00 00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	14, 803, 383 4, 258, 708	7, 664, 399 2, 048, 261	747, 816 153, 349		3, 063, 193 563, 819	
00	03200 CORONARY CARE UNIT	4, 258, 708	∠, U40, 201 ∩	153, 349		503, 819	
00	02060 NEONATAL INTENSIVE CARE UNIT	554, 032	114, 683	0	-	0	
00	04300 NURSERY	163, 517	89, 626	10, 805		0	
	ANCI LLARY SERVICE COST CENTERS						
00	05000 OPERATING ROOM	5, 019, 153	3, 799, 509	190, 293	1, 152, 042	0	50
00	05100 RECOVERY ROOM	307,662	351, 361	0	106, 536	0	
00	05200 DELIVERY ROOM & LABOR ROOM	804, 917	386, 125	46, 547		0	
00	05400 RADI OLOGY-DI AGNOSTI C	1, 259, 165	1, 185, 529	122, 627		0	
00	05500 RADI OLOGY-THERAPEUTI C	414, 609	6, 927	0		0	
00	05700 CT SCAN	995, 999	53, 365	0		0	
00 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	384, 339 1, 692, 735	513 624, 300	19, 540		0	
00	06000 LABORATORY	3, 189, 051	193, 362	19, 540		0	
00	06400 I NTRAVENOUS THERAPY	525, 257	94, 457	0		0	
00	06500 RESPI RATORY THERAPY	1, 421, 064	38, 698	0		0	
00	06600 PHYSI CAL THERAPY	1, 672, 081	401, 990	0		0	66
00	06700 OCCUPATI ONAL THERAPY	516, 614	133, 498	0	40, 478	0	67
00	06800 SPEECH PATHOLOGY	217, 352	56, 144	0		0	68
00	06900 ELECTROCARDI OLOGY	965, 805	90, 908	0		0	
00	07000 ELECTROENCEPHALOGRAPHY	276, 762	3, 677	0		0	
00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	6, 804, 094	0	0		0	
00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	6, 882, 416	0	0		0	
		33, 770, 512 14, 744, 130	0				
	07400 RENAL DI ALYSI S	315, 735	17, 446	-	5, 290	0	
00	03330 ENDOSCOPY	245, 562	0	30, 740		0	
01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 757, 196	203, 881	0		0	
	03951 LUTHERWOOD PARTNERSHIP	990, 475	0	0	-	0	
		514, 896	184, 083			0	
		9, 435, 354	3, 697, 098			0	
		1, 523, 615	130, 590	0	0,,0,0	0	1
	03954 BREAST DI AGNOSTI C CENTER 07697 CARDI AC REHABI LI TATI ON	577, 802	231, 119		70, 077	0	
. 97 . 98	07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY	295, 607 94, 013	253, 226 36, 432	0		0	
70	OUTPATIENT SERVICE COST CENTERS	74,013	30, 432	0	11, 040	0	1 /0
00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88
		0	0	0		0	
		0	0	0	0	0	
		0	0	0	-	0	
	04951 HEALTHY HEARTS CENTER	323, 430	142, 007			0	
03	09001 CLINIC	0	0	0	0	0	
04	04953 SPINE CENTER	2	0	0	0	0	
	04954 INFUSION CENTERS	170, 259	0		0	0	
06 07	09002 MEDCHECK CLINICS	880.383	0 474 072		190.058	0	
		889, 383 1, 032	626, 823 9, 578		190, 058 2, 904	0	
	09004 PALLIATIVE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	3, 071	7, 370 0		2,904	0	
		0	0	0	-	0	
		0	0	0	-	0	
00	09100 EMERGENCY	4, 691, 684	2, 842, 576	-	-	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						1

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO		Period:	Worksheet B	
				rom 01/01/2022 o 12/31/2022	Part I Date/Time Pre	pared.
				0 12/01/2022	5/25/2023 1:4	6 pm
Cost Center Description	ADMI NI STRATI VE	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	143, 552, 176	29, 403, 516	1, 655, 331	8, 778, 074	3, 627, 012	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	30	0	0	0 0		192.00
194. 00 07950 HOME OFFI CE	0	0	0	0 0		194.00
194.0107951 CHNW LEASED SPACE	0	0	0	0 0	-	194.01
194.0207952ACCOUNTABLE CARE	104, 575	0	0	0 0		194. 02
194.0307953 SCHOOL BASED CLINICS	35, 733	0	0	0 0	-	194.03
194.04 07954 SMO-NON PROVIDER BASED	167, 346	0	0	0 0		194.04
194.0507955 FAMILY PRACTICE MEDICINE	1, 305, 331	0	0	0 0	0	194.05
194. 07 07957 LI FECHECK	0	0	0	0 0	0	194.07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	1, 872, 945	258, 871	0	78, 492	0	194.08
194.0907959 SURGERY CENTER EAST	0	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)	147, 038, 136	29, 662, 387	1, 655, 331	8, 856, 566	3, 627, 012	202.00

ST AL	LOCATION - GENERAL SERVICE COSTS		Provider CC	N: 15-0074	Period: From 01/01/2022	Worksheet B Part I	
					To 12/31/2022	Date/Time Pre 5/25/2023 1:4	pare 6 pm
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS	1					1 1
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.
	DO400 EMPLOYEE BENEFITS DEPARTMENT						4.
	20500 ADMINI STRATI VE & GENERAL						5.
	DO700 OPERATION OF PLANT						7.
	DO800 LAUNDRY & LINEN SERVICE						8
	DO900 HOUSEKEEPING						9
	01000 DI ETARY 01100 CAFETERI A	6, 041, 755					10
	01300 NURSI NG ADMI NI STRATI ON	124, 342					13
	D1400 CENTRAL SERVICES & SUPPLY	22, 318		13, 424, 09	92		14
	D1500 PHARMACY	353, 897			20 17, 728, 827		15
	D1600 MEDICAL RECORDS & LIBRARY	6, 377	0		2 0	7, 329, 676	16
	D1700 SOCIAL SERVICE	70, 142			14 0	0	17
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	213, 614		46		0	21
	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD NPATI ENT ROUTI NE SERVI CE COST CENTERS	133, 907	0	1, 74	18 0	0	22
-	D3000 ADULTS & PEDIATRICS	1, 715, 285	8, 618, 362	133, 73	37 0	482, 631	30
	D3100 I NTENSI VE CARE UNI T	420, 850	1 1 1	48, 22		158, 474	
00 0	D3200 CORONARY CARE UNI T	C	0		0 0	0	32
	D2060 NEONATAL INTENSIVE CARE UNIT	63, 765		5, 53		45, 139	
	04300 NURSERY	15, 941	84, 411	2, 18	32 0	5, 192	43
	ANCILLARY SERVICE COST CENTERS	347, 520	1, 747, 249	967, 58	38 0	412, 715	50
	D5100 RECOVERY ROOM	22, 318		907, 50		32, 512	
	D5200 DELIVERY ROOM & LABOR ROOM	73, 330		9, 40		22, 365	
	05400 RADI OLOGY-DI AGNOSTI C	73, 330			0 0	128, 190	
00 0	05500 RADI OLOGY-THERAPEUTI C	31, 883	0	24, 30	09 0	62, 580	55
	D5700 CT SCAN	114, 777		6, 53		230, 560	
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	22, 318			0	36, 470	
	05900 CARDI AC CATHETERI ZATI ON	140, 283	1	1, 089, 8		703, 027	59
	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	47, 824	-	138, 63 1, 31		261, 253 13, 139	
	06500 RESPI RATORY THERAPY	146, 660		12, 42		85, 991	
	D6600 PHYSI CAL THERAPY	98, 836		8, 05		43, 144	
00 0	06700 OCCUPATI ONAL THERAPY	57, 389	0	1, 30	02 0	14, 951	67
	D6800 SPEECH PATHOLOGY	25, 506		54		6, 292	
	06900 ELECTROCARDI OLOGY	143, 472		18, 46		113, 913	
	07000 ELECTROENCEPHALOGRAPHY	28, 694	1	4, 51 1, 783, 02		13, 537	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS		1	1, 763, 02		198, 074 204, 759	
	07300 DRUGS CHARGED TO PATIENTS		0	8, 725, 49		2, 340, 928	
	07301 SPECIALTY PHARMACY	C	0	221, 16		232, 116	
	07400 RENAL DIALYSIS	C	0	62		12, 284	
	D3330 ENDOSCOPY	19, 130		3, 04		11, 064	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	188, 107	1	9, 56		34, 492	
	03951 LUTHERWOOD PARTNERSHIP 03952 WOUND CARE CENTER	38, 259	-	7, 74 13, 42		1, 291 25, 670	
	03480 ONCOLOGY-CANCER CARE CENTER	599, 393		74, 38		599, 939	
	03953 I MAGI NG CENTERS	3, 188		4, 58		162, 884	
07 0	D3954 BREAST DIAGNOSTIC CENTER	C	0		0 0	13, 730	76
	07697 CARDI AC REHABI LI TATI ON	44, 636		1, 34		8, 348	
	07698 HYPERBARI C OXYGEN THERAPY	6, 377	0	1, 51	15 0	5, 247	76
	DUTPATIENT SERVICE COST CENTERS						1
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0 0	0	
	09000 CLINIC		0		0 0	0	90
	D4950 DIABETIC CARE CENTER		0		0 0	0	
02 0	04951 HEALTHY HEARTS CENTER	66, 953	0	3, 67	0	9, 930	
1	09001 CLI NI C	C	0		0 0	0	90
1	04953 SPI NE CENTER	C	0		0 0	0	
	04954 INFUSION CENTERS		0	8	31 0	4, 995	
	09002 MEDCHECK CLINICS 09003 KNEE CENTER	111, 589	0		0	0 11, 987	
	09003 NEE CENTER 09004 PALLIATIVE CARE	111, 309	0		0 0	844	
	09005 MULTI DI SCI PLI NARY CLI NI C		0		0 0	0	90
	09006 WORK SITE CLINICS	C	0		0 0	0	90
	04961 FAMILY PRACTICE AND MATERNITY CARE	C	0		0 0	0	90
	09100 EMERGENCY	449, 545	2, 253, 708	81, 56	6 0	579, 019	
	D9200 OBSERVATION BEDS (NON-DISTINCT PART) DTHER REIMBURSABLE COST CENTERS						92
	JIDEK KELMBUKSABLE UUSI UENTEKS						4

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-25	552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	1	Period: From 01/01/2022 Fo 12/31/2022	Worksheet B Part I Date/Time Prepa 5/25/2023 1:46	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON			RECORDS &	
			SUPPLY		LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS		15 101 (01			7.000 (7)	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 041, 755	15, 181, 601	13, 407, 74	7 17, 728, 827	7, 329, 676 1	18.00
NONREI MBURSABLE COST CENTERS	0				01	00.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0		90.00
191.00 19100 RESEARCH	0	0	(	0		91.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	(	0		92.00
	0	0	(	0		94.00
194. 01 07951 CHNW LEASED SPACE	0	0	(	0		94.01
194. 02 07952 ACCOUNTABLE CARE	0	0	8	-		94.02
194. 03 07953 SCHOOL BASED CLINICS	0	0	130	0		94.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	5.04	0		94.04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	0	5, 312	2 0		94.05
	0	0	10.00	0		94.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	10, 809	9 0		94.08
194.09 07959 SURGERY CENTER EAST	0	0	(	0 0		94.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	(			01.00
202.00  TOTAL (sum lines 118 through 201)	6, 041, 755	15, 181, 601	13, 424, 092	2 17, 728, 827	7, 329, 676 2	02.00

	ALLOCATION - GENERAL SERVICE COSTS	OMMUNITY HEALTH	Provider CC		riod: om 01/01/2022	Date/Time Pre	pared:
	Cost Center Description	SOCI AL SERVI CE	I NTERNS & SERVI CES-SALAR Y & FRI NGES 21. 00		Subtotal	5/25/2023 1:4 Intern & Residents Cost & Post Stepdown Adjustments 25.00	6 pm
	GENERAL SERVICE COST CENTERS	17.00	21.00	22.00	21.00	20.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LI BRARY						1.00 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	01700 SOCIAL SERVICE	3, 414, 131					17.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200 I & SERVICES-OTHER PRGM COSTS APPRVD	0		12, 326, 219			22.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	2, 781, 081	3, 418, 226	7, 341, 974	130, 918, 879	-10, 760, 200	30,00
31.00	03100 I NTENSI VE CARE UNI T	493, 859			33, 622, 311		31.00
32.00	03200 CORONARY CARE UNI T	0	-	-	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	85, 497			4, 182, 376		35.00
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	53, 694	0	0	1, 312, 190	0	43.00
50.00	05000 OPERATI NG ROOM	0	768, 387	1, 650, 412	42, 441, 743	-2, 418, 799	50.00
51.00	05100 RECOVERY ROOM	0	0	0	2, 439, 449		51.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	6, 055, 041 9, 748, 031	0	52.00 54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	0	2, 722, 108	-	55.00
57.00	05700 CT SCAN	0	0	0	6, 653, 620		57.00
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	2, 464, 369		58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	46, 103		13, 503, 225		59.00
60.00 64.00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	0	0	0	20, 606, 527 3, 472, 030		60.00 64.00
65.00	06500 RESPI RATORY THERAPY	0	0	0	9, 187, 445		65.00
66.00	06600 PHYSI CAL THERAPY	0	274, 424	589, 433	12, 000, 379		66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	0	3, 480, 192		67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	0		1, 465, 537 6, 437, 599		68.00 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	1, 783, 305		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	44, 555, 929	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	43, 269, 666		72.00
73.00 73.01	07300 DRUGS CHARGED TO PATIENTS 07301 SPECIALTY PHARMACY	0	0	0	240, 104, 163 92, 710, 793		73.00 73.01
74.00	07400 RENAL DIALYSIS	0	0	0	2, 011, 272		74.00
76.00	03330 ENDOSCOPY	0	0	0	1, 600, 519		76.00
76. 01 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03951 LUTHERWOOD PARTNERSHI P	0	588, 365	1, 263, 744	19, 602, 403 6, 206, 672		76. 01 76. 03
76.03		0	59, 276	127, 317	3, 753, 975		
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	85, 620		65, 400, 568		76.05
76.06		0	0	0	9, 874, 463		76.06
76.07	03954 BREAST DI AGNOSTI C CENTER	0	0	0	3, 930, 371	0	76.07
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	2, 234, 020 648, 879		76. 97 76. 98
101.70	OUTPATIENT SERVICE COST CENTERS				010/0//		
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90. 00 90. 01	09000 CLINIC 04950 DIABETIC CARE CENTER		0	0	0	0	90.00 90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	0	2, 289, 575		90.02
90. 03	09001 CLI NI C	0	0	0	0	0	90. 03
90.04	04953 SPINE CENTER	0	0	0	15	0	90.04
90. 05 90. 06	04954 I NFUSI ON CENTERS 09002 MEDCHECK CLINICS		0	0	1, 070, 428 0	0	90. 05 90. 06
90.00 90.07	09003 KNEE CENTER	0	0	0	6, 505, 545	0	90.00
90.08	09004 PALLI ATI VE CARE	0	0	0	19, 781	0	90. 08
90.09	09005 MULTI DI SCI PLI NARY CLI NI C	0	0	0	19, 215		90.09
90. 10 90. 12	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 10 90. 12
			. 0	, <sup>0</sup>	0		<del>.</del>

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 1:46 pm
		INTERNS &	RESI DENTS		
Cost Center Description	SOCI AL SERVI CE	SERVI CES-SALAR Y & FRI NGES	SERVICES-OTHE PRGMCOSTS		Intern & Residents Cost & Post Stepdown Adjustments
	17.00	21.00	22.00	24.00	25.00
91. 00 09100 EMERGENCY	0	256, 861	551,70	9 37, 538, 992	
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		5 705 500	10 007 00		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3, 414, 131	5, 725, 583	12, 297, 92	6 897, 843, 600	-18, 023, 509 118. 00
NONREI MBURSABLE COST CENTERS		0			0 100 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH	0	0		0 0	0 190. 00 0 191. 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 186	0 191.00
192.0019200 PHYSICIANS PRIVATE OFFICES 194.00107950 HOME OFFICE	0	0		0 180	0192.00
194.0107950 CHNW LEASED SPACE	0	0		0 0	0194.00
194. 0207952 ACCOUNTABLE CARE	0	0		0 654, 439	
194. 03 07953 SCHOOL BASED CLINICS	0	0		0 223, 728	
194. 04 07954 SMO-NON PROVIDER BASED	0	0		0 1, 047, 122	
194. 05 07955 FAMILY PRACTICE MEDICINE	0	13, 172	28, 29		
194. 07 07957 LI FECHECK	0	13, 172	20, 27	0,214,343	0 194. 07
194. 08 07958 GROUP HOMES AND MISC. N R CTRS	0	0		0 12,067,631	0 194.08
194. 09 07 959 SURGERY CENTER EAST	0	0		0 12,007,001	0 194.09
200.00 Cross Foot Adjustments	U U	0		0 0	0 200. 00
201.00 Negative Cost Centers	0	0		0 0	0 201.00
202.00   TOTAL (sum lines 118 through 201)	3, 414, 131	5, 738, 755	12, 326, 21	9 920, 051, 249	

Heal th Financial	Systems		
COST ALLOCATION	- GENERAL	SERVI CE	COSTS

COMMUNITY HEALTH NETWORK, INC. Provider CCN: 15-0074 Period:

In Lieu of Form CMS-2552-10 Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Peri od:	Worksheet B
			From 01/01/2022 To 12/31/2022	Part I Date/Time Prepared
Cost Center Description	Total			5/25/2023 1:46 pm
	26.00			
GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT				1.
2. 00 00200 CAP REL COSTS-MVBLE EQUIP				2.
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.
5. 00 00500 ADMINI STRATI VE & GENERAL				5.
7.00 00700 OPERATION OF PLANT				7.
8.00 00800 LAUNDRY & LINEN SERVICE				8.
9. 00 00900 HOUSEKEEPI NG				9.
10. 00  01000  DI ETARY 11. 00  01100  CAFETERI A				10.
13. 00 01300 NURSING ADMINI STRATI ON				13.
14.00 01400 CENTRAL SERVICES & SUPPLY				14.
15. 00 01500 PHARMACY				15.
16.00 01600 MEDI CAL RECORDS & LI BRARY				16.
17.00 01700 SOCIAL SERVICE				17.
21. 00  02100   I & SERVI CES-SALARY & FRI NGES APPRVD 22. 00  02200   I & SERVI CES-OTHER PRGM COSTS APPRVD				21.
INPATIENT ROUTINE SERVICE COST CENTERS				22.
30. 00 03000 ADULTS & PEDI ATRI CS	120, 158, 679			30.
31.00 03100 I NTENSI VE CARE UNI T	33, 269, 857			31.
32.00 03200 CORONARY CARE UNI T	0			32.
35.00 02060 NEONATAL INTENSIVE CARE UNIT	3, 816, 100			35.
43. 00 04300 NURSERY	1, 312, 190			43.
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM	40, 022, 944			50.
51. 00 05100 RECOVERY ROOM	2, 439, 449			50.
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 055, 041			52.
54.00 05400 RADI OLOGY-DI AGNOSTI C	9, 748, 031			54.
55. 00 05500 RADI OLOGY-THERAPEUTI C	2, 722, 108			55.
57.00 05700 CT SCAN	6, 653, 620			57.
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	2, 464, 369			58.
59. 00  05900  CARDI AC CATHETERI ZATI ON 60. 00  06000  LABORATORY	13, 358, 097 20, 606, 527			59. 60.
64. 00 06400 I NTRAVENOUS THERAPY	3, 472, 030			64.
65.00 06500 RESPI RATORY THERAPY	9, 187, 445			65.
66. 00 06600 PHYSI CAL THERAPY	11, 136, 522			66.
67.00 06700 OCCUPATI ONAL THERAPY	3, 480, 192			67.
68.00 06800 SPEECH PATHOLOGY	1, 465, 537			68.
	6, 437, 599			69. 70.
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 783, 305 44, 555, 929			70.
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	43, 269, 666			72.
73.00 07300 DRUGS CHARGED TO PATIENTS	240, 104, 163			73.
73.01 07301 SPECIALTY PHARMACY	92, 710, 793			73.
74.00 07400 RENAL DI ALYSI S	2,011,272			74.
76. 00  03330  ENDOSCOPY 76. 01  03550  PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1,600,519			76.
76. 03 03951 LUTHERWOOD PARTNERSHIP	17, 750, 294 6, 206, 672			76. 76.
76. 04 03952 WOUND CARE CENTER	3, 567, 382			76.
76.05 03480 ONCOLOGY-CANCER CARE CENTER	65, 131, 045			76.
76.06 03953 I MAGI NG CENTERS	9, 874, 463			76.
76.07 03954 BREAST DIAGNOSTIC CENTER	3, 930, 371			76.
76. 97 07697 CARDI AC REHABI LI TATI ON	2, 234, 020			76.
76. 98 07698 HYPERBARI C 0XYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	648, 879			76.
88.00 08800 RURAL HEALTH CLINIC	0			88.
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			89.
90. 00 09000 CLINIC	0			90.
90. 01 04950 DI ABETI C CARE CENTER	0			90.
90. 02 04951 HEALTHY HEARTS CENTER	2, 289, 575			90.
90. 03 09001 CLINIC	0			90.
90. 04 04953 SPINE CENTER 90. 05 04954 INFUSION CENTERS	15 1, 070, 428			90. 90.
90. 06 09002 MEDCHECK CLINICS	1,070,428			90.
90. 07 09003 KNEE CENTER	6, 505, 545			90.
90. 08 09004 PALLI ATI VE CARE	19, 781			90.
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	19, 215			90.
90. 10 09006 WORK SITE CLINICS	0			90.
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0			90.
91.00 09100 EMERGENCY	36, 730, 422			91. 92.
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS				92.
OTTER REPRESENTATE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0			98.
98. 00 09850 OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS	0			98.

## Health Financial Systems C

COMMUNI TY	HEALTH	NETWORK,	INC.

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 1:46 pm
Cost Center Description	Total			
	26.00			
NONREI 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 CLANS' PRI VATE OFFI CES	186			192.00
194.0007950 HOME OFFICE	0			194.00
194.0107951 CHNW LEASED SPACE	0			194.01
194. 02 07952 ACCOUNTABLE CARE	654, 439			194.02
194.0307953 SCHOOL BASED CLINICS	223, 728			194.03
194.0407954 SMO-NON PROVIDER BASED	1,047,122			194.04
194.0507955 FAMILY PRACTICE MEDICINE	8, 173, 078			194.05
194. 07 07957 LI FECHECK	0			194.07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	12, 067, 631			194.08
194.0907959 SURGERY CENTER EAST	0			194.09
200.00 Cross Foot Adjustments	0			200.00
201.00 Negative Cost Centers	0			201.00
202.00 TOTAL (sum lines 118 through 201)	901, 986, 275			202.00

	Financial Systems C TION OF CAPITAL RELATED COSTS	OMMUNI TY HEALTH	Provi der C		Period: From 01/01/2022	u of Form CMS-: Worksheet B Part II	2552-10
					o 12/31/2022	Date/Time Pre 5/25/2023 1:4	
			CAPI TAL RE	LATED COSTS			
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS	-		1			
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	0	151, 818	24, 404	176, 222	176, 222	2.00
5.00	00500 ADMI NI STRATI VE & GENERAL	0				7, 466	1
7.00	00700 OPERATION OF PLANT	0	2, 698, 074			1, 615	
8.00	00800 LAUNDRY & LINEN SERVICE	0			-	0	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	0				2, 781 731	
11.00	01100 CAFETERIA	0	564, 226			1, 856	
13.00	01300 NURSI NG ADMI NI STRATI ON	0	203, 142			2, 194	
14.00	01400 CENTRAL SERVICES & SUPPLY	0	407, 591			305	
15.00		0	230, 716			6, 498	
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0				97 1, 400	
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0				3, 101	
22.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	0	107, 490			7, 049	
~~ ~~	I NPATI ENT ROUTI NE SERVI CE COST CENTERS			1 500 01/	5 000 044		
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	4, 339, 330 1, 159, 658			38, 692 9, 177	
31.00	03200 CORONARY CARE UNIT	0	1, 159, 056	1,022,392		9, 177	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	64, 930		-	1, 401	
43.00	04300 NURSERY	0	50, 743			343	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS		0 454 457		4 540 000	( 001	1 50 00
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	2, 151, 157 198, 929			6, 801 549	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0				1, 823	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0				2, 356	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	3, 922			604	
57.00	05700 CT SCAN	0				1, 732	
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	0		717, 588 1, 238, 350		540 2, 957	
60.00	06000 LABORATORY	0				0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	53, 479	9, 092	62, 571	967	64.00
65.00	06500 RESPI RATORY THERAPY	0	21, 910			3, 733	
66.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	,			3,663	
67.00 68.00	06800 SPEECH PATHOLOGY	0	75, 582 31, 787			1, 226 516	
69.00	06900 ELECTROCARDI OLOGY	0				2, 298	
	07000 ELECTROENCEPHALOGRAPHY	0	2, 082	143, 975	146, 057	536	70.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0				0	72.00
	07301 SPECIALTY PHARMACY	0			0	1, 426	
74.00	07400 RENAL DI ALYSI S	0	9, 877		9, 877	7	74.00
76.00	03330 ENDOSCOPY	0	0	147, 371		399	
76. 01 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03951 LUTHERWOOD PARTNERSHI P	0	115, 431	1, 689, 419 155, 324		21, 682 2, 970	
76.03	03951 LUTHERWOOD PARTNERSHIP	0	104, 222			2,970	76.03
	03480 ONCOLOGY-CANCER CARE CENTER	0	2,093,176			10, 571	
	03953 I MAGI NG CENTERS	0	73, 936			2, 711	
	03954 BREAST DI AGNOSTI C CENTER	0	130, 852			0	
76.97 76.98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	0	143, 369 20, 626			642 107	
70. 70	OUTPATIENT SERVICE COST CENTERS	0	20,020	η <u>1,141</u>	21,707	107	/0.70
88.00	08800 RURAL HEALTH CLINIC	0	C		0	0	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0 0	0	0	
90.00		0	0		0	0	90.00
90. 01 90. 02	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER		80, 400	169, 354	0 0 249, 754	0 1, 363	
90.02 90.03	09001 CLINIC	0	0	)	0	1, 303	
90.04	04953 SPI NE CENTER	0	0		o o	0	
	04954 INFUSION CENTERS	0	0	210, 576	210, 576	314	
90.06	09002 MEDCHECK CLINICS	0				0	90.06
90. 07 90. 08	09003 KNEE CENTER 09004 PALLIATIVE CARE		354, 887 5, 423		370, 185 5, 423	1, 504 0	
90.08 90.09	09004 PALLIATIVE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	0	0, 423	3, 568		0	90.08
	09006 WORK SITE CLINICS	0	0		0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	) (	0	0	90.12
91.00	09100 EMERGENCY	0	1, 609, 374	376, 463	1, 985, 837	9, 114	91.00

······································	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Pre 5/25/2023 1:4	
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
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)	0	20, 423, 601	31, 957, 08	4 52, 380, 685	168, 494	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	15	6 156	0	192.00
194.0007950 HOME OFFICE	0	0		0 0	0	194.00
194.0107951 CHNW LEASED SPACE	0	0		0 0	0	194.01
194.0207952 ACCOUNTABLE CARE	0	0		0 0	286	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0		0 0	61	194.03
194.0407954 SMO-NON PROVIDER BASED	0	0		0 0	456	194.04
194.0507955 FAMILY PRACTICE MEDICINE	0	0	1, 429, 67	4 1, 429, 674	2, 550	194.05
194. 07 07957 LI FECHECK	0	0		0 0	0	194.07
194.0807958 GROUP HOMES AND MISC. N R CTRS	0	146, 564	183, 07	7 329, 641	4, 375	194.08
194.0907959 SURGERY CENTER EAST	0	0		0 0	0	194.09
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	20, 570, 165	33, 569, 99	54, 140, 156		•

Heal th	Financial Systems	COMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-:	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider C		eriod: rom 01/01/2022	Worksheet B Part II	
				T		Date/Time Pre	
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	5/25/2023 1:4 DI ETARY	6 pm
		& GENERAL	PLANT	LINEN SERVICE			
	GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL	10, 627, 184					4.00 5.00
5.00 7.00	00700 OPERATION OF PLANT	342, 626	3, 320, 547				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	19, 120	0	19, 120			8.00
9.00	00900 HOUSEKEEPI NG	97, 070	50, 697		438, 775		9.00
10.00		35, 886	44, 689		5, 997	344, 043	•
11.00 13.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	54, 786 168, 523	111, 561 40, 166	0	14, 970 5, 390	0	
	01400 CENTRAL SERVICES & SUPPLY	143, 965	80, 590		10, 814	0	
15.00	01500 PHARMACY	194, 561	45, 618		6, 121	0	15.00
	01600 MEDI CAL RECORDS & LI BRARY	83, 841	5, 572		748	0	
17.00 21.00	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	36, 867 63, 815	13, 078	0	1, 755 0	0	
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	137, 954	21, 253		Ű	0	•
	INPATIENT ROUTINE SERVICE COST CENTERS				,	-	
	03000 ADULTS & PEDIATRICS	1, 069, 937	857, 990		115, 131	290, 562	•
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	307, 804	229, 292		30, 768	53, 481	•
32.00	02060 NEONATAL INTENSIVE CARE UNIT	40, 044	12, 838	0	1, 723	0	
43.00	04300 NURSERY	11, 818	10, 033		1, 346	0	•
	ANCI LLARY SERVI CE COST CENTERS		I I	1			1
	05000 OPERATING ROOM	362, 767	425, 335		57,075	0	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	22, 237 58, 177	39, 333 43, 225		5, 278 5, 800	0	51.00 52.00
	05400 RADI OLOGY-DI AGNOSTI C	91,008	132, 714		17, 809	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	29, 967	775		104	0	55.00
57.00	05700 CT SCAN	71, 987	5, 974		802	0	
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	27, 779 122, 345	57 69, 887	0 226	8 9, 378	0	58.00 59.00
60.00	06000 LABORATORY	230, 493	21, 646		2,905	0	
64.00	06400 I NTRAVENOUS THERAPY	37, 964	10, 574		1, 419	0	64.00
65.00	06500 RESPI RATORY THERAPY	102, 710			581	0	
66.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	120, 852	45,001	0	6, 039	0	66.00
67.00 68.00	06800 SPEECH PATHOLOGY	37, 339 15, 709	14, 944 6, 285		2, 005 843	0	67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	69, 805	10, 177		1, 366	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	20, 003	412		55	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	491, 776		-	0	0	71.00
72.00	07300 DRUGS CHARGED TO PATIENTS	497, 437 2, 440, 597			0	0	
	07301 SPECIALTY PHARMACY	1, 065, 654	0			0	•
	07400 RENAL DI ALYSI S	22, 820			262	0	
		17, 748	0		0	0	
76. 01 76. 03	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03951 LUTHERWOOD PARTNERSHI P	199, 280 71, 588	22, 823	0	3, 063	0	76.01 76.03
	03952 WOUND CARE CENTER	37, 215	20, 607	-	2, 765	0	76.04
	03480 ONCOLOGY-CANCER CARE CENTER	681, 954	413, 870	0	55, 536	0	
	03953 I MAGI NG CENTERS	110, 122	14, 619		1, 962	0	
	03954 BREAST DI AGNOSTI C CENTER 07697 CARDI AC REHABI LI TATI ON	41, 762 21, 365	25, 873 28, 347		3, 472 3, 804	0	76.07 76.97
	07698 HYPERBARI C OXYGEN THERAPY	6, 795				0	76.98
	OUTPATIENT SERVICE COST CENTERS						1
	08800 RURAL HEALTH CLINIC	0	C	0	0	0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0		0	0	0	
	04950 DI ABETI C CARE CENTER	0		0	0	0	•
	04951 HEALTHY HEARTS CENTER	23, 376	15, 897	2	2, 133	0	
	09001 CLI NI C	0	C	0	0	0	90.03
	04953 SPINE CENTER	0	0	0	0	0	
90. 05 90. 06	04954 INFUSION CENTERS 09002 MEDCHECK CLINICS	12, 306		0	0	0	90.05 90.06
	09003 KNEE CENTER	64, 282	70, 170	0	9, 416	0	90.00
90.08	09004 PALLI ATI VE CARE	75	1, 072		144	0	90.08
	09005 MULTI DI SCI PLI NARY CLI NI C	222	0	0	0	0	
	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	0		0	0	0	
	09100 EMERGENCY	339, 098	318, 211	3, 525	42, 700	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)				.2, , 50	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	C	0	0	0	98.00

Health Financial Systems CC	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	1	Period: From 01/01/2022 Fo 12/31/2022	Worksheet B Part II Date/Time Prep 5/25/2023 1:46	pared:
Cost Center Description	ADMI NI STRATI VE & GENERAL		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DI ETARY	
	5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS			_			
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10, 375, 231	3, 291, 568	19, 120	0 434, 886	344, 043	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	2	0	(	0 0	0	192.00
194.0007950 HOME OFFICE	0	0	(	0 0	0	194.00
194.0107951CHNW LEASED SPACE	0	0	(	0 0	0	194.01
194.0207952 ACCOUNTABLE CARE	7, 558	0	(	0 0	0	194. 02
194.0307953 SCHOOL BASED CLINICS	2, 583	0	(	0 0	0	194.03
194.0407954 SMO-NON PROVIDER BASED	12, 095	0	(	0 0	0	194.04
194.0507955 FAMILY PRACTICE MEDICINE	94, 345	0	(	0 0	0	194.05
194. 07 07957 LI FECHECK	0	0	(	0 0	0	194. 07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	135, 370	28, 979	(	3, 889	0	194. 08
194.0907959 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)	10, 627, 184	3, 320, 547	19, 120	438, 775	344, 043	202.00

	Financial Systems Co TION OF CAPITAL RELATED COSTS	OMMUNI TY HEALTH	I NETWORK, INC. Provider CC		eriod: rom 01/01/2022	u of Form CMS-: Worksheet B Part II Date/Time Pre 5/25/2023 1:4	pared:
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
	OFNERAL CERVICE COST OFNITERS	11.00	13.00	14.00	15.00	16.00	
15.00 16.00 17.00 21.00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FIXT O0200 CAP REL COSTS-MVBLE EQUIP O0400 EMPLOYEE BENEFITS DEPARTMENT O0500 ADMINISTRATIVE & GENERAL O0700 OPERATION OF PLANT O0800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	931, 120 19, 163 3, 439 54, 541 983 10, 810 32, 921 20, 637	481, 606 0 0 0 0	3, 185, 476 5 3 10 111 415	1, 570, 183 0 0 0 0	119, 424 0 0 0	1.00 2.00 4.00 5.00 7.00 8.00 9.00 11.00 11.00 13.00 14.00 15.00 16.00 17.00 21.00 22.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	264, 352	273, 400	31, 735	0	7, 900	30.00
30.00 31.00 32.00 35.00 43.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	64, 859 64, 859 9, 827 2, 457	67, 070 0 0	11, 443 11, 443 0 1, 313 518	0 0 0 0	7,900 2,594 0 739 85	30.00 31.00 32.00 35.00 43.00
	ANCILLARY SERVICE COST CENTERS						1
$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 55.\ 00\\ 59.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 01\\ 76.\ 03\\ 76.\ 04\\ 76.\ 05\\ 76.\ 06\\ 76.\ 07\\ 76.\ 97\\ \end{array}$	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY-THERAPEUTIC 05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 06900 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07300 RENAL DIALYSIS 07300 RENAL DIALYSIS 03330 ENDOSCOPY 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	53, 558 3, 439 11, 301 11, 301 4, 914 17, 689 3, 439 21, 620 0 7, 370 22, 602 15, 232 8, 844 3, 931 22, 111 4, 422 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 11, 536 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	229, 600 382 2, 231 0 5, 768 1, 550 3 258, 602 32, 897 311 2, 949 1, 912 309 130 4, 382 1, 072 423, 096 0 2, 070, 544 52, 481 148 722 2, 270 1, 837 3, 186 17, 650 1, 088 0 320 359	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 755 532 366 2, 098 1, 024 3, 774 597 11, 507 4, 276 215 1, 408 706 245 103 1, 865 222 3, 242 3, 352 37, 765 3, 799 201 181 565 21 420 9, 820 2, 666 225 137 86	$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 52.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 01\\ 76.\ 03\\ 76.\ 05\\ 76.\ 66\\ 76.\ 07\\ 76.\ 97\\ \end{array}$
$\begin{array}{c} 89.\ 00\\ 90.\ 00\\ 90.\ 01\\ 90.\ 02\\ 90.\ 03\\ 90.\ 04\\ 90.\ 05\\ 90.\ 06\\ 90.\ 07\\ 90.\ 08\\ 90.\ 09\\ 90.\ 10\\ 90.\ 12\\ 91.\ 00\\ \end{array}$	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 04950 DI ABETIC CARE CENTER 04951 HEALTHY HEARTS CENTER 04953 SPINE CENTER 04954 INFUSION CENTERS 09002 MEDCHECK CLINICS 09004 PALLIATIVE CARE 09004 PALLIATIVE CARE 09005 MULTIDISCIPLINARY CLINIC 09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0 0 0 10, 318 0 0 0 17, 197 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 871 0 19 0 19 0 19 0 0 0 0 0 19, 355		0 0 0 163 0 82 0 196 14 0 0 9, 478	90. 00 90. 01 90. 02 90. 03 90. 04 90. 05 90. 06 90. 07 90. 08 90. 09 90. 10 90. 12
12.00	OTHER REIMBURSABLE COST CENTERS	I	I I				/2.00
			0	0	0		

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 01/01/2022	Worksheet B Part	
			Ť			
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	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	931, 120	481, 606	3, 181, 598	1, 570, 183	119, 424	118.00
NONREI MBURSABLE COST CENTERS						100.00
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
	0	0	0	0		194.00
194. 01 07951 CHNW LEASED SPACE	0	0	0	0		194.01
194. 02 07952 ACCOUNTABLE CARE	0	0	21	0		194.02
194. 03 07953 SCHOOL BASED CLINICS	0	0	32	0		194.03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	0	0		194.04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	0	1, 260	0		194.05
	0	0		0		194.07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	2, 565	0		194.08
194. 09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments	0		0	0	0	200.00
201.00 Negative Cost Centers	021 120	401 (0(	0 2 105 474	1 570 102		201.00
202.00  TOTAL (sum lines 118 through 201)	931, 120	481, 606	3, 185, 476	1, 570, 183	119, 424	1202. UU

Heal th	Fi nan	ci al	Syste	ems		
				DEL	ATED	C

	TI ON OF CAPITAL RELATED COSTS	UMMUNITT HEALT	Provider C	CN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
			I NTERNS &	RESI DENTS		5/25/2023 1:4	
	Cost Center Description	SOCI AL SERVI CE	SERVI CES-SALAR Y & FRI NGES	SERVICES-OTH PRGMCOSTS		Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	21.00	22.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS		1				
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINI STRATI ON 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY						1.00 2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00
	01700 SOCIAL SERVICE	130, 216					17.00
	02100 I & SERVI CES-SALARY & FRI NGES APPRVD 02200 I & SERVI CES-OTHER PRGM COSTS APPRVD	0		366, 08	21		21.00
ZZ. UU	INPATIENT ROUTINE SERVICE COST CENTERS	0	1	1 300, 08		I	22.00
30.00	03000 ADULTS & PEDI ATRI CS	106, 071			9, 003, 653		30.00
	03100 I NTENSI VE CARE UNI T	18, 836			2, 979, 147 0		31.00
32.00 35.00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	03, 261			166, 839	-	32.00 35.00
	04300 NURSERY	2, 048			134, 288		43.00
F0 00	ANCI LLARY SERVICE COST CENTERS		1		F 700 F4/		1 50 00
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0			5, 739, 546 387, 037		50.00 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0			578, 024		52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0			1, 651, 734		54.00
55.00 57.00	05500 RADI OLOGY-THERAPEUTI C	0			80, 547	0	55.00 57.00
57.00 58.00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)				748, 921 750, 302	-	57.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0			2, 088, 330		59.00
60.00	06000 LABORATORY	0			500, 906		60.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0			121, 391 247, 371		64.00 65.00
66.00	06600 PHYSI CAL THERAPY	0			1, 545, 071		66.00
67.00	06700 OCCUPATI ONAL THERAPY	0			153, 995		67.00
68.00		0			64, 984		68.00
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY				837, 005 172, 779		69.00 70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			918, 114		•
	07200 I MPL. DEV. CHARGED TO PATIENTS	0			500, 789		•
	07300 DRUGS CHARGED TO PATIENTS 07301 SPECIALTY PHARMACY	0			6, 119, 089 1, 123, 360		73.00
	07400 RENAL DI ALYSI S	0			35, 268		74.00
76.00	03330 ENDOSCOPY	0			169, 724		76.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03951 LUTHERWOOD PARTNERSHI P	0			2, 083, 523		76.01
	03952 WOUND CARE CENTER	0			231, 740 181, 082		76.03
	03480 ONCOLOGY-CANCER CARE CENTER	0			6, 086, 808		76.05
	03953 I MAGI NG CENTERS	0			1, 575, 982		76.06
	03954 BREAST DI AGNOSTI C CENTER 07697 CARDI AC REHABI LI TATI ON	0			296, 153 368, 969		76.07
	07698 HYPERBARI C OXYGEN THERAPY	0			308, 707		76.98
88.00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0			0	0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	•
	09000 CLINIC	0			0	0	90.00
	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER				0 303, 877	0	90.01
	09001 CLINIC	0			0	0	90.02
90.04	04953 SPI NE CENTER	0			0	0	90.04
	04954 INFUSION CENTERS	0			223, 297	0	90.05
	09002 MEDCHECK CLINICS 09003 KNEE CENTER				0 532, 951	0	90.06
	09004 PALLI ATI VE CARE	0			6, 728		90.07
90.09	09005 MULTI DI SCI PLI NARY CLI NI C	0			3, 790	0	90.09
	09006 WORK SITE CLINICS	0			0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	1		0	0	90.12

Health Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2552-	-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared 5/25/2023 1:46 pm	d:
		INTERNS &	RESI DENTS			
Cost Center Description	SOCI AL SERVI CE	Y & FRINGES	PRGM COSTS		Intern & Residents Cost & Post Stepdown Adjustments	
	17.00	21.00	22.00	24.00	25.00	
91.00 09100 EMERGENCY	0			2, 868, 093	0 91.0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					0 92.0	00
98. 00 09850 OTHER REI MBURSABLE COST CENTERS	0		1	0	0 98.0	00
SPECIAL PURPOSE COST CENTERS	0		I	0	0 70.0	00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	130, 216	0	1	0 51, 615, 929	0 118. (	00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			0	0 190. (	
191. 00 19100 RESEARCH	0			0	0 191. (	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0			158	0 192. (	
194.0007950 HOME OFFICE	0			0	0 194. 0	
194. 01 07951 CHNW LEASED SPACE	0			0	0 194. (	
194. 02 07952 ACCOUNTABLE CARE	0			7, 865	0 194. (	
194. 03 07953 SCHOOL BASED CLINICS	0			2, 676	0 194. (	
194. 04 07954 SMO-NON PROVIDER BASED	0			12, 551	0 194. 0 0 194. 0	
194. 05 07955  FAMILY PRACTICE MEDICINE 194. 07 07957  LIFECHECK	0			1, 527, 829	0 194.0	
194.08/07958 GROUP HOMES AND MISC. N R CTRS	0			504, 819	0194.0	
194. 09 07959 SURGERY CENTER EAST	0			504, 619	0 194. 0	
200.00 Cross Foot Adjustments	0	102, 248	366, 08	468, 329	0 200. 0	
201.00 Negative Cost Centers	0	102, 240 N	300,00	0 0	0 200. 0	
202.00 TOTAL (sum lines 118 through 201)	130, 216	102, 248	366, 08	°	0 202. 0	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074		rksheet B
				rt II te/Time Prepared:
Cost Center Description	Total		5/	25/2023 1:46 pm
	26.00			
GENERAL SERVICE COST CENTERS	1			1.00
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL				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
11.00 01100 CAFETERIA				11.00
13. 00 01300 NURSING ADMINISTRATION				13.00
14. 00  01400  CENTRAL SERVICES & SUPPLY 15. 00  01500  PHARMACY				14.00 15.00
16. 00 01600 MEDICAL RECORDS & LIBRARY				16.00
17. 00 01700 SOCIAL SERVICE				17.00
21.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD				22.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS	9, 003, 653			30.00
31.00 03100 INTENSIVE CARE UNIT	2, 979, 147			31.00
32.00 03200 CORONARY CARE UNIT	0			32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY	166, 839 134, 288			35.00 43.00
ANCI LLARY SERVI CE COST CENTERS	134, 200			43.00
50. 00 05000 OPERATING ROOM	5, 739, 546			50.00
51. 00 05100 RECOVERY ROOM	387,037			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	578, 024			52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	1, 651, 734			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	80, 547			55.00
57.00 05700 CT SCAN	748, 921			57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	750, 302			58.00
59. 00  05900  CARDI AC_CATHETERI ZATI ON 60. 00  06000  LABORATORY	2, 088, 330 500, 906			59.00 60.00
64. 00 06400 I NTRAVENOUS THERAPY	121, 391			64.00
65. 00 06500 RESPI RATORY THERAPY	247, 371			65.00
66.00 06600 PHYSI CAL THERAPY	1, 545, 071			66.00
67.00 06700 OCCUPATI ONAL THERAPY	153, 995			67.00
68.00 06800 SPEECH PATHOLOGY	64, 984			68.00
69.00 06900 ELECTROCARDI OLOGY	837,005			69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	172, 779			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	918, 114 500, 789			71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	6, 119, 089			73.00
73. 01 07301 SPECIALTY PHARMACY	1, 123, 360			73.01
74.00 07400 RENAL DI ALYSI S	35, 268			74.00
76. 00 03330 ENDOSCOPY	169, 724			76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 083, 523			76.01
76. 03 03951 LUTHERWOOD PARTNERSHIP	231, 740			76.03
76.04 03952 WOUND CARE CENTER	181, 082			76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	6,086,808			76.05
76.06 03953 I MAGI NG CENTERS 76.07 03954 BREAST DI AGNOSTI C CENTER	1, 575, 982 296, 153			76.06 76.07
76. 97 07697 CARDI AC REHABILI TATI ON	368, 969			76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	34, 722			76. 98
OUTPATIENT SERVICE COST CENTERS	· · · ·			
88. 00 08800 RURAL HEALTH CLINIC	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90. 00 09000 CLINIC	0			90.00
90. 01 04950 DI ABETI C CARE CENTER				90.01
90. 02  04951  HEALTHY HEARTS CENTER 90. 03  09001  CLI NI C	303, 877			90. 02 90. 03
90. 04 04953 SPINE CENTER				90.03
90. 05   04954   I NFUSI ON CENTERS	223, 297			90.04
90. 06 09002 MEDCHECK CLINICS	0			90.06
90. 07 09003 KNEE CENTER	532, 951			90.07
90. 08 09004 PALLI ATI VE CARE	6, 728			90.08
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	3, 790			90.09
90. 10 09006 WORK SITE CLINICS	0			90.10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE				90.12
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 868, 093			91.00 92.00
07100 09200 0BSERVATION BEDS (NON-DISTINCT PART)				92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0			98.00
SPECIAL PURPOSE COST CENTERS	· · · ·			
	E1 (1E 000			110.00

70.00 0	THER RETINDER OF THERE	0	70.00
S	PECIAL PURPOSE COST CENTERS		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51, 615, 929	118.00

Health Financial Systems	COMMUNITY HEALTH N	NETWORK, INC.	In Lieu	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Date/Time Prepared:
Cost Center Description	Total			5/25/2023 1:46 pm
	26.00			
NONREI 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 CLANS' PRI VATE OFFI CES	158			192.00
194.0007950 HOME OFFICE	0			194.00
194.0107951CHNW LEASED SPACE	0			194. 01
194. 02 07952  ACCOUNTABLE CARE	7, 865			194. 02
194. 03 07953 SCHOOL BASED CLINICS	2, 676			194. 03
194.0407954 SMO-NON PROVIDER BASED	12, 551			194. 04
194.0507955 FAMILY PRACTICE MEDICINE	1, 527, 829			194. 05
194. 07 07957  LI FECHECK	0			194. 07
194.0807958 GROUP HOMES AND MISC. N_R CTRS	504, 819			194. 08
194.0907959 SURGERY CENTER EAST	0			194. 09
200.00 Cross Foot Adjustments	468, 329			200.00
201.00 Negative Cost Centers	0			201.00
202.00  TOTAL (sum lines 118 through 201)	54, 140, 156			202.00

Heal th	Fi nanci al	Systems	
COST A		- STATISTICAL	RA

### COMMUNITY HEALTH NETWORK, INC.

LUST A	LLOCATION - STATISTICAL BASIS		Provider CC		Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Pre 5/25/2023 1:4	pared:
		CAPI TAL RE	LATED COSTS				
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT	849, 674					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	( )71	33, 938, 335	247 007 01	7		2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	6, 271 38, 266		247, 997, 81 10, 500, 10		773, 013, 113	4.00
7.00	00700 OPERATION OF PLANT	111, 447		2, 271, 28			
3.00	00800 LAUNDRY & LINEN SERVICE	C			0 0		
9.00	00900 HOUSEKEEPI NG	10, 591	32, 173	3, 911, 56	6 0	7, 060, 656	9.00
	01000 DI ETARY	9, 336		1, 028, 18		2, 610, 252	
		23, 306		2, 610, 32			
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	8, 391 16, 836		3, 085, 19 429, 18			
	01500 PHARMACY	9, 530		9, 139, 91	· · ·		
	01600 MEDI CAL RECORDS & LI BRARY	1, 164		136, 77		6, 098, 418	
	01700 SOCIAL SERVICE	2, 732		1, 969, 34			
	02100 I &R SERVICES-SALARY & FRINGES APPRVD	C	2, 325	4, 361, 69			
22.00	02200 I & R SERVICES-OTHER PRGM COSTS APPRVD	4,440	69, 182	9, 914, 49	в О	10, 034, 449	22.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	170 041	1 (17 470	E4 E44 14	5 0	77 004 005	30.00
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	179, 241 47, 901		54, 566, 14 12, 907, 14			
	03200 CORONARY CARE UNIT	47,701	0	12, 707, 14	0 0		1
	02060 NEONATAL INTENSIVE CARE UNIT	2,682	31, 101	1, 970, 57	-	-	
43.00	04300 NURSERY	2, 096	52, 666	482, 37	6 0	859, 647	43.00
	ANCI LLARY SERVI CE COST CENTERS				-		
	05000 OPERATING ROOM	88, 856		9, 565, 01			
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	8, 217 9, 030		772, 530 2, 563, 68			
	05400 RADI OLOGY-DI AGNOSTI C	27, 725		3, 313, 71			1
	05500 RADI OLOGY-THERAPEUTI C	162		849, 02		2, 179, 700	1
57.00	05700 CT SCAN	1, 248	621, 950	2, 436, 18	3 0	5, 236, 205	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	12		759, 179			
	05900 CARDI AC CATHETERI ZATI ON	14,600		4, 158, 96			1
	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	4, 522 2, 209		1, 359, 78 <sup>°</sup>	0 1 0	16, 765, 597 2, 761, 402	1
	06500 RESPI RATORY THERAPY	905		5, 250, 04			
	06600 PHYSI CAL THERAPY	9, 401		5, 152, 41			
	06700 OCCUPATI ONAL THERAPY	3, 122	13, 649	1, 724, 75	7 0	2, 715, 960	67.00
	06800 SPEECH PATHOLOGY	1, 313		725, 65		1, 142, 672	
		2, 126		3, 232, 17			
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	86	145, 555	753, 63			
	07200 I MPL. DEV. CHARGED TO PATIENTS				0 0		
	07300 DRUGS CHARGED TO PATIENTS	C	0	(	0 0	177, 538, 398	
73.01	07301 SPECIALTY PHARMACY	C	0	2,006,008	в О	77, 513, 381	
	07400 RENAL DI ALYSI S	408		10, 47		1, 659, 892	
	03330 ENDOSCOPY 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	4 749	148, 988 1, 707, 955	561, 36 <sup>,</sup> 30, 495, 75		1, 290, 980	
	03951 LUTHERWOOD PARTNERSHIP	4, 768	157,028	4, 177, 48		14, 495, 233 5, 207, 163	
	03952 WOUND CARE CENTER	4, 305		951, 80		2, 706, 931	
	03480 ONCOLOGY-CANCER CARE CENTER	86, 461		14, 867, 11		49, 603, 887	
76.06	03953 I MAGI NG CENTERS	3, 054		3, 812, 40		8, 010, 004	76.06
	03954 BREAST DIAGNOSTIC CENTER	5, 405		120		3, 037, 643	
	07697 CARDI AC REHABI LI TATI ON	5, 922		902, 99		1, 554, 076	
	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	852	2 1, 154	150, 51	3 0	494, 249	76. 98
	08800 RURAL HEALTH CLINIC	0		(	0 0	0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	C	0	(	0 0	0	•
90.00	09000 CLI NI C	C	0	(	0 0	0	
	04950 DIABETIC CARE CENTER	C	0	(	0 0	0	
	04951 HEALTHY HEARTS CENTER	3, 321	171, 212	1, 916, 48	6 0	1, 700, 348	
	09001 CLINIC			(		0	
	04953 SPI NE CENTER 04954 I NFUSI ON CENTERS		212, 886	441, 97		13 895, 093	
	09002 MEDCHECK CLINICS		) 212,000		0 0 0	045,045	1
	09003 KNEE CENTER	14, 659	15, 466	2, 114, 92	1 0	4, 675, 699	
	09004 PALLIATIVE CARE	224		(	0 0	5, 423	1
	09005 MULTI DI SCI PLI NARY CLI NI C	C	3, 607	(	0 0	16, 144	90.09
90.10	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	C		(	0 0	0	
			0		0 0	0	90.12

eal th Financi	ON - STATISTICAL BASIS	OMMUNITY HEALTH	Provider CC	N. 1E 0074		u of Form CMS-2 Worksheet B-1	
UST ALLUCATI	UN - STATISTICAL BASIS	_	Provi der CC		Period: From 01/01/2022 To 12/31/2022		pared:
		CAPI TAL REL	ATED COSTS				
C	Cost Center Description		MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	& GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
1.00 09100 E		66, 477	380, 594	12, 818, 12	1 0	24, 665, 293	
	DBSERVATION BEDS (NON-DISTINCT PART)						92.0
	REIMBURSABLE COST CENTERS				-		
	OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	98.0
	_ PURPOSE COST CENTERS	1					
	SUBTOTALS (SUM OF LINES 1 through 117)	843, 620	32, 307, 730	237, 128, 60	5 -147, 038, 136	754, 686, 597	118.0
	MBURSABLE COST CENTERS						100.0
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0		190. 0
91.0019100		0	0		0 0		191.0
	PHYSICIANS' PRIVATE OFFICES	0	158		0 0		192.0
94.0007950 H		0	0		0 0		194.0
	CHNW LEASED SPACE	0	0		0 0		194.0
	ACCOUNTABLE CARE	0	0	402, 28		017711	•
	SCHOOL BASED CLINICS	0	0	86, 40		187, 859	
	SMO-NON PROVIDER BASED	0	0	641, 91		879, 775	
	AMILY PRACTICE MEDICINE	0	1, 445, 361	3, 585, 89		-,,	
94.0707957 L		0	0		0 0		194.0
	GROUP HOMES AND MISC. N_R CTRS	6,054	185, 086	6, 152, 71	0 0	9, 846, 514	
	SURGERY CENTER EAST	0	0		0 0	0	194.0
	Cross Foot Adjustments						200.0
	Negative Cost Centers	20 570 4/5		10 740 77		147 020 404	201.0
	Cost to be allocated (per Wkst. B, Part I)	20, 570, 165	33, 569, 991	13, 743, 77	1	147, 038, 136	202.0
03. 00 L	Jnit cost multiplier (Wkst. B, Part I)	24. 209479	0. 989147	0. 05541	9	0. 190214	203. 0
	Cost to be allocated (per Wkst. B, Part II)			176, 22	2	10, 627, 184	204. 0
05.00 L	lnit cost multiplier (Wkst. B, Part  )			0.00071	1	0. 013748	205. 0
06.00 N	VAHE adjustment amount to be allocated (per Wkst. B-2)						206. 0
07.00 N	VAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 0

COST A	Financial Systems C LLOCATION - STATISTICAL BASIS		NETWORK, INC. Provider C		Period:	Worksheet B-1	2552-10
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/25/2023 1:4	
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (PATI ENT DAYS)	CAFETERI A	
		7.00	8.00	9.00	10.00	11.00	
1 00	GENERAL SERVICE COST CENTERS				1		1 1 00
16.00	00100 CAP REL COSTS-BLDG & FTAT 00200 CAP REL COSTS-MUBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 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 02100 I & SERVI CES-SALARY & FRI NGES APPRVD 02200 I & SERVI CES-OTHER PRGM COSTS APPRVD INPATI ENT ROUTI NE SERVI CE COST CENTERS	693, 690 0 10, 591 9, 336 23, 306 8, 391 16, 836 9, 530 1, 164 2, 732 0 4, 440	272, 691 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	683, 099 9, 336 23, 306 8, 391 16, 836 9, 530 1, 164 2, 732 C 4, 440	95, 201 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 895 39 7 111 2 22 67 42	13.00 14.00 15.00 16.00 17.00 21.00
30.00	03000 ADULTS & PEDI ATRI CS	179, 241	123, 191	179, 241		538	
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	47, 901	25, 262	47, 901		132 0	1
	02060 NEONATAL INTENSIVE CARE UNIT	2, 682	0	2, 682	, i i i i i i i i i i i i i i i i i i i	20	
43.00	04300 NURSERY	2,096	1, 780	2, 096	0	5	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	88, 856	31, 348	88, 856	0	109	50.00
51.00	05100 RECOVERY ROOM	8, 217	0	8, 217	0	7	51.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	9, 030 27, 725	7, 668 20, 201	9, 030 27, 725		23 23	
55.00	05500 RADI OLOGY-THERAPEUTI C	162	20, 201	162		10	1
57.00	05700 CT SCAN	1, 248	0	1, 248		36	
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	12 14, 600	0 3, 219	12 14, 600		7 44	58.00 59.00
60.00	06000 LABORATORY	4, 522	0	4, 522		0	1
64.00	06400 I NTRAVENOUS THERAPY	2, 209	0	2, 209		15	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	905 9, 401	0	905 9, 401	-	46 31	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	3, 122	0	3, 122		18	
68.00	06800 SPEECH PATHOLOGY	1, 313	0	1, 313		8	68.00
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	2, 126	0	2, 126		45 9	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C		0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	1 2.00
	07300 DRUGS CHARGED TO PATIENTS 07301 SPECIALTY PHARMACY	0	0			0	
74.00	07400 RENAL DIALYSIS	408	0	408	0	0	
	03330 ENDOSCOPY 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	5, 064	4 749	0	6	76.00 76.01
	03951 LUTHERWOOD PARTNERSHIP	4, 768	0	4, 768 C	0	0	
76.04	03952 WOUND CARE CENTER	4, 305	4, 662	4, 305		12	76.04
	03480 ONCOLOGY-CANCER CARE CENTER 03953 I MAGI NG CENTERS	86, 461 3, 054	0	86, 461 3, 054			76.05 76.06
	03954 BREAST DI AGNOSTIC CENTER	5, 405	0	5, 405		1	
76.97	07697 CARDI AC REHABI LI TATI ON	5, 922	0	5, 922	0	14	76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	852	0	852	0	2	76. 98
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0	0	89.00
	09000 CLINIC 04950 DIABETIC CARE CENTER	0			0	0	
	04951 HEALTHY HEARTS CENTER	3, 321	29	3, 321	0	21	
		0	0	0	0	0	
	04953 SPI NE CENTER 04954 I NFUSI ON CENTERS					0	
90.06	09002 MEDCHECK CLINICS	0	0	C	0	0	1
	09003 KNEE CENTER	14, 659	0	14, 659		35	
	09004 PALLIATIVE CARE 09005 MULTIDISCIPLINARY CLINIC	224		224		0	
90.09		0	0			0	
	09006 WORK SITE CLINICS	0	0		, U	0	90.10
90. 10 90. 12	09006 WORK SLIE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE 09100 EMERGENCY	0 0 66, 477	0 0 50, 267	66, 477		0	

	ancial Systems ( ATION - STATISTICAL BASIS		NETWORK, INC. Provider CO	CN: 15-0074	Period:	u of Form CMS-: Worksheet B-1	
DODT ALLOG	ATTON STATISTICAE BASIS				rom 01/01/2022		
					Го 12/31/2022	Date/Time Pre 5/25/2023 1:4	
	Cost Center Description	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
		PLANT	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(ONSITE FTES)	
		(SQUARE FEET)	(POUNDS OF				
		7.00	LAUNDRY) 8.00	9.00	10,00	11.00	
ОТНЕ	R REIMBURSABLE COST CENTERS	7.00	0.00	9.00	10.00	11.00	
	O OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	98.0
	I AL PURPOSE COST CENTERS						1
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	687, 636	272, 691	677, 04	5 95, 201	1, 895	1118. C
NONF	EI MBURSABLE COST CENTERS	· · · · ·			· · · · · · · · · · · · · · · · · · ·		1
190.001900	O GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0 0	0	190. C
191.00 1910	00 RESEARCH	0	0	(	0 0	0	191.0
192.00 1920	00 PHYSICIANS' PRIVATE OFFICES	0	0	(	0 0	0	192. (
	O HOME OFFICE	0	0	(	0 0	0	194. (
194.010795	51 CHNW LEASED SPACE	0	0	(	0 0		194. (
194. 02 0795	52 ACCOUNTABLE CARE	0	0	(	0 0	-	194.
	3 SCHOOL BASED CLINICS	0	0		0 0		194. (
	4 SMO-NON PROVIDER BASED	0	0		0 0		194. (
	55 FAMILY PRACTICE MEDICINE	0	0		0 0		194. (
	57 LI FECHECK	0	0		0 0		194.
	58 GROUP HOMES AND MISC. N_R CTRS	6, 054	0	6, 05	4 0		194.
194.090795	59 SURGERY CENTER EAST	0	0		0 0	0	194.
200.00	Cross Foot Adjustments						200.
201.00	Negative Cost Centers						201.
202.00	Cost to be allocated (per Wkst. B, Part I)	29, 662, 387	1, 655, 331	8, 856, 56	3, 627, 012	6, 041, 755	202.
203.00	Unit cost multiplier (Wkst. B, Part I)	42. 760292	6. 070354	12. 96527	4 38. 098465	3, 188. 261214	203.
204.00	Cost to be allocated (per Wkst. B, Part II)	3, 320, 547	19, 120	438, 77	5 344, 043	931, 120	204.
205.00	Unit cost multiplier (Wkst. B, Part	4. 786788	0. 070116	0. 64233	3. 613859	491. 356201	205.
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.

	Financial Systems (	COMMUNITY HEALTH	NETWORK, INC. Provider CO	°N: 15-0074	In Lie Period:	eu of Form CMS-: Worksheet B-1	
0001 7	LEUGHTUN - STATISTICAL DASIS			SN. 13-0074	From 01/01/2022 To 12/31/2022		pared:
	Cost Center Description	NURSI NG ADMI NI STRATI ON (DI RECT NURS. HRS.)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUIS.)	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SOCI AL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
1 66	GENERAL SERVICE COST CENTERS						1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	1, 969, 930 0 0	269, 311, 796 410 231		00 0 3, 750, 118, 044		1.00 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	01700 SOCIAL SERVICE	0	878		0 0,750,110,044	102, 308	
21. 00 22. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD 02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	9, 347 35, 077			0	21.00 22.00
30.00	03000 ADULTS & PEDIATRICS	1, 118, 299	2, 683, 010		0 246, 869, 889		
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	274, 338 0	967, 423 0		0 81,060,801 0 0		
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	110, 972		0 23, 088, 927	-	
43.00	04300 NURSERY	10, 953	43, 779		0 2, 655, 630	1, 609	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	226, 719	10 411 550		0 211, 107, 348	0	50.00
50.00	05100 RECOVERY ROOM	220, 719	19, 411, 550 32, 276		0 211, 107, 348 0 16, 630, 375		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	47, 185	188, 595		0 11, 440, 039		52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 65, 570, 562	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	487, 674		0 32, 010, 423		55.00
57.00	05700 CT SCAN	0	131, 060		0 117, 933, 509 0 18, 654, 793		57.00
58.00 59.00	05800 MAGNETIC RESONANCE I MAGING (MRI) 05900 CARDIAC CATHETERIZATION	0	218 21, 863, 547		0 18, 654, 793 0 359, 604, 353		58.00 59.00
60.00	06000 LABORATORY	0	2, 781, 263		0 133, 633, 282		60.00
64.00	06400 I NTRAVENOUS THERAPY	0	26, 307		0 6, 720, 706		64.00
65.00	06500 RESPI RATORY THERAPY	0	249, 323		0 43, 985, 405		65.00
66.00		0	161, 654		0 22,068,684		66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	26, 114 10, 987		0 7, 647, 698 0 3, 218, 354		67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	0	370, 516		0 58, 267, 545		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	90, 636		0 6, 924, 305		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35, 770, 733		0 101, 316, 684		71.00
		0	0		0 104, 735, 880		72.00
	07300 DRUGS CHARGED TO PATIENTS	0	175, 049, 654				
	07301 SPECIALTY PHARMACY 07400 RENAL DI ALYSI S	0	4, 436, 983 12, 546		0 118, 729, 617 0 6, 283, 340		74.00
	03330 ENDOSCOPY	0	61, 046		0 5, 659, 340		76.00
76.01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	191, 939		0 17, 642, 927	0	76.01
	03951 LUTHERWOOD PARTNERSHIP	0	155, 332		0 660, 562		76.03
76.04 76.05	03952 WOUND CARE CENTER 03480 ONCOLOGY-CANCER CARE CENTER	0	269, 363 1, 492, 256		0 13, 130, 226 0 306, 873, 925		76.04 76.05
76.06	03953 I MAGI NG CENTERS	0	92, 012		0 83, 316, 809		76.06
	03954 BREAST DIAGNOSTIC CENTER	0	0		0 7, 023, 002		76.07
	07697 CARDIAC REHABILITATION	0	27, 020		0 4, 270, 325		76.97
/6. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0	30, 392	l	0 2, 683, 830	0	76. 98
88.00		0	0		0 0	0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
90.00		0	0		0 0	0	90.00
	04950 DI ABETI C CARE CENTER	0	0		0 0	0	90.01
	04951 HEALTHY HEARTS CENTER 09001 CLINIC	0	73, 677 0		0 5,079,478	0	90. 02 90. 03
	04953 SPINE CENTER	0	0		0 0	0	90.03
	04954 I NFUSI ON CENTERS	0	1, 628		0 2, 555, 033		90. 05
	09002 MEDCHECK CLINICS	0	0		0 0	0	90.06
90.07	09003 KNEE CENTER	0	113		0 6, 131, 312		90.07
90. 08 90. 09	09004 PALLIATIVE CARE 09005 MULTIDISCIPLINARY CLINIC	0	0		0 431, 751	0	90. 08 90. 09
	09006 WORK SITE CLINICS	0	0			0	90.09
		0	0		0 0	0	90.12
	09100 EMERGENCY	292, 436	1, 636, 368		0 296, 173, 169	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

Health Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	CN: 15-0074	Period: From 01/01/2022 To 12/31/2022		pared:
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
cost center beschiption	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	SUCIAL SERVICE	
		SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT	
	(DI RECT NURS.	(COSTED	RE2013. )	(GROSS	DAYS)	
	HRS. )	REQUIS.)		CHARGES)	DATS)	
	13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS	10.00	11.00	10.00	10.00	17.00	
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	98.00
SPECIAL PURPOSE COST CENTERS		0	L	0		70.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 969, 930	268, 983, 909	1	00 3, 750, 118, 044	102, 308	118 00
NONREI MBURSABLE COST CENTERS	1, 707, 700	200, 700, 707	· ·	00 0, 700, 110, 011	102,000	110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	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				192.00
194. 00 07950 HOME_OFFICE	0	0				194.00
194. 01 07951 CHNW LEASED SPACE	0	0				194.01
194. 02 07952 ACCOUNTABLE CARE	0	1, 736				194.02
194. 03 07953 SCHOOL BASED CLINICS	0	2, 727				194.03
194. 04 07954 SMO-NON PROVIDER BASED	0	20				194.04
194. 05 07955 FAMILY PRACTICE MEDICINE	0	106, 559				194.05
194. 07 07957 LI FECHECK	0	100, 337				194.07
194. 08 07958 GROUP HOMES AND MISC. N R CTRS	0	216, 845				194.08
194. 09 07959 SURGERY CENTER EAST	0	210, 045				194.08
200.00 Cross Foot Adjustments	0	0		0	0	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B,	15, 181, 601	13, 424, 092	17, 728, 8	27 7, 329, 676		
Part I)	13, 101, 001	13, 424, 072	17,720,0	2/ /, 327, 0/0	5,414,151	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7. 706670	0 049846	177, 288. 2700	0. 001955	33. 371105	203 00
204.00 Cost to be allocated (per Wkst. B,	481,606	3, 185, 476				
Part II)	401,000	3, 103, 470	1, 370, 1	117, 424	130, 210	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 244479	0 011828	15, 701. 8300	0. 000032	1. 272784	205 00
	0. 244477	0.011020	15, 701. 0500	0.000032	1.2/2/04	200.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						
	· ·		1	1		•

Heal th Financial	Systems	
COST ALLOCATION	- STATISTICAL	BAS

# COMMUNITY HEALTH NETWORK, INC.

	ALLOCATION - STATISTICAL BASIS		Provider CC	N: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Pre	l
					12/ 31/ 2022	5/25/2023 1:4	
	Cost Center Description	I NTERNS & SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME) 21. 00					
1 00	GENERAL SERVICE COST CENTERS						1 1 00
17. 00 21. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	261, 400	261, 400				1.00 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 21.00 22.00
30 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	155, 700	155, 700				30.00
	03100 I NTENSI VE CARE UNI T	5, 100	5, 100				31.00
32.00 35.00 43.00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	0 5, 300 0	0 5, 300 0				32.00 35.00 43.00
F0 00	ANCI LLARY SERVI CE COST CENTERS	35,000	35, 000				50.00
	05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05700 CT SCAN		0 0 0 0 0				50.00 51.00 52.00 54.00 55.00 57.00
58.00 59.00 60.00 64.00 65.00	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0 2,100 0	0 2, 100 0 0				58.00 59.00 60.00 64.00 65.00
66. 00 67. 00 68. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	12, 500 0 0	12, 500 0 0				66. 00 67. 00 68. 00
69.00 70.00 71.00 72.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS		0 0 0 0				69.00 70.00 71.00 72.00 73.00
73. 01 74. 00	07301 SPECIALTY PHARMACY 07400 RENAL DI ALYSI S 03330 ENDOSCOPY	0	0 0 0				73.01 74.00 76.00
76.04	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 03951 LUTHERWOOD PARTNERSHI P 03952 WOUND CARE CENTER	26, 800 0 2, 700	26, 800 0 2, 700				76.01 76.03 76.04
76. 06 76. 07	03480 ONCOLOGY-CANCER CARE CENTER 03953 IMAGING CENTERS 03954 BREAST DI AGNOSTIC CENTER 07697 CARDIAC REHABILITATION	3, 900 0 0	3, 900 0 0 0				76.05 76.06 76.07 76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVICE COST CENTERS	0	0				76. 98
89. 00 90. 00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0 0 0				88.00 89.00 90.00
90. 02 90. 03	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER 09001 CLI NI C	0 0 0	0 0 0				90.01 90.02 90.03
90. 05 90. 06	04953 SPI NE CENTER 04954 INFUSION CENTERS 09002 MEDCHECK CLINICS	0 0 0	0 0 0				90.04 90.05 90.06
90. 08 90. 09	09003 KNEE CENTER 09004 PALLI ATI VE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	0 0 0	0 0 0				90.07 90.08 90.09
90.12	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE 09100 EMERGENCY	0 0 11, 700	0 0 11, 700				90. 10 90. 12 91. 00

		CN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Prepar 5/25/2023 1:46 p
INTERNS &	RESI DENTS			
SERVICES-SALARS	SERVICES-OTHER	-		
Y & FRINGES	PRGM COSTS			
(ASSI GNED	(ASSI GNED			
TIME)	TIME)			
21.00	22.00			
				92
0	0			98
-		1		
) 260,800	260, 800			118
		1		
-	-	1		190
-	-			191
-	-			192
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-		1		192
	-			192
		1		194
-	-			194
0	0			194
0	0	'		200
				201
5 738 755	12 326 219			202
0,,00,,00	12/020/21/			201
) 21.953921	47. 154625			203
102, 248				204
0. 391155	1. 400463			205
d				206
				207
-	SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME) 21.00 0 260,800 0 0 0 0 0 0 0 0 0 0 0 0	Y & FRINGES (ASSIGNED TIME)         PRGM COSTS (ASSIGNED TIME)           21.00         22.00           0         0           260,800         260,800           260,800         260,800           0         0           0<	SERVI CES-SALAR         SERVI CES-OTHER           Y & FRI NGES (ASSI GNED TI ME)         PRGM COSTS (ASSI GNED TI ME)           21.00         22.00           0         0           260,800         260,800           0         0	INTERNS & RESIDENTS           SERVI CES-SALAR SERVI CES-OTHER Y & FRI NGES (ASSI GNED TI ME) 21.00         PRGM COSTS (ASSI GNED TI ME) 21.00           0         0           21.00         22.00           0         0

Heal th Financi	al	Syst	ems			
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Health F	Financial Systems (	COMMUNITY HEALTH	I NETWORK, INC.		In Lie	u of Form CMS-	2552-10
COMPUTA	TION OF RATIO OF COSTS TO CHARGES		Provider C	F	veriod: rom 01/01/2022 o 12/31/2022	Worksheet C Part I Date/Time Pre 5/25/2023 1:4	pared:
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Di sal I owance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
1	NPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	120, 158, 679		120, 158, 679			
	03100 INTENSIVE CARE UNIT	33, 269, 857		33, 269, 857			1
	3200 CORONARY CARE UNIT	0		0	-	-	
	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	3, 816, 100 1, 312, 190		3, 816, 100		3, 816, 100	
	NCI LLARY SERVI CE COST CENTERS	1, 312, 190		1, 312, 190	0	1, 312, 190	43.00
	15000 OPERATING ROOM	40, 022, 944		40, 022, 944	0	40, 022, 944	50.00
	05100 RECOVERY ROOM	2, 439, 449		2, 439, 449		2, 439, 449	
	05200 DELIVERY ROOM & LABOR ROOM	6, 055, 041		6, 055, 041		6, 055, 041	
	95400 RADI OLOGY-DI AGNOSTI C	9, 748, 031		9, 748, 031		9, 748, 031	
55.00 0	5500 RADI OLOGY-THERAPEUTI C	2, 722, 108		2, 722, 108	0	2, 722, 108	55.00
	05700 CT SCAN	6, 653, 620		6, 653, 620		6, 653, 620	57.00
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	2, 464, 369		2, 464, 369		2, 464, 369	
	05900 CARDI AC CATHETERI ZATI ON	13, 358, 097		13, 358, 097		13, 358, 097	
	06000 LABORATORY 064001 I NTRAVENOUS THERAPY	20, 606, 527		20, 606, 527		20, 606, 527	
	06500 RESPIRATORY THERAPY	3, 472, 030 9, 187, 445		3, 472, 030 9, 187, 445		3, 472, 030 9, 187, 445	1
	06600 PHYSI CAL THERAPY	11, 136, 522				11, 136, 522	
	6700 OCCUPATI ONAL THERAPY	3, 480, 192					
	6800 SPEECH PATHOLOGY	1, 465, 537		1, 465, 537		1, 465, 537	
	06900 ELECTROCARDI OLOGY	6, 437, 599		6, 437, 599		6, 437, 599	
70.00 0	7000 ELECTROENCEPHALOGRAPHY	1, 783, 305		1, 783, 305	0	1, 783, 305	70.00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44, 555, 929		44, 555, 929		44, 555, 929	
	7200 IMPL. DEV. CHARGED TO PATIENTS	43, 269, 666		43, 269, 666		43, 269, 666	
	7300 DRUGS CHARGED TO PATIENTS	240, 104, 163		240, 104, 163		240, 104, 163	
	07301 SPECIALTY PHARMACY 07400 RENAL DIALYSIS	92, 710, 793		92, 710, 793		92, 710, 793	
	03330 ENDOSCOPY	2, 011, 272 1, 600, 519		2, 011, 272 1, 600, 519		2, 011, 272 1, 600, 519	
	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	17, 750, 294		17, 750, 294	-	17, 750, 294	
	3951 LUTHERWOOD PARTNERSHI P	6, 206, 672		6, 206, 672		6, 206, 672	
	03952 WOUND CARE CENTER	3, 567, 382		3, 567, 382		3, 567, 382	
76.05 0	3480 ONCOLOGY-CANCER CARE CENTER	65, 131, 045		65, 131, 045	0	65, 131, 045	76.05
	03953 I MAGI NG CENTERS	9, 874, 463		9, 874, 463		9, 874, 463	
	3954 BREAST DI AGNOSTI C CENTER	3, 930, 371		3, 930, 371		3, 930, 371	
	7697 CARDI AC REHABI LI TATI ON	2, 234, 020		2, 234, 020		2, 234, 020	
	07698 HYPERBARI C OXYGEN THERAPY	648, 879		648, 879	0	648, 879	76. 98
	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
	8900 FEDERALLY QUALIFIED HEALTH CENTER	0		0			
	99000 CLINIC	0		0			
90.01 0	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
	04951 HEALTHY HEARTS CENTER	2, 289, 575		2, 289, 575	0	2, 289, 575	
	9001 CLINIC	0		0	0	0	
	14953 SPI NE CENTER	15		15		15	1
	4954 INFUSION CENTERS	1, 070, 428		1, 070, 428	0	1, 070, 428	
	19002 MEDCHECK CLINICS 19003 KNEE CENTER	6, 505, 545	1		0		
	19003 KNEE CENTER 19004 PALLIATIVE CARE	6, 505, 545		6, 505, 545 19, 781		6, 505, 545 19, 781	
	09005 MULTI DI SCI PLI NARY CLI NI C	19, 215		19, 781		19, 215	
	99006 WORK SITE CLINICS	0		0	0	0	
	4961 FAMILY PRACTICE AND MATERNITY CARE	0		0	0	0	1
	9100 EMERGENCY	36, 730, 422		36, 730, 422	0	36, 730, 422	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 176, 583		9, 176, 583		9, 176, 583	92.00
	THER REIMBURSABLE COST CENTERS		1	1	1		
	09850 OTHER REIMBURSABLE COST CENTERS	0		0	-		
200.00 201.00	Subtotal (see instructions) Less Observation Beds	888, 996, 674 9, 176, 583		888, 996, 674 9, 176, 583		889, 058, 084 9, 176, 583	
201.00	Total (see instructions)	879, 820, 091					
	,	1 2.7, 320, 071		1 2.7, 320, 671	51, 110		1

	Financial Systems CC ATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0074		F	eriod: rom 01/01/2022 o 12/31/2022	u of Form CMS-2552-10 Worksheet C Part I Date/Time Prepared: 5/25/2023 1:46 pm	
		i	Title	XVIII	Hospi tal	PPS	
Cost Center Description		I npati ent	Charges 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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	233, 946, 010		233, 946, 010			30.00
31.00	03100 I NTENSI VE CARE UNI T	81, 060, 801		81, 060, 801			31.00
32.00	03200 CORONARY CARE UNI T	0		0			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	23, 088, 927		23, 088, 927			35.00
43.00		2, 655, 630		2, 655, 630			43.00
- 00	ANCI LLARY SERVI CE COST CENTERS	136, 549, 063	74, 558, 285	211, 107, 348	0. 189586	0,000000	50.00
	05100 RECOVERY ROOM	7, 882, 731	8, 747, 644			0. 000000 0. 000000	
52.00	05200 DELIVERY ROOM & LABOR ROOM	11, 440, 039	0, 747, 044	11, 440, 039		0.000000	
54.00	05400 RADI OLOGY-DI AGNOSTI C	14, 271, 248	51, 299, 314			0.000000	
55.00	05500 RADI OLOGY - THERAPEUTI C	17, 183, 624	14, 826, 799			0.000000	
57.00	05700 CT SCAN	32, 065, 018	85, 868, 491			0.000000	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5, 954, 283	12, 700, 510			0.000000	•
59.00	05900 CARDI AC CATHETERI ZATI ON	126, 372, 812	233, 231, 541	359, 604, 353	0. 037147	0. 000000	59.00
60.00	06000 LABORATORY	64, 262, 782	69, 370, 500			0.00000	
64.00	06400 I NTRAVENOUS THERAPY	1, 974, 566	4, 746, 140			0. 000000	
65.00	06500 RESPI RATORY THERAPY	40, 045, 432	3, 939, 973			0. 000000	65.00
66.00	06600 PHYSI CAL THERAPY	3, 978, 507	18, 090, 177			0. 000000	
67.00	06700 OCCUPATIONAL THERAPY	3, 492, 318	4, 155, 380			0.00000	
68.00	06800 SPEECH PATHOLOGY	1, 271, 332	1, 947, 022			0.00000	
69.00		15, 830, 384	42, 437, 161			0.000000	
	07000 ELECTROENCEPHALOGRAPHY	953, 970	5, 970, 335			0.000000	
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	48, 296, 985 63, 653, 641	53, 019, 699 41, 082, 239			0. 000000 0. 000000	
73.00	07300 DRUGS CHARGED TO PATIENTS	78, 691, 972				0.000000	
73.00	07301 SPECIALTY PHARMACY	0,071,772	118, 729, 617	118, 729, 617		0.000000	
74.00	07400 RENAL DIALYSIS	6, 283, 340	0	6, 283, 340		0.000000	
76.00	03330 ENDOSCOPY	3, 059, 259	2, 600, 081	5, 659, 340		0.000000	
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	377, 248	17, 265, 679			0.00000	
76.03	03951 LUTHERWOOD PARTNERSHI P	58	660, 504	660, 562	9. 396048	0.00000	76.03
76.04	03952 WOUND CARE CENTER	813, 939	12, 316, 287	13, 130, 226	0. 271692	0.00000	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	1, 985, 201	304, 888, 724			0. 000000	
76.06	03953 I MAGI NG CENTERS	216, 743	83, 100, 066			0.00000	
	03954 BREAST DIAGNOSTIC CENTER	33, 584	6, 989, 418			0.00000	
	07697 CARDI AC REHABI LI TATI ON	1, 433	4, 268, 892			0.000000	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	2, 683, 830	2, 683, 830	0. 241774	0. 000000	76.98
38.00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0	0	0			88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
	09000 CLINIC	0	0			0.000000	•
	04950 DI ABETI C CARE CENTER	0	0	0	0.000000	0.000000	•
90.02	04951 HEALTHY HEARTS CENTER	30, 920	5, 048, 558	5, 079, 478		0.000000	90.02
90.03	09001 CLI NI C	0	0	0	0. 000000	0.000000	•
90. 04	04953 SPINE CENTER	0	0	0	0. 000000	0.00000	
90. 05	04954 INFUSION CENTERS	148	2, 554, 885	2, 555, 033	0. 418949	0.00000	
90. 06	09002 MEDCHECK CLINICS	0	0	0	0. 000000	0.00000	
	09003 KNEE CENTER	4, 489	6, 126, 823	6, 131, 312		0.00000	90.07
90.08	09004 PALLI ATI VE CARE	711	431, 040	431, 751	0.045816	0.00000	•
90.09	09005 MULTI DI SCI PLI NARY CLI NI C	0	0	0	0.000000	0.000000	90.09
90.10	09006 WORK SITE CLINICS	0	0		0.000000	0.000000	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE				0.000000	0.000000	90.12
91.00 92.00	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	65, 569, 687	230, 603, 482			0.00000	1
7∠. UU	OTHER REIMBURSABLE COST CENTERS	2, 922, 010	10, 001, 869	12, 923, 879	0. 710049	0.000000	92.00
		0	0	0	0. 000000	0.000000	98.00
98 00	109850LOTHER RELMBURSABLE COST CENTERS						
	09850 OTHER REIMBURSABLE COST CENTERS Subtotal (see instructions)	1,096,220 845	2.653.897 199	-		0.000000	•
98. 00 200. 00 201. 00	Subtotal (see instructions)	1, 096, 220, 845	2, 653, 897, 199	3, 750, 118, 044			200.00 201.00

<u>Heal</u> th	Financial Systems C	OMMUNITY HEALTH N	IETWORK, INC.	In Lie	u of Form CMS-2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Peri od:	Worksheet C
				From 01/01/2022	Part I Data /Timo, Droparada
				To 12/31/2022	Date/Time Prepared: 5/25/2023 1:46 pm
			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient			
	•	Ratio			
		11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 I NTENSI VE CARE UNI T				31.00
32.00	03200 CORONARY CARE UNI T				32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300 NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
	05000 OPERATING ROOM	0. 189586			50.00
51.00	05100 RECOVERY ROOM	0. 146686			51.00
	05200 DELIVERY ROOM & LABOR ROOM	0. 529285			52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 148665			54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 085038			55.00
57.00	05700 CT SCAN	0. 056418			57.00
	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 132104			58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 037147			59.00
	06000 LABORATORY	0. 154202			60.00
64.00	06400 I NTRAVENOUS THERAPY	0. 516617			64.00
65.00	06500 RESPI RATORY THERAPY	0. 208875			65.00
66.00	06600 PHYSI CAL THERAPY	0. 504630			66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 455064			67.00
	06800 SPEECH PATHOLOGY	0. 455368			68.00
69.00	06900 ELECTROCARDI OLOGY	0. 110483			69.00
	07000 ELECTROENCEPHALOGRAPHY	0. 257543			70.00
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 439769			71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 413131			72.00
	07300 DRUGS CHARGED TO PATIENTS	0. 200366			73.00
	07301 SPECIALTY PHARMACY	0. 780856			73.01
	07400 RENAL DIALYSIS	0. 320096			74.00
		0. 282810			76.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1.006086			76.01
	03951 LUTHERWOOD PARTNERSHIP	9. 396048			76.03
	03952 WOUND CARE CENTER 03480 ONCOLOGY-CANCER CARE CENTER	0. 271692 0. 212240			76. 04 76. 05
	03953 I MAGI NG CENTERS	0. 212240			76.06
	03954 BREAST DI AGNOSTIC CENTER	0. 559643			76.07
	07697 CARDIAC REHABILITATION	0. 523150			76. 97 76. 98
/0.98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0. 241774			/0.98
88.00	08800 RURAL HEALTH CLINIC				88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
	09000 CLINIC	0. 000000			90.00
	04950 DIABETIC CARE CENTER	0. 000000			90.00
	04951 HEALTHY HEARTS CENTER	0. 450750			90.02
	09001 CLINIC	0. 000000			90.03
	04953 SPI NE CENTER	0. 000000			90.04
	04954 I NFUSI ON CENTERS	0. 418949			90.05
	09002 MEDCHECK CLINICS	0. 000000			90.06
	09003 KNEE CENTER	1. 061036			90.07
	09004 PALLI ATI VE CARE	0. 045816			90.08
	09005 MULTI DI SCI PLI NARY CLI NI C	0.000000			90.09
	09006 WORK SITE CLINICS	0. 000000			90.10
	04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000			90.12
	09100 EMERGENCY	0. 124017			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 710049			92.00
, 00	OTHER REIMBURSABLE COST CENTERS	0.710017			,2.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
200.00		0.000000			200.00
201.00					201.00
202.00					202.00
		, , , , , , , , , , , , , , , , , , , ,			1

Heal th	Fi nar	ici a	I Syst	ems			
COMPLIT		0F	PATIO	0F	27200	ΤO	CH

	*	UMMUNITY HEALT	Provider C	NI 15 0074		Worksheet C	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2022 To 12/31/2022	Part I	pared: 6 pm
				e XIX	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	130, 918, 879		130, 918, 87	9 61, 410	130, 980, 289	30.00
31.00	03100 INTENSIVE CARE UNIT	33, 622, 311		33, 622, 31	1 0	33, 622, 311	31.00
	03200 CORONARY CARE UNI T	C			0 0		
	02060 NEONATAL INTENSIVE CARE UNIT	4, 182, 376		4, 182, 37			
	04300 NURSERY	1, 312, 190		1, 312, 19	0 0	1, 312, 190	43.00
	ANCI LLARY SERVICE COST CENTERS	40 444 740	1	40 444 74		40 444 740	1 50 00
	05000 OPERATING ROOM	42, 441, 743		42, 441, 74			
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	2, 439, 449		2, 439, 44 6, 055, 04			•
	05200 RADI OLOGY-DI AGNOSTI C	9, 748, 031		9, 748, 03			•
	05500 RADI OLOGY-THERAPEUTI C	2, 722, 108		2, 722, 10			
	05700 CT SCAN	6, 653, 620		6, 653, 62			
	05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 464, 369		2, 464, 36			•
	05900 CARDI AC CATHETERI ZATI ON	13, 503, 225		13, 503, 22			
60.00	06000 LABORATORY	20, 606, 527	,	20, 606, 52	7 0	20, 606, 527	60.00
	06400 INTRAVENOUS THERAPY	3, 472, 030		3, 472, 03			64.00
	06500 RESPI RATORY THERAPY	9, 187, 445					•
	06600 PHYSI CAL THERAPY	12,000,379					
	06700 OCCUPATIONAL THERAPY	3, 480, 192					•
	06800 SPEECH PATHOLOGY	1, 465, 537		.,			
	06900 ELECTROCARDI OLOGY	6, 437, 599		6, 437, 59			1
	07000 ELECTROENCEPHALOGRAPHY	1, 783, 305		1, 783, 30			
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	44, 555, 929		44, 555, 92 43, 269, 66			•
	07300 DRUGS CHARGED TO PATIENTS	240, 104, 163		240, 104, 16			
	07301 SPECIALTY PHARMACY	92, 710, 793		92, 710, 79			•
	07400 RENAL DIALYSIS	2,011,272		2, 011, 27			•
	03330 ENDOSCOPY	1, 600, 519		1, 600, 51			•
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 602, 403		19, 602, 40	3 0	19, 602, 403	76.01
	03951 LUTHERWOOD PARTNERSHI P	6, 206, 672		6, 206, 67			76.03
	03952 WOUND CARE CENTER	3, 753, 975		3, 753, 97			•
	03480 ONCOLOGY-CANCER CARE CENTER	65, 400, 568		65, 400, 56			
	03953 I MAGI NG CENTERS	9, 874, 463		9, 874, 46			
	03954 BREAST DI AGNOSTI C CENTER 07697 CARDI AC REHABI LI TATI ON	3, 930, 371		3, 930, 37			•
	07698 HYPERBARIC OXYGEN THERAPY	2, 234, 020		2, 234, 02 648, 87			•
70. 70	OUTPATIENT SERVICE COST CENTERS	040,077	1	040, 07	<u>, 0</u>	040,079	70.70
	08800 RURAL HEALTH CLINIC	C			0 0	0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	C			0 0		•
90.00	09000 CLI NI C	C			0 0		
90. 01	04950 DIABETIC CARE CENTER	C			0 0		
	04951 HEALTHY HEARTS CENTER	2, 289, 575		2, 289, 57		2, 289, 575	
	09001 CLI NI C	C			0 0	0	•
	04953 SPINE CENTER	15		1		15	•
	04954 I NFUSI ON CENTERS	1, 070, 428		1, 070, 42			•
	09002 MEDCHECK CLINICS					6 505 545	
	09003 KNEE CENTER 09004 PALLI ATI VE CARE	6, 505, 545 19, 781		6, 505, 54 19, 78		6, 505, 545 19, 781	
	09004 PALLIATIVE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	19, 781		19, 78		19, 781	•
	09006 WORK SITE CLINICS	17,215			0 0	0	1
1	04961 FAMILY PRACTICE AND MATERNITY CARE				0 0	0	•
	09100 EMERGENCY	37, 538, 992		37, 538, 99		37, 538, 992	•
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 176, 583		9, 176, 58		9, 176, 583	
	OTHER REIMBURSABLE COST CENTERS		•				
	09850 OTHER REIMBURSABLE COST CENTERS	C			0 0		•
200.00	Subtotal (see instructions)	907, 020, 183					
201.00	Less Observation Beds	9, 176, 583		9, 176, 58		9, 176, 583	
202.00	Total (see instructions)	897, 843, 600	0	897, 843, 60	0 61, 410	897, 905, 010	∠UZ. UU

	Financial Systems C ATION OF RATIO OF COSTS TO CHARGES	OMMUNI TY HEALTH	Provider C	1	Period: From 01/01/2022 To 12/31/2022	u of Form CMS-: Worksheet C Part I Date/Time Pre 5/25/2023 1:4	pared:
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	Inpati ent	Charges 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	
	INPATIENT ROUTINE SERVICE COST CENTERS		-				
	03000 ADULTS & PEDI ATRI CS	233, 946, 010		233, 946, 01			30.00
	03100 I NTENSI VE CARE UNI T	81, 060, 801		81, 060, 80			31.00
32.00	03200 CORONARY CARE UNIT	0			2		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	23, 088, 927		23, 088, 92			35.00
3.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	2, 655, 630		2, 655, 63	J		43.00
50.00	05000 OPERATING ROOM	136, 549, 063	74, 558, 285	211, 107, 34	0. 201043	0. 000000	50.00
	05100 RECOVERY ROOM	7, 882, 731	8, 747, 644			0. 000000	
52.00	05200 DELIVERY ROOM & LABOR ROOM	11, 440, 039				0. 000000	
54.00	05400 RADI OLOGY-DI AGNOSTI C	14, 271, 248				0. 000000	
5.00	05500 RADI OLOGY-THERAPEUTI C	17, 183, 624				0.000000	•
57.00	05700 CT SCAN	32, 065, 018				0.000000	
68.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5, 954, 283				0. 000000	
59.00	05900 CARDI AC CATHETERI ZATI ON	126, 372, 812				0.000000	
0.00	06000 LABORATORY	64, 262, 782				0.00000	
64.00	06400 I NTRAVENOUS THERAPY	1, 974, 566				0.000000	
5.00	06500 RESPI RATORY THERAPY	40, 045, 432	3, 939, 973			0.000000	
6.00	06600 PHYSI CAL THERAPY	3, 978, 507				0.000000	
7.00	06700 OCCUPATIONAL THERAPY	3, 492, 318				0.000000	
8.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	1, 271, 332				0.000000	
	07000 ELECTROCARDI OLOGY	15, 830, 384 953, 970				0. 000000 0. 000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	48, 296, 985				0. 000000	
	07200 I MPL. DEV. CHARGED TO PATIENTS	63, 653, 641				0. 000000	
	07300 DRUGS CHARGED TO PATIENTS	78, 691, 972				0. 000000	
	07301 SPECIALTY PHARMACY	0	118, 729, 617			0.000000	
	07400 RENAL DI ALYSI S	6, 283, 340	0			0.000000	
6.00	03330 ENDOSCOPY	3, 059, 259	2, 600, 081	5, 659, 34	0. 282810	0.000000	76.0
6. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	377, 248	17, 265, 679	17, 642, 92	7 1. 111063	0.000000	76.0
	03951 LUTHERWOOD PARTNERSHI P	58		660, 56		0.000000	76.0
	03952 WOUND CARE CENTER	813, 939				0.00000	
	03480 ONCOLOGY-CANCER CARE CENTER	1, 985, 201	304, 888, 724			0.000000	
	03953 I MAGI NG CENTERS	216, 743				0.000000	
	03954 BREAST DI AGNOSTI C CENTER	33, 584				0.000000	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	1,433				0. 000000 0. 000000	
0.90	OUTPATIENT SERVICE COST CENTERS	0	2, 683, 830	2,003,03	0.241774	0.00000	/0.9
38.00	08800 RURAL HEALTH CLINIC	0	0		0. 000000	0. 000000	88.0
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0. 000000	0. 000000	
	09000 CLINIC	0			0. 000000	0. 000000	
	04950 DIABETIC CARE CENTER	0	0		0. 000000	0. 000000	1
	04951 HEALTHY HEARTS CENTER	30, 920	5, 048, 558	5, 079, 47		0.000000	
0. 03	09001 CLI NI C	0	0		0. 000000	0.000000	
	04953 SPI NE CENTER	0	0		0. 000000	0. 000000	
	04954 INFUSION CENTERS	148	2, 554, 885	2, 555, 03		0.000000	•
0.06	09002 MEDCHECK CLINICS	0	0		0. 000000	0.000000	
	09003 KNEE CENTER	4, 489				0.000000	
	09004 PALLIATIVE CARE	711	431, 040	431, 75		0.000000	
	09005 MULTIDISCIPLINARY CLINIC 09006 WORK SITE CLINICS	0			0.000000 0.000000	0. 000000 0. 000000	
	04961 FAMILY PRACTICE AND MATERNITY CARE				0.000000	0.000000	
91.00	09100 EMERGENCY	65, 569, 687	230, 603, 482	296, 173, 16		0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 922, 010				0.000000	
00	OTHER REIMBURSABLE COST CENTERS	2, 722, 010	.0,001,007	.2, 720, 07	0.710047	0.000000	1 2.0
98.00	09850 OTHER REI MBURSABLE COST CENTERS	0	0		0. 000000	0. 000000	98.00
200.00		1, 096, 220, 845	2, 653, 897, 199	3, 750, 118, 04			200.00
201.00							201.0
.01.00							202.00

<u>Heal t</u> h	Financial Systems C	COMMUNITY HEALTH N	ETWORK, INC.	In Lie	u of Form CMS-2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Peri od:	Worksheet C
				From 01/01/2022	Part I
				To 12/31/2022	Date/Time Prepared:
				Hocni tal	5/25/2023 1:46 pm PPS
	Cast Conton Decerintian	DDC Innotiont	Title XIX	Hospi tal	PP3
	Cost Center Description	PPS Inpatient			
		Ratio			
	INDATIENT DOUTINE CEDVICE COST CENTERS	11.00			
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
	03000 ADULTS & PEDIATRICS				30.00
	03100 I NTENSI VE CARE UNI T				31.00
	03200 CORONARY CARE UNIT				32.00
	02060 NEONATAL INTENSIVE CARE UNIT				35.00
43.00	04300 NURSERY				43.00
	ANCI LLARY SERVI CE COST CENTERS				
	05000 OPERATI NG ROOM	0. 201043			50.00
51.00	05100 RECOVERY ROOM	0. 146686			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 529285			52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 148665			54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 085038			55.00
57.00	05700 CT SCAN	0. 056418			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 132104			58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 037550			59.00
60.00	06000 LABORATORY	0. 154202			60.00
64.00	06400 I NTRAVENOUS THERAPY	0. 516617			64.00
65.00	06500 RESPI RATORY THERAPY	0. 208875			65.00
66.00	06600 PHYSI CAL THERAPY	0. 543774			66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 455064			67.00
	06800 SPEECH PATHOLOGY	0. 455368			68.00
69.00	06900 ELECTROCARDI OLOGY	0. 110483			69.00
	07000 ELECTROENCEPHALOGRAPHY	0. 257543			70.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 439769			71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 413131			72.00
	07300 DRUGS CHARGED TO PATIENTS	0. 200366			73.00
	07301 SPECIALTY PHARMACY	0. 780856			73.00
	07400 RENAL DI ALYSI S	0. 320096			74.00
	03330 ENDOSCOPY	0. 282810			74.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1. 111063			76.01
	03951 LUTHERWOOD PARTNERSHIP	9. 396048			76.03
	03952 WOUND CARE CENTER	0. 285903			76.04
	03480 ONCOLOGY-CANCER CARE CENTER				
		0. 213119			76.05
	03953 I MAGI NG CENTERS	0. 118517			76.06
	03954 BREAST DI AGNOSTI C CENTER	0. 559643			76.07
	07697 CARDI AC REHABI LI TATI ON	0. 523150			76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0. 241774			76. 98
~~ ~~	OUTPATIENT SERVICE COST CENTERS	0.000000			
	08800 RURAL HEALTH CLINIC	0. 000000			88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000			89.00
	09000 CLI NI C	0. 000000			90.00
	04950 DIABETIC CARE CENTER	0. 000000			90.01
	04951 HEALTHY HEARTS CENTER	0. 450750			90.02
	09001 CLI NI C	0. 000000			90.03
	04953 SPI NE CENTER	0. 000000			90.04
90.05	04954 INFUSION CENTERS	0. 418949			90.05
	09002 MEDCHECK CLINICS	0. 000000			90.06
	09003 KNEE CENTER	1. 061036			90.07
	09004 PALLI ATI VE CARE	0. 045816			90.08
90.09	09005 MULTI DI SCI PLI NARY CLI NI C	0. 000000			90.09
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. 126747			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 710049			92.00
	OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REI MBURSABLE COST CENTERS	0, 000000			98.00
200.00					200.00
201.00					201.00
202.00					202.00
50		i l			1 00

ALCULA	Financial Systems CO ATION OF OUTPATIENT SERVICE COST TO CHARGE RA ONS FOR MEDICAID ONLY	TIOS NET OF	Provider C		Period: From 01/01/2022	u of Form CMS-2 Worksheet C Part II	
					To 12/31/2022	Date/Time Pre 5/25/2023 1:4	pared: 6 pm
				e XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost			Operating Cost	
		(Wkst. B, Part				Reducti on	
		I, col. 26)	II col. 26)		-	Amount	
		1.00	2.00	col. 2) 3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	05000 OPERATING ROOM	42, 441, 743	5, 739, 546	36, 702, 19	7 0	0	50.00
	05100 RECOVERY ROOM	2, 439, 449	387,037	2, 052, 41		0	51.00
	05200 DELIVERY ROOM & LABOR ROOM	6, 055, 041	578, 024	5, 477, 01		0	52.00
	05400 RADI OLOGY-DI AGNOSTI C	9, 748, 031	1, 651, 734			0	54.00
	05500 RADI OLOGY-THERAPEUTI C	2, 722, 108	80, 547	2, 641, 56		0	55.00
	05700 CT SCAN	6, 653, 620	748, 921	5, 904, 69	-	0	57.0
	05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 464, 369	750, 302	1, 714, 06		0	58.0
	05900 CARDI AC CATHETERI ZATI ON	13, 503, 225	2, 088, 330		-	0	59.0
	06000 LABORATORY	20, 606, 527	2,088,330			0	60.0
	06400 INTRAVENOUS THERAPY			3, 350, 63		0	64.0
		3, 472, 030	121, 391				
	06500 RESPI RATORY THERAPY	9, 187, 445	247, 371	8, 940, 07	-	0	65.0
	06600 PHYSI CAL THERAPY	12,000,379	1, 545, 071	10, 455, 30		0	66.0
	06700 OCCUPATI ONAL THERAPY	3, 480, 192	153, 995	3, 326, 19		0	67.0
	06800 SPEECH PATHOLOGY	1, 465, 537	64, 984			0	68.0
	06900 ELECTROCARDI OLOGY	6, 437, 599	837,005			0	69.0
	07000 ELECTROENCEPHALOGRAPHY	1, 783, 305	172, 779			0	70. C
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	44, 555, 929	918, 114			0	71. C
	07200 IMPL. DEV. CHARGED TO PATIENTS	43, 269, 666	500, 789			0	72.0
	07300 DRUGS CHARGED TO PATIENTS	240, 104, 163	6, 119, 089			0	73. C
	07301 SPECI ALTY PHARMACY	92, 710, 793	1, 123, 360			0	73.0
	07400 RENAL DI ALYSI S	2, 011, 272	35, 268	1, 976, 00		0	74.0
	03330 ENDOSCOPY	1, 600, 519	169, 724	1, 430, 79		0	76.0
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 602, 403	2,083,523	17, 518, 88		0	76.0
	03951 LUTHERWOOD PARTNERSHI P	6, 206, 672	231, 740	5, 974, 93		0	76.0
	03952 WOUND CARE CENTER	3, 753, 975	181, 082	3, 572, 89		0	76.0
	03480 ONCOLOGY-CANCER CARE CENTER	65, 400, 568	6, 086, 808	59, 313, 76		0	76. C
5.06	03953 I MAGI NG CENTERS	9, 874, 463	1, 575, 982	8, 298, 48	1 0	0	76. C
5. 07	03954 BREAST DIAGNOSTIC CENTER	3, 930, 371	296, 153	3, 634, 21	8 0	0	76.0
5.97	07697 CARDI AC REHABI LI TATI ON	2, 234, 020	368, 969	1, 865, 05		0	76.9
5. 98	07698 HYPERBARI C OXYGEN THERAPY	648, 879	34, 722	614, 15	7 0	0	76.9
	OUTPATIENT SERVICE COST CENTERS				-1		
	08800 RURAL HEALTH CLINIC	0	0		0 0	0	88.0
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.0
0. 00	09000 CLINIC	0	0		0 0	0	90.0
D. 01	04950 DIABETIC CARE CENTER	0	0		0 0	0	90.0
0. 02	04951 HEALTHY HEARTS CENTER	2, 289, 575	303, 877	1, 985, 69	8 0	0	90.0
0. 03	09001 CLI NI C	0	0		0 0	0	90.0
0. 04	04953 SPINE CENTER	15	0	1	5 0	0	90.0
0. 05	04954 INFUSION CENTERS	1, 070, 428	223, 297	847, 13	1 0	0	90.0
0. 06	09002 MEDCHECK CLINICS	0	0		0 0	0	90.0
	09003 KNEE CENTER	6, 505, 545	532, 951	5, 972, 59	4 0	0	90.0
	09004 PALLIATIVE CARE	19, 781	6, 728	13, 05		0	90.0
0. 09	09005 MULTI DI SCI PLI NARY CLI NI C	19, 215	3, 790	15, 42		0	90.0
	09006 WORK SITE CLINICS	0	0	,	0 0	0	90.1
	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		0 0	0	90.1
	09100 EMERGENCY	37, 538, 992	2, 868, 093	34, 670, 89	9 0	0	91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 176, 583	687, 262	8, 489, 32		0	
	OTHER REIMBURSABLE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	007,202	5, 107, 52			1 2.0
	09850 OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	98.0
		0	0		- 0	0	
3. 00		736.984 427	40,019 264	696, 965, 16	3 0	0	200 0
	Subtotal (sum of lines 50 thru 199) Less Observation Beds	736, 984, 427 9, 176, 583	40, 019, 264 687, 262				200. 0 201. 0

	OUTPATIENT SERVICE COST TO CHARGE R R MEDICAID ONLY	ATIOS NET OF	Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet C Part II Date/Time Prepar 5/25/2023 1:46 p
Co	ost Center Description	Cost Not of		e XIX Outpatient	Hospi tal	PPS
	ost center bescription	Cost Net of Capital and	Total Charges (Worksheet C,			
		Operating Cost				
		Reduction		/ col. 7)	0	
		6.00	7.00	8.00		
	RY SERVICE COST CENTERS	0.00	7.00	0.00		
	PERATING ROOM	42, 441, 743	211, 107, 348	0. 20104	43	50
	ECOVERY ROOM	2, 439, 449				5
	ELIVERY ROOM & LABOR ROOM	6, 055, 041				5
	ADI OLOGY-DI AGNOSTI C	9, 748, 031				54
	ADI OLOGY-THERAPEUTI C	2, 722, 108				5
. 00 05700 CT		6, 653, 620				5
	AGNETIC RESONANCE IMAGING (MRI)	2, 464, 369				58
	ARDIAC CATHETERIZATION	13, 503, 225				59
	ABORATORY NTRAVENOUS THERAPY	20, 606, 527				60
		3, 472, 030				
	ESPI RATORY THERAPY	9, 187, 445				6
	HYSI CAL THERAPY	12,000,379				60
	CCUPATIONAL THERAPY	3, 480, 192				6
	PEECH PATHOLOGY	1, 465, 537				68
	LECTROCARDI OLOGY	6, 437, 599				69
	LECTROENCEPHALOGRAPHY	1, 783, 305				70
	EDICAL SUPPLIES CHARGED TO PATIENTS	44, 555, 929				7
	MPL. DEV. CHARGED TO PATIENTS	43, 269, 666				72
	RUGS CHARGED TO PATIENTS		1, 198, 328, 206			73
	PECIALTY PHARMACY	92, 710, 793	118, 729, 617	0. 78085	56	73
. 00 07400 RE	ENAL DIALYSIS	2, 011, 272	6, 283, 340	0. 32009	96	74
. 00 03330 EN	NDOSCOPY	1, 600, 519	5, 659, 340	0. 2828	10	70
	SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 602, 403	17, 642, 927	1. 11106	63	70
. 03 03951 LL	JTHERWOOD PARTNERSHIP	6, 206, 672	660, 562	9. 39604	48	70
. 04 03952 WC	DUND CARE CENTER	3, 753, 975	13, 130, 226	0. 28590	03	70
. 05 03480 01	NCOLOGY-CANCER CARE CENTER	65, 400, 568	306, 873, 925	0. 21311	19	70
. 06 03953 1 M	MAGING CENTERS	9, 874, 463	83, 316, 809	0. 11851	17	70
. 07 03954 BF	REAST DIAGNOSTIC CENTER	3, 930, 371	7, 023, 002	0. 55964	43	70
. 97 07697 CA	ARDI AC REHABI LI TATI ON	2, 234, 020	4, 270, 325	0. 52315	50	70
. 98 07698 HY	YPERBARI C OXYGEN THERAPY	648, 879	2, 683, 830	0. 2417	74	70
	ENT SERVICE COST CENTERS	· · ·				
	JRAL HEALTH CLINIC	0	0	0.0000	00	88
	EDERALLY QUALIFIED HEALTH CENTER	0				80
00 09000 CL		0		0.00000		90
	ABETIC CARE CENTER	0	0	0.0000		90
	EALTHY HEARTS CENTER	2, 289, 575	5, 079, 478			9(
03 09001 CL		0	0	0. 00000		90
	PINE CENTER	15		0.00000		90
	VFUSION CENTERS	1,070,428				90
	EDCHECK CLINICS	1,070,428				90
	NEE CENTER	6, 505, 545	-			90
				0. 0458		90
		19, 781	431, 751			90
	JLTI DI SCI PLI NARY CLI NI C	19, 215		0.0000		
	ORK SITE CLINICS	0	0	0.0000		90
	AMILY PRACTICE AND MATERNITY CARE	0		0.0000		90
	MERGENCY	37, 538, 992				9
	BSERVATION BEDS (NON-DISTINCT PART)	9, 176, 583	12, 923, 879	0. 71004	49	92
	EIMBURSABLE COST CENTERS		I	1		
	THER REIMBURSABLE COST CENTERS	0		0.0000	00	98
	ubtotal (sum of lines 50 thru 199)		3, 409, 366, 676			200
	ess Observation Beds	9, 176, 583				201
2.00 To	otal (line 200 minus line 201)		3, 409, 366, 676	1	1	202

Health Financial Systems	COMMUNI TY HEALTH				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPI	TAL COSTS	Provider C	1	Period: From 01/01/2022 Fo 12/31/2022		pared: 6 pm
		Title	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 CENTERS						
30. 00 ADULTS & PEDIATRICS	9, 003, 653	C	9, 003, 653	3 90, 225	99.79	30.00
31.00 INTENSIVE CARE UNIT	2, 979, 147		2, 979, 14	7 14, 799	201.31	31.00
32. 00 CORONARY CARE UNI T	0			0 0	0.00	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	166, 839		166, 839	9 2, 562	65.12	35.00
43.00 NURSERY	134, 288		134, 288	3 1, 609	83.46	43.00
200.00 Total (lines 30 through 199)	12, 283, 927		12, 283, 92	7 109, 195		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00			-	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	12, 936					30.00
31. 00 INTENSIVE CARE UNIT	3, 241	652, 446	•			31.00
32.00 CORONARY CARE UNI T	0	0				32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	C				35.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	16, 177	1, 943, 329	,			200.00

APPORTLOWENT OF INVATIENT ANCITENT ANCITENT VERSION         Provider CDC: 15-0074         Provider CDC: 15-0074         Provider District of Coche Propagated Sci 26/2023 1:46 pm           Cost: Center Description         Explicit Intervention         From U1072722         Applicit Intervention         Provider CDC: 15-0074         Propagated Sci 26/2023 1:46 pm           Model LLARY SEMICE DOOT CENTERS         1.00         2.00         3.00         4.00         5.00           String Application         String Application         String Application         String Application         String Application           String Application         String Application         String Application         String Application         String Application           String Application         String Application         String Application         String Application         String Application           String Application         String Application         String Application         String Application         String Application           String Application         String Application         String Application         String Application         String Application         String Application           String Application         String Application         String Application         String Application         String Application         String Application           String Applicatin Cost String Application         String Application <th>Health Financial Systems C</th> <th>OMMUNI TY HEALTH</th> <th>NETWORK, INC.</th> <th></th> <th>In Lie</th> <th>u of Form CMS-</th> <th>2552-10</th>	Health Financial Systems C	OMMUNI TY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-	2552-10
Interview of the section of the	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0074	From 01/01/2022	Part II	narodi
Cost Center Description         Capital (From West. 6, 20)         Total Charges (From West. 6, 20)         Total Charges (From West. 6, 20)         Inputtient (Charges)         Copital (Charges)         Copital (Charges)         Inputtient (Charges)         Copital (Charges)         Copital (Charges) <thcopital (Char</thcopital 					10 12/31/2022	5/25/2023 1:4	6 pm
Image: Program (Column 3.x)         Column 3.x)           Marcl LLARY SERVICE COST CENTERS         2.00         3.00         4.00         5.00           50.00         05100 (EC0V/RT ROOM         5.739, 544         711.107, 348         0.627386         36, 682, 681         0.94, 615         50.00           51.00         05100 (EC0V/RT ROOM         5.739, 544         711.07, 348         0.627386         36, 682, 681         0.94, 615         50.00         55.00           52.00         05200 (DEVEN ROOM         5.739, 544         711.07, 348         0.027386         36, 682, 881         0.94, 615         50.00         52.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>PPS</td> <td></td>						PPS	
Part II. col. 201         Col. 201         Col. 200         Col. 200 <thcol. 200        <thcol. 200         <thcol. 200</thcol. </thcol. </thcol. 	Cost Center Description						
Part II., col.         8)         2)         4.00           ANCLLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 (PERATING ROM         5.739, 546         211, 107, 348         0.027188         36, 582, 861         94, 615         50.00           50.00         05000 (PERATING ROM         287, 337         16, 643, 370         0.022273         2.48, 750         94, 66         52.00           50.00         05000 (RADUARDENDERME ROM         1, 651, 734         65, 705, 562         0.022190         3, 547, 586         99, 265         50.00         550, 005500         7.121, 177         45, 219         57.00         50.00         550, 005500         7.121, 177         45, 219         57.00         0.002216         4.499, 329         158, 564, 733         0.002206         1.267, 745         59, 99         59.00         05900 (ARDUACCATHERE)         110, 913, 363, 332, 220, 003374         1.430, 447         199, 99         59.00         0.002206         3.41, 350, 46, 460         0.002206         3.41, 533, 646         60.00         60000 SEPH ARIOKY THERAPY         121, 131         6, 720, 726         0.00348         1.430, 44, 539, 535         66, 640         0.00348         1.430, 539, 646, 650         0.004206         3.41, 530, 45, 550							
26)         20         3.00         4.00         5.00           MCLI LARY SERVICE COST CENTERS         57.79, 546         211, 107, 348         0.027188         36, 582, 861         994, 615         50.00           51.00         05100         RECOVER NOM         37, 737         16, 630, 375         0.027188         36, 582, 861         994, 615         50.00           54.00         05400         RADIL LARY RENVICE         1, 440, 057         0.020794         3, 547, 559         54, 663         51.00         0.020794         3, 547, 559         547, 663         51.00         52.00					. charges	corumn 4)	
NRTLLARY SERVICE COST CENTERS         0         0         0.00         0.			0)	2)			
50.00         550.00         550.00         550.00         550.00         550.00         573.02         737.02         737.02         737.02         738.75         0.022718         33.68.261         944.615         50.00           52.00         05200 DELUFEW ROM & LABOR ROM         578.024         11.400.039         0.02516         4.089.29         11.798         55.00         2.547.562         0.02516         4.089.29         11.798         55.00         55.00         0.02516         4.089.29         11.798         55.00         55.00         0.02516         4.089.29         11.798         55.00         55.00         0.02516         4.089.29         11.798         55.00         55.00         0.02516         4.089.29         11.798         55.00         0.06000         1.261.771         45.219         57.00 <t< td=""><td></td><td></td><td>2.00</td><td>3.00</td><td>4.00</td><td>5.00</td><td></td></t<>			2.00	3.00	4.00	5.00	
51.00         05100         RECOVERY FOOM         337.027         16.430.275         0.022272         2.348.752         54.663         51.00           52.00         D52000         D52000         D52000         D52000         D52000         D52000         D52000         D52000         D52000         D55000         D56000         D56000         D56000         D56000         D56000         D56000         D560000         D66000         D560000         D66000         D560000         D560000         D560000         D560000         D5600000         D560000000         D56000000000000000000000000000000000000				1	- 1		
52.00         05200 DELLVERY ROUK & LABOR ROUM         578.024         11.440.039         0.05052         0         0         55.00         55.00         0500 RADI LOCY - THERAPEUTIC         80.547         32.010.423         0.002516         4.689.329         11.798         55.00          05500 CT SCAN         0500 CT SCAN         0.00017         45.117         45.219         57.00         0.0002516         4.689.329         11.798         55.00         99.50.00         5000 CT SCAN         1.774         57.171         45.219         57.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></th<>							•
54. 00         06400 RADIOLOCY-LIARNESTIC         1. 651, 734         65, 70, 652         0. 025190         3. 547, 586         89, 364         54. 00           57. 00         05700 CT SCAN         748, 921         117, 933, 509         0. 006350         7, 121, 177         45, 219           59. 00         05900 CARDIA C CATHETRIZATION         2, 088, 30         359, 604, 353         0. 005807         34, 430, 647         199, 939         59. 00           60. 00         06000 LABORATORY         500, 06         13. 63, 3282         0. 003807         34, 430, 647         199, 939         59. 00           60. 00         06400 LABORATORY         121, 391         6, 720, 706         0. 018062         341, 508         6, 168         64. 00           66. 00         06400 CIEXPITIORAL THERAPY         124, 371         43, 985, 405         0. 001302         808, 741         18, 077         67. 008           06         006600 CIEXPITIORAL THERAPY         153, 997         64, 7698         0. 02192         280, 374         5, 661         66. 00           06400 ELECTROARMELTHALOGRY         63, 744         18, 798         64. 00         60, 7460         0. 21491         167, 428         4, 178         70. 00           0100 0700 DELECTROARMELLSCARARED T0 PATIENTS         61, 733, 301, 862, 745 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
55. 00       05500 RADIOLOCY-THERAPUTIC       80, 547       32, 010, 423       0.002516       4, 689, 329       11, 798       55. 00         57. 00       05700 CT SCAN       05800 MAGNETIC RESONANCE INAGING (MRI )       750, 302       18, 654, 793       0.002507       34, 430, 647       799, 799       59. 00         60. 000 CARDIA CATHETERI ZATION       2.088, 303       359, 640, 4353       0.003748       14, 238, 364       533, 365       60. 00       6600       144, 238, 364       58. 00         64. 00       06400 INTRAVENUS THERAPY       121, 371       15, 720, 706       0.01386       34, 150       6.168       64. 00         65. 00       06500 RESPI RATORY THERAPY       124, 371       14, 398, 405       0.00524       8, 631, 623       48, 544       65. 00         66. 00       06600 DELECTROCARDIOLOGY       64, 984       3, 218, 354       0.020136       998, 741       18, 907       67. 00         67. 00       06700 DELECTROCARDIOLOGY       837, 005       58, 267, 545       0.014365       4, 226, 129       60, 708       64, 708       70. 078         71. 00       07000 RELCARDALSUPHLAGRAPHY       172, 779       6, 924, 355       0.020136       198, 741       18, 647       73. 00       74. 00       074061       0       73. 00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>•</td></t<>						-	•
57.00       05700       CT SCAN       748,921       117,933,509       0.006350       7,121,177       45,219       57.00         59.00       05900       CRED MARCETIC RESONANCE LINGING (MR1)       750,302       18,654,793       0.004220       1,227,745       50,099       58.00         59.00       05900       CARDIA C CATHETERIZATION       2.088,330       359,604,353,282       0.003748       14,430,447       199,939       59.00         64.00       06400       IARDRATENENUS THERAPY       121,391       6,720,766       0.018062       34,430,447       199,939       66.00         65.00       06500       PESPI RATORY THERAPY       124,371       43,854.40       0.001802       1,651,022       73,897       66.06         66.00       OCOM CUENT TONAL THERAPY       1545,071       22,068,64       0.070012       1,051,202       73,897       66.06       60.00         69.00       OFOO CUENT TONAL THERAPY       1545,071       22,068,64       0.020136       698,741       18,097       67.00         70.00       OFOO ELECTRORACEPHALOGY       837,0705       58,274,545       0.014365       42,6129       60.078       60.798       61.77,745       70.00       70.00       70.00       70.00       70.00       70.00							•
58. 00         OSBOO MAGNETIC RESONANCE I MAGING (MRI )         750. 302         18, 654, 793         0. 040220         1, 267, 745         50.995         50.           60. 00         CARDI AC CATHETERI ZATION         2. 088, 330         359, 604, 353         0. 003748         14, 328, 364         53, 365         60. 00           60. 00         CARDI AC CATHERENT         133, 633, 282         0. 003748         14, 328, 364         53, 365         60. 00           65. 00         CARDI AC CATHERENT         121, 391         6. 720, 706         0. 018062         341, 508         6. 168         64.00           66. 00         CARDI AC CATHERAPY         153, 995         7. 647, 698         0. 0020192         2280, 374         5. 661         66.00           67. 00         OCUPATIOMAL THERAPY         153, 995         7. 647, 678         0. 002192         2280, 374         5. 661         66.00           69. 00         DECORDI LECTROCARDI OLOGY         6837, 005         58, 247, 544         0. 004781         22, 437, 564         106, 844         70.00           71. 00         OTOD MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         50, 118, 936         0. 004781         22, 437, 564         106, 847         72.00           73. 00         07300         DTASIS         TASIS         74, 559							•
59:00         05900         CARDIA C CATHETERI ZATION         2,088,330         359,604,353,282         0.005807         34,430,647         199,939         59.00           64:00         06000         LABORATORY         50,006         133,633,282         0.003748         14,430,647         153,365         66.00           65:00         06500         PESPIRATORY THEERAPY         121,391         6,720,706         0.018062         341,502         453,462         60.00         66.00         0.0500         COUNTOL         118,097         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         68.70         0.00062         11.959,633         108,378         71.00							
64.00         De400         INTRAVENUES THERAPY         121, 391         6, 720, 765         0.0180c2         341, 508         6.168         64.00           65.00         D6500         DESPIR ALTORY THERAPY         147, 371         43, 985, 405         0.000620         896, 741         18, 977         67.00           67.00         D6700         DCCUPATIONAL THERAPY         153, 995         7, 647, 678         0.020136         896, 741         18, 977         67.00           68.00         D6800         SPECH PATHOLOGY         B37, 055         58, 40         0.020136         42, 25, 129         60, 708         69.00           69.00         D6900         DELCTEOCACCEPHALOGGAPHY         172, 779         58, 247, 545         0.01426         4, 778         70.00           71.00         OTOOD         RELCTEOCACCEPHALOGAPHY         172, 779         58, 247, 670         0.00461         1, 959, 633         108, 378         71.00           73.00         OTOID         RELCTEOCACCEPHALOGAPHY         1, 12, 300         118, 729, 617         0.00461         1, 989, 741         868, 44         72.00           73.00         OTADID RUSS CHARGED TO PATIENTS         50.0178         104, 735, 880         0.004761         2, 347, 544         16, 847, 720         70.107 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
65. 00         065.00         055.00         PESP RATORY THERAPY         247, 371         43, 985, 463         0.005624         8, 631, 623         448, 544         65.00           66.00         06700         0C/DUPATI (DALL THERAPY         1.54, 971         22, 088, 684         0.020192         280, 374         18, 977         66.00           68         0         06000         SEECEL PATHOLOGY         64, 994         3, 218, 354         0.020192         280, 374         5, 661         66.00           0         00000         ELECTROCARDI OLOGY         64, 994         3, 218, 354         0.02192         280, 374         5, 661         66.00           0         07000         LECTROCARDI OLOGY         837, 005         58, 267, 545         0.014365         4, 272, 01         108, 737         71.00           0.0         07200         IMED LES CHARGED TO PATIENTS         510, 789         104, 735, 880         0.004781         22, 347, 564         106, 844         72.00           73. 01         07300         IRCS LARREGE TO PATIENTS         510, 783         11, 123, 360         0.005613         1, 599, 457         67.00         73.01           74.00         07400         REMARY         1, 123, 360         118, 729, 470         0.005613         1, 597 </td <td>60. 00 06000 LABORATORY</td> <td>500, 906</td> <td>133, 633, 282</td> <td>0.00374</td> <td>14, 238, 364</td> <td>53, 365</td> <td>60.00</td>	60. 00 06000 LABORATORY	500, 906	133, 633, 282	0.00374	14, 238, 364	53, 365	60.00
66.00         06600         PMS1 CAL THERAPY         1, 545, 071         22, 068, 684         0.070012         1, 051, 202         73, 597         66.00           06700         0C00 OCCUPATIONAL THERAPY         153, 995         7.647, 698         0.020136         988, 714         78, 997         67.00           06800         0ECECTROENCEPHALDCRAPHY         153, 995         7.647, 698         0.020136         280, 374         5.641         68.00           07000         DICOD         ELECTROENCEPHALDCRAPHY         172, 779         6, 924, 305         0.0204953         167, 426         4, 178         70.00           07100         MPLL DEV, CHARGED TO PATIENTS         500, 789         104, 735, 880         0.0095106         15, 900, 260         61, 814         73.00           07300         DIVEC CHARGED TO PATIENTS         6, 119, 069         11, 187, 28, 266         0.005116         15, 900, 260         61, 187         73.00           73.00         7300 DIVEC CHARGED TO PATIENTS         500, 789         118, 729, 617         0.0096513         1, 589, 457         8, 922         74.00           74.00         07400         RENAL DI ALYSIS         35, 268         6, 283, 340         0.029990         40, 557         1, 717         76.01           76.01         03		121, 391	6, 720, 706	0. 01806	52 341, 508	6, 168	64.00
67:00       0c700       0crupati oNAL THERAPY       153:995       7, 647,698       0.020136       989,741       18.097       67.00         68:00       068000       SPECCH PATHOLOCY       63.914       3.218.354       0.020192       200.374       5.61       68.00         07:00       07000       ELECTROCARD 0LOGY       837.005       58.267,545       0.014365       4.226.129       60.708       69.00         07:00       MEDICAL SUPPLIES CHARGED TO PATIENTS       500.789       104.735,880       0.004781       22,347,564       106,844       72.00         07:00       ORUGO RENAL DI ALTYSIS       53.268       6.283,340       0.005161       5.900,200       81.877       71.00         76:00       03330       ENDOSCOPY       1.97,24       5.659,340       0.005613       1.589,457       8.22       74.00         76:00       03330       ENDOSCOPY       169,724       5.659,300       0.005613       1.589,457       1.717       76.00         76:00       03330       ENDOSCOPY       169,724       5.659,300       0.019835       409,240       8.117       76.00         76:00       033951       LUTHENWOOD PARTINERSHIP       231,130,226       0.019391       102,141       2.650       76.04							•
68.00         0c6800         SPEECH PATHOLOGY         64.984         3.218, 354         0.020192         280, 374         5, 61         66.00           00         09000         ELECTROADRID ICOCY         837, 005         58, 267, 545         0.014365         4, 226, 129         60, 700, 000           01         00         01000         MEDICAL         SUPPLIES CHARGED TO PATIENTS         918, 114         101, 316, 684         0.004961         1, 959, 633         106, 374         71, 00           01         00         0100         MEDICAL         SUPPLIES CHARGED TO PATIENTS         60, 119, 089         1, 1963, 633         106, 374         72, 00           01         01301         DSECIALTY PHARMACY         1, 123, 360         0.004761         0         0         73, 01           74.00         07400         RENAL DIALYSIS         35, 268         6, 283, 340         0.005613         1, 589, 457         8, 922         74, 00           76.01         03350         PSYCHIATRI C/PSYCHOLOGI CAL SERVICES         2, 083, 523         17, 642, 927         0.118094         15, 912, 141         2, 650         76, 04           76.01         03550         PSYCHIATRI C/PSYCHOLOGI CAL SERVICES         2, 083, 523         17, 642, 927         0.118094         15, 912, 914							•
69         00         0000         ELECTROCARD I CLOGY         837,005         58,27,545         0.014365         4,226,129         60,708         69.00           70.00         07000         ELECTROCARCPIALOGRAPHY         172,779         6,924,305         0.024953         167,426         4,178         70.00           71.00         OT100         MEDICAL SUPPLIES CHARGED TO PATIENTS         500,789         104,735,880         0.004761         22,347,564         106,844         72.00           73.01         OT300 DRUGS CHARGED TO PATIENTS         500,789         104,735,880         0.005160         15,900,260         81,187         73.00           73.01         OT300 REVAS CHARGED TO PATIENTS         51,128,360         118,729,617         0.00541         0         73.01           74.00         OT400 RENAL DIALYSIS         35,268         6,283,340         0.005613         1,589,457         1,27,77         76.00           76.01         03550 PSYCHIATTEN C/SYCHOLOGI CAL SERVICES         2,083,523         17,642,927         0.118094         15,912         1,879         76.01           76.03         03951 LUTHERNOOD PARTINERSHI P         231,740         660,562         0.013791         192,141         2,650         76.01         76.05         76.02         0.723,002							
70:00       07000       ELECTROENCEPHALOGRAPHY       172, 779       6, 924, 305       0.024953       167, 426       4, 178       70.00         71:00       07100       MEL       DEV. CHARGED TO PATIENTS       918, 114       101, 316, 684       0.009062       11, 959, 633       108, 378       71.00       73.00         73:00       07300       DRUGS CHARGED TO PATIENTS       6, 119, 089       1, 184, 328, 206       0.005106       15, 900, 260       81, 187       73.00         74:00       07400       RENAL DI ALYSIS       35, 268       6, 283, 340       0.005613       1, 589, 457       8, 922       74.00         76:01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       2, 083, 523       17, 642, 927       0.118094       15, 912       1, 879       76.00         76:03       03551       UUTIER MOO DPARTNERSHIP       231, 740       660, 652       0.50822       0       0       76.03         76:04       03952       WOND CARE CENTER       181, 082       13.10, 226       0.013791       192, 141       2, 650       76.04         76:05       03954       BREAST DI AGNOSTI C ENTER       1975, 982       83.316, 809       0.018916       409, 240       81.17       76.97       76.97         76:97							•
171.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       918, 114       101.316, 684       0.009062       11, 959, 633       108, 378       71.00         72.00       07300       DRUGS CHARGED TO PATIENTS       6, 119, 069       1, 196, 328, 206       0.005106       15, 900, 260       81, 187       73.00         73.01       OT300 SPECIALTY PHARMACY       1, 123, 360       118, 729, 617       0.009461       0       073.00       0.005503       1, 589, 457       8, 922       74.00       074.00       RAMO RENAL DIALYSIS       35, 268       6, 283, 340       0.005613       1, 589, 457       8, 922       74.00       76.01       0.3500 PSYCHI ATRI C/PSYCHOLOGICAL SERVICES       2, 083, 523       17.6 42, 927       0.118094       15, 912, 141       2, 65       76.01         76.01       03500 PSYCHI ATRI C/PSYCHOLOGICAL SERVICES       2, 083, 73, 925       0.013931       1192, 141       2, 65       76.07         76.02       0042169       0.01935       409, 240       8, 117       76.05       76.05       76.02       0.021269       0.01931       192, 141       2, 65.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07       76.07 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>							1
12:00         07200         IMPL         DEV.         CHARGED TO PATIENTS         500, 789         104, 735, 880         0.004781         22, 347, 564         106, 844         72.00           73:00         07301         SPECI ALTY PHARMACY         1, 128, 360         118, 729, 617         0.009461         0         0         73.00         73.00           74:00         07400         RENAL DI ALYS IS         35, 268         6, 283, 340         0.005106         15, 900, 260         81, 187         73.00           76:01         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         2,083, 523         17, 642, 927         0.118094         15, 912         1.879         76.01           76:03         03951         LUTHEMODD PARTIRESHIP         231, 740         660, 562         0.3013791         192, 141         2, 650         76.03           76:05         03480         NOCLOGY-CANCER CARE CENTER         1.575, 982         83, 316, 809         0.018916         0         76.05         76.04         73.08         76.07         76.97         76.97         76.97         76.98         94.270, 235         0.046403         1.083         94         76.97         76.97         76.97         76.98         0.19335         0.012937         0         76.98							
73:00       ORIGS CHARGED TO PATIENTS       6, 119, 089       1, 198, 328, 206       0.005106       15, 900, 260       81, 187       73.00         73:01       O7400 RENAL DI ALYSI S       1, 123, 360       118, 729, 617       0.009461       0       0       73.01         74:00       O7400 RENAL DI ALYSI S       35, 268       6, 283, 340       0.005613       1, 589, 457       8, 922       74.00         76:00       03330 ENDOSCOPY       169, 724       5, 659, 340       0.029990       40, 587       1, 217       76.00         76:01       03550 PSYCH ATRIC /PSYCHOLOGI CAL SERVICES       2,083, 523       17, 642, 927       0.118094       15, 912       1,879       76.01         76:05       0346 0NCOLOGY-CANCER CARE CENTER       181, 082       13, 130, 226       0.013971       192, 141       2,650       76.04         76:07       0352 MOUND CARE CENTER       1,575, 982       83, 316, 809       0.019935       409, 240       8,117       76.05         76:07       07697 CARDI AC REHABI LI TATI ON       368, 969       4, 270, 325       0.086403       1, 083       94       76.97         76:98       07698 INPERBARI C ONYCEN THERAPY       34, 722       2, 683, 830       0.012937       0       0       76.98 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
73.01       D7301       SPECI ALTY PHARMACY       1, 123, 360       118, 729, 617       0.009461       0       0       74.00         74.00       O7400       RENAL DI ALYSI S       35, 268       6, 283, 340       0.005613       1, 589, 457       8, 922       74.00         76.01       03350       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       2, 083, 523       17, 642, 927       0.118094       15, 912       1, 879       76.01         76.03       03951       LUTHERMOD PARTMERSHI P       231, 740       660, 562       0.350822       0       0       76.03         76.04       03952       WOUND CARE CENTER       181, 082       13, 130, 226       0.013971       192, 141       2, 650       76.04         76.05       03480       ONCOLOCY-CANCER CARE CENTER       1, 575, 982       83, 316, 809       0.018935       409, 240       8, 117       76.05         76.07       03954       BREAST DI AGNOSTIC CENTER       296, 153       7, 023, 002       0.042169       2, 014       85       76.97         76.97       O7598       HYPERBARI C OXYGEN THERAPY       34, 722       2, 683, 830       0.012937       0       0       76.98         00.00       08000       RUAL HEALTH CLINIC       0       0							
76.00       03330       ENDOSCOPY       169,724       5,659,340       0.029990       40,587       1,217       76.01         76.01       03550       PSYCHI ATRI C/PSYCHOLGGI CAL SERVI CES       2,083,523       17,642,927       0.118094       15,912       1,879       76.01         76.03       03951       LUTHERWOOD PARTNERSHI P       231,740       660,562       0.013791       192,141       2,650       76.03         76.04       03952       WOUND CARE CENTER       181,082       13,130,226       0.013791       192,141       2,650       76.05         76.06       03953       IMAGING CENTERS       1,575,982       83,316,809       0.018916       0       0       76.06         76.70       703954       BREAST       DI AGNOSTI C CENTER       296,153       7,023,002       0.42169       2,014       85       76.07         76.98       07698       HYPERBARI C OXYGEN THERAPY       34,722       2,683,830       0.012937       0       76.98       90.00         89.00       08000       FEDERALLY OUALI FI ED HEALTH CENTER       0       0       0.000000       0       89.00         90.01       049500       FEDERALLY OUALI FI ED HEALTH CENTER       0       0.00000000       0       90.01							
76.01       03550       SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       2, 083, 523       17, 642, 927       0, 118094       15, 912       1, 879       76, 01         76.03       03951       LUTHERWOOD PARTINERSHIP       231, 740       660, 562       0, 35082       0       0       76, 03         76.04       03952       WOUND CARE CENTER       181, 082       13, 130, 226       0, 013791       192, 141       2, 650       76, 04         76.05       03480       MOCOLOGY-CANCER CARE CENTER       6, 086, 080       306, 873, 925       0, 019835       409, 240       8, 117       76, 05         76.07       03954       BREAST DI AGNOSTI C CENTER       296, 153       7, 023, 002       0, 042169       2, 014       85       76, 07         76.97       07697       CARDI AC REHABI LI TATI ON       368, 969       4, 270, 325       0, 084003       1, 083       94       76, 97         70.98       DYERARI C OXYGEN THERAPY       34, 722       2, 683, 830       0, 012937       0       0       60, 000000       0       88, 00         80.00       08900 FEDERALLY QUALLED HEALTH CENTER       0       0       0, 000000       0       90, 00       90, 00       90, 00       90, 00       90, 00       90, 00       90, 00	74.00 07400 RENAL DIALYSIS	35, 268	6, 283, 340	0. 0056	1, 589, 457	8, 922	74.00
76. 03       03951       LUTHERWOOD PARTNERSHIP       231, 740       660, 562       0. 350822       0       0       76. 03         76. 04       03952       WOUND CARE CENTER       181, 082       13, 130, 226       0. 013791       192, 141       2, 650       76. 05       03480       0NCOLOGY-CANCER CARE CENTER       6, 086, 808       306, 873, 925       0. 018935       409, 240       8, 117       76. 05         76. 05       03953       IMGI NG CENTERS       1, 575, 982       83, 316, 809       0. 018916       0       0       76. 07         76. 07       03954       BREAST DI AGNOSTI C CENTER       296, 153       7, 023, 002       0. 042169       2, 014       85       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       34, 722       2, 683, 830       0. 012937       0       76. 98         90. 08800       RUAL HEALTH CLINIC       0       0       0. 000000       0       88. 00       88. 00         89. 00       08900 FEDERALLY QUALI FIED HEALTH CENTER       0       0       0. 000000       0       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00       90. 00							•
76. 04       03952       WOUND CARE CENTER       181,082       13,130,226       0.013791       192,141       2,650       76.04         76. 05       03480       ONCOLOGY-CANCER CARE CENTER       6,086,808       306,873,925       0.018976       0       0       76.05         76. 06       03953       IMAGING CENTERS       1,575,992       83,316,809       0.018976       0       0       76.06         76. 97       07697       CARDI AC REHABI LI TATION       386,969       4,270,325       0.086403       1,083       94       76.97         07698       HYERBARI C 0XYGEN THERAPY       384,722       2,683,830       0.012937       0       0       76.98         0UTPATI ENT SERVICE COST CENTERS       0       0       0.000000       0       88.00         88.00       08800       BURAL HEALTH CLINIC       0       0       0.000000       0       88.00         90.00       09000       CLINIC       0       0       0.000000       0       90.02         90.01       04951       HEALTHY HEARTS CENTER       303,877       5,079,478       0.000000       0       90.02         90.02       04951       HEALTHY HEARTS CENTER       303,877       5,079,478       0.0000000 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
76. 05       03480       0NCOLOGY-CANCER CARE CENTER       6, 086, 808       306, 873, 925       0. 019835       409, 240       8, 117       76. 06         76. 06       03953       IMAGI NG CENTERS       1, 575, 982       83, 316, 809       0. 018916       0       0       76. 07         76. 70       03954       RREATS DI AGNOSTI C CENTER       296, 153       7. 023, 002       0. 042169       2.014       85       76. 07         76. 97       07697       CARDI AC REHABI LI TATI ON       368, 969       4, 270, 325       0. 066403       1, 083       94       76. 97         76. 98       DTPATI ENT SERVICE COXYGEN THERAPY       34, 722       2, 683, 830       0. 012937       0       0       88.00         90       0800       RURAL HEALTH CLINIC       0       0       0.000000       0       89.00         90.00       09000       CLENTER       0       0       0.000000       0       89.00         90.00       090000       CLALY UALI FIED HEALTH CENTER       0       0       0.0000000       0       90.00         90.01       04950       DLABETI C CARE CENTER       303, 877       5, 079, 478       0.090902       000       90.02         90.02       04953							
76. 06       03953       I MAGI NG CENTERS       1, 575, 982       83, 316, 809       0.018916       0       76. 06         76. 07       03954       BREAST DI AGNOSTI C CENTER       296, 153       7, 023, 002       0.042169       2, 014       85       76. 07         76. 97       CARDI AC REHABLI TATI ON       368, 969       4, 270, 325       0.086403       1, 083       94       76. 97         76. 98       MYPERBARI C 0XYGEN THERAPY       34, 722       2, 683, 830       0.012937       0       0       76. 98         0UTPATI ENT SERVICE COST CENTERS       0       0       0.000000       0       89. 00       0800       RRAL HEALTH CLINI C       0       0       0.000000       0       89. 00         90. 00       08900       FEDERALLY QUALI FI ED HEALTH CENTER       0       0       0.000000       0       90. 00         90. 01       04950       DI ABETI C CARE CENTER       303, 877       5, 079, 478       0.059824       0       90. 02         90. 02       04953       SPI NE CENTER       303, 877       5, 079, 478       0.0500000       0       90. 04         90. 05       04954       INFUSI ON CENTERS       223, 297       2, 555, 033       0.087395       0       90. 05							
76. 07       03954       BREAST DI AGNOSTI C CENTER       296, 153       7, 023, 002       0.042169       2, 014       85       76. 07         76. 97       07697       CARDI AC REHABI LI TATI ON       368, 969       4, 270, 325       0.086403       1, 083       94       76. 97         76. 98       MYERBARI C 0XYGEN THERAPY       34, 722       2, 683, 830       0.012937       0       0       76. 98         0UTPATI ENT SERVICE COST CENTERS       0       0       0.000000       0       0       88.00         88.00       0800       RERALLY QUALI FIE D HEALTH CENTER       0       0       0.000000       0       89.00         90.00       09000       CLI NI C       0       0       0.000000       0       90.01         90.01       04950       DI ABETI C CARE CENTER       0       0       0.000000       0       90.02         90.02       CLI NI C       0       0       0.000000       0       90.02       90.02         90.03       09001       CLI NI C       0       0       0.000000       0       90.02         90.03       GAUSTI C CARE CENTER       303, 877       5, 079, 478       0.058924       0       90.02         90.04 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>							•
76. 97       07697       CARDI AC REHABI LI TATI ON       368,969       4, 270, 325       0.086403       1, 083       94       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       34, 722       2, 683, 830       0.012937       0       0       76. 97         88.00       08800       RURAL HEALTH CLINIC       0       0       0.000000       0       88.00         90.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       0.000000       0       88.00         90.00       04950       DI ABETI C CARE CENTER       0       0       0.000000       0       90.00         90.01       04951       DI ABETI C CARE CENTER       303,877       5,079,478       0.059824       0       90.02         90.02       04951       HEALTHY HEARTS CENTER       303,877       5,079,478       0.059824       0       90.02         90.03       09001       CLINI C       0       0       0.000000       0       90.02         90.04       9454       INFUSION CENTERS       223,297       2,555,033       0.087395       0       90.07         90.05       09003       KNEE CENTER       532,951       6,131,312       0.086923       0						-	•
76. 98         07698         HYPERBARI C 0XYGEN THERAPY         34, 722         2, 683, 830         0.012937         0         76. 98           0UTPATI ENT SERVICE COST CENTERS         0         0         0.00000         0         88.00           88.00         08800         RURAL HEALTH CLINIC         0         0.000000         0         88.00           90.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0.000000         0         90.00           90.00         04950         DI ABETI C CARE CENTER         0         0         0.000000         0         90.00           90.01         04951         HEALTHY HEARTS CENTER         303, 877         5, 079, 478         0.059824         0         90.02           90.02         09001         CLINIC         0         0         0.000000         0         90.02           90.03         SPI NE CENTER         303, 877         5, 079, 478         0.0879824         0         90.02         90.02           90.05         04951         INCLINIC         0         0.000000         0         90.02         90.04           90.05         04953         SPI NE CENTER         532, 951         6, 131, 312         0.86923         0							•
88.00       08800       RURAL HEALTH CLINIC       0       0       0.00000       0       0       88.00         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0.000000       0       89.00         90.00       09000       CLINIC       0       0       0.000000       0       90.00         90.01       04950       DIABETIC CARE CENTER       0       0       0.000000       0       90.01         90.02       04951       HEALTHY HEARTS CENTER       303,877       5,079,478       0.059824       0       90.02         90.03       09001       CLINIC       0       0       0.000000       0       90.02         90.04       04953       SPI NE CENTER       0       0       0.000000       0       90.04         90.05       04954       INFUSION CENTERS       223,297       2,555,033       0.087395       0       0       90.06         90.06       09002       MEDCHECK CLINICS       0       0       0.000000       0       90.06         90.07       09003       KNEE CENTER       532,951       6,131,312       0.086923       0       0       90.07         90.08       09004							•
89.00       08900       FEDERALLY QUALI FI ED HEALTH CENTER       0       0       0.000000       0       0       89.00         90.00       09000       CLI NI C       0       0       0.000000       0       90.00         90.01       04950       DI ABETI C CARE CENTER       0       0       0.000000       0       90.01         90.02       04951       HEALTHY HEARTS CENTER       303,877       5,079,478       0.059824       0       90.02         90.03       09001       CLI NI C       0       0       0.000000       0       90.02         90.04       04953       SPI NE CENTER       303,877       5,079,478       0.050000       0       90.02         90.04       04953       SPI NE CENTER       0       0       0.000000       0       90.03         90.05       04954       INFUSION CENTERS       223,297       2,555,033       0.087395       0       90.06         90.06       09002       MEDCHECK CLI NI CS       0       0       0.000000       0       90.07         90.08       09004       PALLI ATI VE CARE       532,951       6,131,312       0.086923       0       90.07         90.08       09005 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
90.00         09000         CLINIC         0         0         0.000000         0         90.00           90.01         04950         DIABETIC CARE CENTER         0         0         0.000000         0         90.01           90.02         04951         HEALTHY HEARTS CENTER         303,877         5,079,478         0.059824         0         0         90.02           90.03         09001         CLINIC         0         0         0.000000         0         90.03           90.04         04953         SPINE CENTER         0         0         0.000000         0         90.04           90.05         04954         INFUSION CENTERS         223,297         2,555,033         0.087395         0         90.06           90.06         09002         MEDCHECK CLINICS         0         0         0.000000         0         90.06           90.05         09004         PALLIATIVE CARE         6,728         431,751         0.015583         0         0         90.06           90.09         09005         MULTIDISCIPLINARY CLINIC         3,790         0         0.000000         0         90.09           90.10         09006         WORK SITE CLINICS         0         0							
90.01         04950         DI ABETI C CARE CENTER         0         0         0.00000         0         0         90.01           90.02         04951         HEALTHY HEARTS CENTER         303,877         5,079,478         0.059824         0         0         90.02           90.03         09001         CLINIC         0         0         0.00000         0         90.03           90.04         04953         SPI NE CENTER         0         0         0.000000         0         90.04           90.05         04954         INFUSI ON CENTERS         223,297         2,555,033         0.087395         0         90.06           90.06         09002         MEDCHECK CLINICS         0         0         0.000000         0         90.06           90.07         09003         KNEE CENTER         532,951         6,131,312         0.086923         0         0         90.07           90.08         09004         PALLI ATI VE CARE         6,728         431,751         0.015583         0         0         90.08           90.09         09005         MULTI DI SCI PLI NARY CLINIC         3,790         0         0.000000         0         0         90.09           91.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
90.02         04951         HEALTHY HEARTS CENTER         303,877         5,079,478         0.059824         0         0         90.02           90.03         09001         CLINIC         0         0         0.00000         0         0         90.03           90.04         04953         SPINE CENTER         0         0         0.00000         0         90.04           90.05         04954         INFUSION CENTERS         223,297         2,555,03         0.087395         0         0         90.05           90.06         09002         MEDCHECK CLINICS         0         0         0.00000         0         90.06           90.07         09003         KNEE CENTER         532,951         6,131,312         0.086923         0         0         90.07           90.08         09004         PALLIATIVE CARE         6,728         431,751         0.015583         0         0         90.08           90.09         09005         MULTIDI SCIPLI NARY CLINIC         3,790         0         0.000000         0         0         90.09           90.10         09006         WORK SI TE CLINICS         0         0         0.000000         0         0         90.10		-					•
90.03         09001         CLINIC         0         0         0.00000         0         0         90.03           90.04         04953         SPINE CENTER         0         0         0.00000         0         0         90.04           90.05         04954         INFUSION CENTERS         223,297         2,555,033         0.087395         0         0         90.05           90.06         09002         MEDCHECK CLINICS         0         0         0.000000         0         90.05           90.07         09003         KNEE CENTER         532,951         6,131,312         0.086923         0         90.07           90.08         09004         PALLI ATI VE CARE         6,728         431,751         0.015583         0         90.08           90.09         09005         MULTI DI SCI PLI NARY CLINIC         3,790         0         0.000000         0         90.09           90.10         09006         WORK SI TE CLINICS         0         0         0.000000         0         0         90.09           90.12         04961         FAMI LY PRACTICE AND MATERNITY CARE         0         0         0.000000         0         0         90.012           91.00         0920			-				
90.04         04953         SPI NE CENTER         0         0         0.00000         0         90.04           90.05         04954         INFUSI ON CENTERS         223, 297         2, 555, 033         0.087395         0         0         90.05           90.06         09002         MEDCHECK CLINICS         0         0         0.00000         0         90.06           90.07         09003         KNEE CENTER         532, 951         6, 131, 312         0.086923         0         90.07           90.08         09004         PALLI ATI VE CARE         6, 728         431, 751         0.015583         0         0         90.08           90.09         09005         MULTI DI SCI PLI NARY CLINI C         3, 790         0         0.000000         0         90.09           90.10         09006         WORK SI TE CLINI CS         0         0         0.000000         0         90.10           90.12         04961         FAMI LY PRACTI CE AND MATERNI TY CARE         0         0         0.000000         0         90.12           91.00         09100         EMERGENCY         2, 868, 093         296, 173, 169         0.09684         15, 154, 615         146, 757         91.00           92.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
90. 05         04954         INFUSION CENTERS         223, 297         2, 555, 033         0.087395         0         0         90. 05         90. 05         90. 06         90. 05         90. 06         90. 07         09002         MEDCHECK CLINICS         0         0         0.00000         0         0         90. 06         90. 05         90. 06         90. 07         90.08         09004         PALLI ATI VE CARE         532, 951         6, 131, 312         0.086923         0         0         90. 08         90. 07         90.08         09004         PALLI ATI VE CARE         6, 728         431, 751         0.015583         0         0         90. 09         90. 09         90. 09         90. 00         0.000000         0         90. 09         90. 09         90. 09         90. 09         90. 09         90. 09         90. 09         0         0.000000         0         90. 09         90. 09         90. 10         90. 09         90. 10         90. 09         90. 10         90. 09         90. 10         90. 09         90. 10         90. 00         90. 000000         0         90. 10         90. 12         91. 00         90. 09         90. 12         91. 00         90. 09         90. 12         91. 00         90. 09200         085RV1 10N BEDS (NON-DI STINCT		-					
90.06         09002         MEDCHECK CLINICS         0         0         0.00000         0         0         90.06         90.06         90.07         09003         KNEE CENTER         532,951         6,131,312         0.086923         0         0         90.07         90.08         09004         PALLI ATI VE CARE         6,728         431,751         0.015583         0         0         90.08         90.09         90.05         MULTI DI SCI PLI NARY CLINI C         3,790         0         0.000000         0         90.09         90.09         90.05         MULTI DI SCI PLI NARY CLINI C         3,790         0         0.000000         0         90.09         90.09         90.10         90.06         WORK SI TE CLINI CS         0         0         0.000000         0         90.10         90.10         90.12         94.01         FAMI LY PRACTI CE AND MATERNI TY CARE         0         0         0.000000         0         90.12         91.00         990.00         ERGENCY         2,868,093         296,173,169         0.009684         15,154,615         146,757         91.00         92.00         0         92.00         053178         916,584         48,742         92.00         0         92.00         0         0.000000         0         0         98		223, 297	2, 555, 033				
90.08         09004         PALLI ATI VE CARE         6,728         431,751         0.015583         0         90.08         90.08           90.09         09005         MULTI DI SCI PLI NARY CLINI C         3,790         0         0.000000         0         90.09         90.09           90.10         09006         WORK SI TE CLINI CS         0         0         0.000000         0         90.09         90.10           90.12         04961         FAMI LY PRACTI CE AND MATERNI TY CARE         0         0         0.000000         0         90.12           91.00         09100         EMERGENCY         2,868,093         296,173,169         0.09684         15,154,615         146,757         91.00           92.00         09200         DBSERVATI ON BEDS (NON-DI STINCT PART)         687,262         12,923,879         0.053178         916,584         48,742           98.00         09850         OTHER REI MBURSABLE COST CENTERS         0         0         0.000000         0         98.00						0	
90.09         09005         MULTI DI SCI PLI NARY CLI NI C         3,790         0         0.00000         0         0         90.09           90.10         09006         WORK SI TE CLI NI CS         0         0         0         0.00000         0         90.10           90.12         04961         FAMI LY PRACTI CE AND MATERNI TY CARE         0         0         0.000000         0         90.12           91.00         09100         EMERGENCY         2, 868, 093         296, 173, 169         0.09684         15, 154, 615         146, 757         91.00           92.00         09200         DBSERVATI ON BEDS (NON-DI STI NCT PART)         687, 262         12, 923, 879         0.053178         916, 584         48, 742           98.00         09850         OTHER REI MBURSABLE COST CENTERS         0         0         0.000000         0         98.00	90. 07 09003 KNEE CENTER	532, 951	6, 131, 312	0. 08692	23 0	0	90.07
90. 10         09006         WORK SITE CLINICS         0         0         0.00000         0         0         90. 10           90. 12         04961         FAMILY PRACTICE AND MATERNITY CARE         0         0         0.000000         0         0         90. 12           91. 00         09100         EMERGENCY         2, 868, 093         296, 173, 169         0.009684         15, 154, 615         146, 757         91. 00           92. 00         09200         OBSERVATION         BEDS (NON-DISTINCT PART)         687, 262         12, 923, 879         0.053178         916, 584         48, 742         92. 00           0THER         REI MBURSABLE COST CENTERS         0         0         0.000000         0         98.00			431, 751			0	•
90. 12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0.000000       0       0       90. 12         91. 00       09100       EMERGENCY       2,868,093       296,173,169       0.009684       15,154,615       146,757       91. 00         92. 00       09200       OBSERVATION       BEDS (NON-DISTINCT PART)       687,262       12,923,879       0.053178       916,584       48,742       92. 00         0THER       REI MBURSABLE COST CENTERS       0       0       0.000000       0       98.00			0				•
91. 00         09100         EMERGENCY         2, 868, 093         296, 173, 169         0. 009684         15, 154, 615         146, 757         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         687, 262         12, 923, 879         0. 053178         916, 584         48, 742         92.00           0THER REI MBURSABLE COST CENTERS         0         0         0.000000         0         98.00		0	0				
92. 00         09200         0BSERVATI ON         BEDS         (NON-DI STI NCT PART)         687, 262         12, 923, 879         0. 053178         916, 584         48, 742         92. 00           0THER         REI MBURSABLE         COST         CENTERS         0         0. 000000         0         0         98. 00           98. 00         09850         OTHER         REI MBURSABLE         COST         CENTERS         0         0         0.000000         0         98. 00							
OTHER         REI MBURSABLE         COST         CENTERS           98. 00         09850         OTHER         REI MBURSABLE         COST         CENTERS         98. 00         98.00<							
98. 00 09850 OTHER REI MBURSABLE COST CENTERS 0 0 0.00000 0 98.00		007,202	12, 723, 879	0.0331	910, 384	40, 742	72.00
		0	C	0.0000	0 00	0	98.00
		40, 019, 264	3, 409, 366, 676				

Health Financial Systems	COMMUNI TY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVIC	E OTHER PASS THROUGH COST		F	Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/25/2023 1:4	pared: 6 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATI ENT ROUTI NE SERVI CE COST CENT           30.00         03000         ADULTS & PEDI ATRI CS           31.00         03100         INTENSI VE CARE UNI T           32.00         03200         CORONARY CARE UNI T           35.00         02060         NEONATAL INTENSI VE CARE UNI T           43.00         04300         NURSERY           200.00         Total (lines 30 through 199)	FERS 0 0 0 0 0 0 0 0 0				0 0 0 0	31.00 32.00 35.00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	Total Patient Days 6.00	Per Diem (col. 5 ÷ col. 6) 7.00	Inpatient Program Days 8.00	
INPATIENT ROUTINE SERVICE COST CENT		0.00	0.00	7.00	0.00	
30. 00         03000         ADULTS & PEDIATRICS           31. 00         03100         INTENSI VE 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)	0		90, 225 14, 799 2, 562 1, 609 109, 195	0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00	3, 241 0 0 0	31.00 32.00 35.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATI ENT ROUTI NE SERVI CE COST CENT           30.00         03000         ADULTS & PEDI ATRI CS           31.00         03100         INTENSI VE CARE UNI T           32.00         03200         CORONARY CARE UNI T           35.00         02060         NEONATAL INTENSI VE CARE UNI T           43.00         04300         NURSERY           200.00         Total (lines 30 through 199)	0 0 0 0 0 0 0					30. 00 31. 00 32. 00 35. 00 43. 00 200. 00

Heal th	Financial Systems C	OMMUNITY HEALTH	INETWORK, INC.		In Lie	eu of Form CMS-	2552-10
	I ONMENT OF I NPATI ENT/OUTPATI ENT ANCI LLARY SEP H COSTS	RVICE OTHER PAS	S Provider C	CN: 15-0074	Period: From 01/01/2022 To 12/31/2022		pared: 6 pm
			Title	× XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
	·	Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCI LLARY SERVI CE 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	0 0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		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 (	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0 0	59.00
60.00	06000 LABORATORY	0	0		0 (	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0 (	0	64.00
65.00	06500 RESPI RATORY THERAPY	0	0		0 (	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0 (	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0 (	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0 (	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0 0	73.00
73.01	07301 SPECIALTY PHARMACY	0	0		0 0	0 0	73.01
74.00	07400 RENAL DI ALYSI S	0	0		0 0	ol	74.00
76.00	03330 ENDOSCOPY	0	0		0 0	0 0	76.00
76.01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	0 0	76.01
76.03	03951 LUTHERWOOD PARTNERSHI P	0	0		0 0	0 0	76.03
76.04	03952 WOUND CARE CENTER	0	0		0 0	0 0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0		0 0	o o	76.05
	03953 I MAGI NG CENTERS	0	0		0 0	0 0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0		0 0	0 0	76.07
	07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0 0	76.97
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0 0	76.98
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	1	0 (	0 0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 (	0	89.00
90.00	09000 CLINIC	0	0		0 (	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0		0 (	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0		0 (	0	90.02
90.03	09001 CLINIC	0	0		0 (	0	90.03
90.04	04953 SPINE CENTER	0	0		0 (	0	90.04
90.05	04954 INFUSION CENTERS	0	0		0 (	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0		0 (	0	90.06
90.07	09003 KNEE CENTER	0	0		0 (	0	90.07
	09004 PALLIATIVE CARE	0	0		0 0	0 0	
	09005 MULTI DI SCI PLI NARY CLI NI C	0	0		0 0	0 0	90.09
	09006 WORK SITE CLINICS	0	0		0 0	0 0	90.10
	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		0 0	0	1
	09100 EMERGENCY	0	0		0 (	0	1
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	ĺ		0	0	
	OTHER REIMBURSABLE COST CENTERS				и		1
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0		0 (	0 0	98.00
200.00		0			0 0		200.00
	· · · · · · · · · · · · · · · · · · ·			•			•

HROUGH COSTS         From 01/03/2022         Part IV Data Transport           TITLE WITT         Data Transport           TITLE WITT         Data Transport           TITLE WITT         Data Transport           Cost Center Description         TitLe WITT         Data Transport           Mate Total Total Transport           Cost Center Bost Centers           A non-cost field Cost Centers           Cost Center Bost Centers           Cost Centers <th col<="" th=""><th></th><th>COMMUNITY HEALTH</th><th></th><th></th><th></th><th>u of Form CMS-2</th><th>2552-10</th></th>	<th></th> <th>COMMUNITY HEALTH</th> <th></th> <th></th> <th></th> <th>u of Form CMS-2</th> <th>2552-10</th>		COMMUNITY HEALTH				u of Form CMS-2	2552-10
Cost Center Description         All Other Medical         Title XVIII         Hough tal Outpatient Cast         PTS           Add Class         Cast Center Description         All Other Medical         Cast Center Description         Faito of Cost Cast Center Description         Total Charges Durpatient Cast Center Description         Faito of Cost Cast Center Description         Faito of Cast Cast Center Description         Faito of Cast Center Description         Faito of Cast Cast Center Description         Faito of Cast Center Description         Faito Cast Cent	APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS	S Provider C			Date/Time Pre	pared:	
Lost Center Description         All Other Medical Curve (sum of cols. (sum of cols.) (sum of cols. (sum of cols.) (sum of cols.)							6 pm	
Medical         Cum of cols 2, 3, and 4)         Outpatient         From West - C. (s) 2, 2, and 4)         Col braness (s) 2, 2, and (s) 2, 2, 2, and (s) 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Cost Conton Decorintion	ALL Other						
Education Cost         1, 2, 3, and (3)         Cost (sum of (sum 4))         Part I, col. (see (sum 4))         Col. (see (see (see (see (see)(see)(see (see)(see)	cost center bescription							
ACILLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           ACILLARY SERVICE COST CENTERS         0         0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           ANCI LLARY SERVICE COST CENTERS         0         0.01         0.020 (SSGO) (PERATIR ROAM         0         0         0.01								
Instructions         Instructions           ALCOLLARY SERVICE COST CENTERS         7.00         8.00           0.00         05000 (PERATING ROOM         0         0         0.00         0.0000000         55.00         55.00         0.00000000000000000000000000000000000					-,	· · ·		
MOLILLARY SERVICE COST CENTERS         0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>								
0.00         0.000         0.000         0.000         0.00000000         0.0000000         0.000		4.00	5.00	6.00	7.00	8.00		
11.00       05170       RECOVERY REDM       0       0       1.6.20, 37.5       0.0000000       51.00         21.00       05700       CLUVERY REDM       0       0       0       65.77, 56.2       0.000000       52.00         31.00       05700       CT SCAN       0       0       0       11, 440, 039       0.000000       55.00         31.00       05300       CT SCAN       0       0       0       11, 793, 509       0.000000       55.00         31.00       05300       ARDILOLOCY-TLESONANCE I MAGI NG (NRI)       0       0       0       18, 651, 793       0.0000000       55.00       0.000000       55.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.000000       65.00       0.0000000       65.00       0.000000       65.00       0.0000000       65.00       0.000000       65.00       0.0000000       65.00       0.0000000       65.00       0.0000000       65.00       0.0000000       65.00       0.0000000       65.00       0.0000000       65.00       0.00000000       65.00       0.0000000		-	<b>I</b>		_			
2:200       DELUVERY ROOM & LABOR ROOM       0       0       11,440,039       0.000000       52.00         5:00       DSSOQ RADI QUOCY - JACRAPEUTI C       0       0       0       32,010,423       0.0000000       55.00         5:00       DSSOQ RADI QUOCY - THERAPEUTI C       0       0       0       17,933,509       0.0000000       55.00         6:00       DSSOQ RADI QUOCY - THERAPEUTI C       0       0       0       17,933,509       0.0000000       55.00         0:00       DSGOQ CARDI AC CATHERET XATI ON       0       0       0       63,530, 26,00000       59.00       50.00       60,000       0.000000       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       70.00       67.00       <		-	-					
4.400         06400         RADIOLOGY-DIAGNOSTIC         0         0         65,70, 652         0.000000         55,00         5500         0.000000         55,00         5500         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         55,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         65,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         64,00         0.000000         74,01         0.000000         74,01         0.000000         74,01         0.000000         74,01         0.000000								
5:00         05500         RADIOLORY-THERAPEUTIC         0         0         17,933,599         0.000000         55,00           8:00         05800         MAGNETIC RESONANCE (MRI)         0         0         117,933,599         0.0000000         55,00           9:00         05900         CARDIA CCATHERERIZATION         0         0         117,933,433,282         0.000000         67,00           0:00         06000         LABORATORY         0         0         0         67,00         0.0000000         67,00           0:00         06500         RESPIEATORY THERAPY         0         0         0         67,00         0,000000         67,00           0:00         06000         PEECH PATHONA THERAPY         0         0         0         7,01,633,432,885         0.000000         67,00           0:00         07000         DECUPATIONAL THERAPY         0         0         0         7,01,633,433         0.000000         67,00           0:00         07000         DECHECH PATHONCOY         0         0         0         7,01,63,634         0.000000         7,00           0:00         07000         DECHORENCEPHAL OEANAPHY         0         0         0         11,03,16,434         0.0000000		0	-					
7:00       00       00       0       017.03       00       0000000       67.00         9:00       05900       CARDIAC CATHETERI ZATION       0       0       0359, 604.353       0.0000000       65.00         0:00       06000       INTRAVENUS THERAPY       0       0       0.400       6.720.706       0.0000000       64.00         0:00       06000       INTRAVENUS THERAPY       0       0       0.4.09       6.600       0       4.9.94.65       0.000000       66.00         6:00       06600       PHYSI CAL THERAPY       0       0       0       7.64.76       0.000000       66.00         6:00       06600       SPEC0L PATHONL THERAPY       0       0       0       7.64.76       0.000000       67.00         8:00       06600       SPEC0L PATHONL THERAPY       0       0       0       6.7.25.75.45       0.000000       7.00         9:00       064000       ELECTROCARID LOGY       0       0       0       6.9.24.305       0.000000       7.00         0:00       07000       ELECTROCARID LOGY       0       0       0       10.1.31.644       0.000000       7.00         0:00       07000       ELECTROCARID LOGY <t< td=""><td></td><td>0</td><td>°</td><td></td><td></td><td></td><td></td></t<>		0	°					
81.00         05800         MAGNETIC RESONANCE IMAGING (MRI)         0         0         18.654,793         0.000000         58.00           90         05600         CABDIAC CATHERRITATION         0         0         356,643,53         0.000000         69.00           0.00         06000         LABDRATORY         0         0         0         67.700         0.000000         67.02           0.00         06500         RESPIRATORY THERAPY         0         0         0         67.700         0.000000         67.02           06700         OCCUPATIONAL THERAPY         0         0         7.47.698         0.000000         67.00           00         06700         DCCUPATIONAL THERAPY         0         0         3.213.54         0.000000         67.00           00         06700         DCLECTROCARDIOLOGY         0         0         0         1.000000         7.00           00         07000         HECL RODENCEPHAL CATHERAPS         0         0         0         1.00         7.01.8880         0.000000         7.02           1.00         07100         MEDICAL CATHERADEO TO PATIENTS         0         0         1.04.73.880         0.000000         7.02           3.00         07300		0	-					
9:00 6500 CARDLAC CATHETERIZATION 0 0 0 359, 604, 353 0.000000 59.00 0:00 66000 (INTRAVENUES THERAPY 0 0 0 133, 33, 282 0.000000 64.00 0:4.00 66400 (INTRAVENUES THERAPY 0 0 0 0.43, 395, 405 0.000000 65.00 0:5.00 6500 PHYSICAL THERAPY 0 0 0 0.43, 985, 405 0.000000 65.00 0:6.00 66400 PHYSICAL THERAPY 0 0 0 0.43, 985, 405 0.000000 65.00 0:6.00 66400 SPEECH PATIFULATIERAPY 0 0 0 0.7, 647, 698 0:00 66400 SPEECH PATIFULAGY 0 0 0 7, 647, 698 0:00 66400 SPEECH PATIFULAGRAPHY 0 0 0 0.58, 267, 545 0.000000 67.00 0:00 07000 ELECTROCARDIOLOGY 0 0 0 58, 267, 545 0.000000 67.00 0:00 07000 ELECTROCARDIOLOGY 0 0 0 101, 316, 684 0.000000 71.00 0:00 07000 ELECTROCARDIOLOGY 0 0 0 101, 316, 684 0.000000 71.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 104, 355, 880 0.000000 72.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 104, 355, 880 0.0000000 73.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 118, 328, 206 0.0000000 73.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 118, 328, 206 0.0000000 73.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 118, 328, 206 0.0000000 73.00 0:00 07000 UNICS CHARGED TO PATIENTS 0 0 0 118, 329, 617 0.0000000 74.00 0:00 03550 PSVCHIATRIC/PSVCHOLOGICAL SERVICES 0 0 0 118, 329, 617 0.0000000 76.00 0:00 033550 UNING CARE CARE CATTER 0 0 0 13, 130, 226 0.0000000 76.00 0:00 03952 UNING CARE CARE CATTER 0 0 0 0 363, 316, 809 0.0000000 76.00 0:00 03952 UNING CARE CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 03950 UNING CARE CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 03950 UNING CARE CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 03950 UNING CARE CARTER 0 0 0 0 0 0.000000 76.00 0:00 03950 UNING CARE CARTER 0 0 0 0 0 0.000000 76.00 0:00 09000 FEDEFALLY UNICER CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 09000 FEDEFALLY UNICER CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 09000 ERECRE CARE CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 09000 ERECRE CALL CARE CATTER 0 0 0 0 0 0.000000 76.00 0:00 09000 UNICL ST CENTER 0 0 0 0 0 0 0.000000 76.00 0:00 09000 FEDEFALLY UNICE CARE CATTER 0 0 0 0 0 0 0.000000 76.00		0	5					
00.00         0 6000         LABORATORY         0         0         0         133, 633, 282         0.000000         64, 00           5.00         0 6500         RESPI RATORY THERAPY         0         0         0         43, 985, 405         0.000000         64, 00           6.00         0 6600         PHSICAL THERAPY         0         0         0         2, 068, 664         0.000000         66, 00           7.00         0 60700         OCULPATIONAL THERAPY         0         0         0         3, 218, 354         0.000000         67, 00           8.00         0 6800         PEECH PATHOLOGY         0         0         0         5, 267, 545         0.000000         71, 00           0.00         0 0000         ELECTROCARDIDLOGY         0         0         0         101, 316, 684         0.000000         71, 00           0.00         0 0000         ELECTROCARDIDLOGY         0         0         0         101, 316, 684         0.000000         71, 00           0.00         0 0000         ELECTROCARDIPATIENTS         0         0         101, 735, 880         0.000000         73, 00           0.00         0 0000         REALDIALXY PHARMACY         0         0         0         114,								
4:00       00       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
5.00         06500         RESPI RATORY THERAPY         0         0         43.985.405         0.000000         65.00           7.00         06700         0CCUPATI ONAL. THERAPY         0         0         7.47.978         0.000000         65.00           80         06800         SPECH PATHOLOGY         0         0         3.218.354         0.000000         68.00           90         06900         ELECTROCARDIOLOGY         0         0         6.924.305         0.000000         69.00           1.00         07000         ELECTROCARDIOLOGY         0         0         0.1316.684         0.000000         71.00           1.00         07100         BELCAL SUPPLIES CHARGED TO PATIENTS         0         0         10.47.35,880         0.000000         73.00           2.00         07301         SPECIALTY PHARMACY         0         0         0         118.729,617         0.000000         74.00           4.00         73.01         SPECIALTY PHARMACY         0         0         0         6.60,562         0.000000         74.00           6.01         03550         PVOHIATRI C/PSYCHOLOGI CAL SERVICES         0         0         6.60,652         0.000000         76.00         6.60,562         0.000000		0						
6:00         00         00         0         22,068,684         0.000000         65,00           7:00         06700         CCUPATIONAL THERAPY         0         0         0         3,218,354         0.000000         67,00           8:00         06800         SPECE(PATHOLOGY         0         0         0         3,218,354         0.000000         67,00           9:00         06800         ELECTRORCHERHALGGRAPHY         0         0         0         6,624,305         0.000000         77,00         77,00         67,00         0         101,316,684         0.000000         77,00         70,00         0         0         14,735,880         0.000000         72,00         73,00         73,00         74,74,78,88         70,000007         74,00         70,000         76,07         76,07         76,07,07,07,07,00 <td></td> <td>0</td> <td>, s</td> <td></td> <td></td> <td></td> <td></td>		0	, s					
7.00       06700       00       7, 647, 698       0.000000       67, 00         80       06800       9ECCH PATHOLOGY       0       0       3.218, 354       0.000000       68, 00         90       06900       ELECTRORCREPHALOGRAPHY       0       0       68, 267, 545       0.000000       69, 00         91.00       06700       DELCTRORCREPHALOGRAPHY       0       0       0       101, 316, 684       0.000000       72, 00         91.00       D7200       IMEL CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       110, 735, 880       0.000000       73, 01         91.00       D7301       SPECIA LITY PHARMACY       0       0       0       6, 283, 340       0.000000       74, 00         91.00       DRIAD LITY PHARMACY       0       0       0       6, 283, 340       0.000000       74, 00         91.00       DRIAD LITY PHARMACY       0       0       0       6, 659, 340       0.000000       74, 00         91.00       DRIAD LITY PHARMACY       0       0       0       6, 65, 52       0.000000       76, 02         91.00       DRIAD LITY PHARMACY       0       0       0       3, 36, 80       0.0000000       76, 02      <		0	0					
88.00         06800         SPECEL PATHOLOGY         0         0         3, 218, 354         0, 000000         68.00         68.00           90         06900         ELECTRORANCEPHALOGRAPHY         0         0         6, 924, 305         0, 000000         70.00           1, 00         07100         REDICAL SUPPLIES CHARGED TO PATIENTS         0         0         101, 316, 684         0, 000000         71.00           3, 00         07300         DRUS CHARGED TO PATIENTS         0         0         0         11, 198, 328, 206         0, 000000         73.00           3, 00         07300         DRUS CHARGED TO PATIENTS         0         0         0         18, 729, 617         0, 000000         74.00           4, 00         07400         RENAL DI ALYSIS         0         0         0         6, 569, 340         0, 000000         74.00           6, 01         03355         PSYCHI ATRICAPSYCHOLOGI CAL SERVICES         0         0         0         6, 660, 520, 0000000         76.00           6, 00         03355         PSYCHI ATRICAPSYCHOLOGI CAL SERVICES         0         0         0         33.316, 269         0.00000         76.00           6, 00         03952         NAGIN ACRENECARE CENTER         0         0 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0					
9.00         00         06900         ELECTRORCARDIOLOGY         0 </td <td>68.00 06800 SPEECH PATHOLOGY</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>68.00</td>	68.00 06800 SPEECH PATHOLOGY	0	0				68.00	
1:00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       101.316,684       0.00000       71.00         2:00       07200       IMPL DEV. CHARGED TO PATIENTS       0       0       104.735,880       0.000000       72.00         3:00       07301       DRUGS CHARGED TO PATIENTS       0       0       118,729,617       0.00000       73.00         3:01       07301       SPECIALTY PHARMACY       0       0       0       6.423,340       0.000000       74.00         0:0       03330       ENDSCOPY       0       0       0       16.42,927       0.000000       76.00         0:03951       LUTHERWODD PARTNERSH P       0       0       0       13.01,226       0.000000       76.00         6:00       03540       MUNDL CARE CENTER       0       0       0       13.01,226       0.000000       76.00         6:00       03480       ONCOLOCY-CANCER CARE CENTER       0       0       0       0.33.316,809       0.000000       76.00         6:00       03953       IMAGI NG CENTERS       0       0       0       0.000000       76.00         70'679       CARDI AC REHABI LI TATI ON       0       0       0       0.000000	69. 00 06900 ELECTROCARDI OLOGY	0	0			0. 000000	69.00	
12:00         07200         IMPL         DEV. CHARGED TO PATIENTS         0         0         104.735,880         0.00000         72.00           3:00         07300         DRUGS CHARGED TO PATIENTS         0         0         1,198,328,206         0.000000         73.00           3:01         07301         SPECIALTY PHARMACY         0         0         118,729,617         0.000000         73.00           4:00         07400         RENAL DI ALYSIS         0         0         6,589,340         0.000000         74.00           0:03550         PSYCHIATRI C/PSYCHOLOGI CAL SERVICES         0         0         0.66,552         0.000000         76.00           6:03         03951         LUTHERWOOD PARTNERSHI P         0         0         0         66,652         0.000000         76.00           6:04         03952         WUND CARE CENTER         0         0         0         0         0.000000         76.00           6:04         03351         MAGING CENTERS         0         0         0         0         0.000000         76.00           76:07         07677         CARDIA CREHABILI TATION         0         0         0         0.000000         76.90           76:08         OR	70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 6, 924, 305	0. 000000	70.00	
3:00       07300       RUICS CHARGED TO PATHENTS       0       0       1,198,328,206       0.000000       73.00         3:01       07301       SPECIALTY PHARMACY       0       0       0       18,729,617       0.000000       73.00         4:00       07400       RENAL DI ALYSI S       0       0       0       6.283,340       0.000000       74.00         6:00       03305       ENDOSCOPY       0       0       0       7.62,72       0.000000       76.07         6:01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0       6.628,340       0.000000       76.07         6:04       03952       WUND CARE CENTER       0       0       0       13.130,226       0.000000       76.07         6:06       03480       ONCOLOGY-CANCER CARE CENTER       0       0       0       83.316,809       0.000000       76.07         6:07       03554       BREAST DI ACROSTI C CENTER       0       0       0       2,683.830       0.000000       76.97         76:79       07697       CARDI AC REHABILI TATI ON       0       0       0       0.000000       76.97         70:79       OTASO RIVERERARIC COXYCEN THERAPY       0		0	0		0 101, 316, 684	0.000000	71.00	
13 01       07301       SPECIALTY PHARMACY       0       0       118, 729, 617       0.000000       73. 01         14.00       07400       RENAL DI ALYSI S       0       0       0       6.283, 340       0.000000       74. 00         16.00       03330       ENDOSCOPY       0       0       0       5.659, 340       0.000000       76. 00         16.01       03350       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       0       6.652       0.000000       76. 00         16.03       03951       LUTHERMOOD PARTNERSHI P       0       0       0       3.06, 873, 925       0.000000       76. 06         16.05       03480       ONCOLOGY-CANCER CARE CENTER       0       0       0       3.316, 809       0.000000       76. 06         16.07       03951       MAGI MC CENTERS       0       0       0       4.270, 225       0.000000       76. 97         16.07       03954       REAST DI AGNOSTI C CENTER       0       0       0       0.000000       76. 97         16.07       07697       7697       CARDIAC REHABLI LITATI ON       0       0       0.000000       76. 97         17.69       07698       HYPERBARI C OXYGEN THERAPY <td< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td>72.00</td></td<>		0	0				72.00	
14:00       07400       RENAL DI ALYSI S       0       0       6.283,340       0.000000       74.00         16:00       0330       ENDOSCOPY       0       0       0       5.659,340       0.000000       76.00         16:00       03951       LUTHERWODD PARTNERSHI P       0       0       0       6.60,562       0.000000       76.00         16:03       03951       LUTHERWODD PARTNERSHI P       0       0       0       13.130,226       0.000000       76.00         16:04       03952       WOUND CARE CENTER       0       0       0       33.16,809       0.000000       76.00         16:05       03480       ONCOLOGY-CANCER CARE CENTER       0       0       0       7.023,002       0.000000       76.00         16:06       03953       IMAGI NC CENTER       0       0       0       7.023,002       0.000000       76.07         16:07       03954       HARST DI ACRHABILTATI ON       0       0       0       0.000000       76.07         16:97       07697       CARDI AC REHABILT ATI ON       0       0       0       0.000000       76.07         16:90       07698       HYPERBARI C OXYGEN THERAPY       0       0       0 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0					
6:00         03330         ENDOSCOPY         0         0         5.659, 340         0.000000         76.00           76.01         03550         PSYCHI ATRI C/PSYCHLOGI CAL SERVI CES         0         0         17, 642, 927         0.000000         76.01           66.04         03951         LUTHERWOD PARTNERSHI P         0         0         66.05         0.000000         76.01           76.04         03952         WOUND CARE CENTER         0         0         0         313, 130, 226         0.000000         76.02           76.05         03450         OKOCLOGY-CANCER CARE CENTER         0         0         0         36, 873, 925         0.000000         76.02           76.06         03953         IMAGI NG CENTERS         0         0         0         7.023, 002         0.000000         76.02           76.07         76797         CARDI AC REHABI LI TATI NO         0         0         0         4.270, 325         0.000000         76.92           76.98         HYPEBBARI C 0XYGEN THERAPY         0         0         0         0         0.000000         76.92           90.00         RUPAT I EALTH CLIN IC         0         0         0         0.000000         90.02           90.00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0					
76.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0       0       17, 642, 927       0.000000       76.01         76.03       03951       LUTHERWOOD PARTNERSHI P       0       0       660, 552       0.000000       76.01         76.01       03952       WOUND CARE CENTER       0       0       0       306, 873, 925       0.000000       76.02         76.07       03945       IMAGI NG CENTERS       0       0       0       83, 316, 809       0.000000       76.02         76.07       07697       CARDI AC REHABI LI TATI ON       0       0       76.97 </td <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td></td> <td>1</td>		0	-				1	
6.03       03951       LUTHERWOOD PARTNERSHIP       0       0       66.04       03952       WOUND CARE CENTER       0       0       13, 130, 226       0.000000       76.02         76.04       03952       WOUND CARE CENTER       0       0       0       336, 873, 925       0.000000       76.02         76.06       03953       IMAGING CENTERS       0       0       0       83, 316, 809       0.000000       76.02         76.07       03954       BREAST DI AGNOSTI C CENTER       0       0       0       7, 023, 002       0.000000       76.07         76.07       76477       CARDIA C REHABILITATI ON       0       0       0       2, 683, 830       0.000000       76.92         70.7597       CARDIA C REHABILITATI ON       0       0       0       0.000000       76.92         80       0       0509       HUPERBARI C CNYGEN THERAPY       0       0       0       0.000000       76.92         81.00       0       BREAST DI AGNOSTI C CENTER       0       0       0       0.000000       89.02       0.000000       89.02       0.000000       89.02       0.000000       90.02       0.000000       90.02       0.000000       90.02       0.000000       9		0	-					
66.04         03952         WOUND CARE CENTER         0         0         13, 130, 226         0.000000         76.04           76.05         03480         ONCOLOGY-CANCER CARE CENTER         0         0         306, 873, 925         0.000000         76.04           76.04         03954         BREAST DI AGNOSTI C CENTER         0         0         0         83, 316, 809         0.000000         76.07           76.04         03954         BREAST DI AGNOSTI C CENTER         0         0         0         7, 923, 002         0.000000         76.07           76.97         O7697         CARDI AC REHABI LI TATI ON         0         0         0         4, 270, 325         0.000000         76.97           76.98         OF698H HYPERBARI C OXYGEN THERAPY         0         0         0         0         0.000000         76.97           80.00         088007 RURAL HEALTH CLINI C         0         0         0         0.000000         89.07           90.00         PS0007 FEDERALLY QUALI FIED HEALTH CENTER         0         0         0         0.000000         90.00           90.01         CLINIC         0         0         0         0.000000         90.00         90.00         90.00         90.00         90.00		0	0					
76.05       03480       ONCOLOGY-CANCER CARE CENTER       0       0       306, 873, 925       0.000000       76.05         76.06       03953       IMAGI NG CENTERS       0       0       0       83, 316, 809       0.000000       76.05         76.07       0354       BREAST DI AGNOSTI C CENTER       0       0       0       7.023, 002       0.000000       76.05         76.97       07697       CARDI AC REHABI LI TATI ON       0       0       0       4.270, 325       0.000000       76.07         76.98       OYG98       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       76.07         76.98       OVG98       IVPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       88.00         800       08800       RURA HEALTH CLINI C       0       0       0       0.000000       89.00         90.00       D8800       CARE CENTER       0       0       0       0.000000       89.00         90.01       O4950       D ABETI C CARE CENTER       0       0       0       0.000000       90.02         90.02       O4951       HEALTHY HEARTS CENTER       0       0       0       0.00000		0						
76.06       03953       IMAGING CENTERS       0       0       83, 316, 809       0.000000       76.06         76.07       03954       BREAST DI AGNOSTI C CENTER       0       0       7.023, 002       0.000000       76.07         76.07       07679       CARDIA C REHABILITATI ON       0       0       0       4.00       0       4.00       0       4.00       0       4.00       0       4.00       0       4.00       0       4.00       0       4.00       0       0       0       4.00       0       0       0       0       0.000000       76.07       76.07         76.08       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0       0       0       0       0       0.000000       76.07       76.07         76.08       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       80.00       0       0       0.000000       80.00       0       0       0       0       0.000000       80.00       0       0       0       0.000000       90.00       0       0       0       0       0       0       0       0       0       0		0					1	
76.07       03954       BREAST DIAGNOSTIC CENTER       0       0       7, 023, 002       0.000000       76.07         76.97       CARDI AC REHABILITATION       0       0       0       4, 270, 325       0.000000       76.97         07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       2, 683, 830       0.000000       76.97         000000       CINTPATIENT SERVICE COST CENTERS       0       0       0       2, 683, 830       0.000000       88.00         88.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0.000000       99.00         90.00       09000       CLINI C       0       0       0       0.000000       90.00         00.01       04950       DI ABETI C CARE CENTER       0       0       0       0.000000       90.00         00.02       04951       DI ABETI C CARE CENTER       0       0       0       0.000000       90.00         00.03       09001       CLINI C       0       0       0       0.000000       90.00       0.000000       90.00         00.03       09001       CLINI C       0       0       0       0.000000       90.00       0.000000       90.		0						
76.97       07697       CARDIAC REHABILITATION       0       0       4,270,325       0.000000       76.97         76.98       MYPERBARIC OXYGEN THERAPY       0       0       0       2,683,830       0.000000       76.97         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       0.00000       76.97         88.00       0800       RRAL HEALTH CLINIC       0       0       0       0.00000       88.00         90.00       09000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0.000000       88.00         90.00       09000       CLINIC       0       0       0       0.000000       90.01       90.00		0						
76.98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       2,683,830       0.000000       76.96         0UTPATI ENT SERVICE COST CENTERS		0	-					
OUTPATI ENT SERVICE COST CENTERS         Image: Content of the c		0						
39.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0.0000       89.00         00.00       09000       CLINIC       0       0       0       0.00000       90.00         00.01       04950       DI ABETI C CARE CENTER       0       0       0       0.000000       90.00         00.02       04951       HEALTHY HEARTS CENTER       0       0       0       0.000000       90.02         00.03       09001       CLINIC       0       0       0       0       0.000000       90.02         00.04       04953       SPINE CENTER       0       0       0       0.000000       90.02         00.05       04954       INFUSION CENTERS       0       0       0       0.000000       90.02         00.06       09002       MEDCHECK CLINICS       0       0       0       0.000000       90.02         00.07       09003       KNEE CENTER       0       0       0       0       0.000000       90.02         00.08       09004       PALLIATIVE CARE       0       0       0       0.00000       90.02         00.09       09005       MULTIDI SCI PLINARY CLINIC       0	OUTPATIENT SERVICE COST CENTERS						1	
00.00         09000         CLINIC         0         0         0         0.0000         90.00           00.01         04950         DI ABETI C CARE CENTER         0         0         0         0.00000         90.01           00.02         04951         HEALTHY HEARTS CENTER         0         0         0         0.000000         90.02           00.02         04951         HEALTHY HEARTS CENTER         0         0         0         0.000000         90.02           00.03         09001         CLINIC         0         0         0         0.000000         90.02           00.04         04953         SPI NE CENTER         0         0         0         0.000000         90.02           00.05         04954         I NFUSI ON CENTERS         0         0         0         0.000000         90.02           00.06         09002         MEDCHECK CLINICS         0         0         0         0.000000         90.02           00.07         09003         KNEE CENTER         0         0         0         0.000000         90.07           040.04         PALLI ATI VE CARE         0         0         0         0.000000         90.07           00.09 </td <td>88.00 08800 RURAL HEALTH CLINIC</td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0.000000</td> <td>88.00</td>	88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0.000000	88.00	
00.01       04950       DIABETIC CARE CENTER       0       0       0       0.000000       90.01         00.02       04951       HEALTHY HEARTS CENTER       0       0       0       5,079,478       0.000000       90.02         00.03       09001       CLINIC       0       0       0       0.000000       90.02         00.04       04953       SPINE CENTER       0       0       0       0.000000       90.04         00.05       04954       INFUSION CENTERS       0       0       0       0.000000       90.04         00.06       09002       MEDCHECK CLINICS       0       0       0       0.000000       90.06         00.07       09003       KNEE CENTER       0       0       0       0.000000       90.06         00.07       09003       KNEE CENTER       0       0       0       0.000000       90.07         00.08       09004       PALLI ATI VE CARE       0       0       0       0.000000       90.07         00.09       09005       MULTI DI SCI PLI NARY CLINIC       0       0       0       0.000000       90.07         00.010       09006       WORK SI TE CLINICS       0       0		0	0		0 0			
00.02         04951         HEALTHY HEARTS CENTER         0         0         5,079,478         0.00000         90.02           00.03         09001         CLINIC         0         0         0         0.00000         90.02           00.04         04953         SPINE CENTER         0         0         0         0.00000         90.02           00.04         04953         SPINE CENTER         0         0         0         0.000000         90.02           00.05         04954         INFUSION CENTERS         0         0         0         0.000000         90.02           00.06         09002         MEDCHECK CLINICS         0         0         0         0.000000         90.02           00.07         09003         KNEE CENTER         0         0         0         0.000000         90.02           00.08         09004         PALLIATIVE CARE         0         0         0         0.000000         90.02           00.01         09005         MULTI DI SCI PLI NARY CLINIC         0         0         0         0.000000         90.02           00.01         09006         WORK SI TE CLINICS         0         0         0         0.000000         90.02		0	0		0 0			
00.03       09001       CLINIC       0       0       0.000       90.03         00.04       04953       SPINE CENTER       0       0       0       0.00000       90.04         00.05       04954       INFUSION CENTERS       0       0       0       0.00000       90.04         00.06       0902       MEDCHECK CLINICS       0       0       0       0.00000       90.05         00.07       09002       MEDCHECK CLINICS       0       0       0       0.00000       90.05         00.08       09004       PALLIATIVE CARE       0       0       0       0.00000       90.05         00.09       09005       MULTIDISCIPLINARY CLINIC       0       0       0.000000       90.05         00.12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0       0.000000       90.07         00.12       04901       EMERGENCY       0       0       0       0.000000       91.07         02.00       09205       OBSERVATION BEDS (NON-DISTINCT PART)       0       0       0       0.000000       91.07         02.00       09850       OTHER REIMBURSABLE COST CENTERS       0       0       0       0.000000       <		0	0		-			
00.04       04953       SPI NE CENTER       0       0       0       0.00000       90.04         00.05       04954       INFUSION CENTERS       0       0       0       2,555,033       0.000000       90.04         00.05       04954       INFUSION CENTERS       0       0       0       0.000000       90.04         00.06       09002       MEDCHECK CLINICS       0       0       0       0.000000       90.04         00.07       09003       KNEE CENTER       0       0       0       0.000000       90.04         00.08       09004       PALLIATIVE CARE       0       0       0       0.000000       90.05         00.09       09005       MULTIDISCIPLINARY CLINIC       0       0       0       0.000000       90.05         00.12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0       0       0.000000       90.12         01.12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0       0       0.000000       91.02         01.12       04961       FAMILY PRACTION BEDS (NON-DISTINCT PART)       0       0       12,923,879       0.000000       91.02         02.00       09850		0	0					
00.05       04954       INFUSION CENTERS       0       0       2,555,033       0.00000       90.05         00.06       09002       MEDCHECK CLINICS       0       0       0       0.00000       90.05         00.07       09003       KNEE CENTER       0       0       0       0.00000       90.07         00.08       09004       PALLIATIVE CARE       0       0       0       431,751       0.00000       90.06         00.09       09005       MULTIDISCIPLINARY CLINIC       0       0       0       0.000000       90.05         00.10       09006       WORK SITE CLINICS       0       0       0       0.000000       90.05         00.11       09006       WORK SITE CLINICS       0       0       0       0.000000       90.12         00.12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0       0       0.000000       91.02         10.10       09100       EMERGENCY       0       0       0       0.000000       91.02         10.100       09200       DBSERVATION BEDS (NON-DISTINCT PART)       0       0       12,923,879       0.000000       92.00         07HER       REI MBURSABLE COST CENTERS		0	0					
00.06         09002         MEDCHECK CLINICS         0         0         0         0.0000         90.06           00.07         09003         KNEE CENTER         0         0         0         0         0.00000         90.07           00.08         09004         PALLIATIVE CARE         0         0         0         431,751         0.000000         90.06           00.09         09005         MULTIDISCIPLINARY CLINIC         0         0         0         0.000000         90.06           00.01         09006         WORK SITE CLINICS         0         0         0         0.000000         90.07           00.12         04961         FAMILY PRACTICE AND MATERNITY CARE         0         0         0         0.000000         90.12           01.00         09100         EMERGENCY         0         0         0         0.000000         91.02           01.00         09200         DBSERVATION BEDS (NON-DISTINCT PART)         0         0         12,923,879         0.000000         92.00           01HER         REI MBURSABLE COST CENTERS         0         0         0         0.000000         98.00		0	0					
00.07         09003         KNEE CENTER         0         0         6, 131, 312         0.00000         90.07           00.08         09004         PALLI ATI VE CARE         0         0         0         431, 751         0.00000         90.07           00.09         09005         MULTI DI SCI PLI NARY CLINIC         0         0         0         0         0.00000         90.05           00.10         09006         WORK SI TE CLINICS         0         0         0         0.000000         90.16           00.12         04961         FAMILY PRACTICE AND MATERNITY CARE         0         0         0         0.000000         90.16           01.10         09100         EMERGENCY         0         0         0         0.000000         91.00           02.00         092001         DBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         12, 923, 879         0.000000         92.00           01HER         REI MBURSABLE COST CENTERS         0         0         0         0.000000         98.00		0			2, 555, 033			
20.08         09004         PALLI ATI VE CARE         0         0         431,751         0.00000         90.05           20.09         09005         MULTI DI SCI PLI NARY CLI NI C         0         0         0         0.00000         90.05           20.09         09006         WOK SI TE CLI NI CS         0         0         0         0.000000         90.05           20.10         09006         WOK SI TE CLI NI CS         0         0         0         0.000000         90.16           20.12         04961         FAMI LY PRACTI CE AND MATERNI TY CARE         0         0         0         0.000000         90.16           20.10         09200         DESERVATI ON BEDS (NON-DI STI NCT PART)         0         0         12, 923, 879         0.000000         91.00           28.00         09850         OTHER REI MBURSABLE COST CENTERS         0         0         0         0.000000         98.00		0			0 4 121 212			
00.09         09005         MULTI DI SCI PLI NARY CLINIC         0         0         0         0.00000         90.05           00.10         09006         WORK SI TE CLINICS         0         0         0         0         0.00000         90.16           00.11         04901         FAMILY PRACTICE AND MATERNITY CARE         0         0         0         0.000000         90.12           01.00         04901         EMERGENCY         0         0         0         0.000000         91.02           0         09206         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         12,923,879         0.000000         91.02           0         09850         OTHER REI MBURSABLE COST CENTERS         0         0         0         0.000000         98.00								
00.10         09006         WORK SITE CLINICS         0         0         0         0.00000         90.10           00.12         04961         FAMILY PRACTICE AND MATERNITY CARE         0         0         0         0.000000         90.12           01.00         09100         EMERGENCY         0         0         0         0.000000         91.10           02.12         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         12,923,879         0.000000         91.00           0         0         0         0         0         0         0         0.000000         92.00           0         0         0         0         0         0         0.000000         92.00           0         0         0         0         0         0         0.000000         92.00           0         0         0         0         0         0         0.000000         92.00           0         0         0         0         0         0         0         0.000000         98.00					0 431,751			
00.12       04961       FAMILY PRACTICE AND MATERNITY CARE       0       0       0       0.000000       90.12         01.00       09100       EMERGENCY       0       0       0       296, 173, 169       0.000000       91.00         02.00       09200       OBSERVATI ON BEDS (NON-DISTINCT PART)       0       0       0       12, 923, 879       0.000000       92.00         0THER       REI MBURSABLE       COST CENTERS       0       0       0       0.000000       98.00		0			0 0			
M1.00       09100       EMERGENCY       0       0       296, 173, 169       0.000000       91.00         M2.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       12, 923, 879       0.000000       92.00         OTHER REI MBURSABLE COST CENTERS       0       0       0       0       0.000000       98.00		0			0 0			
D2. 00         O9200         OBSERVATI ON BEDS (NON-DI STINCT PART)         O         O         12, 923, 879         O. 000000         92. 00           OTHER REI MBURSABLE COST CENTERS         O         O         0         0.000000         98.00         98.00         0         0         0         0.000000         98.00		0	0		0 296, 173, 169			
OTHER         REI MBURSABLE         COST         CENTERS           28.00         09850         OTHER         O         O         0         0.000000         98.00		0	-					
						·	1	
200.00   Total (Lines 50 through 199)   0   0   0 3,409,366,676   200.00								
	200.00   Total (lines 50 through 199)	0	0	1	0 3, 409, 366, 676		200.00	

	OMMUNITY HEALTH M				In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS	Provider C	CN: 15-0074	Period: From 01/ To 12/	01/2022 31/2022	Worksheet D Part IV Date/Time Pre 5/25/2023 1:4	
		Title	XVIII	Hospi	tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent		tient	Outpati ent	
· ·	Ratio of Cost	Program	Program		gram	Program	
	to Charges	Charges	Pass-Throug	h Chai	rges	Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	-	Costs (col. 9	
	7)		x col. 10)			x col. 12)	
	9.00	10.00	11.00	12	. 00	13.00	
ANCI LLARY SERVICE COST CENTERS	0.000000	04 500 044		0 10	000 70/		50.00
50. 00 05000 OPERATING ROOM	0.000000	36, 582, 861			302, 726	0	50.00
51.00 O5100 RECOVERY ROOM	0.000000	2, 348, 752			638, 704	0	51.00
52.00 O5200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0.000000	3, 547, 586			324, 722	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0.000000	4, 689, 329			039, 708	0	55.00
57. 00 05700 CT SCAN	0.000000	7, 121, 177			749, 068	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	1, 267, 745			682, 116	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	34, 430, 647			733, 728	0	59.00
60. 00 06000 LABORATORY	0. 000000	14, 238, 364			783, 507	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000	341, 508			650, 071	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	8, 631, 623		0	327, 123	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 051, 202		0	60, 441	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0. 000000	898, 741		0	13, 329	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	280, 374		0	829	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	4, 226, 129		0 9,	838, 867	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	167, 426		0	760, 507	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	11, 959, 633		0 13,	102, 025	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	22, 347, 564		0 11,	203, 436	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	15, 900, 260		0 330,	356, 137	0	73.00
73.01 07301 SPECIALTY PHARMACY	0. 000000	0		0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0. 000000	1, 589, 457		0	0	0	74.00
76.00 03330 ENDOSCOPY	0. 000000	40, 587		0	372, 323	0	76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	15, 912		0	307, 445	0	76.01
76. 03 03951 LUTHERWOOD PARTNERSHI P	0. 000000	0		0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0. 000000	192, 141		0 3,	653, 723	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0. 000000	409, 240			456, 709	0	76.05
76.06 03953 I MAGI NG CENTERS	0. 000000	0			976, 230	0	76.06
76. 07 03954 BREAST DI AGNOSTI C CENTER	0. 000000	2,014			168, 596	0	76.07
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	1, 083			216, 679	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							1
88.00 08800 RURAL HEALTH CLINIC	0. 000000	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0	0	0	89.00
90. 00 09000 CLINIC	0. 000000	0		0	0	0	90.00
90. 01 04950 DIABETIC CARE CENTER	0. 000000	0		0	0	0	90.01
90. 02 04951 HEALTHY HEARTS CENTER	0. 000000	0		0 1,	311, 990	0	90.02
90. 03 09001 CLINIC	0. 000000	0		0	0	0	90.03
90. 04 04953 SPI NE CENTER	0. 000000	0		0	0	0	90.04
90. 05 04954 INFUSION CENTERS	0. 000000	0		0	554, 208	0	90.05
90. 06 09002 MEDCHECK CLINICS	0. 000000	0		0	0	0	
90. 07 09003 KNEE CENTER	0. 000000	0		0	627, 452	0	90.07
90. 08 09004 PALLI ATI VE CARE	0.000000	0		0	0	0	90.08
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	0. 000000	0		0	n n	0	90.09
90. 10 09006 WORK SITE CLINICS	0. 000000	0		0	0	0	90.10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0		0	0	0	90.12
91. 00 09100 EMERGENCY	0. 000000	15, 154, 615		0 18.	812, 581	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	916, 584		0	567,072	0	
OTHER REIMBURSABLE COST CENTERS				- 1		Ŭ	1 00
98. 00 09850 OTHER REI MBURSABLE COST CENTERS	0.000000	0		0	0	0	98.00
200.00 Total (lines 50 through 199)		188, 352, 554			592, 052		200.00
	· ·				–	-	

	ncial Systems C NT OF MEDICAL, OTHER HEALTH SERVICES AND	COMMUNITY HEALTH D VACCINE COST	Provi der C	CN: 15-0074	Period: From 01/01/2022	u of Form CMS- Worksheet D Part V	
					To 12/31/2022	Date/Time Pre 5/25/2023 1:4	pared: 6 pm
			Title	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To Ded. & Coins	Subject To . Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	LARY SERVICE COST CENTERS						
	OPERATING ROOM	0. 189586			0 1, 930	2, 332, 425	
	RECOVERY ROOM	0. 146686			0 0	680, 433	
	DELIVERY ROOM & LABOR ROOM	0. 529285			0 0	0	
	RADI OLOGY-DI AGNOSTI C	0. 148665			0 0	1, 386, 260	
	RADI OLOGY-THERAPEUTI C	0. 085038			0 0	428, 567	
	CT SCAN	0. 056418			0 0	606, 441	
	MAGNETIC RESONANCE IMAGING (MRI)	0. 132104			0 0	222, 214	
	CARDI AC CATHETERI ZATI ON	0. 037147			0 0 73 0	2, 404, 664 1, 817, 040	
	INTRAVENOUS THERAPY	0. 154202	650, 071		0 0	335, 838	
	RESPIRATORY THERAPY	0. 208875			0 0	68, 328	
	PHYSI CAL THERAPY	0. 504630			0 0	30, 500	
	OCCUPATIONAL THERAPY	0. 455064			0 0	6, 066	
	SPEECH PATHOLOGY	0. 455368			0 0	378	
	ELECTROCARDI OLOGY	0. 110483			0 0	1, 087, 028	
	ELECTROENCEPHALOGRAPHY	0. 257543			0 0	195, 863	
1.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 439769	13, 102, 025		0 0	5, 761, 864	71.00
2.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0. 413131	11, 203, 436	1	0 0	4, 628, 487	72.00
3.00 07300	DRUGS CHARGED TO PATIENTS	0. 200366	330, 356, 137	2, 78	35 243, 354	66, 192, 138	73.00
3.01 07301	SPECIALTY PHARMACY	0. 780856	0		0 0	0	73.01
	RENAL DIALYSIS	0. 320096			0 0	0	74.00
	ENDOSCOPY	0. 282810			0 0	105, 297	
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1.006086			0 0	309, 316	
	LUTHERWOOD PARTNERSHIP	9. 396048			0 0	0	
	WOUND CARE CENTER	0. 271692			0 0	992, 687	
	ONCOLOGY-CANCER CARE CENTER	0. 212240			0 2,864 0 0	15, 590, 452	
	BREAST DIAGNOSTIC CENTER	0. 118517 0. 559643			0 0	2, 130, 489 94, 354	
	CARDIAC REHABILITATION	0. 523150			0 0	636, 506	
	HYPERBARI C OXYGEN THERAPY	0. 241774			0 0	030, 500	
	TI ENT SERVICE COST CENTERS	0.211771			0 0		/0./0
	RURAL HEALTH CLINIC						88.00
	FEDERALLY QUALIFIED HEALTH CENTER						89.00
0.00 09000		0. 000000	0		0 0	0	90.00
0.01 04950	DIABETIC CARE CENTER	0. 000000	0		0 0	0	90.01
	HEALTHY HEARTS CENTER	0. 450750			0 0	591, 379	90.02
0. 03 09001		0. 000000			0 0	0	
	SPINE CENTER	0. 000000			0 0	0	
	INFUSION CENTERS	0. 418949			0 996	232, 185	
	MEDCHECK CLINICS	0. 000000			0 0	0	
	KNEE CENTER	1.061036			0 0	665, 749	
	PALLIATIVE CARE	0. 045816			0 0	0	
	WORK SITE CLINICS	0. 000000			0 0	0	
	FAMILY PRACTICE AND MATERNITY CARE	0. 000000			0 0	0	
	EMERGENCY	0. 124017			0 436	2, 333, 080	1
	OBSERVATION BEDS (NON-DISTINCT PART)	0. 710049			0 430	402, 649	
	REIMBURSABLE COST CENTERS	0.710049	1 307, 072		<u> </u>	402,049	/2.00
	OTHER REIMBURSABLE COST CENTERS	0. 000000	0		0 0	0	98.00
200.00	Subtotal (see instructions)		605, 592, 052			112, 268, 677	
01.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges						
	Net Charges (line 200 - line 201)						

PPORT	Financial Systems C IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	OMMUNI TY HEALTH VACCI NE COST	Provider CO	CN: 15-0074	Period: From 01/01/2022 To 12/31/2022	u of Form CMS- Worksheet D Part V Date/Time Pre 5/25/2023 1:4	epared:
				XVIII	Hospi tal	PPS	
	Cost Center Description	Cost Reimbursed Services Subject To	sts Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
	ANCILLARY SERVICE COST CENTERS			I			
	05000 OPERATI NG ROOM	0	366				50.00
1.00	05100 RECOVERY ROOM	0	0				51.00
2.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
4.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
5.00	05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
7.00	05700 CT SCAN	0	0				57.00
1	05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
	05900 CARDI AC CATHETERI ZATI ON	0					59.00
	06000 LABORATORY	88					60.00
	06400 I NTRAVENOUS THERAPY	0					64.00
	06500 RESPIRATORY THERAPY	0					65.00
	06600 PHYSI CAL THERAPY	0	0				66.00
	06700 OCCUPATIONAL THERAPY		0				67.00
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY		0				68. 0 69. 0
	07000 ELECTROENCEPHALOGRAPHY		0				70.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.0
	07200 I MPL. DEV. CHARGED TO PATIENTS						72.0
	07300 DRUGS CHARGED TO PATIENTS	558					73.0
	07301 SPECIALTY PHARMACY	0					73.0
	07400 RENAL DI ALYSI S	0	0				74.0
	03330 ENDOSCOPY	0	0				76.0
6. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				76.0
6. 03	03951 LUTHERWOOD PARTNERSHI P	0	0				76.0
6. 04	03952 WOUND CARE CENTER	0	0				76.0
	03480 ONCOLOGY-CANCER CARE CENTER	0	608				76.0
	03953 I MAGI NG CENTERS	0	0				76.0
	03954 BREAST DI AGNOSTI C CENTER	0	0				76.0
	07697 CARDI AC REHABI LI TATI ON	0					76.9
	07698 HYPERBARIC OXYGEN THERAPY	0	0				76.9
	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	1					88. 0
1	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.0
	09000 CLINIC	0	0				90.0
	04950 DI ABETI C CARE CENTER		0				90.0
	04951 HEALTHY HEARTS CENTER	0	0				90.0
	09001 CLI NI C	0	0				90.0
	04953 SPINE CENTER	0	0				90.0
0. 05	04954 INFUSION CENTERS	0	417				90.0
	09002 MEDCHECK CLINICS	0	0				90.0
	09003 KNEE CENTER	0	0				90.0
	09004 PALLIATIVE CARE	0	0				90.0
	09005 MULTI DI SCI PLI NARY CLI NI C	0	0				90.0
	09006 WORK SITE CLINICS	0	0				90.1
	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90.1
	09100 EMERGENCY	0	54				91.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.0
	OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS	0	0				98.0
8.00 00.00		646					200. 0
00.00		040	50, 205				200.0
	Only Charges						201.0

Health Financial Systems	COMMUNI TY HEALTH				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVIC	E CAPITAL COSTS	Provider C	1	Period: From 01/01/2022 Fo 12/31/2022	Worksheet D Part I Date/Time Pre 5/25/2023 1:4	pared: 6 pm
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	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 CEN	TERS					
30.00 ADULTS & PEDIATRICS	9, 003, 653	0	9, 003, 653	90, 225	99.79	30.00
31.00 INTENSIVE CARE UNIT	2, 979, 147		2, 979, 14	7 14, 799	201.31	31.00
32.00 CORONARY CARE UNIT	0		(	0 0	0.00	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	166, 839		166, 839	2, 562	65.12	35.00
43.00 NURSERY	134, 288		134, 288	1,609	83.46	43.00
200.00 Total (lines 30 through 199)	12, 283, 927		12, 283, 92	7 109, 195		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CEN	TERS					
30. 00 ADULTS & PEDIATRICS	5, 844	583, 173				30.00
31.00 INTENSIVE CARE UNIT	808	162, 658				31.00
32.00 CORONARY CARE UNIT	0	0				32.00
35.00 NEONATAL INTENSIVE CARE UNIT	324	21, 099				35.00
43.00 NURSERY	1, 323					43.00
200.00 Total (lines 30 through 199)	8, 299		•			200.00

Health F	Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
APPORTI (	ONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0074	Period: From 01/01/2022	Worksheet D Part II	
					To 12/31/2022	Date/Time Pre	pared:
						5/25/2023 1:4	<u>6 pm</u>
	Cont Contan Description	0		e XIX	Hospi tal	PPS	
	Cost Center Description	Capital Related Cost	Total Charges (from Wkst. C,	to Charges	t Inpatient Program	Capital Costs (column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ col	5	column 4)	
		Part II, col.	8)	2)	5	, , , , , , , , , , , , , , , , , , ,	
		26)					
		1.00	2.00	3.00	4.00	5.00	
	NCILLARY SERVICE COST CENTERS	5, 739, 546	211, 107, 348	0. 02718	3, 051, 024	82, 951	50.00
	05100 RECOVERY ROOM	387,037					
	05200 DELIVERY ROOM & LABOR ROOM	578,024					
	5400 RADI OLOGY-DI AGNOSTI C	1, 651, 734			659, 874	16, 622	
	05500 RADI OLOGY-THERAPEUTI C	80, 547	32, 010, 423				
	05700 CT SCAN	748, 921				11, 753	
	05800 MAGNETIC RESONANCE I MAGING (MRI)	750, 302				13, 446	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	2, 088, 330 500, 906				14, 543 13, 855	•
	6400 INTRAVENOUS THERAPY	121, 391				1, 976	
	6500 RESPI RATORY THERAPY	247, 371	43, 985, 405				
	06600 PHYSI CAL THERAPY	1, 545, 071	22, 068, 684				
67.00 0	06700 OCCUPATI ONAL THERAPY	153, 995	7, 647, 698	0. 02013	169, 757	3, 418	67.00
	06800 SPEECH PATHOLOGY	64, 984	3, 218, 354			1, 811	68.00
	06900 ELECTROCARDI OLOGY	837,005				8, 377	1
		172, 779				1, 359	1
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	918, 114				17,052	•
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	500, 789 6, 119, 089				4, 006 23, 074	
	7301 SPECIALTY PHARMACY	1, 123, 360				23, 0,4	
	07400 RENAL DIALYSIS	35, 268				1, 857	
76.00 0	3330 ENDOSCOPY	169, 724	5, 659, 340	0. 02999	172, 741	5, 181	76.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 083, 523				3, 520	
	3951 LUTHERWOOD PARTNERSHI P	231, 740				0	
	3952 WOUND CARE CENTER	181,082				721	76.04
	03480 ONCOLOGY-CANCER CARE CENTER 03953 I MAGI NG CENTERS	6, 086, 808 1, 575, 982				1, 141 0	1
	3953 I MAGING CENTER	296, 153				0	•
	07697 CARDI AC REHABI LI TATI ON	368, 969				0	
	7698 HYPERBARI C OXYGEN THERAPY	34, 722				0	•
	UTPATIENT SERVICE COST CENTERS						
	8800 RURAL HEALTH CLINIC	0	-			0	
	8900 FEDERALLY QUALIFIED HEALTH CENTER	0	-			0	
	)9000 CLINIC )4950 DIABETIC CARE CENTER	0				0	•
	14950 DTABETTC CARE CENTER	303, 877	-			77	90.01
	9001 CLINIC	0				0	
	04953 SPI NE CENTER	0					•
90.05 0	14954 INFUSION CENTERS	223, 297	2, 555, 033	0. 08739	95 0	0	90.05
	9002 MEDCHECK CLINICS	0			0 0	0	90.06
	99003 KNEE CENTER	532, 951	6, 131, 312			0	
	99004 PALLI ATI VE CARE	6, 728				3	
	09005 MULTI DI SCI PLI NARY CLI NI C	3, 790				0	•
	09006 WORK SITE CLINICS 04961 FAMILY PRACTICE AND MATERNITY CARE	0		0.00000		0	
	09100 EMERGENCY	2, 868, 093	296, 173, 169				•
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	687, 262				12, 606	
	THER REIMBURSABLE COST CENTERS						1
	09850 OTHER REIMBURSABLE COST CENTERS Total (lines 50 through 199)	0	0 3, 409, 366, 676	0.0000	00 0 29, 253, 645	0 345, 178	

Health Financial Systems	COMMUNI TY HEALTH				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE	OTHER PASS THROUGH COST		F	Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments	Nursing Program	Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENT	ERS					
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)		0 0 0 0 0 0 0			0 0 0 0 0 0 0	31.00 32.00 35.00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENT	ERS					
30.00         O3000         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)	0		90, 225 14, 799 2, 562 1, 609 109, 195	0.00 0.00 0.00 0.00 0.00	808 0 324 1, 323	31.00 32.00 35.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		107, 170		0,277	200.00
INPATI ENT ROUTI NE SERVI CE COST CENTI           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           32. 00         03200         CORONARY CARE UNI T           35. 00         02060         NEONATAL INTENSI VE CARE UNI T           43. 00         04300         NURSERY           200. 00         Total (lines 30 through 199)	ERS 0 0 0 0 0 0 0 0 0					30.00 31.00 32.00 35.00 43.00 200.00

Health Financial Systems 0	COMMUNITY HEALTH	NETWORK, INC.			In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI THROUGH COSTS	RVICE OTHER PASS	Provider CO	CN: 15-0074		/01/2022 2/31/2022	Worksheet D Part IV Date/Time Pre 5/25/2023 1:4	pared: 6 pm
		Ti tl	e XIX	Hos	pital	PPS	
Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allie	d Health	Allied Health	
	Anesthetist	Program	Program	Post-	Stepdown		
	Cost	Post-Stepdown	-	Adj u	stments		
		Adjustments					
	1.00	2A	2.00		3A	3.00	
ANCILLARY SERVICE COST CENTERS	-						
50.00 05000 OPERATI NG ROOM	0	0		0	0	0	
51.00 05100 RECOVERY ROOM	0	0		0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0	0	0	55.00
57.00 05700 CT SCAN	0	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	0	59.00
60. 00 06000 LABORATORY	0	0		0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		0	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0	0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0	0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	0	73.00
73. 01 07301 SPECIALTY PHARMACY	0	0		0	0	0	73.01
74.00 07400 RENAL DI ALYSI S	0	0		0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0		0	0	0	76.00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	0	0	76.01
76. 03 03951 LUTHERWOOD PARTNERSHI P	0	0		0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0		0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0		0	0	0	76.05
76.06 03953 I MAGI NG CENTERS	0	0		0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		0	0	0	76.07
76. 97 07697 CARDIAC REHABILITATION	0	0		0	0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	0	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	0	89.00
90. 00 09000 CLINIC	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	0	0		0	0	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 INFUSION CENTERS	0	0		0	0	0	90.05
90. 06 09002 MEDCHECK CLINICS	0	0		0	0	0	90.06
90. 07 09003 KNEE CENTER	0	0		0	0	0	90.07
90. 08 09004 PALLI ATI VE CARE	0	0		0	0	0	90.08
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	0	0		0	0	0	90.09
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	0	0		0	0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	-		0	-	0	92.00
OTHER REIMBURSABLE COST CENTERS							1
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0		0	0	0	200. 00
-							

	OMMUNITY HEALTH				eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	RVICE OTHER PASS	S Provider C		Period: From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
		T; +1	e XIX	Hospi tal	5/25/2023 1:4 PPS	6 pm
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
cost center bescription	Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
	Education Cost		Cost (sum of		$(col. 5 \div col.$	
		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 OPERATI NG ROOM	0	0		0 211, 107, 348	0. 000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 16, 630, 375		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 11, 440, 039		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 65, 570, 562	0. 000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 32, 010, 423	0. 000000	
57.00 05700 CT SCAN	0	0		0 117, 933, 509	0.000000	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 18, 654, 793	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 359, 604, 353	0.000000	
60. 00 06000 LABORATORY	0	0		0 133, 633, 282	0.000000	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 6, 720, 706	0.000000	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 43, 985, 405	0.000000	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 22, 068, 684	0.000000	
67.00 06700 OCCUPATIONAL THERAPY	0	0		0 7, 647, 698		
68. 00 06800 SPEECH PATHOLOGY	0	0		0 3, 218, 354	0.000000	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 58, 267, 545	0.000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 6, 924, 305	0.000000	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		0 101, 316, 684	0.000000	1
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 104, 735, 880	0.000000	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 1, 198, 328, 206		
73. 01 07301 SPECI ALTY PHARMACY 74. 00 07400 RENAL DI ALYSI S	0			0 118, 729, 617 0 6, 283, 340	0.000000	
74. 00 07400 RENAL DIALYSIS 76. 00 03330 ENDOSCOPY	0			0 6, 283, 340 0 5, 659, 340	0.000000	1
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			0 17, 642, 927	0.000000	
76. 03 03951 LUTHERWOOD PARTNERSHI P	0			0 17, 042, 927	0.000000	
76. 04 03952 WOUND CARE CENTER	0			0 13, 130, 226	0.000000	
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0			0 306, 873, 925	0.000000	1
76. 06 03953 I MAGI NG CENTERS	0			0 83, 316, 809	0.000000	
76. 07 03954 BREAST DI AGNOSTI C CENTER	0	0		0 7, 023, 002	0.000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 4, 270, 325	0. 000000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 2, 683, 830		
OUTPATIENT SERVICE COST CENTERS			•			1
88.00 08800 RURAL HEALTH CLINIC	0	0		0 0	0. 000000	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0.000000	89.00
90. 00 09000 CLINIC	0	0		0 0	0.000000	90.00
90. 01 04950 DI ABETI C CARE CENTER	0	0		0 0	0.000000	90.01
90. 02 04951 HEALTHY HEARTS CENTER	0	0		0 5, 079, 478	0.000000	90.02
90. 03 09001 CLI NI C	0	0		0 0	0.000000	
90. 04 04953 SPI NE CENTER	0	0		0 0	0. 000000	
90. 05 04954 INFUSION CENTERS	0	0		0 2, 555, 033	0. 000000	
90. 06 09002 MEDCHECK CLINICS	0	0		0 0	0.000000	
90. 07 09003 KNEE CENTER	0	0		0 6, 131, 312	0.000000	
90. 08 09004 PALLI ATI VE CARE	0	0		0 431, 751	0.000000	90.08
90. 09 09005 MULTI DI SCI PLI NARY CLI NI C	0	0		0 0	0.000000	
90. 10 09006 WORK SITE CLINICS	0	0		0 0	0.000000	
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		0 000 170 110	0.000000	
91.00 09100 EMERGENCY	0	0		0 296, 173, 169		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 12, 923, 879	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS			1	0 0	0.000000	00 00
98.00 09850 OTHER REIMBURSABLE COST CENTERS 200.00 Total (lines 50 through 199)	0			0 0 0 3, 409, 366, 676	0.000000	98.00 200.00
200.00 Total (Thes building 199)	0	1 0	1	0 3, 407, 300, 0/0	I	∠00. 00

	LONMENT OF LUDATLENT (OUTDATLENT ANGULLADY SE		NETWORK, INC.	CN. 1E 0074		u of Form CMS-	2552-10
	I ONMENT OF I NPATI ENT/OUTPATI ENT ANCI LLARY SEI H COSTS	RVICE UTHER PASS	Provider C	UN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Pre	
				e XIX	Hospi tal	5/25/2023 1:4 PPS	6 pm
	Cost Center Description	Outpati ent	Inpatient	Inpati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Throug	h Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	ANCI LLARY SERVICE COST CENTERS	0,000000	3, 051, 024	1	0 0	0	
	05000 OPERATING ROOM	0.000000	3, 051, 024		0 0 0 0	0	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0.000000			0 0	0	51.00 52.00
	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	683, 328 659, 874		0 0	0	
	05500 RADI OLOGY-THERAPEUTI C	0. 000000	927, 215		0 0	0	55.00
	05700 CT SCAN	0. 000000	1, 850, 917		0 0	0	57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	334, 317		0 0	0	58.00
	05900 CARDI AC CATHETERI ZATI ON	0. 000000	2, 504, 317		0 0	0	59.00
	06000 LABORATORY	0. 000000	3, 696, 710		0 0	0	60.00
	06400 I NTRAVENOUS THERAPY	0. 000000	109, 411		0 0	0	64.00
	06500 RESPIRATORY THERAPY	0. 000000	2, 137, 876		0 0	0	65.00
	06600 PHYSI CAL THERAPY	0. 000000	176, 189		0 0	0	66.00
	06700 OCCUPATI ONAL THERAPY	0. 000000	169, 757		0 0	0	67.00
	06800 SPEECH PATHOLOGY	0. 000000	89,679		0 0	0	68.00
	06900 ELECTROCARDI OLOGY	0. 000000	583, 120		0 0	0	69.0
	07000 ELECTROENCEPHALOGRAPHY	0. 000000	54, 462		0 0	0	70.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	1, 881, 684		0 0	0	71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	837, 981		0 0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0. 000000	4, 518, 973		0 0	0	73.00
	07301 SPECIALTY PHARMACY	0. 000000	0		0 0	0	
	07400 RENAL DIALYSIS	0. 000000	330, 832		0 0	0	
	03330 ENDOSCOPY	0.000000	172, 741		0 0	0	
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	29, 805		0 0	0	76.0
	03951 LUTHERWOOD PARTNERSHI P	0. 000000	0		0 0	0	76.0
76.04	03952 WOUND CARE CENTER	0. 000000	52, 302		0 0	0	76.0
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0. 000000	57, 523		0 0	0	76.0
76.06	03953 I MAGI NG CENTERS	0. 000000	0		0 0	0	76.0
76.07	03954 BREAST DIAGNOSTIC CENTER	0. 000000	0		0 0	0	76.0
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	76.9
	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	76.98
	OUTPATIENT SERVICE COST CENTERS	1		1			
	08800 RURAL HEALTH CLINIC	0. 000000	0		0 0	0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0 0	0	89.00
		0. 000000	0		0 0	0	90.00
	04950 DI ABETI C CARE CENTER	0. 000000	0		0 0	0	90.0
	04951 HEALTHY HEARTS CENTER	0. 000000	1, 292		0 0	0	90.0
	09001 CLINIC	0.000000	0		0 0	0	90.03
	04953 SPI NE CENTER	0. 000000	0		0 0	0	•
	04954 INFUSION CENTERS	0. 000000	0		0	0	
	09002 MEDCHECK CLINICS	0.000000	0		0 0	0	90.00
	09003 KNEE CENTER 09004 PALLI ATI VE CARE	0. 000000 0. 000000	224			0	90.0
	09004 PALLIATIVE CARE 09005 MULTI DI SCI PLI NARY CLI NI C	0. 000000	224			0	90.08
	09006 WORK SITE CLINICS	0. 000000	0			0	90.0
	04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0		0 0	0	1
	09100 EMERGENCY	0. 000000	3, 747, 500		0 0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	237, 057		0 0	0	
, <u> </u>	OTHER REIMBURSABLE COST CENTERS	0.000000	237,037	1	<u> </u>	0	, ,2. 0
	09850 OTHER REIMBURSABLE COST CENTERS	0. 000000	0		0 0	Λ	98.00

PPORTI ONMEN	ncial Systems C NT OF MEDICAL, OTHER HEALTH SERVICES AND	OMMUNITY HEALTH D VACCINE COST	Provider C	CN: 15-0074	Period: From 01/01/2022	Worksheet D Part V	2552-10
					To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
			Titl	e XIX	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
			Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To Ded. & Coins			
				(see inst.)			
		1.00	2.00	3.00	4.00	5.00	
ANCI L	LARY SERVICE COST CENTERS	-					
0.00 05000	OPERATING ROOM	0. 201043	0		0 2, 058, 282	0	50.00
	RECOVERY ROOM	0. 146686			0 413, 445	0	51.00
	DELIVERY ROOM & LABOR ROOM	0. 529285			0 0	-	
	RADI OLOGY-DI AGNOSTI C	0. 148665			0 1, 671, 809		
	RADI OLOGY-THERAPEUTI C	0. 085038			0 480, 608		
	CT SCAN	0. 056418			0 4, 559, 328		
	MAGNETIC RESONANCE IMAGING (MRI)	0. 132104			0 401, 687		
	CARDI AC CATHETERI ZATI ON	0. 037550			0 2, 114, 251		
		0. 154202	0		0 2, 671, 762		
	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	0. 516617	0		0 229, 219 0 218, 557		
	PHYSICAL THERAPY	0. 208875 0. 543774	0		0 218, 557 0 269, 932		
	OCCUPATIONAL THERAPY	0. 455064	0		0 126, 880		
	SPEECH PATHOLOGY	0. 455368	0		0 82, 269		
	ELECTROCARDI OLOGY	0. 110483			0 462, 602		
	ELECTROENCEPHALOGRAPHY	0. 257543			0 126, 672		
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 439769			0 636, 250		
	IMPL. DEV. CHARGED TO PATIENTS	0. 413131	0		0 786, 767		
	DRUGS CHARGED TO PATIENTS	0. 200366			0 24, 991, 753		
	SPECIALTY PHARMACY	0. 780856			0 0		
4.00 07400	RENAL DIALYSIS	0. 320096	0		0 0	0	74.00
6.00 03330	ENDOSCOPY	0. 282810	0	1	0 67, 128	0	76.00
6.01 03550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1. 111063	0		0 285, 641	0	76. 01
	LUTHERWOOD PARTNERSHI P	9. 396048			0 75, 664	0	76. 03
	WOUND CARE CENTER	0. 285903			0 510, 855		
	ONCOLOGY-CANCER CARE CENTER	0. 213119			0 6, 687, 660		
	I MAGI NG CENTERS	0. 118517	0		0 933, 260		
	BREAST DI AGNOSTI C CENTER	0. 559643	0		0 83, 554		
	CARDIAC REHABILITATION	0. 523150	0		0 4, 453 0 0		
	HYPERBARI C OXYGEN THERAPY TI ENT SERVICE COST CENTERS	0. 241774	0		0 0	0	10.90
	RURAL HEALTH CLINIC			1			88.00
	FEDERALLY QUALIFIED HEALTH CENTER						89.00
	CLINIC	0. 000000	0		0 0	0	
	DIABETIC CARE CENTER	0. 000000			0 0	-	
	HEALTHY HEARTS CENTER	0. 450750			0 71, 489		
0.03 09001		0. 000000			0 0		
0.04 04953	SPINE CENTER	0. 000000			0 0	0	
0. 05 04954	INFUSION CENTERS	0. 418949			0 3, 243	0	90.05
	MEDCHECK CLINICS	0. 000000	0		0 0	0	90.06
	KNEE CENTER	1. 061036	0		0 28, 307	0	90.0
	PALLIATIVE CARE	0. 045816			0 16, 601	0	
	MULTI DI SCI PLI NARY CLI NI C	0. 000000			0 0	0	
	WORK SITE CLINICS	0. 000000			0 0	-	
	FAMILY PRACTICE AND MATERNITY CARE	0. 000000			0 0	0	
	EMERGENCY	0. 126747			0 15, 609, 466		
	OBSERVATION BEDS (NON-DISTINCT PART)	0. 710049	0		0 517, 531	0	92.00
	REIMBURSABLE COST CENTERS	0.000000			0		
8.00 09850	OTHER REIMBURSABLE COST CENTERS	0. 000000	0		0 0	-	98. 00 200. 00
00.00					0 67, 196, 925	. 0	u u u u () () () () () () () () () () () () ()
00.00	Subtotal (see instructions)		0				
00. 00 01. 00	Less PBP Clinic Lab. Services-Program Only Charges				0 0 0		201.00

PORTI ONME	INT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Pre 5/25/2023 1:4	
				e XIX	Hospi tal	PPS	
	Cost Center Description	Cost Reimbursed Services Subject To	sts Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCLI	LARY SERVICE COST CENTERS	0.00	7.00	I			
	O OPERATI NG ROOM	0	413, 803				50.0
	D RECOVERY ROOM	0					51.0
. 00 05200	D DELIVERY ROOM & LABOR ROOM	0	0				52.0
	RADI OLOGY-DI AGNOSTI C	0	248, 539				54.0
	RADI OLOGY-THERAPEUTI C	0	40, 870				55.0
	DCT SCAN	0	257, 228				57.0
	D MAGNETIC RESONANCE I MAGING (MRI)	0	53, 064				58.0
	CARDI AC CATHETERI ZATI ON	0	79, 390				59.0
	LABORATORY	0	411, 991				60.0
. 00 06400	INTRAVENOUS THERAPY	0	118, 418				64.0
	RESPI RATORY THERAPY	0	45, 651				65.0
	PHYSI CAL THERAPY	0	146, 782				66.0
. 00 06700	OCCUPATIONAL THERAPY	0	57, 739				67.0
. 00 06800	SPEECH PATHOLOGY	0	37, 463				68. (
. 00 06900	ELECTROCARDI OLOGY	0	51, 110				69.0
. 00 07000	ELECTROENCEPHALOGRAPHY	0	32, 623				70.
. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	279, 803				71.
. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	325, 038				72.
. 00 07300	D DRUGS CHARGED TO PATIENTS	0	5, 007, 498				73.0
. 01 0730	1 SPECIALTY PHARMACY	0	0				73.0
. 00 07400	D RENAL DIALYSIS	0	0				74.0
. 00 03330	DENDOSCOPY	0	18, 984				76. (
	D PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	317, 365				76. (
	1 LUTHERWOOD PARTNERSHI P	0	710, 943				76.0
	2 WOUND CARE CENTER	0					76.
	O ONCOLOGY-CANCER CARE CENTER	0	1, 120, 201				76.
	3 I MAGI NG CENTERS	0	110, 607				76.
	4 BREAST DI AGNOSTI C CENTER	0					76.
	7 CARDI AC REHABI LI TATI ON B HYPERBARI C OXYGEN THERAPY						76. 76.
	ATIENT SERVICE COST CENTERS	0	0				- 70.
	D RURAL HEALTH CLINIC		1				88.
	FEDERALLY QUALIFIED HEALTH CENTER						89.
	D CLINIC	0	0				90.
	D DI ABETI C CARE CENTER	0	0				90.
	1 HEALTHY HEARTS CENTER	0	32, 224				90.
. 03 0900		0					90.
	3 SPI NE CENTER	0	0				90.
. 05 04954	4 INFUSION CENTERS	0	1, 359				90.
	2 MEDCHECK CLINICS	0	0				90.
. 07 09003	3 KNEE CENTER	0	30, 035				90.
. 08 09004	4 PALLIATIVE CARE	0	761				90.0
. 09 0900!	5 MULTI DI SCI PLI NARY CLI NI C	0	0				90.
	6 WORK SITE CLINICS	0	0				90.
	1 FAMILY PRACTICE AND MATERNITY CARE	0	0				90.
	DEMERGENCY	0					91. (
	O OBSERVATION BEDS (NON-DISTINCT PART)	0	367, 472				92. (
	R REIMBURSABLE COST CENTERS	T		1			
	O OTHER REIMBURSABLE COST CENTERS	0					98. (
0.00	Subtotal (see instructions)	0	12, 856, 272				200. (
1.00	Less PBP Clinic Lab. Services-Program	0	1				201. (
	Only Charges						

Health Financial Systems

COMMUNI TY	HEALTH	NE	IWOR	Κ,	IN	IC.	
			-				

In Lieu of Form CMS-2552-10

Heal th	Financial Systems COMMUNITY HEALTH NE	ETWORK, INC.	In Lie	u of Form CMS-2	2552-1
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0074	Peri od:	Worksheet D-1	
			From 01/01/2022 To 12/31/2022	Date/Time Pre	narod
			10 12/31/2022	5/25/2023 1:40	
		Title XVIII	Hospi tal	PPS	
	Cost Center Description				
				1.00	
	PART I - ALL PROVIDER COMPONENTS				-
4 00	INPATIENT DAYS	I		00.005	1 1 00
1.00	Inpatient days (including private room days and swing-bed days			90, 225	
2.00	Inpatient days (including private room days, excluding swing-l		civata room davc	90, 225 0	
3.00	Private room days (excluding swing-bed and observation bed day do not complete this line.	ys). If you have only p	rivate room days,	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		83, 338	4.00
5.00	Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost	03, 330	
. 00	reporting period	on days) through becchib		0	0.0
5.00	Total swing-bed SNF type inpatient days (including private roo	om davs) after December	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 room	m days) through Decembe	r 31 of the cost	0	7.00
	reporting period				
3.00	Total swing-bed NF type inpatient days (including private room	m days) after December 🔅	31 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	o the Program (excluding	g swing-bed and	12, 936	9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII on	nly (including private)	coom davic)	0	10.00
10.00	through December 31 of the cost reporting period (see instruct		uays)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII or		room days) after	0	11.00
11.00	December 31 of the cost reporting period (if calendar year, en		days) arter	0	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX		te room days)	0	12.00
	through December 31 of the cost reporting period	5 ( 51	<i>,</i>		
3.00	Swing-bed NF type inpatient days applicable to titles V or XIX	X only (including priva	te room days)	0	13.00
	after December 31 of the cost reporting period (if calendar ye				
4.00	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	
5.00	Total nursery days (title V or XIX only)			0	
16.00	Nursery days (title V or XIX only)			0	16.00
17 00	SWING BED ADJUSTMENT	there are Descentions 21	£ +b+	0.00	1 17 00
17.00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 (	or the cost	0.00	17.00
18.00	reporting period Medicare rate for swing-bed SNF services applicable to service	os after December 21 of	the cost	0.00	18.00
10.00	reporting period	es al tel December 51 01	the cost	0.00	10.00
19.00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 o	f the cost	0.00	19.00
	reporting period				
20.00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of	the cost	0.00	20.00
	reporting period				
21.00	Total general inpatient routine service cost (see instructions			120, 220, 089	
22.00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost repor	ting period (line	0	22.0
	5 x line 17)				
23.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	ng period (line 6	0	23.00
24.00	x line 18) Swing-bed cost applicable to NF type services through December	r 21 of the cost report	ing pariod (line	0	24.00
24.00	7 x line 19)	1 ST OF the cost report	ng period (inne	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	n period (line 8	0	25.0
2.00	x line 20)		,		
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		120, 220, 089	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed	d and observation bed c	narges)	0	
29.00	Private room charges (excluding swing-bed charges)			0	
0.00	Semi-private room charges (excluding swing-bed charges)			0	
1.00	General inpatient routine service cost/charge ratio (line 27 -	÷line 28)		0.00000	
2.00 3.00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
4.00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 min	nus line 33)(see instru	rtions)	0.00	
5.00	Average per diem private room cost differential (line 34 x lin	, .	50 0137	0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			0.00	
37.00	General inpatient routine service cost net of swing-bed cost a	and private room cost d	fferential (line	120, 220, 089	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	USTMENTS			
				1, 332. 45	38 00
	Adjusted general inpatient routine service cost per diem (see	-			
39.00	Program general inpatient routine service cost (line 9 x line	38)		17, 236, 573	39.00
		38) am (line 14 x line 35)			39.00 40.00

001111 01	ATION OF INPATIENT OPERATING COST		Provider CCN:		Peri od:	Worksheet D-1	- <u>2552-10</u> 1
					From 01/01/2022 To 12/31/2022		
			Title XV		Hospi tal	PPS	
	Cost Center Description	Total Inpatient CostIn		verage Per m (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	<u>3.00</u> 0.0	4.00 0 0	5.00	) 42.00
	Intensive Care Type Inpatient Hospital Units	· · · ·					
43.00	INTENSIVE CARE UNIT	33, 269, 857	14, 799	2, 248. 1			
44.00	CORONARY CARE UNIT	0	0	0.0	0 0	C	
45.00 46.00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45.00 46.00
	NEONATAL INTENSIVE CARE UNIT	3, 816, 100	2, 562	1, 489. 5	o o	c	
	Cost Center Description				-		
40.00			11 - 200)			1.00	10.00
48.00 48.01	Program inpatient ancillary service cost (Wks Program inpatient cellular therapy acquisitio			lino 10	column 1)	36, 691, 723 C	1
49.00	Total Program inpatient costs (sum of lines 4					61, 214, 453	
	PASS THROUGH COST ADJUSTMENTS	······································	(				
50.00	Pass through costs applicable to Program inpa	atient routine se	ervices (from Wk	st. D, sum	of Parts I and	1, 943, 329	9 50.00
51.00	III) Pass through costs applicable to Program inpa	atient ancillary	services (from	Wkst. D, s	um of Parts II	2, 231, 777	51.00
52.00	and IV) Total Program excludable cost (sum of lines !	50 and 51)				4, 175, 106	52 00
52.00	Total Program inpatient operating cost exclude		ted, non-physic	ian anesth	etist, and	57, 039, 347	
	medical education costs (line 49 minus line !	52)					
F 4 00	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 55.00	Program discharges Target amount per discharge						54.00
55. 00 55. 01	Permanent adjustment amount per discharge					0.00	
55.02	Adjustment amount per discharge (contractor u	use only)				0.00	
56.00	Target amount (line 54 x sum of lines 55, 55.					C	
57.00	Difference between adjusted inpatient operati	ing cost and targ	et amount (line	56 minus	ine 53)	C	
58.00 59.00	Bonus payment (see instructions) Trended costs (lesser of line 53 ÷ line 54, o	or line 55 from t	he cost reporti	na period	ending 1996	0.00	
57.00	updated and compounded by the market basket)			ng period .	sharing 1770,	0.00	, 57.00
60.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	prior year cost	report, u	odated by the	0.00	60.00
61.00	market basket) Continuous improvement bonus payment (if line 55.01, or line 59, or line 60, enter the less 53) are less than expected costs (lines 54 x	ser of 50% of the	amount by whic	h operating	g costs (line	С	61.00
	enter zero. (see instructions)		no ta got anour		,,		
62.00 63.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	ent (see instruct	ions)				
( 1 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	to through Docomb	on 21 of the on	ot reporti	an partial (Saa	C C	
	instructions)(title XVIII only)	0			0		
65.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts after December	31 of the cost	reporti ng	period (See	C	65.00
66.00	Total Medicare swing-bed SNF inpatient routin CAH, see instructions	ne costs (line 64	plus line 65)(	title XVII	only); for	C	66.00
67.00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through D	ecember 31 of t	he cost re	porting period	C	67.00
68.00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after Dec	ember 31 of the	cost repo	rting period	C	68.00
69.00	Total title V or XIX swing-bed NF inpatient of PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY,	AND ICF/IID ONL	Ý		с	
70.00 71.00	Skilled nursing facility/other nursing facili Adjusted general inpatient routine service co	5		(line 37)			70.00
71.00	Program routine service cost (line 9 x line						71.00
73.00	Medically necessary private room cost applica		line 14 x line	35)			73.00
74.00	Total Program general inpatient routine servi	•					74.00
75.00	Capital-related cost allocated to inpatient ( 26, line 45)	routine service c	osts (from Work	sneet B, Pa	art II, column		75.00
76.00	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76.00
77.00	Program capital-related costs (line 9 x line						77.00
78.00	Inpatient routine service cost (line 74 minus		widor reastate				78.00
79.00 80.00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa			ine 78 min	us line 79)		79.00 80.00
81.00	Inpatient routine service cost per diem limi						81.00
82.00	Inpatient routine service cost limitation (li	ne 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (s						83.00
84.00 85.00	Program inpatient ancillary services (see ins Utilization review - physician compensation	,	.)				84.00 85.00
86.00	Total Program inpatient operating costs (sum						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST					
87.00 88.00	Total observation bed days (see instructions)		ine 2)			6, 887	
	Adjusted general inpatient routine cost per o	ריין איר				1, 332. 45	1 00.00

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2022	Worksheet D-1	
				To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
		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	9, 003, 653	120, 220, 089	0.074893	9, 176, 583	687, 262	90.00
91.00 Nursing Program cost	0	120, 220, 089	0.00000	9, 176, 583	0	91.00
92.00 Allied health cost	0	120, 220, 089	0.00000	9, 176, 583	0	92.00
93.00 All other Medical Education	0	120, 220, 089	0.00000	9, 176, 583	0	93.00

	Financial Systems COMMUNITY HEALTH N ATION OF INPATIENT OPERATING COST	IETWORK, INC. Provider CCN: 15-0074	In Lie Period:	u of Form CMS-2 Worksheet D-1	2552-10
			From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
		Title XIX		5/25/2023 1:40 PPS	
	Cost Center Description		Hospi tal		
	PART I - ALL PROVIDER COMPONENTS			1.00	
1 00	INPATIENT DAYS			00.005	1 00
1.00 2.00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing-			90, 225 90, 225	1.00 2.00
3.00	Private room days (excluding swing-bed and observation bed da		ivate room days,	0	3.00
4 00	do not complete this line.	and days)		02 220	4 00
4.00 5.00	Semi-private room days (excluding swing-bed and observation b Total swing-bed SNF type inpatient days (including private ro		r 31 of the cost	83, 338 0	4.00 5.00
	reporting period			-	
6.00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6.00
7.00	Total swing-bed NF type inpatient days (including private roc	om days) through December	31 of the cost	0	7.00
	reporting period				
8.00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	om days) after December 3	1 of the cost	0	8.00
9.00	Total inpatient days including private room days applicable t	to the Program (excluding	swing-bed and	5, 844	9.00
	newborn days) (see instructions)	0 1 0	U U		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII of through December 31 of the cost reporting period (see instruct		oom days)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII of		oom days) after	0	11.00
	December 31 of the cost reporting period (if calendar year, e	enter 0 on this line)	3,		
12.00	Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period	X only (including privat	e room days)	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room days)	0	13.00
	after December 31 of the cost reporting period (if calendar y				
	Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)	ram (excluding swing-bed	days)	0	14.00 15.00
	Nursery days (title V or XIX only)			1, 323	
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to servic reporting period	ces through December 31 c	f the cost	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to servic	ces after December 31 of	the cost	0.00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	the cost	0.00	19.00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	as after December 31 of t	he cost	0.00	20.00
20.00	reporting period	es al tel December 31 01 t	ne cost	0.00	20.00
21.00	Total general inpatient routine service cost (see instruction			130, 980, 289	
22.00	Swing-bed cost applicable to SNF type services through Decemb $5 \times 10^{-1}$ x line 17)	per 31 of the cost report	ing period (line	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December	- 31 of the cost reportin	g period (line 6	0	23. 00
24.00	x line 18) Swing-bed cost applicable to NF type services through Decembe	ar 21 of the cost reporti	ng pariod (line	0	24.00
24.00	7 x line 19)	er si or the cost reporti	ng period (rine	0	24.00
25.00	Swing-bed cost applicable to NF type services after December	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
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		130, 980, 289	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-be Private room charges (excluding swing-bed charges)	ed and observation bed ch	arges)	0	28.00 29.00
30.00	Semi-private room charges (excluding swing bed charges)			0	30.00
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi		tions)	0.00	
35.00 36.00	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)	IIE 31)		0.00 0	35.00 36.00
	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	130, 980, 289	37.00
	27 minus line 36)		•		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	IUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see			1, 451. 71	38.00
39.00	Program general inpatient routine service cost (line 9 x line	e 38)		8, 483, 793	39.00
	Medically necessary private room cost applicable to the Progr			0	40.00
41.00	Total Program general inpatient routine service cost (line 39	+ IINE 40)		8, 483, 793	41.00

	Financial Systems C ATION OF INPATIENT OPERATING COST	OMMUNITY HEALTH I	NETWORK, INC. Provider CCN:	15-0074 P	In Lie eriod:	u of Form CMS- Worksheet D-1	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/25/2023 1:4	
		Tatal	Title		Hospi tal	PPS	
	Cost Center Description	Total Inpatient Costl		Average Per em (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1.00 1,312,190	2.00	3.00 815.53	4.00 1,323	5.00	42.00
10.00	Intensive Care Type Inpatient Hospital Units		4.4. 700	0.074.00		4 005 740	40.00
43.00 44.00	INTENSIVE CARE UNIT CORONARY CARE UNIT	33, 622, 311	14, 799 0	2, 271. 93 0. 00			
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00 47.00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	4, 182, 376	2, 562	1, 632. 47	324	528, 920	46.00
47.00	Cost Center Description	4,102,370	2, 302	1,002.47	524	520, 720	47.00
48.00	Program inpatient ancillary service cost (Wk	st D-3 col 3	line 200)			1.00 5,750,668	48.00
48.00	Program inpatient cellular therapy acquisiti	on cost (Workshe	et D-6, Part II	I, line 10,	column 1)	0	
49.00	Total Program inpatient costs (sum of lines	41 through 48.01	)(see instructio	ons)		17, 678, 046	49.00
50.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp	atient routine s	ervices (from Wi	kst. D, sum	of Parts I and	877, 348	50.00
F1 00	III)			What D av	f Danta II	245 170	F1 00
51.00	Pass through costs applicable to Program inp and IV)	atient anciitary	services (from	WKST. D, SU	m or Parts II	345, 178	51.00
52.00	Total Program excludable cost (sum of lines					1, 222, 526	•
53.00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line		ated, non-physic	cian anesthe	tist, and	16, 455, 520	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 55.00	Program discharges Target amount per discharge					0.00	
55. 00 55. 01	Permanent adjustment amount per discharge					0.00	•
55.02	Adjustment amount per discharge (contractor					0.00	•
56.00 57.00	Target amount (line 54 x sum of lines 55, 55 Difference between adjusted inpatient operat		aet amount (lin	e 56 minus l	ine 53)	0	56.00 57.00
58.00	Bonus payment (see instructions)	0			·	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, updated and compounded by the market basket)	or line 55 from	the cost reporti	ing period e	ndi ng 1996,	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	prior year cos	t report, up	dated by the	0.00	60.00
61.00	market basket) Continuous improvement bonus payment (iflin 55.01, or line 59, or line 60, enter the les	ser of 50% of th	e amount by whic	ch operating	costs (line	0	61.00
	53) are less than expected costs (lines 54 x enter zero. (see instructions)	60), or 1 % of	the target amou	nt (line 56)	, otherwise		
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instruc	tions)			0	63.00
64.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Decem	ber 31 of the co	ost reportin	g period (See	0	64.00
65.00	Medicare swing-bed SNF inpatient routine cos	ts after Decembe	r 31 of the cos	t reporting	period (See	0	65.00
66.00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 65)	(title XVIII	only); for	0	66.00
67.00	CAH, see instructions Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 of	the cost rep	orting period	0	67.00
68.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	e costs after De	cember 31 of the	e cost repor	ting period	0	68.00
69.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (L	ine 67 + line 68	8)	-	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER N	URSING FACILITY,	AND ICF/IID ON	LY			1
70.00 71.00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c			t (line 37)			70.00
72.00	Program routine service cost (line 9 x line	71)					72.00
73.00 74.00	Medically necessary private room cost applic Total Program general inpatient routine serv			35)			73.00
75.00	Capital -related cost allocated to inpatient	•		ksheet B, Pa	rt II, column		75.00
74 00	26, line 45)	2)					74 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 80.00	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp			line 78 minu	s line 79)		79.00 80.00
81.00	Inpatient routine service cost per diem limi	tation					81.00
82.00 83.00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (		)				82.00 83.00
83.00 84.00	Program inpatient ancillary services (see in		,				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		uugn 85)				86.00
87.00	Total observation bed days (see instructions	)	Line 2			6, 887	•
88.00 89.00	Adjusted general inpatient routine cost per Observation bed cost (line 87 x line 88) (se	•	iine ∠)			1, 451. 71 9, 997, 927	
						· · · · · · · · · · · · · · · · · · ·	

Health Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2022	Worksheet D-1	
				To 12/31/2022		
		Titl	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	9, 003, 653	130, 980, 289	0.06874	1 9, 997, 927	687, 267	90.00
91.00 Nursing Program cost	0	130, 980, 289	0.00000	9, 997, 927	0	91.00
92.00 Allied health cost	0	130, 980, 289	0.00000	9, 997, 927	0	92.00
93.00 All other Medical Education	0	130, 980, 289	0.00000	9, 997, 927	0	93.00

NPATI E	INT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0074	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Pre 5/25/2023 1:4	par
		Title	XVIII	Hospi tal	PPS	<u> </u>
	Cost Center Description		Ratio of Cos To Charges	t Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	-
I	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
	03000 ADULTS & PEDI ATRI CS			33, 565, 783		30
1.00 0	03100 I NTENSI VE CARE UNI T			17, 222, 770		31
. 00 0	03200 CORONARY CARE UNI T			0		32
	02060 NEONATAL INTENSIVE CARE UNIT			0		35
	04300  NURSERY					43
	ANCI LLARY SERVI CE COST CENTERS		0 1005		( 025 500	۱
	05000 OPERATING ROOM 05100 RECOVERY ROOM		0. 18958		6, 935, 598	
	05200 DELIVERY ROOM & LABOR ROOM		0. 14668		344, 529 0	
	05400 RADI OLOGY-DI AGNOSTI C		0. 14866		527, 402	
	05500 RADI OLOGY-THERAPEUTI C		0. 08503		398, 771	
. 00 0	05700 CT SCAN		0. 05641		401, 763	5
3.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 13210	04 1, 267, 745	167, 474	5
	05900 CARDI AC CATHETERI ZATI ON		0. 03714		1, 278, 995	
			0. 15420		2, 195, 584	
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY		0. 5166		176, 429 1, 802, 930	
	06600 PHYSI CAL THERAPY		0. 20887 0. 50463		530, 468	
	06700 OCCUPATI ONAL THERAPY		0. 45506		408, 985	
	06800 SPEECH PATHOLOGY		0. 45536		127, 673	
	06900 ELECTROCARDI OLOGY		0. 11048		466, 915	
	07000 ELECTROENCEPHALOGRAPHY		0. 25754		43, 119	7
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 43976	59 11, 959, 633	5, 259, 476	7
	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 41313		9, 232, 471	
	07300 DRUGS CHARGED TO PATIENTS		0. 20036		3, 185, 871	
			0. 78085		0	
	07400 RENAL DIALYSIS 03330 ENDOSCOPY		0. 32009		508, 779 11, 478	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		1. 00608		16, 009	
	03951 LUTHERWOOD PARTNERSHI P		9. 39604		0	
	03952 WOUND CARE CENTER		0. 27169		52, 203	7
	03480 ONCOLOGY-CANCER CARE CENTER		0. 21224	409, 240	86, 857	7
	03953 I MAGI NG CENTERS		0. 11851		0	
	03954 BREAST DI AGNOSTI C CENTER		0. 55964		1, 127	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY		0. 52315		567	
	DUTPATIENT SERVICE COST CENTERS		0.2417	0	0	1 '
	08800 RURAL HEALTH CLINIC		0.0000	00	0	8
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	
	09000 CLI NI C		0.0000		0	9
	04950 DI ABETI C CARE CENTER		0.0000		0	
	04951 HEALTHY HEARTS CENTER		0. 45075		0	
			0.0000		0	
	04953 SPINE CENTER		0.0000		0	
	04954 I NFUSI ON CENTERS 09002 MEDCHECK CLINI CS		0. 41894		0	9
	09003 KNEE CENTER		1. 06103		0	
	09004 PALLI ATI VE CARE		0. 0458		0	
	09005 MULTI DI SCI PLI NARY CLI NI C		0.0000		0	
	09006 WORK SITE CLINICS		0.00000		0	90
	04961 FAMILY PRACTICE AND MATERNITY CARE		0.0000		0	
	09100 EMERGENCY		0. 12401		1, 879, 430	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 71004	916, 584	650, 820	9
-			0.0000		0	9
3.00 (0 00.00	09850 OTHER REIMBURSABLE COST CENTERS Total (sum of lines 50 through 94 and 96 through 98)		0.00000	188, 352, 554	36, 691, 723	
01.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)		188, 352, 554	50, 071, 723	20
02.00	Net charges (line 200 minus line 201)		1	188, 352, 554		202

NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0074	Peri od:	Worksheet D-3	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
		Titl	e XIX	Hospi tal	PPS	o pi
	Cost Center Description		Ratio of Cos To Charges	t Inpatient Program	Inpatient Program Costs	
			To charges	Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	<u> </u>
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	-
	03000 ADULTS & PEDI ATRI CS			15, 490, 901		30
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T			4, 008, 406		31
	02060 NEONATAL INTENSIVE CARE UNIT			1, 061, 300		35
	04300 NURSERY			2, 265, 110		4:
0.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM		0.2010/	2 051 024	412 207	
	OSTOO RECOVERY ROOM		0. 20104		613, 387 52, 445	
	05200 DELIVERY ROOM & LABOR ROOM		0. 52928			
	05400 RADI OLOGY-DI AGNOSTI C		0. 14866		98, 100	
	05500 RADI OLOGY-THERAPEUTI C 05700 CT SCAN		0.08503		78, 849	
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 05641		104, 425 44, 165	
	05900 CARDI AC CATHETERI ZATI ON		0. 03755		94, 037	
	06000 LABORATORY		0. 15420		570, 040	
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY		0. 51661 0. 20887		56, 524 446, 549	
	06600 PHYSI CAL THERAPY		0. 54377			
	06700 OCCUPATI ONAL THERAPY		0. 45506		77, 250	
	06800 SPEECH PATHOLOGY		0. 45536		40, 837	
	06900 ELECTROCARDI OLOGY		0. 11048		64, 425	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 25754 0. 43976		14, 026 827, 506	
	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 41313		346, 196	
	07300 DRUGS CHARGED TO PATIENTS		0. 20036		905, 449	
	07301 SPECIALTY PHARMACY		0. 78085		105 000	
	07400 RENAL DIALYSIS 03330 ENDOSCOPY		0. 32009		105, 898 48, 853	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		1. 11106		33, 115	
	03951 LUTHERWOOD PARTNERSHI P		9. 39604		0	
	03952 WOUND CARE CENTER		0. 28590		14, 953	
	03480 ONCOLOGY-CANCER CARE CENTER 03953 I MAGI NG CENTERS		0. 21311		12, 259 0	
	03954 BREAST DI AGNOSTI C CENTER		0. 55964		0	
	07697 CARDI AC REHABI LI TATI ON		0. 52315		0	
5. 98	07698 HYPERBARI C 0XYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS		0. 24177	0	0	7
3. 00	08800 RURAL HEALTH CLINIC		0.00000	0 0	0	8
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000	0 0	0	8
			0.00000		0	
	04950 DI ABETI C CARE CENTER 04951 HEALTHY HEARTS CENTER		0. 00000		0 582	
	09001 CLINIC		0. 00000		0	
	04953 SPI NE CENTER		0.00000		0	
	04954 INFUSION CENTERS		0. 41894		0	
	09002 MEDCHECK CLINICS 09003 KNEE CENTER		0.00000		0	
	09004 PALLI ATI VE CARE		0. 04581		10	
0. 09	09005 MULTI DI SCI PLI NARY CLI NI C		0.00000	0 0	0	
	09006 WORK SITE CLINICS		0.00000		0	
	04961 FAMILY PRACTICE AND MATERNITY CARE 09100 EMERGENCY		0. 00000		0 474, 984	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 71004		168, 322	
	OTHER REIMBURSABLE COST CENTERS		1			
	09850 OTHER REIMBURSABLE COST CENTERS		0.00000		0 5 750 669	
00.00 01.00		(line 61)		29, 253, 645 0	5, 750, 668	200
02.00	, , , , , , , , , , , , , , , , , , , ,			29, 253, 645		202

	Financial Systems         COMMUNITY HEALTH NETWORK, INC.         In Lie           ATION OF REIMBURSEMENT SETTLEMENT         Provider CCN: 15-0074         Period:	u of Form CMS-2 Worksheet E	2552-10
	From 01/01/2022 To 12/31/2022	Part A Date/Time Pre 5/25/2023 1:40	
	Title XVIII Hospital	PPS	
		1.00	
1.00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS DRG Amounts Other than Outlier Payments	0	1.00
1.00	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see	32, 611, 427	1.00
1.02	instructions) DRG amounts other than outlier payments for discharges occurring on or after October 1 (see	10, 808, 621	1. 02
1.03	instructions) DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1. 03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1. 04
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2. 00 2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2. 02
2.03 2.04	Outlier payments for discharges occurring prior to October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see instructions)	940, 520 161, 627	2.03 2.04
2.04 3.00	Managed Care Simulated Payments	54, 928, 385	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	367.88	
5.00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on ar before 12/21/2020 (cost instructions)	32.51	5.00
5.01	or before 12/31/1996.(see instructions) FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5. 01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6. 26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	2.69	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12,	-11.78	8. 00
8.01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost	12.01	8. 01
8.02	report straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8. 02
8. 21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8. 21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	30. 05	9. 00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records FTE count for residents in dental and podiatric programs.		10. 00 11. 00
	Current year allowable FTE (see instructions)		12.00
13.00	Total allowable FTE count for the prior year.	31.81	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	31.84	14.00
15.00	Sum of Lines 12 through 14 divided by 3.	32.20	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		16.00
17.00 18.00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count	0.00 32.20	17.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0. 087529	
20.00	Prior year resident to bed ratio (see instructions)	0.091350	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.087529	
22. 00 22. 01	IME payment adjustment (see instructions) IME payment adjustment - Managed Care (see instructions)	2, 026, 197 2, 563, 233	
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 $(f)(1)(iv)(C)$ .	0.00	23.00
24.00 25.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the lower of line 23 or line 24 (see		24. 00 25. 00
26.00	instructions) Pesident to bed ratio (divide line 25 by line 4)	0.000000	26.00
	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)	0.000000	
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	
29. 00 29. 01	Total IME payment ( sum of lines 22 and 28) Total IME payment – Managed Care (sum of lines 22.01 and 28.01)	2, 026, 197 2, 563, 233	
	Disproportionate Share Adjustment	_, 000, 200	
	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		30.00
31.00 32.00	Percentage of Medicaid patient days (see instructions) Sum of lines 30 and 31		31.00 32.00
	Allowable disproportionate share percentage (see instructions)		33.00
34.00	Disproportionate share adjustment (see instructions)	3, 495, 314	34.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0074	Period: From 01/01/2022 To 12/31/2022		
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
5.00	Total uncompensated care amount (see instructions)			6, 874, 403, 459	
5.01	Factor 3 (see instructions)		0.000434222	0.000611991	
5.02	Hospital UCP, including supplemental UCP (If line 34 is zero,	, enter zero on this line	) 3, 122, 927	4, 207, 070	35.
E 02	(see instructions)	CD (acc i patruati ana)	2 225 770	1 0(0 412	25
5.03	Pro rata share of the hospital UCP, including supplemental UCP	CP (See This Fuctions)	2, 335, 778	1, 060, 413	
0.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03) Additional payment for high percentage of ESRD beneficiary di	ischarges (Lipes 40 throu	3, 396, 191		36.
0.00	Total Medicare discharges (see instructions)	ischarges (Times 40 throu	0		40.
1.00	Total ESRD Medicare di scharges (see instructions)		0		40.
1.01	Total ESRD Medicare covered and paid discharges (see instructions)	tions)	0		41.
2.00	Divide line 41 by line 40 (if less than 10%, you do not quali		0.00		42.
3.00	Total Medicare ESRD inpatient days (see instructions)	The rol adjustment)	0.00		43.
4.00	Ratio of average length of stay to one week (line 43 divided	by line 41 divided by 7	0. 000000		44.
	days)		01000000		
5.00	Average weekly cost for dialysis treatments (see instructions	s)	0.00		45.
6.00	Total additional payment (line 45 times line 44 times line 4		0		46.
7.00	Subtotal (see instructions)		53, 439, 897		47.
8.00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48.
	only. (see instructions)				
				Amount 1.00	
9.00	Total payment for inpatient operating costs (see instructions	s)		56, 003, 130	49.
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I a			3, 588, 686	50
1.00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51.
2.00	Direct graduate medical education payment (from Wkst. E-4, I	ine 49 see instructions).		336, 802	52.
3.00	Nursing and Allied Health Managed Care payment			0	53.
4.00	Special add-on payments for new technologies			211, 140	54.
4.01	Islet isolation add-on payment			0	54.
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line of	69)		0	55.
5. 01	Cellular therapy acquisition cost (see instructions)			0	55
6.00	Cost of physicians' services in a teaching hospital (see int	ructions)		0	56
7.00	Routine service other pass through costs (from Wkst. D, Pt.		hrough 35).	0	57
8.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 11 line 200)		0	58
9.00	Total (sum of amounts on lines 49 through 58)			60, 139, 758	
0.00	Primary payer payments			24, 059	60
1.00	Total amount payable for program beneficiaries (line 59 minus	s line 60)		60, 115, 699	
2.00	Deductibles billed to program beneficiaries			3, 770, 492	
	Coinsurance billed to program beneficiaries			61, 073	
3.00	Allowable bad debts (see instructions)			302, 968	
3.00 1.00	Adjusted reimbursable bad debts (see instructions)	tructions)		196, 929	65
3.00 4.00 5.00		LI UCLI UNS)		152,679	
3.00 4.00 5.00 6.00	Allowable bad debts for dual eligible beneficiaries (see ins			56, 481, 063	
3.00 4.00 5.00 5.00 7.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	applicable to MS DDCa (a	on instructions)		1 00
3.00         4.00         5.00         6.00         7.00         3.00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for			38, 196	
3.00         4.00         5.00         5.00         6.00         7.00         3.00         9.00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96).			0	69
3.00         4.00         5.00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION	.(For SCH see instruction	s)	0 -26	69 70
3. 00         4. 00         5. 00         5. 00         7. 00         3. 00         9. 00         0. 00         0. 50	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demonst	.(For SCH see instruction	s)	0 -26 0	69 70 70
3. 00         4. 00         5. 00         5. 00         6. 00         7. 00         3. 00         9. 00         0. 00         0. 50         0. 75	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0	69 70 70 70
3. 00         4. 00         5. 00         5. 00         6. 00         7. 00         3. 00         9. 00         0. 00         0. 50         0. 75         0. 87	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0	69 70 70 70 70
3. 00         4. 00         5. 00         5. 00         5. 00         6. 00         7. 00         3. 00         9. 00         0. 00         0. 00         0. 00         0. 75         0. 87         0. 88	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96) MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0	69 70 70 70 70 70 70
3. 00         4. 00         5. 00         6. 00         7. 00         3. 00         9. 00         0. 00         0. 00         0. 50         0. 75         0. 87         0. 88         0. 89	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96) MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0 0	69 70 70 70 70 70 70
3. 00         4. 00         5. 00         5. 00         6. 00         7. 00         3. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 00         9. 87         9. 89         9. 90	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instructions)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0 0 0	69 70 70 70 70 70 70 70
3. 00         4. 00         5. 00         5. 00         6. 00         7. 00         3. 00         9. 00         0. 00         0. 00         0. 00         0. 00         0. 00         0. 87         0. 88         0. 90         0. 90         0. 90         0. 91	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) 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)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0 0 0 0	69 70 70 70 70 70 70 70 70
3.00         4.00         5.00         6.00         7.00         8.00         9.00         0.00         0.50         0.50         0.50         0.87         0.88         0.90         0.91         0.91         0.92	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons: N95 respirator payment adjustment amount (see instructions) 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) Bundled Model 1 discount amount (see instructions)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0 0 0	69 70 70 70 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. 50 0. 50 0. 50 0. 75 0. 87 0. 88 0. 89 0. 90 0. 91 0. 92 0. 93	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96). MSP PASS THRU RECONCILIATION Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions) 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)	.(For SCH see instruction tration) adjustment (see	s)	0 -26 0 0 0 0 0 0 0	69 70 70 70 70 70 70 70 70 70 70 70

	ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0074	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Pre 5/25/2023 1:40	
		Title	XVIII	Hospi tal	PPS	
			FFY	(уууу)	Amount	
				0	1.00	
0.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column O		0	0	70.90
0. 97	the corresponding federal year for the period prior to 10/1)			0	0	70. 9
0.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period ending on or af-			0	0	70.9
0. 98	Low Volume Payment-3				0	70. 98
	HAC adjustment amount (see instructions)				0	70.9
	Amount due provider (line 67 minus lines 68 plus/minus lines 6	69 & 70)			56, 005, 567	
1. 01	Sequestration adjustment (see instructions)	,			705, 670	71.0
1. 02	Demonstration payment adjustment amount after sequestration				0	71.0
	Sequestration adjustment-PARHM or CHART pass-throughs					71.0
	Interim payments				54, 731, 089	
	Interim payments-PARHM or CHART					72.0
	Tentative settlement (for contractor use only)	<b>`</b>			0	
3. 01 4. 00	Tentative settlement-PARHM or CHART (for contractor use only) Balance due provider/program (line 71 minus lines 71.01, 71.02				568, 808	73.0 74.0
4.00	73)	2, 72, anu			500, 606	74.0
4.01	Balance due provider/program-PARHM or CHART (see instructions)	)				74.0 <sup>.</sup>
5.00	Protested amounts (nonallowable cost report items) in accordar				3, 297, 073	75.0
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
0.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum o	of 2.03			0	90. 0
1 00	plus 2.04 (see instructions)				0	01 0
	Capital outlier from Wkst. L, Pt. I, line 2 Operating outlier reconciliation adjustment amount (see instru	uctions)			0	91.0 92.0
	Capital outlier reconciliation adjustment amount (see instruct				0	93. C
	The rate used to calculate the time value of money (see instruc-				0.00	
	Time value of money for operating expenses (see instructions)				0	95.0
6.00	Time value of money for capital related expenses (see instruct	tions)			0	96.00
				Prior to 10/1		
				1.00	2.00	
	HSP Bonus Payment Amount HSP bonus amount (see instructions)					100. 00
00.00				0	0	100.0
	HVBP Adjustment for HSP Bonus Payment			0	0	
	HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)					101. 0
01.00	HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions	s)		0.0000000000000000000000000000000000000	0.000000000	
01.00	HVBP adjustment factor (see instructions)	s)		0. 000000000	0.000000000	101. 0 102. 0
01. 00 02. 00 03. 00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)			0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	102. 0 103. 0
01. 00 02. 00 03. 00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	)		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000	102. 0
01.00 02.00 03.00 04.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr	) ration) Adju		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0	102. 0 103. 0 104. 0
01.00 02.00 03.00 04.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per	) ration) Adju		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0	102. 0 103. 0 104. 0
01.00 02.00 03.00 04.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no.	) ration) Adju		0.0000000000000000000000000000000000000	0. 000000000 0 0. 0000 0	102. 0 103. 0 104. 0
01. 00 02. 00 03. 00 04. 00 00. 00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	) ration) Adju riod under t		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0	102. 0 103. 0 104. 0 200. 0
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01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)	) ration) Adju riod under t e 49)	he 21st		0.000000000 0 0.0000 0	102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount	) ration) Adju riod under t e 49)	he 21st		0.000000000 0 0.0000 0	102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0 203. 0
01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	) ration) Adju riod under t e 49)	he 21st		0.000000000 0 0.0000 0	102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0 204. 0 205. 0
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01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	) ration) Adju riod under t e 49) first year	he 21st		0.000000000 0 0.0000 0	102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0 204. 0 205. 0 206. 0
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01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions)	) ration) Adju riod under t e 49) first year ructions)	he 21st		0.000000000 0 0.0000 0 	102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0 204. 0 205. 0 206. 0 207. 0
01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 06. 00 07. 00 08. 00 09. 00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	) ration) Adju riod under t e 49) first year ructions)	he 21st		0.000000000 0 0.0000 0 	102. ( 103. ( 104. ( 200. ( 201. ( 202. ( 203. ( 203. ( 204. ( 205. ( 206. ( 207. ( 208. ( 209. ()
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01. 00 02. 00 03. 00 04. 00 00. 00 01. 00 02. 00 03. 00 04. 00 05. 00 05. 00 06. 00 07. 00 08. 00 09. 00 10. 00 11. 00 11. 00 11. 00	HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	) ration) Adju riod under t e 49) first year ructions) line 59)	he 21st of the curren		0.000000000 0 0.0000 0 	102. ( 103. ( 200. ( 201. ( 202. ( 203. ( 203. ( 205. ( 206. ( 207. ( 207. ( 209. ( 209. ( 209. ( 209. (

	Financial Systems COMMUNITY HEALTH NETWORK ATION OF REIMBURSEMENT SETTLEMENT Prov	<u>K, INC.</u> ider CCN: 15-0074	Peri od:	u of Form CMS-2 Worksheet E	2552-10
			From 01/01/2022 To 12/31/2022	Part B Date/Time Pre 5/25/2023 1:4	
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)	<b>N</b>		50, 851	1.00
2.00 3.00	Medical and other services reimbursed under OPPS (see instructions) OPPS payments	)		112, 268, 677 100, 597, 602	
4.00	Outlier payment (see instructions)			662, 983	
4.01	Outlier reconciliation amount (see instructions)	- >		0	
5.00 6.00	Enter the hospital specific payment to cost ratio (see instructions Line 2 times line 5	5)		0.000	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
8.00	Transitional corridor payment (see instructions)	1 12 15 - 200		0	
9.00 10.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, co Organ acquisitions	DI. 13, 11ne 200		0	9.00 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			50, 851	
	COMPUTATION OF LESSER OF COST OR CHARGES				
12.00	Reasonable charges Ancillary service charges			252, 938	12 00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69	9)		0	
14.00	Total reasonable charges (sum of lines 12 and 13)			252, 938	14.00
15.00	Customary charges Aggregate amount actually collected from patients liable for paymer	nt for services on	a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment			0	
17 00	had such payment been made in accordance with 42 CFR §413.13(e)		-	0.000000	17.00
17.00 18.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0.000000 252,938	
19.00	Excess of customary charges over reasonable cost (complete only if	line 18 exceeds li	ne 11) (see	202, 087	
	instructions)				
20.00	Excess of reasonable cost over customary charges (complete only if instructions)	line 11 exceeds li	ne 18) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			50, 851	21.00
22.00	Interns and residents (see instructions)	>		0	
23.00 24.00	Cost of physicians' services in a teaching hospital (see instruction Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	ons)		0 101, 260, 585	
21.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			101, 200, 000	21.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	
26.00 27.00	Deductibles and Coinsurance amounts relating to amount on line 24 (Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus			15, 523, 980 85, 787, 456	
27100	instructions)			00,707,100	2//00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50	))		618, 150	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)			0 86, 405, 606	
31.00	Primary payer payments			13, 594	31.00
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			86, 392, 012	32.00
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			532, 324	
35.00 36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instructions)	anc)		346, 011 302, 511	
37.00	Subtotal (see instructions)	5113)		86, 738, 023	
38.00	MSP-LCC reconciliation amount from PS&R			-281	38.00
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39.00 39.50
39.50	N95 respirator payment adjustment amount (see instructions)			0	
39.97	Demonstration payment adjustment amount before sequestration			0	
39. 98 39. 99	Partial or full credits received from manufacturers for replaced de	evices (see instruc	ctions)	27, 332 0	
40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			86, 738, 304	
40. 01	Sequestration adjustment (see instructions)			1, 092, 903	
40.02	Demonstration payment adjustment amount after sequestration			0	
40. 03 41. 00	Sequestration adjustment-PARHM or CHART pass-throughs Interim payments			85, 678, 668	40.03 41.00
41.01	Interim payments-PARHM or CHART				41.01
42.00	Tentative settlement (for contractors use only)			0	
42.01 43.00	Tentative settlement-PARHM or CHART (for contractor use only) Balance due provider/program (see instructions)			-33, 267	42.01 43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance wi	th CMS Pub. 15-2,	chapter 1,	23, 248	44.00
	\$115.2 TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0	
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
92.00 93.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
. 5. 00	Total (sum of lines 91 and 93)			-	94.00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-007		Worksheet E	
		From 01/01/2022 To 12/31/2022	Date/Time Pre	
			5/25/2023 1:4	6 pm
	Title XVIII	Hospi tal	PPS	
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days			0	200. 00

ANALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CO	CN: 15-0074	Period: From 01/01/2022 To 12/31/2022		pared:
		Title	XVIII	Hospi tal	PPS	
		I npati en	t 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 Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		54, 731, 08	39 0	85, 678, 668 0	1.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00
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	Direction de la Directione			0	0	3.05
3.50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	3.50
3.50				0	0	
3.52				0	Ő	3.52
3.53				0	0	3. 53
3.54				0	0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		54, 731, 08	39	85, 678, 668	4.00
5.00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					5.00
5.00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5.00
5.01	TENTATI VE TO PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
	Provider to Program			-1		_
5.50	TENTATI VE TO PROGRAM			0	0	5.50
5.51 5.52				0	0	5.51 5.52
5.52 5.99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	5.54
5.77	5. 50-5. 98)					3. 7
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER		568, 80	08	0	6. 0 <sup>4</sup>
6. 02	SETTLEMENT TO PROGRAM			0	33, 267	6. 02
7.00	Total Medicare program liability (see instructions)		55, 299, 89		85, 645, 401	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	

Heal th	Financial Systems COMMUNITY HEALTH	NETWORK, INC.	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0074	Period: From 01/01/2022	Worksheet E- Part II	1
			To 12/31/2022		epared:
				5/25/2023 1:4	46 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				_
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATIO				_
1.00	Total hospital discharges as defined in AARA §4102 from Wkst	. S-3, Pt. I col. 15 line	e 14		1.00
2.00	Medicare days (see instructions)				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days (see instructions)				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of	certified HIT technology	Wkst. S-2, Pt. I		7.00
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and	line 31) (see instruction	is)		32.00

DI REC		rovider CCN: 15-0074	Peri od:	u of Form CMS-2 Worksheet E-4	
/EDI C/	AL EDUCATION COSTS		From 01/01/2022 To 12/31/2022	Date/Time Prep 5/25/2023 1:46	
		Title XVIII	Hospi tal	PPS	
				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
. 00	Unweighted resident FTE count for allopathic and osteopathic progending on or before December 31, 1996.	grams for cost report	ting periods	26. 92	1.0
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.0
. 00	Unweighted FTE resident cap add-on for new programs per 42 CFR 4	13.79(e)(1) (see inst	tructions)	0.00	2.0
. 26	Rural track program FTE cap limitation adjustment after the cap-	building window close	ed under §127 of		2.
. 00	the CAA 2021 (see instructions) Amount of reduction to Direct GME cap under section 422 of MMA			2.82	3.
. 01	Direct GME cap reduction amount under ACA §5503 in accordance wi	th 42 CFR §413.79 (m)	). (see	0.00	
	instructions for cost reporting periods straddling 7/1/2011)				
. 02	Adjustment (increase or decrease) to the hospital's rural track I programs with a rural track Medicare GME affiliation agreement in				3.
	49075 (August 10, 2022) (see instructions)		5. 75(b) and 67 FK		
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and oste	e to a Medicare	-11.78	4. (	
0.1	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	10.00			
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instruction straddling 7/1/2011)	tions for cost report	ting periods	10. 93	4.
. 02	ACA Section 5506 number of additional direct GME FTE cap slots	(see instructions for	r cost reporting	0.00	4.
	periods straddling 7/1/2011)				
. 21	The amount of increase if the hospital was awarded FTE cap slots instructions)	under §126 of the CA	AA 2021 (see		4.
. 00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and				5.
	3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4			23. 25	0.
. 00	Unweighted resident FTE count for allopathic and osteopathic prog	grams for the current	t year from your	47.00	6.
00	records (see instructions) Enter the lesser of line 5 or line 6			22.25	7
. 00		Primary Ca	re Other	23. 25 Total	7.
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathi	ic 34.	. 38 11. 61	45.99	8. (
. 00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwise	17	. 01 5. 74	22. 75	9.
. 00	multiply line 8 times the result of line 5 divided by the amount			22.70	
	6. For cost reporting periods beginning on or after October 1, 20	022, or			
0. 00	if Worksheet S-2, Part I, line 68, is "Y", see instructions. Weighted dental and podiatric resident FTE count for the current	Voor	2.90		10.
0.00	Unweighted dental and podiatric resident FTE count for the current		2.90		10.
1.00	5	2	. 01 8. 64		11.
2.00	5 1 5 5	ear (see 16	. 39 8. 40		12.
2 00	instructions)	ting 1/	25 0.40		10
3. 00	Total weighted resident FTE count for the penultimate cost reportyear (see instructions)	ting to.	. 35 8. 69		13.
4.00		3). 16	. 58 8. 58		14.
5.00	5 1 5		. 00 0. 00		15.
5.01			. 00 0. 00		15.
6.00 6.01	Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospi		. 00 0. 00 . 00 0. 00		16. 16.
0. 01	closure				10.
7.00	5 5		. 58 8. 58		17.
8.00		100, 720,	. 97 101, 673. 60		18.
8.01 9.00	Per resident amount under §131 of the CAA 2021 Approved amount for resident costs	1, 669, 9	05/ 972.250	2 542 212	18. 19.
		1,009,1	954 872, 359	2, 542, 313	17.
7.00				1.00	
7.00			and under 12	0.00	20.
	5 1 1	resident cap slots re	ecerved under 42	0.00	
0. 00	Sec. 413.79(c)(4)		ecel ved under 42		21
0. 00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instruction	ons)	ecerved under 42	23. 75	
20.00 21.00 22.00 23.00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instruction Allowable additional direct GME FTE Resident Count (see instruction	ons) i ons)			22.
0.00 1.00 2.00 3.00 4.00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instruction Allowable additional direct GME FTE Resident Count (see instruction Enter the locality adjustment national average per resident amount	ons) i ons)		23. 75 0. 00	22. 23. 24.

Health Financial Systems         COMMUNITY HEALT           DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	H NETWORK, INC.	CN: 15-0074	In Lie Period:	u of Form CMS-2 Worksheet E-4	2552-10
MEDICAL EDUCATION COSTS	Provider C	CN: 15-0074	From 01/01/2022 To 12/31/2022		
	Title	e XVIII	Hospi tal	PPS	
			rt Managed Care	Total	
		A 1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00 Inpatient Days (see instructions) (Title XIX - see S-2 Par 3.02, column 2)	tIX, line	16, 1	77 22, 568		26.00
27.00 Total Inpatient Days (see instructions)		101, 1	90 101, 190		27.00
28.00 Ratio of inpatient days to total inpatient days		0. 1598	68 0. 223026		28.00
29.00 Program direct GME amount		406, 4	34 567, 002	973, 436	29.00
29.01 Percent reduction for MA DGME			3.26		29.01
30.00 Reduction for direct GME payments for Medicare Advantage			18, 484	18, 484	30.00
31.00 Net Program direct GME amount				954, 952	31.00
				1 00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - T				1.00	
EDUCATION COSTS FOR ESRD COMPOSITE RATE - T	TILE AVIII UNLY	(NURSING PRO	JGRAW AND PARAWEL	/I CAL	
32.00 Renal dialysis direct medical education costs (from Wkst.	B, Pt. I, sum c	of col. 20 and	d 23, lines 74	0	32.00
and 94)					
33.00 Renal dialysis and home dialysis total charges (Wkst. C, P			74 and 94)	6, 283, 340	
34.00 Ratio of direct medical education costs to total charges (	line 32 ÷ line	33)		0.00000	
35.00 Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00 Medicare outpatient ESRD direct medical education costs (I		35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XV	III ONLY				
Part A Reasonable Cost				(4.04.4.450	07.00
37.00 Reasonable cost (see instructions)				61, 214, 453	
38.00 Organ acquisition and HSCT acquisition costs (see instruct				0	38.00
39.00 Cost of physicians' services in a teaching hospital (see i	nstructions)			0	39.00
40.00 Primary payer payments (see instructions)				24, 059	
41.00 Total Part A reasonable cost (sum of lines 37 through 39 m Part B Reasonable Cost	inus line 40)			61, 190, 394	41.00
42.00 Reasonable cost (see instructions)				112, 319, 528	42 00
43.00 Primary payer payments (see instructions)				13, 594	
44.00 Total Part B reasonable cost (line 42 minus line 43)				112, 305, 934	
45.00 Total reasonable cost (sum of lines 41 and 44)				173, 496, 328	
46.00 Ratio of Part A reasonable cost to total reasonable cost (	line 41 ÷ line	45)		0. 352690	
47.00 Ratio of Part B reasonable cost to total reasonable cost (				0.647310	
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND					
48.00 Total program GME payment (line 31)				954, 952	48.00
	(soo instru	ictions)		336, 802	49.00
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII on	i y) (see instit			618, 150	

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2	552-10
OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0074	Period: From 01/01/2022	Worksheet E-5	
		To 12/31/2022	Date/Time Prep 5/25/2023 1:46	
	Title XVIII		PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00 Operating outlier amount from Wkst. E, Pt.	A, line 2, or sum of 2.03 plus 2.04 (see i	nstructions)	0	1.00
2.00 Capital outlier from Wkst. L, Pt. I, line 2	2		0	2.00
3.00 Operating outlier reconciliation adjustment	amount (see instructions)		0	3.00
4.00 Capital outlier reconciliation adjustment a	amount (see instructions)		0	4.00
5.00 The rate used to calculate the time value of	of money (see instructions)		0.00	5.00
6.00 Time value of money for operating expenses	(see instructions)		0	6.00
<ul> <li>Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)</li> <li>Capital outlier from Wkst. L, Pt. I, line 2</li> <li>Operating outlier reconciliation adjustment amount (see instructions)</li> <li>Capital outlier reconciliation adjustment amount (see instructions)</li> <li>The rate used to calculate the time value of money (see instructions)</li> </ul>			0	7.00

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider C		Period: From 01/01/2022	Worksheet G	
nl y)				To 12/31/2022	Date/Time Pre 5/25/2023 1:4	
		General Fund	Specific Purpose Fund		Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
00	Cash on hand in banks	10, 580		0 0	0	1.
00	Temporary investments	0		0 C	0	
00	Notes receivable	174, 021		0 0	0	
00 00	Accounts receivable Other receivable	594, 225, 896			0	
00	Allowances for uncollectible notes and accounts receivable	68, 770, 087 959, 700			0	
00	Inventory	23, 244, 606			0	
00	Prepaid expenses	11, 659, 603		0 0	0	
00	Other current assets	0		0 0	0	
. 00	Due from other funds	0		0 0	0	
. 00	Total current assets (sum of lines 1-10)	699, 044, 493		0 0	0	11
. 00	FI XED ASSETS Land	2, 743, 049		0 0	0	12
. 00	Land improvements	4, 474, 419			0	
	Accumul ated depreciation	0		0 0	0	
	Bui I di ngs	546, 771, 737		0 0	0	
. 00	Accumulated depreciation	0		o o	0	16
. 00	Leasehold improvements	14, 326, 625		0 C	0	
. 00	Accumulated depreciation	0		0 0	0	
	Fixed equipment Accumulated depreciation	229, 722, 898			0	
	Automobiles and trucks	337, 264			0	
	Accumulated depreciation	007,201		0 0	0	
	Major movable equipment	0		o o	0	23
	Accumul ated depreciation	-430, 832, 600		0 0	0	
	Minor equipment depreciable	0		0 C	0	
	Accumulated depreciation	0		0 0	0	
. 00 . 00	HIT designated Assets Accumulated depreciation				0	
	Mi nor equi pment-nondepreci abl e	58, 900			0	
	Total fixed assets (sum of lines 12-29)	367, 602, 292		0 0	0	
	OTHER ASSETS					
	Investments	0		0 C	0	
. 00	Deposits on Leases	0		0 0	0	
. 00	Due from owners/officers				0	
. 00 . 00	Other assets Total other assets (sum of lines 31-34)	210, 211, 774			0	
. 00	Total assets (sum of lines 11, 30, and 35)	1, 276, 858, 559			0	
	CURRENT LI ABI LI TI ES	1727070007007				
. 00	Accounts payable	-2, 811, 982		0 C	0	37
. 00	Salaries, wages, and fees payable	0		0 C	0	
. 00	Payroll taxes payable	0		0 0	0	
	Notes and loans payable (short term)	0			0	
. 00 . 00	Deferred income Accelerated payments			5 0	0	41
	Due to other funds	0		o o	0	
	Other current liabilities	9, 295, 295		0 0	0	
. 00	Total current liabilities (sum of lines 37 thru 44)	6, 483, 313		o c	0	45
	LONG TERM LIABILITIES	1		1		
. 00	Mortgage payable	0		0 0	0	
. 00	Notes payable	0			0	
. 00 . 00	Unsecured loans Other long term liabilities	11, 961, 268			0	
	Total long term liabilities (sum of lines 46 thru 49)	11, 961, 268		0	0	
	Total liabilities (sum of lines 45 and 50)	18, 444, 581		0 0	0	
	CAPI TAL ACCOUNTS					
. 00	General fund balance	1, 258, 413, 978				52
. 00	Specific purpose fund			0		53
. 00	Donor created - endowment fund balance - restricted			0		54
. 00 . 00	Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance			0		55
. 00	Plant fund balance - invested in plant			0	0	
. 00	Plant fund balance - reserve for plant improvement,				0	
-	replacement, and expansion				-	
. 00	Total fund balances (sum of lines 52 thru 58)	1, 258, 413, 978		0 C	0	
. 00	Total liabilities and fund balances (sum of lines 51 and	1, 276, 858, 559		o. ol	0	60

		OMMUNITY HEALTH					eu of Form CMS		52-10
STATEN	IENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0074		eriod: com 01/01/2022 o 12/31/2022	Worksheet G- Date/Time Pr 5/25/2023 1:	epa	ared: pm
		General	Fund	Speci al	Pur	rpose Fund	Endowment Fun		
		1.00	2.00	3.00		4.00	5.00	+	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) ROUNDING Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 012, 580, 107 245, 833, 869 1, 258, 413, 976 1, 258, 413, 977 1, 258, 413, 977 0 1, 258, 413, 977		0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0			$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 18. \ 00\\ 19. \ 00\\ 19. \ 00\\ \end{array}$
		Endowment Fund	PI ant						
1.00	Fund balances at beginning of period	6.00	7.00	8.00	0			-	1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) ROUNDING	0	0 0 0 0 0 0		0				1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0	0 0 0 0 0 0		0 0 0 0				10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

	Financial Systems COMMUNITY HEALTH N					u of Form CMS	
STATEN	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	CN: 15-0074		riod: om 01/01/2022 12/31/2022	Worksheet G- Parts I & II Date/Time Pr 5/25/2023 1:	epared
	Cost Center Description		Inpati ent	-	Outpati ent	Total	40 pili
			1.00		2.00	3.00	-
	PART I - PATIENT REVENUES						
	General Inpatient Routine Services						
1.00	Hospi tal		87, 864, 2	235		87, 864, 23	5 1.0
2.00	SUBPROVIDER - IPF						2.0
3.00	SUBPROVIDER - IRF						3. (
4.00	SUBPROVI DER						4. (
5.00	Swing bed - SNF			0			0 5.0
6.00	Swing bed - NF			0			0 6.0
7.00	SKILLED NURSING FACILITY						7.0
8.00	NURSING FACILITY						8. (
9.00	OTHER LONG TERM CARE						9.0
10.00	Total general inpatient care services (sum of lines 1-9)		87, 864, 2	235		87, 864, 23	5 10.0
	Intensive Care Type Inpatient Hospital Services						
11.00	I NTENSI VE CARE UNI T		22, 967, 7			22, 967, 78	
12.00	CORONARY CARE UNIT			0			0 12.
13.00	BURN INTENSIVE CARE UNIT						13.0
14.00	SURGICAL INTENSIVE CARE UNIT		22 522 4	F 1			14.0
15.00	NEONATAL INTENSIVE CARE UNIT	Linco	23, 533, 1			23, 533, 15	
16.00	Total intensive care type inpatient hospital services (sum of 11-15)	TTnes	46, 500, 9	40		46, 500, 94	0 16.0
17.00	Total inpatient routine care services (sum of lines 10 and 16		134, 365, 1	75		134, 365, 17	5 17.0
18.00	Ancillary services	,,	944, 335, 7		2, 800, 978, 152		
19.00	Outpatient services		744, 333, 7	0	2,000,770,132		0 19.0
20.00	RURAL HEALTH CLINIC			0	0		0 20.
21.00	FEDERALLY QUALIFIED HEALTH CENTER			õ	0		0 21.
22.00	HOME HEALTH AGENCY			Ŭ	Ű		22.0
23.00	AMBULANCE SERVICES						23.
24.00	CMHC						24.0
25.00	AMBULATORY SURGICAL CENTER (D. P.)						25.
26.00	HOSPI CE						26.
27.00	MISC REVENUE			0	25, 824, 549	25, 824, 54	9 27.0
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst.	1, 078, 700, 9	906	2, 826, 802, 701	3, 905, 503, 60	7 28.
	G-3, line 1)						
	PART II - OPERATING EXPENSES						
29.00	Operating expenses (per Wkst. A, column 3, line 200)				1, 033, 676, 184		29.0
30.00	ADD (SPECI FY)			0			30.
31.00				0			31.
32.00				0			32.
33.00				0			33.
34.00				0			34.
35.00				0	0		35.
36.00	Total additions (sum of lines 30-35)			0	0		36.
37.00 38.00	DEDUCT (SPECI FY)			0			37.
38.00				0			38.
39.00 40.00				0			40.
40.00				0			40.
41.00	Total deductions (sum of lines 37-41)			U	0		41.
42.00	Total operating expenses (sum of lines 29 and 36 minus line 4	2)(transfor			1, 033, 676, 184		42.

STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0074	Peri od:	Worksheet G-3	
			From 01/01/2022 To 12/31/2022	Date/Time Pre	nared <sup>.</sup>
			10 12/01/2022	5/25/2023 1:4	
			-		
00	Tetel actions and from Wheth C. 2. Dept. L. achime 2. Lin	- 20)		1.00	1.0
. 00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin			3, 905, 503, 607	1.0 2.0
	Less contractual allowances and discounts on patients' accoun	ts		2, 669, 600, 213	
3.00	Net patient revenues (line 1 minus line 2)	42)		1, 235, 903, 394	
1.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		1, 033, 676, 184	
5.00	Net income from service to patients (line 3 minus line 4) OTHER INCOME			202, 227, 210	5.0
. 00	Contributions, donations, bequests, etc			4, 718, 207	6.0
7.00	Income from investments			4, 718, 207	7.0
3.00	Revenues from telephone and other miscellaneous communication	sorvicos		0	8.0
9.00 9.00	Revenue from television and radio service	Sel VI Ces		0	9.0
	Purchase di scounts			24, 071	
	Rebates and refunds of expenses			24,071	
	Parking lot receipts			0	12.0
	Revenue from Laundry and Linen service			0	13.0
	Revenue from meals sold to employees and guests			2, 361, 071	
	Revenue from rental of living guarters			2,001,071	15.0
	Revenue from sale of medical and surgical supplies to other t	han patients		0	16.
	Revenue from sale of drugs to other than patients	F		0	17.0
	Revenue from sale of medical records and abstracts			0	18.0
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.
	Revenue from gifts, flowers, coffee shops, and canteen			0	20.
	Rental of vending machines			8, 738	21.0
22.00	Rental of hospital space			624, 860	22.0
	Governmental appropriations			0	23.
	MISC REV			17, 971, 144	24.0
4.50	COVI D-19 PHE Funding			17, 898, 571	
	Total other income (sum of lines 6-24)			43, 606, 662	
26.00	Total (line 5 plus line 25)			245, 833, 872	26.0
	ROUNDING			3	27.
8. 00	Total other expenses (sum of line 27 and subscripts)			3	28.
	Net income (or loss) for the period (line 26 minus line 28)			245, 833, 869	29.

Health Financial Systems	COMMUNITY HEALTH NE	TWORK, INC.	In Lie	u of Form CMS-2552-10
CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074		Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 1:46 pm

		Title XVIII	Hospi tal	PPS	•
			-	1.00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			3, 308, 197	1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1.01
2.00	Capital DRG outlier payments			171, 318	2.00
2.01 3.00	Model 4 BPCI Capital DRG outlier payments Total inpatient days divided by number of days in the cost re	porting pariod (can inct	ructions)	0 279.65	2.01 3.00
4.00	Number of interns & residents (see instructions)	porting period (see first	ructrons)	32.20	4.00
5.00	Indirect medical education percentage (see instructions)			3. 30	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the	sum of lines 1 and 1.01	. columns 1 and	109, 171	6.00
	1.01) (see instructions)		,		
7.00	Percentage of SSI recipient patient days to Medicare Part A p	oatient days (Worksheet E	, part A line	0.00	7.00
8.00	30) (see instructions) Percentage of Medicaid patient days to total days (see instru	uctions)		0.00	8.00
9.00	Sum of lines 7 and 8			0.00	9.00
	Allowable disproportionate share percentage (see instructions				10.00
11.00	Disproportionate share adjustment (see instructions)	· /		0	11.00
12.00	Total prospective capital payments (see instructions)			-	
			_	1.00	
	PART II - PAYMENT UNDER REASONABLE COST			1.00	
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
			-	1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstanc	es (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see in			0 0.00	5.00 6.00
6.00 7.00	Adjustment to capital minimum payment level for extraordinary		lino 6)	0.00	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	circulistances (inne 2 x	TTHE 0)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as appli	cable)		0	9.00
10.00	Current year comparison of capital minimum payment level to c		less line 9)	Ö	10.00
11.00	Carryover of accumulated capital minimum payment level over c	1 1 5 1	,	Ő	11.00
12.00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital pa	wments (line 10 plus lin	o 11)	0	12.00
				0	13.00
	Current year exception navment (if line 12 is positive enter				
	Current year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over c (if line 12 is possible option the amount on this line)			0	
13.00 14.00	Carryover of accumulated capital minimum payment level over c (if line 12 is negative, enter the amount on this line)	apital payment for the f		0	14.00
13.00 14.00 15.00	Carryover of accumulated capital minimum payment level over c	apital payment for the f		-	14.00 15.00 16.00