## STARKE MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-0102 Worksheet S Peri od. From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: То 5/31/2023 11: 33 am PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 5/31/2023 Time: 11:33 am ] Manually prepared cost report use only 2. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report ] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. 3 0 Ē 4 [ 

 [1]Cost Report Status
 6. Date Received:

 [1]As Submitted
 7. Contractor No.

 (2)Settled without Audit
 8. [N]Initial Report for this Provider CCN

 (3)Settled with Audit
 9. [N]Final Report for this Provider CCN

 Contractor 5. use only (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S) MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT. CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S) I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by STARKE MEMORIAL HOSPITAL (15-0102) 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 CHECKBOX ELECTRONI C SI GNATURE STATEMENT 2 1 I have read and agree with the above certification 1 statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.

| 2 Signatory Printed Name |  | 2    |
|--------------------------|--|------|
| 3 Signatory Title        |  | 3    |
| 4 Date                   |  | 4    |
|                          |  | <br> |
|                          |  |      |
|                          |  |      |
|                          |  |      |
|                          |  |      |

|        |                               |         | litle     | 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       | -178, 686 | 46, 966 | 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   |
| 200.00 | TOTAL                         | 0       | -178, 686 | 46, 966 | 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.

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.

|          | AL AND HOSPITAL HEALTH CARE COMPLEX  | DENTIFICATION DATA  | Provid   | er CCN:            |           | Period:<br>From 01/01/<br>To 12/31/ |       | Workshe<br>Part I<br>Date/Ti<br>5/31/20 | me Pre | pare |
|----------|--|---|--|--------------------|-----------|-------------------------------------|-------|---|--------|------|
|          | 1.00   | 2.00  |  | 3.00               |           | 4                                   | 4.00  |   |        |      |
| 0        | Hospital and Hospital Health Care Co   |   | -  |                    |           |                                     |       |   |        | 1    |
| 0<br>0   | Street: 102 EAST CULVER RD<br>City: KNOX   | PO Box:<br>State: IN  | Zip Cod  | a. 16531           | Count     | ty: STARKE                          |       |   |        | 1.   |
| 0        |  | Component Name  | CCN  | CBSA               | Provi der | 1                                   | Pavme | nt Syst                                 | em (P, | 2.   |
|          |  |   | Number   | Number             |           | Certified                           |       | 0, or                                   |        |      |
|          |  |   |  |                    |           |                                     | V     | XVIII                                   |        | ]    |
|          |  | 1.00  | 2.00   | 3.00               | 4.00      | 5.00                                | 6.00  | 7.00                                    | 8.00   |      |
| ~        | Hospital and Hospital-Based Componer   |   | 150100   | 00015              |           | 07/11/10//                          | N     |   | D      |      |
| 0        | Hospi tal  | STARKE MEMORIAL<br>HOSPITAL   | 150102   | 99915              | 1         | 07/11/1966                          | N     | P                                       | P      | 3    |
| 0        | Subprovider - IPF  | HOST TAL  |  |                    |           |                                     |       |   |        | 4    |
| 0        | Subprovider - IRF  |   |  |                    |           |                                     |       |   |        | 5    |
| 0        | Subprovider - (Other)  |   |  |                    |           |                                     |       |   |        | 6    |
| 0        | Swing Beds - SNF   | STARKE MEMORIAL   | 15U102   | 99915              | ;         | 03/01/2020                          | N     | P                                       | P      | 7    |
| ~        | Curi en Dada NE  | HOSPITAL  |  |                    |           |                                     |       |   |        |      |
| )0<br>)0 | Swing Beds - NF<br>Hospital-Based SNF  |   |  |                    |           |                                     |       |   |        | 8    |
|          | Hospi tal -Based NF  |   |  |                    |           |                                     |       |   |        | 10   |
| 00       | Hospi tal -Based OLTC  |   |  |                    |           |                                     |       |   |        | 11   |
|          | Hospital -Based HHA  |   |  |                    |           |                                     |       |   |        | 12   |
|          | Separately Certified ASC   |   |  |                    |           |                                     |       |   |        | 13   |
|          | Hospi tal -Based Hospi ce  |   |  |                    |           |                                     |       |   |        | 14   |
|          | Hospital-Based Health Clinic - RHC<br>Hospital-Based Health Clinic - FQHC  |   |  |                    |           |                                     |       |   |        | 15   |
|          | Hospital-Based (CMHC) I  |   |  |                    |           |                                     |       |   |        | 10   |
|          | Renal Dialysis   |   |  |                    |           |                                     |       |   |        | 18   |
|          | Other  |   |  |                    |           |                                     |       |   |        | 19   |
|          |  |   |  |                    |           | From:                               |       | То                                      |        |      |
| 00       | Cost Departing Deried (mm (dd (uuuu))  |   |  |                    |           | 1.00                                |       | 2.0                                     |        | 20   |
|          | Cost Reporting Period (mm/dd/yyyy)<br>Type of Control (see instructions)   |   |  |                    |           | 01/01/2                             | 022   | 12/31/                                  | 2022   | 20   |
|          |  |   |  |                    |           |                                     |       |   |        |      |
|          | Inpatient PPS Information  |   |  |                    | 1.00      | 2.00                                |       | 3.0                                     | 00     |      |
| 00       | Does this facility qualify and is it   | currently receiving pa  | yments for   |                    | N         | N                                   |       |   |        | 22   |
|          | disproportionate share hospital adju   | stment, in accordance w   | ith 42 CFF   | 2                  |           |                                     |       |   |        |      |
|          | §412.106? In column 1, enter "Y" fo  |   |  |                    |           |                                     |       |   |        |      |
|          | facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" for   |   | enament  |                    |           |                                     |       |   |        |      |
| 01       | Did this hospital receive interim UC   |   | tal UCPs.  | for                | Y         | Y                                   |       |   |        | 22   |
|          | this cost reporting period? Enter in   |   |  |                    |           |                                     |       |   |        |      |
|          | for the portion of the cost reportin   |   |  |                    |           |                                     |       |   |        |      |
|          | 1. Enter in column 2, "Y" for yes or   |   |  | ie                 |           |                                     |       |   |        |      |
|          | <pre>cost reporting period occurring on c<br/>instructions)</pre>  | r after Uctober 1. (see   |  |                    |           |                                     |       |   |        |      |
| 02       | Is this a newly merged hospital that   | requires a final UCP t  | o be   |                    | Ν         | N                                   |       |   |        | 22   |
|          | determined at cost report settlement   |   |  | umn                |           |                                     |       |   |        |      |
|          | 1, "Y" for yes or "N" for no, for th   | e portion of the cost r   | eporting   |                    |           |                                     |       |   |        |      |
|          | period prior to October 1. Enter in  |   |  | no,                |           |                                     |       |   |        |      |
| 03       | for the portion of the cost reportin<br>Did this hospital receive a geograph   |   |  |                    | Ν         | N                                   |       | N                                       |        | 22   |
| 55       | rural as a result of the OMB standar   |   |  |                    |           |                                     |       | IN IN                                   |        |      |
|          | adopted by CMS in FY2015? Enter in c   | olumn 1, "Y" for yes or   | "N" for r  | 10                 |           |                                     |       |   |        |      |
|          | for the portion of the cost reportin   |   |  | er                 |           |                                     |       |   |        |      |
|          | in column 2, "Y" for yes or "N" for  |   |  |                    |           |                                     |       |   |        |      |
|          | reporting period occurring on or aft<br>Does this hospital contain at least  |   |  |                    |           |                                     |       |   |        |      |
|          | counted in accordance with 42 CFR 41   |   |  |                    |           |                                     |       |   |        |      |
|          | yes or "N" for no.   |   |  |                    |           |                                     |       |   |        |      |
|          | J  |   |  |                    |           |                                     |       |   |        | 22   |
| 04       | Did this hospital receive a geograph   |   |  |                    |           |                                     |       |   |        |      |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OMB   |   |  |                    |           |                                     |       |   |        |      |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in  | column 1, "Y" for yes a   |  |                    |           |                                     |       |   |        | 1    |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin  | column 1, "Y" for yes o<br>g period prior to Octob  | er 1. Ente   | :                  |           |                                     |       |   |        |      |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in  | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t   | er 1. Ente<br>he cost  | ;1                 |           |                                     |       |   |        |      |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for   | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst  | er 1. Ente<br>he cost<br>ructions)   |                    |           |                                     |       |   |        |      |
| 04       | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft<br>Does this hospital contain at least<br>counted in accordance with 42 CFR 41  | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst<br>100 but not more than 4   | er 1. Ente<br>he cost<br>ructions)<br>99 beds (a   | IS                 |           |                                     |       |   |        |      |
|          | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft<br>Does this hospital contain at least<br>counted in accordance with 42 CFR 41<br>yes or "N" for no.  | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst<br>100 but not more than 4<br>2.105)? Enter in colum   | er 1. Ente<br>he cost<br>ructions)<br>99 beds (a<br>n 3, "Y" f   | is<br>Tor          |           | 2                                   |       |   |        | 0.00 |
|          | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft<br>Does this hospital contain at least<br>counted in accordance with 42 CFR 41<br>yes or "N" for no.<br>Which method is used to determine Me  | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst<br>100 but not more than 4<br>2.105)? Enter in colum<br>dicaid days on lines 24  | er 1. Ente<br>he cost<br>ructions)<br>99 beds (a<br>n 3, "Y" f<br>and/or 25                                      | is<br>for          |           | 3 N                                 |       |   |        | 23   |
|          | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft<br>Does this hospital contain at least<br>counted in accordance with 42 CFR 41<br>yes or "N" for no.<br>Which method is used to determine Me<br>below? In column 1, enter 1 if date | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst<br>100 but not more than 4<br>2.105)? Enter in colum<br>dicaid days on lines 24<br>of admission, 2 if cens   | er 1. Ente<br>he cost<br>ructions)<br>99 beds (a<br>n 3, "Y" f<br>and/or 25<br>us days, c                        | is<br>For<br>for 3 |           | 3 N                                 |       |   |        | 23   |
|          | Did this hospital receive a geograph<br>rural as a result of the revised OME<br>adopted by CMS in FY 2021? Enter in<br>for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for<br>reporting period occurring on or aft<br>Does this hospital contain at least<br>counted in accordance with 42 CFR 41<br>yes or "N" for no.<br>Which method is used to determine Me  | column 1, "Y" for yes o<br>g period prior to Octob<br>no for the portion of t<br>er October 1. (see inst<br>100 but not more than 4<br>2.105)? Enter in colum<br>dicaid days on lines 24<br>of admission, 2 if cens<br>of identifying the days<br>method used in the prio | er 1. Ente<br>he cost<br>ructions)<br>99 beds (a<br>n 3, "Y" f<br>and/or 25<br>us days, c<br>in this c<br>r cost | is<br>For<br>for 3 |           | 3 N                                 |       |   |        | 23   |

|       |  |   |   | N: 15-0102  | From 01/  | 01/2022          | Part        | heet S-2                   | <u>_</u> |
|-------|--|---|---|---|---|------------------|-------------|----------------------------|----------|
|       |  |   |   |   |   | 31/2022          | Date/       | ı<br>Time Pre<br>2023 11:  | epared   |
|       |  | In-State<br>Medicaid<br>paid days   | In-State<br>Medi cai d<br>el i gi bl e<br>unpai d<br>days           | Out-of<br>State<br>Medicaid<br>paid days                                | Out-of<br>State<br>Medicaid<br>eligible<br>unpaid | Medica<br>HMO da | id<br>ys Me | Other<br>edi cai d<br>days |          |
| . 00  | If this provider is an IPPS hospital, enter the  | 1.00  | 2.00  | 3.00  | 4.00  | 5.00<br>0        | 189         | 6.00                       | 0 24.    |
| 5. 00 | in-state Medicaid paid days in column 1, in-state<br>Medicaid eligible unpaid days in column 2,<br>out-of-state Medicaid paid days in column 3,<br>out-of-state Medicaid eligible unpaid days in column<br>4, Medicaid HMO paid and eligible but unpaid days in<br>column 5, and other Medicaid days in column 6.<br>If this provider is an IRF, enter the in-state<br>Medicaid paid days in column 1, the in-state<br>Medicaid eligible unpaid days in column 2,<br>out-of-state Medicaid days in column 3, out-of-state<br>Medicaid eligible unpaid days in column 4, Medicaid<br>HMO paid and eligible but unpaid days in column 5. | C   | 0   | 0   | (   | D                | 0           |                            | 25.      |
|       | initio para ana engrore but unpara days in cordinir 5.   | <u> </u>  | I   | I   |   | 'Rural S         |             |                            |          |
| 5.00  | Enter your standard geographic classification (not wa  | age) status   | at the beg  | inning of 1   |   | . 00 2           | 2           | . 00                       | 26.      |
|       | cost reporting period. Enter "1" for urban or "2" for<br>Enter your standard geographic classification (not we<br>reporting period. Enter in column 1, "1" for urban or<br>enter the effective date of the geographic reclassifi<br>If this is a sole community hospital (SCH), enter the  | age) status<br>~ "2" for r<br>cation in   | ural. If ap<br>column 2.  | pl i cabl e,  |   | 2                |             |                            | 27.      |
| 5.00  | effect in the cost reporting period.   |   | perrous so  |   |   |                  |             |                            |          |
|       |  |   |   |   |   | nni ng:<br>. 00  |             | li ng:<br>. 00             | -        |
| . 00  | 00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.   |   |   |   |   |                  |             |                            | 36.      |
| . 00  | of periods in excess of one and enter subsequent dates.<br>00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status<br>is in effect in the cost reporting period.   |   |   |   |   |                  |             |                            | 37.      |
| 01    | Is this hospital a former MDH that is eligible for the accordance with FY 2016 OPPS final rule? Enter "Y" for instructions)  |   |   |   |   |                  |             |                            | 37       |
| . 00  | If line 37 is 1, enter the beginning and ending dates<br>greater than 1, subscript this line for the number of<br>enter subsequent dates.  |   |   |   |   | 1/2022           |             | 1/2022                     | 38       |
|       |  |   |   |   |   | //N<br>. 00      |             | //N<br>. 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)  | ), (İi), or<br>the mileage<br>i)? Enter   | (iii)? Ent<br>requiremen<br>in column 2                             | er in colum<br>nts in<br>? "Y" for ye                                   | in<br>es  | Y                |             | Y                          | 39.      |
| . 00  | Is this hospital subject to the HAC program reduction<br>"N" for no in column 1, for discharges prior to Octob   |   |   |   |   | N                |             | Ν                          | 40       |
|       | no in column 2, for discharges on or after October 1.  |   |   |   |   | V                | XVII        | I XIX                      |          |
|       |  |   |   |   |   | 1.00             | _           | _                          | -        |
| . 00  | Prospective Payment System (PPS)-Capital<br>Does this facility qualify and receive Capital paymen  | nt for disp   | roporti onat  | e share in  | accordance  | e N              | N           | N                          | 45       |
| 00    | pursuant to 42 CFR §412.348(f)? If yes, complete Wks   |   |   |   |   | N                | N           | N                          | 46       |
| 00    | Pt. III.<br>Is this a new hospital under 42 CFR §412.300(b) PPS (  | capital? E  | nter "Y for   | yes or "N'  | for no.   | N                | N           | N                          | 47       |
| . 00  | Is the facility electing full federal capital paymen<br>Teaching Hospitals   | t? Enter "  | Y" for yes  | or "N" for  | no.   | N                | N           | N                          | 48       |
| 00    | Is this a hospital involved in training residents in<br>periods beginning prior to December 27, 2020, enter<br>cost reporting periods beginning on or after December<br>the instructions. For column 2, if the response to co<br>involved in training residents in approved GME progra<br>and are you are impacted by CR 11642 (or applicable of<br>"Y" for yes; otherwise, enter "N" for no in column 2.  | 'Y <sup>''</sup> for yes<br>~27, 2020,<br>olumn 1 is<br>ams in the<br>CRs) MA dir   | or "N" for<br>under 42 C<br>"Y", or if<br>prior year                | no in colu<br>CFR 413.78(b<br>this hospit<br>or penultin                | umn 1. For<br>b)(2), see<br>al was<br>nate year,  | - N              |             |                            | 56       |
| 00    | For cost reporting periods beginning prior to December<br>is this the first cost reporting period during which<br>at this facility? Enter "Y" for yes or "N" for no in<br>residents start training in the first month of this of<br>"N" for no in column 2. If column 2 is "Y", complete<br>complete Wkst. D, Parts III & IV and D-2, Pt. II, if<br>beginning on or after December 27, 2020, under 42 CFF  | er 27, 2020<br>residents<br>n column 1.<br>cost report<br>e Worksheet<br>applicable | in approved<br>If column<br>ing period?<br>E-4. If co<br>. For cost | IGME progra<br>1 is "Y", c<br>P Enter "Y'<br>Dumn 2 is '<br>reporting p | ms trained<br>lid<br>for yes d<br>N",<br>periods  | or               |             |                            | 57       |

|       | Financial Systems         STARKE           AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA  | TA                           | Provider CC            |                    | Period:<br>From 01/01/2022  | Worksheet S-2<br>Part I                         |                 |
|-------|---|------------------------------|------------------------|--------------------|-----------------------------|---|-----------------|
|       |   |                              |                        |                    | Го 12/31/2022               | Date/Time Pre<br>5/31/2023 11:                  | pared:<br>33 am |
|       |   |                              |                        |                    | V<br>1.00                   | XVIII XIX<br>2.00 3.00                          |                 |
| 9.00  | Are costs claimed on line 100 of Worksheet A? If yes  | s. compl                     | ete Wkst. D-2.         | Pt. I.             | 1.00                        | 2.00 3.00                                       | 59.0            |
|       | Z   |                              |                        | NAHE 413.85<br>Y/N | Worksheet A<br>Line #       | Pass-Through<br>Qualification<br>Criterion Code |                 |
|       |   |                              |                        | 1.00               | 2.00                        | 3.00  | 1               |
| 0. 00 | Are you claiming nursing and allied health education<br>any programs that meet the criteria under 42 CFR 413.<br>instructions) Enter "Y" for yes or "N" for no in col<br>is "Y", are you impacted by CR 11642 (or subsequent C<br>adjustment? Enter "Y" for yes or "N" for no in colum  | 85? (s<br>umn 1.<br>CR) NAHI | see<br>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 | Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in<br>column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see<br>instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of | N                            |                        |                    | 0.00                        | ) O. OC   | 61. C           |
|       | ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)<br>Enter the number of unweighted primary care/or  |                              |                        |                    |                             |   | 61.<br>61.      |
| I. 05 | surgery allopathic and/or osteopathic FTEs in the<br>current cost reporting period. (see instructions).<br>Enter the difference between the baseline primary<br>and/or general surgery FTEs and the current year's<br>primary care and/or general surgery FTE counts (line<br>61.04 minus line 61.03). (see instructions)   |                              |                        |                    |                             |   | 61.             |
| 1.06  | Enter the amount of ACA §5503 award that is being<br>used for cap relief and/or FTEs that are nonprimary<br>care or general surgery. (see instructions)   |                              |                        |                    |                             |   | 61.             |
|       |   | Pr                           | ogram Name             | Program Code       | Unweighted IME<br>FTE Count | Unweighted<br>Direct GME FTE<br>Count           |                 |
|       |   |                              | 1.00                   | 2.00               | 3.00                        | 4.00  |                 |
|       | Of the FTEs in line 61.05, specify each new program<br>specialty, if any, and the number of FTE residents<br>for each new program. (see instructions) Enter in<br>column 1, the program name. Enter in column 2, the<br>program code. Enter in column 3, the IME FTE<br>unweighted count. Enter in column 4, the direct GME<br>FTE unweighted count.  |                              |                        |                    | 0.00                        |   | 61.             |
| . 20  | Of the FTEs in line 61.05, specify each expanded<br>program specialty, if any, and the number of FTE<br>residents for each expanded program. (see<br>instructions) Enter in column 1, the program name.<br>Enter in column 2, the program code. Enter in column<br>3, the IME FTE unweighted count. Enter in column 4,<br>the direct GME FTE unweighted count.  |                              |                        |                    | 0.00                        | 0.00  | 61. :           |
|       |   |                              |                        |                    |                             | 1.00  |                 |
| 2. 00 | ACA Provisions Affecting the Health Resources and Ser<br>Enter the number of FTE residents that your hospital   |                              |                        |                    | iod for which               | 0.00  | 62.0            |
| 2. 01 | your hospital received HRSA PCRE funding (see instruc<br>Enter the number of FTE residents that rotated from a<br>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 Nonprovide<br>Has your facility trained residents in nonprovider se<br>"Y" for yes or "N" for no in column 1. If yes, comple   | er Sett<br>ettings           | ings<br>during this co | ost reporting      |                             | N   | 63. (           |

| th Financial Systems<br>PITAL AND HOSPITAL HEALTH CARE COMPLE   |   | MEMORIAL HOS                                   |                  | N: 15-0102          | Period:                          | Worksheet S-                   |         |
|---|---|--|------------------|---------------------|----------------------------------|--------------------------------|---------|
|   |   |  |                  |                     | From 01/01/2022<br>To 12/31/2022 | Part I                         | epared: |
|   |   |  |                  | Unweighted          | Unweighted                       | Ratio (col. 1                  | 1       |
|   |   |  |                  | FTES                | FTEs in                          | (col. 1 + col                  | ·       |
|   |   |  |                  | Nonprovider<br>Site | Hospi tal                        | 2))                            |         |
|   |   |  |                  | 1.00                | 2.00                             | 3.00                           | -       |
| Section 5504 of the ACA Base Year   | FTE Residents in N  | onprovider Se                                  | ttings1          |                     |                                  |                                |         |
| period that begins on or after Ju   | ly 1, 2009 and befo   | re June 30, 2                                  | 010.             | 0.0                 |                                  | 0.0000                         |         |
| 00 Enter in column 1, if line 63 is<br>in the base year period, the numb<br>resident FTEs attributable to rot<br>settings. Enter in column 2 the<br>resident FTEs that trained in you   | er of unweighted nom<br>ations occurring in<br>number of unweighted | n-primary car<br>all nonprovi<br>d non-primary | e<br>der<br>care | 0. 0                | 00 0.00                          | 0. 00000                       | 64.00   |
| of (column 1 divided by (column 1   |   |  |                  |                     |                                  |                                |         |
|   | Program Name  | Program  | Code             | Unweighted<br>FTEs  | Unweighted<br>FTEs in            | Ratio (col. 3<br>(col. 3 + col |         |
|   |   |  |                  | Nonprovi der        |                                  | (01. 3 + 01                    | ·       |
|   |   |  |                  | Site                | incopi cui                       | .,,,                           |         |
|   | 1.00  | 2.00   |                  | 3.00                | 4.00                             | 5.00                           | 1       |
| 00 Enter in column 1, if line 63  |   |  |                  | 0.0                 | 0. 00                            | 0. 00000                       | 0 65.00 |
| is yes, or your facility<br>trained residents in the base<br>year period, the program name<br>associated with primary care<br>FTEs for each primary care<br>program in which you trained<br>residents. Enter in column 2,<br>the program code. Enter in<br>column 3, the number of<br>unweighted primary care FTE<br>residents attributable to<br>rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions) |   |  |                  | Unweighted<br>FTEs  | Unweighted<br>FTEs in            | Ratio (col. 1<br>(col. 1 + col |         |
|   |   |  |                  | Nonprovi der        |                                  | (2))                           | •       |
|   |   |  |                  | Si te               | nospi tui                        | 2))                            |         |
|   |   |  |                  | 1.00                | 2.00                             | 3.00                           | -       |
| Section 5504 of the ACA Current Y   | ear FTE Residents i   | n Nonprovider                                  | Setti ngs        | sEffective          | for cost reporti                 | ng periods                     |         |
| beginning on or after July 1, 201<br>00 Enter in column 1 the number of u<br>FTEs attributable to rotations oc  | nweighted non-prima   |  |                  | 0.0                 | 0. 00                            | 0. 00000                       | 66.00   |
| FTEs that trained in your hospita<br>(column 1 divided by (column 1 +   | nweighted non-prima<br>L. Enter in column (                         | ry care resid<br>3 the ratio o                 | ent              |                     |                                  |                                |         |
|   | Program Name  | Program  | Code             | Unweighted          | Unwei ghted                      | Ratio (col. 3                  | /       |
|   |   | -  |                  | FTES                | FTEs in                          | (col. 3 + col                  |         |
|   |   |  |                  | Nonprovi der        | Hospi tal                        | 4))                            |         |
|   | 1.00  | 2.00   |                  | Si te<br>3. 00      | 4.00                             | 5.00                           | -       |
| 00 Enter in column 1, the program   | 1.00  | 2.00   |                  | 3.00                |                                  |                                | 0 67 0  |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3  |   |  |                  |                     |                                  |                                |         |

| Heal th | Financial Systems STARKE MEMORIAL HOSPITAL   |                            | In Li                     | eu of Form CMS-         | 2552-10      |
|---------|--|----------------------------|---------------------------|-------------------------|--------------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider C   |                            | eriod:<br>rom 01/01/2022  | Worksheet S-2<br>Part I | 2            |
|         |  |                            | 0 12/31/2022              | 2 Date/Time Pre         |              |
|         |  |                            |                           | 5/31/2023 11:           | <u>33 am</u> |
|         |  |                            |                           | 1.00                    |              |
| 68.00   | Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-4<br>For a cost reporting period beginning prior to October 1, 2022, did you o<br>MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Fir<br>(August 10, 2022)? | btain permissio            | on from your              | N                       | 68.00        |
|         |  |                            | 1. (                      | 0 2.00 3.00             | _            |
|         | Inpatient Psychiatric Facility PPS   |                            |                           | 0 2.00 3.00             |              |
| 70.00   | Is this facility an Inpatient Psychiatric Facility (IPF), or does it cont<br>Enter "Y" for yes or "N" for no.  | ain an IPF subp            | provider? N               |                         | 70.00        |
| 71.00   | If line 70 is yes: Column 1: Did the facility have an approved GME teachi  | ng program in <sup>.</sup> | the most                  | 0                       | 71.00        |
|         | recent cost report filed on or before November 15, 2004? Enter "Y" for y   |                            |                           |                         |              |
|         | 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for y  |                            |                           |                         |              |
|         | Column 3: If column 2 is Y, indicate which program year began during this  | s cost reporting           | g period.                 |                         |              |
|         | (see instructions)<br>Inpatient Rehabilitation Facility PPS  |                            |                           |                         |              |
| 75.00   | Is this facility an Inpatient Rehabilitation Facility (IRF), or does it o  | contain an IRF             | N                         |                         | 75.00        |
| 76.00   | subprovider? Enter "Y" for yes and "N" for no.<br>If line 75 is yes: Column 1: Did the facility have an approved GME teachi  | ng program in ·            | the most                  | 0                       | 76.00        |
|         | recent cost reporting period ending on or before November 15, 2004? Enter  | "Y" for yes o              | r "N" for                 |                         |              |
|         | no. Column 2: Did this facility train residents in a new teaching program<br>CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If   |                            |                           |                         |              |
|         | indicate which program year began during this cost reporting period. (see  |                            |                           |                         |              |
|         |  |                            |                           | 1.00                    | -            |
|         | Long Term Care Hospital PPS  |                            |                           |                         |              |
|         | Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for<br>Is this a LTCH co-located within another hospital for part or all of the  |                            | neriod? Enter             | N                       | 80.00        |
| 01.00   | "Y" for yes and "N" for no.  | cost reporting             | period: Enter             | N N                     | 01.00        |
| 9E 00   | TEFRA Providers<br>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Ente  | r "V" for yor              | ar "N" for po             | N                       | 85.00        |
|         | Did this facility establish a new Other subprovider (excluded unit) under  |                            |                           | IN                      | 86.00        |
| 07 00   | §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.   | under eastion              |                           | N                       | 07.00        |
| 87.00   | Is this hospital an extended neoplastic disease care hospital classified 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.   | under section              |                           | N                       | 87.00        |
|         |  |                            | Approved for<br>Permanent | Number of<br>Approved   |              |
|         |  |                            | Adjustment                | Permanent               |              |
|         |  |                            | (Y/N)                     | Adjustments             | _            |
| 88.00   | Column 1: Is this hospital approved for a permanent adjustment to the TEF  | RA target                  | 1.00                      | 2.00                    | 88.00        |
|         | amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete o  |                            |                           |                         |              |
|         | 89. (see instructions)<br>Column 2: Enter the number of approved permanent adjustments.  |                            |                           |                         |              |
|         |  |                            | Effective Dat             |                         |              |
|         |  | No.                        |                           | Permanent<br>Adjustment |              |
|         |  |                            |                           | Amount Per              |              |
|         |  | 1.00                       | 2.00                      | Di scharge<br>3.00      | -            |
| 89.00   | Column 1: If line 88, column 1 is Y, enter the Worksheet A line number   | 0.00                       |                           |                         | 89.00        |
|         | on which the per discharge permanent adjustment approval was based.<br>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.<br>Column 3: Enter the amount of the approved permanent adjustment to the   |                            |                           |                         |              |
|         | TEFRA target amount per discharge.   |                            |                           |                         |              |
|         |  |                            | V<br>1.00                 | 2.00                    | -            |
|         | Title V and XIX Services   |                            | 1                         |                         |              |
| 90.00   | Does this facility have title V and/or XIX inpatient hospital services? E<br>yes or "N" for no in the applicable column.   | inter "Y" for              | N                         | Y                       | 90.00        |
| 91.00   | Is this hospital reimbursed for title V and/or XIX through the cost repor  |                            | N                         | Y                       | 91.00        |
| 92 00   | full or in part? Enter "Y" for yes or "N" for no in the applicable column<br>Are title XIX NF patients occupying title XVIII SNF beds (dual certificat   |                            |                           | N                       | 92.00        |
|         | instructions) Enter "Y" for yes or "N" for no in the applicable column.  | , ,                        |                           |                         |              |
| 93.00   | Does this facility operate an ICF/IID facility for purposes of title V ar<br>"Y" for yes or "N" for no in the applicable column.   | nd XIX? Enter              | Ν                         | N                       | 93.00        |
| 94.00   | Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for r  | no in the                  | N                         | N                       | 94.00        |
| 95 00   | applicable column.<br>If line 94 is "Y", enter the reduction percentage in the applicable colum  | מו                         | 0.00                      | 0.00                    | 95.00        |
|         | Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for r  |                            | N 0.00                    | N N                     | 96.00        |
| 97 00   | applicable column.<br>If line 96 is "Y", enter the reduction percentage in the applicable colum  | חו.                        | 0.00                      | 0.00                    | 97.00        |
|         |  |                            | 0.00                      | 0.00                    | , ,,, 50     |

| Health Financial Systems         STARKE MEMORI           HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA         DATA   |   |   | eri od:                        | u of Form CMS-<br>Worksheet S-2 |                                      |
|---|---|---|--------------------------------|---------------------------------|--------------------------------------|
|   |   |   | rom 01/01/2022<br>o 12/31/2022 |                                 | epared:                              |
|   |   |   |                                | 5/31/2023 11:                   |                                      |
|   |   |   | V<br>1.00                      | XI X<br>2.00                    | -                                    |
| 98.00 Does title V or XIX follow Medicare (title XVIII) for the i<br>stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y"<br>column 1 for title V, and in column 2 for title XIX.   | nterns and res<br>for yes or "N"  | idents post<br>for no in                | N                              | Y                               | 98.0                                 |
| 98.01 Does title V or XIX follow Medicare (title XVIII) for the r<br>C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for t<br>title XIX.  |   |   | N                              | Y                               | 98.0                                 |
| 78.02 Does title V or XIX follow Medicare (title XVIII) for the c<br>bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes<br>for title V, and in column 2 for title XIX.  |   |   | N                              | Y                               | 98.0                                 |
| 78. 03 Does title V or XIX follow Medicare (title XVIII) for a cri<br>reimbursed 101% of inpatient services cost? Enter "Y" for y<br>for title V, and in column 2 for title XIX.  |   |   | N                              | N                               | 98.0                                 |
| P8. 04 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no i in column 2 for title XIX.   |   |   | N                              | N                               | 98.0                                 |
| 78.05 Does title V or XIX follow Medicare (title XVIII) and add b<br>Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in<br>column 2 for title XIX.  |   |   | N                              | Y                               | 98. C                                |
| 28.06 Does title V or XIX follow Medicare (title XVIII) when cost<br>Pts. I through IV? Enter "Y" for yes or "N" for no in colum<br>column 2 for title XIX.   |   |   | Ν                              | Y                               | 98. 0                                |
| Rural Providers<br>105.00 Does this hospital qualify as a CAH?<br>106.00 If this facility qualifies as a CAH, has it elected the all  | -inclusive met  | hod of payment                          | N                              |                                 | 105. 0<br>106. 0                     |
| for outpatient services? (see instructions)<br>107.00 Column 1: If line 105 is Y, is this facility eligible for c<br>training programs? Enter "Y" for yes or "N" for no in colum<br>Column 2: If column 1 is Y and line 70 or line 75 is Y, do<br>approved medical education program in the CAH's excluded I  | n 1. (see ins<br>you train I&R<br>PF and/or IRF   | tructions)<br>s in an                   |                                |                                 | 107.0                                |
| Enter "Y" for yes or "N" for no in column 2. (see instruct<br>108.00 Is this a rural hospital qualifying for an exception to the<br>CFR Section §412.113(c). Enter "Y" for yes or "N" for no.   |   | dul e? See 42                           | Ν                              |                                 | 108.0                                |
|   | Physi cal<br>1.00   | Occupational<br>2.00                    | Speech<br>3.00                 | Respiratory<br>4.00             | -                                    |
| 109.00 If this hospital qualifies as a CAH or a cost provider, are<br>therapy services provided by outside supplier? Enter "Y"<br>for yes or "N" for no for each therapy.   |   | N                                       | N                              | N                               | 109. 0                               |
|   |   |   |                                | 1.00                            | -                                    |
| 110.00 Did this hospital participate in the Rural Community Hospit<br>Demonstration) for the current cost reporting period? Enter<br>complete Worksheet E, Part A, lines 200 through 218, and Wo<br>applicable.   | "Y" for yes or  | "N" for no. I                           | f yes,                         | N                               | 110. C                               |
|   |   |   | 1.00                           | 2.00                            | -                                    |
| 111.00 If this facility qualifies as a CAH, did it participate in<br>Health Integration Project (FCHIP) demonstration for this c<br>"Y" for yes or "N" for no in column 1. If the response to c<br>integration prong of the FCHIP demo in which this CAH is pa<br>Enter all that apply: "A" for Ambulance services; "B" for a   | ost reporting<br>olumn 1 is Y,<br>rticipating in  | period? Enter<br>enter the<br>column 2. | N                              | 2.00                            | 111.0                                |
| for tele-health services.   |   |   |                                |                                 |                                      |
| Tor tel e-heal th servi ces.  |   | 1.00                                    | 2.00                           | 3.00                            | _                                    |
| I12.00 Did this hospital participate in the Pennsylvania Rural Hea<br>(PARHM) demonstration for any portion of the current cost r<br>period? Enter "Y" for yes or "N" for no in column 1. If c<br>"Y", enter in column 2, the date the hospital began partici   | eporting<br>olumn 1 is<br>pating in the   | 1.00<br>N                               | 2.00                           | 3.00                            | <br>112. C                           |
| 112.00 Did this hospital participate in the Pennsylvania Rural Hea<br>(PARHM) demonstration for any portion of the current cost r<br>period? Enter "Y" for yes or "N" for no in column 1. If c<br>"Y", enter in column 2, the date the hospital began partici<br>demonstration. In column 3, enter the date the hospital ce<br>participation in the demonstration, if applicable.   | eporting<br>olumn 1 is<br>pating in the<br>ased<br>s and Rural  |   | 2.00                           | 3.00                            |                                      |
| <ul> <li>112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acces Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no. Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either "for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide</li> </ul>   | eporting<br>olumn 1 is<br>pating in the<br>ased<br>s and Rural<br>cost<br>r "N" for no<br>B, or E only)<br>93" percent<br>(includes   |   | 2.00                           |                                 | 113. C                               |
| <ul> <li>112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acces Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no. Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either " for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide the definition in CMS Pub.15-1, chapter 22, §2208.1.</li> <li>116.00 Is this facility classified as a referral center? Enter "Y"</li> </ul>                     | eporting<br>olumn 1 is<br>pating in the<br>ased<br>s and Rural<br>cost<br>r "N" for no<br>B, or E only)<br>93" percent<br>(includes<br>rs) based on                               | N                                       | 2.00                           |                                 | 112. 0<br>113. 0<br>115. 0<br>116. 0 |
| <ul> <li>112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acces Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no. Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either "for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide the definition in CMS Pub.15-1, chapter 22, §2208.1.</li> </ul>  | eporting<br>olumn 1 is<br>pating in the<br>ased<br>s and Rural<br>cost<br>r "N" for no<br>B, or E only)<br>93" percent<br>(includes<br>rs) based on<br>for yes or                 | N<br>N<br>N                             | 2.00                           |                                 | 113. 0<br>0<br>115. 0                |
| <ul> <li>112.00 Did this hospital participate in the Pennsylvania Rural Hea (PARHM) demonstration for any portion of the current cost r period? Enter "Y" for yes or "N" for no in column 1. If c "Y", enter in column 2, the date the hospital began partici demonstration. In column 3, enter the date the hospital ce participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acces Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no.</li> <li>Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes o in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either "for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide the definition in CMS Pub.15-1, chapter 22, §2208.1.</li> <li>116.00 Is this facility classified as a referral center? Enter "Y" "N" for no.</li> </ul> | eporting<br>olumn 1 is<br>pating in the<br>ased<br>s and Rural<br>cost<br>r "N" for no<br>B, or E only)<br>93" percent<br>(includes<br>rs) based on<br>for yes or<br>rance? Enter | N<br>N<br>N                             | 2.00                           |                                 | 113. 0<br>0<br>115. 0<br>116. 0      |

| alth Financial Systems STARKE MEMORIAL<br>SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA  | Provi der CC                   |                             |         |                   | u of Form CM<br>Worksheet S<br>Part I<br>Date/Time P<br>5/31/2023 1 | -2<br>repared    |
|--|--------------------------------|-----------------------------|---------|-------------------|---|------------------|
|  |                                | Premiums                    |         | Losses            | Insurance   |                  |
|  |                                | 1.00                        |         | 2.00              | 2.00  |                  |
| 8.01 List amounts of malpractice premiums and paid losses:   |                                | 1.00<br>7,4                 | 75      | 2.00<br>6,915     | 3.00  | 0 118. 0         |
|  |                                |                             |         | 1 00              | 0.00  | _                |
| 8.02 Are malpractice premiums and paid losses reported in a cost c   | enter other t                  | han the                     |         | 1.00<br>N         | 2.00  | 118. (           |
| Administrative and General? If yes, submit supporting schedu<br>and amounts contained therein.   | le listing co                  | ost centers                 |         |                   |   |                  |
| 9. 00 DO NOT USE THIS LINE 0. 00 Is this a SCH or EACH that qualifies for the Outpatient Hold \$3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qua Hold Harmless provision in ACA \$3121 and applicable amendment     | column 1, "Y"<br>lifies for th | for yes or<br>ne Outpatient |         | Ν                 | N   | 119. (<br>120. ( |
| Enter in column 2, "Y" for yes or "N" for no.<br>1.00 Did this facility incur and report costs for high cost implan<br>patients? Enter "Y" for yes or "N" for no.  | table devices                  | charged to                  |         | Y                 |   | 121.             |
| 2.00 Does the cost report contain healthcare related taxes as defi<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1   |                                |                             |         | Ν                 |   | 122.             |
| the Worksheet A line number where these taxes are included.<br>3.00Did the facility and/or its subproviders (if applicable) purc<br>services, e.g., legal, accounting, tax preparation, bookkeepi<br>management/consulting services, from an unrelated organizatio<br>for yes or "N" for no. | ng, payroll,                   | and/or                      |         |                   |   | 123.             |
| If column 1 is "Y", were the majority of the expenses, i.e.,<br>professional services expenses, for services purchased from u<br>located in a CBSA outside of the main hospital CBSA? In colum<br>"N" for no.  | nrelated orga                  | ni zati ons                 |         |                   |   |                  |
| <u>Certified Transplant Center Information</u><br>5.00Does this facility operate a Medicare-certified transplant ce  |                                | Y" for yes                  |         | N                 |   | 125.             |
| and "N" for no. If yes, enter certification date(s) (mm/dd/yy<br>6.00 If this is a Medicare-certified kidney transplant program, en  |                                | fication dat                | e       |                   |   | 126.             |
| in column 1 and termination date, if applicable, in column 2.<br>7.00 If this is a Medicare-certified heart transplant program, ent<br>in column 1 and termination date, if applicable, in column 2.   | er the certif                  | ication date                |         |                   |   | 127.             |
| 8.00 If this is a Medicare-certified liver transplant program, ent   | er the certif                  | ication date                |         |                   |   | 128.             |
| in column 1 and termination date, if applicable, in column 2.<br>2.00 If this is a Medicare-certified lung transplant program, ente<br>in column 1 and termination date, if applicable, in column 2.   |                                | cation date                 |         |                   |   | 129.             |
| D. 00  f this is a Medicare-certified pancreas transplant program,<br>date in column 1 and termination date, if applicable, in column  | enter the cer                  | ti fi cati on               |         |                   |   | 130.             |
| 1.00 If this is a Medicare-certified intestinal transplant program date in column 1 and termination date, if applicable, in colu   | mn 2.                          |                             |         |                   |   | 131.             |
| <ol> <li>2.00  f this is a Medicare-certified islet transplant program, ent<br/>in column 1 and termination date, if applicable, in column 2.</li> <li>3.00Removed and reserved</li> </ol>   |                                | ication date                |         |                   |   | 132.             |
| 4.00 If this is a hospital-based organ procurement organization (0<br>in column 1 and termination date, if applicable, in column 2.  |                                | ne OPO number               |         |                   |   | 134.             |
| All Providers<br>0.00 Are there any related organization or home office costs as de<br>chapter 10? Enter "Y" for yes or "N" for no in column 1. If y<br>are claimed, enter in column 2 the home office chain number.   | es, and home                   | office costs                |         | Y                 | HB1848  | 140.             |
| 1.00 2.00<br>If this facility is part of a chain organization, enter on li   | nes 141 throu                  | ugh 143 the r               | ame an  | 3.00<br>d address | of the  |                  |
| home office and enter the home office contractor name and con  |                                | er.                         |         |                   |   |                  |
| I. OO Name: CHS/COMMUNITY HEALTH SYSTEMS, Contractor's Name: WPS   |                                | Contract                    | or s Nu | umber: 5228       | U   | 141.             |
| 2. OO <mark>Street: 4000 MERIDIAN BOULEVARD PO Box:</mark><br>3. OO <mark>City: FRANKLIN State: TN</mark>  |                                | Zi p Code                   | :       | 3706              | 7   | 142.<br>143.     |
|  |                                |                             |         |                   | 1.00  | _                |
| 1.00 Are provider based physicians' costs included in Worksheet A?   | •                              |                             |         |                   | Y   | 144.             |
|  |                                |                             |         | 1.00              | 2.00  | _                |
| 5.00 If costs for renal services are claimed on Wkst. A, line 74,<br>inpatient services only? Enter "Y" for yes or "N" for no in c<br>no, does the dialysis facility include Medicare utilization f<br>period? Enter "Y" for yes or "N" for no in column 2.                                  | olumn 1. lf c                  | olumn 1 is                  |         | 1. 00             | 2.00  | 145.             |
| 6.00 Has the cost allocation methodology changed from the previous<br>Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15  |                                |                             |         | Ν                 |   | 146.             |

| Health Financial Systems  |  | RIAL HOSPITAL     | N 15 0400   | D. 1      |                                | u of Form CMS  |          |
|---|--|-------------------|-------------|-----------|--------------------------------|--|----------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLE  | X IDENIIFICATION DATA                              | Provider C        | JN: 15-0102 |           | d:<br>01/01/2022<br>12/31/2022 | Worksheet S-<br>Part I<br>Date/Time Pr<br>5/31/2023 11 | epared:  |
|   |  | L.                |             |           |                                | 1.00   | _        |
| 47.00 Was there a change in the statisti  | cal basis? Enter "Y" fo                            | r ves or "N" for  | no.         |           |                                | N 1.00   | 147.0    |
| 48.00 Was there a change in the order of  |  |                   |             |           |                                | N  | 148.0    |
| 49.00 Was there a change to the simplifi  | ed cost finding method?                            | Enter "Y" for ye  | es or "N" f |           |                                | N  | 149.0    |
|   |  | Part A            | Part B      |           | Title V                        | Title XIX  | _        |
|   |  | 1.00              | 2.00        |           | 3.00                           | 4.00   |          |
| Does this facility contain a provi<br>or charges? Enter "Y" for yes or "  |  |                   |             |           |                                |  |          |
| 55. 00 Hospi tal  | IN TOT TO TOT EACT COMP                            |                   |             | 5. (See 4 | 12 CFR 9413<br>N               | N  | 155. 0   |
| 56.00 Subprovi der – IPF  |  | N                 | N N         |           | N                              | N  | 156.0    |
| 57.00 Subprovider - IRF   |  | N                 | N           |           | N                              | N  | 157.0    |
| 58. 00 SUBPROVI DER   |  |                   |             |           |                                |  | 158.0    |
| 59. 00 SNF  |  | N                 | N           |           | Ν                              | N  | 159. C   |
| 60.00 HOME HEALTH AGENCY  |  | N                 | N           |           | Ν                              | N  | 160. C   |
| 61.00 CMHC  |  |                   | N           |           | Ν                              | N  | 161.0    |
|   |  |                   |             |           |                                | 1.00   | -        |
| Multicampus   |  |                   |             |           |                                | -  |          |
| 65.00 Is this hospital part of a Multica<br>Enter "Y" for yes or "N" for no.  | mpus hospital that has                             | one or more camp  | uses in dif | ferent C  | BSAs?                          | N  | 165. 0   |
|   | Name   | County            | State       | Zip Code  | CBSA                           | FTE/Campus   |          |
|   | 0  | 1.00              | 2.00        | 3.00      | 4.00                           | 5.00   |          |
| 66.00 If line 165 is yes, for each<br>campus enter the name in column<br>0, county in column 1, state in<br>column 2, zip code in column 3,<br>CBSA in column 4, FTE/Campus in<br>column 5 (see instructions) |  |                   |             |           |                                | 0.0  | 00166. C |
|   |  |                   |             |           |                                | 1.00   | -        |
| Health Information Technology (HI   | ) incentive in the Amer                            | ican Recovery an  | d Reinvestm | nent Act  |                                |  |          |
| 67.00 Is this provider a meaningful user  |  |                   |             |           |                                | Y  | 167. C   |
| 68.00 If this provider is a CAH (line 10  |  |                   | e 167 is "Y | "), ente  | r the                          |  | 168. C   |
| reasonable cost incurred for the H  |  |                   |             |           |                                |  | 1.00     |
| 68.01 If this provider is a CAH and is r  |  |                   |             |           | asni p                         |  | 168. 0   |
| exception under §413.70(a)(6)(ii)?<br>69.00<br>If this provider is a meaningful u<br>transition factor. (see instructio   | iser (line 167 is "Y") a                           |                   |             |           | enter the                      | 9.9  | 9169. 0  |
| transition ractor. (see instruction   | iiis)  |                   |             | B         | egi nni ng                     | Endi ng  |          |
|   |  |                   |             |           | 1.00                           | 2.00   | -        |
| 70.00 Enter in columns 1 and 2 the EHR b<br>period respectively (mm/dd/yyyy)  | eginning date and endin                            | g date for the re | eporti ng   |           | 1.00                           | 2.00   | 170. 0   |
| 1   |  |                   |             |           | 1 00                           | 2.00   | _        |
| 71.00 fline 167 is "Y", does this prov  | ider have any days for                             | individuals oprol | ledin       |           | 1.00<br>N                      | 2.00   | 0171.0   |
| section 1876 Medicare cost plans r<br>"Y" for yes and "N" for no in colu<br>1876 Medicare days in column 2. (s  | eported on Wkst. S-3, P<br>mn 1. If column 1 is ye | t. I, line 2, col | . 6? Enter  |           | IN                             |  |          |

| OSPI 1 | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE  | Provider C      | CN: 15-0102    | Period:<br>From 01/01/2022<br>To 12/31/2022 |              |            |
|--------|--|-----------------|----------------|---|--------------|------------|
|        |  |                 |                |   | 5/31/2023 11 | : 33 am    |
|        |  |                 |                | Y/N   | Date         | _          |
|        |  |                 |                | 1.00  | 2.00         | _          |
|        | PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSE<br>General Instruction: Enter Y for all YES responses. Enter N |                 |                | r all dates in .                            | the          | -          |
|        | mm/dd/yyyy format.   |                 | Sponses. Ente  |   | the          |            |
|        | COMPLETED BY ALL HOSPITALS   |                 |                |   |              |            |
|        | Provider Organization and Operation  |                 |                |   |              |            |
| . 00   | Has the provider changed ownership immediately prior to the  | e beginning of  | the cost       | N   |              | 1. (       |
|        | reporting period? If yes, enter the date of the change in c  | column 2. (see  |                |   |              |            |
|        |  |                 | Y/N            | Date  | V/I          |            |
|        |  |                 | 1.00           | 2.00  | 3.00         | -          |
| 00     | Has the provider terminated participation in the Medicare F  |                 | N              |   |              | 2.0        |
|        | yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.                              | III 3, V 101    |                |   |              |            |
| 00     | Is the provider involved in business transactions, includir  | na management   | Y              |   |              | 3.         |
| 00     | contracts, with individuals or entities (e.g., chain home of   |                 |                |   |              | 0.1        |
|        | or medical supply companies) that are related to the provid  |                 |                |   |              |            |
|        | officers, medical staff, management personnel, or members of   |                 |                |   |              |            |
|        | of directors through ownership, control, or family and othe  | er similar      |                |   |              |            |
|        | relationships? (see instructions)  |                 |                |   |              |            |
|        |  |                 | Y/N            | Туре  | Date         |            |
|        |  |                 | 1.00           | 2.00  | 3.00         | _          |
| ~~     | Financial Data and Reports   |                 |                |   | 1            | <b>-</b> . |
| 00     | Column 1: Were the financial statements prepared by a Cert<br>Accountant? Column 2: If yes, enter "A" for Audited, "C" f   |                 | Y              | A   |              | 4.         |
|        | or "R" for Reviewed. Submit complete copy or enter date ava  |                 |                |   |              |            |
|        | column 3. (see instructions) If no, see instructions.  |                 |                |   |              |            |
| . 00   | Are the cost report total expenses and total revenues diffe  | erent from      | N              |   |              | 5.         |
|        | those on the filed financial statements? If yes, submit rec  |                 |                |   |              |            |
|        |  |                 | ·              | Y/N   | Legal Oper.  |            |
|        |  |                 |                | 1.00  | 2.00         |            |
|        | Approved Educational Activities  |                 |                |   |              |            |
| . 00   | Column 1: Are costs claimed for a nursing program? Column  | 2: If yes, is   | s the provide  | ~ N   |              | 6.0        |
| ~ ~    | the legal operator of the program?   |                 |                |   |              | _          |
| 00     | Are costs claimed for Allied Health Programs? If "Y" see in  |                 |                | N   |              | 7.0        |
| 00     | Were nursing programs and/or allied health programs approve  | ed and/or renew | ved during the | e N   |              | 8. (       |
| 00     | cost reporting period? If yes, see instructions.<br>Are costs claimed for Interns and Residents in an approved             | araduata media  | nal education  | Ν   |              | 9.         |
| 00     | program in the current cost report? If yes, see instruction  | 0               |                | IN  |              | 7.         |
| 0. 00  | Was an approved Intern and Resident GME program initiated of   |                 | the current    | N   |              | 10.        |
|        | cost reporting period? If yes, see instructions.   |                 |                |   |              |            |
| 1.00   | Are GME cost directly assigned to cost centers other than I  | & R in an App   | proved         | N   |              | 11.        |
|        | Teaching Program on Worksheet A? If yes, see instructions.   |                 |                |   |              |            |
|        |  |                 |                |   | Y/N          | _          |
|        |  |                 |                |   | 1.00         | -          |
|        | Bad Debts  | · · ·           |                |   |              | - 10       |
|        | Is the provider seeking reimbursement for bad debts? If yes  |                 |                |   | Y            | 12.        |
| 3.00   | If line 12 is yes, did the provider's bad debt collection p  | bolicy change c | auring this co | ost reporting                               | N            | 13.        |
| 1 00   | period? If yes, submit copy.<br>If line 12 is yes, were patient deductibles and/or coinsura                                | ance amounts wa | aived? If ves  | 500   | N            | 14.        |
| 4.00   | instructions.  | ance amounts wa | liveu: II yes, | 366   | IN IN        | 14.        |
|        | Bed Complement   |                 |                |   | 1            |            |
| 5.00   | Did total beds available change from the prior cost reporti  | ng period? If   | yes, see inst  | tructions.                                  | Y            | 15.        |
|        |  |                 | rt A           | Par   | t B          |            |
|        |  | Y/N             | Date           | Y/N   | Date         |            |
|        |  | 1.00            | 2.00           | 3.00  | 4.00         |            |
|        | PS&R Data  | 1               |                |   |              |            |
| . 00   | Was the cost report prepared using the PS&R Report only?   | Y               | 04/18/2023     | Y   | 04/18/2023   | 16.        |
|        | 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   |                 |                |   |              |            |
| . 00   | instructions)<br>Was the cost report prepared using the PS&R Report for  | N               |                | Ν   |              | 17.        |
| . 00   | totals and the provider's records for allocation? If   | IN              |                | IN  |              | 17.        |
|        | either column 1 or 3 is yes, enter the paid-through date   |                 |                |   |              |            |
|        | in columns 2 and 4. (see instructions)   |                 |                |   |              |            |
| 3. 00  | If line 16 or 17 is yes, were adjustments made to PS&R   | N               |                | Ν   |              | 18.        |
|        | Report data for additional claims that have been billed  |                 |                |   |              | '0.        |
|        | but are not included on the PS&R Report used to file this  |                 |                |   |              |            |
|        | cost report? If yes, see instructions.   |                 |                |   |              |            |
| 9.00   | If line 16 or 17 is yes, were adjustments made to PS&R   | N               |                | N   |              | 19.        |
| . 00   |  | 1               | 1              |   | 1            |            |
| . 00   | Report data for corrections of other PS&R Report   |                 |                |   |              |            |

| I th Financial Systems STARKE MEMORI<br>SPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNALRE | IAL HOSPITAL<br>Provider CCN      | 15 0102     | Period:                          | u of Form CMS<br>Worksheet S- |                |
|---|-----------------------------------|-------------|----------------------------------|-------------------------------|----------------|
| PLIAL AND HUSPLIAL HEALTH CARE RELIMBURSEMENT QUESTIONNALKE   | Provider CCN                      | : 15-0102   | From 01/01/2022<br>To 12/31/2022 | Part II<br>Date/Time Pr       | repar          |
|   | Descri p                          | tion        | Y/N                              | 5/31/2023 11<br>Y/N           | 1:33 8         |
|   | 0                                 |             | 1.00                             | 3.00                          | _              |
| 00 If line 16 or 17 is yes, were adjustments made to PS&R   | 0                                 |             | 1.00                             | 3.00                          | 20             |
| Report data for Other? Describe the other adjustments:  |                                   |             | i v                              | N.                            | 20             |
|   | Y/N                               | Date        | Y/N                              | Date                          |                |
|   | 1.00                              | 2.00        | 3.00                             | 4.00                          |                |
| 00 Was the cost report prepared only using the provider's   | N                                 | 2.00        | N                                |                               | 21             |
| records? If yes, see instructions.  |                                   |             |                                  |                               | -              |
|   | I                                 |             |                                  |                               |                |
|   |                                   |             |                                  | 1.00                          |                |
| COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE   | EPT CHILDRENS HOS                 | SPI TALS)   |                                  |                               |                |
| Capital Related Cost  |                                   |             |                                  |                               |                |
| 00 Have assets been relifed for Medicare purposes? If yes, see                                      | e instructions                    |             |                                  | N                             | 22             |
| 00 Have changes occurred in the Medicare depreciation expense                                       |                                   | s made dur  | ing the cost                     | N                             | 23             |
| reporting period? If yes, see instructions.   | ado to appraioa.                  | o mado adr  | ing the sect                     |                               | 1-1            |
| 00 Were new leases and/or amendments to existing leases entered                                     | ed into durina th                 | nis cost re | porting period?                  | N                             | 24             |
| If yes, see instructions  |                                   |             | Fri thig portout                 |                               |                |
| 00 Have there been new capitalized leases entered into during                                       | the cost reporti                  | na period?  | lf ves. see                      | N                             | 25             |
| instructions.   |                                   | 3 - 5 60.   | J==, 000                         |                               | <sup>-</sup> ` |
| 00 Were assets subject to Sec. 2314 of DEFRA acquired during th                                     | he cost reporting                 | period?     | f ves. see                       | N                             | 2              |
| instructions.   |                                   | ,           | , j,                             |                               |                |
| 00 Has the provider's capitalization policy changed during the                                      | e cost reporting                  | period? If  | ves, submit                      | N                             | 2              |
| copy.   | J                                 |             | <b>J</b> ,                       |                               |                |
| Interest Expense  |                                   |             |                                  |                               |                |
| 00 Were new loans, mortgage agreements or letters of credit er                                      | ntered into durin                 | ng the cost | reporting                        | N                             | 28             |
| period? If yes, see instructions.   |                                   | 5           | 5                                |                               |                |
| 00 Did the provider have a funded depreciation account and/or                                       | bond funds (Debt                  | t Service R | eserve Fund)                     | N                             | 2              |
| treated as a funded depreciation account? If yes, see instr   |                                   |             |                                  |                               |                |
| 00 Has existing debt been replaced prior to its scheduled matu                                      |                                   | ebt? If ves | s. see                           | N                             | 3              |
| instructions.   | 5                                 | 2           |                                  |                               |                |
| 00 Has debt been recalled before scheduled maturity without is                                      | ssuance of new de                 | ebt? If yes | , see                            | N                             | 3              |
| instructions.   |                                   |             |                                  |                               |                |
| Purchased Servi ces   |                                   |             |                                  |                               |                |
| 00 Have changes or new agreements occurred in patient care ser                                      | rvi ces furni shed                | through cc  | ntractual                        | N                             | 32             |
| arrangements with suppliers of services? If yes, see instru   |                                   |             |                                  |                               |                |
| 00  If line 32 is yes, were the requirements of Sec. 2135.2 app                                     | plied pertaining                  | to competi  | tive bidding? If                 | N                             | 33             |
| no, see instructions.   |                                   |             |                                  |                               |                |
| Provi der-Based Physi ci ans  |                                   |             |                                  |                               |                |
| 00 Were services furnished at the provider facility under an a                                      | arrangement with                  | provi der-b | ased physicians?                 | Y                             | 34             |
| If yes, see instructions.   |                                   |             |                                  |                               |                |
| 00  If line 34 is yes, were there new agreements or amended exi                                     | isting agreements                 | s with the  | provi der-based                  | N                             | 3!             |
| physicians during the cost reporting period? If yes, see in   | nstructions.                      |             |                                  |                               |                |
|   |                                   |             | Y/N                              | Date                          |                |
|   |                                   |             | 1.00                             | 2.00                          |                |
| Home Office Costs   |                                   |             |                                  |                               |                |
| 00 Were home office costs claimed on the cost report?   |                                   |             | Y                                |                               | 36             |
| 00 If line 36 is yes, has a home office cost statement been pr                                      | repared by the ho                 | ome office? | Y Y                              |                               | 3              |
| lf yes, see instructions.   |                                   |             |                                  |                               |                |
| 00 If line 36 is yes, was the fiscal year end of the home off                                       |                                   |             | Ý                                | 12/31/2021                    | 38             |
| the provider? If yes, enter in column 2 the fiscal year end   |                                   |             |                                  |                               |                |
| 00 If line 36 is yes, did the provider render services to othe                                      | er chain componer                 | its? If yes | s, N                             |                               | 30             |
| see instructions.   |                                   | -           |                                  |                               |                |
| 00 If line 36 is yes, did the provider render services to the                                       | home office? It                   | žyes, see   | N                                |                               | 40             |
| instructions.   |                                   |             |                                  |                               |                |
|   |                                   |             |                                  | 00                            | _              |
| Cost Desert Deserves Contact 1 C 11   | 1.00                              | )           | 2.                               | 00                            | _              |
| Cost Report Preparer Contact Information  | <b>F</b> 111                      |             | WORTH                            |                               | <b>.</b>       |
| 00 Enter the first name, last name and the title/position   | тім                               |             | WORTH                            |                               | 4              |
|   |                                   |             |                                  |                               |                |
| held by the cost report preparer in columns 1, 2, and 3,  | 1                                 |             |                                  |                               |                |
| respectivel y.  |                                   |             |                                  |                               | 11 /1 '        |
| respectively.<br>00 Enter the employer/company name of the cost report                              | COMMUNITY HEALTH                  | I SYSTEMS   |                                  |                               | 44             |
| respectively.<br>00 Enter the employer/company name of the cost report<br>preparer.                 |                                   | I SYSTEMS   |                                  | CHS NET                       | 42             |
| respectively.<br>00 Enter the employer/company name of the cost report<br>preparer.                 | COMMUNI TY HEALTH<br>615-830-5041 | I SYSTEMS   | TI MOTHY_WORTH@                  | CHS. NET                      | 4              |

| Heal th | Financial Systems                         | STARKE MEMORIA    | AL HOSPITAL           |    | In Lie                         | u of Form CMS- | 2552-10                |
|---------|---|-------------------|-----------------------|----|--------------------------------|----------------|------------------------|
| HOSPI T | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT | QUESTI ONNAI RE   | Provider CCN: 15-0102 |    | eri od:                        | Worksheet S-2  |                        |
|         |   |                   |                       | To | rom 01/01/2022<br>5 12/31/2022 |                | pared:<br><u>33 am</u> |
|         |   |                   |                       |    |                                |                |                        |
|         |   |                   | 3.00                  |    |                                |                |                        |
|         | Cost Report Preparer Contact Information  |                   |                       |    |                                |                |                        |
| 41.00   | Enter the first name, last name and the t | itle/position 🛛 🕅 | MANAGER – REV MGT     |    |                                |                | 41.00                  |
|         | held by the cost report preparer in colum | ns 1, 2, and 3,   |                       |    |                                |                |                        |
|         | respecti vel y.                           |                   |                       |    |                                |                |                        |
| 42.00   | Enter the employer/company name of the co | ost report        |                       |    |                                |                | 42.00                  |
|         | preparer.                                 | -                 |                       |    |                                |                |                        |
| 43.00   | Enter the telephone number and email addr | ress of the cost  |                       |    |                                |                | 43.00                  |
|         | report preparer in columns 1 and 2, respe | ecti vel y.       |                       |    |                                |                |                        |

|                | Financial Systems<br>TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC/                     | STARKE MEMORIA | Provider C  | ^N· 15_0102  | Peri od:        | u of Form CMS-2<br>Worksheet S-3 |        |
|----------------|--|----------------|-------------|--------------|-----------------|----------------------------------|--------|
| 11051 1        | The AND HOST THE HEALTH GARE COMPLEX STATISTIC   |                |             | SN. 15 0102  | From 01/01/2022 |                                  |        |
|                |  |                |             |              | To 12/31/2022   |                                  |        |
|                |  |                |             |              |                 | 5/31/2023 11:<br>I/P Days / 0/P  |        |
|                |  |                |             |              |                 | Visits / Trips                   |        |
|                | Component  | Worksheet A    | No. of Beds | Bed Days     | CAH Hours       | Title V                          |        |
|                |  | Line No.       |             | Avai I abl e |                 |                                  |        |
|                |  | 1.00           | 2.00        | 3.00         | 4.00            | 5.00                             |        |
| 1 00           | PART I - STATISTICAL DATA  | 20.00          | 14          | E 1          | 10 0.00         | 0                                | 1 1 00 |
| 1.00           | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and | 30. 00         | 14          | 5, 1         | 0.00            | 0                                | 1.00   |
|                | Hospice days) (see instructions for col. 2   |                |             |              |                 |                                  |        |
|                | for the portion of LDP room available beds)  |                |             |              |                 |                                  |        |
| 2.00           | HMO and other (see instructions)   |                |             |              |                 |                                  | 2.00   |
| 3.00           | HMO IPF Subprovider  |                |             |              |                 |                                  | 3.00   |
| 4.00           | HMO IRF Subprovider  |                |             |              |                 |                                  | 4.00   |
| 5.00           | Hospital Adults & Peds. Swing Bed SNF  |                |             |              |                 | 0                                | 5.00   |
| 6.00           | Hospital Adults & Peds. Swing Bed NF   |                |             |              |                 | 0                                | 6.00   |
| 7.00           | Total Adults and Peds. (exclude observation  |                | 14          | 5, 1         | 10 0.00         | 0                                | 7.00   |
|                | beds) (see instructions)   |                |             |              |                 |                                  |        |
| 8.00           | INTENSIVE CARE UNIT  | 31.00          | 1           | 3            | 65 0.00         | 0                                | 8.00   |
| 9.00           | CORONARY CARE UNI T  |                |             |              |                 |                                  | 9.00   |
| 10.00          | BURN INTENSIVE CARE UNIT   |                |             |              |                 |                                  | 10.00  |
| 11.00          | SURGICAL INTENSIVE CARE UNIT   |                |             |              |                 |                                  | 11.00  |
| 12.00          | OTHER SPECIAL CARE (SPECIFY)   |                |             |              |                 |                                  | 12.00  |
| 13.00          | NURSERY  | 43.00          |             |              |                 | 0                                | 13.00  |
| 14.00          | Total (see instructions)   |                | 15          | 5,4          | 75 0.00         |                                  | 14.00  |
| 15.00          | CAH visits   | 10.00          |             |              |                 | 0                                | 15.00  |
| 16.00          | SUBPROVIDER - IPF  | 40.00          | 0           |              | 0               | 0                                | 16.00  |
| 17.00          | SUBPROVIDER - IRF  | 41.00          | 0           |              | 0               | 0                                | 17.00  |
| 18.00          |  |                |             |              |                 |                                  | 18.00  |
| 19.00<br>20.00 | SKILLED NURSING FACILITY<br>NURSING FACILITY   |                |             |              |                 |                                  | 19.00  |
| 20.00          | OTHER LONG TERM CARE   |                |             |              |                 |                                  | 20.00  |
| 22.00          | HOME HEALTH AGENCY   |                |             |              |                 |                                  | 21.00  |
| 23.00          | AMBULATORY SURGICAL CENTER (D. P. )  |                |             |              |                 |                                  | 23.00  |
| 24.00          | HOSPI CE   |                |             |              |                 |                                  | 24.00  |
| 24.10          | HOSPICE (non-distinct part)  | 30, 00         |             |              |                 |                                  | 24.10  |
| 25.00          | CMHC - CMHC  | 00.00          |             |              |                 |                                  | 25.00  |
| 26.00          | RURAL HEALTH CLINIC  |                |             |              |                 |                                  | 26.00  |
| 26.25          | FEDERALLY QUALIFIED HEALTH CENTER  | 89.00          |             |              |                 | 0                                |        |
| 27.00          | Total (sum of lines 14-26)   |                | 15          |              |                 |                                  | 27.00  |
| 28.00          | Observation Bed Days   |                |             |              |                 | 0                                | 28.00  |
| 29.00          | Ambul ance Trips   |                |             |              |                 |                                  | 29.00  |
| 30.00          | Employee discount days (see instruction)   |                |             |              |                 |                                  | 30.00  |
| 31.00          | Employee discount days - IRF   |                |             |              |                 |                                  | 31.00  |
| 32.00          | Labor & delivery days (see instructions)   |                | 0           |              | 0               |                                  | 32.00  |
| 32.01          | Total ancillary labor & delivery room  |                |             |              |                 |                                  | 32.01  |
|                | outpatient days (see instructions)   |                |             |              |                 |                                  |        |
| 33.00          | LTCH non-covered days  |                |             |              |                 |                                  | 33.00  |
| 33. 01         | LTCH site neutral days and discharges  |                |             |              |                 |                                  | 33.01  |
| 34.00          | Temporary Expansion COVID-19 PHE Acute Care  | 30.00          | 0           |              | 0               | 0                                | 34.00  |

| IOSPI T | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC                  | AL DATA     | Provider CC  | CN: 15-0102      | Peri od:                         | Worksheet S-3                            |            |
|---------|--|-------------|--------------|------------------|----------------------------------|--|------------|
|         |  |             |              |                  | From 01/01/2022<br>To 12/31/2022 | Part I<br>Date/Time Pre<br>5/31/2023 11: |            |
|         |  | I/P Days    | / O/P Visits | / Trips          | Full Time E                      |  |            |
|         | Component  | Title XVIII | Title XIX    | Total All        | Total Interns                    | Employees On                             |            |
|         |  | 6.00        | 7.00         | Patients<br>8.00 | & Residents<br>9.00              | Payrol I<br>10.00                        |            |
|         | PART I – STATISTICAL DATA                                      | 0.00        | 7.00         | 0.00             | 7.00                             | 10.00                                    |            |
| . 00    | Hospital Adults & Peds. (columns 5, 6, 7 and                   | 668         | 9            | 1, 54            | 4                                |  | 1.0        |
|         | 8 exclude Swing Bed, Observation Bed and                       |             |              |                  |                                  |  |            |
|         | Hospice days) (see instructions for col. 2                     |             |              |                  |                                  |  |            |
|         | for the portion of LDP room available beds)                    |             | 100          |                  |                                  |  |            |
| . 00    | HMO and other (see instructions)                               | 544         | 198          |                  |                                  |  | 2.0        |
| . 00    | HMO I PF Subprovi der  | 0           | 0            |                  |                                  |  | 3.0        |
| . 00    | HMO I RF Subprovider   | 0           | 0            |                  |                                  |  | 4.         |
| . 00    | Hospital Adults & Peds. Swing Bed SNF                          | 0           | 0            |                  | 0                                |  | 5.         |
| . 00    | Hospital Adults & Peds. Swing Bed NF                           | ( ( 0       | 0            | 1 5              | 0                                |  | 6.         |
| . 00    | Total Adults and Peds. (exclude observation                    | 668         | 9            | 1, 54            | -4                               |  | 7.0        |
| 00      | beds) (see instructions)<br>INTENSIVE CARE UNIT                | 0           | 0            |                  | 0                                |  | 8.         |
| 00      | CORONARY CARE UNIT   | 0           | 0            |                  | 0                                |  | 0.<br>9.   |
| 0.00    | BURN INTENSIVE CARE UNIT                                       |             |              |                  |                                  |  | 10.        |
| . 00    | SURGI CAL I NTENSI VE CARE UNI T                               |             |              |                  |                                  |  | 11.        |
| 2.00    | OTHER SPECIAL CARE (SPECIFY)                                   |             |              |                  |                                  |  | 12.        |
| 3.00    | NURSERY  |             | 0            |                  | 0                                |  | 13.        |
| 4.00    | Total (see instructions)                                       | 668         | 9            | 1, 54            | -                                | 98.09                                    |            |
| 5.00    | CAH visits   | 0           | Ó            | 1,01             | 0                                | 70.07                                    | 15.        |
| 6.00    | SUBPROVIDER - IPF  | 0           | 0            |                  | 0 0.00                           | 0.00                                     |            |
| 7.00    | SUBPROVI DER – I RF  | 0           | 0            |                  | 0 0.00                           | 0.00                                     |            |
| B. 00   | SUBPROVIDER  | -           |              |                  |                                  |  | 18.        |
| 9.00    | SKILLED NURSING FACILITY                                       |             |              |                  |                                  |  | 19.        |
| D. 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.        |
| 4.00    | HOSPI CE   |             |              |                  |                                  |  | 24.        |
| 4.10    | HOSPICE (non-distinct part)                                    |             |              |                  | 0                                |  | 24.        |
| 5.00    | CMHC - CMHC  |             |              |                  |                                  |  | 25.        |
| 6.00    | RURAL HEALTH CLINIC  |             |              |                  |                                  |  | 26.        |
| 6. 25   | FEDERALLY QUALIFIED HEALTH CENTER                              | 0           | 0            |                  | 0 0.00                           | 0.00                                     |            |
| 7.00    | Total (sum of lines 14-26)                                     |             |              |                  | 0.00                             | 98.09                                    |            |
| 3. 00   | Observation Bed Days   |             | 0            | 26               | 0                                |  | 28.        |
| 9.00    | Ambulance Trips  | 0           |              |                  |                                  |  | 29.        |
| 0.00    | Employee discount days (see instruction)                       |             |              |                  | 1                                |  | 30.        |
| 1.00    | Employee discount days - IRF                                   |             |              |                  | 0                                |  | 31.        |
| 2.00    | Labor & delivery days (see instructions)                       | 0           | 0            |                  | 0                                |  | 32.        |
| 2. 01   | Total ancillary labor & delivery room                          |             |              |                  | 0                                |  | 32.        |
| 2 00    | outpatient days (see instructions)                             |             |              |                  |                                  |  | 1 22       |
| 3.00    | LTCH non-covered days<br>LTCH site neutral days and discharges | 0           |              |                  |                                  |  | 33.<br>33. |
| 3.01    |  |             |              |                  |                                  |  |            |

| OSPI T       | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC  | AL DATA                              | Provider CO | CN: 15-0102 | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>5/31/2023 11: |          |
|--------------|--|--------------------------------------|-------------|-------------|---|---|----------|
|              |  | Full Time                            |             | Di s        | charges                                     |   |          |
|              | Component  | Equi val ents<br>Nonpai d<br>Workers | Title V     | Title XVIII | Title XIX                                   | Total All<br>Patients                                     |          |
|              |  | 11.00                                | 12.00       | 13.00       | 14.00                                       | 15.00   |          |
|              | PART I - STATISTICAL DATA  |                                      |             |             |   |   |          |
| . 00         | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds) |                                      | 0           | 18          | 31 55                                       | 400   | 1.       |
| . 00         | HMO and other (see instructions)   |                                      |             | 1;          | 33 0  |   | 2.       |
| . 00         | HMO I PF 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<br>beds) (see instructions)  |                                      |             |             |   |   | 7.       |
| . 00         | INTENSIVE CARE UNIT  |                                      |             |             |   |   | 8.       |
| 00           | CORONARY CARE UNIT   |                                      |             |             |   |   | 9        |
| . 00         | BURN INTENSIVE CARE UNIT   |                                      |             |             |   |   | 10       |
|              | SURGICAL INTENSIVE CARE UNIT   |                                      |             |             |   |   | 12       |
| 2.00<br>3.00 | OTHER SPECIAL CARE (SPECIFY)<br>NURSERY  |                                      |             |             |   |   | 13       |
| 4.00         | Total (see instructions)   | 0.00                                 | 0           | 19          | 31 55                                       | 400   | 14.      |
| 5.00         | CAH visits   | 0.00                                 | 0           |             | 51 55                                       | -00   | 15.      |
| b. 00        | SUBPROVIDER - IPF  | 0,00                                 | 0           |             | 0 0   | 0   | 16       |
| 7.00         | SUBPROVIDER - IRF  | 0, 00                                | 0           |             | 0 0   | 0   | 17       |
| 3. 00        | SUBPROVI DER   |                                      |             |             |   | -   | 18       |
| . 00         | SKILLED NURSING FACILITY   |                                      |             |             |   |   | 19       |
| . 00         | NURSING FACILITY   |                                      |             | 1           |   |   | 20       |
| . 00         | OTHER LONG TERM CARE   |                                      |             |             |   |   | 21       |
| . 00         | HOME HEALTH AGENCY   |                                      |             |             |   |   | 22       |
| . 00         | AMBULATORY SURGICAL CENTER (D. P.)   |                                      |             |             |   |   | 23       |
| . 00         | HOSPICE  |                                      |             |             |   |   | 24       |
| . 10         | HOSPICE (non-distinct part)  |                                      |             |             |   |   | 24       |
| . 00         | CMHC - CMHC  |                                      |             |             |   |   | 25       |
| . 00         | RURAL HEALTH CLINIC  | 0.00                                 |             |             |   |   | 26       |
| . 25<br>. 00 | FEDERALLY QUALIFIED HEALTH CENTER<br>Total (sum of lines 14-26)  | 0. 00<br>0. 00                       |             |             |   |   | 26<br>27 |
| . 00         | Observation Bed Days   | 0.00                                 |             |             |   |   | 27       |
| 0.00         | Ambul ance Trips   |                                      |             |             |   |   | 20       |
| . 00         | Employee discount days (see instruction)   |                                      |             |             |   |   | 30       |
| . 00         | Employee discount days - IRF   |                                      |             |             |   |   | 31       |
| . 00         | Labor & delivery days (see instructions)   |                                      |             |             |   |   | 32       |
| . 01         | Total ancillary labor & delivery room<br>outpatient days (see instructions)  |                                      |             |             |   |   | 32       |
| 8. 00        | LTCH non-covered days  |                                      |             |             | 0   |   | 33       |
| 3. 01        | LTCH site neutral days and discharges  |                                      |             |             | 0   |   | 33       |
|              | Temporary Expansion COVID-19 PHE Acute Care  |                                      |             |             |   |   | 34       |

| ITAL WAGE INDEX INFORMATION   |                        |                    | Provider C  | F                                 | eriod:<br>rom 01/01/2022<br>o 12/31/2022 |   | pare     |
|---|------------------------|--------------------|---|-----------------------------------|--|---|----------|
|   | Wkst. A Line<br>Number | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) | Sal ari es<br>(col.2 ± col.<br>3) | Related to<br>Salaries in<br>col. 4      | Average Hourly<br>Wage (col. 4 ÷<br>col. 5) |          |
| PART II - WAGE DATA   | 1.00                   | 2.00               | 3.00  | 4.00                              | 5.00                                     | 6.00  |          |
| SALARI ES   |                        |                    |   |                                   |  |   |          |
| Total salaries (see   | 200.00                 | 7, 024, 528        | 3 0   | 7, 024, 528                       | 204, 036. 00                             | 34.43                                       | 1.       |
| instructions)<br>  Non-physician anesthetist Part                   |                        | C                  | 0   | c                                 | 0.00                                     | 0.00  | 2.       |
| A   |                        |                    |   |                                   | 0.00                                     | 0.00  | 2.       |
| Non-physician anesthetist Part                                      |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 3.       |
| ) Physician-Part A -  |                        | C                  | o   | c                                 | 0.00                                     | 0.00  | 4        |
| Admi ni strati ve   |                        |                    |   |                                   |  |   |          |
| Physicians - Part A - Teaching<br>Physician and Non                 |                        | C                  | -   | -                                 | 0.00<br>0.00                             |   |          |
| Physician Part B  |                        | Ĺ                  |   |                                   | 0.00                                     | 0.00  | 5        |
| Non-physician-Part B for  |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 6        |
| hospital-based RHC and FQHC services                                |                        |                    |   |                                   |  |   |          |
| Interns & residents (in an  | 21.00                  | C                  | 0   | c                                 | 0.00                                     | 0.00  | 7        |
| approved program)   |                        |                    |   |                                   |  | 0.00  |          |
| Contracted interns and residents (in an approved                    |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 7        |
| programs)   |                        |                    |   |                                   |  |   |          |
| Home office and/or related organization personnel                   |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 8        |
| SNF   | 44.00                  | C                  | o   | c                                 | 0.00                                     | 0.00  | 9        |
| 0 Excluded area salaries (see                                       |                        | 6, 493             | 0   | 6, 493                            | 168.00                                   | 38.65                                       | 10       |
| instructions)<br>OTHER WAGES & RELATED COSTS                        |                        |                    |   |                                   |  |   |          |
| 0 Contract Labor: Direct Patient                                    |                        | 136, 296           | 0   | 136, 296                          | 1, 532. 10                               | 88. 96                                      | 11       |
| Care  |                        |                    |   |                                   |  |   |          |
| 0 Contract Labor: Top Level<br>management and other                 |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 12       |
| management and administrative                                       |                        |                    |   |                                   |  |   |          |
| services  |                        | 27.000             |   |                                   |  | 1(0,10                                      |          |
| 0 Contract Labor: Physician-Part<br>A - Administrative              |                        | 37,000             | 0   | 37,000                            | 220.00                                   | 168. 18                                     | 13       |
| 0 Home office and/or related  |                        | C                  | 0   | C                                 | 0.00                                     | 0. 00                                       | 14       |
| organization salaries and wage-related costs                        |                        |                    |   |                                   |  |   |          |
| Home office salaries  |                        | 618, 930           | 0   | 618, 930                          | 15, 097. 00                              | 41.00                                       | 14       |
| 2 Related organization salaries                                     |                        | C                  | -   | C                                 | 0.00                                     |   |          |
| 0 Home office: Physician Part A<br>- Administrative                 |                        | C                  |   | C                                 | 0.00                                     | 0.00  | 15       |
| 0 Home office and Contract  |                        | C                  | 0   | c                                 | 0.00                                     | 0.00  | 16       |
| Physicians Part A - Teaching  |                        |                    |   |                                   | 0.00                                     | 0.00  | 1/       |
| Home office Physicians Part A<br>- Teaching                         |                        | C                  |   |                                   | 0.00                                     | 0.00  |          |
| 2 Home office contract  |                        | C                  | 0   | C                                 | 0.00                                     | 0.00  | 16       |
| Physicians Part A - Teaching<br>WAGE-RELATED COSTS                  |                        |                    |   |                                   |  |   |          |
| Wage-related costs (core) (see                                      |                        | 1, 748, 510        | 0   | 1, 748, 510                       |  |   | 17       |
| instructions)   |                        |                    |   |                                   |  |   | 10       |
| 0 Wage-related costs (other)<br>(see instructions)                  |                        |                    |   |                                   |  |   | 18       |
| 0 Excluded areas  |                        | 1, 526             | 0   | 1, 526                            |  |   | 19       |
| Non-physician anesthetist Part                                      |                        | C                  | 0   | C                                 | 1  |   | 20       |
| Non-physician anesthetist Part                                      |                        | C                  | 0   | c                                 |  |   | 21       |
| В   |                        | -                  |   | _                                 |  |   |          |
| 0 Physician Part A -<br>Administrative                              |                        | C                  | /   |                                   |  |   | 22       |
| 1 Physician Part A - Teaching                                       |                        | C                  | 0   | C                                 |  |   | 22       |
| 0 Physician Part B<br>0 Wage-related costs (RHC/FQHC)               |                        | C                  |   |                                   |  |   | 23<br>24 |
| 0   Mage-related costs (RHC/FUHC)<br>0   Interns & residents (in an |                        | C                  | -   |                                   |  |   | 24       |
| approved program)   |                        | -                  | _   |                                   |  |   |          |
| 0 Home office wage-related (core)                                   |                        | 144, 548           | 0   | 144, 548                          |  |   | 25       |
| 1 Related organization  |                        | C                  | 0   | c                                 |  |   | 25       |
| wage-related (core)   |                        | -                  | -   | _                                 |  |   |          |
| 2 Home office: Physician Part A<br>- Administrative -               |                        | C                  | 0   | " <sup>C</sup>                    |  |   | 25       |
| wage-related (core)   |                        |                    |   |                                   |  |   |          |

| Heal th | Financial Systems               |              | STARKE MEMORI | AL HOSPITAL       |               | In Lieu of Form CMS-2552-10                 |                          |        |  |
|---------|---------------------------------|--------------|---------------|-------------------|---------------|---|--------------------------|--------|--|
|         | AL WAGE INDEX INFORMATION       |              |               | Provider C        |               | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet S-3<br>Part II | pared: |  |
|         |                                 | Wkst. A Line | Amount        | Recl assi fi cati | Adjusted      | Paid Hours                                  | Average Hourly           |        |  |
|         |                                 | Number       | Reported      | on of Salaries    | Sal ari es    |   | 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               |               | C   |                          | 25.53  |  |
|         | - Teaching - wage-related       |              |               |                   |               |   |                          |        |  |
|         | (core)                          |              |               |                   |               |   |                          |        |  |
|         | OVERHEAD COSTS - DIRECT SALARII | ES           |               |                   |               |   |                          |        |  |
| 26.00   | Employee Benefits Department    | 4.00         | 88, 975       | 0                 | 88, 97        | 5 2, 520. 00                                | 35. 31                   | 26.00  |  |
| 27.00   | Administrative & General        | 5.00         | 980, 664      | -15, 174          | 965, 49       | 38, 700. 00                                 | 24.95                    | 27.00  |  |
| 28.00   | Administrative & General under  |              | 29, 121       | 0                 | 29, 12        | 1 103.73                                    | 280. 74                  | 28.00  |  |
|         | contract (see inst.)            |              |               |                   |               |   |                          |        |  |
| 29.00   | Maintenance & Repairs           | 6.00         | C             | 0 0               |               | 0.00  | 0.00                     | 29.00  |  |
| 30.00   | Operation of Plant              | 7.00         | 454, 721      | 0                 | 454, 72       | 1 17, 423. 00                               | 26. 10                   | 30.00  |  |
| 31.00   | Laundry & Linen Service         | 8.00         | (             | 0 0               |               | 0.00  | 0.00                     | 31.00  |  |
| 32.00   | Housekeepi ng                   | 9.00         | 11, 093       | 0                 | 11, 09        | 3 457.00                                    | 24. 27                   | 32.00  |  |
| 33.00   | Housekeeping under contract     |              | 240, 612      | 0                 | 240, 61       | 2 11, 224. 00                               | 21.44                    | 33.00  |  |
|         | (see instructions)              |              |               |                   |               |   |                          |        |  |
| 34.00   | Dietary                         | 10.00        | 9, 428        | -6, 348           | 3, 08         | 0 140.14                                    | 21.98                    | 34.00  |  |
| 35.00   | Dietary under contract (see     |              | 222, 006      | 0                 | 222, 00       | 6 9, 927. 00                                | 22.36                    | 35.00  |  |
|         | instructions)                   |              |               |                   |               |   |                          |        |  |
| 36.00   | Cafeteri a                      | 11.00        | C             | 6, 348            | 6, 34         | 8 288.86                                    | 21.98                    | 36.00  |  |
| 37.00   | Maintenance of Personnel        | 12.00        | (             | 0                 |               | 0.00  | 0.00                     | 37.00  |  |
| 38.00   | Nursing Administration          | 13.00        | 315, 522      | 2 7, 300          | 322, 82       | 2 6, 370. 00                                | 50.68                    | 38.00  |  |
| 39.00   | Central Services and Supply     | 14.00        | 88, 723       | 0                 | 88, 72        | 3 3, 575. 00                                | 24.82                    | 39.00  |  |
| 40.00   | Pharmacy                        | 15.00        | 311, 037      | 0                 | 311, 03       | 6, 372. 00                                  | 48.81                    | 40.00  |  |
| 41.00   | Medical Records & Medical       | 16.00        | 61, 297       | -8, 516           | 52, 78        | 1 3, 132. 00                                | 16.85                    | 41.00  |  |
|         | Records Library                 |              |               |                   |               |   |                          |        |  |
| 42.00   | Social Service                  | 17.00        | 87, 997       | 8, 516            | 96, 51        | 3 2, 507. 00                                | 38.50                    | 42.00  |  |
| 43.00   | Other General Service           | 18.00        | (             | 0 0               |               | 0.00  | 0.00                     | 43.00  |  |
|         |                                 |              |               |                   |               |   |                          | -      |  |

| Heal th | Financial Systems              |             | STARKE MEMORIAL HOSPITAL |                   |               | In Lieu of Form CMS-2552-10 |                                 |      |  |
|---------|--------------------------------|-------------|--------------------------|-------------------|---------------|-----------------------------|---------------------------------|------|--|
| HOSPI 1 | AL WAGE INDEX INFORMATION      |             |                          | Provider CO       |               | Period:<br>From 01/01/2022  | Worksheet S-3<br>Part III       |      |  |
|         |                                |             |                          |                   |               | To 12/31/2022               | Date/Time Prep<br>5/31/2023 11: |      |  |
|         |                                | Worksheet A | Amount                   | Recl assi fi cati | Adj usted     | Paid Hours                  | Average Hourly                  |      |  |
|         |                                | Line Number | Reported                 | on of Salaries    | Sal ari es    | Related to                  | Wage (col. 4 ÷                  |      |  |
|         |                                |             |                          | (from             | (col.2 ± col. | Salaries in                 | col. 5)                         |      |  |
|         |                                |             |                          | Worksheet A-6)    | 3)            | 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              |             | 7, 516, 267              | 0                 | 7, 516, 26    | 7 225, 290. 73              | 33. 36                          | 1.00 |  |
|         | instructions)                  |             |                          |                   |               |                             |                                 |      |  |
| 2.00    | Excluded area salaries (see    |             | 6, 493                   | 0                 | 6, 49         | 3 168.00                    | 38.65                           | 2.00 |  |
|         | instructions)                  |             |                          |                   |               |                             |                                 |      |  |
| 3.00    | Subtotal salaries (line 1      |             | 7, 509, 774              | 0                 | 7, 509, 77    | 4 225, 122. 73              | 33.36                           | 3.00 |  |
|         | minus line 2)                  |             |                          |                   |               |                             |                                 |      |  |
| 4.00    | Subtotal other wages & related |             | 792, 226                 | 0                 | 792, 22       | 6 16, 849. 10               | 47.02                           | 4.00 |  |
|         | costs (see inst.)              |             |                          |                   |               |                             |                                 |      |  |
| 5.00    | Subtotal wage-related costs    |             | 1, 893, 058              | 0                 | 1, 893, 05    | 8 0.00                      | 25. 21                          | 5.00 |  |
|         | (see inst.)                    |             |                          |                   |               |                             |                                 |      |  |
| 6.00    | Total (sum of lines 3 thru 5)  |             | 10, 195, 058             | 0                 | 10, 195, 05   | 8 241, 971. 83              | 42.13                           | 6.00 |  |
| 7.00    | Total overhead cost (see       |             | 2, 901, 196              | -7, 874           | 2, 893, 32    | 2 102, 739. 73              | 28. 16                          | 7.00 |  |
|         | instructions)                  |             |                          |                   |               |                             |                                 |      |  |

| Heal th      | Financial Systems   | STARKE MEMORIAL    | HOSPI TAL   |       |            |                    | In Li      | eu of Form CMS-            | 2552-10 |
|--------------|---|--------------------|-------------|-------|------------|--------------------|------------|----------------------------|---------|
|              | AL WAGE RELATED COSTS   |                    | Provi der   | CCN:  | 15-0102    | Peri<br>From<br>To |            | Worksheet S-3<br>2 Part IV | pared:  |
|              |   |                    |             |       |            |                    |            | Amount                     |         |
|              |   |                    |             |       |            |                    |            | Reported                   |         |
|              |   |                    |             |       |            |                    |            | 1.00                       |         |
|              | PART IV - WAGE RELATED COSTS  |                    |             |       |            |                    |            |                            | -       |
|              | Part A - Core List  |                    |             |       |            |                    |            |                            | -       |
| 1 00         | RETIREMENT COST   |                    |             |       |            |                    |            | 112,010                    | 1.00    |
| 1.00<br>2.00 | 401K Employer Contributions<br>Tax Sheltered Annuity (TSA) Employer Contrib | ution              |             |       |            |                    |            | 112,010                    |         |
| 2.00         | Nongualified Defined Benefit Plan Cost (see                                 |                    |             |       |            |                    |            | 0                          |         |
| 4.00         | Qualified Defined Benefit Plan Cost (see ins                                |                    |             |       |            |                    |            | 0                          |         |
| 4.00         | PLAN ADMINISTRATIVE COSTS (Paid to External (                               |                    |             |       |            |                    |            | 0                          | 4.00    |
| 5.00         | 401K/TSA Plan Administration fees   |                    |             |       |            |                    |            | 0                          | 5.00    |
| 6.00         | Legal /Accounting/Management Fees-Pension Pla                               | n                  |             |       |            |                    |            | 0                          |         |
| 7.00         | Employee Managed Care Program Administration                                |                    |             |       |            |                    |            | 0                          |         |
|              | HEALTH AND INSURANCE COST   | 1000               |             |       |            |                    |            |                            |         |
| 8.00         | Health Insurance (Purchased or Self Funded)                                 |                    |             |       |            |                    |            | 0                          | 8.00    |
| 8.01         | Health Insurance (Self Funded without a Thir                                | d Partv Administra | ator)       |       |            |                    |            | 0                          | 8.01    |
| 8.02         | Health Insurance (Self Funded with a Third P                                | arty Administrato  | ~) ́        |       |            |                    |            | 1, 012, 354                | 8. 02   |
| 8.03         | Health Insurance (Purchased)  | 5                  |             |       |            |                    |            | 0                          | 1       |
| 9.00         | Prescription Drug Plan  |                    |             |       |            |                    |            | 0                          | 9.00    |
| 10.00        | Dental, Hearing and Vision Plan   |                    |             |       |            |                    |            | 12, 540                    | 10.00   |
| 11.00        | Life Insurance (If employee is owner or bene                                | fi ci ary)         |             |       |            |                    |            | 3, 672                     | 11.00   |
| 12.00        | Accident Insurance (If employee is owner or                                 | beneficiary)       |             |       |            |                    |            | 0                          | 12.00   |
| 13.00        | Disability Insurance (If employee is owner o                                |                    |             |       |            |                    |            | 11, 928                    | 13.00   |
| 14.00        | Long-Term Care Insurance (If employee is own                                | er or beneficiary) | )           |       |            |                    |            | 0                          |         |
| 15.00        | 'Workers' Compensation Insurance  |                    |             |       |            |                    |            | 57, 653                    | 15.00   |
| 16.00        | Retirement Health Care Cost (Only current ye                                | ar, not the extra  | ordinary ad | ccrua | l require  | ed by              | ASB 106.   | 0                          | 16.00   |
|              | Noncumulative portion)  |                    |             |       |            |                    |            |                            |         |
|              | TAXES   |                    |             |       |            |                    |            |                            |         |
|              | FICA-Employers Portion Only   |                    |             |       |            |                    |            | 417, 471                   |         |
| 18.00        | Medicare Taxes - Employers Portion Only                                     |                    |             |       |            |                    |            | 97, 634                    | •       |
| 19.00        | Unemployment Insurance  |                    |             |       |            |                    |            | 0                          |         |
| 20.00        | State or Federal Unemployment Taxes   |                    |             |       |            |                    |            | 17, 567                    | 20.00   |
| 21.00        | OTHER<br>Executive Deferred Compensation (Other Than                        | Dati noment Cost D | posted on   | Line  | o 1 +hrou  | uab 1              | abaya (aa  | e O                        | 1 21 00 |
| 21.00        | instructions))  | Retifement Cost Re | eported on  | TThe  | S I LIIIOL | ugn 4              | above. (Se |                            | 21.00   |
| 22.00        | Day Care Cost and Allowances  |                    |             |       |            |                    |            | 0                          |         |
| 23.00        | Tuition Reimbursement   |                    |             |       |            |                    |            | 0                          |         |
| 24.00        | Total Wage Related cost (Sum of lines 1 -23)                                |                    |             |       |            |                    |            | 1, 742, 829                | 24.00   |
|              | Part B - Other than Core Related Cost                                       |                    |             |       |            |                    |            |                            | -       |
| 25.00        | OTHER WAGE RELATED COSTS (SPECIFY)  |                    |             |       |            |                    |            | 1                          | 25.00   |

| Heal th | Financial Systems                            | STARKE MEMORIAL | HOSPI TAL             | In Lie          | u of Form CMS-2                | 2552-10         |
|---------|--|-----------------|-----------------------|-----------------|--------------------------------|-----------------|
| HOSPI T | AL CONTRACT LABOR AND BENEFIT COST           |                 | Provider CCN: 15-0102 | Peri od:        | Worksheet S-3                  |                 |
|         |  |                 |                       | From 01/01/2022 |                                | norod.          |
|         |  |                 |                       | To 12/31/2022   | Date/Time Pre<br>5/31/2023 11: | pared:<br>33 am |
|         | Cost Center Description                      |                 |                       | Contract Labor  |                                |                 |
|         |  |                 |                       | 1.00            | 2.00                           |                 |
|         | PART V - Contract Labor and Benefit Cost     |                 |                       |                 |                                |                 |
|         | Hospital and Hospital-Based Component Identi | fication:       |                       |                 |                                |                 |
| 1.00    | Total facility's contract labor and benefit  | cost            |                       | 136, 296        | 1, 742, 829                    | 1.00            |
| 2.00    | Hospi tal                                    |                 |                       | 136, 296        | 1, 742, 829                    | 2.00            |
| 3.00    | SUBPROVIDER - IPF                            |                 |                       | 0               | 0                              | 3.00            |
| 4.00    | SUBPROVIDER - IRF                            |                 |                       | 0               | 0                              | 4.00            |
| 5.00    | Subprovider - (Other)                        |                 |                       | 0               | 0                              | 5.00            |
| 6.00    | Swing Beds - SNF                             |                 |                       | 0               | 0                              | 6.00            |
| 7.00    | Swing Beds - NF                              |                 |                       | 0               | 0                              | 7.00            |
| 8.00    | SKILLED NURSING FACILITY                     |                 |                       |                 |                                | 8.00            |
| 9.00    | NURSING FACILITY                             |                 |                       |                 |                                | 9.00            |
| 10.00   | OTHER LONG TERM CARE I                       |                 |                       |                 |                                | 10.00           |
| 11.00   | Hospital-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             |                 |                       |                 |                                | 14.00           |
| 15.00   | Hospital-Based Health Clinic FQHC            |                 |                       |                 |                                | 15.00           |
| 16.00   | Hospital-Based-CMHC                          |                 |                       |                 |                                | 16.00           |
| 17.00   | RENAL DIALYSIS I                             |                 |                       |                 |                                | 17.00           |
| 18.00   | Other  |                 |                       | 0               | 0                              | 18.00           |
|         |  |                 |                       |                 |                                |                 |

| Heal th        | Financial Systems STARKE MEMORIAL  | HOSPI TAL     |                | In Lie                           | eu of Form CMS-                | 2552-10 |
|----------------|--|---------------|----------------|----------------------------------|--------------------------------|---------|
| HOSPI T        | AL UNCOMPENSATED AND INDIGENT CARE DATA  | Provider CCN  | I: 15-0102     | Peri od:                         | Worksheet S-1                  | 0       |
|                |  |               |                | From 01/01/2022<br>To 12/31/2022 | Date/Time Pre<br>5/31/2023 11: |         |
|                |  |               |                |                                  | 1.00                           |         |
|                | Uncompensated and indigent care cost computation   |               |                |                                  | 1.00                           | -       |
| 1.00           | Cost to charge ratio (Worksheet C, Part I line 202 column 3 di   | vided by line | e 202 columr   | 18)                              | 0. 210198                      | 1.00    |
|                | Medicaid (see instructions for each line)  |               |                |                                  |                                |         |
| 2.00           | Net revenue from Medicaid  |               |                |                                  | 4, 253, 937                    |         |
| 3.00           | Did you receive DSH or supplemental payments from Medicaid?  |               |                |                                  | Y                              | 3.00    |
| 4.00           | If line 3 is yes, does line 2 include all DSH and/or supplemen   |               |                | ni d?                            | Y                              | 4.00    |
| 5.00<br>6.00   | If line 4 is no, then enter DSH and/or supplemental payments f<br>Medicaid charges   | rom Medicaid  |                |                                  | 0                              |         |
| 8.00<br>7.00   | Medicaid cost (line 1 times line 6)  |               |                |                                  | 23, 142, 752<br>4, 864, 560    | •       |
| 7.00<br>8.00   | Difference between net revenue and costs for Medicaid program  | (line 7 minus | s sum of lir   | ues 2 and 5 <sup>.</sup> if      | 610, 623                       | •       |
| 0.00           | < zero then enter zero)  | •             |                |                                  | 010,020                        | 0.00    |
|                | Children's Health Insurance Program (CHIP) (see instructions f   | or each line) | )              |                                  | 1                              |         |
| 9.00           | Net revenue from stand-alone CHIP  |               |                |                                  | 0                              |         |
|                | Stand-allone CHIP charges  |               |                |                                  | 0                              |         |
|                | Stand-alone CHIP cost (line 1 times line 10)<br>Difference between net revenue and costs for stand-alone CHIP                | (lino 11 min  | us lino 0, i   | f < zoro thon                    | 0                              |         |
| 12.00          | enter zero)  |               | us i i ne 9, i |                                  | 0                              | 12.00   |
|                | Other state or local government indigent care program (see ins   | tructions for | r each line)   |                                  | I                              | 1       |
| 13.00          | Net revenue from state or local indigent care program (Not inc   |               |                |                                  | 0                              | 13.00   |
| 14.00          | Charges for patients covered under state or local indigent car   | e program (No | ot included    | in lines 6 or                    | 0                              | 14.00   |
| 15.00          | 10)<br>State or local indigent care program cost (line 1 times line 1  | 4)            |                |                                  | 0                              | 15.00   |
|                | Difference between net revenue and costs for state or local in   |               | program (Lir   | ne 15 minus line                 | 0                              |         |
| 10.00          | 13; if < zero then enter zero)   | argent care j |                |                                  |                                | 10.00   |
|                | Grants, donations and total unreimbursed cost for Medicaid, CH   | IP and state  | /local indig   | jent care program                | ns (see                        | 1       |
| 17.00          | instructions for each line)<br>Private grants, donations, or endowment income restricted to f                                | unding chari: | ty caro        |                                  | 0                              | 17.00   |
|                | Government grants, appropriations or transfers for support of  |               |                |                                  | 0                              | 1       |
|                | Total unreimbursed cost for Medicaid , CHIP and state and Ioca<br>8, 12 and 16)  |               |                | s (sum of lines                  | 610, 623                       |         |
|                |  |               | Uni nsured     | Insured                          | Total (col. 1                  |         |
|                |  | _             | patients       | patients                         | + col. 2)                      |         |
|                | Uncompared Cours (and instructions for each line)  |               | 1.00           | 2.00                             | 3.00                           |         |
| 20.00          | Uncompensated Care (see instructions for each line)<br>Charity care charges and uninsured discounts for the entire fa        | cility        | 636, 10        | 53 0                             | 636, 163                       | 20.00   |
| 20.00          | (see instructions)   | cirity        | 050, 10        |                                  | 030, 103                       | 20.00   |
| 21.00          | Cost of patients approved for charity care and uninsured disco   | unts (see     | 133, 72        | 20 0                             | 133, 720                       | 21.00   |
| 22.00          | instructions)<br>Payments received from patients for amounts previously written  | off oc        | 20             | 06 0                             | 206                            | 22.00   |
| 22.00          | charity care   | UT as         | 20             | 0                                | 200                            | 22.00   |
| 23.00          | Cost of charity care (line 21 minus line 22)   |               | 133, 51        | 4 0                              | 133, 514                       | 23.00   |
|                |  |               |                |                                  | 1.00                           |         |
| 24.00          | Does the amount on line 20 column 2, include charges for patie   | nt dave bevo  | nd a length    | of stay limit                    | 1.00<br>N                      | 24.00   |
| 24.00          | imposed on patients covered by Medicaid or other indigent care   |               | nu a rengtn    | or stay rimit                    | IN IN                          | 24.00   |
| 25.00          | If line 24 is yes, enter the charges for patient days beyond t stav limit  |               | care program   | 's length of                     | 0                              | 25.00   |
| 26.00          | Total bad debt expense for the entire hospital complex (see in   | structions)   |                |                                  | 1, 259, 168                    | 26.00   |
|                | Medicare reimbursable bad debts for the entire hospital comple   |               |                |                                  |                                | 27.00   |
|                | Medicare allowable bad debts for the entire hospital complex (   | see instructi | i ons)         |                                  | 88, 201                        |         |
|                | Non-Medicare bad debt expense (see instructions)   |               |                |                                  | 1, 170, 967                    |         |
|                | Cost of non-Medicare and non-reimbursable Medicare bad debt ex   | pense (see i  | nstructions)   |                                  | 277,006                        |         |
| 30.00<br>31.00 | Cost of uncompensated care (line 23 column 3 plus line 29)<br>Total unreimbursed and uncompensated care cost (line 19 plus l | ine 30)       |                |                                  | 410, 520<br>1, 021, 143        |         |
| 51.00          | Trotal differminal sed and uncompensated care cost (TTHE TA prus I   | 116 30)       |                |                                  | I I, UZ I, 143                 | 1 31.00 |

| Health Financial Systems   | STARKE MEMORIAL | HOSPITAL    |              | In Lie                           | eu of Form CMS-2                 | 2552-10      |
|--|-----------------|-------------|--------------|----------------------------------|----------------------------------|--------------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O                            | F EXPENSES      | Provider CO |              | Period:                          | Worksheet A                      |              |
|  |                 |             |              | From 01/01/2022<br>To 12/31/2022 |                                  |              |
| Cost Center Description  | Sal ari es      | Other       | Total (col ) | Recl assi fi cati                | 5/31/2023 11:<br>Recl assi fi ed | <u>33 am</u> |
| cost center bescription  | Salaries        | other       | + col. 2)    | ons (See A-6)                    | Trial Balance                    |              |
|  |                 |             | + cor. 2)    | 0113 (See A-0)                   | (col . 3 +-                      |              |
|  |                 |             |              |                                  | col. 4)                          |              |
|  | 1.00            | 2.00        | 3.00         | 4.00                             | 5.00                             |              |
| GENERAL SERVICE COST CENTERS   |                 |             |              |                                  |                                  |              |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT   |                 | -103, 464   | -103, 46     | 4 300, 065                       | 196, 601                         | 1.00         |
| 2.00 00200 CAP REL COSTS-MVBLE EQUIP   |                 | 624, 557    |              |                                  |                                  | 2.00         |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  | 88, 975         | 16, 217     |              |                                  |                                  | 4.00         |
| 5.00 00500 ADMINI STRATI VE & GENERAL  | 980, 664        | 82, 803     |              |                                  |                                  | 5.00         |
| 7.00 00700 OPERATION OF PLANT  | 454, 721        | 996, 780    |              |                                  |                                  | 7.00         |
| 8.00 00800 LAUNDRY & LINEN SERVICE   | 0               | 73, 076     |              |                                  | 73, 076                          | 8.00         |
| 9. 00 00900 HOUSEKEEPI NG  | 11, 093         | 458, 345    |              |                                  | 469, 438                         | 9.00         |
| 10. 00 01000 DI ETARY  | 9, 428          | 362, 558    |              |                                  |                                  | 10.00        |
| 11. 00 01100 CAFETERI A  | 0               | 0           |              | 257, 821                         | 257, 821                         | 11.00        |
| 13.00 01300 NURSI NG ADMI NI STRATI ON   | 315, 522        | 133, 801    | 449, 32      |                                  |                                  | 1            |
| 14.00 01400 CENTRAL SERVICES & SUPPLY  | 88, 723         | 90, 598     |              |                                  | 112, 486                         | 14.00        |
| 15. 00 01500 PHARMACY  | 311,037         | 620, 731    | 931, 76      |                                  |                                  | 15.00        |
| 16.00 01600 MEDICAL RECORDS & LIBRARY  | 61, 297         | 111, 732    |              |                                  |                                  | 16.00        |
| 17. 00 01700 SOCIAL SERVICE  | 87, 997         | 29, 964     |              |                                  |                                  | 17.00        |
| INPATIENT ROUTINE SERVICE COST CENTERS   |                 | ,           | ,            |                                  | ,                                |              |
| 30. 00 03000 ADULTS & PEDI ATRI CS   | 917, 491        | 544, 822    | 1, 462, 31   | 3 6, 450                         | 1, 468, 763                      | 30.00        |
| 31. 00 03100 I NTENSI VE CARE UNI T  | 0               | 0           |              | 0 0                              | 0                                | 31.00        |
| 40. 00 04000 SUBPROVI DER - I PF   | 0               | 0           |              | 0 0                              |                                  | 40.00        |
| 41. 00 04100 SUBPROVI DER – I RF   | 0               | 0           |              | 0 0                              | 0                                | 41.00        |
| 43.00 04300 NURSERY  | 0               | 0           |              | 0 0                              | 0                                | 43.00        |
| ANCI LLARY SERVICE COST CENTERS  |                 |             |              |                                  |                                  | 1            |
| 50.00 05000 OPERATI NG ROOM  | 292, 081        | 232, 167    | 524, 24      | 8 -91, 118                       | 433, 130                         | 50.00        |
| 53.00 05300 ANESTHESI OLOGY  | 1, 734          | 185, 691    | 187, 42      | 5 -2,016                         | 185, 409                         | 53.00        |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C  | 604, 354        | 280, 934    | 885, 28      | 8 -204, 496                      | 680, 792                         | 54.00        |
| 54. 01 05401 ULTRASOUND  | 53, 689         | 70, 176     | 123, 86      | 5 3, 071                         | 126, 936                         | 54.01        |
| 56. 00 05600 RADI OI SOTOPE  | 6, 960          | 45, 075     | 52, 03       | 5 -16, 706                       | 35, 329                          | 56.00        |
| 57.00 05700 CT SCAN  | 49, 969         | 181, 013    | 230, 98      | 2 -94, 376                       | 136, 606                         | 57.00        |
| 58. 00 05800 MRI   | 20, 299         | 72, 722     |              |                                  | 24, 233                          | 58.00        |
| 60. 00 06000 LABORATORY  | 634, 072        | 505, 605    |              |                                  |                                  | 60.00        |
| 65. 00 06500 RESPI RATORY THERAPY  | 384, 298        | 44, 821     | 429, 11      |                                  |                                  | 65.00        |
| 66. 00 06600 PHYSI CAL THERAPY   | 326, 008        | 32, 515     |              |                                  | 508, 197                         | 66.00        |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 63, 038         | 6, 251      | 69, 28       |                                  | 0                                | 67.00        |
| 68.00 06800 SPEECH PATHOLOGY   | 52, 954         | 29, 992     |              |                                  |                                  | 68.00        |
| 69.00 06900 ELECTROCARDI OLOGY   | 126, 614        | 25, 361     | 151, 97      |                                  |                                  |              |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0               | 0           |              | 0 51, 847                        | 51, 847                          | 71.00        |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS                                    | 0               | 0           |              | 0 8, 017                         | 8, 017                           | 72.00        |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0               | 0           |              | 0 488, 182                       | 488, 182                         | 73.00        |
| OUTPATIENT SERVICE COST CENTERS  |                 | 174.040     | 174.04       |                                  | 170.0(/                          |              |
| 90. 00 09000 CLINIC  | 0               | 174, 343    |              |                                  |                                  | 90.00        |
| 91.00 09100 EMERGENCY  | 1, 075, 017     | 1, 740, 228 | 2, 815, 24   | 5 -4, 318                        | 2, 810, 927                      | 91.00        |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART                            |                 |             |              |                                  |                                  | 92.00        |
| SPECIAL PURPOSE COST CENTERS   | 7 010 025       | 7 ((0 414   | 14 (07 44    | 0 50.051                         | 14 (24 500                       | 110 00       |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS | 7, 018, 035     | 7, 669, 414 | 14, 687, 44  | 9 -52, 851                       | 14, 634, 598                     | 118.00       |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                               | 0               | 0           |              | 0 0                              | 0                                | 190.00       |
| 192.00 19200 PHYSI CLANS' PRI VATE OFFI CES                                    | 0               | -50, 064    | -50, 06      | 4 52, 851                        | 2, 787                           | 192.00       |
| 194.00 07950 SPECIALTY CLINICS / MOB   | 6, 493          | 479         | 6, 97        | 2 0                              | 6, 972                           | 194.00       |
| 200.00 TOTAL (SUM OF LINES 118 through 199)                                    | 7, 024, 528     | 7, 619, 829 | 14, 644, 35  | 7 0                              | 14, 644, 357                     | 200. 00      |
|  |                 |             |              |                                  |                                  |              |

| Health Financial Systems   | STARKE MEMORIA | L HOSPITAL              | In Lie                           | u of Form CMS-2552-10 |
|--|----------------|-------------------------|----------------------------------|-----------------------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (                              | OF EXPENSES    | Provider CCN: 15-0102   | Peri od:                         | Worksheet A           |
|  |                |                         | From 01/01/2022<br>To 12/31/2022 | Date/Time Prepared:   |
|  |                |                         | 10 12/31/2022                    | 5/31/2023 11:33 am    |
| Cost Center Description  | Adjustments    | Net Expenses            |                                  |                       |
|  |                | or Allocation           |                                  |                       |
|  | 6.00           | 7.00                    |                                  |                       |
| GENERAL SERVICE COST CENTERS   | F0 047         | 144 054                 |                                  | 1.00                  |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT<br>2.00 00200 CAP REL COSTS-MVBLE EQUIP     | -50, 247       | 146, 354                |                                  | 1.00<br>2.00          |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  | 36, 766<br>0   | 688, 557<br>1, 322, 554 |                                  | 4.00                  |
| 5.00 00500 ADMINISTRATIVE & GENERAL  | 5, 443, 180    | 4, 985, 087             |                                  | 4.00                  |
| 7.00 00700 OPERATION OF PLANT  | -2, 773        | 2,028,484               |                                  | 7.00                  |
| 8.00 00800 LAUNDRY & LINEN SERVICE   | -2, 773        | 73, 076                 |                                  | 8.00                  |
| 9. 00 00900 HOUSEKEEPI NG  | 0              | 469, 438                |                                  | 9.00                  |
| 10. 00 01000 DI ETARY  | 0              | 110, 516                |                                  | 10.00                 |
| 11. 00 01100 CAFETERIA   | 0              | 257, 821                |                                  | 11.00                 |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON  | -25, 209       | 425, 649                |                                  | 13.00                 |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY   | -5, 689        | 106, 797                |                                  | 14.00                 |
| 15. 00 01500 PHARMACY  | -6, 516        | 351, 953                |                                  | 15.00                 |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY   | 240            | 162, 749                |                                  | 16.00                 |
| 17. 00 01700 SOCIAL SERVICE  | 0              | 127, 431                |                                  | 17.00                 |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 0              | 127, 431                |                                  | 17.00                 |
| 30. 00 03000 ADULTS & PEDI ATRI CS   | -412, 953      | 1,055,810               |                                  | 30.00                 |
| 31. 00 03100 I NTENSI VE CARE UNI T  | 0              | 0                       |                                  | 31.00                 |
| 40. 00 04000 SUBPROVI DER – I PF   | 0              | o                       |                                  | 40.00                 |
| 41. 00 04100 SUBPROVI DER – I RF   | 0              | o                       |                                  | 41.00                 |
| 43. 00 04300 NURSERY   | 0              | Ō                       |                                  | 43.00                 |
| ANCI LLARY SERVI CE COST CENTERS   |                |                         |                                  |                       |
| 50. 00 05000 OPERATI NG ROOM   | 0              | 433, 130                |                                  | 50.00                 |
| 53. 00 05300 ANESTHESI OLOGY   | -180,000       | 5, 409                  |                                  | 53.00                 |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C  | -18, 931       | 661, 861                |                                  | 54.00                 |
| 54. 01 05401 ULTRASOUND  | 0              | 126, 936                |                                  | 54.01                 |
| 56. 00 05600 RADI OI SOTOPE  | 0              | 35, 329                 |                                  | 56.00                 |
| 57.00 05700 CT SCAN  | 0              | 136, 606                |                                  | 57.00                 |
| 58. 00 05800 MRI   | 0              | 24, 233                 |                                  | 58.00                 |
| 60. 00 06000 LABORATORY  | 0              | 1, 075, 237             |                                  | 60.00                 |
| 65. 00 06500 RESPI RATORY THERAPY  | 0              | 418, 177                |                                  | 65.00                 |
| 66. 00 06600 PHYSI CAL THERAPY   | 0              | 508, 197                |                                  | 66.00                 |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 0              | 0                       |                                  | 67.00                 |
| 68.00 06800 SPEECH PATHOLOGY   | 0              | 0                       |                                  | 68.00                 |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0              | 142, 136                |                                  | 69.00                 |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                  | 0              | 51, 847                 |                                  | 71.00                 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                       | 0              | 8, 017                  |                                  | 72.00                 |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0              | 488, 182                |                                  | 73.00                 |
| OUTPATIENT SERVICE COST CENTERS  | 1              | -1                      |                                  |                       |
| 90. 00 09000 CLINIC  | -173, 966      | 0                       |                                  | 90.00                 |
| 91. 00 09100 EMERGENCY   | -1, 538, 816   | 1, 272, 111             |                                  | 91.00                 |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART                              |                |                         |                                  | 92.00                 |
| SPECIAL PURPOSE COST CENTERS   |                | 17 (00 (04              |                                  |                       |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                                    | 3, 065, 086    | 17, 699, 684            |                                  | 118. 00               |
| NONREI MBURSABLE COST CENTERS  |                | 0                       |                                  | 100.00                |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                 | 0              | 0                       |                                  | 190. 00<br>192. 00    |
| 192.00 19200 PHYSICLANS' PRIVATE OFFICES<br>194.00 07950 SPECIALTY CLINICS / MOB | -2, 787        | 6, 972                  |                                  | 192.00                |
| 200.00 TOTAL (SUM OF LINES 118 through 199)                                      | 3, 062, 299    | 0, 972<br>17, 706, 656  |                                  | 200.00                |
| 200.00     101  AL (300 01  LINES 110 (III 00911 177))                           | 5,002,299      | 17,700,000              |                                  | 1200.00               |

|             | Financial Systems<br>SIFICATIONS                             |                              |                           | Provider CCN: 15-01                 | 02 Period:<br>From 01/01/2022 | Worksheet A-6                |
|-------------|--|------------------------------|---------------------------|-------------------------------------|-------------------------------|------------------------------|
|             |  |                              |                           |                                     | To 12/31/2022                 |                              |
|             | Cost Contor  | Increases                    | Calan                     | Other                               | L.                            |                              |
|             | Cost Center           2.00                                   | Line #<br>3.00               | Salary<br>4.00            | 0ther<br>5.00                       |                               |                              |
| _           | A - EMPLOYEE BENEFITS  |                              |                           | 1 017 010                           |                               |                              |
| 0           | EMPLOYEE BENEFITS DEPARTMENT                                 | 4.00                         | 0                         | _ <u>1, 217, 362</u><br>1, 217, 362 |                               | 1.0                          |
|             | B - RENTAL & LEASE EXPENSES                                  |                              |                           |                                     |                               |                              |
| 0<br>0      | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP       | 1.00<br>2.00                 | 0                         | 179, 187<br>24, 229                 |                               | 1. C<br>2. C                 |
| 0           |  | 0.00                         | 0                         | 0                                   |                               | 3. 0                         |
| 0           |  | 0.00                         | 0                         | 0                                   |                               | 4.0                          |
| 0<br>0      |  | 0.00<br>0.00                 | 0                         | 0                                   |                               | 5.0                          |
| 0           |  | 0.00                         | 0                         | 0                                   |                               | 7.0                          |
| 0           | <u> </u>   | 0.00                         | 0                         | 000000                              |                               | 8. C                         |
|             | C - OTHER CAPITAL COSTS                                      |                              | U                         | 203, 410                            |                               |                              |
| 0           | CAP REL COSTS-BLDG & FLXT                                    | 1.00                         | 0                         | 110, 031                            |                               | 1.0                          |
| 0<br>0      | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP       | 1.00<br>2.00                 | 0                         | 63, 698<br>3, 005                   |                               | 2. C<br>3. C                 |
|             | 0  |                              |                           | 176, 734                            |                               |                              |
| 0           | D - REPAIRS/MAINTENANCE COST<br>OPERATION OF PLANT           | 7.00                         | 0                         | 513, 299                            |                               | 1.0                          |
| 0           | NURSING ADMINISTRATION                                       | 13.00                        | 0                         | 11                                  |                               | 2.0                          |
| 0           | ULTRASOUND   | 54.01                        | 0                         | 3, 071                              |                               | 3.0                          |
| 0<br>0      |  | 0.00<br>0.00                 | 0                         | 0                                   |                               | 5.0                          |
| 0           |  | 0.00                         | 0                         | 0                                   |                               | 7.0                          |
| 0<br>0      |  | 0.00<br>0.00                 | 0                         | 0                                   |                               | 8.0                          |
| 00          |  | 0.00                         | 0                         | 0                                   |                               | 10.0                         |
| 00          |  | 0.00                         | 0                         | 0                                   |                               | 11.0                         |
| 00<br>00    |  | 0.00<br>0.00                 | 0                         | 0                                   |                               | 13.0                         |
| 00          |  | 0.00                         | 0                         | 0                                   |                               | 15. 0                        |
| 00<br>00    |  | 0.00<br>0.00                 | 0                         | 0                                   |                               | 16. 0<br>17. 0               |
| 00          |  | 0.00                         | 0                         | 0                                   |                               | 18.0                         |
| 00          |  | 0.00                         | 0                         | 00                                  |                               | 19. C                        |
|             | E - NURSING SALARIES   |                              | UU                        | 510, 301                            |                               |                              |
| 0           | NURSING ADMINISTRATION                                       | <u>13.00</u>                 | <u>15, 174</u><br>15, 174 | 0                                   |                               | 1. C                         |
|             | F - MEDICAL SUPPLIES   |                              | 15, 174                   | 0                                   |                               |                              |
| 0           | MEDI CAL SUPPLI ES CHARGED TO                                | 71.00                        | 0                         | 51, 847                             |                               | 1. C                         |
| 0           | PATIENT<br>IMPL. DEV. CHARGED TO                             | 72.00                        | 0                         | 8, 017                              |                               | 2.0                          |
|             | PATI ENTS  | +                            |                           |                                     |                               |                              |
|             | G - COST OF DRUGS  |                              | 0                         | 59, 864                             |                               |                              |
| 0           | DRUGS_CHARGED_TO_PATIENTS                                    | 73.00                        | 0                         | 488, 182                            |                               | 1. C                         |
|             | O<br>H - PT, ST, AND OT                                      |                              | 0                         | 488, 182                            |                               |                              |
| 0           | PHYSICAL THERAPY   | 66.00                        | 115, 992                  | 36, 243                             |                               | 1.0                          |
| 0           |  | 0.00                         | 0                         | 0                                   |                               | 2.0                          |
|             | I - DIETARY COSTS  |                              | 115, 992                  | 36, 243                             |                               |                              |
| 0           | CAFETERI A   | 11.00                        | <u>6, 3</u> 48            | 25 <u>1, 4</u> 73                   |                               | 1.0                          |
|             | O<br>J - CONTINUUM OF CARE                                   |                              | 6, 348                    | 251, 473                            |                               |                              |
| 0           | SOCIAL SERVICE   | 17.00                        | 8, 516                    | 954                                 |                               | 1.0                          |
|             | TOTALS<br>K - SITTER COSTS                                   |                              | 8, 516                    | 954                                 |                               |                              |
| 0           | ADULTS & PEDIATRICS  | 30.00                        | 7, 874                    | 624                                 |                               | 1.0                          |
|             | TOTALS   |                              | 7, 874                    | 624                                 |                               |                              |
| 0           | L - MOB RENT RECLASSIFICATION<br>PHYSICIANS' PRIVATE OFFICES | 192.00                       | 0                         | 52, 851                             |                               | 1.0                          |
|             | TOTALS   |                              |                           | <u> </u>                            |                               |                              |
| ~           | M - NON CAPITALIZED EQUIPMENT<br>OPERATION OF PLANT          | 7.00                         | 0                         | 75, 326                             |                               | 1.0                          |
| ()          |  | 0.00                         | 0                         | 75, <u>526</u><br>0                 |                               | 2.0                          |
| 0<br>0      |  | 0.00                         | 0                         | 0                                   |                               | 3.0                          |
| 0<br>0      |  | 0 00                         |                           |                                     |                               |                              |
| 0<br>0<br>0 |  | 0.00<br>0.00                 | 0                         | 0<br>0                              |                               |                              |
| 0<br>0      |  | 0.00<br>0.00<br>0.00<br>0.00 | -                         | 0<br>0<br>0                         |                               | 4. C<br>5. C<br>6. C<br>7. C |

| Health Financial Systems |                        |           | STARKE MEMORI | AL HOSPITAL |              | In Lie                     | u of Form CMS                | -2552-10          |
|--------------------------|------------------------|-----------|---------------|-------------|--------------|----------------------------|------------------------------|-------------------|
| RECLASS                  | I FI CATI ONS          |           |               | Provider (  | CCN: 15-0102 | Period:<br>From 01/01/2022 | Worksheet A-                 | 6                 |
|                          |                        |           |               |             |              | To 12/31/2022              | Date/Time Pr<br>5/31/2023 11 | epared:<br>:33 am |
|                          |                        | Increases |               |             |              |                            |                              |                   |
|                          | Cost Center            | Line #    | Sal ary       | 0ther       |              |                            |                              |                   |
|                          | 2.00                   | 3.00      | 4.00          | 5.00        |              |                            |                              |                   |
| 9.00                     |                        | 0.00      | 0             | 0           |              |                            |                              | 9.00              |
| 10.00                    |                        | 0.00      | 0             | 0           |              |                            |                              | 10.00             |
| 11.00                    |                        | 0.00      | 0             | 0           |              |                            |                              | 11.00             |
| 12.00                    |                        | 0.00      | 0             | 0           |              |                            |                              | 12.00             |
| 13.00                    |                        | 0.00      | 0             | 0           |              |                            |                              | 13.00             |
| 14.00                    |                        | 0.00      | 0             | 0           |              |                            |                              | 14.00             |
|                          | TOTALS                 |           | 0             | 75, 326     | ]            |                            |                              | 1                 |
| 500.00                   | Grand Total: Increases |           | 153, 904      | 3, 079, 410 | ]            |                            |                              | 500.00            |

| CLASS    | Financial Systems<br>SIFICATIONS                     |                |                         | Provider CCN: 1          | 5-0102 Peri od:          | N Lieu of Form CMS-2552<br>Worksheet A-6 |
|----------|--|----------------|-------------------------|--------------------------|--------------------------|--|
|          |  |                |                         |                          | From 01/01/<br>To 12/31/ | 2022 Date/Time Prepar                    |
|          |  | Decreases      |                         |                          |                          | 5/31/2023 11: 33                         |
|          | Cost Center  | Line #         | Salary                  | Other Wkst               | . A-7 Ref.               |  |
|          | 6.00   | 7.00           | 8.00                    | 9.00                     | 10.00                    |  |
|          | A - EMPLOYEE BENEFITS                                |                |                         |                          |                          |  |
| 00       | ADMI NI STRATI VE & GENERAL                          | 5.00           | 0                       | <u>1, 217, 3</u> 62      | 0                        | 1  |
|          | 0  |                | 0                       | 1, 217, 362              |                          |  |
|          | B - RENTAL & LEASE EXPENSES                          | 5.00           |                         | 00.050                   | a                        |  |
| 00       | ADMINISTRATIVE & GENERAL                             | 5.00           | 0                       | 83, 858                  | 9                        | 1  |
| 00       | CENTRAL SERVICES & SUPPLY                            | 7.00<br>14.00  | 0                       | 8, 869                   | 0                        | 2  |
| 00<br>00 | PHARMACY   | 15.00          | 0                       | 4, 426<br>82, 500        | 0                        |  |
| 00       | ADULTS & PEDIATRICS                                  | 30.00          | 0                       | 82, 500<br>807           | 0                        | 5  |
| 00       | OPERATING ROOM                                       | 50.00          | 0                       | 450                      | 0                        | 6  |
| 00       | LABORATORY   | 60.00          | 0                       | 11, 564                  | 0                        | 7  |
| 00       | RESPIRATORY THERAPY                                  | 65.00          | 0                       | 10, 942                  | 0                        | 8  |
| 0        |  |                | 0                       | 203, 416                 | — — ĭ                    |  |
|          | C - OTHER CAPITAL COSTS                              | <b>I</b>       |                         | 2007 110                 |                          |  |
| 00       | ADMI NI STRATI VE & GENERAL                          | 5.00           | 0                       | 176, 734                 | 12                       | 1  |
| 00       |  | 0.00           | 0                       | 0                        | 13                       | 2  |
| 00       |  | 0.00           | 0                       | 0                        | 12                       | 3  |
|          | 0  |                | 0                       | 176, 734                 |                          |  |
| 0        | D - REPAIRS/MAINTENANCE COST                         | E ool          |                         | 01 540                   | ol                       |  |
| 00       | ADMINISTRATIVE & GENERAL                             | 5.00           | 0                       | 21, 549                  | 0                        | 1  |
| 00       |  | 0.00           | 0                       | 0                        | 0                        | 2  |
|          |  | 10.00          | 0                       | 2, 591                   | 0                        | 3  |
| 00       | CENTRAL SERVICES & SUPPLY                            | 14.00<br>15.00 | 0                       | 3, 268                   | 0                        | 5  |
| 00<br>00 | PHARMACY<br>MEDICAL RECORDS & LIBRARY                | 15.00<br>16.00 | 0                       | 2, 617<br>20             |                          | 6  |
| 0        | ADULTS & PEDIATRICS                                  | 30.00          | 0                       |                          | 0                        | 1  |
| 00       | OPERATING ROOM                                       | 50.00          | 0                       | 1, 173<br>42, 940        | 0                        |  |
| 00       | ANESTHESI OLOGY                                      | 53.00          | 0                       | 2, 016                   | 0                        | 10                                       |
|          | RADI OLOGY-DI AGNOSTI C                              | 54.00          | 0                       | 204, 164                 | 0                        | 11                                       |
| 00       | RADI OLOGI - DI AGNOSTI C                            | 56.00          | 0                       | 16, 706                  | 0                        | 13                                       |
| 00       | CT SCAN  | 57.00          | 0                       | 94, 000                  | 0                        | 14                                       |
| 00       | MRI  | 58.00          | 0                       | 68, 743                  | 0                        | 15                                       |
| 00       | LABORATORY   | 60.00          | 0                       | 46, 809                  | 0                        | 16                                       |
| 00       | ELECTROCARDI OLOGY                                   | 69.00          | 0                       | 9, 183                   | 0                        | 17                                       |
| 00       | CLINIC   | 90.00          | 0                       | 377                      | o                        | 18                                       |
| 00       | EMERGENCY  | 91.00          | 0                       | 225                      | 0                        | 19                                       |
|          | 0  |                | 0                       | 516, 381                 |                          |  |
|          | E - NURSING SALARIES                                 |                |                         |                          | 1                        |  |
| 00       | ADMI NI STRATI VE & GENERAL                          | 5.00           | <u> </u>                | 0                        | <u>0</u>                 | 1  |
|          |  |                | 15, 174                 | 0                        |                          |  |
| 00       | F - MEDI CAL SUPPLI ES<br>CENTRAL SERVI CES & SUPPLY | 14.00          | 0                       | E0 E10                   | 0                        | 1  |
| 00       | OPERATING ROOM                                       | 14.00<br>50.00 | 0                       | 58, 512<br>1, 352        | 0                        | 2  |
| 00       |  |                | 0                       | <u>1, 352</u><br>59, 864 | — — Ÿ                    | 2  |
|          | G - COST OF DRUGS                                    | I              | <u> </u>                | 37,004                   |                          |  |
| 00       | PHARMACY   | 15.00          | 0                       | 488, 182                 | 0                        | 1  |
|          |  |                | 0                       | 488, 182                 | 1                        |  |
|          | H - PT, ST, AND OT                                   |                |                         |                          |                          |  |
| 00       | OCCUPATI ONAL THERAPY                                | 67.00          | 63, 038                 | 6, 251                   | 0                        | 1  |
| 00       | SPEECH PATHOLOGY                                     |                | 5 <u>2, 9</u> 54        | 2 <u>9, 9</u> 92         | Q                        | 2  |
|          | 0  |                | 115, 992                | 36, 243                  |                          |  |
|          | I - DIETARY COSTS                                    |                | !                       | 051 1                    |                          |  |
| 00       | <u>DIETARY</u>                                       | <u>10.</u> 00  | <u>6, 348</u>           | 251, 473                 | <u> </u>                 | 1  |
|          |  |                | 6, 348                  | 251, 473                 |                          |  |
| 0        | J - CONTINUUM OF CARE                                | 14 00          | 0 E14                   |                          | 0                        | 1  |
| 00       | MEDI CAL_RECORDS & LI BRARY                          | <u> </u>       | <u>8, 516</u><br>8, 516 | <u>954</u><br>954        | 0                        | 1  |
|          | K - SITTER COSTS                                     |                | 0, 010                  | 904                      |                          |  |
| 00       | NURSI NG ADMI NI STRATI ON                           | 13.00          | 7, 874                  | 624                      | 0                        | 1  |
|          | TOTALS   |                | 7,874                   | 624                      | — — ĭ                    |  |
|          | L - MOB RENT RECLASSIFICATION                        |                | ,,,,,,                  | 521                      | I                        |  |
| 0        | CAP REL COSTS-BLDG & FIXT                            | 1.00           | 0                       | 52, 851                  | 10                       | 1  |
|          | TOTALS   | †              |                         | 52, 851                  | — — 1                    |  |
|          | M - NON CAPITALIZED EQUIPMENT                        |                |                         |                          |                          |  |
| 00       | ADMI NI STRATI VE & GENERAL                          | 5.00           | 0                       | 6, 883                   | 0                        | 1  |
|          | DI ETARY   | 10.00          | 0                       | 1, 058                   | 0                        | 2  |
| 00       | NURSING ADMINISTRATION                               | 13.00          | 0                       | 5, 152                   | 0                        | 3  |
| 00       | CENTRAL SERVICES & SUPPLY                            | 14.00          | 0                       | 629                      | 0                        | 4  |
| 00       | MEDICAL RECORDS & LIBRARY                            | 16.00          | 0                       | 1, 030                   | 0                        | 5  |
| 00       | ADULTS & PEDIATRICS                                  | 30.00          | 0                       | 68                       | o                        | 6  |
| 00       | OPERATING ROOM                                       | 50.00          | 0                       | 46, 376                  | 0                        | 7  |
| 00       | RADI OLOGY-DI AGNOSTI C                              | 54.00          | 0                       | 332                      | 0                        | 8  |
| 00       | CT SCAN  | 57.00          | 0                       | 376                      | 0                        | 9  |
| 50       | MRI  | 58.00          | 0                       | 45                       | o                        | 10                                       |

| Heal th | Financial Systems      |           | STARKE MEMORI | AL HOSPITAL |               | In Lie                           | u of Form CMS- | -2552-10         |
|---------|------------------------|-----------|---------------|-------------|---------------|----------------------------------|----------------|------------------|
| RECLASS | SI FI CATI ONS         |           |               | Provi der ( | CCN: 15-0102  | Period:                          | Worksheet A-   | 6                |
|         |                        |           |               |             |               | From 01/01/2022<br>To 12/31/2022 |                | epared:<br>33 am |
|         |                        | Decreases |               |             |               |                                  |                |                  |
|         | Cost Center            | Line #    | Sal ary       | 0ther       | Wkst. A-7 Ref |                                  |                |                  |
|         | 6.00                   | 7.00      | 8.00          | 9.00        | 10.00         |                                  |                |                  |
| 11.00   | LABORATORY             | 60.00     | 0             | 6, 067      |               | 0                                |                | 11.00            |
| 12.00   | PHYSICAL THERAPY       | 66.00     | 0             | 2, 561      |               | 0                                |                | 12.00            |
| 13.00   | ELECTROCARDI OLOGY     | 69.00     | 0             | 656         |               | o                                |                | 13.00            |
| 14.00   | EMERGENCY              | 91.00     | 0             | 4, 093      |               | o                                |                | 14.00            |
|         | TOTALS                 |           | 0             | 75, 326     |               | ]                                |                | 1                |
| 500.00  | Grand Total: Decreases |           | 153, 904      | 3, 079, 410 |               |                                  |                | 500.00           |

| Heal th | Financial Systems                             | STARKE MEMORI    | AL HOSPITAL |                 | In Lie                                      | eu of Form CMS-: | 2552-10 |
|---------|---|------------------|-------------|-----------------|---|------------------|---------|
| RECON   | CILIATION OF CAPITAL COSTS CENTERS            |                  | Provider CC | CN: 15-0102     | Period:<br>From 01/01/2022<br>To 12/31/2022 |                  |         |
|         |   |                  |             | Acqui si ti ons | 5   |                  |         |
|         |   | Begi nni ng      | Purchases   | Donati on       | Total                                       | Disposals and    |         |
|         |   | Bal ances        |             |                 |   | Retirements      |         |
|         |   | 1.00             | 2.00        | 3.00            | 4.00  | 5.00             |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | BALANCES         |             |                 |   |                  |         |
| 1.00    | Land  | 142, 789         | 0           |                 | 0 0   | 0                | 1.00    |
| 2.00    | Land Improvements                             | 52, 134          | 0           |                 | 0 0   | 0                | 2.00    |
| 3.00    | Buildings and Fixtures                        | 1, 760, 186      | 0           |                 | 0 0   | 0                | 3.00    |
| 4.00    | Building Improvements                         | 4, 218, 941      | 0           |                 | 0 0   | 323, 978         | 4.00    |
| 5.00    | Fixed Equipment                               | 1, 097, 772      | 0           |                 | 0 0   | 0                | 5.00    |
| 6.00    | Movable Equipment                             | 9, 390, 151      | 323, 978    |                 | 0 323, 978                                  | 36, 955          | 6.00    |
| 7.00    | HIT designated Assets                         | 0                | 0           |                 | 0 0   | 0                | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 16, 661, 973     | 323, 978    |                 | 0 323, 978                                  | 360, 933         | 8.00    |
| 9.00    | Reconciling Items                             | 0                | 0           |                 | 0 0   | 0                | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 16, 661, 973     | 323, 978    |                 | 0 323, 978                                  | 360, 933         | 10.00   |
|         |   | Endi ng Bal ance | Fully       |                 |   |                  |         |
|         |   | U U              | Depreciated |                 |   |                  |         |
|         |   |                  | Assets      |                 |   |                  |         |
|         |   | 6.00             | 7.00        |                 |   |                  |         |
|         | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET | BALANCES         |             |                 |   |                  |         |
| 1.00    | Land  | 142, 789         | 0           |                 |   |                  | 1.00    |
| 2.00    | Land Improvements                             | 52, 134          | 0           |                 |   |                  | 2.00    |
| 3.00    | Buildings and Fixtures                        | 1, 760, 186      | 0           |                 |   |                  | 3.00    |
| 4.00    | Building Improvements                         | 3, 894, 963      | 0           |                 |   |                  | 4.00    |
| 5.00    | Fixed Equipment                               | 1, 097, 772      | 0           |                 |   |                  | 5.00    |
| 6.00    | Movable Equipment                             | 9, 677, 174      | 0           |                 |   |                  | 6.00    |
| 7.00    | HIT designated Assets                         | 0                | 0           |                 |   |                  | 7.00    |
| 8.00    | Subtotal (sum of lines 1-7)                   | 16, 625, 018     | 0           |                 |   |                  | 8.00    |
| 9.00    | Reconciling Items                             | 0                | 0           |                 |   |                  | 9.00    |
| 10.00   | Total (line 8 minus line 9)                   | 16, 625, 018     | 0           |                 |   |                  | 10.00   |

| Heal th      | Financial Systems                                      | STARKE MEMORI     | AL HOSPITAL           |               | In Lie                           | u of Form CMS-2 | 2552-10      |
|--------------|--|-------------------|-----------------------|---------------|----------------------------------|-----------------|--------------|
| RECONO       | CILIATION OF CAPITAL COSTS CENTERS                     |                   | Provider C            | CN: 15-0102   | Period:                          | Worksheet A-7   |              |
|              |  |                   |                       |               | From 01/01/2022<br>To 12/31/2022 |                 | narod        |
|              |  |                   |                       |               | 10 12/31/2022                    | 5/31/2023 11:   | 33 am        |
|              |  |                   | SL                    | JMMARY OF CAP | TAL                              |                 |              |
|              |  |                   |                       |               |                                  |                 |              |
|              | Cost Center Description                                | Depreciation      | Lease                 | Interest      | Insurance (see                   |                 |              |
|              |  | 9,00              | 10.00                 | 11.00         | instructions)<br>12.00           | instructions)   |              |
|              | PART II - RECONCILIATION OF AMOUNTS FROM WORK          |                   |                       | nd 2          | 12.00                            | 13.00           |              |
| 1.00         | CAP REL COSTS-BLDG & FIXT                              | -103, 464         | N Z, LINLS I a        |               | 0 0                              | 0               | 1.00         |
| 2.00         | CAP REL COSTS-BEDG & TTXT                              | 624, 557          | 0                     |               |                                  | 0               | 2.00         |
| 3.00         | Total (sum of lines 1-2)                               | 521,093           | 0                     |               | 0 0                              | 0               | 3.00         |
|              |  | SUMMARY O         |                       |               |                                  |                 |              |
|              |  |                   |                       |               |                                  |                 |              |
|              | Cost Center Description                                | Other             | Total (1) (sum        |               |                                  |                 |              |
|              |  | Capi tal -Rel ate |                       |               |                                  |                 |              |
|              |  | d Costs (see      | through 14)           |               |                                  |                 |              |
|              |  | instructions)     | 45.00                 | -             |                                  |                 |              |
|              | DADT LL DECONCLULATION OF ANOUNTS FROM WOR             | 14.00             | 15.00                 |               |                                  |                 |              |
| 1 00         | PART II - RECONCILIATION OF AMOUNTS FROM WORK          | SHEEL A, CULUM    |                       |               |                                  |                 | 1 00         |
| 1.00<br>2.00 | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP | 0                 | -103, 464<br>624, 557 |               |                                  |                 | 1.00         |
| 2.00         | Total (sum of lines 1-2)                               | 0                 | 624, 557<br>521, 093  |               |                                  |                 | 2.00<br>3.00 |
| 3.00         | Total (Sull of Titles 1-2)                             | I U               | 521, 093              |               |                                  |                 | J 3.00       |

| Health Financial Systems                      | STARKE MEMORI | AL HOSPITAL       |                                  | In Lie                                      | u of Form CMS-2   | 2552-10         |
|---|---------------|-------------------|----------------------------------|---|---|-----------------|
| RECONCILIATION OF CAPITAL COSTS CENTERS       |               | Provider C        |                                  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet A-7<br>Part III<br>Date/Time Prep<br>5/31/2023 11:3 | pared:<br>33 am |
|   | COM           | PUTATION OF RAT   | TI OS                            | ALLOCATION OF                               | OTHER CAPITAL   |                 |
| Cost Center Description                       | Gross Assets  | Capi tal i zed    | Gross Assets                     |   | Insurance   |                 |
|   |               | Leases            | for Ratio<br>(col. 1 - col<br>2) | instructions)                               |   |                 |
|   | 1.00          | 2.00              | 3.00                             | 4.00  | 5.00  |                 |
| PART III - RECONCILIATION OF CAPITAL COSTS CE |               |                   |                                  |   |   |                 |
| 1.00 CAP REL COSTS-BLDG & FIXT                | 5, 850, 071   | 0                 |                                  |   | -   | 1.00            |
| 2.00 CAP REL COSTS-MVBLE EQUIP                | 10, 774, 947  |                   |                                  |   | 0   | 2.00            |
| 3.00 Total (sum of lines 1-2)                 | 16, 625, 018  |                   | 10/020/01                        |   | 0   | 3.00            |
|   | ALLOCA        | TION OF OTHER (   | CAPITAL                          | SUMMARY O                                   | F CAPITAL   |                 |
| Cost Center Description                       | Taxes         | Other             | Total (sum of                    | Depreciation                                | Lease   |                 |
|   |               | Capi tal -Rel ate |                                  |   |   |                 |
|   |               | d Costs           | through 7)                       |   |   |                 |
|   | 6.00          | 7.00              | 8.00                             | 9.00  | 10.00   |                 |
| PART III - RECONCILIATION OF CAPITAL COSTS CE |               | -                 |                                  |   |   |                 |
| 1.00 CAP REL COSTS-BLDG & FIXT                | 0             | 0                 |                                  | 0 94, 952                                   | -122, 327   | 1.00            |
| 2.00 CAP REL COSTS-MVBLE EQUIP                | 0             | 0                 |                                  | 0 685, 552                                  | 0   | 2.00            |
| 3.00 Total (sum of lines 1-2)                 | 0             | 0                 |                                  | 0 780, 504                                  | -122, 327   | 3.00            |
|   |               | SL                | JMMARY OF CAPI                   | TAL   |   |                 |
| Cost Center Description                       | Interest      | Insurance (see    | Taxes (see                       | Other                                       | Total (2) (sum  |                 |
|   |               | instructions)     | instructions)                    | Capi tal -Rel ate                           |   |                 |
|   |               |                   |                                  | d Costs (see                                | through 14)   |                 |
|   | 11.00         | 10.00             | 10.00                            | instructions)                               | 45.00   |                 |
|   | 11.00         | 12.00             | 13.00                            | 14.00                                       | 15.00   |                 |
| PART III - RECONCILIATION OF CAPITAL COSTS CI | INTERS 0      | 110, 031          | 63, 69                           | 8 0   | 146, 354  | 1.00            |
| 2.00 CAP REL COSTS-BLDG & FIXT                | 0             |                   |                                  | 8 U<br>0 0                                  | 688, 557  | 2.00            |
| 3.00 Total (sum of lines 1-2)                 | 0             |                   |                                  |   | 834, 911  | 2.00            |
| $3.00 \pm 0.00$ (Sum of Thes $1-2$ )          | 0             | 1 113, 030        | 03,09                            |   | 034, 911  | 5.00            |

| Health Financial Systems | STARKE MEMOR |
|--------------------------|--------------|
|                          |              |

| Heal th         | Financial Systems  |                         | STARKE MEMORI  | AL HOSPITAL                 | In Lie                     | u of Form CMS-2        | 2552-10        |
|-----------------|--|-------------------------|----------------|-----------------------------|----------------------------|------------------------|----------------|
|                 | MENTS TO EXPENSES  |                         |                | Provider CCN: 15-0102       | Period:<br>From 01/01/2022 | Worksheet A-8          |                |
|                 |  |                         |                |                             | To 12/31/2022              |                        | pared:         |
|                 |  |                         |                | Expense Classification o    | n Worksheet A              | 5/31/2023 11:          | 33 am          |
|                 |  |                         |                | To/From Which the Amount is |                            |                        |                |
|                 |  |                         |                |                             |                            |                        |                |
|                 |  |                         |                |                             |                            |                        |                |
|                 |  |                         |                |                             |                            |                        |                |
|                 | Cost Center Description  | Basi s/Code (2)<br>1.00 | Amount<br>2.00 | Cost Center<br>3.00         | Line #<br>4.00             | Wkst. A-7 Ref.<br>5.00 |                |
| 1.00            | Investment income - CAP REL                                    | 1.00                    |                | CAP REL COSTS-BLDG & FIXT   | 1.00                       |                        | 1.00           |
|                 | COSTS-BLDG & FIXT (chapter 2)                                  |                         | _              |                             |                            | _                      |                |
| 2.00            | Investment income - CAP REL<br>COSTS-MVBLE EQUIP (chapter 2)   |                         | 0              | CAP REL COSTS-MVBLE EQUIP   | 2.00                       | 0                      | 2.00           |
| 3.00            | Investment income - other                                      |                         | 0              |                             | 0.00                       | 0                      | 3.00           |
| 4 00            | (chapter 2)  |                         | 0              |                             | 0.00                       |                        | 4 00           |
| 4.00            | Trade, quantity, and time<br>discounts (chapter 8)             |                         | 0              |                             | 0.00                       | 0                      | 4.00           |
| 5.00            | Refunds and rebates of   |                         | 0              |                             | 0.00                       | 0                      | 5.00           |
| 6.00            | expenses (chapter 8)<br>Rental of provider space by            |                         | 0              |                             | 0.00                       | 0                      | 6.00           |
| 0.00            | suppliers (chapter 8)  |                         | 0              |                             | 0.00                       | 0                      | 0.00           |
| 7.00            | Telephone services (pay  |                         | 0              |                             | 0.00                       | 0                      | 7.00           |
|                 | stations excluded) (chapter 21)                                |                         |                |                             |                            |                        |                |
| 8.00            | Television and radio service                                   | В                       | -2, 773        | OPERATION OF PLANT          | 7.00                       | 0                      | 8.00           |
| 0.00            | (chapter 21)   |                         | 0              |                             | 0.00                       |                        | 0.00           |
| 9. 00<br>10. 00 | Parking lot (chapter 21)<br>Provider-based physician           | A-8-2                   | -2, 335, 666   |                             | 0.00                       | 0                      | 9.00<br>10.00  |
|                 | adjustment   |                         |                |                             |                            |                        |                |
| 11.00           | Sale of scrap, waste, etc.                                     | В                       | 0              | RADI OLOGY-DI AGNOSTI C     | 54.00                      | 0                      | 11.00          |
| 12.00           | (chapter 23)<br>Related organization                           | A-8-1                   | 5, 533, 407    |                             |                            | 0                      | 12.00          |
|                 | transactions (chapter 10)                                      |                         |                |                             |                            |                        |                |
|                 | Laundry and linen service<br>Cafeteria-employees and guests    |                         | 0              |                             | 0.00                       |                        | 13.00<br>14.00 |
|                 | Rental of quarters to employee                                 |                         | 0              |                             | 0.00                       |                        | 15.00          |
| 4 / 00          | and others   |                         | F (00          |                             | 11.00                      |                        | 1/ 00          |
| 16.00           | Sale of medical and surgical supplies to other than            | В                       | -5, 689        | CENTRAL SERVICES & SUPPLY   | 14.00                      | 0                      | 16.00          |
|                 | patients   |                         |                |                             |                            |                        |                |
| 17.00           | Sale of drugs to other than                                    | В                       | -6, 516        | PHARMACY                    | 15.00                      | 0                      | 17.00          |
| 18.00           | patients<br>Sale of medical records and                        | В                       | 240            | MEDICAL RECORDS & LIBRARY   | 16.00                      | 0                      | 18.00          |
|                 | abstracts  |                         |                |                             |                            |                        |                |
| 19.00           | Nursing and allied health<br>education (tuition, fees,         |                         | 0              |                             | 0.00                       | 0                      | 19.00          |
|                 | books, etc.)   |                         |                |                             |                            |                        |                |
|                 | Vending machines   | В                       | -5             | ADMINISTRATIVE & GENERAL    | 5.00                       |                        | 20.00          |
| 21.00           | Income from imposition of interest, finance or penalty         |                         | 0              |                             | 0.00                       | 0                      | 21.00          |
|                 | charges (chapter 21)   |                         |                |                             |                            |                        |                |
| 22.00           | Interest expense on Medicare<br>overpayments and borrowings to |                         | 0              |                             | 0.00                       | 0                      | 22.00          |
|                 | repay Medicare overpayments                                    |                         |                |                             |                            |                        |                |
| 23.00           | Adjustment for respiratory                                     | A-8-3                   | 0              | RESPI RATORY THERAPY        | 65.00                      |                        | 23.00          |
|                 | therapy costs in excess of<br>limitation (chapter 14)          |                         |                |                             |                            |                        |                |
| 24.00           | Adjustment for physical  | A-8-3                   | 0              | PHYSICAL THERAPY            | 66.00                      |                        | 24.00          |
|                 | therapy costs in excess of                                     |                         |                |                             |                            |                        |                |
| 25.00           | limitation (chapter 14)<br>Utilization review –                |                         | 0              | *** Cost Center Deleted *** | 114.00                     |                        | 25.00          |
|                 | physicians' compensation                                       |                         |                |                             |                            |                        |                |
| 26.00           | (chapter 21)<br>Depreciation - CAP REL                         |                         | 0              | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 0                      | 26.00          |
| 20.00           | COSTS-BLDG & FIXT  |                         | 0              | CAP REL COSTS-BEDG & TIXT   | 1.00                       | 0                      | 20.00          |
| 27.00           | Depreciation - CAP REL   |                         | 0              | CAP REL COSTS-MVBLE EQUIP   | 2.00                       | 0                      | 27.00          |
| 28 00           | COSTS-MVBLE EQUIP<br>Non-physician Anesthetist                 |                         | 0              | *** Cost Center Deleted *** | 19.00                      |                        | 28.00          |
|                 | Physicians' assistant  |                         | 0              |                             | 0.00                       |                        |                |
| 30.00           | Adjustment for occupational                                    | A-8-3                   | 0              | OCCUPATI ONAL THERAPY       | 67.00                      |                        | 30.00          |
|                 | therapy costs in excess of<br>limitation (chapter 14)          |                         |                |                             |                            |                        |                |
| 30. 99          | Hospice (non-distinct) (see                                    |                         | 0              | ADULTS & PEDIATRICS         | 30.00                      |                        | 30. 99         |
| 31.00           | instructions)<br>Adjustment for speech                         | A-8-3                   | <u>^</u>       |                             | 40.00                      |                        | 31.00          |
| 31.UU           | Adjustment for speech<br>pathology costs in excess of          | A-8-3                   | 0              | SPEECH PATHOLOGY            | 68.00                      |                        | 31.00          |
|                 | limitation (chapter 14)  |                         |                |                             |                            |                        |                |
| 32.00           | CAH HIT Adjustment for<br>Depreciation and Interest            |                         | 0              |                             | 0.00                       | 0                      | 32.00          |
| 33.00           | TRAINING REVENUE   | В                       | -25, 209       | NURSING ADMINISTRATION      | 13.00                      | 0                      | 33.00          |
|                 |  |                         |                |                             |                            |                        |                |

| Health Financial Systems           |                    | STARKE MEMORI   | AL HOSPI TAL                | In Lie           | u of Form CMS-2                | 2552-10 |
|------------------------------------|--------------------|-----------------|-----------------------------|------------------|--------------------------------|---------|
| ADJUSTMENTS TO EXPENSES            |                    |                 | Provider CCN: 15-0102       | Peri od:         | Worksheet A-8                  |         |
|                                    |                    |                 |                             | From 01/01/2022  |                                |         |
|                                    |                    |                 |                             | To 12/31/2022    | Date/Time Pre<br>5/31/2023 11: |         |
|                                    |                    |                 | Expense Classification of   | on Worksheet A   | 0/01/2020 11.                  |         |
|                                    |                    |                 | To/From Which the Amount i  | s to be Adjusted |                                |         |
|                                    |                    |                 |                             | 2                |                                |         |
|                                    |                    |                 |                             |                  |                                |         |
|                                    |                    |                 |                             |                  |                                |         |
|                                    |                    |                 |                             |                  |                                |         |
| Cost Center Descripti              |                    |                 | Cost Center                 |                  | Wkst. A-7 Ref.                 |         |
|                                    | 1.00               | 2.00            | 3.00                        | 4.00             | 5.00                           |         |
| 33.01 RENTAL INCOME                | В                  |                 | CAP REL COSTS-BLDG & FIXT   | 1.00             | 10                             |         |
| 33.02 LEGAL FEES                   | A                  | -1, 683         | ADMI NI STRATI VE & GENERAL | 5.00             | 0                              | 33.02   |
| 33.04 OTHER MI SCELLANEOUS REVENUE | В                  | -3, 925         | ADMI NI STRATI VE & GENERAL | 5.00             | 0                              | 33.04   |
| 33.06 PT TV DEPRECIATION           | A                  | -238            | CAP REL COSTS-MVBLE EQUIP   | 2.00             | 9                              | 33.06   |
| 33. 07 CHARI TABLE CONTRI BUTI ONS | A                  | -2,000          | ADMI NI STRATI VE & GENERAL | 5.00             | 0                              | 33.07   |
| 33.08 MARKETING DEPARTMENT         | В                  | -15, 923        | ADMI NI STRATI VE & GENERAL | 5.00             | 0                              | 33.08   |
| 33.10 INTEREST INCOME ADD-BACK     | В                  |                 | ADMI NI STRATI VE & GENERAL | 5.00             | 0                              | 33.10   |
| 33.11 MOB EXPENSE OFFSET           | В                  | -               | PHYSICIANS' PRIVATE OFFICE  |                  | 0                              | 33. 11  |
| 33. 14 ASSOCIATION DUES            | B                  |                 | ADMI NI STRATI VE & GENERAL | 5.00             |                                | 33.14   |
| 50.00 TOTAL (sum of lines 1 thru   | -                  | 3, 062, 299     |                             | 5.00             | 0                              | 50.00   |
| (Transfer to Worksheet A,          | · / /              | 5,002,277       |                             |                  |                                | 50.00   |
| column 6, line 200.)               |                    |                 |                             |                  |                                |         |
| (1) Description - all chapter refe | reness in this cal | lump portoin to | CMC Dub 1E 1                |                  |                                |         |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

| Health Financial Systems         | STARKE MEMOR   | REAL HOSPETAL                          | In Lie                     | eu of Form CMS-     | 2552-10        |
|----------------------------------|--|--|----------------------------|---------------------|----------------|
| STATEMENT OF COSTS OF SERVICES F | OM RELATED ORGANIZATIONS AND HO                                  |  | Period:<br>From 01/01/2022 | Worksheet A-8       | -1             |
| OFFICE COSTS                     |  |  | To 12/31/2022              | Date/Time Pre       | pared:         |
|                                  |  |  |                            | 5/31/2023 11:       |                |
| Line No.                         | Cost Center  | Expense Items                          | Amount of                  | Amount              |                |
|                                  |  |  | Allowable Cost             |                     |                |
|                                  |  |  |                            | Wks. A, column      |                |
| 1.00                             | 2.00   | 3.00                                   | 4,00                       | 5<br>5.00           |                |
|                                  | STMENTS REQUIRED AS A RESULT OF                                  |  |                            |                     |                |
| HOME OFFICE COSTS:               | STMENTS REQUIRED AS A RESULT OF                                  | TRANSACTIONS WITH RELATED OF           | CANTZATIONS OK             |                     |                |
| 1.00 0                           | 00   |  | 0                          | 0                   | 1.00           |
| 2.00 0                           | 00   |  | 0                          | 0                   | 2.00           |
|                                  | 00   |  | 0                          | 0                   | 3.00           |
|                                  | 00 CAP REL COSTS-BLDG & FIXT                                     | PASI Capital Costs - Bldg &            | 1, 787                     | 0                   | 4.00           |
|                                  | 00 CAP REL COSTS-MVBLE EQUIP                                     | PASI Capital Costs - Moveabl           |                            | 0                   | 4.01           |
|                                  | 00 ADMINISTRATIVE & GENERAL                                      | PASI Operating Costs                   | 127, 671                   | 113, 454            | 4.02           |
|                                  | 00 ADMINISTRATIVE & GENERAL                                      | Shared Service Center Alloca           |                            | 145, 200            | 4.03           |
|                                  | 00 CAP REL COSTS-BLDG & FIXT                                     | New Capital - Building & Fix           |                            | 0                   | 4.04           |
|                                  | 00 CAP REL COSTS-MVBLE EQUIP                                     | New Capital - Movable Equipm           |                            | 0                   | 4.05           |
|                                  | 00 ADMINISTRATIVE & GENERAL                                      | Non-Capital Home Office Cost           |                            | 0                   | 4.06           |
|                                  | 00 ADMINISTRATIVE & GENERAL                                      | Malpractice Costs                      | 14, 390                    | 49, 363             | 4.07           |
|                                  | OO ADMI NI STRATI VE & GENERAL                                   | Interest Expense                       | 0                          | -5, 216, 156        | 4.08           |
|                                  | 00 ADMI NI STRATI VE & GENERAL                                   | Management Fees                        | 0                          | 386, 841            | 4.09           |
|                                  | 00 ADMINI STRATI VE & GENERAL                                    | 401K Fees                              | 0                          | 4,900               | 4.10           |
|                                  | 00 ADMINI STRATI VE & GENERAL                                    | Audit Fees                             | 0                          | 10, 927             | 4.11           |
|                                  | 00 ADMINI STRATI VE & GENERAL                                    | Corporate Overhead Allocatio           | 0                          | 228, 755            | 4. 12<br>4. 13 |
|                                  | 00 ADMI NI STRATI VE & GENERAL<br>00 ADMI NI STRATI VE & GENERAL | HIIM Allocation<br>Contract Management | 0                          | 104, 303<br>83, 881 | 4.13           |
|                                  | OOADMINISTRATIVE & GENERAL                                       | PASI Lien Unit Collection Fe           | 0                          | 7, 211              | 4.14<br>4.15   |
| 5.00 TOTALS (sum of lines 1-4).  | UUADMINISTRATIVE & GENERAL                                       | PASI LI EN UNI L'COTTECTION PE         | 1, 452, 086                | -4, 081, 321        | 4. 15<br>5. 00 |
| Transfer column 6, line 5        | to   |  | 1, 452, 000                | -4,001,321          | 5.00           |
| Worksheet A-8, column 2,         |  |  |                            |                     |                |
| line 12.                         |  |  |                            |                     |                |

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 amoun  | it allowable si | ouru be murcateu micorumin 4 | or this part.  |  |
|----------|-------------------------------|-------------------------------|-----------------|------------------------------|----------------|--|
|          |                               |                               |                 | Related Organization(s) and/ | or Home Office |  |
|          |                               |                               |                 |                              |                |  |
|          |                               |                               |                 |                              |                |  |
|          | Symbol (1)                    | Name                          | Percentage of   | Name                         | Percentage of  |  |
|          | Symbol (1)                    | Name                          |                 | Name                         |                |  |
|          |                               |                               | Ownership       |                              | Ownershi p     |  |
|          | 1.00                          | 2.00                          | 3.00            | 4.00                         | 5.00           |  |
|          | B. INTERRELATIONSHIP TO RELAT | TED ORGANIZATION(S) AND/OR HO | ME 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

| rerinbur |                         |                             |        |
|----------|-------------------------|-----------------------------|--------|
| 6.00     | В                       | 0.00 COMMULNITY HEAL 100.00 | 6.00   |
| 7.00     | В                       | 0.00 PASI 100.00            | 7.00   |
| 8.00     |                         | 0.00 0.00                   | 8.00   |
| 9.00     |                         | 0.00 0.00                   | 9.00   |
| 10.00    |                         | 0.00 0.00                   | 10.00  |
| 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 organi zati on.

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

| Health Financial Systems                                  | STARKE MEMORIAL H          | IOSPI TAL             | In Lieu         | u of Form CMS-2552-10                  |
|---|----------------------------|-----------------------|-----------------|--|
| STATEMENT OF COSTS OF SERVICES FROM RELATION OFFICE COSTS | TED ORGANIZATIONS AND HOME | Provider CCN: 15-0102 | From 01/01/2022 | Worksheet A-8-1<br>Date/Time Prepared: |

|       | -               |                 |                          |              |                 |           |                | 5/31/2023 11: | 33 am |
|-------|-----------------|-----------------|--------------------------|--------------|-----------------|-----------|----------------|---------------|-------|
|       | Net             | Wkst. A-7 Ref.  |                          |              |                 |           |                |               |       |
|       | Adjustments     |                 |                          |              |                 |           |                |               |       |
|       | (col. 4 minus   |                 |                          |              |                 |           |                |               |       |
|       | col. 5)*        |                 |                          |              |                 |           |                |               |       |
|       | 6.00            | 7.00            |                          |              |                 |           |                |               |       |
|       |                 |                 | MENTS REQUIRED AS A RESI | JLT OF TRANS | ACTIONS WITH RE | ELATED OR | GANIZATIONS OR | CLAIMED       |       |
|       | HOME OFFICE CO  |                 |                          |              |                 |           |                |               |       |
| 1.00  | 0               | 9               |                          |              |                 |           |                |               | 1.00  |
| 2.00  | 0               | 9               |                          |              |                 |           |                |               | 2.00  |
| 3.00  | 0               | 0               |                          |              |                 |           |                |               | 3.00  |
| 4.00  | 1, 787          |                 |                          |              |                 |           |                |               | 4.00  |
| 4.01  | 373             |                 |                          |              |                 |           |                |               | 4.01  |
| 4.02  | 14, 217         |                 |                          |              |                 |           |                |               | 4. 02 |
| 4.03  | 426, 783        |                 |                          |              |                 |           |                |               | 4.03  |
| 4.04  | 17, 442         |                 |                          |              |                 |           |                |               | 4.04  |
| 4.05  | 36, 631         |                 |                          |              |                 |           |                |               | 4.05  |
| 4.06  | 681, 809        |                 |                          |              |                 |           |                |               | 4.06  |
| 4.07  | -34, 973        |                 |                          |              |                 |           |                |               | 4.07  |
| 4.08  | 5, 216, 156     |                 |                          |              |                 |           |                |               | 4.08  |
| 4.09  | -386, 841       |                 |                          |              |                 |           |                |               | 4.09  |
| 4.10  | -4, 900         |                 |                          |              |                 |           |                |               | 4.10  |
| 4.11  | -10, 927        |                 |                          |              |                 |           |                |               | 4.11  |
| 4.12  | -228, 755       |                 |                          |              |                 |           |                |               | 4. 12 |
| 4.13  | -104, 303       |                 |                          |              |                 |           |                |               | 4.13  |
| 4.14  | -83, 881        |                 |                          |              |                 |           |                |               | 4.14  |
| 4.15  | -7, 211         |                 |                          |              |                 |           |                |               | 4.15  |
| 5.00  | 5, 533, 407     |                 |                          |              |                 |           |                |               | 5.00  |
| * The | amounts on line | es 1-4 (and sub | oscripts as appropriate) | are transfe  | erred in detail | to Works  | heet A, colum  | n 6. lines as |       |

riate) are 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, | cordinars i and/or 2, the amount arrowable should be that eated in cordinar 4 or this part. |  |
|----------|-------------------------------|---|--|
|          | Rel ated Organization(s)      |   |  |
|          | and/or Home Office            |   |  |
|          |                               |   |  |
|          |                               |   |  |
|          | Type of Business              |   |  |
|          |                               |   |  |
|          | 6.00                          |   |  |
|          | B. INTERRELATIONSHIP TO RELAT | TED ORGANIZATION(S) AND/OR HOME OFFICE:   |  |
|          |                               |   |  |

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

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

| i oi inoui    |              |        |
|---------------|--------------|--------|
| 6.00          | HOSP COMPANY | 6.00   |
|               | COLLECTI ONS | 7.00   |
| 8.00          |              | 8.00   |
| 9.00<br>10.00 |              | 9.00   |
| 10.00         |              | 10.00  |
| 100.00        |              | 100.00 |

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

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

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

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

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

| PROVI DER BASED PINSI CI AN ADJUSTNENT         Provi der COX: 15.0102         Period: Error 0010/12/2022<br>To 12/31/2027 11:3 am         Norksheet A-8-2           Image: Component interpretation in the interpretation intereation interpretation interpretation interpretation int   | Heal th | Financial Syste | ems                     | STARKE MEMOR           | IAL HOSPITAL   |                       | In Lie                                | eu of Form CMS-         | 2552-10 |
|---|---------|-----------------|-------------------------|------------------------|----------------|-----------------------|---------------------------------------|-------------------------|---------|
| Image: construction of the second state of  |         |                 |                         |                        |                | Provider CCN: 15-0102 |                                       | Veriod: Worksheet A-8-2 |         |
| Wikst:         A Line #         Cost Center/Physician         Total<br>Identifier         Professional<br>Remuneration         Provider<br>Component         REE Amount<br>Component         Rest Amount<br>Rest Amount<br>State         Physician<br>Physician/State         Rest Amount<br>Hours         Physician<br>Rest Amount<br>Hours           1.00         5.004/00LITS & PEDIATRICS         412,953         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |         |                 |                         |                        |                |                       |                                       |                         |         |
| West. A Line #         Cost Center/Physician<br>Identifia         Total<br>Remuneration         Protessional<br>Component         Provider<br>Provider<br>Component         RCE Amount<br>Physician/Prov<br>ider Component           1.00         1.00         2.00         3.00         4.00         5.00         6.00         7.00         1.00           2.00         3.00/AUTIS & PEDIATRICS         412,953         0  |         |                 |                         |                        |                |                       | 10 12/31/2022                         |                         |         |
| Identifier         Remuneration         Component         Component         Identifier         Identifier           1.00         2.00         3.00         4.00         5.00         6.00         7.00           1.00         5.00         AMMINISTRATIVE & GENERAL         11.000         1.00           |         | Wkst Aline #    | Cost Center/Physician   | Total                  | Professional   | Provi der             | RCE Amount                            |                         |         |
| I. 00         2.00         3.00         4.00         5.00         6.00         7.00           1. 00         30. 00AUDITS & PEDIATRI CS         11. 000         11. 000         0.00   |         |                 |                         |                        |                |                       |                                       |                         |         |
| 1.00         2.00         3.00         4.00         5.00         6.00         7.00           1.00         5.00         0.00         3.00         4.00         5.00         6.00         7.00           2.00         30.00         0.00         30.00         4.12,953         0         0         0         0         2.00           3.00         5.00         0.00         180.000         180.000         0         0         0         3.00         4.12,953         0         0         0         0         0         0         3.00         4.00         <   |         |                 |                         | intolliarior a crioiri | oomponione     | oomportorite          |                                       |                         |         |
| 2.00         30.00/ADULTS & PEDLATRICS         412.953         0         0         0         2.00           3.00         53.00/ANESTHESI LOCGY         180.000         180.000            |         | 1.00            | 2.00                    | 3.00                   | 4.00           | 5.00                  | 6.00                                  |                         |         |
| 3.00         53.00/MESTHESIOLOGY         180.000         0         0         0         3.00           4.00         54.00/RMESTHESIOLOGY         189.931         189.931         0   | 1.00    |                 |                         |                        | 11,000         |                       |                                       |                         | 1.00    |
| 4.00         SA:00[AD10LQCY-DLAGNOSTLC         18,931         18,931         0  | 2.00    | 30.00           | ADULTS & PEDIATRICS     | 412, 953               | 412, 953       | (                     | o o                                   | 0                       | 2.00    |
| 5.00         90.00         CLINIC         173.966         173.966         173.966         0 <t< td=""><td>3.00</td><td>53.00</td><td>ANESTHESI OLOGY</td><td>180,000</td><td>180,000</td><td>(</td><td>o o</td><td>0</td><td>3.00</td></t<>   | 3.00    | 53.00           | ANESTHESI OLOGY         | 180,000                | 180,000        | (                     | o o                                   | 0                       | 3.00    |
| 6.00         91.00         DEMERGENCY         1,538,816         1,538,816         0   | 4.00    | 54.00           | RADI OLOGY-DI AGNOSTI C | 18, 931                | 18, 931        | (                     | 0 0                                   | 0                       | 4.00    |
| 7.00         0.00 <th< td=""><td>5.00</td><td>90.00</td><td>CLINIC</td><td>173, 966</td><td>173, 966</td><td></td><td>o o</td><td>0</td><td>5.00</td></th<>   | 5.00    | 90.00           | CLINIC                  | 173, 966               | 173, 966       |                       | o o                                   | 0                       | 5.00    |
| 7.00         0.00 <th< td=""><td>6.00</td><td>91.00</td><td>EMERGENCY</td><td>1, 538, 816</td><td>1, 538, 816</td><td></td><td>o o</td><td>0</td><td>6.00</td></th<>  | 6.00    | 91.00           | EMERGENCY               | 1, 538, 816            | 1, 538, 816    |                       | o o                                   | 0                       | 6.00    |
| 9.00         0.00         0.00         0 <th0< td=""><td>7.00</td><td>0.00</td><td></td><td>0</td><td>0</td><td></td><td>o o</td><td>0</td><td>7.00</td></th0<>   | 7.00    | 0.00            |                         | 0                      | 0              |                       | o o                                   | 0                       | 7.00    |
| 10.00         0.00         2,35,66         0  | 8.00    | 0.00            |                         | 0                      | 0              |                       | o o                                   | 0                       | 8.00    |
| 200.00         2,335,660         2,335,660         0         0         200.00           Wkst. A Line #         Cost Center/Physician<br>Identifier         Unadjusted RCE<br>Limit         5 Percent of<br>Unadjusted RCE<br>Limit         Cost of<br>Cost of<br>Limit         Provider<br>Cost of<br>Limit         Provider<br>Component         Physician Cost<br>of<br>Natpractice           1.00         2.00         8.00         9.00         12.00         14.00         1.00           1.00         5.00 ADMINISTRATIVE & GENERAL<br>2.00           | 9.00    | 0.00            |                         | 0                      | 0              |                       | o o                                   | 0                       | 9.00    |
| Wkst. A Line #         Cost Center/Physician<br>Identifier         Unadjusted RCE<br>Limit         Second for<br>Unadjusted RCE<br>Limit         Cost of<br>Unadjusted RCE<br>Limit         Provider<br>Memberships &<br>Continuing<br>Education         Provider<br>Share of col.         Provider<br>Insurance           1.00         5.00 ADMINISTRATIVE & GENERAL         0         0         0         12.00         13.00         14.00           1.00         5.00 ADMUTS & PEDIATRICS         0         0         0         0         0         0         0         0         3.00           3.00         54.00 RADIOLOGY         0         0         0         0         0         0         0         0         0         0         3.00           5.00         90.00 CLINIC         0  | 10.00   | 0.00            |                         | 0                      | 0              |                       | o o                                   | 0                       | 10.00   |
| Wkst. A Line #         Cost Center/Physician<br>Identifier         Unadjusted RCE<br>Limit         Cerecent of<br>Unadjusted RCE<br>Limit         Cost of<br>Memberships &<br>Component<br>Education         Provider<br>Share of Col.<br>12.00         Physician Cost<br>of Majpractice<br>Insurance           1.00         5.00 ADMINISTRATIVE & GENERAL<br>0.00         8.00         9.00         12.00         13.00         14.00           1.00         5.00 ADMULTS & PEDIATRICS<br>0.00         0         0         0         0         0         0         0         0         0         2.00           3.00         53.00(ANESTHESI OLOGY<br>4.00         54.00(RADI 0LOGY-DI AGNOSTI C<br>5.00           | 200.00  |                 |                         | 2, 335, 666            | 2, 335, 666    |                       |                                       | 0                       | 200.00  |
| Image: State of col.         Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           1.00         5.00 ADMI NI STRATI VE & GENERAL.         0 <td< td=""><td></td><td>Wkst. A Line #</td><td>Cost Center/Physician</td><td></td><td></td><td></td><td>Provi der</td><td>Physician Cost</td><td></td></td<>  |         | Wkst. A Line #  | Cost Center/Physician   |                        |                |                       | Provi der                             | Physician Cost          |         |
| Image: Note of the image in the image.         Image in the imag          |         |                 | I denti fi er           | Limit                  | Unadjusted RCE | Memberships &         | Component                             | of Mal practi ce        |         |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$   |         |                 |                         |                        | Limit          | Conti nui ng          | Share of col.                         | Insurance               |         |
| 1.00         5.00         ADMINISTRATIVE & GENERAL         0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>   |         |                 |                         |                        |                |                       |                                       |                         |         |
| 2.00         30.00         ADULTS & PEDI ATRICS         0<  |         |                 |                         | 8.00                   | 9.00           |                       |                                       |                         |         |
| 3.00         53.00         ANESTHESI OLOGY         0         0         0         0         0         0         0         3.00           4.00         54.00         RADI OLOGY-DI AGNOSTI C         0  |         |                 |                         | -                      |                |                       |                                       | -                       |         |
| 4.00         54.00         RADI OLOGY-DI AGNOSTI C         0 <th< td=""><td></td><td></td><td></td><td>, °</td><td></td><td></td><td></td><td></td><td></td></th<>  |         |                 |                         | , °                    |                |                       |                                       |                         |         |
| 5.00         90.00         CLINIC         0         <   |         |                 |                         | 0                      |                |                       |                                       | 0                       |         |
| 6.00         91.00         EMERGENCY         0  |         |                 |                         | 0                      | 0              |                       | -                                     | 0                       |         |
| 7.00         0.00         0.00            |         |                 |                         | 0                      | 0              |                       | °                                     | 0                       |         |
| 8.00         0.00 <th< td=""><td></td><td></td><td>EMERGENCY</td><td>0</td><td>0</td><td>(</td><td>0 0</td><td>0</td><td></td></th<>  |         |                 | EMERGENCY               | 0                      | 0              | (                     | 0 0                                   | 0                       |         |
| 9.00         0.00         0.00            |         |                 |                         | 0                      | 0              | (                     | 0 0                                   | 0                       |         |
| 10.00         0.00         0<   |         |                 |                         | 0                      | 0              |                       | -                                     | 0                       |         |
| 200.00         0         0         0         0         0         0         0         0         0         200.00           Wkst. A Line #         Cost Center/Physician<br>Identifier         Provider<br>Component<br>Share of col.         Adjusted RCE<br>Limit         RCE<br>Disal Iowance         Adjustment         Adjustment         Adjustment           1.00         2.00         15.00         16.00         17.00         18.00         1.00           2.01         30.00 ADMINISTRATIVE & GENERAL<br>2.00         0         0         0         11,000         1.00           2.00         30.00 ADULTS & PEDIATRICS         0         0         0         11,000         1.00           3.00         53.00 ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         5.00         90.00 CLINIC         0         0         0         173,966         5.00           6.00         91.00 EMERGENCY         0         0         0         0         7.00         0         7.00           8.00         0.00         0         0         0         0         0         9.00         9.00         9.00           10.00         0.00         0         0         0 <t< td=""><td></td><td></td><td></td><td>0</td><td>-</td><td></td><td>, v</td><td>0</td><td></td></t<>   |         |                 |                         | 0                      | -              |                       | , v                                   | 0                       |         |
| Wkst. A Li ne #         Cost Center/Physici an<br>I denti fi er         Provi der<br>Component<br>Share of col.         Adj usted RCE<br>Li mi t         RCE<br>Di sal I owance         Adj ustment           1.00         2.00         14         0         0         17.00         18.00           1.00         5.00 ADMI NI STRATI VE & GENERAL<br>2.00         0         0         0         11,000         11,000         1.00           2.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         11,000         1.00           3.00         53.00 ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         54.00 RADI OLOGY-DI AGNOSTI C         0         0         0         17.3,966         5.00           6.00         91.00 EMERGENCY         0         0         0         0         7.00         0         7.00           7.00         0.00         0         0         0         0         0         7.00         0         7.00           8.00         0         0         0         0         0         0         7.00         0         7.00           9.00         0.00         0         0         0         0         7.00         7.00   |         | 0.00            |                         | 0                      |                |                       | ° °                                   | 0                       |         |
| Identifier         Component<br>Share of col.<br>14         Limit         Disal I owance         Imit         Disal I owance           1.00         2.00         15.00         16.00         17.00         18.00         1.00           1.00         5.00 ADMI NI STRATI VE & GENERAL         0         0         0         11,000         1.00           2.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         11,000         1.00           3.00         53.00 ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         54.00 RADI OLOGY-DI AGNOSTI C         0         0         0         173,966         5.00           6.00         91.00 EMERGENCY         0         0         0         0         7.00         0         7.00           7.00         0.00         0         0         0         0         7.00         8.00         7.00         8.00           9.00         0.00         0         0         0         0         9.00         9.00         9.00         9.00         9.00         9.00           0.00         0         0         0         0         0         9.00         9.00         9.00     <   | 200.00  |                 |                         | 0                      |                |                       | · · · · · · · · · · · · · · · · · · · | 0                       | 200.00  |
| Image: Constraint of the image: Constraint of th |         | Wkst. A Line #  |                         |                        | 5              |                       | Adjustment                            |                         |         |
| Image: Note of the image in the image.           Image in the image inthe image in the image in the image in the image in the                           |         |                 | I denti fi er           |                        | Limit          | Di sal I owance       |                                       |                         |         |
| 1.00         2.00         15.00         16.00         17.00         18.00           1.00         5.00 ADMI NI STRATI VE & GENERAL         0         0         0         11,000         1.00           2.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         412,953         2.00           3.00         53.00 ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         54.00 RADI OLOGY-DI AGNOSTI C         0         0         0         183,931         4.00           5.00         90.00 CLI NI C         0         0         0         173,966         5.00           6.00         91.00 EMERGENCY         0         0         0         0         7.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         9.00         9.00         9.00           9.00         0.00         0         0         0         9.00         9.00         9.00   |         |                 |                         |                        |                |                       |                                       |                         |         |
| 1.00         5.00         ADMI NI STRATI VE & GENERAL         0         0         11,000         11,000         1.00           2.00         30.00         ADULTS & PEDI ATRI CS         0         0         0         412,953         2.00           3.00         53.00         ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         54.00         RADI OLOGY - DI AGNOSTI C         0         0         0         18931         4.00           5.00         90.00         CLI NI C         0         0         0         173,966         5.00           6.00         91.00         EMERGENCY         0         0         0         0         7.00           7.00         0.00         0         0         0         0         7.00         7.00         8.00         9.00         0         9.00 <td></td> <td>1.00</td> <td>2.00</td> <td></td> <td>16.00</td> <td>17.00</td> <td>10.00</td> <td></td> <td></td>   |         | 1.00            | 2.00                    |                        | 16.00          | 17.00                 | 10.00                                 |                         |         |
| 2.00         30.00         ADULTS & PEDIATRICS         0         0         412,953         2.00           3.00         53.00         ANESTHESI OLOGY         0         0         0         180,000         3.00           4.00         54.00         RADI OLOGY-DI AGNOSTI C         0         0         0         18,931         4.00           5.00         90.00         CLI NI C         0         0         0         173,966         5.00           6.00         91.00         EMERGENCY         0         0         0         1,538,816         6.00           7.00         0.00         0         0         0         0         9.00         9.00         9.00         9.00         0         9.00         9.00         9.00         10.00         9.00         10.00         9.00         9.00         10.00         9.00         9.00         10.00         9.00         10.00         10.00         9.00         10.00   | 1 00    |                 |                         |                        |                |                       |                                       |                         | 1.00    |
| 3.00         53.00         ANESTHESI OLOGY         0         0         180,000         3.00           4.00         54.00         RADI OLOGY-DI AGNOSTI C         0         0         18,931         4.00           5.00         90.00         CLI NI C         0         0         0         173,966         5.00           6.00         91.00         EMERGENCY         0         0         0         1,538,816         6.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         9.00         9.00         9.00         10.00         8.00           9.00         0.00         0         0         0         0         9.00         10.00         9.00  |         |                 |                         | -                      |                |                       |                                       |                         |         |
| 4.00       54.00       RADI OLOGY-DI AGNOSTI C       0       0       18,931       4.00         5.00       90.00       CLI NI C       0       0       0       173,966       5.00         6.00       91.00       EMERGENCY       0       0       0       1,538,816       6.00         7.00       0.00       0       0       0       0       7.00         8.00       0.00       0       0       0       8.00       9.00         9.00       0.00       0       0       0       9.00       10.00   |         |                 |                         | 0                      |                |                       |                                       |                         |         |
| 5.00         90.00         CLINIC         0         0         173,966         5.00           6.00         91.00         EMERGENCY         0         0         0         1,538,816         6.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         0         8.00           9.00         0.00         0         0         0         9.00         0         9.00           10.00         0.00         0         0         0         0         10.00   |         |                 |                         | 0                      |                |                       |                                       |                         |         |
| 6.00       91.00       EMERGENCY       0       0       1,538,816       6.00         7.00       0.00       0       0       0       7.00         8.00       0.00       0       0       0       8.00         9.00       0.00       0       0       0       9.00         10.00       0.00       0       0       0       10.00   |         |                 |                         | 0                      | 0              |                       |                                       |                         |         |
| 7.00         0.00         0         0         7.00           8.00         0.00         0         0         0         8.00           9.00         0.00         0         0         0         9.00           10.00         0.00         0         0         0         10.00   |         |                 |                         | 0                      |                |                       |                                       |                         |         |
| 8.00         0.00         0         0         0         8.00           9.00         0.00         0         0         0         9.00         9.00         9.00         9.00         10.00  |         |                 | EMERGENCY               | 0                      | -              |                       |                                       |                         |         |
| 9.00         0.00         0         0         0         9.00           10.00         0.00         0         0         0         0         10.00   |         |                 |                         | 0                      |                |                       |                                       |                         |         |
| 10.00 0.00 0 0 0 10.00  |         |                 |                         | 0                      | -              |                       | -                                     |                         |         |
|   |         |                 |                         |                        | -              |                       |                                       |                         |         |
|   |         |                 |                         |                        | -              |                       |                                       |                         |         |
|   | 200.00  | I               | I                       | 1 0                    | 0              | 1                     | 2, 555, 000                           | I                       | 200.00  |

| Health Financial Systems   | STARKE MEMORI              | AL HOSPITAL      |                 | In Lie                     | u of Form CMS-2       | 2552-10          |
|--|----------------------------|------------------|-----------------|----------------------------|-----------------------|------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                            | Provider CO      |                 | Period:<br>From 01/01/2022 | Worksheet B<br>Part I |                  |
|  |                            |                  |                 | To 12/31/2022              | Date/Time Pre         |                  |
|  |                            | CAPI TAL REL     | ATED COSTS      |                            | 5/31/2023 11:         | <u>33 am</u>     |
|  |                            |                  |                 |                            |                       |                  |
| Cost Center Description  | Net Expenses<br>for Cost   | BLDG & FIXT      | MVBLE EQUIP     | EMPLOYEE<br>BENEFI TS      | Subtotal              |                  |
|  | Allocation                 |                  |                 | DEPARTMENT                 |                       |                  |
|  | (from Wkst A               |                  |                 |                            |                       |                  |
|  | <u>col.7)</u>              | 1.00             | 2.00            | 4.00                       | 4A                    |                  |
| GENERAL SERVICE COST CENTERS   |                            |                  | 2100            |                            |                       |                  |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT   | 146, 354                   | 146, 354         |                 |                            |                       | 1.00             |
| 2.00 00200 CAP REL COSTS-MVBLE EQUI P  | 688, 557                   | 0/1              | 688, 55         |                            |                       | 2.00             |
| 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT<br>5. 00 00500 ADMINI STRATI VE & GENERAL | 1, 322, 554<br>4, 985, 087 | 361<br>12, 222   | 1, 69<br>57, 50 |                            | 5, 239, 208           | 4.00<br>5.00     |
| 7.00 00700 OPERATION OF PLANT  | 2,028,484                  | 47,657           | 224, 21         |                            | 2, 387, 200           | 7.00             |
| 8.00 00800 LAUNDRY & LINEN SERVICE   | 73, 076                    | 0                |                 | 0 0                        | 73, 076               | 8.00             |
| 9.00 00900 HOUSEKEEPI NG   | 469, 438                   | 4, 445           | 20, 91          | 0 2, 119                   | 496, 912              | 9.00             |
| 10. 00 01000 DI ETARY  | 110, 516                   | 4, 698           |                 |                            | 137, 903              |                  |
|  | 257, 821                   | 1, 280           |                 |                            | 266, 337              | 11.00            |
| 13. 00 01300 NURSING ADMINISTRATION  | 425, 649                   | 753              |                 |                            | 491, 598              | 13.00            |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY<br>15. 00 01500 PHARMACY                    | 106, 797<br>351, 953       | 3, 006<br>1, 895 |                 |                            | 140, 892<br>422, 167  | 14.00<br>15.00   |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY   | 162, 749                   | 1, 693           | 7, 96           |                            | 182, 490              | 16.00            |
| 17. 00 01700 SOCIAL SERVICE  | 127, 431                   | 0                |                 | 0 18, 433                  | 145, 864              | 17.00            |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 1 1                        |                  | 1               |                            |                       |                  |
| 30. 00 03000 ADULTS & PEDI ATRI CS   | 1, 055, 810                | 16, 827          | 79, 16          |                            | 1, 328, 536           |                  |
| 31. 00 03100 I NTENSI VE CARE UNI T  | 0                          | 0                |                 | 0 0                        | 0                     | 31.00            |
| 40. 00 04000 SUBPROVI DER - I PF<br>41. 00 04100 SUBPROVI DER - I RF               | 0                          | 0                |                 | 0 0<br>0 0                 | 0                     | 40.00<br>41.00   |
| 43. 00  04300 NURSERY  | 0                          | 0                |                 | 0 0                        | 0                     | 43.00            |
| ANCI LLARY SERVICE COST CENTERS  |                            |                  |                 | - <u>-</u>                 |                       |                  |
| 50.00 05000 OPERATI NG ROOM  | 433, 130                   | 18, 293          | 86, 06          | 3 55, 784                  | 593, 270              | 50.00            |
| 53.00 05300 ANESTHESI OLOGY  | 5, 409                     | 0                |                 | 0 331                      | 5, 740                |                  |
| 54. 00  05400  RADI OLOGY-DI AGNOSTI C<br>54. 01  05401  ULTRASOUND                | 661, 861<br>126, 936       | 7, 767<br>0      | 36, 54          | 0 115, 425<br>0 10, 254    | 821, 593              |                  |
| 56. 00 05600 RADI 0I SOTOPE  | 35, 329                    | 0                |                 | 0 1, 329                   | 137, 190<br>36, 658   | 56.00            |
| 57. 00 05700 CT SCAN   | 136,606                    | 1, 038           |                 |                            | 152,072               | 57.00            |
| 58. 00 05800 MRI   | 24, 233                    | 2, 738           |                 |                            | 43, 730               |                  |
| 60. 00 06000 LABORATORY  | 1, 075, 237                | 4, 243           | 19, 96          | 4 121, 101                 | 1, 220, 545           | 60.00            |
| 65. 00 06500 RESPI RATORY THERAPY  | 418, 177                   | 1, 838           |                 |                            | 502, 061              | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY   | 508, 197                   | 4, 641           | 21, 83          |                            | 619, 091              | 66.00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY<br>68. 00 06800 SPEECH PATHOLOGY                | 0                          | 0                |                 | 0 0                        | 0                     | 67.00<br>68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY  | 142, 136                   | 952              | 4, 47           | 7 24, 182                  | 171, 747              | 69.00            |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                   | 51,847                     | 0                |                 | 0 0                        | 51, 847               | 71.00            |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS  | 8,017                      | 0                |                 | 0 0                        | 8, 017                | 72.00            |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 488, 182                   | 0                |                 | 0 0                        | 488, 182              | 73.00            |
| OUTPATIENT SERVICE COST CENTERS  |                            | -                | [               |                            |                       |                  |
| 90. 00 09000 CLI NI C<br>91. 00 09100 EMERGENCY                                    | 1 272 111                  | 0<br>8, 930      | 42, 01          | 0 0                        | 1 529 270             |                  |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                   | 1, 272, 111                | 0, 930           | 42,01           | 4 205, 315                 | 1, 528, 370<br>0      |                  |
| SPECIAL PURPOSE COST CENTERS   |                            |                  |                 |                            | 0                     | 72.00            |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                                      | 17, 699, 684               | 145, 277         | 683, 49         | 0 1, 323, 374              | 17, 692, 300          | 118.00           |
| NONREI MBURSABLE COST CENTERS  |                            |                  |                 |                            |                       |                  |
| 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                   | 0                          | 1, 077           | 5, 06           | 7 0                        |                       | 190.00           |
| 192. 00 19200 PHYSICLANS' PRIVATE OFFICES<br>194. 00 07950 SPECIALTY CLINICS / MOB | 0<br>6,972                 | 0                |                 |                            |                       | 192.00<br>194.00 |
| 200.00 Cross Foot Adjustments  | 0,972                      | 0                |                 | 0 1, 240                   |                       | 200.00           |
| 201.00 Negative Cost Centers   |                            | 0                |                 | 0 0                        |                       | 201.00           |
| 202.00 TOTAL (sum lines 118 through 201)   | 17, 706, 656               | 146, 354         | 688, 55         | 7 1, 324, 614              | 17, 706, 656          | 202.00           |
|  |                            |                  |                 |                            |                       |                  |

| COST           | n Financial Systems<br>ALLOCATION - GENERAL SERVICE COSTS          | STARKE MEMORI     | Provi der C  | CN: 15-0102  | Period:                          | u of Form CMS-<br>Worksheet B | 2002 10  |
|----------------|--|-------------------|--------------|--------------|----------------------------------|-------------------------------|----------|
|                |  |                   |              |              | From 01/01/2022<br>To 12/31/2022 | Part I<br>Date/Time Pre       |          |
|                | Cost Center Description  | ADMI NI STRATI VE | OPERATION OF | LAUNDRY &    | HOUSEKEEPI NG                    | 5/31/2023 11:<br>DI ETARY     | 33 am    |
|                |  | & GENERAL         | PLANT        | LINEN SERVIC |                                  | DIEMM                         |          |
|                |  | 5.00              | 7.00         | 8.00         | 9.00                             | 10.00                         |          |
|                | GENERAL SERVICE COST CENTERS                                       | 1                 | -            | 1            |                                  |                               |          |
| 1.00           | 00100 CAP REL COSTS-BLDG & FIXT                                    |                   |              |              |                                  |                               | 1.00     |
| 2.00           | 00200 CAP REL COSTS-MVBLE EQUIP                                    |                   |              |              |                                  |                               | 2.00     |
| 4.00           | 00400 EMPLOYEE BENEFITS DEPARTMENT                                 |                   |              |              |                                  |                               | 4.00     |
| 5.00           | 00500 ADMI NI STRATI VE & GENERAL                                  | 5, 239, 208       |              |              |                                  |                               | 5.00     |
| 7.00           | 00700 OPERATION OF PLANT   | 1, 003, 177       | 3, 390, 381  |              |                                  |                               | 7.00     |
| 8.00           | 00800 LAUNDRY & LINEN SERVICE                                      | 30, 709           | 0            | 103, 78      |                                  |                               | 8.00     |
| 9.00           | 00900 HOUSEKEEPI NG  | 208, 818          |              |              | 0 880, 716                       |                               | 9.00     |
| 10.00          |  | 57, 951           | 184, 948     | 1, 19        | 96 50, 658                       | 432, 656                      | 10.00    |
| 11.00          |  | 111, 923          | 50, 410      |              | 0 13, 807                        | 0                             | 11.00    |
| 13.00          | 01300 NURSING ADMINISTRATION                                       | 206, 585          | 29, 633      |              | 0 8, 117                         | 0                             | 13.00    |
| 14.00          | 01400 CENTRAL SERVICES & SUPPLY                                    | 59, 207           | 118, 360     |              | 0 32, 420                        | 0                             | 14.00    |
| 15.00          | 01500 PHARMACY   | 177, 408          | 74, 592      |              | 0 20, 431                        | 0                             | 15.00    |
| 16.00          | 01600 MEDI CAL RECORDS & LI BRARY                                  | 76, 688           | 66, 673      |              | 0 18, 262                        | 0                             | 16.00    |
| 17.00          |  | 61, 297           | 0            |              | 0 0                              | 0                             | 17.00    |
|                | INPATIENT ROUTINE SERVICE COST CENTERS                             |                   |              | •            |                                  |                               | 1        |
| 30.00          |  | 558, 292          | 662, 476     | 22, 50       | 02 181, 456                      | 323, 123                      | ] 30. OC |
| 31.00          |  | 0                 |              |              | 0 0                              | 0                             |          |
| 40.00          |  | 0                 | 0            |              | 0 0                              | 0                             |          |
| 41.00          |  | 0                 | 0            |              | 0 0                              | 0                             |          |
| 43.00          |  | 0                 | 0            |              | 0 0                              | 0                             |          |
| 101.00         | ANCI LLARY SERVI CE COST CENTERS                                   |                   |              |              |                                  |                               | 1 101 00 |
| 50.00          |  | 249, 310          | 720, 209     | 8, 18        | 39 197, 272                      | 698                           | 50. OC   |
| 53.00          |  | 2, 412            | 0            |              | 0 0                              | 0                             |          |
| 54.00          |  | 345, 259          | 305, 778     | 17, 97       | 77 83, 754                       | 0                             | 54. OC   |
| 54.01          | 05401 ULTRASOUND   | 57,651            | 0            |              | 0 0                              | 0                             | 54.01    |
| 56.00          |  | 15, 405           | 0            |              | 0 0                              | 0                             | 56. OC   |
| 57.00          |  | 63, 905           | 40, 873      |              | 0 11, 195                        | 0                             |          |
| 58.00          |  | 18, 377           | 107, 801     |              | 0 29, 527                        | 0                             |          |
| 60.00          |  | 512, 911          | 167,067      |              | 0 45, 761                        | 0                             |          |
| 65.00          |  | 210, 982          | 72, 379      | 1, 92        |                                  | 0                             |          |
| 66.00          |  | 260, 161          | 182, 735     |              |                                  | 0                             |          |
| 67.00          |  | 0                 | 02,700       | 0,1          | 0 0                              | 0                             |          |
| 68.00          |  | 0                 |              |              | 0 0                              | 0                             |          |
| 69.00          |  | 72, 173           | 37, 467      |              | 0 10, 262                        | 0                             |          |
| 71.00          |  | 21, 788           |              |              | 0 10, 202                        | 0                             |          |
| 72.00          |  | 3, 369            |              |              | 0 0                              | 0                             |          |
| 72.00          |  |                   |              |              | 0 0                              | 0                             |          |
| 73.00          | 07300 DRUGS CHARGED TO PATIENTS<br>OUTPATIENT SERVICE COST CENTERS | 205, 149          | 0            |              | 0 0                              | 0                             | /3.00    |
| 90.00          |  | 0                 | 0            | 1            | 0 0                              |                               | 00.00    |
| 90.00<br>91.00 |  | -                 | -            |              | -                                | 0                             |          |
|                |  | 642, 268          | 351, 589     | 48, 50       | 96, 302                          | 25, 343                       |          |
| 92.00          |  |                   |              |              |                                  |                               | 92.00    |
| 110 0          | SPECIAL PURPOSE COST CENTERS                                       | E 000 475         | 2 247 074    | 100 70       |                                  | 240 474                       | 1110 00  |
| 118.0          |  | 5, 233, 175       | 3, 347, 976  | 103, 78      | 869, 101                         | 349, 164                      | 1118.00  |
| 100.0          | NONREI MBURSABLE COST CENTERS                                      | 0.500             | 40.405       | 1            | 0 11 / 15                        | ^                             | 100.00   |
|                | 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                        | 2, 582            | 42, 405      |              | 0 11, 615                        |                               | 190.00   |
|                | 0 19200 PHYSI CLANS' PRI VATE OFFI CES                             | 0                 | 0            |              | 0 0                              | 83, 492                       |          |
|                | 0 07950 SPECIALTY CLINICS / MOB                                    | 3, 451            | 0            |              | 0 0                              | 0                             | 194.00   |
| 200.0          |  |                   |              |              |                                  |                               | 200.00   |
| 201.0          | 0 Negative Cost Centers  | 0                 | 0            |              | 0 0                              |                               | 201.00   |
| 201.0          | 0 TOTAL (sum lines 118 through 201)                                | 5, 239, 208       | 3, 390, 381  | 103, 78      | 35 880, 716                      | 432, 656                      |          |

| COST  | n Financial Systems<br>ALLOCATION - GENERAL SERVICE COSTS  |   | Provider CC                   | N: 15-0102                       | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet B<br>Part I<br>Date/Time Pre<br>5/31/2023 11: |   |
|---|--|---|-------------------------------|----------------------------------|---|---|---|
|   | Cost Center Description  | CAFETERI A                                | NURSI NG<br>ADMI NI STRATI ON | CENTRAL<br>SERVI CES &<br>SUPPLY | PHARMACY                                    | MEDI CAL<br>RECORDS &<br>LI BRARY                       |   |
|   |  | 11.00                                     | 13.00                         | 14.00                            | 15.00                                       | 16.00   |   |
|   | GENERAL SERVICE COST CENTERS   |   | ,                             |                                  |   |   | _   |
| $\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00 \end{array}$ | 01500 PHARMACY   | 442, 477<br>20, 312<br>10, 124<br>19, 485 | 756, 245<br>0<br>0            | 361, 00<br>85                    | 55 714, 938                                 |   | 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00<br>15.00 |
| 16.00   | 01600 MEDICAL RECORDS & LIBRARY  | 9, 615                                    | 0                             |                                  | 0 0   | 353, 728  | 16.00   |
| 17.00   |  | 7, 705                                    | 0                             |                                  | 0 0   | 0   | 17.00   |
|   | INPATIENT ROUTINE SERVICE COST CENTERS   |   |                               |                                  |   |   |   |
| 30.00   |  | 74, 181                                   | 304, 898                      | 30, 41                           |   | 20, 340   |   |
| 31.00<br>40.00  | 03100 I NTENSI VE CARE UNI T<br>04000 SUBPROVI DER – I PF  | 0   | -                             |                                  | 0 0<br>0 0                                  | 0   |   |
| 40.00   | 04000 SUBPROVIDER - TPF<br>04100 SUBPROVIDER - TRF   | 0   | -                             |                                  | 0 0   | 0   |   |
| 43.00   |  | 0   | -                             |                                  | 0 0   | 0   |   |
| 45.00   | ANCI LLARY SERVICE COST CENTERS  | 0   | 0                             |                                  | <u> </u>                                    | 0   | 43.00   |
| 50.00   |  | 25, 979                                   | 65, 921                       | 63, 30                           | 0 80  | 23, 859   | 50.00   |
| 53.00   | 05300 ANESTHESI OLOGY  | 127                                       | 500                           | 1, 86                            | 69 0  | 5, 930  | 53.00   |
| 54.00   | 05400 RADI OLOGY-DI AGNOSTI C  | 49, 030                                   | 21, 288                       | 6, 70                            | 0 80  | 18, 505   | 54.00   |
| 54.01   | 05401 ULTRASOUND   | 3, 948                                    |                               | 1, 05                            |   | 11, 004   |   |
| 56.00   |  | 446                                       |                               | 1, 57                            |   | 1, 702  |   |
| 57.00   | 05700 CT SCAN  | 3, 438                                    |                               | 17, 47                           |   | 46, 047   |   |
| 58.00   | 05800 MRI  | 1, 528                                    | 1                             | 14                               |   | 10, 734   |   |
| 60.00   |  | 67,623                                    | 1                             | 144, 78                          |   | 77, 177   |   |
| 65.00   | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY  | 30, 564                                   | 1                             | 2, 64                            |   | 3, 416<br>14, 829                                       |   |
| 66.00<br>67.00  | 06700 OCCUPATI ONAL THERAPY  | 36, 295<br>0                              | 0                             | 1, 25                            |   | 14, 829   | 66.00<br>67.00  |
| 68.00   |  | 0   | 0                             |                                  | 0 0   | 0   |   |
| 69.00   | 06900 ELECTROCARDI OLOGY   | 11, 398                                   | -                             | 91                               | °   | 13, 127   |   |
| 71.00   |  | 0   | 1                             | 27, 3                            |   | 1, 805  |   |
| 72.00   |  | 0   | -                             | 4, 22                            |   | 675   |   |
| 73.00   |  | 0   | 0                             |                                  | 0 714, 938                                  | 37, 671   |   |
|   | OUTPATIENT SERVICE COST CENTERS  |   |                               |                                  |   |   |   |
| 90.00   | 09000 CLI NI C   | 0   | 0                             |                                  | 0 0   | 0   | 90.00   |
| 91.00   |  | 70, 170                                   | 363, 576                      | 56, 47                           | 75 0  | 66, 907   |   |
| 92.00   |  |   |                               |                                  |   |   | 92.00   |
| 118.0   | SPECIAL PURPOSE COST CENTERS<br>0 SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS | 441, 968                                  | 756, 245                      | 361, 00                          | 03 714, 938                                 | 353, 728  | 118.00  |
| 190.0   | D 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN   | 0   | 0                             |                                  | 0 0   | 0   | 190.00  |
|   | 0 19200 PHYSI CI ANS' PRI VATE OFFI CES  | 509                                       |                               |                                  | 0 0   |   | 192.00  |
|   | 0 07950 SPECIALTY CLINICS / MOB  | 0   | 0                             |                                  | 0 0   |   | 194.00  |
| 200.0   | 0 Cross Foot Adjustments   |   |                               |                                  |   |   | 200.00  |
|   | 0 Negative Cost Centers  | 0   |                               |                                  | 0 0   | 0   | 201.00  |
| 201.0<br>202.0  |  | 0   | 1 1                           | 361, 00                          |   | 353, 728  |   |

| Health Financial Systems   | STARKE MEMORIAL  | HOSPI TAL           |                         | In Lie                           | u of Form CMS-2552-10         |
|--|------------------|---------------------|-------------------------|----------------------------------|-------------------------------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                  | Provider CO         | CN: 15-0102             | Period:                          | Worksheet B                   |
|  |                  |                     |                         | From 01/01/2022<br>To 12/31/2022 | Part I<br>Date/Time Prepared: |
|  |                  |                     |                         | To 12/31/2022                    | 5/31/2023 11:33 am            |
| Cost Center Description  | SOCI AL SERVI CE | Subtotal            | Intern &                | Total                            |                               |
|  |                  |                     | Residents Cos           | st                               |                               |
|  |                  |                     | & Post                  |                                  |                               |
|  |                  |                     | Stepdown<br>Adjustments |                                  |                               |
|  | 17.00            | 24.00               | 25.00                   | 26.00                            |                               |
| GENERAL SERVICE COST CENTERS   |                  |                     |                         |                                  |                               |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT   |                  |                     |                         |                                  | 1.00                          |
| 2.00 00200 CAP REL COSTS-MVBLE EQUIP   |                  |                     |                         |                                  | 2.00                          |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  |                  |                     |                         |                                  | 4.00                          |
| 5. 00 00500 ADMINI STRATI VE & GENERAL<br>7. 00 00700 OPERATI ON OF PLANT                      |                  |                     |                         |                                  | 5.00                          |
| 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  |                  |                     |                         |                                  | 14.00                         |
| 15. 00 01500 PHARMACY  |                  |                     |                         |                                  | 15.00                         |
| 16. 00 01600 MEDI CAL RECORDS & LI BRARY   | 014.077          |                     |                         |                                  | 16.00                         |
| 17.00 01700 SOCIAL SERVICE   | 214, 866         |                     |                         |                                  | 17.00                         |
| 30. 00 03000 ADULTS & PEDI ATRI CS   | 214, 866         | 3, 721, 084         |                         | 0 3, 721, 084                    | 30.00                         |
| 31. 00 03100 I NTENSI VE CARE UNI T  | 214,000          | 3, 721, 084         |                         | 0 3, 721, 084                    | 30.00                         |
| 40. 00 04000 SUBPROVI DER - I PF   | 0                | 0                   |                         | 0 0                              | 40.00                         |
| 41. 00 04100 SUBPROVI DER – I RF   | 0                | 0                   |                         | 0 0                              | 41.00                         |
| 43. 00 04300 NURSERY   | 0                | 0                   |                         | 0 0                              | 43.00                         |
| ANCI LLARY SERVI CE COST CENTERS   | 1 1              |                     | 1                       |                                  |                               |
| 50. 00 05000 OPERATI NG ROOM   | 0                | 1, 948, 015         |                         | 0 1, 948, 015                    | 50.00                         |
| 53. 00 05300 ANESTHESI OLOGY   | 0                | 16, 578             |                         | 0 16, 578                        | 53.00                         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C<br>54. 01 05401 ULTRASOUND                                | 0                | 1, 669, 892         |                         | 0 1, 669, 892<br>0 210, 843      | 54. 00<br>54. 01              |
| 56. 00 05600 RADI 01 SOTOPE  | 0                | 210, 843<br>55, 783 |                         | 0 210, 843                       | 56.00                         |
| 57. 00 05700 CT SCAN   | 0                | 335, 004            |                         | 0 335, 004                       | 57.00                         |
| 58. 00 05800 MRI   | 0                | 211, 839            |                         | 0 211, 839                       | 58.00                         |
| 60. 00 06000 LABORATORY  | 0                | 2, 235, 867         |                         | 0 2, 235, 867                    | 60.00                         |
| 65. 00 06500 RESPI RATORY THERAPY  | 0                | 843, 794            |                         | 0 843, 794                       | 65.00                         |
| 66. 00 06600 PHYSI CAL THERAPY   | 0                | 1, 167, 916         |                         | 0 1, 167, 916                    | 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                | 317, 147            |                         | 0 317, 147                       | 69.00                         |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS  | 0                | 102, 755<br>16, 285 |                         | 0 102, 755<br>0 16, 285          | 71.00                         |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 0                | 1, 445, 940         |                         | 0 1, 445, 940                    | 72.00                         |
| OUTPATIENT SERVICE COST CENTERS  | <u> </u>         | 1, 110, 710         | I                       | 1, 110, 710                      |                               |
| 90. 00 09000 CLINIC  | 0                | 0                   |                         | 0 0                              | 90.00                         |
| 91.00 09100 EMERGENCY  | 0                | 3, 249, 504         |                         | 0 3, 249, 504                    | 91.00                         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART  |                  |                     |                         | 0                                | 92.00                         |
| SPECIAL PURPOSE COST CENTERS   | · · · ·          |                     | 1                       |                                  |                               |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)  | 214, 866         | 17, 548, 246        |                         | 0 17, 548, 246                   | 118.00                        |
| NONREI MBURSABLE COST CENTERS  |                  | (0.74)              | 1                       | 0 (0.74)                         | 100.00                        |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>192. 00 19200 PHYSICIANS' PRIVATE OFFICES | 0                | 62, 746             |                         | 0 62,746                         |                               |
| 192. 00 19200 PHYSICIANS PRIVATE OFFICES<br>194. 00 07950 SPECIALTY CLINICS / MOB              | 0                | 84, 001<br>11, 663  |                         | 0 84,001<br>0 11,663             | 192.00<br>194.00              |
| 200.00 Cross Foot Adjustments  |                  | 11, 003<br>N        |                         | 0 11,003                         | 200.00                        |
| 201.00 Negative Cost Centers   | 0                | 0                   |                         | 0 0                              | 200.00                        |
| 202.00 TOTAL (sum lines 118 through 201)   | 214, 866         | 17, 706, 656        |                         | 0 17, 706, 656                   |                               |
|  | •                |                     |                         |                                  | •                             |

| Health Financial Systems   | STARKE MEMORIA           | AL HOSPLTAL  |                | Inlie          | u of Form CMS-:                | 2552-10            |
|--|--------------------------|--------------|----------------|----------------|--------------------------------|--------------------|
| ALLOCATION OF CAPITAL RELATED COSTS  |                          | Provider C   |                | eri od:        | Worksheet B                    |                    |
|  |                          |              |                | rom 01/01/2022 | Part II                        | nored.             |
|  |                          |              | T              | b 12/31/2022   | Date/Time Pre<br>5/31/2023 11: |                    |
|  |                          | CAPI TAL REI | ATED COSTS     |                |                                |                    |
|  |                          |              |                |                |                                |                    |
| Cost Center Description  | Directly                 | BLDG & FIXT  | MVBLE EQUIP    | Subtotal       | EMPLOYEE                       |                    |
|  | Assigned New             |              |                |                | BENEFI TS<br>DEPARTMENT        |                    |
|  | Capital<br>Related Costs |              |                |                | DEPARTMENT                     |                    |
|  | 0                        | 1.00         | 2.00           | 2A             | 4.00                           |                    |
| GENERAL SERVICE COST CENTERS   |                          |              |                |                |                                |                    |
| 1.00 00100 CAP REL COSTS-BLDG & FIXT   |                          |              |                |                |                                | 1.00               |
| 2.00 00200 CAP REL COSTS-MVBLE EQUIP   |                          |              |                |                |                                | 2.00               |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  | 0                        | 361          | 1, 699         | 2, 060         | 2,060                          |                    |
| 5. 00 00500 ADMI NI STRATI VE & GENERAL  | 0                        | 12, 222      | 57, 501        | 69, 723        | 287                            | 5.00               |
| 7. 00 00700 OPERATI ON OF PLANT<br>8. 00 00800 LAUNDRY & LI NEN SERVI CE       | 0                        | 47, 657<br>0 | 224, 216<br>0  | 271, 873       | 135<br>0                       | 7.00               |
| 9.00 00900 HOUSEKEEPING  | 0                        | 4, 445       | 20, 910        | 25, 355        | 3                              | 8.00<br>9.00       |
| 10. 00 01000 DI ETARY  | 0                        | 4, 443       | 20, 910        | 26, 799        | 1                              | 10.00              |
| 11. 00 01100 CAFETERI A  | 0                        | 1, 280       | 6, 024         | 7, 304         | 2                              | 11.00              |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON  | 0                        | 753          | 3, 541         | 4, 294         | 96                             | 1                  |
| 14.00 01400 CENTRAL SERVICES & SUPPLY  | 0                        | 3, 006       | 14, 144        | 17, 150        | 26                             |                    |
| 15. 00 01500 PHARMACY  | 0                        | 1, 895       | 8, 914         | 10, 809        | 92                             | 15.00              |
| 16.00 01600 MEDI CAL RECORDS & LI BRARY  | 0                        | 1, 693       | 7, 967         | 9, 660         | 16                             | 16.00              |
| 17.00 01700 SOCIAL SERVICE   | 0                        | 0            | 0              | 0              | 29                             | 17.00              |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 1 1                      |              |                |                |                                |                    |
| 30. 00 03000 ADULTS & PEDI ATRI CS   | 0                        | 16, 827      | 79, 164        | 95, 991        | 275                            |                    |
| 31.00 03100 INTENSIVE CARE UNIT  | 0                        | 0            | 0              | 0              | 0                              | 31.00              |
| 40. 00 04000 SUBPROVIDER - IPF   | 0                        | 0            | 0              | 0              | 0                              |                    |
| 41. 00 04100 SUBPROVI DER – I RF<br>43. 00 04300 NURSERY                       | 0                        | 0            | 0              | 0              | 0                              | 41.00<br>43.00     |
| ANCI LLARY SERVICE COST CENTERS  | 0                        | 0            | 0              | 0              | 0                              | 43.00              |
| 50. 00 05000 OPERATING ROOM  | 0                        | 18, 293      | 86, 063        | 104, 356       | 87                             | 50.00              |
| 53. 00 05300 ANESTHESI OLOGY   | 0                        | 0            | 00,000         | 0              | 1                              | 53.00              |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C  | 0                        | 7, 767       | 36, 540        | 44, 307        | 179                            | 54.00              |
| 54. 01 05401 ULTRASOUND  | 0                        | 0            | 0              | 0              | 16                             | 54.01              |
| 56. 00 05600 RADI OI SOTOPE  | 0                        | 0            | 0              | 0              | 2                              | 56.00              |
| 57.00 05700 CT SCAN  | 0                        | 1, 038       | 4, 884         | 5, 922         | 15                             |                    |
| 58. 00 05800 MRI   | 0                        | 2, 738       | 12, 882        | 15, 620        | 6                              | 58.00              |
|  | 0                        | 4, 243       | 19, 964        | 24, 207        | 188                            |                    |
| 65. 00 06500 RESPI RATORY THERAPY  | 0                        | 1, 838       | 8, 649         | 10, 487        | 114                            | 65.00              |
| 66. 00 06600 PHYSI CAL THERAPY<br>67. 00 06700 0CCUPATI ONAL THERAPY           | 0                        | 4, 641<br>0  | 21, 836<br>0   | 26, 477<br>0   | 131<br>0                       | 66.00<br>67.00     |
| 68. 00 06800 SPEECH PATHOLOGY  | 0                        | 0            | 0              | 0              | 0                              | 68.00              |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0                        | 952          | 4, 477         | 5, 429         | 38                             | 1                  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                | 0                        | ,32          | , , , , ,<br>0 | 3, 427         | 0                              |                    |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS                                   | 0                        | 0            | 0              | o              | 0                              | 1                  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0                        | 0            | 0              | 0              | 0                              | 73.00              |
| OUTPATIENT SERVICE COST CENTERS  |                          |              |                |                |                                |                    |
| 90. 00 09000 CLI NI C  | 0                        |              |                | 0              | 0                              |                    |
| 91.00 09100 EMERGENCY  | 0                        | 8, 930       | 42, 014        | 50, 944        | 319                            | 91.00              |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                               |                          |              |                | 0              |                                | 92.00              |
| SPECIAL PURPOSE COST CENTERS   |                          | 4 45 633     | (00, 100       |                |                                |                    |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS | 0                        | 145, 277     | 683, 490       | 828, 767       | 2,058                          | 118.00             |
| 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                              | 0                        | 1 077        | E 047          | 6 144          | 0                              | 100.00             |
| 192. 00 19200 PHYSICIANS' PRIVATE OFFICES                                      | 0                        | 1, 077       | 5, 067         | 6, 144         |                                | 190. 00<br>192. 00 |
| 194. 00 07950 SPECIALTY CLINICS / MOB  | 0                        | 0            | 0              | 0              |                                | 192.00             |
| 200.00 Cross Foot Adjustments  |                          | 0            | 0              | 0              | 2                              | 200.00             |
| 201.00 Negative Cost Centers   |                          | 0            | 0              | o              | 0                              | 201.00             |
| 202.00 TOTAL (sum lines 118 through 201)                                       | 0                        | 146, 354     | 688, 557       | 834, 911       |                                | 202.00             |
|  |                          |              |                |                |                                | -                  |

|       | Financial Systems                         | STARKE MEMORI                         |                       |                            |   | u of Form CMS-   | 2552-10 |
|-------|---|---------------------------------------|-----------------------|----------------------------|---|--|---------|
| ALLOC | ATION OF CAPITAL RELATED COSTS            |                                       | Provider C            |                            | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet B<br>Part II<br>Date/Time Pre<br>5/31/2023 11: |         |
|       | Cost Center Description                   | ADMI NI STRATI VE<br>& GENERAL        | OPERATION OF<br>PLANT | LAUNDRY &<br>LINEN SERVICI | HOUSEKEEPI NG                               | DI ETARY   |         |
|       |   | 5.00                                  | 7.00                  | 8.00                       | 9.00  | 10.00  |         |
|       | GENERAL SERVICE COST CENTERS              |                                       |                       |                            |   |  |         |
| 1.00  | 00100 CAP REL COSTS-BLDG & FIXT           |                                       |                       |                            |   |  | 1.00    |
| 2.00  | 00200 CAP REL COSTS-MVBLE EQUIP           |                                       |                       |                            |   |  | 2.00    |
| 4.00  | 00400 EMPLOYEE BENEFITS DEPARTMENT        |                                       |                       |                            |   |  | 4.00    |
| 5.00  | 00500 ADMI NI STRATI VE & GENERAL         | 70, 010                               |                       |                            |   |  | 5.00    |
| 7.00  | 00700 OPERATION OF PLANT                  | 13, 413                               | 285, 421              |                            |   |  | 7.00    |
| 8.00  | 00800 LAUNDRY & LINEN SERVICE             | 410                                   | 0                     | 41                         | 0   |  | 8.00    |
| 9.00  | 00900 HOUSEKEEPI NG                       | 2, 790                                | 14, 731               |                            | 0 42, 879                                   |  | 9.00    |
| 10.00 | 01000 DI ETARY                            | 774                                   | 15, 570               |                            | 5 2, 466                                    | 45, 615  | 10.00   |
| 11.00 | 01100 CAFETERI A                          | 1, 495                                | 4, 244                |                            | 0 672                                       | 0  | 11.00   |
| 13.00 | 01300 NURSING ADMINISTRATION              | 2,760                                 | 2, 495                |                            | 0 395                                       | 0  | 13.00   |
| 14.00 | 01400 CENTRAL SERVICES & SUPPLY           | 791                                   | 9, 964                |                            | 0 1, 578                                    | 0  | 14.00   |
| 15.00 | 01500 PHARMACY                            | 2, 370                                | 6, 280                | )                          | 0 995                                       | 0  | 15.00   |
| 16.00 | 01600 MEDICAL RECORDS & LIBRARY           | 1,025                                 | 5, 613                |                            | 0 889                                       | 0  | 16.00   |
| 17.00 | 01700 SOCIAL SERVICE                      | 819                                   | 0                     |                            | 0 0   | 0  | 17.00   |
|       | INPATIENT ROUTINE SERVICE COST CENTERS    |                                       |                       | _                          |   |  |         |
| 30.00 | 03000 ADULTS & PEDIATRICS                 | 7,460                                 | 55, 771               | 8                          | 9 8, 834                                    | 34, 066  | 30.00   |
| 31.00 | 03100 I NTENSI VE CARE UNI T              | 0                                     | 0                     |                            | 0 0   | 0  | 31.00   |
| 40.00 | 04000 SUBPROVIDER - IPF                   | 0                                     | 0                     |                            | 0 0   | 0  | 40.00   |
| 41.00 | 04100 SUBPROVIDER - IRF                   | 0                                     | 0                     | )                          | 0 0   | 0  | 41.00   |
| 43.00 | 04300 NURSERY                             | 0                                     | 0                     | )                          | 0 0   | 0  | 43.00   |
|       | ANCILLARY SERVICE COST CENTERS            | ·                                     |                       | ·                          | <u>.</u>                                    |  |         |
| 50.00 | 05000 OPERATI NG ROOM                     | 3, 331                                | 60, 630               | 3                          | 2 9, 605                                    | 74   | 50.00   |
| 53.00 | 05300 ANESTHESI OLOGY                     | 32                                    | 0                     | )                          | 0 0   | 0  | 53.00   |
| 54.00 | 05400 RADI OLOGY-DI AGNOSTI C             | 4, 613                                | 25, 742               | 7                          | 4, 078                                      | 0  | 54.00   |
| 54.01 | 05401 ULTRASOUND                          | 770                                   | 0                     | )                          | 0 0   | 0  | 54.01   |
| 56.00 | 05600 RADI OI SOTOPE                      | 206                                   | 0                     | )                          | 0 0   | 0  | 56.00   |
| 57.00 | 05700 CT SCAN                             | 854                                   | 3, 441                |                            | 0 545                                       | 0  | 57.00   |
| 58.00 | 05800 MRI                                 | 246                                   | 9, 075                |                            | 0 1, 438                                    | 0  | 58.00   |
| 60.00 | 06000 LABORATORY                          | 6, 853                                | 14, 065               |                            | 0 2, 228                                    | 0  | 60.00   |
| 65.00 | 06500 RESPI RATORY THERAPY                | 2, 819                                | 6, 093                |                            | 8 965                                       | 0  | 65.00   |
| 66.00 | 06600 PHYSI CAL THERAPY                   | 3, 476                                | 15, 384               | 1                          | 4 2, 437                                    | 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                  | 964                                   | 3, 154                |                            | 0 500                                       | 0  | 69.00   |
| 71.00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 291                                   | 0                     |                            | 0 0   | 0  | 71.00   |
| 72.00 | 07200 IMPL. DEV. CHARGED TO PATIENTS      | 45                                    | 0                     |                            | 0 0   | 0  | 72.00   |
| 73.00 | 07300 DRUGS CHARGED TO PATIENTS           | 2,741                                 | 0                     |                            | 0 0   | 0  | 73.00   |
|       | OUTPATIENT SERVICE COST CENTERS           | · · · · · · · · · · · · · · · · · · · |                       |                            |   |  |         |
| 90.00 | 09000 CLI NI C                            | 0                                     | 0                     |                            | 0 0   | 0  | 90.00   |
| 91.00 | 09100 EMERGENCY                           | 8, 582                                | 29, 599               | 19                         | 4, 689                                      | 2, 672   | 91.00   |
| 92.00 | 09200 OBSERVATION BEDS (NON-DISTINCT PART |                                       |                       |                            |   |  | 92.00   |
|       | SPECIAL PURPOSE COST CENTERS              |                                       |                       |                            |   |  |         |
| 118.0 |   | 69, 930                               | 281, 851              | 41                         | 0 42, 314                                   | 36, 812  | 118.00  |
| 190 0 | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 34                                    | 3, 570                |                            | 0 565                                       | 0  | 190.00  |
|       | 19200 PHYSI CI ANS' PRI VATE OFFI CES     | 0                                     | 0,070                 |                            | 0 0   |  | 192.00  |
|       | DO7950 SPECIALTY CLINICS / MOB            | 46                                    | 0                     |                            | 0 0   |  | 194.00  |
| 200.0 |   | 40                                    | 0                     |                            | 0   | 0  | 200.00  |
| 200.0 |   | 0                                     | ^                     |                            | 0   | 0  | 200.00  |
| 201.0 | 5   | 70,010                                | 285, 421              | 41                         | 0 42, 879                                   |  | 201.00  |
| 202.0 | I I I I I I I I I I I I I I I I I I I     | 1 70,010                              | 200, 421              | 41                         | 42, 8/9                                     | 40,015   | 1202.00 |

| Heal th | Financial Systems   | STARKE MEMORI | AL HOSPITAL                   |                                  | In Lie                                      | u of Form CMS-   | 2552-10 |
|---------|---|---------------|-------------------------------|----------------------------------|---|--|---------|
| ALLOCA  | TION OF CAPITAL RELATED COSTS   |               | Provider CC                   | CN: 15-0102                      | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet B<br>Part II<br>Date/Time Pre<br>5/31/2023 11: |         |
|         | Cost Center Description   | CAFETERI A    | NURSI NG<br>ADMI NI STRATI ON | CENTRAL<br>SERVI CES &<br>SUPPLY | PHARMACY                                    | MEDI CAL<br>RECORDS &<br>LI BRARY                        |         |
|         |   | 11.00         | 13.00                         | 14.00                            | 15.00                                       | 16.00  |         |
|         | GENERAL SERVICE COST CENTERS  |               |                               |                                  |   |  |         |
| 1.00    | 00100 CAP REL COSTS-BLDG & FIXT   |               |                               |                                  |   |  | 1.00    |
| 2.00    | 00200 CAP REL COSTS-MVBLE EQUIP   |               |                               |                                  |   |  | 2.00    |
| 4.00    | 00400 EMPLOYEE BENEFITS DEPARTMENT  |               |                               |                                  |   |  | 4.00    |
| 5.00    | 00500 ADMINISTRATIVE & 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 CAFETERI A  | 13, 717       |                               |                                  |   |  | 11.00   |
| 13.00   | 01300 NURSI NG ADMI NI STRATI ON  | 630           | 10, 670                       |                                  |   |  | 13.00   |
| 14.00   | 01400 CENTRAL SERVICES & SUPPLY   | 314           | 0                             | 29, 82                           | 23  |  | 14.00   |
| 15.00   | 01500 PHARMACY  | 604           | 0                             | -                                | 71 21, 221                                  |  | 15.00   |
| 16.00   | 01600 MEDICAL RECORDS & LIBRARY   | 298           | 0                             |                                  | 0 0   | 17, 501  | 16.00   |
| 17.00   | 01700 SOCIAL SERVICE  | 239           | 0                             |                                  | 0 0   | 0  | 17.00   |
|         | INPATIENT ROUTINE SERVICE COST CENTERS  |               |                               |                                  |   |  |         |
| 30.00   | 03000 ADULTS & PEDIATRICS   | 2, 301        | 4, 302                        | 2, 51                            | 13 0  | 1, 008   | 30.00   |
| 31.00   | 03100 INTENSIVE CARE UNIT   | 0             | 0                             |                                  | 0 0   | 0  | 31.00   |
| 40.00   | 04000 SUBPROVIDER - IPF   | 0             | 0                             |                                  | 0 0   | 0  | 40.00   |
| 41.00   | 04100 SUBPROVIDER - IRF   | 0             | 0                             |                                  | 0 0   | 0  | 41.00   |
| 43.00   | 04300 NURSERY   | 0             | 0                             |                                  | 0 0   | 0  | 43.00   |
|         | ANCILLARY SERVICE COST CENTERS  |               |                               |                                  |   |  |         |
| 50.00   | 05000 OPERATING ROOM  | 805           | 930                           | 5, 23                            | 30 0  | 1, 183   | 50.00   |
| 53.00   | 05300 ANESTHESI OLOGY   | 4             | 7                             | 15                               |   | 294  | 1       |
| 54.00   | 05400 RADI OLOGY-DI AGNOSTI C   | 1, 520        |                               | 55                               |   | 917  |         |
| 54.01   | 05401 ULTRASOUND  | 122           |                               |                                  | 37 0  | 545  | 54.01   |
| 56.00   | 05600 RADI OI SOTOPE  | 14            |                               | 13                               |   | 84   | 1       |
| 57.00   | 05700 CT SCAN   | 107           |                               | 1, 44                            |   | 2, 282   | 1       |
| 58.00   | 05800 MRI   | 47            | 0                             |                                  | 12 0  | 532  | 1       |
| 60.00   | 06000 LABORATORY  | 2,096         | 0                             | 11, 95                           |   | 3, 796   | 1       |
| 65.00   | 06500 RESPI RATORY THERAPY  | 947           | 0                             | 21                               |   | 169  | 1       |
| 66.00   | 06600 PHYSI CAL THERAPY   | 1, 125        | 0                             | 10                               | 04 0  | 735  | 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  |         |
| 69.00   | 06900 ELECTROCARDI OLOGY  | 353           |                               |                                  | 75 0  | 651  | 1       |
| 71.00   | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                     | 0             |                               | 2, 25                            |   | 89   | 1       |
| 72.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0             | 0                             | 34                               |   | 33   | 1       |
| 73.00   | 07300 DRUGS CHARGED TO PATIENTS   | 0             | 0                             |                                  | 0 21, 221                                   | 1, 867   | 73.00   |
| 00.00   | OUTPATIENT SERVICE COST CENTERS   |               |                               |                                  |   |  | 00.00   |
| 90.00   | 09000 CLINIC  | 0             | -                             |                                  | 0 0   | 0  |         |
| 91.00   | 09100 EMERGENCY   | 2, 175        | 5, 130                        | 4,66                             | 56 0  | 3, 316   | 1       |
| 92.00   | 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART                                  |               |                               |                                  |   |  | 92.00   |
| 110 00  | SPECIAL PURPOSE COST CENTERS  | 12 701        | 10 (70                        | 20.01                            | 2 21 221                                    | 17 501   | 110 00  |
| 118.00  | SUBTOTALS (SUM OF LINES 1 through 117)           NONREIMBURSABLE COST CENTERS | 13, 701       | 10, 670                       | 29, 82                           | 23 21, 221                                  | 17, 501  | 118.00  |
| 100 00  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                     | C             | 0                             |                                  | 0 0   | 0  | 190.00  |
|         | 19200 PHYSI CLANS' PRI VATE OFFI CES  | 16            |                               |                                  | 0 0   |  | 192.00  |
|         | 07950 SPECIALTY CLINICS / MOB   | 0             |                               |                                  | 0 0   |  | 194.00  |
| 200.00  |   |               | 0                             |                                  |   | 0  | 200.00  |
| 200.00  |   | n             | 0                             |                                  | 0 0   | Ω  | 201.00  |
| 201.00  |   | 13, 717       | 10, 670                       | 29, 82                           |   |  | 202.00  |
| 202.00  |   | 1 15,717      | 1 10,070                      | 27,02                            |   | 17, 501  | 1-02.00 |

| ALLOCATION OF CAPITAL RELATED COSTS         Provider CCk: 15-0102         Provider CCk: 15-010  | Health Fir | nancial Systems                   | STARKE MEMORIA   | L HOSPITAL  |                                     | In Lie          | u of Form CMS-2552-1           | 10 |
|---|------------|-----------------------------------|------------------|-------------|-------------------------------------|-----------------|--------------------------------|----|
| Cost Center Description         SOCIAL SERVICE         Subtotal Residents Cost<br>& Post<br>National Service         Total<br>Residents Cost<br>& Post<br>Adjustments         Total<br>Residents Cost<br>& Post<br>Adjustments           1.00         24.00         20.00         20.00         20.00           1.00         00100 CAP REL COST-SHUGE 6 H XIT<br>COST CONTENES         20.00         20.00         20.00           0.00         00400 EWH LOYE EWERTS DEPARTMENT<br>DO 0000 OPERATING OF PLANT<br>COST CONTENES         5.00         5.00           0.00         00700 OPERATING OF PLANT<br>DO 0000 OPERATING SERVICE<br>DO 0000 OPERATING SERVICE<br>DO 0000 OPERATING SERVICE<br>DO 0000 OPERATING SERVICE<br>DO 0000 OPERATING SERVICE DO 0000<br>DI COST DEPARTMENT<br>DO 0000 OPERATING SERVICE DOST CENTERS<br>DO 00 DODO OPERATING SERVICE DOST CENTERS<br>DO 00 DODO OPERATING SERVICE COST CENTERS<br>DO 00 DODO PLANTERSERVICE COST CENTERS<br>DO 00 DODOO PLANTERSERVICE DO DO THERAPY<br>DO 00 DOT SCAN DOST DOST DO THERAPY<br>DO 00  | ALLOCATI O | N OF CAPITAL RELATED COSTS        |                  | Provider CO |                                     | From 01/01/2022 | Part II<br>Date/Time Prepared: |    |
| ENERAL SERVICE COST CENTERS         1.00         24.00         25.00         26.00           1.00         00100 CAP REL COST-BLIG. & FLXT         1.00   |            | Cost Center Description           | SOCI AL SERVI CE |             | Residents Cos<br>& Post<br>Stepdown |                 |                                |    |
| 1:00         000100 CAP REL COSTS-BUDE & FLWT         1.00         1.00           0:00         00200 CAP REL COSTS-BUDE & FLWT         1.00         1.00           0:00         00200 CAP REL COSTS-BUDE & FLWT         1.00         4.00         4.00           0:00         00200 CPREL COSTS-BUDE & FLWT         6.00         5.00         7.00         7.00           0:00         00200 CPREL COSTS-BUDE & FLWT         6.00         7.00         7.00         7.00           0:00         00200 CHAPKE ENREFTS DEPARTHENT         6.00         8.00         9.00 <td></td> <td></td> <td>17.00</td> <td>24.00</td> <td></td> <td>26.00</td> <td></td> <td></td>  |            |                                   | 17.00            | 24.00       |                                     | 26.00           |                                |    |
| 2:00         002000 CAP REL COSTS-WUBLE EQUIP         2:00  |            |                                   | 11               |             |                                     |                 |                                | _  |
| 4.00         00400 [EMPLOYEE BERFEITS DEPARTMENT         4.00           5.00         00500 (ADMI NISTRATION OF PLANT         5.00           0.00         00500 (ADMI NISTRATION TE & GENERAL         7.00           0.00         00500 (INTO SECEPT NG         9.00           0.00         01000 (ETARY         10.00           0.01         01100 (ATERN AGMI NISTRATION         11.00           13.00         01300 (INTERS AGMI NISTRATION         11.00           14.00         01400 (ENTARY         11.00           15.00         01500 (HERSING AGMI NISTRATION         14.00           16.00         01400 (ENTARY         1.087           17.00         0000 (SOCIAL, SERVICE         1.087           17.00         0000 (SOCIAL, SERVICE         1.087           18.00         0000 (SOCIAL, SERVICE         1.087           19.00         0000 (SOCIAL, SERVICE         1.087           13.00         0300 (SOCIAL, SERVICE         1.087           13.00  |            |                                   |                  |             |                                     |                 |                                |    |
| 5.00         00500         ADM IN STRATT VE & GENERAL         5.00           7.00         00700         OPERATI ON OF PLANT         6.00           8.00         00800         CARDING VA & LINEN SERVICE         7.00           9.00         00700         MOSENEEPING         10.00           11.00         01100         CARTERIA         11.00           11.00         01100         CARTERIA         13.00           11.00         01100         CARTERIA         13.00           11.00         01100         CARTERIA         1.087           11.00         01100         CHINAL SERVICE         1.087           11.00         01100         CHINAL SERVICE COST CENTERS         1.087           30.00         03000 AUDITS & PEDIATRICS         1.087         213.697         30.00           31.00         03000 AUDITS & PEDIATRICS         1.087         1.087         30.00           31.00         03000 AUDITS & PEDIATRICS         1.087         0         0         0           30.00         03000 AUDITS & PEDIATRICS         1.087         0         0         0         4100           40.00         04000 OPERATING NEADER         186, 263         0         422         0         423 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |            |                                   |                  |             |                                     |                 |                                |    |
| 7. 00         00700 [OPERATION OF PLANT         ,   |            |                                   |                  |             |                                     |                 |                                |    |
| 8. 00         00000 LAURDRY & LINEN SERVICE         8. 00           9.00         00000 HOUSEKEEPH G         9. 00           10.00         01000 CATETERI A         11. 00           11.00         01300 CRETERI A         11. 00           13.00         01300 CRETERI A         11. 00           13.00         01500 CRETERI AS SUPPLY         14. 00           15.00         01500 PHARMACY         16. 00           10.00         01700 SOCIAL SERVICES & SUPPLY         16. 00           10.00         01700 SOCIAL SERVICE COST CENTERS         1.087           30.00         03000 ADULTS & PEDI ATRICS         1.087           30.00         03000 JUERS + LERCOST CENTERS         1.087           30.00         03000 JUERS + IPF         0         0           40.00         USERRY         0         0         0           41.00         14.00         14.00         14.00         10.00           43.00         0.00         0         0         0         0           43.00         1.540         1.540         1.540         53.00           54.00         05400 RADI OLOCY - 01 AGNOSTIC         0         82.281         62.281         54.00           55.00         05600 RA   |            |                                   |                  |             |                                     |                 |                                |    |
| 9. 000 00000 HOUSEKEEPING<br>10.00 01000 DIETARY<br>10.00 01000 DIETARY<br>10.00 01100 CAFETERIA<br>10.00 01100 DIETAR<br>10.00 01100 CAFETERIA<br>10.00 01100 DIETAR<br>10.00 0100  DIETAR<br>10.00 0100 DIETAR<br>10.00 0100 DIETAR<br>10.00 01000 DIETAR<br>10.00 0100  DIETAR<br>10.00 01000 DIETAR |            |                                   |                  |             |                                     |                 |                                |    |
| 10.00       01000       0112 TARY       10.00         11.00       01100       CAPETERIA       11.00         13.00       01300       NURSING ADMINISTRATION       13.00         14.00       01400       CENTRAL SERVICES & SUPPLY       14.00         15.00       01500       PHARMACY       16.00         10.00       01700       SOCIAL SERVICE       1.087         10.00       01700       SOCIAL SERVICE       1.087         30.00       03000       ADUITS & PEDIATRICS       1.087         30.00       03000       NURTS & CAPE UNIT       0       0         30.00       03000       NURTS & PEDIATRICS       1.087       213.697       30.00         30.00       03000       NURTS & PEDIATRICS       1.087       213.697       30.00       30.00         30.00       03000       NURTS & PEDIATRICS       1.087       213.697       30.00       30.00         30.00       03000       NURTS & PEDIATRICS       1.087       213.697       30.00       30.00         30.00       0300       NURTS & PEDIATRICS       1.087       43.00       43.00       43.00       43.00       43.00       43.00       44.00       44.610       44.610   |            |                                   |                  |             |                                     |                 |                                |    |
| 11.00       01100       CAFETERIA       11.00         12.00       01300       NURSING ADMINISTRATION       11.00         13.00       01400       CENTRAL SERVICES & SUPPLY       13.00         14.00       01400       CENTRAL SERVICE & SUPPLY       16.00         15.00       01600       NORSING SAMINISTRATION       14.00         10.00       01600       NORSING SAMINISTRATION       16.00         10.00       01600       NORSING SAMINISTRATION       16.00         10.00       01600       NORSING SAMINISTRATION       16.00         10.00       01600       000       0       16.00         11.00       NORSING SAMINISTRATION       1.087       1.087       1.087         10.00       01000 SOLLATS & PEDIATRICS       0       0       0       10.00         10.00       01000 SUBPROVIDER - IPF       0       0       0       0       10.00         10.00       01000 SUBPROVIDER - IPF       0       0       0       0       10.00       10.00         10.00       01000 SUBPROVIDER - IPF       0       0       0       0       11.00       14.00       14.00       14.00       14.00       14.00       15.00       15.00       <   |            |                                   |                  |             |                                     |                 |                                |    |
| 11:0:0       013:00       NURSI NG ADMINISTRATION       13:00         10:0       01400       CHARDOL CENTRAL SERVICES & SUPPLY       14:00         10:0       015:00       PLARMACY       15:00         10:0       015:00       PLARMACY       16:00         10:0       015:00       PLARMACY       17:00         10:0       017:00       SOCIAL SERVICE       00       0         10:0       015:00       PLARMACY       17:00         30:0       03:00       ADULTS & PEDIATRICS       1,087       0       0         31:0       03:00       SUBTON DER - 1 PF       0       0       0       0         30:0       03:00       OLDO SUBRROVI DER - 1 PF       0       0       0       0       41:00         30:0       04:00       SUBROVI DER - 1 PF       0       0       0       0       41:00         30:0       03:00       OLDO SUBRROVI DER - 1 PF       0       0       0       41:00         30:0       03:00       OLSO ORDON UNRSERY       0       18:6,263       0       18:6,263       50:00         30:0       00       00       0       14:610       1,540       54:00       54:00  |            |                                   |                  |             |                                     |                 |                                |    |
| 14.00       OI1400       CENTRAL SERVICES & SUPPLY       14.00         15.00       01500       MEDO PHARMACY       15.00         16.00       01700       SOCIAL SERVICE       1.087         17.00       INPATLENT ROUTINE SERVICE COST CENTERS       1.087       0       213,697       0       213,697         30.00       03000 ADULTS & FEDIATRICS       1.087       0  |            |                                   |                  |             |                                     |                 |                                |    |
| 15.00       01500       PHARMACY       15.00         16.00       100       100       100       100         17.00       NOTOSCIAL SERVICE       1.087       213,697       0         30.00       03000       ADULTS & PEDIATRICS       1.087       213,697       0       213,697         31.00       04000       SUBROVIDER - IPF       0       0       0       0       40.00         41.00       OLIONS SUBROVIDER - IRF       0       0       0       0       41.00         43.00       04000 NURSERY       0       0       0       0       41.00         43.00       04000 NURSERVIDER - IRF       0       0       0       0       43.00         0.00       0       0       0       0       0       43.00       43.00         0.00       0       0       186,263       0       186,263       50.00         0.00       0       0       420       442       436       56.00         0.00       0       1,540       1,540       1,540       57.00       53.00       57.00       55.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |            |                                   |                  |             |                                     |                 |                                |    |
| 16.00       01000       MEDICAL RECORDS & LIBRARY       16.00         17.00       17.00       17.00       17.00       17.00         10.00       0000       0000       213.697       0       213.697         30.00       03000       1NTES VECARE       1.087       213.697       0       0       30.00         31.00       03000       INTERS VECARE       0       0       0       0       31.00         40.00       4000       SUBPROVIDER - IPF       0       0       0       0       41.00         41.00       4000       SUBPROVIDER - IPF       0       0       0       43.00         AMCILLARY SERVICE COST CENTERS   |            |                                   |                  |             |                                     |                 |                                |    |
| 17.00       001200       SOCI AL SERVICE       1,087       17.00         1NPATIENT RUTINE SERVICE COST CENTERS       30.00       30.00       30.00       213,697       0       213,697       30.00         31.00       03000       ADULTS & PEDIATRICS       1,087       213,697       0       213,697       30.00         31.00       03000       SUBPROVIDER - 1 PF       0       0       0       0       40.00         41.00       04100 SUBPROVIDER - 1 RF       0       0       0       0       43.00         43.00       430.00       0.00       0       0       0       43.00         ANCILLARY SERVICE COST CENTERS   |            |                                   |                  |             |                                     |                 |                                |    |
| INPATI ENT ROUTINE SERVICE COST CENTERS         Image: Control of the service o  |            |                                   | 1 007            |             |                                     |                 |                                |    |
| 30.00       00       00       00       213,697       0       213,697       30.00         31.00       010       NC       010       010       010       00       0 <td></td> <td></td> <td>1,007</td> <td></td> <td></td> <td></td> <td></td> <td>0</td>  |            |                                   | 1,007            |             |                                     |                 |                                | 0  |
| 31. 00       03100       INTENSIVE CARE UNIT       0 <th< td=""><td></td><td></td><td>1 087</td><td>213 697</td><td></td><td>0 213 697</td><td>30.0</td><td>0</td></th<>  |            |                                   | 1 087            | 213 697     |                                     | 0 213 697       | 30.0                           | 0  |
| 40.00         00         00         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |            |                                   |                  |             |                                     |                 |                                |    |
| 41.00       04100       SUBPROVI DER       1 RF       0       0       0       0       41.00         43.00       Ad300       NURSERY       0       0       0       0       43.00         50.00       D5000       DPERATI NG ROOM       0       186, 263       0       186, 263       50.00         51.00       D5000       DPERATI NG ROOM       0       186, 263       0       82, 281       0       82, 281       53.00         54.01       D5400 RADI OLGY-DI AGNOSTI C       0       82, 281       0       82, 281       54.00       54.01         55.00       05600 RADI OLSOTOPE       0       14.610       0       14.610       57.00       57.00       57.00       57.00       0       26, 976       58.00       56.00       56.00       65.00       0       26, 976       58.00       66.00       65.391       0       65.391       66.00       65.391       66.00 <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td></td></t<>  |            |                                   |                  | -           |                                     | -               |                                |    |
| 43.00       04300       0       0       0       0       43.00         ARC       ARC       CENTERS       50.00       05000       OPERATING ROM       0       186, 263       0       186, 263       50.00         53.00       05300       ANESTHESI OLOGY       0       492       0       492       53.00       53.00         54.00       55000       RADI OLOGY-DI AGNOSTI C       0       82, 281       54.00       54.01         55.00       05000       RADI OLOGY-DI AGNOSTI C       0       82, 281       54.00       54.01         56.00       05600       RADI OLOGY-DI AGNOSTI C       0       82, 281       54.00       54.01         56.00       05700 CT SCAN       0       14,610       0       14,610       57.00         58.00       D5800 MRI       0       26,976       0       26,976       58.00         60.00       66500 RESPI RATORY       0       65.391       0       21,821       0       21,821       65.00         65.00       06500 RESPI RATORY       0       49,883       0       49,883       66.00       66.00         61.00       06700 OCUPATI ONAL THERAPY       0       0       0       0   |            |                                   | -                | -           |                                     | -               |                                |    |
| ANCLLARY SERVICE COST CENTERS         0         186, 263         50.00         50.00         0         492         0         492         53.00         0         50.00         0         492         0         492         0         492         53.00         0         54.01         0         82.281         0         82.281         54.00         54.01         0         1,540         54.01         0         1,540         54.01         0         1,540         54.01         55.00         0         56.00         0         56.00         0         66.00         67.00         14.610         0         14.610         57.00         57.00         57.00         65.00         85.00         0         65.00         85.00         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         67.00         0  |            |                                   |                  |             |                                     |                 |                                |    |
| 50.00       OFERATING ROOM       0       186, 263       0       186, 263       50.00         53.00       OS300       ANESTHESI OLOGY       0       492       0       492       53.00         54.00       OS400       RADI OLOGY-DI AGNOSTI C       0       82, 281       0       82, 281       53.00         54.00       OS401       ULTRASOUND       0       1.540       1.540       54.01         56.00       OS400       RADI OLOGY-DI AGNOSTI C       0       82, 281       0       82, 281       54.01         56.00       OS400       NADI OLSOTOPE       0       4.36       0       436       56.00         57.00       OS700 CT SCAN       0       14, 610       0       14, 610       57.00         65.00       OS600       NRI       0       26, 976       0       26, 976       58.00         60.00       O6500       RESPI RATORY THERAPY       0       21, 821       0       21, 821       65.00         66.00       O6500       RESPI RATORY THERAPY       0       49.83       0       49.83       66.00         67.00       COUPATI IONAL THERAPY       0       0       0       0       67.00       0       <  |            |                                   |                  |             | 1                                   |                 |                                | 0  |
| 54.00       05400       RADI OLGGY-DI AGNOSTI C       0       82, 281       0       82, 281       54.00         54.01       05401       ULTRASOUND       0       1,540       1,540       1,540       54.01         55.00       05600       RADI OLSOTOPE       0       436       0       436       56.00         57.00       05700       CT SCAN       0       14,610       0       14,610       57.00         58.00       05800       MRI       0       26,976       0       26,976       58.00         60.00       06000       LABORATORY       0       26,971       0       65.00       66.00         65.00       06500       RESPI RATORY THERAPY       0       21,821       0       21,821       65.00         66.00       06500       RESPI RATORY THERAPY       0       0       0       0       66.00         66.00       06700       0CCUPATI ONAL THERAPY       0       0       0       0       67.00         68.00       06800       SPECH PATHOLOGY       0       0       11,165       11,165       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       2,637       71  |            |                                   | 0                | 186, 263    |                                     | 0 186, 263      | 50.0                           | 0  |
| 54.01       05401       ULTRASOUND       0       1,540       0       1,540       54.01         56.00       05600       RADI 01 SOTOPE       0       436       0       436       56.00         57.00       05700       CT SCAN       0       14,610       0       14,610       57.00       058.00       MRI       0       26,976       0       26,976       58.00       60.00       60.00       14,610       0       14,610       56.00       58.00       60.00       65.391       0       65.391       60.00       65.031       60.00       65.00       65.07       12821       0       21.821       65.00       66.00       67.00       0       0       67.00       67.00       67.00       67.00       72.00       72.00       72.00       72.00  | 53.00 053  | OO ANESTHESI OLOGY                | 0                | 492         |                                     | 0 492           | 53. O <sup>r</sup>             | 0  |
| 56.00         05600         RADIOLSOTOPE         0         436         0         436         56.00           57.00         05700         CT SCAN         0         14,610         0         14,610         57.00           58.00         05800         MRI         0         26,976         0         26,976         58.00           60.00         06000         LABORATORY         0         65.391         0         65,391         60.00           65.00         RESPIRATORY THERAPY         0         21,821         0         21,821         65.00           66.00         O6600         PKISICAL THERAPY         0         49.883         0         49.883         66.00           67.00         06700         0         0         0         0         67.00           68.00         SPECH PATHOLOGY         0         11,165         0         11,165         69.00           69.00         ORGOD INDL         DEV. CHARGED TO PATI ENTS         0         25,829         73.00         71.00           72.00         07300         DRUGS CHARGED TO PATI ENTS         0         25,829         73.00         91.00         90.00         92.00         92.00         92.00         92.00  | 54.00 054  | 00 RADI OLOGY-DI AGNOSTI C        | 0                | 82, 281     |                                     | 0 82, 281       | 54. O                          | 10 |
| 57.00       05700       CT SCAN       0       14, 610       0       14, 610       57.00         58.00       05800       MRI       0       26, 976       0       26, 976       58.00         60.00       06000       LABORATORY       0       65, 391       0       65, 391       60.00         65.00       06500       RESPI RATORY THERAPY       0       21, 821       0       21, 821       65.00         66.00       06600       PHYSI CAL THERAPY       0       49, 883       0       49, 883       66.00         67.00       06700       0       0       0       0       67.00       68.00       68.00       69.00       0       0       0       67.00       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       71.00       7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       2, 637       72.00       72.00       72.00       72.00       72.00       72.00       72.00       72.00       73.00       0       25, 829       0       25, 829       73.00       73.00       73.00       73.00       73.00       0       0       0       0       0       91.00 <td< td=""><td>54.01 054</td><td>01 ULTRASOUND</td><td>0</td><td>1, 540</td><td></td><td>0 1, 540</td><td>54.0</td><td>11</td></td<>   | 54.01 054  | 01 ULTRASOUND                     | 0                | 1, 540      |                                     | 0 1, 540        | 54.0                           | 11 |
| 58.00         05800         MRI         0         26,976         0         26,976         58.00           60.00         06000         LABORATORY         0         65.391         0         65.391         60.00           65.00         06500         RESPIRATORY THERAPY         0         21,821         0         21,821         66.00           66.00         0         0         0         0         49,883         0         49,883         66.00           67.00         06700         00         0         0         0         0         67.00           68.00         06800         SPEECH PATHOLOGY         0         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0         11,165         69.00         71.00         72.03         72.637         72.03         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         90.00         90.00         90.00         91.00         91.00         91.00         91.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00 <td>56.00 056</td> <td>00 RADI OI SOTOPE</td> <td>0</td> <td>436</td> <td></td> <td>0 436</td> <td>56.0</td> <td>0</td>   | 56.00 056  | 00 RADI OI SOTOPE                 | 0                | 436         |                                     | 0 436           | 56.0                           | 0  |
| 60.00         06000         LABORATORY         0         65, 391         0         65, 391         66, 00           65.00         06500         RESPI RATORY THERAPY         0         21, 821         0         21, 821         65.00           66.00         06600         PHYSI CAL THERAPY         0         49, 883         0         49, 883         66.00           67.00         0         0         0         0         0         66.00           68.00         06600         PHYSI CAL THERAPY         0         0         0         0         67.00           67.00         06700         OCCUPATI ONAL THERAPY         0         0         0         0         66.00           68.00         06800         SPECH PATHOLOGY         0         0         0         0         68.00           69.00         OT100         MEDI CAL SUPPLIES CHARGED TO PATIENT         0         2.637         71.00         72.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         0         25, 829         0         25, 829         72.00           73.00         07300         DRGS CHARGED TO PATIENTS         0         0         0         0         0         0         0   |            |                                   | 0                | 14, 610     |                                     | 0 14, 610       | 57.0                           | 0  |
| 65.00         06500         RESPI RATORY THERAPY         0         21,821         0         21,821         65.00           66.00         06600         PHYSI CAL THERAPY         0         49,883         0         49,883         66.00           67.00         06700         OCUPATI ONAL THERAPY         0         0         0         0         66.00           68.00         06800         SPECH PATHOLOGY         0         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0         11,165         0         11,165         69.00           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0         2,637         71.00         72.00         72.00         73.00         0         25,829         0         25,829         73.00           0         0         0         0         0         0         90.00         90.00         91.00         91.00         91.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |            |                                   | 0                |             |                                     |                 |                                |    |
| 66.00         06600         PHYSI CAL THERAPY         0         49,883         0         49,883         66.00           67.00         0CCUPATI ONAL THERAPY         0         0         0         0         67.00         66.00         67.00         66.00         67.00         68.00         0         0         0         0         0         67.00         68.00         66.00         67.00         68.00         0         0         0         0         67.00         68.00         69.00         0         0         0         0         0         67.00         68.00         69.00         69.00         11,165         0         11,165         69.00         71.00         71.00         71.00         2,637         71.00         72.00         72.00         72.00         72.00         72.00         427         0         427         72.00         73.00         00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         <  |            |                                   | 0                |             |                                     |                 |                                |    |
| 67.00       06700       0CCUPATI 0NAL THERAPY       0       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       0       0       68.00         69.00       06900       ELECTROCARDI 0LOGY       0       11, 165       0       11, 165       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       2, 637       0       2, 637       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       427       0       427       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       25, 829       0       25, 829       73.00         01700       DEV. CHARGED TO PATI ENTS       0       0       0       0       90.00         09000       CLI NIC       0       0       0       90.00       90.00       90.00         91.00       OP3000       EMERGENCY       0       112, 283       0       112, 283       91.00         92.00       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       112, 283       0       112, 283       92.00         SPECI AL PURPOSE COST CENTERS       0       10, 313       0       10, 313  |            |                                   | 0                |             |                                     |                 |                                |    |
| 68.00         06800         SPEECH PATHOLOGY         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0         11, 165         0         11, 165         69.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0         2, 637         0         2, 637         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0         427         0         427         72.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         25, 829         0         25, 829         73.00           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         90.00   |            |                                   | 0                |             |                                     |                 |                                |    |
| 69.00         06900         ELECTROCARDIOLOGY         0         11,165         0         11,165         69.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENT         0         2,637         0         2,637         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         0         427         0         427         72.00           73.00         DRUGS CHARGED TO PATIENTS         0         25,829         0         25,829         73.00           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         90.00   |            |                                   | 0                | 0           |                                     | -               |                                |    |
| 71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       2,637       0       2,637       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       427       0       427       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       25,829       0       25,829       73.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       90.00       90.00         90.00       09000       CLINIC       0       0       0       90.00       90.00         91.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       0       112,283       0       91.00       92.00         SPECIAL PURPOSE COST CENTERS       5       0       112,283       0       112,283       91.00         90.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       0       112,283       91.00       92.00         SPECIAL PURPOSE COST CENTERS       118.00       SUBTOTALS (SUM OF LINES 1 through 117)       1,087       815,731       0       815,731       118.00         190.00       19200       PHYSI CLANS' PRI VATE OFFICES       0       8,819       0       8,819       192.00         192.00  |            |                                   | 0                | 0           |                                     | s               |                                |    |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       427       0       427       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       25,829       0       25,829       73.00         001PATIENT SERVICE COST CENTERS       0       0       0       0       0       90.00         90.00       09000       CLINIC       0       0       0       90.00         91.00       09100       EMERGENCY       0       112,283       0       112,283       91.00         92.00       09200       DBSERVATION BEDS (NON-DISTINCT PART       0       112,283       0       92.00         SPECIAL PURPOSE COST CENTERS       92.00       92.00       92.00       92.00       92.00         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       1,087       815,731       0       815,731       92.00         190.00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       10,313       190.00       92.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       8,819       192.00       192.00         192.00       19200       PHYSI CI AINS' PRI VATE OFFICES       0       8,819       192.00       192.00<   |            |                                   | 0                |             |                                     |                 |                                |    |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       0       25,829       0       25,829       73.00         90.00       00000       CLINIC       0       0       0       0       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       91.00       90.00       91.00       90.00       91.00       92   |            |                                   | -                |             |                                     |                 |                                |    |
| OUTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         0         0         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         91.00         92.0   |            |                                   |                  |             |                                     |                 |                                |    |
| 90.00         09000         CLINIC         0         0         0         0         90.00         90.00         90.00         90.00         90.00         90.00         91.00         92.00         0         112,283         0         112,283         91.00         92.00         92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART         0         112,283         0         112,283         91.00         92.00  |            |                                   | 0                | 25, 629     |                                     | 0 23, 629       | /3.0                           | 0  |
| 91.00       09100       EMERGENCY       0       112,283       0       112,283       91.00       92.00         92.00       OBSERVATION BEDS (NON-DISTINCT PART       0       112,283       0       112,283       91.00       92.00         SPECIAL PURPOSE COST CENTERS         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       1,087       815,731       0       815,731       118.00         NONREI MBURSABLE COST CENTERS         190.00       1900       GI FT, FLOWER, COFFEE SHOP & CANTEEN       0       10,313       190.00         192.00       1942.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       8,819       192.00         194.00       07950       SPECI ALTY CLI NI CS / MOB       0       48       0       48         200.00       Cross Foot Adj ustments       0       0       0       200.00         201.00       Negati ve Cost Centers       0       0       0       201.00  |            |                                   | 0                | 0           |                                     | 0 0             | 90.0                           | 0  |
| 92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         92.00           SPECI AL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         1,087         815,731         0         815,731         118.00           NONREL MBURSABLE COST CENTERS           190.00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         0         10,313         190.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         8,819         192.00           194.00         07950         SPECI ALTY CLI NI CS / MOB         0         48         194.00           200.00         Cross Foot Adj ustments         0         0         0         200.00           201.00         Negati ve Cost Centers         0         0         0         201.00   |            |                                   |                  |             |                                     |                 |                                |    |
| SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         1,087         815,731         0         815,731         118.00           NONREI MBURSABLE COST CENTERS         0         10,313         0         10,313         190.00           190.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         8,819         192.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         8,819         192.00           194.00         Cross Foot Adj ustments         0         48         0         48           200.00         Negati ve Cost Centers         0         0         0         200.00  |            |                                   | Ŭ                | 112, 200    |                                     |                 |                                |    |
| SUBTOTALS         SUBTOTALS <t< td=""><td></td><td></td><td><u> </u></td><td></td><td></td><td>-</td><td>72.0</td><td>-</td></t<>   |            |                                   | <u> </u>         |             |                                     | -               | 72.0                           | -  |
| NONREI MBURSABLE COST CENTERS           190.00         GI FT, FLOWER, COFFEE SHOP & CANTEEN         0         10, 313         0         10, 313         190.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFI CES         0         8, 819         0         8, 819         192.00           194.00         07950         SPECI ALTY CLI NI CS / MOB         0         48         0         48         194.00           200.00         Cross Foot Adjustments         0         0         0         200.00         200.00         201.00         201.00         201.00         0         201.00         0         0         0         0         201.00         0         0         0         0         0         0         201.00         0         0         0         0         201.00         0         0         0         0         201.00         0         0         0         0         0         201.00         0         0         0         0         0         201.00         201.00         201.00         201.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0  |            |                                   | 1.087            | 815, 731    |                                     | 0 815, 731      | 118. 0                         | 0  |
| 190.00         GI FT,         FLOWER,         COFFEE         SHOP & CANTEEN         0         10, 313         0         10, 313         190.00           192.00         19200         PHYSI CI ANS'         PRI VATE OFFICES         0         8, 819         0         8, 819         192.00           194.00         07950         SPECI ALTY CLINICS / MOB         0         48         0         48         194.00           200.00         Cross Foot Adjustments         0         0         0         200.00         200.00         201.00   |            |                                   | .,,              | ,,          |                                     |                 |                                |    |
| 192.00         PHYSI CI ANS'         PRI VATE OFFICES         0         8,819         0         8,819         192.00           194.00         07950         SPECI ALTY CLI NI CS / MOB         0         48         0         48         194.00           200.00         Cross Foot Adjustments         0         0         0         200.00         200.00         201.00         0         0         201.00   |            |                                   | 0                | 10, 313     |                                     | 0 10, 313       | 190. 0                         | 0  |
| 194.00         07950         SPECIALTY CLINICS / MOB         0         48         0         48         194.00           200.00         Cross Foot Adjustments         0         0         0         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         201.00  |            |                                   |                  |             |                                     |                 |                                |    |
| 201.00         Negative Cost Centers         0         0         0         0         201.00   |            |                                   | 0                |             |                                     |                 |                                |    |
|   |            | Cross Foot Adjustments            |                  | 0           |                                     | o o             |                                |    |
| 202.00   TOTAL (sum lines 118 through 201)   1,087 834,911 0 834,911 202.00   |            |                                   | 0                | 0           |                                     |                 |                                |    |
|   | 202.00     | TOTAL (sum lines 118 through 201) | 1, 087           | 834, 911    | I                                   | 0 834, 911      | 202. 0                         | 0  |

| Heal th | Financial Systems                             | STARKE MEMORI | AL HOSPITAL   |                 | In Lie                         | eu of Form CMS-2  | 2552-10 |
|---------|---|---------------|---------------|-----------------|--------------------------------|-------------------|---------|
| COST A  | LLOCATION - STATISTICAL BASIS                 |               | Provider CC   |                 | eriod:                         | Worksheet B-1     |         |
|         |   |               |               |                 | rom 01/01/2022<br>o 12/31/2022 | Date/Time Pre     | narod   |
|         |   |               |               | 1               | 0 12/31/2022                   | 5/31/2023 11:     |         |
|         |   | CAPI TAL REL  | ATED COSTS    |                 |                                |                   |         |
|         |   |               |               |                 |                                |                   |         |
|         | Cost Center Description                       | BLDG & FIXT   | MVBLE EQUIP   | EMPLOYEE        | Reconci l i ati on             | ADMI NI STRATI VE |         |
|         |   | (SQUARE FEET) | (SQUARE FEET) | <b>BENEFITS</b> |                                | & GENERAL         |         |
|         |   |               |               | DEPARTMENT      |                                | (ACCUM. COST)     |         |
|         |   |               |               | (GROSS          |                                |                   |         |
|         |   |               |               | SALARI ES)      |                                |                   |         |
|         |   | 1.00          | 2.00          | 4.00            | 5A                             | 5.00              |         |
|         | GENERAL SERVICE COST CENTERS                  |               |               |                 |                                |                   |         |
| 1.00    | 00100 CAP REL COSTS-BLDG & FIXT               | 67,669        |               |                 |                                |                   | 1.00    |
| 2.00    | 00200 CAP REL COSTS-MVBLE EQUIP               |               | 67, 669       |                 |                                |                   | 2.00    |
| 4.00    | 00400 EMPLOYEE BENEFITS DEPARTMENT            | 167           | 167           | 6, 935, 553     |                                |                   | 4.00    |
| 5.00    | 00500 ADMINISTRATIVE & GENERAL                | 5, 651        | 5, 651        | 965, 490        | -5, 239, 208                   | 12, 467, 448      | 5.00    |
| 7.00    | 00700 OPERATION OF PLANT                      | 22, 035       | 22, 035       | 454, 721        | 0                              | 2, 387, 204       | 7.00    |
| 8.00    | 00800 LAUNDRY & LINEN SERVICE                 | 0             | 0             | C               | 0                              | 73, 076           | 8.00    |
| 9.00    | 00900 HOUSEKEEPI NG                           | 2, 055        | 2, 055        | 11, 093         | 0                              | 496, 912          | 9.00    |
| 10.00   | 01000 DI ETARY                                | 2, 172        | 2, 172        | 3, 080          | 0                              | 137, 903          | 10.00   |
| 11.00   | 01100 CAFETERI A                              | 592           | 592           | 6, 348          | 0                              | 266, 337          | 11.00   |
| 13.00   | 01300 NURSING ADMINISTRATION                  | 348           | 348           | 322, 822        | 0                              | 491, 598          | 13.00   |
| 14.00   | 01400 CENTRAL SERVICES & SUPPLY               | 1, 390        | 1, 390        | 88, 723         | 0                              | 140, 892          | 14.00   |
| 15.00   | 01500 PHARMACY                                | 876           | 876           | 311, 037        | 0                              | 422, 167          | 15.00   |
| 16.00   | 01600 MEDICAL RECORDS & LIBRARY               | 783           | 783           | 52, 781         | 0                              | 182, 490          | 16.00   |
| 17.00   | 01700 SOCIAL SERVICE                          | 0             | 0             | 96, 513         | 0                              | 145, 864          | 17.00   |
|         | INPATIENT ROUTINE SERVICE COST CENTERS        |               |               |                 |                                |                   |         |
| 30.00   | 03000 ADULTS & PEDIATRICS                     | 7, 780        | 7, 780        | 925, 365        | 0                              | 1, 328, 536       | 30.00   |
| 31.00   | 03100 INTENSIVE CARE UNIT                     | 0             | 0             | C               | 0                              | 0                 | 31.00   |
| 40.00   | 04000 SUBPROVI DER – I PF                     | 0             | 0             | C               | 0                              | 0                 | 40.00   |
| 41.00   | 04100 SUBPROVI DER – I RF                     | 0             | 0             | C               | 0                              | 0                 | 41.00   |
| 43.00   | 04300 NURSERY                                 | 0             | 0             | C               | 0                              | 0                 | 43.00   |
|         | ANCILLARY SERVICE COST CENTERS                |               |               |                 |                                |                   | 1       |
| 50.00   | 05000 OPERATING ROOM                          | 8, 458        | 8, 458        | 292, 081        | 0                              | 593, 270          | 50.00   |
| 53.00   | 05300 ANESTHESI OLOGY                         | 0             | 0             | 1, 734          | 0                              | 5, 740            | 53.00   |
| 54.00   | 05400 RADI OLOGY-DI AGNOSTI C                 | 3, 591        | 3, 591        | 604, 354        | 0                              | 821, 593          | 54.00   |
| 54.01   | 05401 ULTRASOUND                              | 0             | 0             | 53, 689         | 0                              | 137, 190          | 54.01   |
| 56.00   | 05600 RADI OI SOTOPE                          | 0             | 0             | 6, 960          |                                | 36, 658           |         |
| 57.00   | 05700 CT SCAN                                 | 480           | 480           | 49, 969         |                                | 152,072           |         |
| 58.00   | 05800 MRI                                     | 1, 266        | 1, 266        | 20, 299         |                                | 43, 730           |         |
| 60.00   | 06000 LABORATORY                              | 1, 962        | 1, 962        | 634, 072        |                                | 1, 220, 545       | 60.00   |
| 65.00   | 06500 RESPI RATORY THERAPY                    | 850           | 850           | 384, 298        |                                | 502, 061          | 65.00   |
| 66.00   | 06600 PHYSI CAL THERAPY                       | 2, 146        | 2, 146        | 442,000         |                                | 619, 091          | 66.00   |
| 67.00   | 06700 OCCUPATI ONAL THERAPY                   | 0             | 0             | C               | 0                              | 0                 | 67.00   |
| 68.00   | 06800 SPEECH PATHOLOGY                        | 0             | 0             | 0               | 0                              | 0                 | 68.00   |
| 69.00   | 06900 ELECTROCARDI OLOGY                      | 440           | 440           | 126, 614        | 0                              | 171, 747          | 69.00   |
| 71.00   | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0             | 0             | C               | 0                              | 51, 847           | 71.00   |
| 72.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS         | 0             | 0             | C               |                                | 8, 017            | 72.00   |
| 73.00   | 07300 DRUGS CHARGED TO PATIENTS               | 0             | 0             | C               |                                |                   |         |
| 10100   | OUTPATIENT SERVICE COST CENTERS               | , <u> </u>    | ŭ             |                 | , <u> </u>                     | 100,102           | /0/00   |
| 90.00   | 09000 CLINIC                                  | 0             | 0             | C               | 0                              | 0                 | 90.00   |
| 91.00   | 09100 EMERGENCY                               | 4, 129        |               |                 |                                |                   |         |
|         | 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 1, 127        | 1, 12,        | 1, 070, 017     |                                | 1,020,070         | 92.00   |
| 72.00   | SPECIAL PURPOSE COST CENTERS                  |               |               |                 |                                | I                 | 72.00   |
| 118.00  |   | 67, 171       | 67, 171       | 6, 929, 060     | -5, 239, 208                   | 12, 453, 092      | 118 00  |
| 110.00  | NONREI MBURSABLE COST CENTERS                 | 07,171        | 07,171        | 0, 727, 000     | 5, 257, 200                    | 12, 400, 072      | 110.00  |
| 100 00  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN     | 498           | 498           | C               | 0                              | 6 144             | 190.00  |
|         | 19200 PHYSI CLANS' PRI VATE OFFI CES          | 470           | 470           | C               |                                |                   | 190.00  |
|         | 07950 SPECIALTY CLINICS / MOB                 | 0             | 0             | 6, 493          |                                |                   | 192.00  |
| 200.00  |   | 0             | 0             | 0,475           | 0                              | 0,212             | 200.00  |
| 200.00  | 5   |               |               |                 |                                |                   | 200.00  |
| 201.00  | 0   | 146, 354      | 688, 557      | 1 224 614       |                                | 5 220 200         |         |
| 202.00  | Cost to be allocated (per Wkst. B,<br>Part I) | 140, 334      | 000, 007      | 1, 324, 614     |                                | 5, 239, 208       | 202.00  |
| 203.00  |   | 2. 162792     | 10. 175368    | 0. 190989       |                                | 0. 420231         | 202 00  |
|         |   | 2. 102/92     | 10. 175506    |                 |                                |                   |         |
| 204.00  |   |               |               | 2,060           |                                | 70,010            | 204.00  |
| 20E 00  | Part II)                                      |               |               | 0 000007        |                                | 0.005415          | 20E 00  |
| 205.00  |   |               |               | 0. 000297       |                                | 0.005615          | 203.00  |
| 206.00  | NAHE adjustment amount to be allocated        |               |               |                 |                                |                   | 206.00  |
| 200.00  | (per Wkst. B-2)                               |               |               |                 |                                |                   | 200.00  |
| 207.00  |   |               |               |                 |                                |                   | 207.00  |
| 201.00  | Parts III and IV)                             |               |               |                 |                                |                   | 207.00  |
|         |   | I             | I             | 1               | 1                              | 1                 |         |

| Heal th          | Financial Systems  | STARKE MEMORI          | AL HOSPI TAL                |               | In Lie                     | u of Form CMS-                 | 2552-10            |
|------------------|--|------------------------|-----------------------------|---------------|----------------------------|--------------------------------|--------------------|
| COST A           | LLOCATION - STATISTICAL BASIS  |                        | Provider C                  |               | Period:<br>From 01/01/2022 | Worksheet B-1                  |                    |
|                  |  |                        |                             |               | o 12/31/2022               | Date/Time Pre<br>5/31/2023 11: |                    |
|                  | Cost Center Description  | OPERATION OF           | LAUNDRY &                   | HOUSEKEEPING  | DI ETARY                   | CAFETERI A                     |                    |
|                  |  | PLANT<br>(SQUARE FEET) | LINEN SERVICE<br>(POUNDS OF | (SQUARE FEET) | (MEALS SERVED)             | (FTE)                          |                    |
|                  |  | (SQUARE TEET)          | LAUNDRY)                    |               |                            |                                |                    |
|                  |  | 7.00                   | 8.00                        | 9.00          | 10.00                      | 11.00                          |                    |
| 1 00             | GENERAL SERVICE COST CENTERS   |                        | 1                           |               |                            |                                | 1 1 00             |
| 1.00<br>2.00     | 00200 CAP REL COSTS-BLDG & FIXT  |                        |                             |               |                            |                                | 1.00<br>2.00       |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                        |                             |               |                            |                                | 4.00               |
| 5.00             | 00500 ADMI NI STRATI VE & GENERAL  |                        |                             |               |                            |                                | 5.00               |
| 7.00             | 00700 OPERATION OF PLANT   | 39, 816                |                             |               |                            |                                | 7.00               |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING                        |                        |                             |               |                            |                                | 8.00               |
| 9.00<br>10.00    | 01000 DI ETARY   | 2, 055<br>2, 172       |                             |               |                            |                                | 9.00<br>10.00      |
| 11.00            | 01100 CAFETERI A   | 592                    |                             |               |                            | 6, 949                         | 1                  |
| 13.00            | 01300 NURSING ADMINISTRATION   | 348                    | 0                           | 348           | 0                          | 319                            | 13.00              |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY  | 1, 390                 |                             | 1, 390        |                            | 159                            | 1                  |
| 15.00<br>16.00   | 01500 PHARMACY<br>01600 MEDICAL RECORDS & LIBRARY                          | 876                    |                             | 876<br>783    |                            | 306<br>151                     | 15.00<br>16.00     |
| 17.00            | 01700 SOCIAL SERVICE   | /03                    |                             | /83<br>C      |                            | 131                            | 17.00              |
|                  | INPATIENT ROUTINE SERVICE COST CENTERS                                     |                        |                             |               |                            |                                |                    |
| 30.00            | 03000 ADULTS & PEDI ATRI CS  | 7, 780                 | 19, 853                     | 7, 780        | 6, 018                     | 1, 165                         |                    |
| 31.00            | 03100 I NTENSI VE CARE UNI T   | 0                      |                             | -             |                            | 0                              | 31.00              |
| 40.00<br>41.00   | 04000 SUBPROVI DER – I PF<br>04100 SUBPROVI DER – I RF                     |                        | -                           |               | -                          | 0                              | 40.00              |
| 41.00            | 04300 NURSERY  |                        |                             |               |                            | 0                              | 41.00              |
|                  | ANCI LLARY SERVI CE COST CENTERS   | -                      |                             | -             | -                          |                                |                    |
| 50.00            | 05000 OPERATING ROOM   | 8, 458                 | 7, 225                      | 8, 458        | 13                         | 408                            | 50.00              |
| 53.00            | 05300 ANESTHESI OLOGY  | 0                      | -                           | -             |                            | 2                              | 53.00              |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C  | 3, 591                 |                             | 3, 591        |                            | 770                            | 1                  |
| 54. 01<br>56. 00 | 05401 ULTRASOUND<br>05600 RADI OI SOTOPE                                   |                        |                             |               | -                          | 62<br>7                        | 54.01<br>56.00     |
| 57.00            | 05700 CT SCAN  | 480                    |                             | 480           |                            | ,<br>54                        | 57.00              |
| 58.00            | 05800 MRI  | 1, 266                 | 0                           | 1, 266        | 0                          | 24                             | 58.00              |
| 60.00            | 06000 LABORATORY   | 1, 962                 |                             |               |                            | 1, 062                         | 60.00              |
| 65.00            |  | 850                    |                             |               | 1                          | 480                            | 65.00              |
| 66.00<br>67.00   | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                     | 2, 146                 |                             |               | -                          | 570<br>0                       | 66.00<br>67.00     |
| 68.00            | 06800 SPEECH PATHOLOGY   |                        |                             | c c           |                            | 0                              | 68.00              |
| 69.00            | 06900 ELECTROCARDI OLOGY   | 440                    | 0                           | 440           | 0                          | 179                            | 69.00              |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                  | 0                      |                             | C             |                            | 0                              | 71.00              |
| 72.00<br>73.00   | 07200 I MPL. DEV. CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS | 0                      |                             |               |                            | 0                              | 72.00              |
| 73.00            | OUTPATIENT SERVICE COST CENTERS  |                        | <u>ı</u> 0                  |               | v U                        | 0                              | 73.00              |
| 90.00            | 09000 CLINIC   | 0                      | 0                           | C             | 0 0                        | 0                              | 90.00              |
|                  | 09100 EMERGENCY  | 4, 129                 | 42, 794                     | 4, 129        | 472                        | 1, 102                         |                    |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART                                  |                        |                             |               |                            |                                | 92.00              |
| 118.00           | SPECIAL PURPOSE COST CENTERS<br>SUBTOTALS (SUM OF LINES 1 through 117)     | 39, 318                | 91, 567                     | 37, 263       | 6, 503                     | 6 0/1                          | 118.00             |
| 110.00           | NONREI MBURSABLE COST CENTERS  | 37, 310                | 91,307                      | 57,205        | 0, 303                     | 0, 741                         | 1110.00            |
| 190.00           | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                  | 498                    | 0                           | 498           | 8 0                        | 0                              | 190.00             |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES                                       | 0                      |                             | C             | 1, 555                     |                                | 192.00             |
|                  | 07950 SPECIALTY CLINICS / MOB  | 0                      | 0                           | C             | 0                          | 0                              | 194.00             |
| 200.00<br>201.00 |  |                        |                             |               |                            |                                | 200. 00<br>201. 00 |
| 201.00           |  | 3, 390, 381            | 103, 785                    | 880, 716      | 432, 656                   | 442, 477                       | 1                  |
|                  | Part I)  |                        |                             |               |                            |                                |                    |
| 203.00           |  | 85. 151221             |                             |               |                            | 63. 674917                     |                    |
| 204.00           |  | 285, 421               | 410                         | 42, 879       | 45, 615                    | 13, 717                        | 204.00             |
| 205.00           | Part II)<br>Unit cost multiplier (Wkst. B, Part                            | 7. 168500              | 0. 004478                   | 1. 135537     | 5. 660834                  | 1.973953                       | 205 00             |
| 200.00           |  | 7. 100500              | 0.004478                    | 1. 133337     | 5. 000034                  | 1.773733                       | 200.00             |
| 206.00           | NAHE adjustment amount to be allocated                                     |                        |                             |               |                            |                                | 206. 00            |
| 207 00           | (per Wkst. B-2)  |                        |                             |               |                            |                                | 207 00             |
| 207.00           | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV)                   |                        |                             |               |                            |                                | 207.00             |
|                  |  | 1                      | 1                           | 1             | 1 I                        |                                | 1                  |

| 0031 P           | LLOCATION - STATISTICAL BASIS   |                           | Provider CC          | N 15_0100          | Peri od:                     | Worksheet B-1                  |              |
|------------------|---|---------------------------|----------------------|--------------------|------------------------------|--------------------------------|--------------|
|                  |   |                           | Provider CC          | N: 15-0102         | From 01/01/2022              |                                |              |
|                  |   |                           |                      |                    | To 12/31/2022                | Date/Time Pre<br>5/31/2023 11: |              |
|                  | Cost Center Description   | NURSI NG                  | CENTRAL              | PHARMACY           | MEDI CAL                     | SOCIAL SERVICE                 |              |
|                  | ·   | ADMI NI STRATI ON         | SERVICES &           | (COSTED            | RECORDS &                    |                                |              |
|                  |   |                           | SUPPLY               | REQUIS.)           | LIBRARY                      | (PATIENT DAYS)                 |              |
|                  |   | (TOTAL NURS<br>ING SALAR) | (COSTED<br>REQUIS.)  |                    | (GROSS<br>CHARGES)           |                                |              |
|                  |   | 13.00                     | 14.00                | 15.00              | 16.00                        | 17.00                          |              |
|                  | GENERAL SERVICE COST CENTERS  | 10100                     | 11100                | 10100              | 10100                        | 1 11100                        |              |
| 1.00             | 00100 CAP REL COSTS-BLDG & FIXT   |                           |                      |                    |                              |                                | 1.00         |
| 2.00             | 00200 CAP REL COSTS-MVBLE EQUIP   |                           |                      |                    |                              |                                | 2.00         |
| 4.00             | 00400 EMPLOYEE BENEFITS DEPARTMENT  |                           |                      |                    |                              |                                | 4.00         |
| 5.00             | 00500 ADMI NI STRATI VE & GENERAL   |                           |                      |                    |                              |                                | 5.00         |
| 7.00             | 00700 OPERATION OF PLANT  |                           |                      |                    |                              |                                | 7.00         |
| 8.00<br>9.00     | 00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING                       |                           |                      |                    |                              |                                | 8.00<br>9.00 |
| 10.00            | 01000 DI ETARY  |                           |                      |                    |                              |                                | 10.00        |
| 11.00            | 01100 CAFETERIA   |                           |                      |                    |                              |                                | 11.00        |
| 13.00            | 01300 NURSI NG ADMI NI STRATI ON  | 2, 213, 590               |                      |                    |                              |                                | 13.00        |
| 14.00            | 01400 CENTRAL SERVICES & SUPPLY   | 0                         | 685, 231             |                    |                              |                                | 14.00        |
| 15.00            | 01500 PHARMACY  | 0                         | 1, 623               | 488, 18            | 32                           |                                | 15.00        |
| 16.00            | 01600 MEDICAL RECORDS & LIBRARY   | 0                         | 0                    |                    | 0 83, 484, 452               | 1                              | 16.00        |
| 17.00            | 01700 SOCIAL SERVICE  | 0                         | 0                    |                    | 0 0                          | 1, 645                         | 17.00        |
|                  | I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                |                           |                      |                    |                              |                                |              |
| 30.00            | 03000 ADULTS & PEDIATRICS   | 892, 463                  | 57, 730              |                    | 0 4, 800, 515                |                                |              |
| 31.00            | 03100 I NTENSI VE CARE UNI T  | 0                         | 0                    |                    | 0 0                          | 0                              |              |
| 40.00<br>41.00   | 04000 SUBPROVI DER – I PF<br>04100 SUBPROVI DER – I RF                    | 0                         | 0                    |                    | 0 0                          | 0                              |              |
| 41.00            | 04300 NURSERY   | 0                         | 0                    |                    | 0 0                          | 0                              |              |
| 45.00            | ANCI LLARY SERVICE COST CENTERS   | 0                         |                      |                    |                              |                                | 40.00        |
| 50.00            | 05000 OPERATI NG ROOM   | 192, 955                  | 120, 167             |                    | 0 5, 631, 149                | 0                              | 50.00        |
| 53.00            | 05300 ANESTHESI OLOGY   | 1, 465                    | 3, 548               |                    | 0 1, 399, 507                |                                |              |
| 54.00            | 05400 RADI OLOGY-DI AGNOSTI C   | 62, 312                   | 12, 732              |                    | 0 4, 367, 401                | 0                              | 54.00        |
| 54.01            | 05401 ULTRASOUND  | 0                         | 1, 993               |                    | 0 2, 597, 009                | 0                              | 54.01        |
| 56.00            | 05600 RADI OI SOTOPE  | 0                         | 2, 984               |                    | 0 401, 633                   |                                |              |
| 57.00            | 05700 CT SCAN   | 0                         | 33, 168              |                    | 0 10, 867, 781               |                                |              |
| 58.00            |   | 0                         | 270                  |                    | 0 2, 533, 463                |                                |              |
| 60. 00<br>65. 00 | 06000 LABORATORY<br>06500 RESPI RATORY THERAPY                            | 0                         | 274, 815<br>5, 025   |                    | 0 18, 213, 997<br>0 806, 329 |                                |              |
| 66. 00           | 06600 PHYSI CAL THERAPY   | 0                         | 2, 385               |                    | 0 806, 329<br>0 3, 499, 846  |                                |              |
| 67.00            | 06700 OCCUPATI ONAL THERAPY   | 0                         | 2, 303               |                    | 0 0 0                        | 0                              |              |
| 68.00            | 06800 SPEECH PATHOLOGY  | 0                         | 0                    |                    | 0 0                          | 0 0                            |              |
| 69.00            | 06900 ELECTROCARDI OLOGY  | 182                       | 1, 730               |                    | 0 3, 098, 191                | 0                              |              |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                 | 0                         | 51, 847              |                    | 0 426, 098                   | 0                              | 71.00        |
| 72.00            | 07200 IMPL. DEV. CHARGED TO PATIENTS                                      | 0                         | 8, 017               |                    | 0 159, 412                   | 0                              | 72.00        |
| 73.00            | 07300 DRUGS CHARGED TO PATIENTS   | 0                         | 0                    | 488, 18            | 8, 890, 960                  | 0                              | 73.00        |
| ~~ ~~            | OUTPATIENT SERVICE COST CENTERS   |                           |                      |                    |                              |                                |              |
|                  |   | 0                         | 0                    |                    | 0 0                          |                                |              |
|                  | 09100 EMERGENCY   | 1, 064, 213               | 107, 197             |                    | 0 15, 791, 161               | 0                              |              |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART<br>SPECIAL PURPOSE COST CENTERS |                           |                      |                    |                              |                                | 92.00        |
| 118.00           |   | 2, 213, 590               | 685, 231             | 488, 18            | 83, 484, 452                 | 1 645                          | 118.00       |
| 110.00           | NONREI MBURSABLE COST CENTERS   | 2,210,070                 | 000,201              | 400, 10            | 52 03, 404, 432              | 1,043                          | 1110.00      |
| 190.00           | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                 | 0                         | 0                    |                    | 0 0                          | 0                              | 190.00       |
|                  | 19200 PHYSI CLANS' PRI VATE OFFI CES                                      | 0                         | 0                    |                    | 0 0                          |                                | 192.00       |
| 194.00           | 07950 SPECIALTY CLINICS / MOB   | 0                         | 0                    |                    | 0 0                          | 0                              | 194.00       |
| 200.00           |   |                           |                      |                    |                              |                                | 200.00       |
| 201.00           |   |                           |                      |                    |                              |                                | 201.00       |
| 202.00           |   | 756, 245                  | 361, 003             | 714, 93            | 38 353, 728                  | 214, 866                       | 202.00       |
| 202.00           | Part I)   | 0 2414.27                 | 0 52(024             | 1 46 4 40          | 0 004007                     | 120 (17/20                     | 202 00       |
| 203.00<br>204.00 |   | 0. 341637<br>10, 670      | 0. 526834<br>29, 823 | 1. 46449<br>21, 22 |                              |                                | 203.00       |
| 204.00           | Part II)  | 10, 870                   | 29, 023              | 21, 24             | 17,301                       | 1,007                          | 204.00       |
| 205.00           |   | 0. 004820                 | 0. 043523            | 0.04346            | 0. 000210                    | 0. 660790                      | 205 00       |
| 200.00           |   | 0.001020                  | 0.010020             | 5.01040            | 0.000210                     |                                |              |
|                  |   | 1                         |                      |                    |                              |                                | 206.00       |
| 206.00           | NAHE adjustment amount to be allocated                                    | 1                         |                      |                    |                              |                                |              |
|                  | (per Wkst. B-2)   |                           |                      |                    |                              |                                |              |
| 206.00<br>207.00 | (per Wkst. B-2)   |                           |                      |                    |                              |                                | 207.00       |

| Health Financial Systems                         | STARKE MEMORIA                                      | AL HOSPITAL           |             | In Lie                                      | u of Form CMS- | 2552-10 |
|--|---|-----------------------|-------------|---|----------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES         |   | Provider CO           |             | Period:<br>From 01/01/2022<br>To 12/31/2022 |                |         |
|  |   | Title                 | XVIII       | Hospi tal                                   | PPS            |         |
|  |   |                       |             | Costs                                       |                |         |
| Cost Center Description                          | Total Cost<br>(from Wkst. B,<br>Part I, col.<br>26) | Therapy Limit<br>Adj. | Total Costs | RCE<br>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               | 3, 721, 084   |                       | 3, 721, 08  | 4 0   | 3, 721, 084    |         |
| 31. 00 03100 I NTENSI VE CARE UNI T              | 0   |                       |             | 0 0   | 0              | 31.00   |
| 40. 00 04000 SUBPROVIDER – IPF                   | 0   |                       |             | 0 0   | 0              |         |
| 41. 00 04100 SUBPROVIDER – IRF                   | 0   |                       |             | 0 0   | 0              |         |
| 43. 00 04300 NURSERY                             | 0   |                       |             | 0 0   | 0              | 43.00   |
| ANCILLARY SERVICE COST CENTERS                   |   |                       |             |   |                |         |
| 50.00 05000 OPERATING ROOM                       | 1, 948, 015   |                       | 1, 948, 01  |   | 1, 948, 015    |         |
| 53.00 05300 ANESTHESI OLOGY                      | 16, 578   |                       | 16, 57      |   | 16, 578        |         |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C              | 1, 669, 892   |                       | 1, 669, 89  |   | 1, 669, 892    | •       |
| 54.01 05401 ULTRASOUND                           | 210, 843  |                       | 210, 84     |   | 210, 843       | •       |
| 56. 00 05600 RADI OI SOTOPE                      | 55, 783   |                       | 55, 78      |   | 55, 783        | •       |
| 57.00 05700 CT SCAN                              | 335, 004  |                       | 335, 00     |   | 335, 004       |         |
| 58.00 05800 MRI                                  | 211, 839  |                       | 211, 83     |   | 211, 839       |         |
| 60. 00 06000 LABORATORY                          | 2, 235, 867   |                       | 2, 235, 86  |   | 2, 235, 867    | •       |
| 65. 00 06500 RESPI RATORY THERAPY                | 843, 794  | 0                     |             |   | 843, 794       |         |
| 66. 00 06600 PHYSI CAL THERAPY                   | 1, 167, 916   | 0                     | 1, 167, 91  | 6 0   | 1, 167, 916    |         |
| 67.00 06700 OCCUPATI ONAL THERAPY                | 0   | 0                     |             | 0 0   | 0              |         |
| 68.00 06800 SPEECH PATHOLOGY                     | 0   | 0                     |             | 0 0   | 0              |         |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 317, 147  |                       | 317, 14     |   | 317, 147       |         |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 102, 755  |                       | 102, 75     |   | 102, 755       |         |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS       | 16, 285   |                       | 16, 28      |   | 16, 285        |         |
| 73. 00 O7300 DRUGS CHARGED TO PATIENTS           | 1, 445, 940   |                       | 1, 445, 94  | 0 0   | 1, 445, 940    | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                  |   |                       |             |   |                |         |
| 90. 00 09000 CLINIC                              | 2 240 504   |                       | 2 240 50    | 0 0   | 0              |         |
| 91.00 09100 EMERGENCY                            | 3, 249, 504   |                       | 3, 249, 50  |   | 3, 249, 504    | •       |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 536, 299  | ~                     | 536, 29     |   | 536, 299       | •       |
| 200.00 Subtotal (see instructions)               | 18,084,545  | 0                     |             |   | 18, 084, 545   |         |
| 201.00 Less Observation Beds                     | 536, 299  | 0                     | 536, 29     |   | 536, 299       |         |
| 202.00  Total (see instructions)                 | 17, 548, 246  | 0                     | 17, 548, 24 | 6 0   | 17, 548, 246   | 202.00  |

| Health Financial Systems                        | STARKE MEMORIA | AL HOSPITAL  |                          | In Lie                                      | eu of Form CMS-                  | 2552-10 |
|---|----------------|--------------|--------------------------|---|----------------------------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES        |                |              | CN: 15-0102              | Period:<br>From 01/01/2022<br>To 12/31/2022 | 2 Date/Time Pre<br>5/31/2023 11: |         |
|   |                |              | e XVIII                  | Hospi tal                                   | PPS                              |         |
|   |                | Charges      |                          |   |                                  |         |
| Cost Center Description                         | Inpatient      | Outpatient   | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o   |         |
|   | 6.00           | 7.00         | 8.00                     | 9.00  | 10.00                            |         |
| INPATIENT ROUTINE SERVICE COST CENTERS          |                |              |                          |   |                                  |         |
| 30. 00 03000 ADULTS & PEDIATRICS                | 4, 108, 317    |              | 4, 108, 3                | 17  |                                  | 30.00   |
| 31. 00 03100 I NTENSI VE CARE UNI T             | 0              |              |                          | 0   |                                  | 31.00   |
| 40. 00 04000 SUBPROVIDER - IPF                  | 0              |              |                          | 0   |                                  | 40.00   |
| 41. 00 04100 SUBPROVIDER - IRF                  | 0              |              |                          | 0   |                                  | 41.00   |
| 43. 00 04300 NURSERY                            | 0              |              |                          | 0   |                                  | 43.00   |
| ANCI LLARY SERVI CE COST CENTERS                |                |              |                          |   | 1                                |         |
| 50.00 05000 OPERATI NG ROOM                     | 136, 197       | 5, 494, 952  |                          |   |                                  |         |
| 53. 00 05300 ANESTHESI OLOGY                    | 18, 401        | 1, 381, 106  |                          |   |                                  |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C            | 164, 300       | 4, 203, 101  |                          |   |                                  |         |
| 54. 01 05401 ULTRASOUND                         | 71, 961        | 2, 525, 048  |                          |   |                                  |         |
| 56. 00 05600 RADI OI SOTOPE                     | 3, 478         | 398, 155     | 401, 6                   | 0. 138890                                   | 0. 000000                        |         |
| 57.00 05700 CT SCAN                             | 969, 141       | 9, 898, 640  | 10, 867, 7               |   |                                  |         |
| 58. 00 05800 MRI                                | 89, 957        | 2, 443, 506  |                          |   |                                  |         |
| 60. 00 06000 LABORATORY                         | 1, 759, 121    | 16, 454, 876 | 18, 213, 9               |   |                                  |         |
| 65. 00 06500 RESPI RATORY THERAPY               | 557, 113       | 249, 216     | 806, 3                   | 29 1. 046464                                | 0. 000000                        | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                  | 337, 098       | 3, 162, 748  | 3, 499, 8                | 46 0. 333705                                | 0. 000000                        |         |
| 67.00 06700 OCCUPATI ONAL THERAPY               | 0              | C            |                          | 0 0.00000                                   |                                  |         |
| 68.00 06800 SPEECH PATHOLOGY                    | 0              | C            |                          | 0 0.00000                                   |                                  |         |
| 69. 00 06900 ELECTROCARDI OLOGY                 | 421, 370       | 2, 676, 821  | 3, 098, 1                | 0. 102365                                   | 0. 000000                        | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 143, 192       | 282, 906     | 426, 0                   | 98 0. 241153                                | 0. 000000                        | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      | 13, 088        | 146, 324     | 159, 4                   | 12 0. 102157                                | 0. 000000                        | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           | 1, 963, 160    | 6, 927, 800  | 8, 890, 9                | 60 0. 162630                                | 0. 000000                        | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                 |                |              |                          |   | _                                |         |
| 90. 00 09000 CLINIC                             | 0              | C            |                          | 0 0.00000                                   |                                  | 90.00   |
| 91. 00 09100 EMERGENCY                          | 1, 388, 319    | 14, 402, 842 |                          |   |                                  |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 258, 917       | 433, 281     |                          | 98 0. 774777                                | 0. 000000                        |         |
| 200.00 Subtotal (see instructions)              | 12, 403, 130   | 71, 081, 322 | 83, 484, 4               | 52  |                                  | 200. 00 |
| 201.00 Less Observation Beds                    |                |              |                          |   |                                  | 201.00  |
| 202.00 Total (see instructions)                 | 12, 403, 130   | 71, 081, 322 | 83, 484, 4               | 52  |                                  | 202.00  |

| Health Financial Systems                            | STARKE MEMORIAL | HOSPI TAL             | In Lie                                      | u of Form CMS-  | 2552-10          |
|---|-----------------|-----------------------|---|---|------------------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES            |                 | Provider CCN: 15-0102 | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/31/2023 11: | epared:<br>33 am |
|   |                 | Title XVIII           | Hospi tal                                   | PPS   |                  |
| Cost Center Description                             | PPS Inpatient   |                       |   |   |                  |
|   | Ratio           |                       |   |   |                  |
|   | 11.00           |                       |   |   |                  |
| INPATIENT ROUTINE SERVICE COST CENTERS              |                 |                       |   |   |                  |
| 30. 00 03000 ADULTS & PEDI ATRI CS                  |                 |                       |   |   | 30.00            |
| 31.00 03100 INTENSIVE CARE UNIT                     |                 |                       |   |   | 31.00            |
| 40. 00 04000 SUBPROVIDER - IPF                      |                 |                       |   |   | 40.00            |
| 41.00 04100 SUBPROVIDER - IRF                       |                 |                       |   |   | 41.00            |
| 43. 00 04300 NURSERY                                |                 |                       |   |   | 43.00            |
| ANCI LLARY SERVI CE COST CENTERS                    |                 |                       |   |   | 1                |
| 50. 00 05000 OPERATI NG ROOM                        | 0. 345936       |                       |   |   | 50.00            |
| 53.00 05300 ANESTHESI OLOGY                         | 0.011846        |                       |   |   | 53.00            |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 382354       |                       |   |   | 54.00            |
| 54. 01 05401 ULTRASOUND                             | 0. 081187       |                       |   |   | 54.01            |
| 56. 00 05600 RADI OI SOTOPE                         | 0. 138890       |                       |   |   | 56.00            |
| 57. 00 05700 CT SCAN                                | 0. 030825       |                       |   |   | 57.00            |
| 58. 00 05800 MRI                                    | 0. 083616       |                       |   |   | 58.00            |
| 60. 00 06000 LABORATORY                             | 0. 122755       |                       |   |   | 60.00            |
| 65. 00 06500 RESPIRATORY THERAPY                    | 1. 046464       |                       |   |   | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 333705       |                       |   |   | 66.00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 0. 000000       |                       |   |   | 67.00            |
| 68. 00 06800 SPEECH PATHOLOGY                       | 0. 000000       |                       |   |   | 68.00            |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 102365       |                       |   |   | 69.00            |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0. 241153       |                       |   |   | 71.00            |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0. 241155       |                       |   |   | 72.00            |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS              | 0. 162630       |                       |   |   | 73.00            |
| OUTPATIENT SERVICE COST CENTERS                     | 0. 102030       |                       |   |   | /3.00            |
| 90. 00 09000 CLINIC                                 | 0.000000        |                       |   |   | 90.00            |
|   |                 |                       |   |   |                  |
| 91.00 09100 EMERGENCY                               | 0. 205780       |                       |   |   | 91.00            |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART | 0. 774777       |                       |   |   | 92.00            |
| 200.00 Subtotal (see instructions)                  |                 |                       |   |   | 200.00           |
| 201.00 Less Observation Beds                        |                 |                       |   |   | 201.00           |
| 202.00  Total (see instructions)                    |                 |                       |   |   | 202.00           |

| Health Financial Systems   | STARKE MEMORIA          | AL HOSPITAL   |             | In Lie                     | u of Form CMS-:         | 2552-10 |
|--|-------------------------|---------------|-------------|----------------------------|-------------------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES                                 |                         | Provider CO   | CN: 15-0102 | Period:<br>From 01/01/2022 | Worksheet C<br>Part I   |         |
|  |                         |               |             | To 12/31/2022              |                         | pared:  |
|  |                         |               |             |                            | 5/31/2023 11:           | 33 am   |
|  |                         | Titl          | e XIX       | Hospi tal                  | PPS                     |         |
|  |                         |               |             | Costs                      |                         |         |
| Cost Center Description  |                         | Therapy Limit | Total Costs |                            | Total Costs             |         |
|  | (from Wkst. B,          | Adj.          |             | Di sal I owance            |                         |         |
|  | Part I, col.<br>26)     |               |             |                            |                         |         |
|  | 1.00                    | 2.00          | 3.00        | 4.00                       | 5.00                    |         |
| INPATIENT ROUTINE SERVICE COST CENTERS                                   | 1.00                    | 2.00          | 5.00        | 4.00                       | 5.00                    |         |
| 30, 00 03000 ADULTS & PEDIATRICS   | 3, 721, 084             |               | 3, 721, 08  | 34 0                       | 3, 721, 084             | 30.00   |
| 31. 00 03100 I NTENSI VE CARE UNI T                                      | 0,721,001               |               | 0,721,00    | 0 0                        | 0,721,001               | •       |
| 40. 00 04000 SUBPROVI DER – I PF   | 0                       |               |             | 0 0                        | 0                       |         |
| 41. 00 04100 SUBPROVI DER – I RF   | 0                       |               |             | 0 0                        | 0                       | 1       |
| 43. 00 04300 NURSERY   | 0                       |               |             | 0 0                        | 0                       | 43.00   |
| ANCILLARY SERVICE COST CENTERS   |                         |               |             |                            |                         |         |
| 50.00 05000 OPERATI NG ROOM  | 1, 948, 015             |               | 1, 948, 01  | 5 0                        | 1, 948, 015             | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY   | 16, 578                 |               | 16, 57      | /8 0                       | 16, 578                 | 53.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                      | 1, 669, 892             |               | 1, 669, 89  | 02 0                       | 1, 669, 892             | 54.00   |
| 54. 01 05401 ULTRASOUND  | 210, 843                |               | 210, 84     | 3 0                        | 210, 843                | 54.01   |
| 56. 00 05600 RADI 0I SOTOPE  | 55, 783                 |               | 55, 78      | 33 0                       | 55, 783                 | 56.00   |
| 57.00 05700 CT SCAN  | 335, 004                |               | 335, 00     |                            | 335, 004                |         |
| 58. 00 05800 MRI   | 211, 839                |               | 211, 83     |                            | 211, 839                | •       |
| 60. 00 06000 LABORATORY  | 2, 235, 867             |               | 2, 235, 86  |                            | 2, 235, 867             |         |
| 65. 00 06500 RESPI RATORY THERAPY  | 843, 794                | 0             |             |                            | 843, 794                | •       |
| 66.00 06600 PHYSI CAL THERAPY  | 1, 167, 916             | 0             | 1, 167, 91  |                            | 1, 167, 916             | •       |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 0                       | 0             |             | 0 0                        | 0                       |         |
| 68.00 06800 SPEECH PATHOLOGY   | 0                       | 0             |             | 0 0                        | 0                       |         |
| 69. 00 06900 ELECTROCARDI OLOGY  | 317, 147                |               | 317, 14     |                            | 317, 147                |         |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                          | 102, 755                |               | 102, 75     |                            | 102, 755                |         |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                               | 16, 285                 |               | 16, 28      |                            | 16, 285                 |         |
| 73. 00 O7300 DRUGS CHARGED TO PATIENTS                                   | 1, 445, 940             |               | 1, 445, 94  | 0 0                        | 1, 445, 940             | 73.00   |
| 0UTPATI ENT SERVI CE COST CENTERS<br>90. 00 09000 CLI NI C               |                         |               |             |                            | 0                       | 90.00   |
| 90. 00 09000 CLINIC<br>91. 00 09100 EMERGENCY                            | 0<br>3, 249, 504        |               | 3, 249, 50  | 0 0                        | 3, 249, 504             |         |
| 91.00 09100 EMERGENCY<br>92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 3, 249, 504<br>536, 299 |               | 3, 249, 50  |                            | 3, 249, 504<br>536, 299 |         |
| 200.00 Subtotal (see instructions)                                       | 536, 299                | 0             |             |                            |                         | •       |
| 200.00 Subtotal (see Instructions)<br>201.00 Less Observation Beds       | 536, 299                | 0             | 536, 29     |                            | 536, 299                |         |
| 202.00 Total (see instructions)  | 17, 548, 246            | 0             |             |                            |                         |         |
|  | 17, 540, 240            | 0             | 17, 540, 24 |                            | 17, 340, 240            | 202.00  |

| Health Financial Systems                            | STARKE MEMORI | AL HOSPITAL  |             | In Lie                                      | eu of Form CMS-                | 2552-10 |
|---|---------------|--------------|-------------|---|--------------------------------|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES            |               |              | CN: 15-0102 | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pre<br>5/31/2023 11: |         |
|   |               |              | e XIX       | Hospi tal                                   | PPS                            |         |
|   |               | Charges      |             |   |                                |         |
| Cost Center Description                             | Inpati ent    | Outpati ent  | + col. 7)   | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o |         |
|   | 6.00          | 7.00         | 8.00        | 9.00  | 10.00                          |         |
| INPATIENT ROUTINE SERVICE COST CENTERS              |               |              |             |   |                                |         |
| 30. 00 03000 ADULTS & PEDI ATRI CS                  | 4, 108, 317   |              | 4, 108, 3   | 17  |                                | 30.00   |
| 31.00 03100 INTENSIVE CARE UNIT                     | 0             |              |             | 0   |                                | 31.00   |
| 40. 00 04000 SUBPROVI DER – I PF                    | 0             |              |             | 0   |                                | 40.00   |
| 41. 00 04100 SUBPROVI DER – I RF                    | 0             |              |             | 0   |                                | 41.00   |
| 43. 00 04300 NURSERY                                | 0             |              |             | 0   |                                | 43.00   |
| ANCI LLARY SERVI CE COST CENTERS                    | 1 1           |              | 1 .         |   | 1                              |         |
| 50. 00 05000 OPERATI NG ROOM                        | 136, 197      | 5, 494, 952  |             |   |                                |         |
| 53. 00 05300 ANESTHESI OLOGY                        | 18, 401       | 1, 381, 106  |             |   |                                |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 164, 300      | 4, 203, 101  |             |   |                                |         |
| 54. 01 05401 ULTRASOUND                             | 71, 961       | 2, 525, 048  |             |   |                                |         |
| 56. 00 05600 RADI OI SOTOPE                         | 3, 478        | 398, 155     |             |   |                                |         |
| 57. 00 05700 CT SCAN                                | 969, 141      | 9, 898, 640  |             |   |                                |         |
| 58. 00 05800 MRI                                    | 89, 957       | 2, 443, 506  |             |   |                                |         |
| 60. 00 06000 LABORATORY                             | 1, 759, 121   | 16, 454, 876 |             |   |                                |         |
| 65. 00 06500 RESPI RATORY THERAPY                   | 557, 113      | 249, 216     |             |   |                                |         |
| 66. 00 06600 PHYSI CAL THERAPY                      | 337, 098      | 3, 162, 748  |             |   |                                |         |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 0             | 0            |             | 0 0. 000000                                 |                                |         |
| 68.00 06800 SPEECH PATHOLOGY                        | 0             | 0            |             | 0 0. 000000                                 |                                |         |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 421, 370      | 2, 676, 821  |             |   |                                |         |
| 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT    | 143, 192      | 282, 906     |             |   |                                |         |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS         | 13,088        | 146, 324     |             |   |                                |         |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS              | 1, 963, 160   | 6, 927, 800  | 8, 890, 9   | 60 0. 162630                                | 0.00000                        | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                     |               |              |             |   |                                |         |
| 90. 00 09000 CLINIC                                 | 0             | 0            |             | 0 0.00000                                   |                                |         |
| 91.00 09100 EMERGENCY                               | 1, 388, 319   | 14, 402, 842 |             |   |                                |         |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART | 258, 917      | 433, 281     |             |   | 0. 000000                      |         |
| 200.00 Subtotal (see instructions)                  | 12, 403, 130  | 71, 081, 322 | 83, 484, 4  | 52  |                                | 200.00  |
| 201.00 Less Observation Beds                        | 10, 100, 100  | 74 004 000   |             | - 0   |                                | 201.00  |
| 202.00  Total (see instructions)                    | 12, 403, 130  | 71, 081, 322 | 83, 484, 4  | 52  | I                              | 202.00  |

| Health Financial Systems                         | STARKE MEMORIAL | HOSPI TAL             | In Lie                                      | u of Form CMS-2   | 2552-10         |
|--|-----------------|-----------------------|---|---|-----------------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES         |                 | Provider CCN: 15-0102 | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet C<br>Part I<br>Date/Time Prep<br>5/31/2023 11:3 | pared:<br>33 am |
|  |                 | Title XIX             | 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           |
| 40. 00 04000 SUBPROVIDER - IPF                   |                 |                       |   |   | 40.00           |
| 41.00 04100 SUBPROVIDER - IRF                    |                 |                       |   |   | 41.00           |
| 43.00 04300 NURSERY                              |                 |                       |   |   | 43.00           |
| ANCI LLARY SERVI CE COST CENTERS                 |                 |                       |   |   |                 |
| 50. 00 05000 OPERATI NG ROOM                     | 0. 345936       |                       |   |   | 50.00           |
| 53.00 05300 ANESTHESI OLOGY                      | 0. 011846       |                       |   |   | 53.00           |
| 54, 00 05400 RADI OLOGY-DI AGNOSTI C             | 0. 382354       |                       |   |   | 54.00           |
| 54. 01 05401 ULTRASOUND                          | 0. 081187       |                       |   |   | 54.01           |
| 56. 00 05600 RADI OI SOTOPE                      | 0. 138890       |                       |   |   | 56.00           |
| 57. 00 05700 CT SCAN                             | 0. 030825       |                       |   |   | 57.00           |
| 58. 00 05800 MRI                                 | 0. 083616       |                       |   |   | 58.00           |
| 60. 00 06000 LABORATORY                          | 0. 122755       |                       |   |   | 60.00           |
| 65. 00 06500 RESPIRATORY THERAPY                 | 1. 046464       |                       |   |   | 65.00           |
| 66. 00 06600 PHYSI CAL THERAPY                   | 0. 333705       |                       |   |   | 66.00           |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 0. 000000       |                       |   |   | 67.00           |
| 68. 00 06800 SPEECH PATHOLOGY                    | 0. 000000       |                       |   |   | 68.00           |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 0. 102365       |                       |   |   | 69. 00          |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0. 241153       |                       |   |   | 71.00           |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS      | 0. 102157       |                       |   |   | 72.00           |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0. 162630       |                       |   |   | 73.00           |
| OUTPATIENT SERVICE COST CENTERS                  | 0. 102030       |                       |   |   | 73.00           |
| 90. 00 09000 CLINIC                              | 0.000000        |                       |   |   | 90.00           |
| 90. 00 109000 CET NTC<br>91. 00 109100 EMERGENCY | 0. 205780       |                       |   |   | 90.00<br>91.00  |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART | 0. 203780       |                       |   |   | 91.00<br>92.00  |
|  | 0. //4///       |                       |   |   |                 |
| 200.00 Subtotal (see instructions)               |                 |                       |   |   | 200.00          |
| 201.00 Less Observation Beds                     |                 |                       |   |   | 201.00          |
| 202.00  Total (see instructions)                 |                 |                       |   | I   | 202.00          |

| Health Financial Systems  | STARKE MEMORI  | AL HOSPITAL    |               | In Lie                                      | eu of Form CMS-: | 2552-10 |
|---|----------------|----------------|---------------|---|------------------|---------|
| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RA<br>REDUCTIONS FOR MEDICAID ONLY | TIOS NET OF    | Provider C     |               | Period:<br>From 01/01/2022<br>To 12/31/2022 |                  |         |
|   |                | Titl           | e XIX         | Hospi tal                                   | PPS              |         |
| Cost Center Description   | Total Cost     | Capital Cost   |               |   | Operating Cost   |         |
|   | (Wkst. B, Part | (Wkst. B, Part | Net of Capita | I Reduction                                 | Reduction        |         |
|   | I, col. 26)    | II col. 26)    | Cost (col. 1  | -   | Amount           |         |
|   |                |                | col. 2)       |   |                  |         |
|   | 1.00           | 2.00           | 3.00          | 4.00  | 5.00             |         |
| ANCI LLARY SERVI CE COST CENTERS  |                |                |               |   |                  |         |
| 50.00 05000 OPERATING ROOM  | 1, 948, 015    | 186, 263       |               |   | 0                | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY  | 16, 578        | 492            | 16, 08        | 6 0   | 0                | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 1, 669, 892    | 82, 281        | 1, 587, 61    | 1 0   | 0                | 54.00   |
| 54. 01 05401 ULTRASOUND   | 210, 843       | 1, 540         | 209, 30       | 3 0   | 0                | 54.01   |
| 56. 00 05600 RADI OI SOTOPE   | 55, 783        | 436            | 55, 34        | 7 0   | 0                | 56.00   |
| 57.00 05700 CT SCAN   | 335, 004       | 14, 610        | 320, 39       | 4 0   | 0                | 57.00   |
| 58.00 05800 MRI   | 211, 839       | 26, 976        | 184, 86       | 3 0   | 0                | 58.00   |
| 60. 00 06000 LABORATORY   | 2, 235, 867    | 65, 391        | 2, 170, 47    | 6 0   | 0                | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY   | 843, 794       | 21, 821        | 821, 97       | 3 0   | 0                | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY  | 1, 167, 916    | 49, 883        | 1, 118, 03    | 3 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   | 317, 147       | 11, 165        | 305, 98       | 2 0   | 0                | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                     | 102, 755       | 2, 637         | 100, 11       | 8 0   | 0                | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS  | 16, 285        | 427            | 15, 85        | 8 0   | 0                | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 1, 445, 940    | 25, 829        | 1, 420, 11    | 1 0   | 0                | 73.00   |
| OUTPATIENT SERVICE COST CENTERS   |                |                |               |   |                  | 1       |
| 90. 00 09000 CLINIC   | 0              | 0              |               | 0 0   | 0                | 90.00   |
| 91.00 09100 EMERGENCY   | 3, 249, 504    | 112, 283       | 3, 137, 22    | 1 0   | 0                | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                     | 536, 299       | 30, 799        | 505, 50       | 0 0   | 0                | 92.00   |
| 200.00 Subtotal (sum of lines 50 thru 199)  | 14, 363, 461   | 632, 833       | 13, 730, 62   | 8 0   | 0                | 200.00  |
| 201.00 Less Observation Beds  | 536, 299       | 30, 799        |               |   | 0                | 201.00  |
| 202.00 Total (line 200 minus line 201)  | 13, 827, 162   | 602, 034       | 13, 225, 12   | 8 0   | 0                | 202.00  |
|   |                |                |               |   |                  |         |

| Health Financial Systems  | STARKE MEMORI  | AL HOSPITAL   |             | In Lie                     | u of Form CMS-                 | 2552-10         |
|---|----------------|---------------|-------------|----------------------------|--------------------------------|-----------------|
| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RAREDUCTIONS FOR MEDICALD ONLY | TIOS NET OF    | Provider CO   | CN: 15-0102 | Period:<br>From 01/01/2022 | Worksheet C<br>Part II         |                 |
| REDUCTIONS FOR MEDICALD UNET  |                |               |             | To 12/31/2022              | Date/Time Pre<br>5/31/2023 11: | pared:<br>33 am |
|   |                | Titl          | e XIX       | Hospi tal                  | PPS                            |                 |
| Cost Center Description   | Cost Net of    | Total Charges | Outpati ent |                            |                                |                 |
|   |                | (Worksheet C, |             |                            |                                |                 |
|   | Operating Cost |               |             | 6                          |                                |                 |
|   | Reduction      | 8)            | / col. 7)   |                            |                                |                 |
|   | 6.00           | 7.00          | 8.00        |                            |                                |                 |
| ANCI LLARY SERVI CE COST CENTERS  |                |               | r           |                            |                                | 4               |
| 50. 00 05000 OPERATI NG ROOM  | 1, 948, 015    |               |             |                            |                                | 50.00           |
| 53. 00 05300 ANESTHESI OLOGY  | 16, 578        |               |             |                            |                                | 53.00           |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 1, 669, 892    |               |             |                            |                                | 54.00           |
| 54. 01 05401 ULTRASOUND   | 210, 843       |               |             |                            |                                | 54.01           |
| 56. 00 05600 RADI 0I SOTOPE   | 55, 783        |               |             |                            |                                | 56.00           |
| 57.00 05700 CT SCAN   | 335, 004       |               |             |                            |                                | 57.00           |
| 58. 00 05800 MRI  | 211, 839       |               |             |                            |                                | 58.00           |
| 60. 00 06000 LABORATORY   | 2, 235, 867    |               |             |                            |                                | 60.00           |
| 65. 00 06500 RESPI RATORY THERAPY   | 843, 794       |               |             |                            |                                | 65.00           |
| 66. 00 06600 PHYSI CAL THERAPY  | 1, 167, 916    | 3, 499, 846   |             |                            |                                | 66.00           |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 0              | 0             | 0.0000      |                            |                                | 67.00           |
| 68.00 06800 SPEECH PATHOLOGY  | 0              | 0             | 0.0000      |                            |                                | 68.00           |
| 69. 00 06900 ELECTROCARDI OLOGY   | 317, 147       |               |             |                            |                                | 69.00           |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                 | 102, 755       |               |             |                            |                                | 71.00           |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                      | 16, 285        |               |             |                            |                                | 72.00           |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 1, 445, 940    | 8, 890, 960   | 0. 1626     | 30                         |                                | 73.00           |
| OUTPATIENT SERVICE COST CENTERS   |                |               |             |                            |                                |                 |
| 90. 00 09000 CLINIC   | 0              | 0             |             |                            |                                | 90.00           |
| 91. 00 09100 EMERGENCY  | 3, 249, 504    |               |             |                            |                                | 91.00           |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                 | 536, 299       | 692, 198      |             | 77                         |                                | 92.00           |
| 200.00 Subtotal (sum of lines 50 thru 199)                                      | 14, 363, 461   |               |             |                            |                                | 200. 00         |
| 201.00 Less Observation Beds  | 536, 299       |               |             |                            |                                | 201.00          |
| 202.00   Total (line 200 minus line 201)  | 13, 827, 162   | 79, 376, 135  | l           |                            |                                | 202.00          |

| Health Financial Systems                           | STARKE MEMORI  |                |               | In Lie                                      | u of Form CMS-: | 2552-10      |
|--|----------------|----------------|---------------|---|-----------------|--------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL | COSTS          | Provider C     |               | Period:<br>From 01/01/2022<br>To 12/31/2022 |                 | pared:       |
|  |                | Title          | e XVIII       | Hospi tal                                   | PPS             | <u>55 am</u> |
| 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 CENTERS             |                |                |               |   |                 |              |
| 30. 00 ADULTS & PEDIATRICS                         | 213, 697       | 0              | 213, 69       | 7 1, 804                                    | 118.46          | 30.00        |
| 31.00 INTENSIVE CARE UNIT                          | 0              |                |               | 0 0   | 0.00            | 31.00        |
| 40. 00 SUBPROVIDER - IPF                           | 0              | 0              |               | 0 0   | 0.00            | 40.00        |
| 41.00 SUBPROVIDER - IRF                            | 0              | 0              |               | 0 0   | 0.00            | 41.00        |
| 43.00 NURSERY                                      | 0              |                |               | 0 0   | 0.00            | 43.00        |
| 200.00 Total (lines 30 through 199)                | 213, 697       |                | 213, 69       | 7 1, 804                                    |                 | 200.00       |
| Cost Center Description                            | I npati ent    | I npati ent    |               |   |                 |              |
|  | Program days   | Program        |               |   |                 |              |
|  |                | Capital Cost   |               |   |                 |              |
|  |                | (col. 5 x col. |               |   |                 |              |
|  |                | 6)             |               |   |                 |              |
|  | 6.00           | 7.00           |               |   |                 |              |
| INPATIENT ROUTINE SERVICE COST CENTERS             | _              |                |               |   |                 |              |
| 30. 00 ADULTS & PEDIATRICS                         | 668            | 79, 131        |               |   |                 | 30.00        |
| 31.00 INTENSIVE CARE UNIT                          | 0              | 0              |               |   |                 | 31.00        |
| 40. 00 SUBPROVI DER – I PF                         | 0              | 0              |               |   |                 | 40.00        |
| 41.00 SUBPROVIDER - IRF                            | 0              | 0              |               |   |                 | 41.00        |
| 43. 00 NURSERY                                     | 0              | 0              |               |   |                 | 43.00        |
| 200.00 Total (lines 30 through 199)                | 668            | 79, 131        |               |   |                 | 200. 00      |

| Health Financial Systems                            | STARKE MEMORI  | AL HOSPITAL    |          | In Lie                                      | u of Form CMS-2 | 2552-10 |
|---|----------------|----------------|----------|---|-----------------|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | IL COSTS       | Provider C     |          | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pre   | pared:  |
|   |                |                |          |   | 5/31/2023 11:   | 33 am   |
|   |                |                | XVIII    | Hospi tal                                   | PPS             |         |
| Cost Center Description                             | Capi tal       | Total Charges  |          |   | Capital Costs   |         |
|   |                | (from Wkst. C, |          | Program                                     | (column 3 x     |         |
|   | (from Wkst. B, |                |          | . Charges                                   | column 4)       |         |
|   | Part II, col.  | 8)             | 2)       |   |                 |         |
|   | 26)            | 0.00           | 0.00     | 4.00  | 5.00            |         |
|   | 1.00           | 2.00           | 3.00     | 4.00  | 5.00            |         |
| ANCI LLARY SERVI CE COST CENTERS                    | 10/ 0/0        | E (01.140      | 0 00007  | 7 24 044                                    | 1 100           |         |
| 50. 00 05000 OPERATI NG ROOM                        | 186, 263       |                |          |   |                 |         |
| 53. 00 05300 ANESTHESI OLOGY                        | 492            |                |          |   |                 | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 82, 281        |                |          |   |                 | 54.00   |
| 54. 01 05401 ULTRASOUND                             | 1, 540         |                |          |   |                 | 54.01   |
| 56. 00 05600 RADI OI SOTOPE                         | 436            |                |          |   | 0               | 56.00   |
| 57. 00 05700 CT SCAN                                | 14, 610        |                |          |   |                 | 57.00   |
| 58. 00 05800 MRI                                    | 26, 976        |                |          |   |                 | 58.00   |
| 60. 00 06000 LABORATORY                             | 65, 391        |                |          |   | 2, 401          | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                   | 21, 821        |                |          |   | 5, 220          | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                      | 49, 883        | 3, 499, 846    |          |   | 2, 161          | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0              | 0              | 0.00000  |   | 0               | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 0              | 0              | 0.00000  |   | 0               | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 11, 165        | 3, 098, 191    | 0. 00360 | 4 161, 492                                  | 582             | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 2,637          | 426, 098       | 0. 00618 | 9 49, 448                                   | 306             | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 427            | 159, 412       | 0. 00267 | 9 5, 653                                    | 15              | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 25, 829        | 8, 890, 960    | 0.00290  | 5 718, 321                                  | 2, 087          | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                     |                |                |          |   |                 |         |
| 90. 00 09000 CLINIC                                 | 0              | 0              | 0.00000  | 0 0   | 0               | 90.00   |
| 91. 00 09100 EMERGENCY                              | 112, 283       | 15, 791, 161   | 0. 00711 | 0 543, 361                                  | 3, 863          | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 30, 799        | 692, 198       | 0. 04449 | 4 101, 746                                  | 4, 527          | 92.00   |
| 200.00   Total (lines 50 through 199)               | 632, 833       | 79, 376, 135   |          | 3, 146, 740                                 | 24, 519         | 200. 00 |

| Health Financial Systems  | STARKE MEMORIA  | L HOSPITAL  |   | In Lie                                      | u of Form CMS-                            | 2552-10   |
|---|---|---|---|---|---|---|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE O  | THER PASS THROUGH COSTS   |   | F   | Period:<br>From 01/01/2022<br>Fo 12/31/2022 | 5/31/2023 11:                             |   |
|   |   |   | XVIII   | Hospi tal                                   | PPS                                       |   |
| Cost Center Description   | Nursing<br>Program<br>Post-Stepdown<br>Adjustments                          | Nursing<br>Program  | Allied Health<br>Post-Stepdown<br>Adjustments |   | All Other<br>Medical<br>Education Cost    |   |
|   | 1A  | 1.00  | 2A  | 2.00  | 3.00                                      |   |
| INPATI ENT ROUTINE SERVICE COST CENTERS           30.00         03000         ADULTS & PEDIATRICS           31.00         03100         INTENSIVE CARE UNIT           40.00         04000         SUBPROVIDER - IPF           41.00         04100         SUBPROVIDER - IRF           43.00         04300         NURSERY           200.00         Total (lines 30 through 199) | S<br>0<br>0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                             |   |   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 31.00<br>40.00<br>41.00                                   |
| Cost Center Description   | Amount (see<br>instructions) r<br>4.00                                      | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4)<br>5.00 | Total Patient<br>Days<br>6.00                 | Per Diem (col.<br>5 ÷ col. 6)<br>7.00       | Inpatient<br>Program Days<br>8.00         |   |
| INPATIENT ROUTINE SERVICE COST CENTERS  | S   |   |   |   |   |   |
| 30. 00       03000       ADULTS & PEDI ATRI CS         31. 00       03100       I NTENSI VE CARE UNI T         40. 00       04000       SUBPROVI DER - I PF         41. 00       04100       SUBPROVI DER - I RF         43. 00       04300       NURSERY         100       04300       NURSERY   | 0<br>0<br>0   | 0<br>0<br>0<br>0  | 1,804   | 0 0.00<br>0 0.00<br>0 0.00<br>0 0.00        | 668<br>0<br>0<br>0<br>0                   | 31.00<br>40.00<br>41.00<br>43.00                          |
| 200.00 Total (lines 30 through 199)<br>Cost Center Description  | I npati ent<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8)<br>9.00 | 0   | 1, 804  | *   | 008                                       | 200.00  |
| 30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           40. 00         04000         SUBPROVI DER - I PF           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY           200. 00         Total (lines 30 through 199)                                     |   |   |   |   |   | 30. 00<br>31. 00<br>40. 00<br>41. 00<br>43. 00<br>200. 00 |

| Health Financial Systems  | STARKE MEMORI    | AL HOSPITAL   |             | In Lie                           | eu of Form CMS-2 | 2552-10 |
|---|------------------|---------------|-------------|----------------------------------|------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF                                 | RVICE OTHER PASS | S Provider C  | CN: 15-0102 | Period:                          | Worksheet D      |         |
| THROUGH COSTS   |                  |               |             | From 01/01/2022<br>To 12/31/2022 |                  | narod   |
|   |                  |               |             | 10 12/31/2022                    | 5/31/2023 11:    |         |
|   |                  | Title         | XVIII       | Hospi tal                        | PPS              |         |
| Cost Center Description   | Non Physician    |               | Nursi ng    | Allied Health                    |                  |         |
|   | Anestheti st     | Program       | Program     | Post-Stepdown                    |                  |         |
|   | Cost             | Post-Stepdown |             | Adjustments                      |                  |         |
|   | 1.00             | Adjustments   | 0.00        |                                  | 0.00             |         |
| ANCI LLARY SERVICE COST CENTERS   | 1.00             | 2A            | 2.00        | 3A                               | 3.00             |         |
| 50. 00 05000 OPERATING ROOM   | 0                | 0             |             | 0                                | 0                | 50.00   |
| 53. 00 05300 OPERATING ROOM   | 0                |               |             |                                  | 0                | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0                | 0             |             |                                  | 0                | 54.00   |
| 54. 01 05401 ULTRASOUND   | 0                | 0             |             | 0 0                              | 0                | 54.01   |
| 56. 00 05600 RADI 0I SOTOPE   | 0                | 0             |             | 0 0                              | 0                | 56.00   |
| 57.00 05700 CT SCAN   | 0                | 0             |             | 0 0                              | 0                | 57.00   |
| 58. 00 05800 MRI  | 0                | 0             |             | 0 0                              | 0                | 58.00   |
| 60. 00 06000 LABORATORY   | 0                | 0             |             | 0 0                              | 0                | 60.00   |
| 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   |
| 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT                                  | 0                | 0             |             | 0 0                              | 0                | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS<br>73.00 07300 DRUGS CHARGED TO PATIENTS | 0                | 0             |             |                                  | 0                | 72.00   |
| OUTPATIENT SERVICE COST CENTERS   | 0                | 0             |             | 0 0                              | 0                | /3.00   |
| 90. 00 09000 CLINIC   | 0                | 0             |             | 0 0                              | 0                | 90.00   |
| 91. 00 09100 EMERGENCY  | 0                |               |             |                                  | 0                |         |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                    | 0                | 0             |             | 0                                | 0                |         |
| 200.00 Total (lines 50 through 199)   | 0                | 0             |             | 0 0                              |                  | 200.00  |
|   | -                |               | •           |                                  |                  |         |

| Health Financial Systems   | STARKE MEMORI    | AL HOSPITAL   |              | In Lie                                      | eu of Form CMS-2 | 2552-10 |
|--|------------------|---------------|--------------|---|------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF<br>THROUGH COSTS | RVICE OTHER PASS | S Provider C  |              | Period:<br>From 01/01/2022<br>To 12/31/2022 |                  |         |
|  |                  | Title         | XVIII        | Hospi tal                                   | PPS              | <u></u> |
| Cost Center Description  | All Other        | Total Cost    | Total        |   | Ratio of Cost    |         |
|  | Medi cal         | (sum of cols. | Outpati ent  | (from Wkst. C,                              |                  |         |
|  | Education Cost   | 1, 2, 3, and  | Cost (sum of | Part I, col.                                | (col. 5 ÷ col.   |         |
|  |                  | 4)            | col s. 2, 3, | 8)  | 7)               |         |
|  |                  |               | and 4)       |   | (see             |         |
|  |                  |               |              |   | instructions)    |         |
|  | 4.00             | 5.00          | 6.00         | 7.00  | 8.00             |         |
| ANCI LLARY SERVICE COST CENTERS                                      |                  |               |              | _   |                  |         |
| 50.00 05000 OPERATI NG ROOM  | 0                | 0             |              | 0 5, 631, 149                               | 0.000000         | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY   | 0                | 0             |              | 0 1, 399, 507                               | 0.000000         | 53.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                  | 0                | 0             |              | 0 4, 367, 401                               | 0.000000         |         |
| 54.01 05401 ULTRASOUND   | 0                | 0             |              | 0 2, 597, 009                               |                  | 54.01   |
| 56. 00 05600 RADI OI SOTOPE  | 0                | 0             |              | 0 401, 633                                  | 0.000000         | 56.00   |
| 57.00 05700 CT SCAN  | 0                | 0             |              | 0 10, 867, 781                              | 0.000000         | 57.00   |
| 58. 00 05800 MRI   | 0                | 0             |              | 0 2, 533, 463                               | 0.000000         | 58.00   |
| 60. 00 06000 LABORATORY  | 0                | 0             |              | 0 18, 213, 997                              | 0.000000         | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0                | 0             |              | 0 806, 329                                  | 0.000000         | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0                | 0             |              | 0 3, 499, 846                               | 0.000000         | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0                | 0             |              | 0 0   | 0.000000         | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0                | 0             |              | 0 0   | 0.000000         | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0                | 0             |              | 0 3, 098, 191                               | 0.000000         | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      | 0                | 0             |              | 0 426, 098                                  | 0.000000         | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           | 0                | 0             |              | 0 159, 412                                  | 0.000000         | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                | 0                | 0             |              | 0 8, 890, 960                               | 0.000000         | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                                      |                  |               |              |   |                  |         |
| 90. 00 09000 CLINIC  | 0                | 0             |              | 0 0   | 0.00000          | 90.00   |
| 91.00 09100 EMERGENCY  | 0                | 0             |              | 0 15, 791, 161                              | 0.00000          | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                      | 0                | 0             |              | 0 692, 198                                  | 0. 000000        | 92.00   |
| 200.00 Total (lines 50 through 199)                                  | 0                | 0             |              | 0 79, 376, 135                              |                  | 200. 00 |
|  |                  |               |              |   |                  |         |

| Health Financial Systems   | STARKE MEMORIA   | L HOSPI TAL |               | In Lie                                      | u of Form CMS-2 | 2552-10 |
|--|------------------|-------------|---------------|---|-----------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE<br>THROUGH COSTS | RVICE OTHER PASS | Provider CO |               | Period:<br>From 01/01/2022<br>To 12/31/2022 | 5/31/2023 11:   |         |
|  |                  | Title       | XVIII         | Hospi tal                                   | PPS             |         |
| Cost Center Description  | Outpati ent      | Inpati ent  | Inpati ent    | Outpati ent                                 | Outpati ent     |         |
|  | Ratio of Cost    | Program     | Program       | Program                                     | Program         |         |
|  | to Charges       | Charges     | Pass-Through  | Charges                                     | Pass-Through    |         |
|  | (col. 6 ÷ col.   |             | Costs (col. 8 | 3   | Costs (col. 9   |         |
|  | 7)               |             | x col. 10)    |   | x col. 12)      |         |
|  | 9.00             | 10.00       | 11.00         | 12.00                                       | 13.00           |         |
| ANCILLARY SERVICE COST CENTERS                                       |                  |             |               |   |                 |         |
| 50.00 05000 OPERATING ROOM   | 0.000000         | 36, 044     |               | 0 1, 452, 313                               | 0               | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY   | 0.000000         | 4, 590      |               | 0 352, 296                                  | 0               | 53.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                  | 0.000000         | 74, 670     |               | 0 777, 597                                  | 0               | 54.00   |
| 54. 01 05401 ULTRASOUND  | 0. 000000        | 25, 258     |               | 0 417, 736                                  | 0               | 54.01   |
| 56. 00 05600 RADI OI SOTOPE  | 0. 000000        | 0           |               | 0 127, 675                                  | 0               | 56.00   |
| 57.00 05700 CT SCAN  | 0.000000         | 392, 957    |               | 0 2, 209, 456                               | 0               | 57.00   |
| 58. 00 05800 MRI   | 0.000000         | 19, 990     |               | 0 589, 388                                  | 0               | 58.00   |
| 60. 00 06000 LABORATORY  | 0.000000         | 668, 671    |               | 0 1, 576, 699                               | 0               | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0.000000         | 192, 901    |               | 0 44, 835                                   |                 | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0.000000         | 151, 638    |               | 0 213                                       | 0               | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0, 000000        | 0           |               | 0 0   | 0               | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0,000000         | 0           |               | 0 0   | 0               | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0.000000         | 161, 492    |               | 646, 210                                    | 0               | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      | 0, 000000        | 49, 448     |               | 83, 330                                     |                 | 71.00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS                         | 0.000000         | 5, 653      |               | 0 44, 325                                   |                 | 72.00   |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                               | 0.000000         | 718, 321    |               | 2, 637, 696                                 |                 | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                                      | 0.000000         | , 10, 021   |               | 2,007,070                                   |                 | 70.00   |
| 90. 00 09000 CLINIC  | 0.000000         | 0           |               | 0 0   | 0               | 90.00   |
| 91. 00 09100 EMERGENCY   | 0,000000         | 543, 361    |               | 2, 280, 712                                 | -               | 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                     | 0.000000         | 101, 746    |               | 0 62,864                                    |                 | 92.00   |
| 200.00 Total (lines 50 through 199)                                  | 0.000000         | 3, 146, 740 |               | 0 13, 303, 345                              |                 | 200.00  |
|  | 1 1              | 5, 110, 110 | I             |   | , v             | 200.00  |

| Health Financial Systems                            | STARKE MEMORI  | AL HOSPITAL    |                     | In Lie                                      | u of Form CMS-: | 2552-10 |
|---|----------------|----------------|---------------------|---|-----------------|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST   | Provider C     |                     | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pre   | pared:  |
|   |                |                |                     |   | 5/31/2023 11:   | 33 am   |
|   |                |                | XVIII               | Hospi tal                                   | PPS             |         |
|   |                |                | Charges             |   | Costs           |         |
| Cost Center Description                             |                | PPS Reimbursed |                     | Cost  | PPS Services    |         |
|   | Ratio From     | Services (see  | Reimbursed          | Reimbursed                                  | (see inst.)     |         |
|   | Worksheet C,   | inst.)         | Servi ces           | Services Not                                |                 |         |
|   | Part I, col. 9 |                | Subject To          | Subject To                                  |                 |         |
|   |                |                | Ded. & Coins        |   |                 |         |
|   | 1.00           | 2.00           | (see inst.)<br>3.00 | (see inst.)<br>4.00                         | 5.00            |         |
| ANCI LLARY SERVI CE COST CENTERS                    | 1.00           | 2.00           | 3.00                | 4.00  | 5.00            |         |
| 50. 00 05000 OPERATING ROOM                         | 0. 345936      | 1, 452, 313    |                     | 0 0   | 502, 407        | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY                        | 0. 011846      |                |                     | 0 0   | 4, 173          |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 382354      |                |                     |   | 297, 317        |         |
| 54. 01 05401 ULTRASOUND                             | 0. 081187      |                |                     |   | 33, 915         |         |
| 56. 00 05600 RADI 0I SOTOPE                         | 0. 138890      |                |                     | 0 0   | 17, 733         |         |
| 57. 00 05700 CT SCAN                                | 0. 030825      |                |                     |   | 68, 106         |         |
| 58. 00 05800 MRI                                    | 0. 083616      |                |                     | 0 0   | 49, 282         | 58.00   |
| 60. 00 06000 LABORATORY                             | 0. 122755      |                |                     | 3<br>0                                      | 193, 548        |         |
| 65. 00 06500 RESPIRATORY THERAPY                    | 1. 046464      |                |                     | 0 0   | 46, 918         |         |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 333705      |                |                     | 0 0   | 71              | 66.00   |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 0. 000000      |                |                     | 0 0   | 0               | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 0. 000000      |                |                     | 0 0   | 0               | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 102365      |                |                     | 0 0   | 66, 149         |         |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0. 241153      |                |                     | 0 0   | 20, 095         |         |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0. 102157      | 44, 325        |                     | 0 0   | 4, 528          | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0. 162630      | 2, 637, 696    |                     | 0 9,881                                     | 428, 969        | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                     |                |                |                     |   |                 |         |
| 90. 00 09000 CLINIC                                 | 0. 000000      | 0              |                     | 0 0   | 0               | 90.00   |
| 91.00 09100 EMERGENCY                               | 0. 205780      | 2, 280, 712    |                     | 0 0   | 469, 325        | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 0. 774777      | 62, 864        |                     | 0 0   | 48, 706         | 92.00   |
| 200.00 Subtotal (see instructions)                  |                | 13, 303, 345   | 1, 17               | 9, 881                                      | 2, 251, 242     | 200. 00 |
| 201.00 Less PBP Clinic Lab. Services-Program        |                |                |                     | 0 0   |                 | 201.00  |
| Only Charges  |                |                |                     |   |                 |         |
| 202.00   Net Charges (line 200 - line 201)          |                | 13, 303, 345   | 1, 17               | 9, 881                                      | 2, 251, 242     | 202.00  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES A | ND VACCINE COST |               |             |  |   | -2552-10 |
|---|-----------------|---------------|-------------|--|---|----------|
|   |                 | Provider C    | CN: 15-0102 | Peri od:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/31/2023 11: |          |
|   |                 | Title         | XVIII       | Hospi tal                                    | PPS   |          |
|   | Cos             | sts           |             |  |   |          |
| Cost Center Description                           | Cost            | Cost          |             |  |   |          |
|   | Reimbursed      | Reimbursed    |             |  |   |          |
|   | Servi ces       | Services Not  |             |  |   |          |
|   | Subject To      | Subject To    |             |  |   |          |
|   |                 | Ded. & Coins. |             |  |   |          |
|   | (see inst.)     | (see inst.)   |             |  |   |          |
|   | 6.00            | 7.00          |             |  |   |          |
| ANCI LLARY SERVI CE COST CENTERS                  |                 |               |             |  |   |          |
| 50.00 05000 OPERATING ROOM                        | 0               | 0             |             |  |   | 50.00    |
| 53. 00 05300 ANESTHESI OLOGY                      | 0               | 0             |             |  |   | 53.00    |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C              | 0               | 0             |             |  |   | 54.00    |
| 54. 01 05401 ULTRASOUND                           | 0               | 0             |             |  |   | 54.01    |
| 56. 00 05600 RADI OI SOTOPE                       | 0               | 0             |             |  |   | 56.00    |
| 57.00 05700 CT SCAN                               | 0               | 0             |             |  |   | 57.00    |
| 58. 00 05800 MRI                                  | 0               | 0             |             |  |   | 58.00    |
| 50. 00 06000 LABORATORY                           | 144             | 0             |             |  |   | 60.00    |
| 55. 00 06500 RESPI RATORY THERAPY                 | 0               | 0             |             |  |   | 65.00    |
| 56. 00 06600 PHYSI CAL THERAPY                    | 0               | 0             |             |  |   | 66.00    |
| 57.00 06700 OCCUPATI ONAL THERAPY                 | 0               | 0             |             |  |   | 67.00    |
| 58.00 06800 SPEECH PATHOLOGY                      | 0               | 0             |             |  |   | 68.00    |
| 59. 00 06900 ELECTROCARDI OLOGY                   | 0               | 0             |             |  |   | 69.00    |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   | 0               | 0             |             |  |   | 71.00    |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS        | 0               | 0             |             |  |   | 72.00    |
| 73.00 07300 DRUGS CHARGED TO PATIENTS             | 0               | 1, 607        |             |  |   | 73.00    |
| OUTPATIENT SERVICE COST CENTERS                   |                 |               |             |  |   |          |
| 90. 00 09000 CLINIC                               | 0               | 0             |             |  |   | 90.00    |
| 91. 00 09100 EMERGENCY                            | 0               | 0             |             |  |   | 91.00    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 0               | 0             |             |  |   | 92.00    |
| 200.00 Subtotal (see instructions)                | 144             | 1, 607        |             |  |   | 200.00   |
| 201.00 Less PBP Clinic Lab. Services-Program      | n   0           |               |             |  |   | 201.00   |
| Only Charges                                      |                 |               |             |  |   |          |
| 202.00 Net Charges (line 200 - line 201)          | 144             | 1, 607        |             |  |   | 202.00   |

| Rela<br>(from                          | S<br>Capital<br>ated Cost<br>m Wkst. B,<br>t II, col.<br>26)<br>1.00<br>213,697 | Provider Co<br>Titl<br>Swing Bed<br>Adjustment<br>2.00 |  | Period:<br>From 01/01/2022<br>To 12/31/2022<br>Hospital<br>Total Patient<br>Days<br>4.00 | Date/Time Pre<br>5/31/2023 11:<br>PPS | pared:<br>33 am |
|--|---|--|--|--|---------------------------------------|-----------------|
| Rela<br>(from<br>Part                  | ated Cost<br>m Wkst. B,<br>t II, col.<br>26)<br>1.00                            | Swing Bed<br>Adjustment                                | Reduced<br>Capital<br>Related Cost<br>(col. 1 - col.<br>2) | Total Patient<br>Days  | Per Diem (col.<br>3 / col. 4)         |                 |
| Rela<br>(from<br>Part                  | ated Cost<br>m Wkst. B,<br>t II, col.<br>26)<br>1.00                            | Adjustment   | Capital<br>Related Cost<br>(col. 1 - col.<br>2)            | Days   | 3 / col 4)                            |                 |
| (from Part                             | m Wkst. B,<br>t II, col.<br>26)<br>1.00   | -  | Related Cost<br>(col. 1 - col.<br>2)                       |  |                                       |                 |
| Part                                   | t II, col.<br>26)<br>1.00   | 2.00   | (col. 1 - col.<br>2)                                       |  | 5.00                                  |                 |
|  | 26)<br>1.00   | 2.00   | 2)   | 4. 00  | 5.00                                  |                 |
|  | 1.00  | 2.00   |  | 4.00   | 5.00                                  |                 |
|  |   | 2.00   | 3.00   | 4.00   | 5.00                                  |                 |
| INDATIENT DOUTINE SEDVICE COST CENTERS | 213, 697  |  |  |  | 5.00                                  |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS | 213, 697  | 0  |  |  | •                                     |                 |
| 30. 00 ADULTS & PEDI ATRI CS           |   | 0  | 213, 69  | 7 1, 804   | 118.46                                | 30.00           |
| 31.00 INTENSIVE CARE UNIT              | 0   |  |  | 0 0  | 0.00                                  | 31.00           |
| 40. 00 SUBPROVI DER – I PF             | 0   | 0  |  | 0 0  | 0.00                                  | 40.00           |
| 41. 00 SUBPROVIDER - IRF               | 0   | 0  |  | 0 0  | 0.00                                  | 41.00           |
| 43.00 NURSERY                          | o   |  |  | o o  | 0.00                                  | 43.00           |
| 200.00 Total (lines 30 through 199)    | 213, 697  |  | 213, 69  | 7 1, 804   |                                       | 200.00          |
| Cost Center Description In             | npatient  | Inpati ent   |  |  | •                                     |                 |
| Pro                                    | gram days   | Program  |  |  |                                       |                 |
|  |   | Capital Cost   |  |  |                                       |                 |
|  |   | (col. 5 x col.   |  |  |                                       |                 |
|  |   | 6)   |  |  |                                       |                 |
|  | 6.00  | 7.00   |  |  |                                       |                 |
| INPATIENT ROUTINE SERVICE COST CENTERS |   |  |  |  |                                       |                 |
| 30. 00 ADULTS & PEDIATRICS             | 9   | 1, 066   | 1  |  |                                       | 30.00           |
| 31.00 INTENSIVE CARE UNIT              | 0   | 0  |  |  |                                       | 31.00           |
| 40.00 SUBPROVIDER - IPF                | 0   | 0  |  |  |                                       | 40.00           |
| 41.00 SUBPROVIDER - IRF                | 0   | 0  |  |  |                                       | 41.00           |
| 43.00 NURSERY                          | 0   | 0  |  |  |                                       | 43.00           |
| 200.00 Total (lines 30 through 199)    | 9   | 1,066  |  |  |                                       | 200.00          |

| Health Financial Systems                            | STARKE MEMORI  | AL HOSPITAL    |              | In Lie                                      | u of Form CMS-2 | 2552-10         |
|---|----------------|----------------|--------------|---|-----------------|-----------------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS       | Provider C     |              | Period:<br>From 01/01/2022<br>To 12/31/2022 |                 | pared:<br>33 am |
|   |                |                | e XIX        | Hospi tal                                   | PPS             |                 |
| Cost Center Description                             | Capi tal       | Total Charges  | Ratio of Cos | t Inpatient                                 | Capital Costs   |                 |
|   | Related Cost   | (from Wkst. C, | to Charges   | Program                                     | (column 3 x     |                 |
|   | (from Wkst. B, | Part I, col.   |              | . Charges                                   | column 4)       |                 |
|   | Part II, col.  | 8)             | 2)           |   |                 |                 |
|   | 26)            |                |              |   |                 |                 |
|   | 1.00           | 2.00           | 3.00         | 4.00  | 5.00            |                 |
| ANCI LLARY SERVI CE COST CENTERS                    |                |                |              |   |                 |                 |
| 50.00 05000 OPERATING ROOM                          | 186, 263       | 5, 631, 149    | 0. 03307     | 7 0   | 0               | 50.00           |
| 53. 00 05300 ANESTHESI OLOGY                        | 492            | 1, 399, 507    | 0.00035      | 2 0   | 0               | 53.00           |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 82, 281        | 4, 367, 401    | 0. 01884     | 0 601                                       | 11              | 54.00           |
| 54.01 05401 ULTRASOUND                              | 1, 540         | 2, 597, 009    | 0. 00059     | 3 0   | 0               | 54.01           |
| 56. 00 05600 RADI 0I SOTOPE                         | 436            | 401, 633       | 0. 00108     | 6 0   | 0               | 56.00           |
| 57.00 05700 CT SCAN                                 | 14, 610        | 10, 867, 781   | 0. 00134     | 4 5, 663                                    | 8               | 57.00           |
| 58. 00 05800 MRI                                    | 26, 976        | 2, 533, 463    | 0. 01064     | 8 3, 998                                    | 43              | 58.00           |
| 60. 00 06000 LABORATORY                             | 65, 391        | 18, 213, 997   | 0. 00359     | 0 13,086                                    | 47              | 60.00           |
| 65. 00 06500 RESPI RATORY THERAPY                   | 21, 821        | 806, 329       | 0. 02706     | 2 3, 544                                    | 96              | 65.00           |
| 66. 00 06600 PHYSI CAL THERAPY                      | 49, 883        | 3, 499, 846    | 0.01425      | 3 1, 187                                    | 17              | 66.00           |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0              | 0              | 0. 00000     | 0 0   | 0               | 67.00           |
| 68.00 06800 SPEECH PATHOLOGY                        | 0              | 0              | 0. 00000     | 0 0   | 0               | 68.00           |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 11, 165        | 3, 098, 191    | 0. 00360     | 4 1, 587                                    | 6               | 69.00           |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 2,637          |                | 0.00618      | 9 1, 222                                    | 8               | 71.00           |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS         | 427            |                |              |   | 0               | 72.00           |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 25, 829        |                |              |   |                 | 73.00           |
| OUTPATIENT SERVICE COST CENTERS                     |                |                |              | ,   | <del>.</del> .  |                 |
| 90. 00 09000 CLINIC                                 | 0              | 0              | 0.00000      | 0 0   | 0               | 90.00           |
| 91. 00 09100 EMERGENCY                              | 112, 283       | -              |              |   | -               |                 |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART    | 30, 799        |                |              |   |                 | 92.00           |
| 200.00 Total (lines 50 through 199)                 | 632, 833       |                |              | 68, 723                                     |                 | 200.00          |
|   |                | ,,             | 1            | 1   |                 |                 |

| Health Financial Systems   | STARKE MEMORI   | AL HOSPITAL   |   | In Lie   | u of Form CMS-  | 2552-10   |
|--|---|---|---|--|---|---|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F   |   | S Provider C  |   | Period:<br>From 01/01/2022<br>To 12/31/2022    | Worksheet D<br>Part III<br>Date/Time Pre<br>5/31/2023 11: | pared:  |
|  |   |   | e XIX   | Hospi tal                                      | PPS   |   |
| Cost Center Description  | Nursing<br>Program<br>Post-Stepdown<br>Adjustments                        | Nursing<br>Program  | Allied Health<br>Post-Stepdowr<br>Adjustments | Allied Health<br>Cost                          | All Other<br>Medical<br>Education Cost                    |   |
|  | 1A  | 1.00  | 2A  | 2.00   | 3.00  |   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |   |   |   | -  |   |   |
| 30.00       03000       ADULTS & PEDIATRICS         31.00       03100       INTENSIVE CARE UNIT         40.00       04000       SUBPROVIDER - IPF         41.00       04100       SUBPROVIDER - IRF         43.00       04300       NURSERY         200.00       Total (lines 30 through 199)  | 0<br>0<br>0<br>0<br>0   |   |   | 0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0         |   | 31. 00<br>40. 00<br>41. 00                                |
| Cost Center Description  |   | Total Costs<br>(sum of cols.<br>1 through 3,<br>minus col. 4) | Days  | Per Diem (col.<br>5 ÷ col. 6)                  | Inpatient<br>Program Days                                 |   |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 4.00  | 5.00  | 6.00  | 7.00   | 8.00  |   |
| INPATIENT ROUTINE SERVICE COST CENTERS           30.00         03000         ADULTS & PEDIATRICS           31.00         03100         INTENSIVE CARE UNIT           40.00         SUBPROVIDER - IPF           41.00         04100         SUBPROVIDER - IPF           43.00         04300         NURSERY           200.00         Total (lines 30 through 199) | 0   |   | 1, 80   | 0 0.00<br>0 0.00<br>0 0.00<br>0 0.00<br>0 0.00 | 0<br>0<br>0<br>0  | 31. 00<br>40. 00<br>41. 00                                |
| Cost Center Description  | Inpatient<br>Program<br>Pass-Through<br>Cost (col. 7 x<br>col. 8)<br>9.00 |   |   |  |   |   |
| 30.00       03000       ADULTS & PEDIATRICS         31.00       03100       INTENSIVE CARE UNIT         40.00       04000       SUBPROVIDER - IPF         41.00       04100       SUBPROVIDER - IRF         43.00       04300       NURSERY         200.00       Total (lines 30 through 199)  | 0<br>0<br>0<br>0<br>0<br>0  |   |   |  |   | 30. 00<br>31. 00<br>40. 00<br>41. 00<br>43. 00<br>200. 00 |

| APPORTI ONMENT OF I NPATI ENT/OUTPATI ENT ANCI LLARY SERVICE OTHER PASS<br>THROUGH COSTS         Provider CCN: 15-0102         Period:<br>From 01/01/2022<br>To 12/31/2022         Worksheet D<br>Part IV<br>Date/Time Prepared:<br>5/31/2023 11:33 am           Image: Service Cost Center Description         Non Physician<br>Anesthetist<br>Cost         Nursing<br>Program<br>Anesthetist         Nursing<br>Program<br>Post-Stepdown<br>Adjustments         Allied Health<br>Post-Stepdown<br>Adjustments         Allied Health<br>Post-Stepdown<br>Adjustments         Allied Health<br>Post-Stepdown<br>Adjustments           50.00         05000         0PERATI NG ROOM         0 |
|---|
| Cost Center Description         Non Physician<br>Anesthetist<br>Cost         Nursing<br>Program<br>Post-Stepdown<br>Adjustments         Nursing<br>Program         Nursing<br>Program         Allied Health<br>Post-Stepdown<br>Adjustments           ANCI LLARY SERVICE COST CENTERS         1.00         2A         2.00         3A         3.00           50.00         05000         0PERATING ROOM         0         0         0         0         50.00           54.00         05400         RABIOLOGY-DIAGNOSTIC         0         0         0         0         53.00           54.00         05400         RADI OLOGY-DI AGNOSTIC         0         0         0         0         54.00           54.00         05400         RADI OLOGY-DI AGNOSTIC         0         0         0         0         54.01           56.00         05600         RADI OLOGY-DI AGNOSTIC         0         0         0         0         54.01           56.00         05600         RADI OLOGY-DI AGNOSTIC         0  |
| Anesthetist<br>Cost         Program<br>Post-Stepdown<br>Adjustments         Program<br>Adjustments         Program<br>Post-Stepdown<br>Adjustments           ANCI LLARY SERVI CE COST CENTERS         1.00         2A         2.00         3A         3.00           50.00         05000 OPERATI NG ROM         0         0         0         0         50.00           53.00         05300 ANESTHESI OLOGY         0         0         0         0         53.00           54.00         05400 RADI OLOGY-DI AGNOSTI C         0         0         0         0         0         54.00           54.01         05401 ULTRASOUND         0         0         0         0         0         0         54.00           54.00         05600 RADI OLOGY-DI AGNOSTI C         0         0         0         0         0         54.00           54.01         05401 ULTRASOUND         0         0         0         0         0         56.00           56.00         05600 RADI OLOGY-DI AGNOSTI C         0         0         0         0         0         0         56.00           57.00         05700 CT SCAN         0         0         0         0         0         0         0         0         0         0         0   |
| Cost         Post-Stepdown<br>Adj ustments         Adj ustments         Adj ustments           1.00         2A         2.00         3A         3.00           50.00         05000         OPERATI NG ROM         0         0         0         50.00           53.00         05300         ANESTHESI OLOGY         0         0         0         53.00           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         0         0         54.00           54.01         05401         RADI OLOGY-DI AGNOSTI C         0         0         0         0         54.00           54.01         05401         ULTRASOUND         0         0         0         0         54.00           56.00         05600         RADI OLOGY-DI AGNOSTI C         0         0         0         0         54.01           56.00         05600         RADI OLOGY         0         0         0         0         56.00           57.00         05700         CT SCAN         0         0         0         0         58.00           60.00         06000         LABORATORY         0         0         0         0         0         0         0         0         0 </td  |
| Adjustments         Adjustments         Adjustments           1.00         2A         2.00         3A         3.00           ANCILLARY SERVICE COST CENTERS         0   |
| ANCI LLARY SERVICE COST CENTERS           50.00         05000         OPERATING ROOM         0  |
| ANCI LLARY         SERVICE         COST CENTERS           50.00         05000         OPERATI NG ROOM         0 <td< td=""></td<>   |
| 50.00         05000         OPERATI NG ROOM         0         0         0         0         0         0         0         50.00           53.00         05300         ANESTHESI OLOGY         0         0         0         0         0         0         53.00           54.00         05400         RADI OLOGY-DI AGNOSTI C         0         0         0         0         0         54.00           54.01         05401         ULTRASOUND         0         0         0         0         0         54.00           54.01         05401         ULTRASOUND         0         0         0         0         0         0         54.01           56.00         05600         RADI OL SOTOPE         0         0         0         0         0         56.00           57.00         05700 CT SCAN         0         0         0         0         0         57.00           58.00         05800 MRI         0         0         0         0         0         0         58.00           60.00         065000         RESPI RATORY THERAPY         0         0         0         0         60.00           65.00         06600         PHYSI CA   |
| 53.00       05300       ANESTHESI OLOGY       0       0       0       53.00         54.00       05400       RADI OLOGY-DI AGNOSTI C       0       0       0       0       54.00         54.01       05401       ULTRASOUND       0       0       0       0       54.00         54.01       05401       ULTRASOUND       0       0       0       0       54.01         56.00       05600       RADI OL SOTOPE       0       0       0       0       56.00         57.00       05700       CT SCAN       0       0       0       0       57.00         58.00       05800       MRI       0       0       0       0       58.00         60.00       06000       LABORATORY       0       0       0       0       60.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       0       0       66.00  |
| 54.00       05400       RADI OLOGY - DI AGNOSTI C       0       0       0       54.00         54.01       05401       ULTRASOUND       0       0       0       0       54.01         56.00       05600       RADI OL SOTOPE       0       0       0       0       56.00         57.00       05700       CT SCAN       0       0       0       0       57.00         58.00       05800       MRI       0       0       0       0       58.00         60.00       LABORATORY       0       0       0       0       60.00       65.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       0       0       66.00   |
| 54. 01       05401       ULTRASOIND       0       0       0       54. 01         56. 00       05600       RADI 0I SOTOPE       0       0       0       0       56. 00         57. 00       05700       CT SCAN       0       0       0       0       57. 00         58. 00       05800       MRI       0       0       0       0       58. 00         60. 00       06000       LABORATORY       0       0       0       0       60. 00         65. 00       06500       RESPI RATORY THERAPY       0       0       0       0       65. 00         66. 00       06600       PHYSI CAL THERAPY       0       0       0       0       0       66. 00   |
| 56.00         05600         RADI OI SOTOPE         0         0         0         0         56.00         56.00         57.00         57.00         57.00         57.00         05700         CT SCAN         0         0         0         0         0         57.00         57.00         57.00         58.00         05800         MRI         0         0         0         0         0         58.00         58.00         58.00         58.00         58.00         58.00         0         0         0         0         58.00  |
| 57.00       05700       CT SCAN       0       0       0       0       57.00         58.00       05800       MRI       0       0       0       0       58.00         60.00       06000       LABORATORY       0       0       0       0       60.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       0       66.00   |
| 58.00         05800         MRI         0         0         0         0         58.00           60.00         06000         LABORATORY         0         0         0         0         0         60.00           65.00         06500         RESPI RATORY         THERAPY         0         0         0         0         65.00           66.00         06600         PHYSI CAL         THERAPY         0         0         0         0         66.00   |
| 60. 00         06000         LABORATORY         0         0         0         0         60. 00           65. 00         06500         RESPI RATORY THERAPY         0         0         0         0         0         65. 00         66. 00         0         0         0         65. 00         66. 00         66. 00         0         0         0         0         66. 00         66. 00         66. 00         0         0         0         0         66. 00         66. 00         0         0         0         0         66. 00         66. 00         66. 00         0         0         0         66. 00         66. 00         66. 00         0         0         0         0         66. 00         66. 00         66. 00         0         0         0         0         0         66. 00         66. 00         66. 00         0         0         0         0         0         0         66. 00           |
| 65. 00         06500         RESPI RATORY THERAPY         0         0         0         0         65. 00           66. 00         06600         PHYSI CAL THERAPY         0         0         0         0         0         66. 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 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 0 69. 00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 0 71.00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00  |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 73. 00   |
| OUTPATIENT SERVICE COST CENTERS   |
| 90. 00 09000 CLINIC 0 0 0 0 0 90. 00  |
| 91.00 09100 EMERGENCY 0 0 0 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 0 0 92.00  |
| 200.00         Total (lines 50 through 199)         0   |

| Health Financial Systems   | STARKE MEMORI    | AL HOSPITAL   |              | In Lie                                      | u of Form CMS-2 | 2552-10 |
|--|------------------|---------------|--------------|---|-----------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF<br>THROUGH COSTS | RVICE OTHER PASS | S Provider C  |              | Period:<br>From 01/01/2022<br>To 12/31/2022 |                 |         |
|  |                  | Ti †I         | e XIX        | Hospi tal                                   | PPS             | SS dill |
| Cost Center Description  | All Other        | Total Cost    | Total        | Total Charges                               |                 |         |
|  | Medi cal         | (sum of cols. | Outpati ent  | (from Wkst. C,                              |                 |         |
|  | Education Cost   | 1, 2, 3, and  | Cost (sum of | Part I, col.                                | (col. 5 ÷ col.  |         |
|  |                  | 4)            | col s. 2, 3, | 8)  | 7)              |         |
|  |                  |               | and 4)       |   | (see            |         |
|  |                  |               |              |   | instructions)   |         |
|  | 4.00             | 5.00          | 6.00         | 7.00  | 8.00            |         |
| ANCI LLARY SERVICE COST CENTERS                                      |                  |               |              | _   |                 |         |
| 50.00 05000 OPERATI NG ROOM  | 0                | 0             |              | 0 5, 631, 149                               | 0.00000         | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY   | 0                | 0             |              | 0 1, 399, 507                               | 0.00000         | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                 | 0                | 0             |              | 0 4, 367, 401                               | 0.00000         | 54.00   |
| 54.01 05401 ULTRASOUND   | 0                | 0             |              | 0 2, 597, 009                               |                 | 54.01   |
| 56. 00 05600 RADI OI SOTOPE  | 0                | 0             |              | 0 401, 633                                  | 0.00000         | 56.00   |
| 57.00 05700 CT SCAN  | 0                | 0             |              | 0 10, 867, 781                              | 0.00000         | 57.00   |
| 58. 00 05800 MRI   | 0                | 0             |              | 0 2, 533, 463                               | 0.00000         | 58.00   |
| 60. 00 06000 LABORATORY  | 0                | 0             |              | 0 18, 213, 997                              | 0.00000         | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0                | 0             |              | 0 806, 329                                  | 0.00000         | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0                | 0             |              | 0 3, 499, 846                               | 0.00000         | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0                | 0             |              | 0 0   | 0.00000         | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0                | 0             |              | 0 0   | 0.00000         | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0                | 0             |              | 0 3, 098, 191                               | 0.00000         | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      | 0                | 0             |              | 0 426, 098                                  | 0.00000         | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           | 0                | 0             |              | 0 159, 412                                  | 0.00000         | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                | 0                | 0             |              | 0 8, 890, 960                               | 0.00000         | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                                      |                  |               |              |   |                 |         |
| 90. 00 09000 CLINIC  | 0                | 0             |              | 0 0   | 0. 000000       | 90.00   |
| 91.00 09100 EMERGENCY  | 0                | 0             |              | 0 15, 791, 161                              | 0.00000         | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                      | 0                | 0             |              | 0 692, 198                                  | 0. 000000       | 92.00   |
| 200.00 Total (lines 50 through 199)                                  | 0                | 0             |              | 0 79, 376, 135                              |                 | 200. 00 |
|  |                  |               |              |   |                 |         |

| Health Financial Systems   | STARKE MEMORIA   | L HOSPI TAL |              | In Lie                                      | u of Form CMS-2 | 2552-10         |
|--|------------------|-------------|--------------|---|-----------------|-----------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEE<br>THROUGH COSTS | RVICE OTHER PASS | Provider CO |              | Period:<br>From 01/01/2022<br>To 12/31/2022 | 5/31/2023 11:   | pared:<br>33 am |
|  |                  | Ti tl       | e XIX        | Hospi tal                                   | PPS             |                 |
| Cost Center Description  | Outpati ent      | Inpati ent  | Inpati ent   | Outpati ent                                 | Outpati ent     |                 |
|  | Ratio of Cost    | Program     | Program      | Program                                     | Program         |                 |
|  | to Charges       | Charges     | Pass-Through | Charges                                     | Pass-Through    |                 |
|  | (col. 6 ÷ col.   |             | Costs (col.  | 3   | Costs (col. 9   |                 |
|  | 7)               |             | x col. 10)   |   | x col. 12)      |                 |
|  | 9.00             | 10.00       | 11.00        | 12.00                                       | 13.00           |                 |
| ANCILLARY SERVICE COST CENTERS                                       |                  |             |              |   |                 |                 |
| 50.00 05000 OPERATING ROOM   | 0. 000000        | 0           |              | 0 0   | 0               | 50.00           |
| 53. 00 05300 ANESTHESI OLOGY   | 0. 000000        | 0           |              | 0 0   | 0               | 53.00           |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                  | 0. 000000        | 601         |              | 0 0   | 0               | 54.00           |
| 54. 01 05401 ULTRASOUND  | 0. 000000        | 0           |              | 0 0   | 0               | 54.01           |
| 56. 00 05600 RADI OI SOTOPE  | 0. 000000        | 0           |              | 0 0   | 0               | 56.00           |
| 57.00 05700 CT SCAN  | 0. 000000        | 5, 663      |              | 0 0   | 0               | 57.00           |
| 58. 00 05800 MRI   | 0.000000         | 3, 998      |              | 0 0   | 0               | 58.00           |
| 60. 00 06000 LABORATORY  | 0.000000         | 13, 086     |              | 0 0   | 0               | 60.00           |
| 65. 00 06500 RESPI RATORY THERAPY                                    | 0. 000000        | 3, 544      |              | 0 0   | 0               | 65.00           |
| 66. 00 06600 PHYSI CAL THERAPY                                       | 0. 000000        | 1, 187      |              | 0 0   | 0               | 66.00           |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    | 0. 000000        | 0           |              | 0 0   | 0               | 67.00           |
| 68.00 06800 SPEECH PATHOLOGY   | 0. 000000        | 0           |              | 0 0   | 0               | 68.00           |
| 69. 00 06900 ELECTROCARDI OLOGY                                      | 0. 000000        | 1, 587      |              | 0 0   | 0               | 69.00           |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      | 0, 000000        | 1, 222      |              | 0 0   | 0               | 71.00           |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           | 0.000000         | . 0         |              | 0 0   | 0               | 72.00           |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                | 0.000000         | 12, 864     |              | 0 0   | 0               | 73.00           |
| OUTPATIENT SERVICE COST CENTERS                                      |                  | ,           |              | -   |                 |                 |
| 90. 00 09000 CLINIC  | 0.000000         | 0           |              | 0 0   | 0               | 90.00           |
| 91. 00 09100 EMERGENCY   | 0, 000000        | 18, 928     |              | 0 0   | 0               | 91.00           |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                     | 0.000000         | 6, 043      |              | 0 0   | 0               | 92.00           |
| 200.00 Total (lines 50 through 199)                                  |                  | 68, 723     |              | 0 0   |                 | 200.00          |
|  | 1 I              |             |              |   |                 |                 |

| Health Financial Systems                            | STARKE MEMORI  | AL HOSPITAL   |                     | In Lie                           | eu of Form CMS-: | 2552-10 |
|---|----------------|---------------|---------------------|----------------------------------|------------------|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST   | Provider C    | CN: 15-0102         | Peri od:                         | Worksheet D      |         |
|   |                |               |                     | From 01/01/2022<br>To 12/31/2022 |                  | nared   |
|   |                |               |                     | 10 12/31/2022                    | 5/31/2023 11:    | 33 am   |
|   |                | Titl          | e XIX               | 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.)        | Servi ces           | Services Not                     |                  |         |
|   | Part I, col. 9 |               | Subject To          | Subject To                       |                  |         |
|   |                |               | Ded. & Coins        |                                  |                  |         |
|   | 1.00           | 2.00          | (see inst.)<br>3.00 | (see inst.)<br>4.00              | 5.00             |         |
| ANCI LLARY SERVI CE COST CENTERS                    | 1.00           | 2.00          | 3.00                | 4.00                             | 5.00             |         |
| 50. 00 05000 OPERATING ROOM                         | 0. 345936      | 0             |                     | 0 26, 628                        | 0                | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY                        | 0. 011846      |               |                     | 0 6, 284                         |                  |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                | 0. 382354      |               |                     | 0 83, 171                        |                  |         |
| 54. 01 05401 ULTRASOUND                             | 0. 081187      |               |                     | 0 36, 211                        | 0                |         |
| 56. 00 05600 RADI OI SOTOPE                         | 0. 138890      |               |                     | 0 0                              | 0                | 56.00   |
| 57. 00 05700 CT SCAN                                | 0. 030825      |               |                     | 0 253, 523                       |                  | 57.00   |
| 58. 00 05800 MRI                                    | 0. 083616      |               |                     | 0 16, 659                        |                  | 58.00   |
| 60. 00 06000 LABORATORY                             | 0. 122755      |               |                     | 0 332, 682                       |                  | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                   | 1.046464       |               |                     | 0 33, 519                        |                  | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 333705      | 0             |                     | 0 11,244                         | 0                | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0. 000000      | 0             |                     | 0 0                              | 0                | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 0. 000000      | 0             |                     | 0 0                              | 0                | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 102365      | 0             |                     | 0 102, 913                       | 0                | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT     | 0. 241153      | 0             |                     | 0 1, 556                         | 0                | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS          | 0. 102157      | 0             |                     | 0 0                              | 0                | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0. 162630      | 0             |                     | 0 66, 683                        | 0                | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                     | 1              |               |                     |                                  |                  |         |
| 90. 00 09000 CLINIC                                 | 0. 000000      |               |                     | 0 0                              | 0                |         |
| 91. 00 09100 EMERGENCY                              | 0. 205780      |               |                     | 0 473, 622                       |                  |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART     | 0. 774777      | 0             |                     | 0 1, 285                         |                  |         |
| 200.00 Subtotal (see instructions)                  |                | 0             |                     | 0 1, 445, 980                    | 0                | 200. 00 |
| 201.00 Less PBP Clinic Lab. Services-Program        |                |               |                     | 0 0                              |                  | 201.00  |
| Only Charges  |                | _             |                     |                                  | -                |         |
| 202.00   Net Charges (line 200 - line 201)          |                | 0             | l                   | 0 1, 445, 980                    | 0                | 202.00  |

| Health Financial Systems                                     | STARKE MEMORI  | AL HOSPITAL   |       | In Lie                                      | u of Form CMS-  | 2552-10          |
|--|----------------|---------------|-------|---|---|------------------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND          | ) VACCINE COST | Provider CO   |       | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/31/2023 11: | epared:<br>33 am |
|  |                | Ti tl         | e XIX | Hospi tal                                   | PPS   |                  |
|  | Cos            | sts           |       |   |   |                  |
| Cost Center Description                                      | Cost           | Cost          |       |   |   |                  |
|  | Reimbursed     | Reimbursed    |       |   |   |                  |
|  | Servi ces      | Services Not  |       |   |   |                  |
|  | Subject To     | Subject To    |       |   |   |                  |
|  | Ded. & Coins.  | Ded. & Coins. |       |   |   |                  |
|  | (see inst.)    | (see inst.)   |       |   |   |                  |
|  | 6.00           | 7.00          |       |   |   |                  |
| ANCI LLARY SERVI CE COST CENTERS                             | 1              |               |       |   |   |                  |
| 50. 00 05000 OPERATI NG ROOM                                 | 0              | 9, 212        |       |   |   | 50.00            |
| 53. 00 05300 ANESTHESI OLOGY                                 | 0              | 74            |       |   |   | 53.00            |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                          | 0              | 31, 801       |       |   |   | 54.00            |
| 54.01 05401 ULTRASOUND                                       | 0              | 2, 940        |       |   |   | 54.01            |
| 56. 00 05600 RADI OI SOTOPE                                  | 0              | 0             |       |   |   | 56.00            |
| 57.00 05700 CT SCAN  | 0              | 7, 815        |       |   |   | 57.00            |
| 58. 00 05800 MRI   | 0              | 1, 393        |       |   |   | 58.00            |
| 60. 00 06000 LABORATORY                                      | 0              | 40, 838       |       |   |   | 60.00            |
| 65. 00 06500 RESPI RATORY THERAPY                            | 0              | 35, 076       |       |   |   | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY                               | 0              | 3, 752        |       |   |   | 66.00            |
| 67.00 06700 OCCUPATI ONAL THERAPY                            | 0              | 0             |       |   |   | 67.00            |
| 68.00 06800 SPEECH PATHOLOGY                                 | 0              | 0             |       |   |   | 68.00            |
| 69. 00 06900 ELECTROCARDI OLOGY                              | 0              | 10, 535       |       |   |   | 69.00            |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT              | 0              | 375           |       |   |   | 71.00            |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                   | 0              | 0             |       |   |   | 72.00            |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                        | 0              | 10, 845       |       |   |   | 73.00            |
| OUTPATIENT SERVICE COST CENTERS                              |                |               |       |   |   |                  |
| 90. 00 09000 CLINIC  | 0              | 0             |       |   |   | 90.00            |
| 91.00 09100 EMERGENCY  | 0              | 97, 462       |       |   |   | 91.00            |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART              | 0              | 996           |       |   |   | 92.00            |
| 200.00 Subtotal (see instructions)                           | 0              | 253, 114      |       |   |   | 200.00           |
| 201.00 Less PBP Clinic Lab. Services-Program<br>Only Charges | 0              |               |       |   |   | 201.00           |
| 202.00 Net Charges (line 200 - line 201)                     | 0              | 253, 114      |       |   |   | 202.00           |

|                | Financial Systems STARK<br>ATION OF INPATIENT OPERATING COST   | KE MEMORIAL    | HOSPITAL<br>Provider CCN: 15-0102 | In Lie<br>Period:<br>From 01/01/2022 | u of Form CMS-2<br>Worksheet D-1 |      |
|----------------|--|----------------|-----------------------------------|--------------------------------------|----------------------------------|------|
|                |  |                |                                   | To 12/31/2022                        | Date/Time Pre<br>5/31/2023 11:   |      |
|                | Cost Center Description  |                | Title XVIII                       | Hospi tal                            | PPS                              |      |
|                |  |                |                                   |                                      | 1.00                             |      |
|                | PART I - ALL PROVIDER COMPONENTS   |                |                                   |                                      |                                  | 1    |
| 1.00           | Inpatient days (including private room days and swi  |                |                                   |                                      | 1,804                            |      |
| 2.00<br>3.00   | Inpatient days (including private room days, exclud<br>Private room days (excluding swing-bed and observation) |                |                                   | rivate room davs.                    | 1, 804<br>0                      | 2.00 |
|                | do not complete this line.   | 5              |                                   |                                      |                                  |      |
| 4.00<br>5.00   | Semi-private room days (excluding swing-bed and obs<br>Total swing-bed SNF type inpatient days (including      |                |                                   | er 31 of the cost                    | 1, 544<br>0                      | 4.00 |
|                | reporting period   |                |                                   |                                      |                                  |      |
| 6.00           | Total swing-bed SNF type inpatient days (including reporting period (if calendar year, enter 0 on this         |                | m days) after December            | 31 of the cost                       | 0                                | 6.0  |
| 7.00           | Total swing-bed NF type inpatient days (including p  |                | days) through December            | ~ 31 of the cost                     | 0                                | 7.0  |
| 8.00           | reporting period<br>Total swing-bed NF type inpatient days (including p  | privato room   | dave) after December (            | 21 of the cost                       | 0                                | 8.00 |
| 0.00           | reporting period (if calendar year, enter 0 on this  |                | i days) arter becember (          | of the cost                          | 0                                | 0.0  |
| 9.00           | Total inpatient days including private room days ap  | pplicable to   | the Program (excluding            | g swing-bed and                      | 668                              | 9.0  |
| 10. 00         | newborn days) (see instructions)<br>Swing-bed SNF type inpatient days applicable to time                       | tle XVIII or   | ıly (including private ı          | room days)                           | 0                                | 10.0 |
| 11 00          | through December 31 of the cost reporting period (s  |                |                                   |                                      | 0                                | 11 0 |
| 11. 00         | Swing-bed SNF type inpatient days applicable to tip<br>December 31 of the cost reporting period (if calend     |                |                                   | room days) arter                     | 0                                | 11.0 |
| 12.00          | Swing-bed NF type inpatient days applicable to titl  | les V or XIX   | conly (including privat           | te room days)                        | 0                                | 12.0 |
| 13.00          | through December 31 of the cost reporting period<br>Swing-bed NF type inpatient days applicable to titl        | les V or XIX   | only (including privat            | te room davs)                        | 0                                | 13.0 |
|                | after December 31 of the cost reporting period (if   | calendar ye    | ar, enter 0 on this lin           | ne)                                  |                                  |      |
|                | Medically necessary private room days applicable to<br>Total nursery days (title V or XIX only)                | o the Progra   | im (excluding swing-bed           | days)                                | 0                                |      |
|                | Nursery days (title V or XIX only)   |                |                                   |                                      | 0                                |      |
| 17.00          | SWING BED ADJUSTMENT<br>Medicare rate for swing-bed SNF services applicable                                    | e to service   | s through December 31 (           | of the cost                          | 0.00                             | 17.0 |
|                | reporting period   |                | 0                                 |                                      |                                  |      |
| 18. 00         | Medicare rate for swing-bed SNF services applicable reporting period   |                |                                   |                                      | 0.00                             | 18.0 |
| 19. 00         | Medicaid rate for swing-bed NF services applicable reporting period  | to services    | through December 31 of            | f the cost                           | 0.00                             | 19.0 |
| 20. 00         | Medicaid rate for swing-bed NF services applicable reporting period  | to services    | after December 31 of 1            | the cost                             | 0.00                             | 20.0 |
| 21.00          | Total general inpatient routine service cost (see i  |                |                                   |                                      | 3, 721, 084                      | 21.0 |
| 22.00          | Swing-bed cost applicable to SNF type services thro<br>5 x line 17)  | ough Decembe   | er 31 of the cost report          | ting period (line                    | 0                                | 22.0 |
| 23.00          | Swing-bed cost applicable to SNF type services after   | er December    | 31 of the cost reportin           | ng period (line 6                    | 0                                | 23.0 |
| 24.00          | x line 18)<br>Swing-bed cost applicable to NF type services throu  | ugh December   | · 31 of the cost reporti          | ng period (line                      | 0                                | 24.0 |
| 25.00          | 7 x line 19)<br>Swing-bed cost applicable to NF type services after  | r December 3   | 1 of the cost reporting           | n period (line 8                     | 0                                | 25.0 |
| 20.00          | x line 20)   | i beccilibei e |                                   |                                      | 0                                | 20.0 |
| 26.00<br>27.00 | Total swing-bed cost (see instructions)  | a had cast (   | line 21 minus line 24)            |                                      | 0                                |      |
| 27.00          | General inpatient routine service cost net of swing<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                    | g-beu cost (   | TTHE 21 MITHUS TTHE 20)           |                                      | 3, 721, 084                      | 27.0 |
|                | General inpatient routine service charges (excludin  | ng swing-bec   | l and observation bed ch          | narges)                              | 0                                |      |
| 29.00<br>30.00 | Private room charges (excluding swing-bed charges)<br>Semi-private room charges (excluding swing-bed char      | raes)          |                                   |                                      | 0                                |      |
| 31.00          | General inpatient routine service cost/charge ratio  |                | line 28)                          |                                      | 0. 000000                        |      |
| 32.00          | Average private room per diem charge (line 29 ÷ lin  |                |                                   |                                      | 0.00                             |      |
| 33.00          | Average semi-private room per diem charge (line 30   |                | us line 22) (see instru           | ati ana)                             | 0.00                             |      |
| 34.00<br>35.00 | Average per diem private room charge differential<br>Average per diem private room cost differential (li       |                |                                   |                                      | 0.00<br>0.00                     |      |
| 36.00          | Private room cost differential adjustment (line 3 x  |                |                                   |                                      | 0.00                             | 36.0 |
| 37.00          | General inpatient routine service cost net of swing  |                | nd private room cost di           | fferential (line                     | 3, 721, 084                      |      |
|                | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                |                                   |                                      |                                  | 1    |
|                | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUG  |                |                                   |                                      |                                  |      |
| 38.00          | Adjusted general inpatient routine service cost per  | •              |                                   |                                      | 2,062.69                         |      |
| 39.00<br>40.00 | Program general inpatient routine service cost (lin<br>Medically necessary private room cost applicable to     |                | -                                 |                                      | 1, 377, 877<br>0                 |      |
|                | Total Program general inpatient routine service cos  | 0              | . ,                               |                                      | 1, 377, 877                      |      |

| COMPUT         | Financial Systems<br>ATION OF INPATIENT OPERATING COST   | STARKE MEMORIA           | Provi der C    | CN: 15-0102                                     | Peri od:                         | eu of Form CMS-<br>Worksheet D-1            |                |
|----------------|--|--------------------------|----------------|---|----------------------------------|---|----------------|
|                |  |                          |                |   | From 01/01/2022<br>To 12/31/2022 |   |                |
|                | Cost Center Description  | Total<br>Inpatient Costl | Total          | XVIII<br>Average Per<br>Diem (col. 1<br>col. 2) | 5                                | PPS<br>Program Cost<br>(col. 3 x col.<br>4) |                |
|                |  | 1.00                     | 2.00           | 3.00  | 4.00                             | 5.00  |                |
| 42.00          | NURSERY (title V & XIX only)   | 0                        |                | 0.0   | 0 00                             | 0   | 42.00          |
| 43.00          | Intensive Care Type Inpatient Hospital Units<br>INTENSIVE CARE UNIT  | 0                        | (              | 0.0   | 0 00                             | 0   | 43.00          |
| 44.00          | CORONARY CARE UNIT   | Ű                        |                |   |                                  |   | 44.00          |
| 45.00          | BURN INTENSIVE CARE UNIT   |                          |                |   |                                  |   | 45.00          |
| 46.00          |  |                          |                |   |                                  |   | 46.00          |
| 47.00          | OTHER SPECIAL CARE (SPECIFY)<br>Cost Center Description  |                          |                |   |                                  |   | 47.00          |
|                | cost center bescription  |                          |                |   |                                  | 1.00  |                |
| 48.00          | Program inpatient ancillary service cost (Wks  | st. D-3, col. 3,         | line 200)      |   |                                  | 727, 954                                    | 48.00          |
| 48. 01         | Program inpatient cellular therapy acquisition   |                          |                |   | column 1)                        | 0   |                |
| 49.00          | Total Program inpatient costs (sum of lines /<br>PASS THROUGH COST ADJUSTMENTS                                   | 11 through 48.01         | )(see instruc  | tions)  |                                  | 2, 105, 831                                 | 49.00          |
| 50.00          | Pass through costs applicable to Program inpa  | atient routine s         | services (from | Wkst D sur                                      | of Parts L and                   | 79, 131                                     | 50.00          |
| 50.00          |  |                          |                | i witst. D, Su                                  |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | 50.00          |
| 51.00          | Pass through costs applicable to Program inpa  | atient ancillary         | / services (fr | om Wkst. D, s                                   | sum of Parts II                  | 24, 519                                     | 51.00          |
| F2 00          | and IV)  | (0, 1)                   |                |   |                                  | 102 (50                                     | 52.00          |
| 52.00<br>53.00 | Total Program excludable cost (sum of lines !<br>Total Program inpatient operating cost exclud                   |                          | ated non-nh    | sician anest                                    | netist and                       | 103, 650<br>2, 002, 181                     |                |
| 55.00          | medical education costs (line 49 minus line !  |                          | ated, non phy  |   |                                  | 2,002,101                                   | 00.00          |
|                | TARGET AMOUNT AND LIMIT COMPUTATION  |                          |                |   |                                  |   |                |
| 54.00          | Program di scharges  |                          |                |   |                                  | 0   |                |
| 55.00<br>55.01 | Target amount per discharge<br>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.  |                          |                |   |                                  | 0   |                |
| 57.00          | Difference between adjusted inpatient operati  | ng cost and tar          | get amount (I  | ine 56 minus                                    | line 53)                         | C   |                |
| 58.00          | Bonus payment (see instructions)   |                          | ***            |   |                                  | 0   |                |
| 59.00          | Trended costs (lesser of line 53 ÷ line 54, or<br>updated and compounded by the market basket)                   | Dr line 55 from          | the cost repo  | orting period                                   | ending 1996,                     | 0.00  | 59.00          |
| 60.00          | Expected costs (lesser of line 53 ÷ line 54,   | or line 55 from          | n prior year d | ost report, ι                                   | updated by the                   | 0.00  | 60.00          |
| 61.00          | market basket)<br>Continuous improvement bonus payment (if line<br>55.01, or line 59, or line 60, enter the less |                          |                |   |                                  | С   | 61.00          |
|                | 53) are less than expected costs (lines 54 x enter zero. (see instructions)                                      | 60), or 1 % of           | the target an  | ount (line 56                                   | b), otherwise                    |   |                |
| 62.00          | Relief payment (see instructions)  |                          |                |   |                                  | 0   |                |
| 63.00          | Allowable Inpatient cost plus incentive payme<br>PROGRAM INPATIENT ROUTINE SWING BED COST                        | ent (see instruc         | ctions)        |   |                                  | 0   | 63.00          |
| 64.00          | Medicare swing-bed SNF inpatient routine cost  | ts through Decem         | ber 31 of the  | e cost reporti                                  | ng period (See                   | 0   | 64.00          |
|                | instructions)(title XVIII only)  | 5                        |                |   | 5 1 1 1 1                        |   |                |
| 65.00          | Medicare swing-bed SNF inpatient routine cos   | ts after Decembe         | er 31 of the o | ost reportino                                   | g period (See                    | 0   | 65.00          |
| 66.00          | instructions)(title XVIII only)<br>Total Medicare swing-bed SNF inpatient routin                                 | ne costs (line é         | 4 plus line 6  | 5)(title XVII                                   | lonly) for                       | c   | 66.00          |
| 001 00         | CAH, see instructions  |                          |                |   |                                  |   |                |
| 67.00          | Title V or XIX swing-bed NF inpatient routine<br>(line 12 x line 19)   | e costs through          | December 31 c  | of the cost re                                  | eporting period                  | C   | 67.00          |
| 68.00          | Title V or XIX swing-bed NF inpatient routine<br>(line 13 x line 20)   | e costs after De         | ecember 31 of  | the cost repo                                   | orting period                    | C   | 68.00          |
| 69. 00         | Total title V or XIX swing-bed NF inpatient  |                          |                |   |                                  | C   | 69.00          |
| 70 00          | PART III - SKILLED NURSING FACILITY, OTHER NU  | •                        |                |   |                                  |   | 1 70 0         |
| 70.00<br>71.00 | Skilled nursing facility/other nursing facili<br>Adjusted general inpatient routine service co                   |                          |                |   | 1                                |   | 70.00          |
| 72.00          | Program routine service cost (line 9 x line  |                          |                | -,  |                                  |   | 72.00          |
| 73.00          | Medically necessary private room cost application  | able to Program          | •              |   |                                  |   | 73.00          |
| 74.00          | Total Program general inpatient routine servi  |                          |                |   |                                  |   | 74.00          |
| 75.00          | Capital-related cost allocated to inpatient (<br>26, line 45)  | routine service          | COSTS (Trom V  | IORKSNEET B, H                                  | Part II, column                  |   | 75.00          |
| 76.00          | Per diem capital-related costs (line 75 ÷ lin  | ne 2)                    |                |   |                                  |   | 76.00          |
| 77.00          | Program capital-related costs (line 9 x line   | 76)                      |                |   |                                  |   | 77.00          |
| 78.00          | Inpatient routine service cost (line 74 minus  | ,                        |                | >   |                                  |   | 78.00          |
| 79.00<br>30.00 | Aggregate charges to beneficiaries for excess<br>Total Program routine service costs for compa                   |                          |                |   | us line 70)                      |   | 79.0           |
| 80.00          | Inpatient routine service cost per diem limi   |                          |                |   | 103 I I IC / 7)                  |   | 81.00          |
| 82.00          | Inpatient routine service cost limitation (li  |                          |                |   |                                  |   | 82.00          |
| 83.00          | Reasonable inpatient routine service costs (s  |                          | 5)             |   |                                  |   | 83.00          |
| 84.00          | Program inpatient ancillary services (see ins  |                          | )              |   |                                  |   | 84.00          |
| 85.00<br>86.00 | Utilization review - physician compensation<br>Total Program inpatient operating costs (sum                      |                          |                |   |                                  |   | 85.00<br>86.00 |
| 20.00          | PART IV - COMPUTATION OF OBSERVATION BED PASS  |                          |                |   |                                  |   | 30.00          |
| 87.00          | Total observation bed days (see instructions)  | )                        |                |   |                                  | 260   | 87.00          |
| 88.00          | Adjusted general inpatient routine cost per o  | 11 (11 07                |                |   |                                  | 2,062.69                                    | 88.0           |

| Health Financial Systems                      | STARKE MEMORI | AL HOSPITAL    |            | In Lie                     | u of Form CMS-2                | 2552-10 |
|---|---------------|----------------|------------|----------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST       |               | Provider CO    |            | Period:<br>From 01/01/2022 | Worksheet D-1                  |         |
|   |               |                |            | To 12/31/2022              | Date/Time Pre<br>5/31/2023 11: |         |
|   |               | 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                    | 213, 697      | 3, 721, 084    | 0.05742    | 9 536, 299                 | 30, 799                        | 90.00   |
| 91.00 Nursing Program cost                    | 0             | 3, 721, 084    | 0.00000    | 0 536, 299                 | 0                              | 91.00   |
| 92.00 Allied health cost                      | 0             | 3, 721, 084    | 0.00000    | 0 536, 299                 | 0                              | 92.00   |
| 93.00 All other Medical Education             | 0             | 3, 721, 084    | 0. 00000   | 0 536, 299                 | 0                              | 93.00   |

|      | Financial Systems STARKE MEMORIAL<br>ATION OF INPATIENT OPERATING COST  | Provider CCN: 15-0102     | Period:<br>From 01/01/2022 | u of Form CMS-2<br>Worksheet D-1 |          |
|------|---|---------------------------|----------------------------|----------------------------------|----------|
|      |   |                           | To 12/31/2022              | Date/Time Pre<br>5/31/2023 11:   |          |
|      | Cost Center Description   | Title XIX                 | Hospi tal                  | PPS                              |          |
|      | ·   |                           |                            | 1.00                             |          |
|      | PART I – ALL PROVIDER COMPONENTS<br>INPATIENT DAYS  |                           |                            |                                  | -        |
|      | Inpatient days (including private room days and swing-bed day   | ys, excluding newborn)    |                            | 1, 804                           | 1        |
|      | Inpatient days (including private room days, excluding swing-   |                           |                            | 1, 804                           | 2        |
| 00   | Private room days (excluding swing-bed and observation bed da<br>do not complete this line.                                     | ays). If you have only pr | rivate room days,          | 0                                | 3        |
| 00   | Semi-private room days (excluding swing-bed and observation k   | oed days)                 |                            | 1, 544                           | 4        |
| 00   | Total swing-bed SNF type inpatient days (including private ro   | oom days) through Decembe | er 31 of the cost          | 0                                | 5        |
| 00   | reporting period<br>Total swing-bed SNF type inpatient days (including private ro   | oom davs) after December  | 31 of the cost             | 0                                | 6        |
|      | reporting period (if calendar year, enter 0 on this line)   | 5.                        |                            |                                  |          |
| 00   | Total swing-bed NF type inpatient days (including private roo<br>reporting period   | om days) through December | 31 of the cost             | 0                                | 7        |
| 00   | Total swing-bed NF type inpatient days (including private roo   | om days) after December 3 | 31 of the cost             | 0                                | 8        |
|      | reporting period (if calendar year, enter 0 on this line)   |                           |                            |                                  |          |
| 00   | Total inpatient days including private room days applicable 1 newborn days) (see instructions)                                  | to the Program (excluding | swing-bed and              | 9                                | 9        |
| . 00 | Swing-bed SNF type inpatient days applicable to title XVIII of  |                           | room days)                 | 0                                | 10       |
| 00   | through December 31 of the cost reporting period (see instruc<br>Swing-bed SNF type inpatient days applicable to title XVIII of |                           | com dave) after            | 0                                | 11       |
| . 00 | December 31 of the cost reporting period (if calendar year, e   |                           | oom days) arter            | 0                                | ''       |
| . 00 | Swing-bed NF type inpatient days applicable to titles V or XI   |                           | e room days)               | 0                                | 12       |
| 00   | through December 31 of the cost reporting period<br>Swing-bed NF type inpatient days applicable to titles V or XI               | X only (including privat  | e room days)               | 0                                | 13       |
|      | after December 31 of the cost reporting period (if calendar y   | year, enter 0 on this lir | ne)                        | 0                                |          |
|      | Medically necessary private room days applicable to the Progr   | ram (excluding swing-bed  | days)                      | 0                                |          |
|      | Total nursery days (title V or XIX only)<br>Nursery days (title V or XIX only)  |                           |                            | 0                                | 15<br>16 |
|      | SWING BED ADJUSTMENT  |                           |                            |                                  |          |
| 00   | Medicare rate for swing-bed SNF services applicable to service  | ces through December 31 o | of the cost                | 0.00                             | 17       |
| . 00 | reporting period<br>Medicare rate for swing-bed SNF services applicable to servic   | ces after December 31 of  | the cost                   | 0.00                             | 18       |
|      | reporting period  |                           |                            |                                  |          |
| . 00 | Medicaid rate for swing-bed NF services applicable to service<br>reporting period   | es through December 31 of | the cost                   | 0.00                             | 19       |
| . 00 | Medicaid rate for swing-bed NF services applicable to service   | es after December 31 of 1 | he cost                    | 0.00                             | 20       |
| . 00 | reporting period<br>Total general inpatient routine service cost (see instruction   |                           |                            | 3, 721, 084                      | 21       |
|      | Swing-bed cost applicable to SNF type services through Decemb   |                           | ina period (line           | 3, 721, 084                      | 22       |
|      | 5 x line 17)  |                           |                            |                                  |          |
|      | Swing-bed cost applicable to SNF type services after December x line 18)  | r 31 of the cost reportir | ng period (line 6          | 0                                | 23       |
|      | Swing-bed cost applicable to NF type services through December  | er 31 of the cost reporti | ng period (line            | 0                                | 24       |
| . 00 | 7 x line 19)  |                           |                            | 0                                |          |
| . 00 | Swing-bed cost applicable to NF type services after December x line 20)   | 31 OF the cost reporting  | period (inne 8             | 0                                | 25       |
|      | Total swing-bed cost (see instructions)   |                           |                            | 0                                | 26       |
|      | General inpatient routine service cost net of swing-bed cost<br>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT                            | (line 21 minus line 26)   |                            | 3, 721, 084                      | 27       |
|      | General inpatient routine service charges (excluding swing-be   | ed and observation bed ch | narges)                    | 0                                | 28       |
|      | Private room charges (excluding swing-bed charges)  |                           |                            | 0                                | 29       |
|      | Semi-private room charges (excluding swing-bed charges)<br>General inpatient routine service cost/charge ratio (line 27         | ÷ line 28)                |                            | 0<br>0. 000000                   | 30       |
|      | Average private room per diem charge (line 29 ÷ line 3)   | ÷ THE 20)                 |                            | 0.00                             |          |
|      | Average semi-private room per diem charge (line 30 ÷ line 4)  |                           |                            | 0.00                             |          |
|      | Average per diem private room charge differential (line 32 mi<br>Average per diem private room cost differential (line 34 x li  |                           | ctions)                    | 0.00<br>0.00                     |          |
|      | Private room cost differential adjustment (line 3 x line 35)  |                           |                            | 0.00                             | 36       |
|      | General inpatient routine service cost net of swing-bed cost  | and private room cost di  | fferential (line           | 3, 721, 084                      | 37       |
|      | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY   |                           |                            |                                  |          |
|      | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ   |                           |                            |                                  |          |
|      | Adjusted general inpatient routine service cost per diem (see   | -                         |                            | 2,062.69                         |          |
|      | Program general inpatient routine service cost (line 9 x line<br>Medically necessary private room cost applicable to the Progr  | -                         |                            | 18, 564<br>0                     | 39       |
|      | Total Program general inpatient routine service cost (line 39   |                           |                            | 18, 564                          |          |

|                | Financial Systems<br>ATION OF INPATIENT OPERATING COST   | STARKE MEMORIA           |                | CN: 15-0102                                     | Peri od:                         | worksheet D-1                               |                |
|----------------|--|--------------------------|----------------|---|----------------------------------|---|----------------|
|                |  |                          |                |   | From 01/01/2022<br>To 12/31/2022 |   |                |
|                | Cost Center Description  | Total<br>Inpatient CostI | Total          | e XIX<br>Average Per<br>Diem (col. 1<br>col. 2) |                                  | PPS<br>Program Cost<br>(col. 3 x col.<br>4) |                |
|                |  | 1.00                     | 2.00           | 3.00  | 4.00                             | 5.00  |                |
| 42.00          | NURSERY (title V & XIX only)<br>Intensive Care Type Inpatient Hospital Units   | 0                        | (              | 0.0   | 0 00                             | 0   | 42.00          |
| 43.00          | INTENSIVE CARE UNIT  | 0                        | (              | 0.0   | 0 00                             | 0   | 43.00          |
| 44.00          | CORONARY CARE UNI T  |                          |                |   |                                  |   | 44.00          |
| 45.00<br>46.00 | BURN INTENSIVE CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT   |                          |                |   |                                  |   | 45.00          |
|                | OTHER SPECIAL CARE (SPECIFY)   |                          |                |   |                                  |   | 46.00          |
|                | Cost Center Description  |                          |                |   | L                                |   |                |
| 48.00          | Program inpatient ancillary service cost (Wks  | st D-3 col 3             | Line 200)      |   |                                  | 1.00  | 48.00          |
| 48. 01         | Program inpatient cellular therapy acquisitio  |                          |                | III, line 10,                                   | column 1)                        | 0   |                |
| 49.00          | Total Program inpatient costs (sum of lines 4  | 41 through 48.01         | )(see instruc  | ctions)   |                                  | 36, 140                                     | 49.00          |
| 50.00          | PASS THROUGH COST ADJUSTMENTS<br>Pass through costs applicable to Program inpa   | atient routine s         | services (from | n Wkst D sur                                    | n of Parts L and                 | 1, 066                                      | 50.00          |
| 00.00          |  |                          |                |   |                                  |   |                |
| 51.00          | Pass through costs applicable to Program inpa<br>and IV)   | atient ancillary         | / services (fi | rom Wkst. D, s                                  | sum of Parts II                  | 677   | 51.00          |
| 52.00          | Total Program excludable cost (sum of lines !  | 50 and 51)               |                |   |                                  | 1, 743                                      | 52.00          |
| 53.00          | Total Program inpatient operating cost exclud  | ding capital rel         | ated, non-phy  | ysician anestl                                  | netist, and                      | 34, 397                                     | 53.00          |
|                | medical education costs (line 49 minus line 5<br>TARGET AMOUNT AND LIMIT COMPUTATION   | 52)                      |                |   |                                  |   |                |
| 54.00          | Program di scharges  |                          |                |   |                                  | 0   | 54.00          |
| 55.00          | Target amount per discharge  |                          |                |   |                                  | 0.00  |                |
| 55.01<br>55.02 | Permanent adjustment amount per discharge<br>Adjustment amount per discharge (contractor u   | ise only)                |                |   |                                  | 0.00  |                |
| 56.00          | Target amount (line 54 x sum of lines 55, 55.  |                          |                |   |                                  | 0.00  |                |
| 57.00          | Difference between adjusted inpatient operati  | ng cost and tar          | get amount (I  | ine 56 minus                                    | line 53)                         | 0   |                |
| 58.00<br>59.00 | Bonus payment (see instructions)<br>Trended costs (lesser of line 53 ÷ line 54, o  | or line 55 from          | the cost ren   | orting period                                   | ending 1996                      | 0.00  |                |
| 07.00          | updated and compounded by the market basket)   |                          |                | si ting period                                  | churng 1990,                     | 0.00  |                |
| 60.00          | Expected costs (lesser of line 53 ÷ line 54,   | or line 55 from          | n prior year o | cost report, ι                                  | updated by the                   | 0.00  | 60.00          |
| 61.00          | market basket)<br>Continuous improvement bonus payment (if line<br>55.01, or line 59, or line 60, enter the less<br>53) are less than expected costs (lines 54 x | ser of 50% of th         | ne amount by w | vhich operatin                                  | ng costs (İine                   | 0   | 61.00          |
| (2.00          | enter zero. (see instructions)   |                          |                |   |                                  |   | 1 (2) 0(       |
| 62.00<br>63.00 | Relief payment (see instructions)<br>Allowable Inpatient cost plus incentive payme   | ent (see instruc         | ctions)        |   |                                  | 0   |                |
|                | PROGRAM INPATIENT ROUTINE SWING BED COST   |                          |                |   |                                  | _   | 1              |
| 64.00          | Medicare swing-bed SNF inpatient routine cost<br>instructions)(title XVIII only)   | ts through Decem         | nber 31 of the | e cost reporti                                  | ng period (See                   | 0   | 64.00          |
| 65.00          | Medicare swing-bed SNF inpatient routine cost  | ts after Decembe         | er 31 of the d | cost reporting                                  | g period (See                    | 0   | 65.00          |
| ( 00           | instructions) (title XVIII only)   |                          | 4              |   |                                  |   |                |
| 66.00          | Total Medicare swing-bed SNF inpatient routin<br>CAH, see instructions   | le costs (The c          | sa prus rine d | bo)(title XVII                                  | T only); Tor                     | 0   | 66.00          |
| 67.00          | Title V or XIX swing-bed NF inpatient routine  | e costs through          | December 31 d  | of the cost re                                  | eporting period                  | 0   | 67.00          |
| 68.00          | (line 12 x line 19)<br>Title V or XIX swing-bed NF inpatient routine   | e costs after De         | cember 31 of   | the cost rem                                    | orting period                    | 0   | 68.00          |
| 00.00          | (line 13 x line 20)  |                          |                |   | si ting period                   |   |                |
| 69.00          | Total title V or XIX swing-bed NF inpatient i<br>PART III - SKILLED NURSING FACILITY, OTHER NU   |                          |                |   |                                  | 0   | 69.00          |
| 70.00          | Skilled nursing facility/other nursing facili  |                          |                |   | )                                |   | 70.00          |
| 71.00          | Adjusted general inpatient routine service co  | ost per diem (li         |                |   |                                  |   | 71.00          |
| 72.00<br>73.00 | Program routine service cost (line 9 x line 7<br>Medically necessary private room cost applica   |                          | (line 14 v li  | ne 35)  |                                  |   | 72.00          |
| 74.00          | Total Program general inpatient routine servi  | 0                        | •              |   |                                  |   | 74.00          |
| 75.00          | Capital-related cost allocated to inpatient i  | routine service          | costs (from V  | Vorksheet B, F                                  | Part II, column                  |   | 75.00          |
| 76.00          | 26, line 45)<br>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  | ,                        | ovider reast   | 46)   |                                  |   | 78.00          |
| 79.00<br>80.00 | Aggregate charges to beneficiaries for excess<br>Total Program routine service costs for compa   |                          |                |   | nus line 79)                     |   | 79.00          |
| 81.00          | Inpatient routine service cost per diem limit  | tation                   |                | •   |                                  |   | 81.00          |
| 82.00          | Inpatient routine service cost limitation (li  |                          |                |   |                                  |   | 82.00          |
| 83.00<br>84.00 | Reasonable inpatient routine service costs (see inspection inpatient ancillary services (see inspection)   |                          | >)             |   |                                  |   | 83.00<br>84.00 |
| 85.00          | Utilization review - physician compensation  | (see instruction         |                |   |                                  |   | 85.00          |
| 86.00          | Total Program inpatient operating costs (sum<br>PART IV - COMPUTATION OF OBSERVATION BED PASS  |                          | ough 85)       |   |                                  |   | 86.00          |
| 87.00          | Total observation bed days (see instructions)  |                          |                |   |                                  | 260   | 87.00          |
| 88. 00         | Adjusted general inpatient routine cost per o  | diem (line 27 ÷          | line 2)        |   |                                  | 2,062.69                                    | 88.00          |
| 89.00          | Observation bed cost (line 87 x line 88) (see  | e instructions)          |                |   |                                  | 536, 299                                    | 89. (          |

| Health Financial Systems                      | STARKE MEMORI | AL HOSPITAL    |            | In Lie                     | u of Form CMS-2                | 2552-10 |
|---|---------------|----------------|------------|----------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST       |               | Provider CO    |            | Period:<br>From 01/01/2022 | Worksheet D-1                  |         |
|   |               |                |            | To 12/31/2022              | Date/Time Pre<br>5/31/2023 11: |         |
|   |               | 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                    | 213, 697      | 3, 721, 084    | 0.05742    | 9 536, 299                 | 30, 799                        | 90.00   |
| 91.00 Nursing Program cost                    | 0             | 3, 721, 084    | 0.00000    | 0 536, 299                 | 0                              | 91.00   |
| 92.00 Allied health cost                      | 0             | 3, 721, 084    | 0.00000    | 0 536, 299                 | 0                              | 92.00   |
| 93.00 All other Medical Education             | 0             | 3, 721, 084    | 0. 00000   | 0 536, 299                 | 0                              | 93.00   |

| Health Financial Systems                        | STARKE MEMORIAL HOSPITAL |                            | In Lie                     | u of Form CMS-             | 2552-10 |
|---|--------------------------|----------------------------|----------------------------|----------------------------|---------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provider C               | CN: 15-0102                | Period:<br>From 01/01/2022 | Worksheet D-3              |         |
|   |                          |                            | To 12/31/2022              |                            |         |
|   |                          |                            |                            | 5/31/2023 11:              | 33 am   |
|   |                          | XVIII                      | Hospi tal                  | PPS                        |         |
| Cost Center Description                         |                          | Ratio of Cos<br>To Charges | t Inpatient<br>Program     | Inpatient<br>Program Costs |         |
|   |                          | To charges                 | Charges                    | (col. 1 x col.             |         |
|   |                          |                            | chai yes                   | 2)                         |         |
|   |                          | 1.00                       | 2.00                       | 3.00                       |         |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS      |                          | 1.00                       | 2.00                       | 3.00                       |         |
| 30. 00 03000 ADULTS & PEDI ATRI CS              |                          |                            | 1, 666, 591                |                            | 30.00   |
| 31. 00 03100 I NTENSI VE CARE UNI T             |                          |                            | 0                          |                            | 31.00   |
| 40. 00 04000 SUBPROVIDER - IPF                  |                          |                            | 0                          |                            | 40.00   |
| 41. 00 04100 SUBPROVIDER - IRF                  |                          |                            | 0                          |                            | 41.00   |
| 43. 00 04300 NURSERY                            |                          |                            | -                          |                            | 43.00   |
| ANCI LLARY SERVI CE COST CENTERS                |                          | 1                          |                            |                            |         |
| 50. 00 05000 OPERATI NG ROOM                    |                          | 0. 34593                   | 36 36, 044                 | 12, 469                    | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY                    |                          | 0.0118                     | 4, 590                     | 54                         | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C            |                          | 0. 3823                    | 54 74,670                  | 28, 550                    | 54.00   |
| 54. 01 05401 ULTRASOUND                         |                          | 0. 08118                   | 37 25, 258                 | 2, 051                     | 54.01   |
| 56. 00 05600 RADI OI SOTOPE                     |                          | 0. 1388                    | 90 0                       | 0                          | 56.00   |
| 57.00 05700 CT SCAN                             |                          | 0. 03082                   | 25 392, 957                | 12, 113                    | 57.00   |
| 58. 00 05800 MRI                                |                          | 0. 0836                    | 16 19, 990                 | 1, 671                     | 58.00   |
| 60. 00 06000 LABORATORY                         |                          | 0. 1227                    | 668, 671                   | 82, 083                    | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY               |                          | 1.0464                     | 54 192, 901                | 201, 864                   | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                  |                          | 0. 33370                   | 05 151, 638                | 50, 602                    | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY               |                          | 0.0000                     | 0 0                        | 0                          | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                    |                          | 0.0000                     |                            | 0                          |         |
| 69. 00 06900 ELECTROCARDI OLOGY                 |                          | 0. 1023                    | 55 161, 492                | 16, 531                    | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT |                          | 0. 2411                    | 53 49, 448                 | 11, 925                    | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      |                          | 0. 1021                    | 57 5, 653                  | 577                        | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           |                          | 0. 1626                    | 30 718, 321                | 116, 821                   | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                 |                          |                            |                            |                            |         |
| 90. 00 09000 CLINIC                             |                          | 0.0000                     |                            | -                          |         |
| 91.00 09100 EMERGENCY                           |                          | 0. 2057                    |                            | 111, 813                   |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART |                          | 0. 7747                    |                            |                            | 92.00   |
| 200.00 Total (sum of lines 50 through 94 and    |                          |                            | 3, 146, 740                |                            |         |
| 201.00 Less PBP Clinic Laboratory Services-P    | 5 5 5 5                  |                            | 0                          |                            | 201.00  |
| 202.00 Net charges (line 200 minus line 201)    |                          |                            | 3, 146, 740                |                            | 202.00  |
|   |                          |                            |                            |                            |         |

| Health Financial Systems                        | STARKE MEMORIAL HOSPITAL |              | In Lie                                      | u of Form CMS-:                                 | 2552-10 |
|---|--------------------------|--------------|---|---|---------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT  | Provider C               | CN: 15-0102  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D-3<br>Date/Time Pre<br>5/31/2023 11: | pared:  |
|   | Ti tl                    | e XIX        | Hospi tal                                   | PPS   |         |
| Cost Center Description                         |                          | Ratio of Cos | t Inpatient                                 | Inpati ent                                      |         |
|   |                          | To Charges   | Program                                     | Program Costs                                   |         |
|   |                          |              | Charges                                     | (col. 1 x col.                                  |         |
|   |                          |              |   | 2)  |         |
|   |                          | 1.00         | 2.00  | 3.00  |         |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS      |                          |              |   |   |         |
| 30. 00 03000 ADULTS & PEDI ATRI CS              |                          |              | 29, 572                                     |   | 30.00   |
| 31.00 03100 INTENSIVE CARE UNIT                 |                          |              | 0   |   | 31.00   |
| 40. 00 04000 SUBPROVIDER - IPF                  |                          |              | 0   |   | 40.00   |
| 41.00 04100 SUBPROVIDER - IRF                   |                          |              | 0   |   | 41.00   |
| 43. 00 04300 NURSERY                            |                          |              | 0   |   | 43.00   |
| ANCI LLARY SERVICE COST CENTERS                 |                          |              |   |   |         |
| 50.00 05000 OPERATI NG ROOM                     |                          | 0. 34593     | 36 0  | 0   | 50.00   |
| 53. 00 05300 ANESTHESI OLOGY                    |                          | 0. 01184     | 16 0  | 0   | 53.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C            |                          | 0. 3823      | 601   | 230   | 54.00   |
| 54. 01 05401 ULTRASOUND                         |                          | 0. 08118     | 37 0  | 0   | 54.01   |
| 56. 00 05600 RADI 0I SOTOPE                     |                          | 0. 1388      | 90 0  | 0   | 56.00   |
| 57.00 05700 CT SCAN                             |                          | 0. 03082     | 25 5, 663                                   | 175   | 57.00   |
| 58.00 05800 MRI                                 |                          | 0. 0836      | 3, 998                                      | 334   | 58.00   |
| 60. 00 06000 LABORATORY                         |                          | 0. 12275     | 55 13, 086                                  | 1, 606  | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY               |                          | 1.04646      | 3, 544                                      | 3, 709  | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                  |                          | 0. 33370     | 05 1, 187                                   | 396   | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY               |                          | 0.0000       | 0 0   | 0   | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                    |                          | 0.0000       | 0 0   | 0   | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                 |                          | 0. 10230     | 5 1, 587                                    | 162   | 69.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT |                          | 0. 24115     | 53 1, 222                                   | 295   | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS      |                          | 0. 1021      | 57 0  | 0   | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS           |                          | 0. 16263     | 12, 864                                     | 2, 092  | 73.00   |
| OUTPATIENT SERVICE COST CENTERS                 |                          |              |   |   |         |
| 90. 00 09000 CLI NI C                           |                          | 0.0000       | 0 0   | 0   | 90.00   |
| 91.00 09100 EMERGENCY                           |                          | 0. 20578     | 18, 928                                     | 3, 895  | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART |                          | 0. 7747      | 6,043                                       | 4, 682  | 92.00   |
| 200.00 Total (sum of lines 50 through 94 and 94 | 6 through 98)            |              | 68, 723                                     |   |         |
| 201.00 Less PBP Clinic Laboratory Services-Prod |                          |              | 0   |   | 201.00  |
| 202.00 Net charges (line 200 minus line 201)    |                          |              | 68, 723                                     |   | 202.00  |
|   |                          |              |   |   | •       |

| Health Financial Systems   | STARKE MEMORIAL HOSPITAL     |              | In Lie                           | eu of Form CMS-2 | 2552-10        |
|--|------------------------------|--------------|----------------------------------|------------------|----------------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT                       | Provider C                   | CN: 15-0102  | Peri od:                         | Worksheet D-3    |                |
|  | Component                    | CCN: 15-U102 | From 01/01/2022<br>To 12/31/2022 | Date/Time Pre    | narod          |
|  | component                    | CCN. 15-0102 | 10 12/31/2022                    | 5/31/2023 11:    |                |
|  | Titl                         | e XIX        | Swing Beds - SNF                 |                  |                |
| Cost Center Description  |                              | Ratio of Cos |                                  | I npati ent      |                |
|  |                              | To Charges   | Program                          | Program Costs    |                |
|  |                              |              | Charges                          | (col. 1 x col.   |                |
|  |                              |              |                                  | 2)               |                |
| UNDATE ENT DOUTINE OF DUT OF OOOT OFNITEDO                           |                              | 1.00         | 2.00                             | 3.00             |                |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS                           |                              |              |                                  |                  | 20.00          |
| 30. 00 03000 ADULTS & PEDIATRICS                                     |                              |              |                                  |                  | 30.00          |
| 31. 00 03100 I NTENSI VE CARE UNI T                                  |                              |              |                                  |                  | 31.00          |
| 40. 00 04000 SUBPROVI DER - I PF<br>41. 00 04100 SUBPROVI DER - I RF |                              |              |                                  |                  | 40.00<br>41.00 |
| 41.00 04100 SUBPROVIDER - TRF<br>43.00 04300 NURSERY                 |                              |              |                                  |                  | 41.00          |
| ANCI LLARY SERVICE COST CENTERS                                      |                              |              |                                  |                  | 43.00          |
| 50. 00 05000 OPERATI NG ROOM   |                              | 0.34593      | 36 0                             | 0                | 50.00          |
| 53. 00 05300 ANESTHESI OLOGY   |                              | 0. 01184     |                                  |                  | 1              |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                 |                              | 0. 3823      |                                  | l o              | 54.00          |
| 54. 01 05401 ULTRASOUND  |                              | 0.08118      |                                  | 0                | 54.01          |
| 56. 00 05600 RADI OI SOTOPE  |                              | 0. 13889     |                                  | 0                |                |
| 57. 00 05700 CT SCAN   |                              | 0. 03082     |                                  | 0                |                |
| 58.00 05800 MRI  |                              | 0. 0836      |                                  | 0                | 58.00          |
| 60. 00 06000 LABORATORY  |                              | 0. 1227      |                                  | 0                | 60.00          |
| 65. 00 06500 RESPI RATORY THERAPY                                    |                              | 1.04640      | 54 0                             | 0                | 65.00          |
| 66.00 06600 PHYSI CAL THERAPY  |                              | 0. 33370     | 05 0                             | 0                | 66.00          |
| 67.00 06700 OCCUPATI ONAL THERAPY                                    |                              | 0.0000       | 0 00                             | 0                | 67.00          |
| 68.00 06800 SPEECH PATHOLOGY   |                              | 0.0000       | 0 0                              | 0                | 68.00          |
| 69. 00 06900 ELECTROCARDI OLOGY                                      |                              | 0. 10236     | 55 0                             | 0                | 69.00          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      |                              | 0. 2411      | 53 0                             | 0                | 71.00          |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                           |                              | 0. 10215     | 57 0                             | 0                | 72.00          |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                                |                              | 0. 16263     | 30 0                             | 0                | 73.00          |
| OUTPATIENT SERVICE COST CENTERS                                      |                              |              |                                  |                  |                |
| 90. 00 09000 CLI NI C  |                              | 0.0000       |                                  |                  |                |
| 91. 00 09100 EMERGENCY   |                              | 0. 20578     |                                  | 0                |                |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                      |                              | 0. 7747      | 77 0                             | 0                |                |
| 200.00 Total (sum of lines 50 through 94 and 9                       |                              |              | 0                                |                  | 200. 00        |
| 201.00 Less PBP Clinic Laboratory Services-Pro                       | ogram only charges (line 61) |              | 0                                |                  | 201.00         |
| 202.00 Net charges (line 200 minus line 201)                         |                              |              | 0                                |                  | 202.00         |
|  |                              |              |                                  |                  |                |

|                  | A Financial Systems STARKE MEMORIAL HOSPITAL<br>LATION OF REIMBURSEMENT SETTLEMENT Provider CCN: 15-0102 Perio  | od:                      | u of Form CMS-2<br>Worksheet E | 2552-10        |
|------------------|---|--------------------------|--------------------------------|----------------|
|                  | From<br>To  | 01/01/2022<br>12/31/2022 |                                |                |
|                  | Title XVIII   | ospi tal                 | PPS                            |                |
|                  |   |                          | 1.00                           |                |
| 1.00             | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS<br>DRG Amounts Other than Outlier Payments  |                          | 0                              | 1.00           |
| 1.01             | DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)  |                          | 940, 355                       | 1.01           |
| 1. 02            | DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)   | 9                        | 241, 002                       | 1. 02          |
| 1.03             | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior 1 (see instructions)   | to October               | 0                              | 1.03           |
| 1.04             | DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or October 1 (see instructions)   | after                    | 0                              | 1.04           |
| 2.00<br>2.01     | Outlier payments for discharges. (see instructions)<br>Outlier reconciliation amount  |                          | 0                              | 2.00<br>2.01   |
| 2.01             | Outlier payment for discharges for Model 4 BPCI (see instructions)  |                          | 0                              |                |
| 2.03<br>2.04     | Outlier payments for discharges occurring prior to October 1 (see instructions)<br>Outlier payments for discharges occurring on or after October 1 (see instructions)   |                          | 0                              |                |
| 2.04<br>3.00     | Managed Care Simulated Payments   |                          | 947,072                        |                |
| 4.00             | Bed days available divided by number of days in the cost reporting period (see instructions   | 5)                       | 14. 29                         |                |
| 5.00             | Indirect Medical Education Adjustment<br>FTE count for allopathic and osteopathic programs for the most recent cost reporting period<br>or before 12/31/1996. (see instructions)  | I endi ng on             | 0.00                           | 5.00           |
| 5.01<br>6.00     | FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)<br>FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to   | be can for               | 0.00<br>0.00                   | 1              |
| 6. 26            | new programs in accordance with 42 CFR 413.79(e)<br>Rural track program FTE cap limitation adjustment after the cap-building window closed under  | ·                        | 0.00                           |                |
|                  | the CAA 2021 (see instructions)   |                          |                                |                |
| 7.00<br>7.01     | MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B) and the |                          | 0.00<br>0.00                   | 1              |
| 7.02             | cost report straddles July 1, 2011 then see instructions.<br>Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) 1<br>track programs with a rural track for Medicare GME affiliated programs in accordance with<br>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 affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 1998), and 67 FR 50069 (August 1, 2002).   |                          | 0.00                           | 8.00           |
| 8.01             | The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. I report straddles July 1, 2011, see instructions.  | f the cost               | 0.00                           | 8. 01          |
| 8.02             | The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hos<br>under § 5506 of ACA. (see instructions)  | spi tal                  | 0.00                           | 8. 02          |
| 8. 21            | The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 202'<br>instructions)  | (see                     | 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, minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)   | plus or                  | 0.00                           | 9.00           |
| 10.00            | FTE count for allopathic and osteopathic programs in the current year from your records   |                          |                                | 10.00          |
|                  | FTE count for residents in dental and podiatric programs.<br>Current year allowable FTE (see instructions)  |                          |                                | 11.00<br>12.00 |
| 13.00            |   |                          |                                | 13.00          |
| 14.00            |   | 30, 1997,                |                                | 14.00          |
| 15.00            | Sum of lines 12 through 14 divided by 3.  |                          |                                | 15.00          |
| 16. 00<br>17. 00 | 5 1 5 (   |                          |                                | 16.00<br>17.00 |
| 18.00            |   |                          |                                | 18.00          |
| 19.00            | Current year resident to bed ratio (line 18 divided by line 4).   |                          | 0.000000                       | 19.00          |
| 20.00            |   |                          | 0.00000                        |                |
| 21.00<br>22.00   |   |                          | 0.000000                       |                |
| 22.01            | IME payment adjustment - Managed Care (see instructions)  |                          | 0                              |                |
| 23.00            | Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA<br>Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412  | 2, 105                   | 0,00                           | 23.00          |
|                  | (f)(1)(iv)(C).  |                          |                                |                |
| 24.00            |   |                          |                                | 24.00          |
| 25.00            | If the amount on line 24 is greater than -O-, then enter the lower of line 23 or line 24 (sinstructions)  | see                      | 0.00                           | 25.00          |
| 26.00<br>27.00   |   |                          | 0.000000                       |                |
| 27.00            |   |                          | 0.000000                       |                |
| 28.01            |   |                          | 0                              | 1              |
| 29. 00<br>29. 01 |   |                          | 0                              |                |
| 27.01            | Di sproporti onate Share Adj ustment  |                          |                                |                |
|                  | Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)   |                          | 1.55                           |                |
| 31.00<br>32.00   |   |                          | 12.82<br>14.37                 |                |
| 33.00            |   |                          |                                | 33.00          |
|                  | Di sproporti onate share adjustment (see instructions)  |                          |                                | 34.00          |

| Heal th          | Financial Systems STARKE MEMORIAL  | - HOSPI TAL                | In Lie                                      | u of Form CMS-2                        | 2552-10          |
|------------------|--|----------------------------|---|--|------------------|
|                  | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-0102      | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet E<br>Part A<br>Date/Time Pre | pared:           |
|                  |  | Title XVIII                | Hospi tal                                   | 5/31/2023 11:3<br>PPS                  | <u>33 am</u>     |
|                  |  |                            | Prior to 10/1                               |  |                  |
|                  |  |                            | 1.00  | 2.00                                   |                  |
|                  | Uncompensated Care Payment Adjustment  |                            |   |  |                  |
| 35.00            | Total uncompensated care amount (see instructions)   |                            |   | 6, 874, 403, 459                       |                  |
| 35.01            | Factor 3 (see instructions)  |                            | 0. 000019349                                | 0.000019409                            | 35.01            |
| 35.02            | Hospital UCP, including supplemental UCP (If line 34 is zero, (see instructions)   | enter zero on this line,   | ) 0   | 0                                      | 35.02            |
| 35.03            | Pro rata share of the hospital UCP, including supplemental UC  | CP (see instructions)      | 0   | 0                                      | 35.03            |
| 36.00            | Total UCP adjustment (sum of columns 1 and 2 on line 35.03)  |                            | 0   |  | 36.00            |
|                  | Additional payment for high percentage of ESRD beneficiary di  | scharges (lines 40 through |   |  |                  |
| 40.00            | Total Medicare discharges (see instructions)   |                            | 0   |  | 40.00            |
| 41.00            | Total ESRD Medicare discharges (see instructions)  | ti ana)                    | 0   |  | 41.00            |
| 41.01<br>42.00   | Total ESRD Medicare covered and paid discharges (see instruct<br>Divide line 41 by line 40 (if less than 10%, you do not quali |                            | 0.00  |  | 41.01<br>42.00   |
| 42.00            | Total Medicare ESRD inpatient days (see instructions)  | Ty for adjustment)         | 0.00  |  | 42.00            |
| 44.00            | Ratio of average length of stay to one week (line 43 divided   | by line 41 divided by 7    | 0. 000000                                   |  | 44.00            |
|                  | days)  |                            |   |  |                  |
| 45.00            | Average weekly cost for dialysis treatments (see instructions  |                            | 0.00  |  | 45.00            |
| 46.00            | Total additional payment (line 45 times line 44 times line 41  | 1.01)                      | 0   |  | 46.00            |
| 47.00<br>48.00   | Subtotal (see instructions)  | mall rural boonitals       | 1, 181, 357                                 |  | 47.00<br>48.00   |
| 46.00            | Hospital specific payments (to be completed by SCH and MDH, s<br>only. (see instructions)                                      | silari rurar nospitars     | 1, 117, 837                                 |  | 40.00            |
|                  |  |                            |   | Amount                                 |                  |
|                  | 1  |                            |   | 1.00                                   |                  |
| 49.00            | Total payment for inpatient operating costs (see instructions  |                            |   | 1, 181, 357                            |                  |
| 50.00            | Payment for inpatient program capital (from Wkst. L, Pt. I an  |                            |   | 87, 841                                | 50.00            |
| 51.00<br>52.00   | Exception payment for inpatient program capital (Wkst. L, Pt. Direct graduate medical education payment (from Wkst. E-4, li    |                            |   | 0                                      | 51.00<br>52.00   |
| 53.00            | Nursing and Allied Health Managed Care payment   | ne +/ see matruetrons).    |   | 0                                      | 53.00            |
| 54.00            | Special add-on payments for new technologies   |                            |   | 14, 583                                |                  |
| 54.01            | Islet isolation add-on payment   |                            |   | 0                                      | 54.01            |
| 55.00            | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6  | 59)                        |   | 0                                      | 55.00            |
| 55.01            | Cellular therapy acquisition cost (see instructions)   |                            |   | 0                                      | 55.01            |
| 56.00            | Cost of physicians' services in a teaching hospital (see intr  |                            | anough 2E)                                  | 0                                      | 56.00            |
| 57.00<br>58.00   | Routine service other pass through costs (from Wkst. D, Pt. I<br>Ancillary service other pass through costs from Wkst. D, Pt.  |                            | irougn 35).                                 | 0                                      | 57.00<br>58.00   |
| 59.00            | Total (sum of amounts on lines 49 through 58)  | 10, col. 11 1111c 200)     |   | 1, 283, 781                            |                  |
| 60.00            | Primary payer payments   |                            |   | 17, 359                                |                  |
| 61.00            | Total amount payable for program beneficiaries (line 59 minus  | s line 60)                 |   | 1, 266, 422                            | 61.00            |
| 62.00            | Deductibles billed to program beneficiaries  |                            |   | 188, 204                               |                  |
| 63.00            | Coinsurance billed to program beneficiaries  |                            |   | 0                                      | 63.00            |
| 64.00<br>65.00   | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)                                   |                            |   | 15, 859<br>10, 308                     |                  |
| 66.00            | Allowable bad debts for dual eligible beneficiaries (see inst  | tructions)                 |   | 5, 552                                 |                  |
| 67.00            | Subtotal (line 61 plus line 65 minus lines 62 and 63)  |                            |   | 1, 088, 526                            |                  |
| 68.00            | Credits received from manufacturers for replaced devices for   | applicable to MS-DRGs (se  | ee instructions)                            | 0                                      |                  |
| 69.00            | Outlier payments reconciliation (sum of lines 93, 95 and 96).  | (For SCH see instructions  | s)  | 0                                      | 69.00            |
| 70.00            | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                            |   | 0                                      | 70.00            |
| 70.50            | Rural Community Hospital Demonstration Project (§410A Demonst  | tration) adjustment (see i | nstructions)                                | 0                                      | 70.50            |
| 70. 75<br>70. 87 | N95 respirator payment adjustment amount (see instructions)<br>Demonstration payment adjustment amount before sequestration    |                            |   | 0                                      | 70. 75<br>70. 87 |
| 70.87            | SCH or MDH volume decrease adjustment (contractor use only)  |                            |   | 0                                      | 70.87            |
| 70.89            | Pioneer ACO demonstration payment adjustment amount (see inst  | tructions)                 |   | Ū                                      | 70.89            |
| 70.90            | HSP bonus payment HVBP adjustment amount (see instructions)  | <i>`</i>                   |   | 0                                      | 70.90            |
| 70. 91           | HSP bonus payment HRR adjustment amount (see instructions)   |                            |   | 0                                      | 70. 91           |
| 70. 92           | Bundled Model 1 discount amount (see instructions)   |                            |   | 0                                      | 70. 92           |
| 70.93            | HVBP payment adjustment amount (see instructions)  |                            |   | 0                                      | 70.93            |
| 70. 94<br>70. 95 | HRR adjustment amount (see instructions)<br>Recovery of accelerated depreciation   |                            |   | 0                                      |                  |
| 70.75            |  |                            |   | 0                                      | 1 /0. 75         |

| ノコレしし   | Financial Systems STARKE MEMORIAL<br>ATION OF REIMBURSEMENT SETTLEMENT  | Provi der C   | CN: 15_0102   | Peri od:                                | u of Form CMS-2<br>Worksheet E              | 2002-  |
|---|---|---|---------------|---|---|--|
|   | ATTON OF RELMBORSEMENT SETTLEMENT   | Provider C  | CN. 15-0102   | From 01/01/2022<br>To 12/31/2022        | Part A<br>Date/Time Pre<br>5/31/2023 11:3   |  |
|   |   | Title   | e XVIII       | Hospi tal                               | PPS   | 00 411   |
|   |   |   | FFY           | (уууу)                                  | Amount                                      |  |
| 0.04  | Low volume adjustment for federal ficeal year (vous) (Enter i   |   |               | 0                                       | 1.00  | 70.0   |
| 0. 96   | Low volume adjustment for federal fiscal year (yyyy) (Enter i<br>the corresponding federal year for the period prior to 10/1)   | n column U  |               | 2022                                    | 256, 251                                    | 70. 9  |
| 0. 97   | Low volume adjustment for federal fiscal year (yyyy) (Enter i<br>the corresponding federal year for the period ending on or af  |   |               | 2023                                    | 64, 459                                     | 70. 9  |
| 0. 98   | Low Volume Payment-3  |   |               |   | 0   | 70. 9  |
| 0.99  | HAC adjustment amount (see instructions)  |   |               |   | 0   | 70. 9  |
| 1.00  | Amount due provider (line 67 minus lines 68 plus/minus lines  | 69 & 70)  |               |   | 1, 409, 236                                 |  |
| 1. 01<br>1. 02  | Sequestration adjustment (see instructions)   |   |               |   | 17, 756<br>0                                | 71.0   |
| 1.02  | Demonstration payment adjustment amount after sequestration<br>Sequestration adjustment-PARHM or CHART pass-throughs  |   |               |   | 0   | 71.0   |
| 2.00  | Interim payments  |   |               |   | 1, 570, 166                                 |  |
| 2.00  | Interim payments-PARHM or CHART   |   |               |   | 1, 370, 100                                 | 72.0   |
| 3.00  | Tentative settlement (for contractor use only)  |   |               |   | 0   | 73.0   |
| 3.01  | Tentative settlement-PARHM or CHART (for contractor use only  | ()  |               |   |   | 73.0   |
| 4.00  | Balance due provider/program (line 71 minus lines 71.01, 71.0   |   |               |   | -178, 686                                   | 74.0   |
|   | 73)   |   |               |   |   |  |
| 4. 01   | Balance due provider/program-PARHM or CHART (see instructions   | 5)  |               |   |   | 74.0   |
| 5.00  | Protested amounts (nonallowable cost report items) in accorda   | nce with  |               |   | 394, 312                                    | 75.0   |
|   | CMS Pub. 15-2, chapter 1, §115.2  |   |               |   |   |  |
| ~ ~~  | TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)   | - 6 0 00  | 1             |   | 0   |  |
| 0.00  | Operating outlier amount from Wkst. E, Pt. A, line 2, or sum  | OT 2.03   |               |   | 0   | 90. (  |
| 1.00  | plus 2.04 (see instructions)<br>Capital outlier from Wkst. L, Pt. I, line 2   |   |               |   | 0   | 91. (  |
| 2.00  | Operating outlier reconciliation adjustment amount (see instr   | ructions)   |               |   | 0   | 92.  |
| 3.00  | Capital outlier reconciliation adjustment amount (see instruc   |   |               |   | 0   | 93.  |
| 4.00  | The rate used to calculate the time value of money (see instruction   |   |               |   | 0.00  | 94.  |
| 5.00  | Time value of money for operating expenses (see instructions)   |   |               |   | 0   | 95. (  |
| 6.00  | Time value of money for capital related expenses (see instruc   |   |               |   | 0   | 96. (  |
|   |   |   |               | Prior to 10/1                           |   |  |
|   | USD Demus Deument Americat  |   |               | 1.00                                    | 2.00  |  |
| 00 00   | HSP Bonus Payment Amount<br>HSP bonus amount (see instructions)   |   |               |   |   | 100. 0   |
| 00.00   |   |   |               | 0                                       | 0   |  |
|   | HVRP Adjustment for HSP Bonus Payment   |   |               | 0                                       | 0   | 100. (   |
| 01 00   | HVBP Adjustment for HSP Bonus Payment<br>HVBP adjustment factor (see instructions)  |   |               |   |   |  |
|   | HVBP adjustment factor (see instructions)   | ns)   |               | 1.000000000                             | 1.0000000000                                | 101. (   |
|   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction  | is)   |               |   | 1.0000000000                                |  |
| 02.00   | HVBP adjustment factor (see instructions)   | is)   |               | 1.000000000                             | 1.0000000000                                | 101. (<br>102. (   |
| 02.00<br>03.00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment  |   |               | 1.0000000000000000000000000000000000000 | 1.000000000<br>0<br>1.0000                  | 101. (<br>102. (<br>103. (   |
| 02.00<br>03.00<br>04.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst  | ;)<br>ration) Adju  |               | 1. 0000000000<br>0<br>1. 0000           | 1.000000000<br>0<br>1.0000                  | 101. (<br>102. (   |
| 02.00<br>03.00<br>04.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe   | ;)<br>ration) Adju  |               | 1. 0000000000<br>0<br>1. 0000           | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (   |
| 02.00<br>03.00<br>04.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.  | ;)<br>ration) Adju  |               | 1. 0000000000<br>0<br>1. 0000           | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (<br>104. (   |
| 02.00<br>03.00<br>04.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement  | ;)<br>ration) Adju<br>eriod under t   |               | 1. 0000000000<br>0<br>1. 0000           | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (<br>104. (<br>200. (   |
| 02.00<br>03.00<br>04.00<br>00.00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin   | ;)<br>ration) Adju<br>eriod under t   |               | 1. 0000000000<br>0<br>1. 0000           | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (   |
| 02.00<br>03.00<br>04.00<br>00.00<br>01.00<br>02.00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin<br>Medicare discharges (see instructions)   | ;)<br>ration) Adju<br>eriod under t   |               | 1. 0000000000<br>0<br>1. 0000           | 1.000000000<br>0<br>1.0000<br>0             | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (<br>202. (   |
| 02.00<br>03.00<br>04.00<br>00.00<br>01.00<br>02.00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)  | ;)<br>ration) Adju<br>rriod under t<br>ne 49)   | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (   |
| 02.00<br>03.00<br>04.00<br>00.00<br>01.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in   | ;)<br>ration) Adju<br>rriod under t<br>ne 49)   | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.0000000000<br>0<br>1.0000<br>0            | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (<br>202. (   |
| 02.00<br>03.00<br>04.00<br>00.00<br>01.00<br>02.00<br>03.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)  | ;)<br>ration) Adju<br>rriod under t<br>ne 49)   | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.000000000<br>0<br>1.0000<br>0<br>:rati on | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (<br>202. (<br>203. (   |
| 02.00<br>03.00<br>04.00<br>00.00<br>01.00<br>02.00<br>03.00   | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in   | ;)<br>ration) Adju<br>rriod under t<br>ne 49)   | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.000000000<br>0<br>1.0000<br>0             | 101. (<br>102. (<br>103. (<br>104. (<br>200. (<br>201. (<br>202. (   |
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| 02. 00<br>03. 00<br>04. 00<br>00. 00<br>01. 00<br>02. 00<br>03. 00<br>04. 00<br>05. 00<br>06. 00<br>07. 00<br>08. 00<br>09. 00<br>11. 00<br>01. 00<br>09. 00<br>11. 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see inst<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)<br>Reserved for future use<br>Total adjustment to Medicare IPPS payments (see instructions)  | s)<br>ration) Adju<br>eriod under t<br>ne 49)<br>first year<br>ructions)<br>line 59)              | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.000000000<br>0<br>1.0000<br>0             | 101.<br>102.<br>103.<br>104.<br>200.<br>201.<br>202.<br>203.<br>205.<br>205.<br>205.<br>205.<br>205.<br>205.<br>205.<br>205  |
| 02. 0C<br>03. 0C<br>04. 0C<br>00. 0C<br>02. 0C<br>03. 0C<br>05. 0C<br>06. 0C<br>07. 0C<br>08. 0C<br>09. 0C<br>11. 0C<br>11. 0C  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see inst<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)<br>Reserved for future use<br>Total adjustment to Medicare Part A INPS payments (from line<br>Total adjustment to Medicare Part A INPS payments (from line | s)<br>ration) Adju<br>eriod under t<br>ne 49)<br>first year<br>ructions)<br>line 59)              | he 21st       | 1.000000000<br>0<br>1.0000<br>0         | 1.000000000<br>0<br>1.0000<br>0<br>         | 101.<br>102.<br>103.<br>104.<br>200.<br>201.<br>202.<br>203.<br>204.<br>205.<br>206.<br>206.<br>207.<br>208.<br>209.<br>201.<br>201.<br>201.<br>202.<br>203.<br>201.<br>202.<br>203.<br>201.<br>202.<br>203.<br>201.<br>202.<br>203.<br>201.<br>202.<br>203.<br>203.<br>203.<br>203.<br>203.<br>203.<br>203  |
| 02. 00<br>03. 00<br>04. 00<br>00. 00<br>01. 00<br>02. 00<br>03. 00<br>04. 00<br>05. 00<br>06. 00<br>07. 00<br>08. 00<br>09. 00<br>10. 00<br>11. 00<br>11. 00<br>12. 00<br>13. 00  | HVBP adjustment factor (see instructions)<br>HVBP adjustment amount for HSP bonus payment (see instruction<br>HRR Adjustment for HSP Bonus Payment<br>HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions<br>Rural Community Hospital Demonstration Project (§410A Demonst<br>Is this the first year of the current 5-year demonstration pe<br>Century Cures Act? Enter "Y" for yes or "N" for no.<br>Cost Reimbursement<br>Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin<br>Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see inst<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)<br>Reserved for future use<br>Total adjustment to Medicare IPPS payments (see instructions)  | ration) Adju<br>riod under t<br>e 49)<br>first year<br>ructions)<br>line 59)                      | of the curren | 1.000000000<br>0<br>1.0000<br>0         | 1.000000000<br>0<br>1.0000<br>0<br>         | 101.<br>102.<br>103.<br>200.<br>201.<br>202.<br>203.<br>203.<br>204.<br>205.   |

|          | Financial Systems<br>DLUME CALCULATION EXHIBIT 4   |                         | STARKE MEMORI      | Provider CC       | F                     | eriod:<br>rom 01/01/2022<br>o 12/31/2022 | u of Form CMS-2<br>Worksheet E<br>Part A Exhibi<br>Date/Time Pre<br>5/31/2023 11: | t 4<br>pare |
|----------|--|-------------------------|--------------------|-------------------|-----------------------|--|---|-------------|
|          |  | W/S E Doot A            | Amounts (from      | Title<br>Pre/Post | XVIII<br>Period Prior | Hospital<br>Period                       | PPS<br>Total (Col 2   |             |
|          |  | line                    | E, Part A)         | Entitlement       | to 10/01              | On/After 10/01                           | through 4)  |             |
|          |  | 0                       | 1.00               | 2.00              | 3.00                  | 4.00                                     | 5.00  |             |
| 00       | DRG amounts other than outlier   | 1.00                    | 0                  | 0                 | C                     | 0  | 0   | 1           |
| 01       | payments<br>DRG amounts other than outlier<br>payments for discharges  | 1. 01                   | 940, 355           | 0                 | 940, 355              |  | 940, 355  | 1           |
| )2       | occurring prior to October 1<br>DRG amounts other than outlier<br>payments for discharges<br>occurring on or after October | 1. 02                   | 241, 002           | 0                 |                       | 241, 002                                 | 241, 002  | 1           |
| )3       | 1<br>DRG for Federal specific<br>operating payment for Model 4<br>BPCI occurring prior to<br>October 1                     | 1.03                    | 0                  | 0                 | C                     |  | 0   | 1           |
| )4       | DRG for Federal specific<br>operating payment for Model 4<br>BPCL occurring on or after<br>October 1                       | 1.04                    | 0                  | 0                 |                       | 0  | 0   | 1           |
| 0        | Outlier payments for   | 2.00                    |                    |                   |                       |  |   | 2           |
| )1       | discharges (see instructions)<br>Outlier payments for  | 2. 02                   | 0                  | 0                 | C                     | 0  | 0   | 2           |
| - 1      | discharges for Model 4 BPCI  | 2.02                    |                    | 0                 | C                     |  | 0   | 1           |
| )2       | Outlier payments for<br>discharges occurring prior to<br>October 1 (see instructions)                                      | 2.03                    | 0                  | 0                 | C                     |  | 0   | 2           |
| )3       | Outlier payments for<br>discharges occurring on or<br>after October 1 (see<br>instructions)                                | 2.04                    | 0                  | 0                 |                       | 0  | 0   | 2           |
| 0        | Operating outlier  | 2.01                    | 0                  | 0                 | C                     | 0  | 0   | 3           |
| 0        | reconciliation<br>Managed care simulated   | 3.00                    | 947, 072           | 0                 | 720, 727              | 226, 345                                 | 947, 072  | 4           |
|          | payments<br>Indirect Medical Education Adju  | ustment                 |                    |                   |                       |  |   | 1           |
| 0        | Amount from Worksheet E, Part  | 21.00                   | 0. 000000          | 0. 000000         | 0. 000000             | 0. 000000                                |   | ] 5         |
| 00       | A, line 21 (see instructions)<br>IME payment adjustment (see<br>instructions)  | 22.00                   | о                  | 0                 | C                     | о  | 0   | 6           |
| 1        | IME payment adjustment for<br>managed care (see<br>instructions)   | 22.01                   | О                  | 0                 | C                     | 0  | 0   | 6           |
|          | Indirect Medical Education Adju  |                         |                    |                   |                       |  |   |             |
| 0        | IME payment adjustment factor<br>(see instructions)<br>IME adjustment (see   | 27.00<br>28.00          | 0. 000000          | 0. 000000         | 0. 00000C             |  | 0   | 8           |
| 1        | instructions)<br>IME payment adjustment add on<br>for managed care (see  | 28.01                   | 0                  | 0                 | C                     | 0  | 0   |             |
| 00       | instructions)<br>Total IME payment (sum of   | 29.00                   | 0                  | 0                 | C                     | 0  | 0   | Ģ           |
| )1       | lines 6 and 8)<br>Total IME payment for managed<br>care (sum of lines 6.01 and   | 29.01                   | 0                  | 0                 | C                     | о  | 0   | 9           |
|          | 8.01)  |                         |                    |                   |                       |  |   | 1           |
| 00       | Disproportionate Share Adjustme<br>Allowable disproportionate<br>share percentage (see                                     | 33.00                   | 0. 0000            | 0.0000            | 0.0000                | 0. 0000                                  |   | 10          |
| 00       | instructions)<br>Disproportionate share<br>adjustment (see instructions)   | 34.00                   | О                  | 0                 | C                     | о  | 0   | 11          |
| 01       | Uncompensated care payments<br>Additional payment for high per   | 36.00<br>centage of FSF | 0<br>D beneficiary | 0<br>di scharges  | C                     | 0  | 0   | 11          |
| 00       | Total ESRD additional payment<br>(see instructions)  | 46.00                   | 0                  | 0                 | C                     | 0  | 0   | 12          |
| 00<br>00 | Subtotal (see instructions)<br>Hospital specific payments<br>(completed by SCH and MDH,<br>small rural hospitals only.)    | 47.00<br>48.00          | 1, 181, 357<br>0   | 0<br>0            | 940, 355<br>C         | 241, 002<br>0                            | 1, 181, 357<br>0  |             |
| 00       | (see instructions)<br>Total payment for inpatient<br>operating costs (see  | 49.00                   | 1, 181, 357        | 0                 | 940, 355              | 241, 002                                 | 1, 181, 357   | 15          |
| 00       | instructions)<br>Payment for inpatient program<br>capital (from Wkst. L, Pt. I,<br>if applicable)                          | 50.00                   | 87, 841            | 0                 | 70, 067               | 17, 774                                  | 87, 841   | 16          |

|        | Financial Systems   |               | STARKE MEMORIA      |             |              |   | u of Form CMS-2  | 2552-1    |
|--------|---|---------------|---------------------|-------------|--------------|---|--|-----------|
| LOW VO | LUME CALCULATION EXHIBIT 4  |               |                     | Provider CC |              | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet E<br>Part A Exhibi<br>Date/Time Pre<br>5/31/2023 11: | pared:    |
|        |   |               |                     | Title       |              | Hospi tal                                   | PPS  |           |
|        |   | W/S E, Part A | Amounts (from       | Pre/Post    | Period Prior | Peri od                                     | Total (Col 2   |           |
|        |   | line          | E, Part A)          | Entitlement | to 10/01     | On/After 10/01                              | through 4)   |           |
|        |   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00   |           |
| 17.00  | Special add-on payments for<br>new technologies                           | 54.00         | 14, 583             | 0           | 14, 58       | 33 0  | 14, 583  | 17. C     |
| 17.01  | Net organ aquisition cost   |               |                     |             |              |   |  | 17.0      |
| 17.02  | Credits received from<br>manufacturers for replaced                       | 68.00         | 0                   | 0           |              | 0 0   | 0  | 17.0      |
|        | devices for applicable MS-DRGs  |               |                     |             |              |   |  |           |
| 18.00  | Capital outlier reconciliation  | 93.00         | 0                   | 0           |              | 0 0   | 0  | 18.0      |
| 18.00  | adjustment amount (see  | 93.00         | 0                   | 0           |              | 0   | 0  | 10.0      |
| 19.00  | instructions)<br>SUBTOTAL   |               |                     | 0           | 1, 025, 00   | 258, 776                                    | 1, 283, 781  | 19 (      |
| 17.00  |   | W/S L, line   | (Amounts from<br>L) |             | 1, 020, 00   | 200,770                                     | 1,200,701  | 17.0      |
|        |   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00   |           |
| 20.00  | Capital DRG other than outlier  | 1.00          | 87, 841             | 2.00        | 70,06        |   | 87, 841  | 20.0      |
| 20. 00 | Model 4 BPCI Capital DRG other<br>than outlier                            | 1. 01         | 0                   | 0           | 70,00        | 0 0   | 07,041   |           |
| 21.00  | Capital DRG outlier payments  | 2.00          | 0                   | 0           |              | 0 0   | 0  | 21.0      |
| 21.00  | Model 4 BPCI Capital DRG<br>outlier payments                              | 2.00          | 0                   | 0           |              | 0 0   | 0  | 1 - · · · |
| 22. 00 | Indirect medical education<br>percentage (see instructions)               | 5.00          | 0. 0000             | 0.0000      | 0.000        | 0.0000                                      |  | 22. (     |
| 23. 00 | Indirect medical education<br>adjustment (see instructions)               | 6.00          | 0                   | 0           |              | 0 0   | 0  | 23. (     |
| 24.00  | Al lowable di sproporti onate<br>share percentage (see<br>i nstructi ons) | 10.00         | 0. 0000             | 0. 0000     | 0.000        | 0.0000                                      |  | 24. (     |
| 25. 00 | Di sproporti onate share<br>adjustment (see instructions)                 | 11.00         | 0                   | 0           |              | 0 0   | 0  | 25. (     |
| 26. 00 | Total prospective capital<br>payments (see instructions)                  | 12.00         | 87, 841             | 0           | 70, 06       | 57 17, 774                                  | 87, 841  | 26. (     |
|        |   | W/S E, Part A | (Amounts to E,      |             |              |   |  |           |
|        |   | line          | Part A)             |             |              |   |  |           |
|        |   | 0             | 1.00                | 2.00        | 3.00         | 4.00  | 5.00   |           |
| 27.00  | Low volume adjustment factor  |               |                     |             | 0. 25000     | 0. 249091                                   |  | 27.0      |
| 28. 00 | Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line)     | 70. 96        |                     |             | 256, 25      | 51  | 256, 251   | 28. (     |
| 29. 00 | Low volume adjustment<br>(transfer amount to Wkst. E,                     | 70. 97        |                     |             |              | 64, 459                                     | 64, 459  | 29. (     |
| 100.00 | Pt. A, line)<br>Transfer low volume<br>adjustments to Wkst. E, Pt. A.     |               | Y                   |             |              |   |  | 100. (    |

|                  | Financial         Systems         STARKE         MEMORIAL         HOS           ATI ON OF         REI MBURSEMENT         SETTLEMENT         Pro | PITAL<br>ovider CCN: 15-0102 | In Lie<br>Period:                | u of Form CMS-2<br>Worksheet E | 2552-10        |
|------------------|---|------------------------------|----------------------------------|--------------------------------|----------------|
| CALCUL           | ATTON OF RELINDURSEMENT SETTLEMENT PTC  | JVI del CCN. 15-0102         | From 01/01/2022<br>To 12/31/2022 |                                | pared          |
|                  |   | Title XVIII                  | Hospi tal                        | 5/31/2023 11:<br>PPS           |                |
|                  |   |                              |                                  |                                |                |
|                  | PART B - MEDICAL AND OTHER HEALTH SERVICES  |                              |                                  | 1.00                           |                |
| 1.00             | Medical and other services (see instructions)   |                              |                                  | 1, 751                         |                |
|                  | Medical and other services reimbursed under OPPS (see instruction<br>OPPS payments  | s)                           |                                  | 2, 251, 242<br>1, 423, 674     |                |
|                  | Outlier payment (see instructions)  |                              |                                  | 1, 423, 074                    |                |
|                  | Outlier reconciliation amount (see instructions)  |                              |                                  | 0                              |                |
|                  | Enter the hospital specific payment to cost ratio (see instructio Line 2 times line 5   | ns)                          |                                  | 0. 000<br>0                    |                |
|                  | Sum of lines 3, 4, and 4.01, divided by line 6  |                              |                                  | 0.00                           |                |
|                  | Transitional corridor payment (see instructions)  |                              |                                  | 0                              |                |
|                  | Ancillary service other pass through costs from Wkst. D, Pt. IV,<br>Organ acquisitions  | col. 13, line 200            |                                  | 0                              | 9.00<br>10.00  |
|                  | Total cost (sum of lines 1 and 10) (see instructions)   |                              |                                  | 1, 751                         |                |
| ł                | COMPUTATION OF LESSER OF COST OR CHARGES  |                              |                                  |                                |                |
| t t              | Reasonable charges<br>Ancillary service charges   |                              |                                  | 11, 054                        | 12 00          |
|                  | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line  | 69)                          |                                  | 0                              | 13.00          |
| ł                | Total reasonable charges (sum of lines 12 and 13)   |                              |                                  | 11, 054                        | 14.00          |
|                  | Customary charges<br>Aggregate amount actually collected from patients liable for paym  | ent for services on          | a charge basis                   | 0                              | 15.00          |
|                  | Amounts that would have been realized from patients liable for pa   |                              |                                  | 0                              |                |
|                  | had such payment been made in accordance with 42 CFR §413.13(e)   |                              | -                                | 0,000000                       | 47.00          |
|                  | Ratio of line 15 to line 16 (not to exceed 1.000000)<br>Total customary charges (see instructions)  |                              |                                  | 0. 000000<br>11, 054           |                |
| 19. 00           | Excess of customary charges over reasonable cost (complete only i   | fline 18 exceeds li          | ne 11) (see                      | 9, 303                         |                |
|                  | instructions)   | flips 11 svessde li          | no 10) (coo                      | 0                              | 20.00          |
| 20.00            | Excess of reasonable cost over customary charges (complete only i instructions)   | I TIME IT exceeds IT         | ne 18) (See                      | 0                              | 20.00          |
|                  | Lesser of cost or charges (see instructions)  |                              |                                  |                                | 21.00          |
|                  | Interns and residents (see instructions)<br>Cost of physicians' services in a teaching hospital (see instruct                                   | ions)                        |                                  | 0                              |                |
|                  | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)  | 10115)                       |                                  | 1, 423, 674                    |                |
| -                | COMPUTATION OF REIMBURSEMENT SETTLEMENT   |                              |                                  |                                |                |
|                  | Deductibles and coinsurance amounts (for CAH, see instructions)<br>Deductibles and Coinsurance amounts relating to amount on line 24            | (for CAH see instr           | uctions)                         | 0<br>290, 747                  | 25.00<br>26.00 |
|                  | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus   | -                            | · ·                              | 1, 134, 678                    |                |
| 20.00            | instructions)   | 50)                          |                                  |                                | 20.00          |
|                  | Direct graduate medical education payments (from Wkst. E-4, line ESRD direct medical education costs (from Wkst. E-4, line 36)                  | 50)                          |                                  | 0                              |                |
| 30.00            | Subtotal (sum of lines 27 through 29)   |                              |                                  | 1, 134, 678                    | 30.00          |
|                  | Primary payer payments  |                              |                                  | 101                            |                |
|                  | Subtotal (line 30 minus line 31)<br>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   |                              |                                  | 1, 134, 577                    | 32.00          |
|                  | Composite rate ESRD (from Wkst. I-5, line 11)   |                              |                                  | 0                              |                |
|                  | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)  |                              |                                  | 72, 342<br>47, 022             |                |
|                  | Allowable bad debts for dual eligible beneficiaries (see instruct   | ions)                        |                                  | 49, 129                        |                |
|                  | Subtotal (see instructions)   |                              |                                  | 1, 181, 599                    |                |
|                  | MSP-LCC reconciliation amount from PS&R<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                              |                                  | 0                              |                |
|                  | Pioneer ACO demonstration payment adjustment (see instructions)   |                              |                                  | Ű                              | 39.50          |
|                  | N95 respirator payment adjustment amount (see instructions)   |                              |                                  | 0                              |                |
|                  | Demonstration payment adjustment amount before sequestration<br>Partial or full credits received from manufacturers for replaced                | devices (see instruc         | tions)                           | 0                              | -              |
|                  | RECOVERY OF ACCELERATED DEPRECIATION  |                              |                                  | 0                              |                |
|                  | Subtotal (see instructions)   |                              |                                  | 1, 181, 599                    | 1              |
| 1                | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration                                      |                              |                                  | 14, 888<br>0                   | 1              |
|                  | Sequestration adjustment-PARHM or CHART pass-throughs   |                              |                                  | Ű                              | 40.03          |
|                  | Interim payments  |                              |                                  | 1, 119, 745                    | 1              |
| 1                | Interim payments-PARHM or CHART<br>Tentative settlement (for contractors use only)  |                              |                                  | 0                              | 41.01<br>42.00 |
| 42.01            | Tentative settlement-PARHM or CHART (for contractor use only)   |                              |                                  |                                | 42.01          |
|                  | Balance due provider/program (see instructions)<br>Balance due provider/program-PARHM (see instructions)  |                              |                                  | 46, 966                        | 43.00<br>43.01 |
|                  | Protested amounts (nonallowable cost report items) in accordance  | with CMS Pub. 15-2,          | chapter 1,                       | 0                              |                |
|                  | §115. 2   | 1                            |                                  |                                |                |
|                  | TO BE COMPLETED BY CONTRACTOR<br>Original outlier amount (see instructions)   |                              |                                  | 0                              | 90.00          |
| 90 00            | Outlier reconciliation adjustment amount (see instructions)   |                              |                                  | 0                              |                |
|                  | outrier reconcritation aujustment amount (see instructions)   |                              |                                  | -                              |                |
| 91. 00<br>92. 00 | The rate used to calculate the Time Value of Money<br>Time Value of Money (see instructions)  |                              |                                  |                                | 92.00<br>93.00 |

| Health Financial Systems                | STARKE MEMORIAL | HOSPI TAL             | In Lie                           | u of Form CMS-2 | 2552-10 |
|---|-----------------|-----------------------|----------------------------------|-----------------|---------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT |                 | Provider CCN: 15-0102 | Period:                          | Worksheet E     |         |
|   |                 |                       | From 01/01/2022<br>To 12/31/2022 | Date/Time Pre   | nared   |
|   |                 |                       | 10 12/31/2022                    | 5/31/2023 11:   |         |
|   |                 | Title XVIII           | Hospi tal                        | PPS             |         |
|   |                 |                       |                                  |                 |         |
|   |                 |                       |                                  | 1.00            |         |
| MEDICARE PART B ANCILLARY COSTS         |                 |                       |                                  |                 |         |
| 200.00 Part B Combined Billed Days      |                 |                       |                                  | 0               | 200. 00 |

| VALY:    | SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED   | Provider CO |           | Period:<br>From 01/01/202<br>To 12/31/202 | 2 Date/Time Pre<br>5/31/2023 11: | pare         |
|----------|--|-------------|-----------|---|----------------------------------|--------------|
|          |  |             | XVIII     | Hospi tal                                 | PPS                              | 1            |
|          |  | I npati en  | t Part A  | Pa  | rt B                             |              |
|          |  | mm/dd/yyyy  | Amount    | mm/dd/yyyy                                | Amount                           |              |
|          |  | 1.00        | 2.00      | 3.00                                      | 4.00                             |              |
| 00       | Total interim payments paid to provider  |             | 1, 570, 1 |   | 1, 119, 745                      | 1.           |
| 00       | Interim payments payable on individual bills, either   |             |           | 0   | 0                                | 2.           |
|          | submitted or to be submitted to the contractor for   |             |           |   |                                  |              |
|          | services rendered in the cost reporting period. If none,   |             |           |   |                                  |              |
| ~~       | write "NONE" or enter a zero   |             |           |   |                                  |              |
| 00       | List separately each retroactive lump sum adjustment   |             |           |   |                                  | 3.           |
|          | amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each |             |           |   |                                  |              |
|          | payment. If none, write "NONE" or enter a zero. (1)  |             |           |   |                                  |              |
|          | Program to Provider  | 1           | 1         |   | 1                                | 1            |
| 01       | ADJUSTMENTS TO PROVIDER  |             |           | 0   | 0                                | 3            |
| )2       |  |             |           | 0   | 0                                | 3            |
| 03       |  |             |           | 0   | 0                                | 3            |
| 04       |  |             |           | 0   | 0                                | 3            |
| 05       |  |             |           | 0   | 0                                | 3            |
|          | Provider to Program  |             |           |   |                                  |              |
| 50       | ADJUSTMENTS TO PROGRAM   |             |           | 0   | 0                                | 3            |
| 51<br>52 |  |             |           | 0   | 0                                | 3            |
| 5∠<br>53 |  |             |           | 0   | 0                                |              |
| 53<br>54 |  |             |           | 0   | 0                                | 3            |
| 99       | Subtotal (sum of lines 3.01-3.49 minus sum of lines  |             |           | 0   | 0                                | 3            |
|          | 3. 50-3. 98)   |             |           | 0   |                                  | Ĭ            |
| 00       | Total interim payments (sum of lines 1, 2, and 3.99)   |             | 1, 570, 1 | 66  | 1, 119, 745                      | 4            |
|          | (transfer to Wkst. E or Wkst. E-3, line and column as  |             |           |   |                                  |              |
|          | appropri ate)  |             |           |   |                                  |              |
| ~ ~      | TO BE COMPLETED BY CONTRACTOR  |             |           |   |                                  |              |
| 00       | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none, |             |           |   |                                  | 5            |
|          | write "NONE" or enter a zero. (1)  |             |           |   |                                  |              |
|          | Program to Provider  | <u> </u>    | L         |   |                                  |              |
| 01       | TENTATI VE TO PROVIDER   |             |           | 0   | 0                                | 5            |
| 02       |  |             |           | 0   | 0                                | 5            |
| 03       |  |             |           | 0   | 0                                | 5            |
|          | Provider to Program  |             | 1         | -   |                                  |              |
| 50       | TENTATI VE TO PROGRAM  |             |           | 0   | 0                                | 5            |
| 51<br>52 |  |             |           | 0   | 0                                |              |
| 92<br>99 | Subtotal (sum of lines 5.01–5.49 minus sum of lines  |             |           | 0   | 0                                |              |
| 11       | 5. 50-5. 98)   |             |           |   |                                  | <sup>3</sup> |
| 00       | Determined net settlement amount (balance due) based on  |             |           |   |                                  | 6            |
| -        | the cost report. (1)   |             |           |   |                                  |              |
| 01       | SETTLEMENT TO PROVIDER   |             |           | 0   | 46, 966                          | 6            |
| 02       | SETTLEMENT TO PROGRAM  |             | 178, 6    | 86  | 0                                | 6            |
| 00       | Total Medicare program liability (see instructions)  |             | 1, 391, 4 |   | 1, 166, 711                      | 7            |
|          |  |             |           | Contractor                                | NPR Date                         |              |
|          |  |             |           | Number                                    | (Mo/Day/Yr)                      |              |
|          |  | (           | )         | 1.00                                      | 2.00                             |              |

| Heal th | Financial Systems STARKE MEMORIA                              | L HOSPITAL                | In Lie                           | u of Form CMS- | 2552-10 |
|---------|---|---------------------------|----------------------------------|----------------|---------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT                     | Provider CCN: 15-0102     | Peri od:                         | Worksheet E-   | 1       |
|         |   |                           | From 01/01/2022<br>To 12/31/2022 |                | parod   |
|         |   |                           | 10 12/31/2022                    | 5/31/2023 11:  |         |
|         |   | Title XVIII               | Hospi tal                        | PPS            |         |
|         |   |                           |                                  |                |         |
|         |   |                           |                                  | 1.00           |         |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS    |                           |                                  |                |         |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION | N                         |                                  |                |         |
| 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   | line 20                   |                                  |                | 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              |                           |                                  |                |         |
|         | Initial/interim HIT payment adjustment (see instructions)     |                           |                                  |                | 30.00   |
|         | 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   |

| ALCULA |   | ovider CCN: 15-0102  | Period:<br>From 01/01/2022 | Worksheet E                 |                     |
|--------|---|----------------------|----------------------------|-----------------------------|---------------------|
|        | Con   | ponent CCN: 15-U102  | To 12/31/2022              | Date/Time Pr<br>5/31/2023 1 | repared:<br>1:33 am |
|        |   | Title XIX            | Swing Beds - SNF<br>Part A | PPS<br>Part B               |                     |
|        |   |                      | 1.00                       | 2.00                        |                     |
|        | OMPUTATION OF NET COST OF COVERED SERVICES<br>npatient routine services - swing bed-SNF (see instructions)                            |                      | 0                          |                             | 1.0                 |
|        | npatient routine services - swing bed-SM (see instructions)   |                      | 0                          |                             | 2.0                 |
|        | Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A,   | and sum of Wkst. D,  | 0                          |                             | 3.0                 |
|        | Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-b   | ed pass-through, see |                            |                             |                     |
|        | nstructions)<br>Nursing and allied health payment-PARHM or CHART (see instruction   | s)                   |                            |                             | 3.0                 |
|        | Per diem cost for interns and residents not in approved teaching  |                      | 0.00                       |                             | 4.0                 |
|        | nstructions)  |                      |                            |                             |                     |
| 1      | Program days<br>nterns and residents not in approved teaching program (see instr  | uctions)             | 0                          |                             | 5.0                 |
|        | Itilization review - physician compensation - SNF optional method   |                      | 0                          |                             | 7.0                 |
|        | Subtotal (sum of lines 1 through 3 plus lines 6 and 7)  | 5                    | 0                          |                             | 8.0                 |
|        | Primary payer payments (see instructions)   |                      | 0                          |                             | 9.0                 |
|        | Subtotal (line 8 minus line 9)  |                      | 0                          |                             | 10.0                |
|        | Deductibles billed to program patients (exclude amounts applicabl professional services)  | e to physician       | 0                          |                             | 11.0                |
|        | Subtotal (line 10 minus line 11)  |                      | 0                          |                             | 12.0                |
|        | Coinsurance billed to program patients (from provider records) (e   | xcl ude coi nsurance | 0                          |                             | 13.0                |
|        | for physician professional services)  |                      |                            |                             |                     |
|        | 30% of Part B costs (line 12 x 80%)<br>Subtotal (see instructions)  |                      | 0                          |                             | 14.0                |
|        | THER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   |                      | 0                          |                             | 16.0                |
|        | Pioneer ACO demonstration payment adjustment (see instructions)   |                      | Ū                          |                             | 16.5                |
|        | Rural community hospital demonstration project (§410A Demonstrati   | on) payment          |                            |                             | 16.5                |
|        | adjustment (see instructions)   |                      |                            |                             | 1/ 0                |
|        | Demonstration payment adjustment amount before sequestration<br>Allowable bad debts (see instructions)                                |                      | 0                          |                             | 16.9                |
|        | Adjusted reimbursable bad debts (see instructions)  |                      | 0                          |                             | 17.0                |
|        | Allowable bad debts for dual eligible beneficiaries (see instruct   | i ons)               | 0                          |                             | 18.0                |
|        | Total (see instructions)  |                      | 0                          |                             | 19.0                |
|        | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration)                           |                      | 0                          |                             | 19.0                |
|        | Sequestration adjustment-PARHM or CHART pass-throughs   |                      | 0                          |                             | 19.0                |
|        | Sequestration for non-claims based amounts (see instructions)   |                      | 0                          |                             | 19.2                |
|        | nterim payments   |                      | 0                          |                             | 20.0                |
|        | nterim payments-PARHM or CHART  |                      |                            |                             | 20.0                |
|        | Fentative settlement (for contractor use only)<br>Fentative settlement-PARHM or CHART (for contractor use only)                       |                      | 0                          |                             | 21.0                |
|        | Balance due provider/program (line 19 minus lines 19.01, 19.02, 1   | 9.25,20, and 21)     | 0                          |                             | 21.0                |
|        | Balance due provider/program-PARHM or CHART (see instructions)  |                      |                            |                             | 22.0                |
|        | Protested amounts (nonallowable cost report items) in accordance  | with CMS Pub. 15-2,  | 0                          |                             | 23.0                |
|        | chapter 1, §115.2<br>Pural Community Hospital Demonstration Project (§410A Demonstratio   | on) Adjustment       |                            |                             | _                   |
|        | s this the first year of the current 5-year demonstration period  |                      |                            |                             | 200. 0              |
|        | Century Cures Act? Enter "Y" for yes or "N" for no.   |                      |                            |                             | _                   |
|        | ost Reimbursement   |                      |                            |                             |                     |
|        | Aedicare swing-bed SNF inpatient routine service costs (from Wkst<br>56 (title XVIII hospital))                                       | . D-I, Pt. II, IIne  |                            |                             | 201.0               |
|        | Medicare swing-bed SNF inpatient ancillary service costs (from Wk   | st. D-3, col. 3, lin | e                          |                             | 202. 0              |
|        | 200 (title XVIII swing-bed SNF))  |                      |                            |                             |                     |
|        | Fotal (sum of lines 201 and 202)  |                      |                            |                             | 203.0               |
|        | Medicare swing-bed SNF discharges (see instructions)<br>computation of Demonstration Target Amount Limitation (N/A in firs            | st year of the curre | nt 5-vear demonst          | ration                      | 204. 0              |
|        | eriod)  | st year of the curre | int o year demonst         |                             |                     |
|        | Nedicare swing-bed SNF target amount  |                      |                            |                             | 205. 0              |
|        | Medicare swing-bed SNF inpatient routine cost cap (line 205 times   |                      |                            |                             | 206. 0              |
|        | djustment to Medicare Part A Swing-Bed SNF Inpatient Reimburseme<br>Program reimbursement under the §410A Demonstration (see instruct |                      |                            |                             | 207. 0              |
|        | Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, c   | -                    | 1                          |                             | 207.0               |
| a      | and 3)  |                      |                            |                             |                     |
|        | Adjustment to Medicare swing-bed SNF PPS payments (see instructio   | ns)                  |                            |                             | 209.0               |
|        | Reserved for future use   |                      |                            |                             | 210. 0              |
|        | comparision of PPS versus Cost Reimbursement<br>Fotal adjustment to Medicare swing-bed SNF PPS payment (line 209                      |                      |                            |                             | 215. 0              |

|                  | Financial Systems STARKE MEMORIAL H ATION OF REIMBURSEMENT SETTLEMENT  | OSPITAL<br>Provider CCN: 15-0102 | Peri od:        | u of Form CMS-2<br>Worksheet E-3 |                 |
|------------------|--|----------------------------------|-----------------|----------------------------------|-----------------|
| CALCUL           | ATTON OF REIMBORSEMENT SETTLEMENT  | PLOVIDEL CON. 13-0102            | From 01/01/2022 | Part VII                         |                 |
|                  |  |                                  | To 12/31/2022   | Date/Time Pre<br>5/31/2023 11:   | pared:<br>33 am |
|                  |  | Title XIX                        | Hospi tal       | PPS                              |                 |
|                  |  |                                  | I npati ent     | Outpati ent                      |                 |
|                  |  |                                  |                 | 2.00                             |                 |
|                  | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV<br>COMPUTATION OF NET COST OF COVERED SERVICES               | TCES FOR TITLES V OR X           | IX SERVICES     |                                  | -               |
| 1.00             | Inpatient hospital/SNF/NF services   |                                  | 0               |                                  | 1.00            |
| 2.00             | Medical and other services   |                                  |                 | 253, 114                         | 2.00            |
| 3.00             | Organ acquisition (certified transplant programs only)   |                                  | 0               |                                  | 3.00            |
| 4.00             | Subtotal (sum of lines 1, 2 and 3)   |                                  | 0               | 253, 114                         | 4.00            |
| 5.00             | Inpatient primary payer payments   |                                  | 0               |                                  | 5.00            |
| 6.00             | Outpatient primary payer payments  |                                  | 0               | 0                                |                 |
| 7.00             | Subtotal (line 4 less sum of lines 5 and 6)<br>COMPUTATION OF LESSER OF COST OR CHARGES                                      |                                  | 0               | 253, 114                         | 7.00            |
|                  | Reasonable Charges   |                                  |                 |                                  | 1               |
| 8.00             | Routine service charges  |                                  | 29, 572         |                                  | 8.00            |
| 9.00             | Ancillary service charges  |                                  | 68, 723         | 1, 445, 980                      | 9.00            |
| 10.00            | Organ acquisition charges, net of revenue  |                                  | 0               |                                  | 10.00           |
| 11.00            | Incentive from target amount computation   |                                  | 0               |                                  | 11.00           |
| 12.00            | Total reasonable charges (sum of lines 8 through 11)   |                                  | 98, 295         | 1, 445, 980                      | 12.00           |
| 13.00            | CUSTOMARY CHARGES<br>Amount actually collected from patients liable for payment for  | sorvi cos on a chargo            | 0               | 0                                | 13.00           |
| 13.00            | basis  | services on a charge             | 0               | 0                                | 13.00           |
| 14.00            | Amounts that would have been realized from patients liable for   | payment for services o           | n 0             | 0                                | 14.00           |
|                  | a charge basis had such payment been made in accordance with 42  |                                  |                 |                                  |                 |
| 15.00            | Ratio of line 13 to line 14 (not to exceed 1.000000)   |                                  | 0. 000000       | 0.00000                          |                 |
| 16.00            | Total customary charges (see instructions)   |                                  | 98, 295         | 1, 445, 980                      |                 |
| 17.00            | Excess of customary charges over reasonable cost (complete only line 4) (see instructions)                                   | IT TINE 16 exceeds               | 98, 295         | 1, 192, 866                      | 17.00           |
| 18.00            | Excess of reasonable cost over customary charges (complete only  | , if line 4 exceeds lin          | e 0             | 0                                | 18.00           |
| 10.00            | 16) (see instructions)   |                                  | 0               | 0                                | 10.00           |
| 19.00            | Interns and Residents (see instructions)   |                                  | 0               | 0                                | 19.00           |
| 20.00            | Cost of physicians' services in a teaching hospital (see instru  |                                  | 0               | 0                                |                 |
| 21.00            | Cost of covered services (enter the lesser of line 4 or line 16  |                                  | 0               | 253, 114                         | 21.00           |
| 22.00            | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c  | completed for PPS provi          |                 | 0                                |                 |
| 22.00<br>23.00   | Other than outlier payments<br>Outlier payments  |                                  | 0               | 0                                | 22.00<br>23.00  |
| 23.00            | Program capital payments   |                                  | 0               | 0                                | 23.00           |
| 25.00            | Capital exception payments (see instructions)  |                                  | 0               |                                  | 25.00           |
| 26.00            | Routine and Ancillary service other pass through costs   |                                  | 0               | 0                                |                 |
| 27.00            | Subtotal (sum of lines 22 through 26)  |                                  | 0               | 0                                | 27.00           |
| 28.00            | Customary charges (title V or XIX PPS covered services only)   |                                  | 0               | 0                                | 28.00           |
| 29.00            | Titles V or XIX (sum of lines 21 and 27)   |                                  | 0               | 253, 114                         | 29.00           |
| 20.00            | COMPUTATION OF REIMBURSEMENT SETTLEMENT<br>Excess of reasonable cost (from line 18)  |                                  |                 | 0                                | 20.00           |
| 30. 00<br>31. 00 | Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)   |                                  | 0               | 253, 114                         |                 |
| 32.00            | Deductibles  |                                  | 0               | 255, 114                         | 1               |
|                  | Coi nsurance   |                                  | 0               | 0                                | 1               |
|                  | Allowable bad debts (see instructions)   |                                  | 0               | 0                                |                 |
| 35.00            | Utilization review   |                                  | 0               |                                  | 35.00           |
| 36.00            | Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and   | 33)                              | 0               | 253, 114                         |                 |
| 37.00            | REMOVE SETTLEMENT  |                                  | 0               | -253, 114                        |                 |
| 38.00            | Subtotal (line 36 ± line 37)   |                                  | 0               | 0                                | 38.00           |
| 39.00<br>40.00   | Direct graduate medical education payments (from Wkst. E-4)<br>Total amount payable to the provider (sum of lines 38 and 39) |                                  | 0               | 0                                | 39.00<br>40.00  |
| 40.00            | Interim payments   |                                  | 0               | 0                                |                 |
| 42.00            | Balance due provider/program (line 40 minus line 41)   |                                  | 0               | 0                                |                 |
|                  |  | a with CMS Dub 1E 2              | 0               | -                                |                 |
| 43.00            | Protested amounts (nonallowable cost report items) in accordance   | e with two Pub 15-2,             | 0               | 0                                | 43.00           |

| Heal th Financia | al Systems                            | STARKE MEMORIAL      | HOSPI TAL                | In Lie                           | u of Form CMS-2                  | 552-10          |
|------------------|---------------------------------------|----------------------|--------------------------|----------------------------------|----------------------------------|-----------------|
| OUTLI ER RECONC  | ILIATION AT TENTATIVE SETTLEMENT      |                      | Provider CCN: 15-0102    | Period:                          | Worksheet E-5                    |                 |
|                  |                                       |                      |                          | From 01/01/2022<br>To 12/31/2022 | Date/Time Prep<br>5/31/2023 11:3 | bared:<br>33 am |
|                  |                                       |                      | Title XVIII              |                                  | PPS                              |                 |
|                  |                                       |                      |                          |                                  |                                  |                 |
|                  |                                       |                      |                          |                                  | 1.00                             |                 |
| TO BE CO         | MPLETED BY CONTRACTOR                 |                      |                          |                                  |                                  |                 |
| 1.00 Operatir    | ng outlier amount from Wkst. E, Pt. A | A, line 2, or sum of | of 2.03 plus 2.04 (see i | nstructions)                     | 0                                | 1.00            |
| 2.00 Capital     | outlier from Wkst. L, Pt. I, line 2   |                      |                          |                                  | 0                                | 2.00            |
| 3.00 Operatir    | ng outlier reconciliation adjustment  | amount (see instru   | uctions)                 |                                  | 0                                | 3.00            |
| 4.00 Capital     | outlier reconciliation adjustment am  | nount (see instruct  | tions)                   |                                  | 0                                | 4.00            |
| 5.00 The rate    | e used to calculate the time value of | money (see instru    | uctions)                 |                                  | 0.00                             | 5.00            |
|                  | ue of money for operating expenses (  |                      |                          |                                  | 0                                | 6.00            |
|                  | ue of money for capital related expe  |                      | tions)                   |                                  | 0                                | 7.00            |
|                  |                                       |                      |                          |                                  |                                  |                 |

| LANC         | Financial Systems STARKE MEMORI.<br>E SHEET (If you are nonproprietary and do not maintain          | Provider C                |              | eri od:                        | u of Form CMS-2<br>Worksheet G | .=          |
|--------------|---|---------------------------|--------------|--------------------------------|--------------------------------|-------------|
| nd-t<br>ly)  | ype accounting records, complete the General Fund column  |                           | Fi<br>Te     | rom 01/01/2022<br>5 12/31/2022 |                                | pare        |
| , y)         |   | General Fund              | Speci fi c   | Endowment Fund                 | 5/31/2023 11:<br>Plant Fund    | <u>33 a</u> |
|              |   |                           | Purpose Fund |                                |                                |             |
|              |   | 1.00                      | 2.00         | 3.00                           | 4.00                           |             |
| 00           | CURRENT ASSETS<br>Cash on hand in banks   | 2, 051                    | 0            | 0                              | 0                              | 1 1.        |
| 00           | Temporary investments   | 0                         | 0            | Ő                              | 0                              |             |
| 00           | Notes receivable  | 0                         | 0            | 0                              | 0                              | 3.          |
| 00           | Accounts receivable   | 4, 521, 018               | 0            | 0                              | 0                              |             |
| 00           | Other receivable  | 1 200 214                 | 0            | 0                              | 0                              |             |
| 00<br>00     | Allowances for uncollectible notes and accounts receivable<br>Inventory                             | -1, 308, 314<br>333, 450  | 0            | 0                              | 0                              |             |
| 00<br>00     | Prepaid expenses  | 279, 655                  | 0            | 0                              | 0                              |             |
| 00           | Other current assets  | 4, 968                    | 0            | 0                              | 0                              |             |
| . 00         | Due from other funds  | 0                         | 0            | 0                              | 0                              | 10          |
| 00           | Total current assets (sum of lines 1-10)  | 3, 832, 828               | 0            | 0                              | 0                              | 11          |
| ~ ~          | FI XED_ASSETS   |                           |              |                                |                                | 1           |
| . 00<br>. 00 | Land<br>Land improvements   | 0<br>100, 715             | 0            | 0                              | 0                              |             |
| . 00         | Accumulated depreciation  | -21, 845                  |              | 0                              | 0                              |             |
| 00           | Buildings   | 21, 043                   | 0            | 0                              | 0                              |             |
| 00           | Accumulated depreciation  | 0                         | 0            | 0                              | 0                              |             |
| . 00         | Leasehold improvements  | 1, 759, 521               | 0            | 0                              | 0                              |             |
| 00           | Accumulated depreciation  | -893, 554                 | 0            | 0                              | 0                              |             |
|              | Fixed equipment   | 48, 049                   |              | 0                              | 0                              |             |
|              | Accumulated depreciation  | -33, 655                  | 0            | 0                              | 0                              |             |
|              | Automobiles and trucks<br>Accumulated depreciation  | 3, 610<br>-3, 610         |              | 0                              | 0                              |             |
|              | Major movable equipment   | 3, 402, 613               | 0            | 0                              | 0                              |             |
|              | Accumul ated depreciation   | -2, 673, 392              | 0            | 0                              | 0                              |             |
|              | Minor equipment depreciable   | 737, 275                  | 0            | 0                              | 0                              | 25          |
| 00           | Accumulated depreciation  | -549, 557                 | 0            | 0                              | 0                              | 26          |
|              | HIT designated Assets   | 0                         | 0            | 0                              | 0                              |             |
|              | Accumulated depreciation  | 0                         | 0            | 0                              | 0                              | 1           |
| . 00<br>. 00 | Minor equipment-nondepreciable<br>Total fixed assets (sum of lines 12-29)                           | 1, 876, 170               | 0            | 0                              | 0                              |             |
| . 00         | OTHER ASSETS  | 1,070,170                 | 0            | <u> </u>                       | 0                              |             |
| . 00         | Investments   | 0                         | 0            | 0                              | 0                              | 31          |
| 00           | Deposits on Leases  | 0                         | 0            | 0                              | 0                              | 32          |
| . 00         | Due from owners/officers  | 0                         | 0            | 0                              | 0                              |             |
| . 00         | Other assets  | 594, 434                  |              | 0                              | 0                              |             |
|              | Total other assets (sum of lines 31-34)   | 594, 434                  |              | 0                              | 0                              |             |
| 00           | Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES                                      | 6, 303, 432               | 0            | 0                              | 0                              | 36          |
| . 00         | Accounts payable  | 426, 898                  | 0            | 0                              | 0                              | 37          |
| . 00         | Salaries, wages, and fees payable   | 575, 419                  |              | Ő                              | 0                              |             |
| . 00         | Payroll taxes payable   | 61, 853                   | 0            | 0                              | 0                              | 39          |
|              | Notes and loans payable (short term)  | 139, 113                  | 0            | 0                              | 0                              |             |
|              | Deferred income   | 0                         | 0            | 0                              | 0                              |             |
| . 00         | Accelerated payments  |                           |              | 0                              | 0                              | 42          |
| . 00<br>. 00 | Due to other funds<br>Other current liabilities   | -14, 690, 622<br>100, 977 | 0            | o<br>o                         | 0                              |             |
| . 00         | Total current liabilities (sum of lines 37 thru 44)   | -13, 386, 362             |              | 0                              | 0                              |             |
| . 00         | LONG TERM LIABILITIES   | 10,000,002                |              |                                |                                |             |
| . 00         | Mortgage payable  | 0                         | 0            | 0                              | 0                              | 46          |
| . 00         | Notes payable   | 0                         | 0            | 0                              | 0                              |             |
| 00           | Unsecured Loans   | 0                         | 0            | 0                              | 0                              |             |
| . 00         | Other long term liabilities   | 277, 570                  |              | 0                              | 0                              |             |
| 00           | Total long term liabilities (sum of lines 46 thru 49)<br>Total liabilities (sum of lines 45 and 50) | 277, 570                  |              | 0                              | 0                              |             |
| UU           | CAPITAL ACCOUNTS  | -13, 108, 792             | <u> </u>     | U                              | 0                              | 1 31        |
| 00           | General fund balance  | 19, 412, 224              |              |                                |                                | 52          |
| 00           | Specific purpose fund   |                           | 0            |                                |                                | 53          |
| 00           | Donor created - endowment fund balance - restricted   |                           |              | 0                              |                                | 54          |
| 00           | Donor created - endowment fund balance - unrestricted   |                           |              | 0                              |                                | 55          |
| . 00         | Governing body created - endowment fund balance   |                           |              | 0                              |                                | 56          |
| . 00         | Plant fund balance - invested in plant  |                           |              |                                | 0                              |             |
| . 00         | Plant fund balance - reserve for plant improvement, replacement, and expansion                      |                           |              |                                | 0                              | 58          |
| . 00         | Total fund balances (sum of lines 52 thru 58)   | 19, 412, 224              | 0            | 0                              | 0                              | 59          |
| 00           |   |                           |              | 9                              | 0                              | 60          |

| Heal th   | Financial Systems  | STARKE MEMORIA   | L HOSPI TAL   |             |   | In Lie   | eu of Form CMS | -2552  | 2-10  |
|---|--|--|---|-------------|---|--|----------------|--|---|
|   | ENT OF CHANGES IN FUND BALANCES  |  | Provider CC   | CN: 15-0102 |   |  | Worksheet G-   | 1<br>repare  | ed:   |
|   |  | General  | Fund  | Speci al    | Purpos  | e Fund   | Endowment Fun  | d  |   |
|   |  | 1.00   | 2.00  | 3.00        |   | 4.00   | 5.00           |  |   |
| $\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$ | Fund balances at beginning of period<br>Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2)<br>Additions (credit adjustments) (specify)<br>Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>ROUNDING<br>Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance | 1.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 2,00<br>14,584,623<br>4,827,605<br>19,412,228<br>0<br>19,412,228<br>4<br>19,412,224 |             | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 4.00<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |                | 2<br>3<br>0 4<br>0 5<br>0 6<br>0 7<br>0 8<br>0 9<br>10<br>11<br>0 12<br>0 13<br>0 14<br>0 15<br>0 16<br>0 17<br>18 | 1.00         2.00         3.00         4.00         5.00         5.00         5.00         5.00         6.00         7.00         3.00         2.00         3.00         2.00         3.00         4.00         5.00         5.00         7.00         3.00         4.00         5.00         7.00         3.00 |
|   | sheet (line 11 minus line 18)  | Endowment Fund   | PI ant  | Fund        |   |  |                |  |   |
|   |  | 6.00   | 7.00  | 8.00        |   |  |                |  |   |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00  | Fund balances at beginning of period<br>Net income (loss) (from Wkst. G-3, line 29)<br>Total (sum of line 1 and line 2)<br>Additions (credit adjustments) (specify)  | 0  | 0<br>0<br>0<br>0<br>0   |             | 0   |  |                | 2<br>3<br>4<br>5<br>6<br>7<br>8  | 1.00         2.00         3.00         4.00         5.00         5.00         7.00         3.00         9.00  |
| 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00  | Total additions (sum of line 4-9)<br>Subtotal (line 3 plus line 10)<br>ROUNDING<br>Total deductions (sum of lines 12-17)<br>Fund balance at end of period per balance<br>sheet (line 11 minus line 18)   | 0<br>0<br>0<br>0<br>0  |   |             | 000000000000000000000000000000000000000                       |  |                | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18   | 2.00         1.00         2.00         3.00         4.00         5.00         5.00         5.00         6.00         7.00         3.00  |

| STATEM | ENT OF PATIENT REVENUES AND OPERATING EXPENSES                 | Provi der   | CCN: | 15-0102    |    | riod:<br>om 01/01/2022<br>12/31/2022 | Worksheet G-2<br>Parts I & II<br>Date/Time Pre<br>5/31/2023 11: | pared: |
|--------|--|-------------|------|------------|----|--------------------------------------|---|--------|
|        | Cost Center Description  |             |      | Inpatient  |    | Outpati ent                          | Total   |        |
|        |  |             |      | 1.00       |    | 2.00                                 | 3.00  |        |
|        | PART I – PATIENT REVENUES                                      |             |      |            |    |                                      |   |        |
|        | General Inpatient Routine Services                             |             |      |            |    |                                      |   |        |
| 1.00   | Hospi tal  |             |      | 4, 108, 3  | 17 |                                      | 4, 108, 317   | 1.00   |
| 2.00   | SUBPROVIDER - IPF  |             |      |            | 0  |                                      | 0   | 2.00   |
| 3.00   | SUBPROVIDER - IRF  |             |      |            | 0  |                                      | 0   | 3.00   |
| 4.00   | SUBPROVIDER  |             |      |            |    |                                      |   | 4.00   |
| 5.00   | Swing bed - SNF  |             |      |            | 0  |                                      | 0   | 5.00   |
| 6.00   | Swing bed - NF   |             |      |            | 0  |                                      | 0   | 6.00   |
| 7.00   | SKILLED NURSING FACILITY                                       |             |      |            |    |                                      |   | 7.00   |
| 8.00   | NURSING FACILITY   |             |      |            |    |                                      |   | 8.00   |
| 9.00   | OTHER LONG TERM CARE   |             |      |            |    |                                      |   | 9.00   |
| 10.00  | Total general inpatient care services (sum of lines 1-9)       |             |      | 4, 108, 3  | 17 |                                      | 4, 108, 317   | 10.00  |
|        | Intensive Care Type Inpatient Hospital Services                |             |      |            |    |                                      |   | 1      |
| 11.00  | INTENSIVE CARE UNIT  |             |      |            | 0  |                                      | 0   | 11. OC |
| 12.00  | CORONARY CARE UNI T  |             |      |            |    |                                      |   | 12.00  |
| 13.00  | BURN INTENSIVE CARE UNIT                                       |             |      |            |    |                                      |   | 13.00  |
| 14.00  | SURGI CAL I NTENSI VE CARE UNI T                               |             |      |            |    |                                      |   | 14.00  |
| 15.00  | OTHER SPECIAL CARE (SPECIFY)                                   |             |      |            |    |                                      |   | 15.00  |
| 16.00  | Total intensive care type inpatient hospital services (sum of  | lines       |      |            | 0  |                                      | 0   |        |
|        | 11-15)   |             |      |            | Ŭ  |                                      | 0   |        |
| 17.00  | Total inpatient routine care services (sum of lines 10 and 16) |             |      | 4, 108, 3  | 17 |                                      | 4, 108, 317   | 17.00  |
| 18.00  | Ancillary services   |             |      | 6, 647, 5  |    | 56, 245, 199                         | 62, 892, 776  |        |
| 19.00  | Outpati ent servi ces  |             |      | 1, 647, 2  |    | 14, 836, 123                         | 16, 483, 359  |        |
| 20.00  | RURAL HEALTH CLINIC  |             |      | 1,011,2    | 0  | 0                                    | 0   | 20.00  |
| 21.00  | FEDERALLY QUALIFIED HEALTH CENTER                              |             |      |            | Ő  | o                                    | 0   | •      |
| 22.00  | HOME HEALTH AGENCY   |             |      |            | Ŭ  | Ű                                    | 0   | 22.00  |
| 23.00  | AMBULANCE SERVICES   |             |      |            |    |                                      |   | 23.00  |
| 24.00  | CMHC   |             |      |            |    |                                      |   | 24.00  |
| 24.00  | AMBULATORY SURGICAL CENTER (D. P. )                            |             |      |            |    |                                      |   | 25.00  |
| 26.00  | HOSPICE  |             |      |            |    |                                      |   | 26.00  |
| 27.00  | OTHER (SPECIFY)  |             |      |            | 0  | 0                                    | 0   | 27.00  |
| 28.00  | Total patient revenues (sum of lines 17-27)(transfer column 3  | to Wkst     |      | 12, 403, 1 | 20 | 71, 081, 322                         | 83, 484, 452  |        |
| 20.00  | G-3, line 1)   | LU WKSL.    |      | 12, 403, 1 | 30 | 71,001,322                           | 03, 404, 452  | 20.00  |
|        | PART II - OPERATING EXPENSES                                   |             |      |            |    |                                      |   | -      |
| 29.00  | Operating expenses (per Wkst. A, column 3, line 200)           |             |      |            |    | 14, 644, 357                         |   | 29.00  |
| 30.00  | ADD (SPECIFY)  |             |      |            | 0  | 14, 044, 337                         |   | 30.00  |
| 31.00  |  |             |      |            | 0  |                                      |   | 31.00  |
| 32.00  |  |             |      |            | 0  |                                      |   | 32.00  |
|        |  |             |      |            | 0  |                                      |   | 33.00  |
| 33.00  |  |             |      |            | ~  |                                      |   |        |
| 34.00  |  |             |      |            | 0  |                                      |   | 34.00  |
| 35.00  |  |             |      |            | 0  |                                      |   | 35.00  |
| 36.00  | Total additions (sum of lines 30-35)                           |             |      |            |    | 0                                    |   | 36.00  |
| 37.00  | DEDUCT (SPECI FY)  |             |      |            | 0  |                                      |   | 37.00  |
| 38.00  |  |             |      |            | 0  |                                      |   | 38.00  |
| 39.00  |  |             |      |            | 0  |                                      |   | 39.00  |
| 40. 00 |  |             |      |            | 0  |                                      |   | 40.00  |
| 41.00  |  |             |      |            | 0  |                                      |   | 41.00  |
| 42.00  | Total deductions (sum of lines 37-41)                          |             |      |            |    | 0                                    |   | 42.00  |
| 43.00  | Total operating expenses (sum of lines 29 and 36 minus line 42 | !)(transfei | r    |            |    | 14, 644, 357                         |   | 43.00  |
|        | to Wkst. G-3, line 4)  |             |      |            |    |                                      |   |        |

| Heal th | Financial Systems   | STARKE MEMORIAL    | HOSPI TAL   |              | In Lie                           | u of Form CMS-2 | 2552-10        |
|---------|---|--------------------|-------------|--------------|----------------------------------|-----------------|----------------|
| STATE   | IENT OF REVENUES AND EXPENSES   |                    | Provider (  | CCN: 15-0102 | Peri od:                         | Worksheet G-3   |                |
|         |   |                    |             |              | From 01/01/2022<br>To 12/31/2022 | Date/Time Prep  | ared.          |
|         |   |                    |             |              | 10 12/31/2022                    | 5/31/2023 11:3  |                |
|         |   |                    |             |              |                                  |                 |                |
|         | 1   |                    |             |              |                                  | 1.00            |                |
| 1.00    | Total patient revenues (from Wkst. G-2, Part  |                    |             |              |                                  | 83, 484, 452    | 1.00           |
| 2.00    | Less contractual allowances and discounts on  | patients' account  | ts          |              |                                  | 64, 849, 540    | 2.00           |
| 3.00    | Net patient revenues (line 1 minus line 2)  | 0 D I II I.        |             |              |                                  | 18, 634, 912    | 3.00           |
| 4.00    | Less total operating expenses (from Wkst. G-  |                    | 13)         |              |                                  | 14, 644, 357    | 4.00           |
| 5.00    | Net income from service to patients (line 3<br>OTHER INCOME   | minus line 4)      |             |              |                                  | 3, 990, 555     | 5.00           |
| 6.00    | Contributions, donations, bequests, etc   |                    |             |              |                                  | 0               | 6.00           |
| 7.00    | Income from investments   |                    |             |              |                                  | 0               | 7.00           |
| 8.00    | Revenues from telephone and other miscellane  | ous communication  | servi ces   |              |                                  | 0               | 8.00           |
| 9.00    | Revenue from tel evision and radio service  |                    | 301 11 003  |              |                                  | 0               | 9,00           |
| 10.00   | Purchase di scounts   |                    |             |              |                                  | 0               | 10.00          |
| 11.00   | Rebates and refunds of expenses   |                    |             |              |                                  | 0               | 11.00          |
| 12.00   |   |                    |             |              |                                  | 0               | 12.00          |
| 13.00   | Revenue from Laundry and Linen service  |                    |             |              |                                  | 0               | 13.00          |
| 14.00   | Revenue from meals sold to employees and gue  | sts                |             |              |                                  | 0               | 14.00          |
| 15.00   | Revenue from rental of living quarters  |                    |             |              |                                  | 0               | 15.00          |
| 16.00   | Revenue from sale of medical and surgical su  | pplies to other th | nan patient | S            |                                  | 0               | 16.00          |
| 17.00   | Revenue from sale of drugs to other than pat  | ients              |             |              |                                  | 0               | 17.00          |
|         | Revenue from sale of medical records and abs  |                    |             |              |                                  | 0               | 18.00          |
|         | Tuition (fees, sale of textbooks, uniforms,   |                    |             |              |                                  | 0               | 19.00          |
|         | Revenue from gifts, flowers, coffee shops, a  | nd canteen         |             |              |                                  | 0               | 20.00          |
|         | Rental of vending machines  |                    |             |              |                                  | 0               | 21.00          |
| 22.00   |   |                    |             |              |                                  | 0               | 22.00          |
| 23.00   | The second |                    |             |              |                                  | 0               | 23.00          |
| 24.00   |   |                    |             |              |                                  | 173, 405        | 24.00          |
| 24.50   | 5   |                    |             |              |                                  | 663, 645        |                |
|         | Total other income (sum of lines 6-24)  |                    |             |              |                                  | 837,050         |                |
|         | Total (line 5 plus line 25)   |                    |             |              |                                  | 4, 827, 605     |                |
|         | OTHER EXPENSES (SPECIFY)<br>Total other expenses (sum of line 27 and sub  | scripts)           |             |              |                                  | 0               | 27.00<br>28.00 |
|         | Net income (or loss) for the period (line 26  |                    |             |              |                                  | 4, 827, 605     |                |
| 27.00   | Iner medine (di 1055) fui the period (The 20  | minus iine 20)     |             |              | I                                | 4, 027, 003     | 27.00          |

| al th Financial Systems STARKE ALCULATION OF CAPITAL PAYMENT   | MEMORIAL HOSPITAL<br>Provider CCN: 15-0102 | Peri od:        | u of Form CMS-2<br>Worksheet L |       |
|--|--|-----------------|--------------------------------|-------|
|  |  | From 01/01/2022 | Parts I-III                    |       |
|  |  | To 12/31/2022   | Date/Time Pre<br>5/31/2023 11: |       |
|  | Title XVIII                                | Hospi tal       | PPS                            | 33 di |
|  |  | incopi tui      | 110                            |       |
|  |  |                 | 1.00                           |       |
| PART I - FULLY PROSPECTIVE METHOD  |  |                 |                                | -     |
| CAPITAL FEDERAL AMOUNT<br>00 Capital DRG other than outlier  |  |                 | 87, 841                        | 1 1.  |
| 01   Model 4 BPCI Capital DRG other than outlier   |  |                 | 07, 041                        |       |
| Capital DRG outlier payments   |  |                 | 0                              |       |
| 01 Model 4 BPCI Capital DRG outlier payments   |  |                 | 0                              |       |
| 00 Total inpatient days divided by number of days in th  | e cost reporting period (see inst          | ructions)       | 4.23                           | 3.    |
| 00 Number of interns & residents (see instructions)  |  | ,               | 0.00                           | 4.    |
| 00 Indirect medical education percentage (see instructi  | ons)                                       |                 | 0.00                           | 5.    |
| DO Indirect medical education adjustment (multiply line  | 5 by the sum of lines 1 and 1.01           | , columns 1 and | 0                              | 6.    |
| 1.01) (see instructions)   |  |                 |                                | _     |
| 20 Percentage of SSI recipient patient days to Medicare<br>30) (see instructions)                                    | Part A patient days (Worksheet E           | , part A line   | 0.00                           | 7.    |
| 00 Percentage of Medicaid patient days to total days (s  | ee instructions)                           |                 | 0.00                           | 8     |
| 00 Sum of lines 7 and 8  |  |                 | 0.00                           |       |
| 00 Allowable disproportionate share percentage (see ins  | tructions)                                 |                 | 0.00                           |       |
| .00 Disproportionate share adjustment (see instructions)   |  |                 | 0                              | 11    |
| .00 Total prospective capital payments (see instructions   |  |                 | 87, 841                        | 12    |
|  |  |                 | 1.00                           |       |
| PART II - PAYMENT UNDER REASONABLE COST  |  |                 | 1.00                           |       |
| 00 Program inpatient routine capital cost (see instruct  | ions)                                      |                 | 0                              | 1 1.  |
| 00 Program inpatient ancillary capital cost (see instruct  |  |                 | 0                              |       |
| 00 Total inpatient program capital cost (line 1 plus li  |  |                 | 0                              |       |
| 00 Capital cost payment factor (see instructions)  |  |                 | 0                              |       |
| 00 Total inpatient program capital cost (line 3 x line   | 4)   |                 | 0                              | 5     |
|  |  |                 | 1.00                           |       |
| PART III - COMPUTATION OF EXCEPTION PAYMENTS   |  |                 | 1.00                           |       |
| 00 Program inpatient capital costs (see instructions)  |  |                 | 0                              | 1 1   |
| 00 Program inpatient capital costs for extraordinary ci  | rcumstances (see instructions)             |                 | 0                              | 2     |
| 00 Net program inpatient capital costs (line 1 minus li  | ne 2)                                      |                 | 0                              | 3     |
| 00 Applicable exception percentage (see instructions)  |  |                 | 0.00                           |       |
| Copital cost for comparison to payments (line 3 x li   |  |                 | 0                              |       |
| 00 Percentage adjustment for extraordinary circumstance  |  |                 | 0.00                           |       |
| Adjustment to capital minimum payment level for extr   | aordinary circumstances (line 2 x          | (line 6)        | 0                              |       |
| Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part I, line 12,           | as applicable)                             |                 | 0                              | -     |
| .00 Current year comparison of capital minimum payment I   |  | less line 9)    | 0                              |       |
| 00 Carryover of accumulated capital minimum payment lev  |  |                 | 0                              |       |
| Worksheet L, Part III, line 14)  | opital pormanta (lina 10 -lus lis          |                 |                                | 10    |
| .00 Net comparison of capital minimum payment level to c<br>.00 Current year exception payment (if line 12 is positi | 1 1 3 1 1                                  |                 | 0                              |       |
| .00 Current year exception payment (if line 12 is positi   |  |                 | 0                              |       |
|  |  | on owing period | 0                              | 14.   |
| .00 Carryover of accumulated capital minimum payment lev   |  |                 |                                |       |
|  | ne)  |                 | 0                              | 15    |
| .00 Carryover of accumulated capital minimum payment lev<br>(if line 12 is negative, enter the amount on this li     | ne)<br>(see instructions)                  |                 | 0<br>0                         |       |