ayments made	since th	ie begi nni	ing of	the cost	reporti ng	peri od	bei ng	deemed	overpayments	(42	USC	1395g).	OMB N	10.	093
													EXPI R	≀ES	05-

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO AND SETTLEMENT SUMMARY	RT CERTIFICATION P	Provider CCN: 15-0074	Peri od: From 01/01/2017	Worksheet S Parts I-III
AND SETTLEMENT SUMMANT				Date/Time Prepared 5/30/2018 12:02 pm

PART I - COST	REPORT STATUS				
Provi der	1. [ X ] Electronically filed	cost report		Date: 5/30/2018	Time: 12:02 pm
use only	2. [ ] Manually submitted co	ost report			
	3. [ 0 ] If this is an amended 4. [ F ] Medicare Utilization.			resubmitted this cost	report
Contractor use only		6. Date Received: 7. Contractor No. 8. [ N ] Initial Report fo 9. [ N ] Final Report for	11.( r this Provider CCN 12.	NPR Date: Contractor's Vendor Co [ O ]If line 5, columr number of times r	n 1 is 4: Enter

## PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Si gned)
Officer or Administrator of Provider(s)
Ti tl e
Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-559, 780	46, 960	0	0	1. 00
2.00	Subprovi der - I PF	0	0	0		0	2. 00
3.00	Subprovi der - IRF	0	0	0		0	3. 00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11. 00
200.00	Total	0	-559, 780	46, 960	0	0	200. 00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2017 Part I Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1500 NORTH RITTER AVENUE 1.00 PO Box: 1.00 State: IN 2.00 City: INDIANAPOLIS Zip Code: 46219 County: MARION 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, O, or N)

XVIII XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 COMMUNITY HEALTH 150074 26900 1 07/01/1966 Ν 3.00 NETWORK, INC. Subprovider - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7.00 7 00 8.00 Swing Beds - NF 8.00 9.00 Hospi tal -Based SNF 9.00 Hospi tal -Based NF 10.00 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA 12.00 Separately Certified ASC 13.00 13.00 Hospi tal -Based Hospi ce 14.00 14.00 Hospital-Based Health Clinic - RHC 15.00 15 00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 Renal Dialysis 18.00 18.00 19.00 Other 19.00 From: 1. 00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2017 12/31/2017 20.00 21.00 Type of Control (see instructions) 21.00 2 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate 22.00 γ N 22.00 share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Did this hospital receive interim uncompensated care payments for this cost reporting Υ Υ 22.01 period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires final uncompensated care payments to be Ν Ν 22.02 determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter "Y" for yes or "N" for no, for the portion of the cost reporting period on in column 2. or after October 1 22.03 Did this hospital receive a geographic reclassification from urban to rural as a result N N 22 03 of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 23.00 3 Ν 23 00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method enter "Y" "N" fo<u>r no</u>. used in the prior cost reporting period? In column 2 for yes or In-State Out-of Medi cai d Other In-State Out-of Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days paid days el i gi bl e unpai d days unpai d 1.00 2.00 3.00 4.00 5.00 6.00 24.00 If this provider is an IPPS hospital, enter the 705 29 91 25, 513 3. 603 23 24.00 in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2. out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state 0 0 0 0 0 25.00 Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.

ACA). (see instructions)

and primary care FTEs added under section 5503 of

ealth Financial Systems COMMUNITY OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT		Provider C	CCN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	u of Form CMS-2 Worksheet S-2 Part I Date/Time Prep 5/30/2018 11:	pared:
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2. 00	3. 00	4.00	5. 00	
1. 03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.0
1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61. C
1.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.0
1.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.0
	Pro	gram Name	Program Coo	FTE Count	Direct GME FTE Count	
1.10 Of the FTEs in line 61.05, specify each new program		1. 00	2. 00	3.00	4.00	61. 1
specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.	FAMILY M	MEDI CI NE	1350	5. 60		61. 1
					1. 00	1
ACA Provisions Affecting the Health Resources and Ser						
2.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruction 2.01 Enter the number of FTE residents that rotated from a	tions)					62. C
during in this cost reporting period of HRSA THC prog	ram. (se	ee instructio			5.00	
Teaching Hospitals that Claim Residents in Nonprovide 3.00 Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ttings	during this c			Y	63.0
		.,	Unwei ghted	l Unweighted	Ratio (col. 1/	
			FTEs Nonprovi de Si te	FTEs in Hospital	(col. 1 + col. 2))	

	Section 3304 of the ACA base real file Residents in Nonprovider Settingsin a base year is your cost reporting									
	period that begins on or after .	luly 1, 2009 and befor	re June 30, 2010.							
64.00	Enter in column 1, if line 63 is	yes, or your facilit	ty trained residents	0. 17	3. 25	0. 049708	64.00			
	in the base year period, the num	ber of unweighted nor	n-primary care							
	resident FTEs attributable to ro	tations occurring in	all nonprovider							
	settings. Enter in column 2 the	number of unweighted	d non-primary care							
	resident FTEs that trained in yo	our hospital. Enter in	n column 3 the ratio							
	of (column 1 divided by (column	olumn 1 + column 2)). (see instructions)								
	<u> </u>	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/				
				FTEs	FTEsin	(col. 3 + col.				
				Nonprovi der	Hospi tal	4))				
				Si te						
		1. 00	2.00	3. 00	4.00	5.00				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2017 Part I Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am Program Name Program Code Unwei ghted Unwei ghted Ratio (col. (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 FAMILY MEDICINE 3. 92 25. 07 0. 135219 65. 00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 1. 78 0. 98 0. 644928 66. 00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Unwei ahted Unwei ghted Ratio (col. 3/ Program Code FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 2.00 3. 00 1.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY PRACTICE 31. 48 0. 170050 67. 00 1350 6.45 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)) (see instructions) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν O N 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF 75.00 Ν subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν Ν 0 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)

107.00 f this facility qualifies as a CAH, is it eligible for cos training programs? Enter "Y" for yes or "N" for no in colum yes, the GME elimination is not made on Wkst. B, Pt. I, col	N		107. 00		
reimbursed. If yes complete Wkst. D-2, Pt. II.  108.00 s this a rural hospital qualifying for an exception to the	N		108. 00		
CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					
	Physi cal	Occupati onal	Speech	Respi ratory	
	1.00	2.00	3. 00	4. 00	
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	109. 00			
				1.00	
110.00 Did this hospital participate in the Rural Community Hospit Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and Wo applicable.	N	110. 00			

are claimed, enter in column 2 the home office chain number. (see instructions)

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 15-0074 Peri od: Worksheet S-2 From 01/01/2017 Part I 12/31/2017 Date/Time Prepared: To 5/30/2018 11:17 am 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number

141.00 Name: COMMUNITY HEALTH NETWORK Contractor's Name: WISCONSIN PHYSICIA Contractor's Name: WISCONSIN PHYSICIAN Contractor's Number: 08101 141 00 142.00 Street: 1500 N RITTER SERVI CES PO Box: 142.00 143.00 City: INDIANAPOLIS ΙN 46219-3095 143. 00 State: Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 1. 00 2.00 145.00|If costs for renal services are claimed on Wkst. A, line 74, are the costs for 145 00 inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 Ν 148 00 N 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no N 149.00 Part A Part B Title V Title XIX 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal 155.00 Ν N 156.00 Subprovi der - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 N Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν 159. 00 Ν 160.00 HOME HEALTH AGENCY 160.00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 1.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 167.00 s this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. 167 00 168.00 of this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the d168. 00 reasonable cost incurred for the HIT assets (see instructions) 168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions) 168.01 169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the 0.00169.00 transition factor. (see instructions) Begi nni ng Endi ng 1. 00 2.00 170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting 01/01/2015 12/31/2015 170. 00 period respectively (mm/dd/yyyy) 1.00 2.00 171.00|If line 167 is "Y", does this provider have any days for individuals enrolled in 0171.00 N section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)

Ν

N

Ν

N

18.00

19.00

18.00

19.00

If line 16 or 17 is yes, were adjustments made to PS&R

If line 16 or 17 is yes, were adjustments made to PS&R

Report data for corrections of other PS&R Report

cost report? If yes, see instructions.

information? If yes, see instructions.

Report data for additional claims that have been billed but are not included on the PS&R Report used to file this

Heal th	Financial Systems COMMUNITY HEALTH	I NETWORK, INC.		In Lie	u of Form CM	S-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	Worksheet S Part II Date/Time P 5/30/2018 1	repared:		
			ipti on	Y/N	Y/N			
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R		)	1. 00 N	3. 00 N	20. 00		
20.00	Report data for Other? Describe the other adjustments:			IN	IV	20.00		
		Y/N	Date	Y/N	Date			
21 00	Weekler and annual advisor the annual advisor	1.00	2. 00	3.00	4. 00	21.00		
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00		
					1. 00			
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	PT CHILDRENS H	OSPI TALS)					
00.00	Capital Related Cost							
22. 00 23. 00	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense		als made dur	ing the cost		22. 00		
23.00	reporting period? If yes, see instructions.	due to apprais	ars made dar	ring the cost		23.00		
24. 00	Were new leases and/or amendments to existing leases entere	ed into during	this cost re	porting period?		24. 00		
25. 00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repor	tina period?	'lf ves. see		25. 00		
	instructions.	·	<b>.</b>					
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ne cost reporti	ng period? I	f yes, see		26. 00		
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	g period? If	yes, submit		27. 00		
	Interest Expense							
28. 00								
29. 00	Did the provider have a funded depreciation account and/or		29. 00					
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu		debt? If yes	, see		30. 00		
21 00	instructions.							
31. 00	Has debt been recalled before scheduled maturity without is instructions.	ssuance or new	debt? IT yes	s, see		31. 00		
32. 00	Purchased Services Have changes or new agreements occurred in patient care ser	vi ces furni she	d through co	ntractual		32. 00		
33. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app	ıcti ons.				33. 00		
33.00	no, see instructions.	orred pertainin	ig to competi	tive brading: ii		33.00		
	Provi der-Based Physi ci ans							
34. 00	Are services furnished at the provider facility under an ar If yes, see instructions.	rangement with	provi der-ba	sed physicians?		34. 00		
35. 00	If line 34 is yes, were there new agreements or amended exi		ts with the	provi der-based		35. 00		
	physicians during the cost reporting period? If yes, see in	ISTITUCTIONS.	_	Y/N	Date			
				1. 00	2. 00			
24 00	Home Office Costs					24 00		
36. 00 37. 00	Were home office costs claimed on the cost report?  If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	,		36. 00 37. 00		
	If yes, see instructions. If line 36 is yes, was the fiscal year end of the home off					38. 00		
55.00	the provider? If yes, enter in column 2 the fiscal year end					30.00		
39. 00	If line 36 is yes, did the provider render services to othe see instructions.	er chain compor	ents? If yes	i,		39. 00		
40. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	If yes, see			40. 00		
	Coot Deport Dropover Contact Lafarration	1.00 2.						
41. 00	l ·	SHI RLEY		BI SHOP		41. 00		
	held by the cost report preparer in columns 1, 2, and 3, respectively.							
42. 00		COMMUNITY HEAL	TH NETWORK			42. 00		
43. 00	Enter the telephone number and email address of the cost	317-355-4135		SBI SHOP@ECOMMUI	NI TY. COM	43. 00		
	report preparer in columns 1 and 2, respectively.	I		I		II		

Health Financial Systems COMMUN	ITY HEALTH NETWORK, INC. In Lieu of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION		2
	From 01/01/2017   Part II   To 12/31/2017   Date/Time Pr	enared·
	5/30/2018 11	
	3. 00	
Cost Report Preparer Contact Information		
41.00 Enter the first name, last name and the title/pos	sition NETWORK DIRECTOR OF	41. 00
held by the cost report preparer in columns 1, 2,	and 3, REIMBURSEMENT	
respecti vel y.		
42.00 Enter the employer/company name of the cost repor	t	42. 00
preparer.		
43.00 Enter the telephone number and email address of t	the cost	43.00
report preparer in columns 1 and 2, respectively.		

| Period: | Worksheet S-3 | From 01/01/2017 | Part | To 12/31/2017 | Date/Time Prepared: Heal th Fi nancialSystemsCOMMUNITYHOSPITALANDHOSPITAL HEALTH CARE COMPLEXSTATISTICAL DATA Provider CCN: 15-0074

				Т	o 12/31/2017	Date/Time Prep 5/30/2018 11:	
						I/P Days / 0/P	17 alli
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number		Avai I abl e			
		1.00	2. 00	3.00	4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	254	92, 900	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2. 00
3.00	HMO IPF Subprovider						3. 00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6. 00
7.00	Total Adults and Peds. (exclude observation		254	92, 900	0.00	0	7. 00
	beds) (see instructions)						
8. 00	INTENSIVE CARE UNIT	31. 00	28			0	8. 00
9. 00	CORONARY CARE UNIT	32. 00	23	8, 395	0.00	0	9. 00
10. 00	BURN INTENSIVE CARE UNIT						10. 00
11. 00	SURGI CAL INTENSI VE CARE UNI T						11. 00
12. 00	OTHER SPECIAL CARE (SPECIFY)					_	12. 00
13. 00	NURSERY	43. 00				0	13. 00
14. 00	Total (see instructions)		305	111, 515	0.00	0	14. 00
15. 00	CAH visits					0	15. 00
16.00	SUBPROVI DER - I PF						16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )						23. 00
24. 00	HOSPICE	20.00					24. 00
24. 10	HOSPICE (non-distinct part)	30. 00					24. 10 25. 00
25. 00 26. 00	CMHC - CMHC	88. 00				0	25. 00 26. 00
	RURAL HEALTH CLINIC					0	
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00	305			U	26. 25 27. 00
27. 00 28. 00	Total (sum of lines 14-26)		305	)		0	28.00
	Observation Bed Days					U	
29. 00 30. 00	Ambulance Trips Employee discount days (see instruction)						29. 00 30. 00
30.00	Employee discount days (see instruction) Employee discount days - IRF						30.00
	. 3		O	0			
32. 00 32. 01	Labor & delivery days (see instructions) Total ancillary labor & delivery room			,			32. 00 32. 01
32. UI	outpatient days (see instructions)						32.01
33. 00	LTCH non-covered days						33. 00
	LTCH site neutral days and discharges						33. 00
55.01	Eron or to houtrar days and droundinges	ı		1			33.01

 Heal th Financial
 Systems
 COMMUNITY

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA

Provider CCN: 15-0074

| Period: | Worksheet S-3 | From 01/01/2017 | Part | To 12/31/2017 | Date/Time Prepared: | 5/30/2018 | 11: 17 am

						5/30/2018 11:	17 am
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Pati ents	& Residents	Payrol I	
		6.00	7. 00	8. 00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	17, 601	3, 348	64, 408			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
2. 00	for the portion of LDP room available beds) HMO and other (see instructions)	8, 385	24, 843				2.00
3. 00	HMO IPF Subprovider	0, 303	24, 043				3.00
4. 00	HMO IRF Subprovider		0				4.00
5. 00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6. 00	Hospital Adults & Peds. Swing Bed NF	٥	0	0			6.00
7. 00	Total Adults and Peds. (exclude observation	17, 601	3, 348	64, 408			7.00
7.00	beds) (see instructions)	17,001	0,010	01, 100			,,,,,
8.00	INTENSIVE CARE UNIT	2, 497	0	6, 220			8. 00
9.00	CORONARY CARE UNIT	2, 651	0	6, 283			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		1, 750	1, 799			13. 00
14. 00	Total (see instructions)	22, 749	5, 098	78, 710	41. 09	2, 508. 23	1
15. 00	CAH visits	0	0	0			15. 00
16. 00	SUBPROVI DER - I PF						16. 00
17. 00	SUBPROVIDER - IRF						17. 00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY OTHER LONG TERM CARE						20.00
21. 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)	0	0	487			24. 10
25. 00	CMHC - CMHC		Š	107			25. 00
26. 00	RURAL HEALTH CLINIC	o	o	0	0.00	0.00	1
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	o	0	0	0.00	0.00	26. 25
27. 00	Total (sum of lines 14-26)				41. 09	2, 508. 23	27. 00
28. 00	Observation Bed Days		2, 001	5, 619			28. 00
29. 00	Ambul ance Tri ps	O					29. 00
30.00	Employee discount days (see instruction)			523			30. 00
31. 00	Employee discount days - IRF			0			31. 00
32. 00	Labor & delivery days (see instructions)	0	23	313			32. 00
32. 01	Total ancillary labor & delivery room			0			32. 01
00.00	outpatient days (see instructions)						00.00
33.00	LTCH non-covered days	0					33. 00
33. 01	LTCH site neutral days and discharges	0					33. 01

Full Time   Equivalents   Nonpaid   Nonpaid   Workers   Nonpaid   Nonpaid
Nonpaid   Workers   Title V   Title XVIII   Title XIX   Total All   Patients
Workers   11.00   12.00   13.00   14.00   15.00
11.00 12.00 13.00 14.00 15.00  1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)  2.00 HM0 and other (see instructions)  3.00 HM0 IPF Subprovider  4.00 HM0 IRF Subprovider  5.00 Hospital Adults & Peds. Swing Bed SNF
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00 HM0 and other (see instructions) 3.00 HM0 IPF Subprovider 4.00 HM0 IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 5.00
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)  2.00 HM0 and other (see instructions)  3.00 HM0 IPF Subprovider  4.00 HM0 IRF Subprovider  5.00 Hospital Adults & Peds. Swing Bed SNF  1,703 4,810 2.00 3.00 4,810 0 3.00
for the portion of LDP room available beds) 2.00 HMO and other (see instructions) 3.00 HMO IPF Subprovider 4.00 HMO IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF
3.00 HMO I PF Subprovi der 4.00 HMO I RF Subprovi der 5.00 Hospi tal Adul ts & Peds. Swing Bed SNF 5.00 Hospi tal Adul ts & Peds. Swing Bed SNF
4.00 HMO IRF Subprovider 5.00 Hospital Adults & Peds. Swing Bed SNF 5.00 Hospital Adults & Peds. Swing Bed SNF
5.00 Hospital Adults & Peds. Swing Bed SNF 5.00
6.00 Hospital Adults & Peds. Swing Bed NF 6.0
7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 7.0
8.00 INTENSIVE CARE UNIT
9. 00 CORONARY CARE UNIT
10.00 BURN INTENSIVE CARE UNIT
11.00 SURGICAL INTENSIVE CARE UNIT
12.00 OTHER SPECIAL CARE (SPECIFY)
13. 00 NURSERY 13. 0
14.00 Total (see instructions) 0.00 0 5,056 537 17,177 14.0
15. 00 CAH visits 15. 0
16. 00 SUBPROVI DER - I PF
17. 00 SUBPROVI DER - I RF 17. 00
18. 00 SUBPROVI DER 18. 00
19.00 SKILLED NURSING FACILITY
20.00 NURSING FACILITY
21.00 OTHER LONG TERM CARE
22.00 HOME HEALTH AGENCY
23.00 AMBULATORY SURGICAL CENTER (D. P.)
24. 00 HOSPICE 24. 0
24. 10 HOSPICE (non-distinct part) 24. 10
25. 00 CMHC - CMHC 25. 0
26.00 RURAL HEALTH CLINIC 0.00 26.0
26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0. 00 26. 2
27.00 Total (sum of lines 14-26) 0.00 27.0
28.00 Observation Bed Days
29.00 Ambul ance Tri ps 29.0
30.00 Employee discount days (see instruction)
31.00 Employee discount days - IRF
32.00 Labor & delivery days (see instructions)
32.01 Total ancillary labor & delivery room 32.0
outpatient days (see instructions)
33.00 LTCH non-covered days 0 33.0
33.01 LTCH site neutral days and discharges 0 33.0

| Peri od: | Worksheet S-3 | From 01/01/2017 | Part II | To 12/31/2017 | Date/Time Prepared: Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0074

					T	o 12/31/2017	Date/Time Prep 5/30/2018 11:	
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst.		Paid Hours Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2. 00	A-6) 3.00	3)	col . 4	,	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5. 00	6. 00	
1 00	SALARI ES	200. 00	1/0 //2 2/2	00/ E71	1/7 /75 /71	F 217 120 00	22.10	1 00
1. 00	Total salaries (see instructions)	200.00	168, 462, 242	-986, 571	167, 475, 671	5, 217, 129. 00	32. 10	1. 00
2. 00	Non-physician anesthetist Part		0	O	0	0.00	0.00	2. 00
3.00	Non-physician anesthetist Part		0	d	0	0.00	0. 00	3. 00
4. 00	B Physician-Part A - Administrative		356, 374	О	356, 374	2, 064. 00	172. 66	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non		1, 238, 046 6, 587, 323		1, 238, 046 6, 587, 323	· ·		4. 01 5. 00
6. 00	Physician-Part B Non-physician-Part B for hospital-based RHC and FOHC		0	C	0	0.00	0.00	6. 00
7. 00	services Interns & residents (in an approved program)	21. 00	0	3, 292, 881	3, 292, 881	112, 665. 00	29. 23	7. 00
7. 01	Contracted interns and residents (in an approved		0	С	0	0.00	0.00	7. 01
8. 00	programs) Home office and/or related organization personnel		0	С	0	0.00	0.00	8. 00
9. 00 10. 00	SNF Excluded area salaries (see	44. 00	4, 405, 409	-228, 297	0 4, 177, 112	0. 00 173, 485. 00		
10.00	instructions) OTHER WAGES & RELATED COSTS		4, 403, 407	-220, 247	4, 177, 112	173, 465. 00	24.00	10.00
11. 00	Contract Labor: Direct Patient		4, 744, 234	О	4, 744, 234	41, 701. 00	113. 77	11. 00
12. 00	Care Contract labor: Top level management and other		1, 963, 849	С	1, 963, 849	15, 797. 00	124. 32	12. 00
13. 00	management and administrative services Contract Labor: Physician-Part		4, 735, 398	O	4, 735, 398	41, 300. 00	114, 66	13. 00
14. 00	A - Administrative Home office and/or related		0					14. 00
14. 01	orgainzation salaries and wage-related costs Home office salaries		48, 740, 061	C	48, 740, 061	1, 273, 759. 00	38. 26	14. 01
14. 02 15. 00	Related organization salaries Home office: Physician Part A		0 174, 814	0	0 174, 814	0.00	0.00	14. 02
16. 00	- Administrative Home office and Contract Physicians Part A - Teaching		0	C	0	0.00	0.00	16. 00
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		37, 069, 308	0	37, 069, 308			17. 00
18. 00	instructions) Wage-related costs (other) (see instructions)		0	C	0			18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		1, 284, 345 0	0	1, 284, 345 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	C	0			21. 00
22. 00	Physician Part A - Administrative		19, 602	C	19, 602			22. 00
22. 01 23. 00	Physician Part A - Teaching Physician Part B		75, 273		75, 273			22. 01 23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		646, 242 0 727, 107		646, 242 0 727, 107			24. 00 25. 00
25. 50	approved program) Home office wage-related		12, 176, 952	C				25. 50
25. 51	(core) Related organization		0	О	О			25. 51
25. 52	wage-related (core) Home office: Physician Part A - Administrative -		0	С	0			25. 52
25. 53	wage-related (core) Home office & Contract		0	O	0			25. 53
	Physicians Part A - Teaching - wage-related (core)							
26. 00	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	4. 00	259, 481	T 0	259, 481	7, 001. 00	37. 06	26. 00
	Administrative & General	5. 00	11, 018, 906					27. 00

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0074

							5/30/2018 11:	17 am_
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3. 00	4. 00	5. 00	6. 00	
28. 00	Administrative & General under		19, 191, 296	0	19, 191, 296	164, 004. 00	117. 02	28.00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	0	0	0	0.00	0. 00	29.00
30.00	Operation of Plant	7. 00	2, 494, 493	-50, 742	2, 443, 751	102, 720. 00	23. 79	30.00
31.00	Laundry & Linen Service	8. 00	0	0	0	0.00	0. 00	31.00
32.00	Housekeepi ng	9. 00	2, 572, 516	-30, 701	2, 541, 815	163, 005. 00	15. 59	32.00
33.00	Housekeeping under contract		642, 025	0	642, 025	14, 293. 00	44. 92	33.00
	(see instructions)							
34.00	Di etary	10.00	2, 121, 557	-1, 494, 320	627, 237	39, 485. 00	15. 89	34.00
35.00	Di etary under contract (see		442, 689	0	442, 689	12, 456. 00	35. 54	35.00
	instructions)							
36.00	Cafeteri a	11. 00	0	1, 483, 877	1, 483, 877	92, 924. 00	15. 97	36.00
37.00	Maintenance of Personnel	12. 00	0	0	0	0.00	0. 00	37.00
38.00	Nursing Administration	13. 00	2, 609, 260	-3, 711	2, 605, 549	70, 117. 00	37. 16	38.00
39.00	Central Services and Supply	14. 00	0	0	0	0.00	0. 00	39.00
40.00	Pharmacy	15. 00	3, 917, 755	208, 848	4, 126, 603	93, 840. 00	43. 97	40.00
41.00	Medical Records & Medical	16. 00	726, 639	-4, 863	721, 776	20, 296. 00	35. 56	41.00
	Records Library							
42.00	Social Service	17. 00	2, 168, 128	-8, 646	2, 159, 482	56, 860. 00	37. 98	42.00
43.00	Other General Service	18. 00	0	0	0	0.00	0. 00	43.00

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

HOSPITAL WAGE INDEX INFORMATION Worksheet S-3 Part III Date/Time Prepared: Provider CCN: 15-0074 Peri od: From 01/01/2017 To 12/31/2017 5/30/2018 11:17 am Average Hourly Worksheet A Amount Recl assi fi cati Adj usted Pai d Hours Line Number Reported on of Salaries Sal ari es Related to Wage (col. 4 ÷ (col . 2 ± col . (from Salaries in col . 5) Works<u>heet A-6)</u> 3) col. 4 1.00 5.00 6.00 2.00 3.00 4.00 PART III - HOSPITAL WAGE INDEX SUMMARY 1.00 Net salaries (see 180, 912, 883 -4, 279, 452 176, 633, 431 5, 219, 244. 00 1.00 33.84 instructions) 2.00 4, 405, 409 -228, 297 4, 177, 112 173, 485. 00 2.00 Excluded area salaries (see 24.08 instructions) 3.00 Subtotal salaries (line 1 176, 507, 474 -4, 051, 155 172, 456, 319 5, 045, 759. 00 34.18 3.00 minus line 2)

60, 358, 356

49, 265, 862

282, 080, 537

48, 249, 198

C

-4, 051, 155

84, 453

1, 373, 415. 00

6, 419, 174. 00

1, 115, 600. 00

0.00

43.95

28. 57

43 94

43. 25

4.00

5.00

6.00

7.00

60, 358, 356

49, 265, 862

286, 131, 692

48, 164, 745

4.00

5.00

6.00

7.00

Subtotal other wages & related

Subtotal wage-related costs

Total overhead cost (see

Total (sum of lines 3 thru 5)

costs (see inst.)

(see inst.)

instructions)

| Peri od: | Worksheet S-3 | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To

	10 12/31/2017	Date/IIMe Prep   5/30/2018 11:	
		Amount	. ,
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		1
	RETI REMENT COST		
1.00	401K Employer Contributions	4, 997, 259	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	178, 451	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14, 515, 047	8. 02
8.03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	6, 200, 050	9. 00
10.00	Dental, Hearing and Vision Plan	132, 803	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)	96, 625	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1, 440, 847	13. 00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15. 00	'Workers' Compensation Insurance	310, 025	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
17. 00	FICA-Employers Portion Only	11, 784, 655	17. 00
18. 00	Medicare Taxes - Employers Portion Only	0	
19. 00	Unempl oyment Insurance	0	
20.00	State or Federal Unemployment Taxes	0	20. 00
	OTHER		
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see	0	21. 00
	instructions))	_	
22. 00	Day Care Cost and Allowances	0	
23. 00	Tuition Reimbursement	166, 114	1
24. 00	Total Wage Related cost (Sum of lines 1 -23)	39, 821, 876	24. 00
05.00	Part B - Other than Core Related Cost		05.00
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu	of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0074		Vorksheet S-3
		From 01/01/2017 F	Part V

			o 12/31/2017	Date/lime Prep   5/30/2018 11:	
	Cost Center Description		Contract Labor		I / alli
	oddt denter beder ptron		1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4, 744, 234	39, 821, 876	1.00
2.00	Hospi tal		4, 744, 234	38, 537, 531	2.00
3.00	Subprovi der - IPF				3.00
4.00	Subprovi der - I RF				4.00
5.00	Subprovi der - (0ther)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospi tal -Based SNF				8.00
9.00	Hospi tal -Based NF				9.00
10.00	Hospi tal -Based OLTC				10.00
11. 00	Hospi tal -Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospi tal -Based Hospi ce				13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15. 00	Hospital-Based Health Clinic FQHC		0	0	15.00
16. 00	Hospi tal -Based-CMHC				16.00
17. 00	Renal Dialysis		0	0	17.00
18. 00	Other		0	1, 284, 345	18.00

,01 1 171	L UNCOMPENSATED AND INDIGENT CARE DATA Pro	ovider CCN	l: 15-0074	Peri od: From 01/01/2017	Worksheet S-10	0
				To 12/31/2017	Date/Time Pre 5/30/2018 11:	
					1. 00	
	Incompensated and indigent care cost computation					
	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divide	led by line	e 202 column	1 8)	0. 234394	1.
	Medicaid (see instructions for each line) Net revenue from Medicaid				90, 675, 393	2.
- 1	Did you receive DSH or supplemental payments from Medicaid?				γο, σγο, σγο	3
	If line 3 is yes, does line 2 include all DSH and/or supplemental	payments	from Medica	ni d?	N	4
1	If line 4 is no, then enter DSH and/or supplemental payments from	Medicaid			24, 493, 500	5
	Medicaid charges Medicaid cost (line 1 times line 6)				415, 021, 155 97, 278, 469	
	wedicard cost (fine i times fine 6) Difference between net revenue and costs for Medicaid program (li	ne 7 minu	s sum of lir	nes 2 and 5 if	97, 278, 469	8
	<pre>&lt; zero then enter zero)</pre>	110 7 1111 110	3 3 <b>4</b> 11 01 111	103 2 unu 0, 11		
	Children's Health Insurance Program (CHIP) (see instructions for $\epsilon$	each line	)			
4	Net revenue from stand-alone CHIP				0	
1	Stand-alone CHIP charges Stand-alone CHIP cost (line 1 times line 10)				0	10 11
	Difference between net revenue and costs for stand-alone CHIP (li	ne 11 min	us line 9: i	f < zero then	-	12
	enter zero)					
	Other state or local government indigent care program (see instruc				0	
	Net revenue from state or local indigent care program (Not include Charges for patients covered under state or local indigent care p				0	13 14
	10)	n ogram (w	ot Theraueu	TH TIMES 0 01		14
	State or local indigent care program cost (line 1 times line 14)				0	15
	Difference between net revenue and costs for state or local indig	jent care j	program (lir	ne 15 minus line	0	16
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP a	and state	/Local indic	ent care program	ns (see	
	nstructions for each line)	and State	rrocar rriar g	jerre care program	13 (300	
'. 00 T	Private grants, donations, or endowment income restricted to fund	0	,			
7. 00 3. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos	pital ope	rati ons	c (cum of lines	0	18
7. 00 8. 00 9. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local in	pital ope	rati ons	s (sum of lines	0	17. 18. 19.
. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos	pital ope	rations are programs Uninsured	Insured	0 0 Total (col. 1	18
. 00 . 00 . 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local in	pital ope	rations are programs Uninsured patients	I nsured pati ents	0 0 Total (col. 1 + col. 2)	18
. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local in 8, 12 and 16)	pital ope	rations are programs Uninsured	Insured	0 0 Total (col. 1	18
. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local in	spital opendigent ca	rations are programs Uninsured patients	I nsured pati ents 2.00	0 0 Total (col. 1 + col. 2) 3.00	18 19
1. 00 1. 00 1. 00 1. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid , CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facilities (see instructions)	pital opendigent ca	Uninsured patients 1.00 1,747,08	I nsured pati ents 2.00	0 0 Total (col. 1 + col. 2) 3.00 4,899,108	18 19 20
1. 00   1. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosp Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facilities (see instructions)  Cost of patients approved for charity care and uninsured discounts	pital opendigent ca	rations are programs Uninsured patients 1.00	I nsured pati ents 2.00	0 0 Total (col. 1 + col. 2) 3.00 4,899,108	18 19 20
2. 00   3. 00   9. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosportal unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discounts instructions)	pital opendigent call	Uninsured patients 1.00 1,747,08	I nsured patients 2.00  30 3,152,028 3,152,028	0 0 Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533	18 19 20 21
. 00   . 00   . 00   . 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosp Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facilities (see instructions)  Cost of patients approved for charity care and uninsured discounts	pital opendigent call	Uninsured patients 1.00 1,747,08	I nsured patients 2.00  30 3,152,028 3,152,028	0 0 Total (col. 1 + col. 2) 3.00 4,899,108	18 19 20 21
. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosportal unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of	pital opendigent call	Uninsured patients 1.00 1,747,08	I nsured pati ents 2.00  3, 152, 028 3, 152, 028 0 368, 609	0 0 0 Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609	18 19 20 21 22
. 00   .	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care	pital opendigent call	Uni nsured patients 1.00 1,747,00 409,50	I nsured pati ents 2.00  3, 152, 028 3, 152, 028 0 368, 609	0 0 0 Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609 3,192,924	20 21 22
.00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosportal unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facility (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)	ity  s (see	Uni nsured patients 1.00 1,747,00 409,50	I nsured pati ents 2.00  30 3,152,028 05 3,152,028 0 368,609 05 2,783,419	0 0 0 Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609 3,192,924 1.00	20 21 22 23
00 00 00 00 00 00 00 00 00 00 00 00 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facility (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care pro-	ity its (see fas  days beyon	Uni nsured patients 1.00 1,747,06 409,56	Insured patients 2.00  3,152,028 3,152,028 0 368,609 2,783,419  of stay limit	Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609 3,192,924	20 21 22 23
.00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosp Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facility (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)	ity its (see fas  days beyon	Uni nsured patients 1.00 1,747,06 409,56	Insured patients 2.00  3,152,028 3,152,028 0 368,609 2,783,419  of stay limit	0 0 0 Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609 3,192,924 1.00	20 21 22 23
. 00   . 00   . 00   . 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facility (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care prolificated in the second content of the second conte	ity is (see adays beyon orgram? indigent	Uni nsured patients 1.00 1,747,06 409,56	Insured patients 2.00  3,152,028 3,152,028 0 368,609 2,783,419  of stay limit	Total (col. 1 + col. 2) 3.00 4,899,108 3,561,533 368,609 3,192,924	20 21 22 23 24 25
. 00   .	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hosp Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care predictions on patients covered by Medicaid or other indigent care predicting the stay limit of the limit o	ity s (see days beyonogram? indigent of	Uni nsured patients 1.00 1,747,00 409,50 409,50 nd a length care program	Insured patients 2.00  3,152,028 3,152,028 0 368,609 2,783,419  of stay limit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23 24 25 26 27
. 00   I	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facili (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the instal limit  Total bad debt expense for the entire hospital complex (see instrument)  Medicare reimbursable bad debts for the entire hospital complex (see	ity s (see days beyonogram? indigent of	Uni nsured patients 1.00 1,747,00 409,50 409,50 nd a length care program	Insured patients 2.00  3,152,028 3,152,028 0 368,609 2,783,419  of stay limit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23 24 25 26 27 27
7. 00   3. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilic (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profit line 24 is yes, enter the charges for patient days beyond the isstay limit Total bad debt expense for the entire hospital complex (see instructioare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	ity s (see f as  days beyon ogram? indigent of cuctions) see instruct	Uni nsured patients 1.00 1,747,0i 409,50 409,50 and a length care programuctions)	Insured patients 2.00  3, 152, 028 3, 152, 028 0 368, 609 2, 783, 419  of stay limit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23 24 25 26 27 27 28
7. 00   3. 00	Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local in 8, 12 and 16)  Uncompensated Care (see instructions for each line)  Charity care charges and uninsured discounts for the entire facili (see instructions)  Cost of patients approved for charity care and uninsured discounts instructions)  Payments received from patients for amounts previously written of charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient of imposed on patients covered by Medicaid or other indigent care profif line 24 is yes, enter the charges for patient days beyond the instal limit  Total bad debt expense for the entire hospital complex (see instrument)  Medicare reimbursable bad debts for the entire hospital complex (see	ity s (see f as  days beyon ogram? indigent of cuctions) see instruct	Uni nsured patients 1.00 1,747,0i 409,50 409,50 and a length care programuctions)	Insured patients 2.00  3, 152, 028 3, 152, 028 0 368, 609 2, 783, 419  of stay limit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23 24 25 26 27 27 28 29

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0074 Period: Wo	/	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0074 Period: Wo	orksheet A	
From 01/01/2017 To 12/31/2017 Da	ate/Time Prep	nared:
	/30/2018 11: 1	
	ecl assi fi ed	
	ial Balance	
	(col. 3 +-	
	col . 4)	
	5. 00	
1. 00   00100   CAP   REL   COSTS - BLDG & FIXT   0   0   18, 962, 552	18, 962, 552	1. 00
2. 00   00200   CAP   REL   COSTS-MVBLE   EQUI   P   0   0   0   20, 042, 200	20, 042, 200	2. 00
3.00   00300   OTHER CAP REL COSTS   0 0 0	0	3. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 259, 481 223, 954 483, 435 -28, 691	454, 744	4. 00
5. 00   00500   ADMINI STRATI VE & GENERAL 11, 018, 906   142, 265, 831   153, 284, 737   -5, 177, 876	148, 106, 861	5.00
7. 00 00700 OPERATION OF PLANT 2, 494, 493 13, 944, 891 16, 439, 384 -817, 431	15, 621, 953	7. 00
8.00   00800   LAUNDRY & LINEN SERVICE   0   1,053,743   1,053,743   -100	1, 053, 643	8. 00
9. 00   00900  HOUSEKEEPI NG   2, 572, 516   1, 917, 758   4, 490, 274   -9, 866	4, 480, 408	9. 00
10. 00   01000   DI ETARY   2, 121, 557   2, 988, 593   5, 110, 150   -3, 689, 472	1, 420, 678	10.00
11. 00   01100   CAFETERI A	3, 363, 036	11.00
13. 00   01300   NURSI NG ADMI NI STRATI ON 2, 609, 260 935, 369 3, 544, 629 -20, 468 14. 00   01400   CENTRAL SERVI CES & SUPPLY 0 1, 192, 397 1, 192, 397 -1, 312, 477	3, 524, 161	13. 00 14. 00
14.00   01400   CENTRAL SERVICES & SUPPLY 0 1, 192, 397 1, 192, 397 -1, 312, 477 15.00   01500   PHARMACY 3, 917, 755 12, 671, 427 16, 589, 182 -9, 406, 470	-120, 080 7, 182, 712	15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY   726, 639   463, 756   1, 190, 395   -212	1, 190, 183	16. 00
17. 00   01700  SOCI AL SERVI CE   2, 168, 128   598, 816   2, 766, 944   -2, 264	2, 764, 680	17. 00
21.00   02100   1 &R SERVI CES-SALARY & FRI NGES APPRVD   0   0   3,986,168	3, 986, 168	21. 00
22. 00   02200   L&R SERVI CES-0THER PRGM COSTS APPRVD   8, 681, 655   2, 398, 071   11, 079, 726   -4, 020, 807	7, 058, 919	22. 00
23. 00   02300   EMS TRAI NI NG-ALLI ED HEALTH 97, 558 824, 800 922, 358 -33, 191	889, 167	23.00
23. 01   02301   RADI 0LOGY   SCHOOL-ALLI ED   HEALTH   0   0   0   0	0	23. 01
23. 02   02302   PHARMACY RESI DENCY-ALLI ED HEALTH 395, 464 370, 705 766, 169 -274, 091	492, 078	23. 02
23. 03   02303   PHARMACY RESIDNECY-BTH ALLIED HEALTH   0   0   0   0	0	23. 03
INPATIENT ROUTINE SERVICE COST CENTERS		
30. 00 03000 ADULTS & PEDI ATRI CS 35, 991, 802 10, 186, 530 46, 178, 332 -2, 824, 382	43, 353, 950	30. 00
31. 00   03100   NTENSI VE CARE UNI T	6, 747, 094	31. 00
32. 00   03200   CORONARY CARE UNI T   3, 013, 601   1, 284, 779   4, 298, 380   -102, 850   43. 00   04300   NURSERY   0   0   426, 558	4, 195, 530	32.00
43. 00   04300  NURSERY   0   0   426, 558   ANCI LLARY   SERVI CE   COST   CENTERS	426, 558	43. 00
50. 00   05000   0PERATI NG ROOM   3, 967, 543   24, 716, 887   28, 684, 430   -19, 350, 659	9, 333, 771	50. 00
51. 00   05100   RECOVERY ROOM   995, 239   463, 382   1, 458, 621   -6, 145	1, 452, 476	51.00
52. 00   05200   DELIVERY ROOM & LABOR ROOM   562, 223   814, 413   1, 376, 636   1, 069, 576	2, 446, 212	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 3, 720, 300 2, 760, 397 6, 480, 697 -2, 258, 158	4, 222, 539	54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C   319, 504   1, 217, 240   1, 536, 744   -476, 509	1, 060, 235	55.00
57. 00 05700 CT SCAN 779, 996 1, 138, 529 1, 918, 525 397, 545	2, 316, 070	57.00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI) 426, 118 588, 048 1, 014, 166 -243, 871	770, 295	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON 2, 732, 877 24, 242, 443 26, 975, 320 -23, 320, 488	3, 654, 832	59. 00
60. 00   06000   LABORATORY	12, 120, 527	60.00
64. 00   06400   NTRAVENOUS THERAPY   250, 883   106, 591   357, 474   -54, 743	302, 731	64.00
65. 00   06500   RESPI RATORY THERAPY 3, 239, 095 1, 622, 457 4, 861, 552 -626, 722 4, 00   06400   DIVISI CAL THERAPY 5, 210, 139 3, 239, 095 1, 622, 457 4, 861, 552 3, 270, 843	4, 234, 830	65.00
66. 00   06600  PHYSI CAL THERAPY	5, 219, 719 1, 492, 440	66. 00 67. 00
68. 00   06800   SPEECH PATHOLOGY	543, 239	68. 00
69. 00   06900   ELECTROCARDI OLOGY   2, 391, 577   552, 191   2, 943, 768   -387, 591	2, 556, 177	69. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   520, 230   408, 432   928, 662   -166, 515	762, 147	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 21,009,262	21, 009, 262	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 0 0 23, 650, 394	23, 650, 394	72.00
73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   88, 318, 077	88, 318, 077	73.00
74. 00 07400 RENAL DI ALYSI S 0 1, 186, 924 -881	1, 186, 043	74. 00
76. 00   03330   ENDOSCOPY   358, 356   450, 626   808, 982   -513, 311	295, 671	76. 00
76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   24, 171, 553   26, 185, 987   50, 357, 540   -15, 860, 053	34, 497, 487	76. 01
76. 03   03951   LUTHERWOOD PARTNERSHI P	11, 454, 275	76. 03
76. 04   03952   WOUND CARE CENTER   809, 144   2, 475, 294   3, 284, 438   -886, 157   76. 05   03480   0NCOLOCY CANCER CARE CENTER   10, 095, 780   96, 303, 940   96, 309, 630   67, 407, 735	2, 398, 281	76. 04
76. 05   03480   ONCOLOGY-CANCER CARE CENTER   10, 085, 780   86, 303, 840   96, 389, 620   -67, 407, 735   76. 06   03953   I MAGI NG CENTERS   2, 454, 694   4, 388, 883   6, 843, 577   -1, 631, 514	28, 981, 885 5, 212, 063	76. 05 76. 06
76. 07   03954   BREAST DI AGNOSTI C CENTER   2, 434, 694   4, 388, 883   6, 843, 577   -1, 631, 514   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   1, 663, 329   -22, 744	1, 640, 585	76. 06 76. 07
76. 97   07697   CARDI AC REHABI LI TATI ON 642, 547 342, 379 984, 926 -121, 193	863, 733	76. 07 76. 97
76. 98   07698   HYPERBARI C OXYGEN THERAPY	527, 547	76. 98
OUTPATIENT SERVICE COST CENTERS	0277017	70.70
88. 00   08800  RURAL HEALTH CLINIC   0   0   0   0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0	0	89. 00
90. 00   09000   CLI NI C   0   0   0   0	0	90.00
90. 01   04950   DI ABETI C CARE CENTER   0   0   0	0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	2, 348, 460	90. 02
90. 03   09001   CLI NI C   0   0   0   0   0	0	90. 03
90. 04   04953   SPI NE CENTER	404 973	90.04
90. 05   04954   I NFUSI ON CENTERS   397, 405   15, 751, 010   16, 148, 415   -15, 541, 543   90. 06   09002   MEDCHECK CLINICS   0 0 0 0	606, 872 0	90. 05 90. 06
90. 06   09002   MEDCHECK CLINICS	3, 590, 520	90.06
90. 07   09003   NNEE CENTER   1, 353, 367   2, 190, 900   3, 750, 353   -159, 653   90. 08   09004   PALLI ATI VE CARE   0   0   0	3, 590, 520	90.07
90. 10   09006   WORK SITE CLINICS   0   0   0	ő	90. 10
90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   0   0	ől	90. 12
91. 00   09100   EMERGENCY   8, 346, 436   6, 007, 145   14, 353, 581   -191, 426	14, 162, 155	
	·	

Health Financial Systems CC	MMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-:	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provi der CC		eriod: rom 01/01/2017	Worksheet A	
				o 12/31/2017	Date/Time Pre 5/30/2018 11:	
Cost Center Description	Sal ari es	0ther		Recl assi fi cati		
			+ col . 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1 00	2.00	2.00	4 00	col . 4)	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.00	2. 00	3. 00	4. 00	5. 00	92. 00
OTHER REIMBURSABLE COST CENTERS						92.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS	<u> </u>	<u> </u>		,	<u> </u>	70.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	164, 549, 855	422, 177, 607	586, 727, 462	1, 701, 283	588, 428, 745	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	0	0	190. 00
191. 00 19100 RESEARCH	0	0	C	0	0	191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	9, 407	159, 845	169, 252	-87, 151		192. 00
194.00 07950 HOME OFFICE	0	0	C	0	0	194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	C	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	C	0		194. 03
194.04 07954 SMO-NON PROVIDER BASED	476, 482	148, 980			625, 462	
194. 05 07955 FAMILY PRACTICE MEDICINE	2, 284, 020	2, 396, 808				
194. 07 07957 LI FECHECK	288, 016	107, 445		,		1
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	854, 462	476, 377	1, 330, 839	-118, 190		
194. 09 07959 SURGERY CENTER EAST	1(0,4(2,242)	405 477 070	[ [ [ [ ]	0		194. 09
200.00   TOTAL (SUM OF LINES 118 through 199)	168, 462, 242	425, 467, 062	593, 929, 304	. 0	593, 929, 304	1200.00

Provider CCN: 15-0074

| Period: | Worksheet A | From 01/01/2017 | To 12/31/2017 | Date/Time Prepared: 5/30/2018 11: 17 am

				5/30/2018 11:	17 am
	Cost Center Description	Adjustments	Net Expenses		
			For Allocation 7.00		
	GENERAL SERVICE COST CENTERS	6. 00	7.00		
1.00	00100 CAP REL COSTS-BLDG & FIXT	-3, 303, 631	15, 658, 921		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	9, 235, 282		1	2. 00
3.00	00300 OTHER CAP REL COSTS	0	l		3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	6, 516, 177	6, 970, 921		4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	-45, 372, 551	102, 734, 310		5. 00
7.00	00700 OPERATION OF PLANT	628, 875		l I	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	,	l I	8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG	20. 272	4, 480, 408		9.00
11. 00	01000 DI ETARY 01100 CAFETERI A	-20, 373 -706, 207	1, 400, 305 2, 656, 829		10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	3, 868, 284	7, 392, 445		13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	4, 176, 178			14. 00
15. 00	01500 PHARMACY	-171, 403			15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	4, 034, 140	5, 224, 323		16. 00
17. 00	01700 SOCIAL SERVICE	0	2, 764, 680		17. 00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	-930, 924		1	21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	-1, 699, 019	1	1	22. 00
23. 00 23. 01	02300 EMS TRAINING-ALLIED HEALTH 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	-162, 228	726, 939 0		23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	-63, 367	428, 711	1	23. 01
23. 02	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	-03, 307	l		23. 02
20.00	INPATIENT ROUTINE SERVICE COST CENTERS				20.00
30.00	03000 ADULTS & PEDI ATRI CS	-3, 619, 866	39, 734, 084		30.00
31.00	03100 INTENSIVE CARE UNIT	0	6, 747, 094		31. 00
32. 00	03200 CORONARY CARE UNIT	0	4, 195, 530		32. 00
43. 00	04300 NURSERY	0	426, 558	3	43. 00
F0 00	ANCILLARY SERVICE COST CENTERS	054.050	0.070.740	J	
50.00	05000 OPERATING ROOM	-254, 053		1	50.00
51. 00 52. 00	O5100   RECOVERY ROOM   O5200   DELIVERY ROOM & LABOR ROOM	-975, 240		1	51. 00 52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	-24, 107	4, 198, 432		54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	l		55. 00
57. 00	05700 CT SCAN	0	2, 316, 070	l I	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	770, 295		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	-530, 661	3, 124, 171	1	59. 00
60.00	06000 LABORATORY	-1, 021, 822			60.00
64. 00	06400 I NTRAVENOUS THERAPY	0	302, 731		64. 00
65. 00 66. 00	06500 RESPIRATORY THERAPY	241 721	4, 234, 830		65. 00 66. 00
67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	261, 721 0	5, 481, 440 1, 492, 440	1	67.00
68. 00	06800 SPEECH PATHOLOGY	0	543, 239		68.00
69. 00	06900 ELECTROCARDI OLOGY	279, 785	l	1	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	120, 497	882, 644	1	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21, 009, 262		71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	23, 650, 394	•	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	542, 971	88, 861, 048		73.00
	07400 RENAL DI ALYSI S	0	.,	1	74.00
76. 00 76. 01	03330 ENDOSCOPY 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0 -22, 200, 927			76. 00 76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	-8, 881, 410			76. 03
76. 04	03952 WOUND CARE CENTER	-431	l		76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	5, 847, 380			76. 05
76. 06	03953 I MAGI NG CENTERS	0	5, 212, 063		76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	0	1, 640, 585	l I	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	-38, 905	l	l I	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	527, 547		76. 98
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	0	0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90.00	09000 CLINIC	0	0		90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0		90. 01
90. 02	04951 HEALTHY HEARTS CENTER	-628, 604	1, 719, 856		90. 02
90. 03	09001 CLI NI C	0	0		90. 03
90. 04	04953 SPI NE CENTER	0	0		90. 04
90.05	04954 I NFUSION CENTERS	-1, 428	605, 444	•	90. 05
90.06	09002 MEDCHECK CLINICS	0	0		90.06
90. 07 90. 08	09003 KNEE CENTER 09004 PALLI ATI VE CARE	-31, 819	3, 558, 701		90. 07 90. 08
	09004 PALLIATIVE CARE				90.08
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE	1 0	0		90. 10
	09100 EMERGENCY	55, 028	14, 217, 183		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00

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

			5/30/2018 11	
Cost Center Description	Adjustments	Net Expenses		
	(See A-8) F	or Allocation		
	6.00	7. 00		
OTHER REIMBURSABLE COST CENTERS				
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98. 00
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-55, 072, 658	533, 356, 087		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190. 00
191. 00 19100 RESEARCH	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	82, 101		192. 00
194.00 07950 HOME OFFICE	0	0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0		194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	625, 462		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	3, 206, 452		194. 05
194. 07 07957 LI FECHECK	0	373, 895		194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	1, 212, 649		194. 08
194.09 07959 SURGERY CENTER EAST	0	0		194. 09
200.00   TOTAL (SUM OF LINES 118 through 199)	-55, 072, 658	538, 856, 646		200. 00

COMMUNITY HEALTH NETWORK, INC.

Provider CCN: 15-0074 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2017 To 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am

11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 18.00 18.00 18.00 19.00						5/30/2018 11	1:1/ am
A		Cost Center		Salary	Other		
A - Chargeable Red Call Suppl   58   171.00   0   21,009,262   21,009,							
MEDICAL SUPPLIES CHARGED TO					0.00		
2.00  4.00  4.00  4.00  5.00  6.00  7.00  8.00  9.00	1.00			0	21, 009, 262		1. 00
3. 00		PATI ENTS					
4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			l I	•			2. 00
5.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			l I				3. 00
0				- 1			4. 00 5. 00
7. 00			l I	-			6. 00
8.00							7. 00
10.00				0			8. 00
11.00 13.00 13.00 14.00 15.00 15.00 16.00 17.00 18.00 18.00 18.00 19.00	9.00		0.00	0			9. 00
12.00 14.00 14.00 15.00 16.00 16.00 16.00 17.00 18.00 19.00 10.00			l I	0			10. 00
13.00 15.00 16.00 17.00 18.00 19.00			l I	- 1			11. 00
14.00 16.00 16.00 17.00 18.00 18.00 18.00 18.00 19.00							12.00
15.00				- 1			13.00
16.00   0.00   0.00   0   0   0   1   1   1   1   1   1				- 1			14. 00 15. 00
17.00				•			16. 00
18. 00				- 1			17. 00
20.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00				-1			18. 00
21.00	19. 00		0.00	O	0		19. 00
TOTALS	20.00		0.00	0	0		20. 00
B Implantable Device Reciass	21. 00		0.00				21. 00
IMPL DEV. CHARGED TO   72.00   0   23,650,394				0	21, 009, 262		_
PATIENTS	1 00				22 / 50 204		1 00
2.00   0.00   0.00   0   0   0   0   0	1.00		/2.00	U	23, 650, 394		1. 00
3.00	2 00	FATTENTS	0.00	0	0		2. 00
4.00 6.00 10TALS C - Drugs Charges to Pat DRUGS CHARGED TO PATIENTS 73.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0			l I	- 1			3. 00
5.00				- 1			4. 00
TOTALS C - Drugs Charges to Pat  DRUGS CHARGED TO PATIENTS 73.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0				0	0		5. 00
C - Drugs Charges to Pat  DRUGS CHARGED TO PATIENTS  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	6.00	L	0.00				6. 00
1.00   DRIGS CHARGED TO PATIENTS   73.00   0   88, 318, 077   0   0   0   0   0   0   0   0   0				0	23, 650, 394		_
2.00   0.00   0.00   0   0   0   0   0	4 00		70.00	ما	00 040 077		1 00
3.00   0.00   0.00   0   0   0   0   0		DRUGS CHARGED TO PATTENTS		- 1			1. 00 2. 00
4. 00 5. 00 6. 00 7. 00 8. 00 9. 00				- 1			3. 00
5.00			l I				4. 00
7. 00 8. 00 9. 00 10. 0				- 1			5. 00
8. 00   0. 00   0. 00   0   0   0   1   1   1   1   1   1	6.00			0			6. 00
9.00 10.00 10.00 10.00 10.00 0.00 0.00 0				- 1			7. 00
10.00 11.00 12.00 0.00 0.00 0.00 0.00 13.00 14.00 15.00 0.00 0.00 0.00 0.00 0.00 15.00 16.00 0.00 0.00 0.00 0.00 0.00 17.00 18.00 18.00 0.00 0.00 0.00 0.00 0.00							8. 00
11.00 12.00 13.00 0.00 0.00 0.00 0.00 0.00 15.00 0.00 0				- 1			9. 00
12. 00 13. 00 14. 00 15. 00 16. 00 16. 00 17. 00 18. 00 19			l I	- 1			10. 00 11. 00
13.00 14.00 15.00 0.00 0.00 0.00 0.00 15.00 16.00 17.00 18.00 0.00 0.00 0.00 0.00 0.00 0.00				- 1			12. 00
14. 00 15. 00 16. 00 16. 00 0.				-			13. 00
15. 00 16. 00 17. 00 18. 00 19. 00 0				- 1			14. 00
17. 00 18. 00 19. 00 0.				0	0		15. 00
18. 00				0	0		16. 00
19. 00 20. 00 20. 00 21. 00 22. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00 20							17. 00
20. 00 21. 00 22. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00 30. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				- 1			18. 00
21. 00 22. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00 20				- 1			19. 00
22. 00 23. 00 24. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00 30. 00 30. 00 31. 00 32. 00 33. 00 33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  1. 00 CAP REL COSTS-MVBLE EQUI P  2. 00 0.				- 1			20. 00 21. 00
23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 29. 00 30. 00 31. 00 32. 00 33. 00 33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  1. 00 CAP REL COSTS-MVBLE EQUIP  20. 00 0. 00				-1			22. 00
24. 00				- 1			23. 00
25. 00				- 1			24. 00
26. 00				- 1			25. 00
28. 00	26. 00		0.00	О			26. 00
29. 00 30. 00 31. 00 31. 00 32. 00 33. 00 33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  CAP REL COSTS-MVBLE EQUIP  2. 00  0. 00							27. 00
30. 00   0.00   0   0   0   31. 00   32. 00   33. 00   34. 00   35. 00   0.00   0   0   0   0   35. 00   0.00   0   0   0   0   0   0   0				-1			28. 00
31. 00 32. 00 32. 00 33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  CAP REL COSTS-MVBLE EQUIP  CAP REL COSTS-MVBLE EQUIP							29. 00
32. 00 33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  1. 00 CAP REL COSTS-MVBLE EQUIP  2. 00  0. 00				-	-		30. 00 31. 00
33. 00 34. 00 35. 00  TOTALS  D - Depreciation Expense  1. 00  CAP REL COSTS-MVBLE EQUIP  2. 00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							32.00
34. 00 35. 00				-			33. 00
35. 00							34. 00
TOTALS 0 88, 318, 077  D - Depreciation Expense  1. 00 CAP REL COSTS-MVBLE EQUIP 2. 00 0 19, 405, 365 2. 00 0 0 0				O			35. 00
1. 00 CAP REL COSTS-MVBLE EQUI P 2. 00 0 19, 405, 365 2. 00 0 0 0					88, 318, 077		
2.00 0.00 0 0							
		CAP REL COSTS-MVBLE EQUIP					1.00
3. 00   0 0							2. 00 3. 00
	3.00	I	0.00	٠Į	U		3.00

Health Financial Systems RECLASSIFICATIONS

Peri od: From 01/01/2017 To 12/31/2017

Date/Time Prepared: 5/30/2018 11:17 am

					5/30/2018 11:	17 am
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
	2. 00	3. 00	4. 00	5. 00		
4.00		0.00	0	0		4. 00
5.00		0.00	0			5. 00
6. 00		0.00	0			6. 00
7.00		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	0	0		9. 00
10.00		0.00	0	0		10.00
11. 00		0.00	0	0		11. 00
12. 00		0.00	0			12. 00
13. 00		0.00	Ö			13. 00
14. 00		0.00	Ö			14. 00
15. 00		0.00	0			15. 00
16. 00		0.00	0			16. 00
			0			
17. 00		0.00				17. 00 18. 00
18. 00		0.00	0			
19. 00		0.00	0			19. 00
20.00		0.00	0			20.00
21. 00		0.00	0			21. 00
22. 00		0.00	0			22. 00
23. 00		0.00	0			23. 00
24. 00		0.00	0			24. 00
25. 00		0.00	0			25. 00
26. 00		0.00	0			26. 00
27.00		0.00	0	0		27. 00
28.00		0.00	0	0		28. 00
29.00		0.00	0	0		29. 00
30.00		0.00	0			30.00
31.00		0.00	0			31.00
32. 00		0.00	0			32. 00
33. 00		0.00	Ö			33. 00
34. 00		0.00	0			34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	0			36.00
37. 00		0.00	0	0		37. 00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40.00		0.00	0	0		40. 00
41. 00		0.00	0			41. 00
42.00		0.00	0			42. 00
	TOTALS		0	19, 405, 365		_
	E - Interest Expense					
1. 00	CAP REL COSTS-BLDG & FIXT		0			1. 00
	TOTALS			8, 724, 624		
	F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10, 641, 310		1. 00
2.00		0.00	0	0		2. 00
3.00		0.00	0	0		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	0	0		5. 00
6.00		0.00	0	0		6. 00
7. 00		0.00	0			7. 00
8. 00		0.00	0	Ō		8. 00
9. 00		0.00	Ö			9. 00
10. 00		0.00	0			10.00
11. 00		0.00	0			11. 00
12. 00		0.00	0			12. 00
13. 00		0.00	0			13. 00
14. 00		0.00				14. 00
			0			
15. 00		0.00	0			15.00
16.00		0.00	0			16.00
17. 00		0.00	0			17. 00
18.00		0.00	0			18.00
19. 00		0.00	0			19.00
20. 00		0.00	0			20.00
21. 00		0.00	0			21. 00
22. 00		0.00	0			22. 00
23.00		0.00	0			23. 00
24.00		0.00	0			24. 00
25. 00		0.00	0			25. 00
26.00		0.00	0			26. 00
27.00		0.00	0	0		27. 00
28. 00		0.00	0			28. 00
29. 00		0.00	0			29. 00
30. 00		0.00	0			30.00
				·		

Health Financial Systems RECLASSIFICATIONS COMMUNITY HEALTH NETWORK, INC.

Provider CCN: 15-0074 In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2017 To 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am

					5/30/2018 11:17 am
	Coot Conton	Increases	Colomy	O+box	
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00	
31. 00	2.00	0.00	4.00	5.00	31.00
32. 00		0.00	0	0	31.00
33. 00		0.00	0	0	33.00
34. 00		0.00	o	0	33.00
35. 00		0.00	0	0	35.00
36. 00		0.00	Ö	o	36.00
37. 00		0.00	0	Ö	37.00
38. 00		0.00	Ö	0	38.00
39. 00		0.00	Ö	0	39.00
40. 00		0.00	o	Ö	40.00
41. 00		0.00	o	0	41.00
42.00		0.00	o	0	42.00
43.00		0.00	o	0	43.00
44.00		0.00	o	0	44.00
45.00		0.00	o	0	45.00
46.00		0.00	o	0	46.00
	TOTALS		0	10, 641, 310	
	G - STD BENEFITS				
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	15, 289	1.00
2.00	OPERATION OF PLANT	7.00	0	50, 742	2.00
3.00	HOUSEKEEPI NG	9. 00	0	30, 701	3.00
4.00	DI ETARY	10. 00	0	10, 443	4.00
5.00	NURSING ADMINISTRATION	13. 00	0	3, 711	5. 00
6.00	PHARMACY	15. 00	0	1, 409	6.00
7. 00	MEDICAL RECORDS & LIBRARY	16. 00	0	4, 863	7.00
8.00	SOCI AL SERVI CE	17. 00	0	8, 646	8.00
9. 00	I &R SERVI CES-OTHER PRGM	22. 00	0	21, 145	9.00
10 00	COSTS APPRVD	20.00		224 024	10.00
10. 00 11. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	324, 034 30, 868	10. 00 11. 00
12. 00	CORONARY CARE UNIT	32.00	0	23, 312	11.00
13. 00	OPERATING ROOM	50.00	0	13, 577	13.00
14. 00	RECOVERY ROOM	51.00	o	7, 529	14.00
15. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	23, 036	15.00
16. 00	CT SCAN	57.00	ő	5, 290	16. 00
17. 00	MAGNETIC RESONANCE I MAGING	58.00	Ö	1, 104	17.00
17.00	(MRI)	00.00	Ĭ	1, 101	17.00
18. 00	CARDIAC CATHETERIZATION	59.00	o	21, 793	18.00
19. 00	INTRAVENOUS THERAPY	64.00	o	2, 790	19.00
20. 00	RESPIRATORY THERAPY	65.00	o	22, 299	20.00
21.00	PHYSI CAL THERAPY	66.00	O	27, 734	21.00
22.00	ELECTROCARDI OLOGY	69.00	o	6, 152	22.00
23.00	ENDOSCOPY	76.00	o	3, 706	23.00
24.00	PSYCHI ATRI C/PSYCHOLOGI CAL	76. 01	o	124, 831	24.00
	SERVI CES				
25.00	LUTHERWOOD PARTNERSHIP	76. 03	0	36, 110	25. 00
26. 00	WOUND CARE CENTER	76. 04	0	1, 974	26.00
27. 00	ONCOLOGY-CANCER CARE CENTER	76. 05	0	66, 635	27. 00
	I MAGING CENTERS	76.06	0	12, 456	28.00
29. 00	CARDIAC REHABILITATION	76. 97	0	393	29.00
30. 00	HEALTHY HEARTS CENTER	90. 02	0	18, 438	30.00
31. 00	INFUSION CENTERS	90. 05	0	1, 915	31.00
32. 00	KNEE CENTER	90. 07	0	5, 684	32.00
33.00	EMERGENCY	91.00	0	33, 332	33.00
34.00	FAMILY PRACTICE MEDICINE	194. 05	0	19, 074	34.00
35. 00	LI FECHECK	194. 07	0	351	35. 00
36. 00	GROUP HOMES AND MISC. N_R	194. 08	U	5, 205	36.00
	CTRS TOTALS	<del> </del>	— — — <sub>0</sub>		
	H - Labor and Delivery		U U	700, 371	
1.00	NURSERY	43.00	307, 211	119, 347	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	770, 319	299, 257	2.00
2.00	TOTALS		1, 077, 530	418, 604	2.00
	I - Cafeteria		., ., , , , , , , , ,	,	
1.00	CAFETERI A	11. 00	1, 483, 877	1, 879, 159	1.00
55	TOTALS	<del>                                     </del>	1, 483, 877	1, 879, 159	1.00
	J - Therapy Reclass		.,,	., 5. ,, .0 ,	
1.00	OCCUPATI ONAL THERAPY	67.00	1, 070, 600	421, 840	1.00
2.00	SPEECH PATHOLOGY	68.00	389, 692	153, 547	2.00
	TOTALS		1, 460, 292	575, 387	
	K - BUILDING DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10, 004, 475	1.00
	TOTALS		o	10, 004, 475	

| Peri od: | Worksheet A-6 | From 01/01/2017 | To 12/31/2017 | Date/Time Prepared: Health Financial Systems RECLASSIFICATIONS COMMUNITY HEALTH NETWORK, INC. Provider CCN: 15-0074

					1	Го 12/31/20	17   Date/Time Prepared:   5/30/2018 11:17 am
		Increases			<u>'</u>		
	Cost Center	Li ne #	Sal ary	Other			
	2.00	3.00	4.00	5. 00			
	L - Capital Insurance Costs	•					
1.00	CAP REL COSTS-BLDG & FIXT	1. 00	0	233, 453			1. 00
	TOTALS			233, 453			
	M - Radiology Support			<u> </u>			
1.00	RADI OLOGY-THERAPEUTI C	55. 00	361, 046	124, 929			1. 00
2.00	CT SCAN	57.00	165, 888	57, 400			2. 00
3.00	MAGNETIC RESONANCE IMAGING	58.00	33, 724	11, 669			3. 00
	(MRI)						
4.00	I MAGING CENTERS	76. 06	110, 741	38, 318			4. 00
	TOTALS		671, 399	232, 316			
	N - Hyperbaric Oxygen Therapy	,					
1.00	HYPERBARIC OXYGEN THERAPY	76. 98	137, 728	389, 819			1. 00
	TOTALS		137, 728	389, 819			
	0 - IHH Cat Scan						
1.00	CT SCAN	57. 00	522, 576	220, 331			1. 00
	TOTALS		522, 576	220, 331			
	P - Residents Costs						
1.00	I &R SERVI CES-SALARY &	21. 00	3, 292, 881	693, 287			1. 00
	FRI_NGES_APPRVD						
	TOTALS		3, 292, 881	693, 287			
	Q - Pharmacy Residency Reclas						
1.00	PHARMACY	1500	21 <u>0, 2</u> 57	5 <u>8, 3</u> 56			1. 00
	TOTALS		210, 257	58, 356			
	R - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23. 00	6, 590	1, 336			1.00
2.00	EMERGENCY	91.00	3, 140	636			2. 00
3.00		0.00	0	0			3. 00
4.00		0.00	0	0			4. 00
5.00		0.00	0	0			5. 00
	TOTALS		9, 730	1, 972			
	S - CBI ALLOCATION TO GALLAHU	E					
1.00	ADMI NI STRATI VE & GENERAL	5. 00	0	14, 096, 888			1. 00
	TOTALS		0	14, 096, 888			
500.00	Grand Total: Increases		8, 866, 270	201, 539, 650			500. 00

Health Financial Systems RECLASSIFICATIONS

Peri od: From 01/01/2017 To 12/31/2017

Date/Time Prepared: 5/30/2018 11:17 am

Cost Center	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00
Color	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
A - Chargeable Medical Supplies	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
1.00   ADULTS & PEDIATRICS   30.00   0   635, 232   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   0   10   179, 865   0   179, 865   0   179, 865   0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
2.00   INTENSIVE CARE UNIT	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
3.00 CORONARY CARE UNIT 32.00 0 65,663 0 4.00 OPERATING ROOM 50.00 0 6,770,137 0 5.00 RECOVERY ROOM 51.00 0 2,366 0 6.00 RADI OLOGY-DI AGNOSTI C 54.00 0 7,695 0 7.00 RADI OLOGY-THERAPEUTI C 55.00 0 534, 144 0 8.00 CT SCAN 57.00 0 207,503 0 9.00 MAGNETIC RESONANCE I MAGI NG 58.00 0 4,230 0 (MRI ) 10.00 CARDI AC CATHETERI ZATI ON 59.00 0 10,416,303 0 11.00 LABORATORY 60.00 0 12 0 12.00 I INTRAVENOUS THERAPY 64.00 0 51,568 0 13.00 RESPI RATORY THERAPY 65.00 0 416,492 0 14.00 PHYSI CAL THERAPY 66.00 0 10 15.00 ENDOSCOPY 76.00 0 428,369 0 16.00 WOUND CARE CENTER 76.04 0 152, 208 0 17.00 OKOLOGY-CANCER CARE CENTER 76.04 0 152, 208 0 18.00 I MAGI NG CENTERS 76.06 0 333, 905 0 19.00 HEALTHY HEARTS CENTER 90.02 0 593 0 19.00 HEALTHY HEARTS CENTER 90.02 0 593 0 20.00 I NFUSI OR CENTER 90.05 0 20 0 21.00 EMBROSCOPY 91.00 0 105,127 0 TOTALS 0 11,140,133 0 2.00 RADI OLOGY-THERAPEUTI C 55.00 0 12,134,493 0 2.00 RADI OLOGY-THERAPEUTI C 55.00 0 12,134,493 0 4.00 ENDOSCOPY 76.00 0 243,313 0 0 CARDI AC CATHETERI ZATI ON 59.00 0 12,134,493 0 4.00 ENDOSCOPY 76.00 0 243,313 0 0 CARDI AC CATHETERI ZATI ON 59.00 0 12,134,493 0 4.00 ENDOSCOPY 76.00 0 243,313 0 0 CARDI AC CATHETERI ZATI ON 59.00 0 12,134,493 0 0 ENDOSCOPY 76.00 0 243,313 0	3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
4.00 OPERATING ROOM 50.00 0 6,770,137 0 5.00 RECOVERY ROOM 51.00 0 2,366 0 6.00 RADI OLOGY-DI AGNOSTI C 54.00 0 7,695 0 7.00 RADI OLOGY-THERAPEUTI C 55.00 0 534,144 0 8.00 CT SCAN 57.00 0 207,503 0 9.00 MAGNETI C RESONANCE I MAGI NG 58.00 0 4,230 0 (MRI ) 10.00 CARDI AC CATHETERI ZATI ON 59.00 0 10,416,303 0 11.00 LABORATORY 60.00 0 12 0 11.00 INTRAVENOUS THERAPY 64.00 0 51,568 0 13.00 RESPI RATORY THERAPY 65.00 0 416,492 0 14.00 PHYSI CAL THERAPY 66.00 0 10 0 15.00 ENDOSCOPY 76.00 0 428,369 0 16.00 WOUND CARE CENTER 76.04 0 152,208 0 17.00 ONCOLOGY-CANCER CARE CENTER 76.04 0 152,208 0 19.00 HEALTHY HEARTS CENTER 90.02 0 593 0 20.00 I NFUSI ON CENTERS 90.05 0 20 0 21.00 ENERGENCY 91.00 0 10,11,140,133 0 2.00 RADI OLOGY-THERAPEUTI C 55.00 0 11,140,133 0 2.00 RADI OLOGY-THERAPEUTI C 55.00 0 12,134,493 0 4.00 ENDOSCOPY 76.00 0 22,134,493 0 4.00 ENDOSCOPY 76.00 0 22,134,493 0 4.00 ENDOSCOPY 76.00 0 12,134,493 0 4.00 ENDOSCOPY 76.00 0 22,334,00	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
S. 00	5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
6. 00 RADI OLOGY-DI AGNOSTI C 54. 00 7, 695 0 7. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 534, 144 0 8. 00 CT SCAN 57. 00 0 207, 503 0 9. 00 MAGNETI C RESONANCE I MAGI NG 58. 00 0 4, 230 0 (MRI ) 10. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 10, 416, 303 0 11. 00 LABORATORY 60. 00 12 0 12. 00 INTRAVENOUS THERAPY 64. 00 0 51, 568 0 13. 00 RESPI RATORY THERAPY 65. 00 0 416, 492 0 14. 00 PHYSI CAL THERAPY 66. 00 0 10 0 15. 00 ENDOSCOPY 76. 00 0 428, 369 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 04 0 152, 208 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 INFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 TOTALS 9. 00 0 11, 140, 133 0 2. 00 RADI OLOGY-THERAPUTI C 55. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 22, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 12, 344, 493 0 4. 00 ENDOSCOPY 76. 00 0 22, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 12, 344, 493 0 6. 00 LARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 22, 313 0 6. 00 ENDOSCOPY 76. 00 0 12, 134, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 134, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6. 00 ENDOSCOPY 76. 00 0 12, 313, 493 0 6	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
7. 00 RADI OLOGY-THERAPEUTI C 55. 00 534, 144 0 8. 00 CT SCAN 57. 00 0 207, 503 0 9. 00 MAGNETI C RESONANCE I MAGI NG (MRI)  10. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 10, 416, 303 0 11. 00 LABORATORY 60. 00 0 12 0 12. 00 INTRAVENDUS THERAPY 64. 00 0 51, 568 0 13. 00 RESPI RATORY THERAPY 65. 00 0 416, 492 0 14. 00 PHYSI CAL THERAPY 66. 00 0 10 0 15. 00 ENDOSCOPY 76. 00 0 428, 369 0 16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 INFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 11, 140, 133 0 2. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 124, 313 0 5. 00 WOUND CARE CENTER 76. 05 0 0 122, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 122, 134, 493 0 5. 00 WOUND CARE CENTER 76. 00 0 182, 039 0	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
8.00 CT SCAN 57.00 0 207,503 0 9.00 MAGMETIC RESONANCE IMAGING 58.00 0 4,230 0 0 10.00 CARDIAC CATHETERIZATION 59.00 0 10,416,303 0 11.00 LABORATORY 60.00 0 12 0 12 0 11.00 EMERGENCY 65.00 0 416,492 0 15.00 EMERGENCY 76.00 0 428,369 0 16.00 MOLOCLOGY-CARDE CARE CENTER 76.04 0 152,208 0 17.00 HEALTHY HEARTS CENTER 90.02 0 593 0 10.00 EMERGENCY 91.00 0 10.00 1	8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
9.00 MAGNETIC RESONANCE IMAGING (MRI)  10.00 CARDIAC CATHETERIZATION 59.00 0 10,416,303 0  11.00 LABORATORY 60.00 0 12 0  12.00 INTRAVENOUS THERAPY 64.00 0 51,568 0  13.00 RESPIRATORY THERAPY 65.00 0 416,492 0  14.00 PHYSICAL THERAPY 66.00 0 10 0  15.00 ENDOSCOPY 76.00 0 428,369 0  16.00 WOUND CARE CENTER 76.04 0 152,208 0  17.00 ONCOLOGY-CANCER CARE CENTER 76.05 0 397,820 0  18.00 IMAGING CENTERS 76.06 0 333,905 0  19.00 HEALTHY HEARTS CENTER 90.02 0 593 0  20.00 INFUSION CENTERS 90.05 0 20 0  21.00 EMERGENCY 91.00 0 105,127 0  EMERGENCY 91.00 0 11,140,133 0  2.00 RADIOLOGY-THERAPEUTIC 55.00 0 12,134,493 0  4.00 ENDOSCOPY 76.00 0 24,313 0  5.00 WOUND CARE CENTER 76.00 0 22,313 0  CARDIAC CATHETERIZATION 59.00 0 12,134,493 0  ENDOSCOPY 76.00 0 24,313 0	9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
MRI	10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
10. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 10, 416, 303 0 11. 00 LABORATORY 60. 00 0 12 0 0 12 0 12 0 12. 00 INTRAVENOUS THERAPY 64. 00 0 51, 568 0 13. 00 RESPI RATORY THERAPY 65. 00 0 416, 492 0 14. 00 PHYSI CAL THERAPY 66. 00 0 0 10 0 15. 00 ENDOSCOPY 76. 00 0 428, 369 0 16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 IMAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 10. INFUSI ON CENTERS 90. 05 0 20 0 10. INFUSI ON CENTERS 90. 05 0 20 0 10. INFUSI ON CENTERS 90. 05 0 20 0 10. OLD EMERGENCY 91. 00 0 105, 127 0 105, 127 0 107	11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
11. 00 LABORATORY 60. 00 0 12 0 0 12 0 12 0 12 0 12 0 13 14 14 15 15 15 15 16 15 15 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16	12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
12.00   INTRAVENOUS THERAPY   64.00   0   51,568   0     13.00   RESPIRATORY THERAPY   65.00   0   416,492   0     14.00   PHYSI CAL THERAPY   66.00   0   10   0     10   0     15.00   ENDOSCOPY   76.00   0   428,369   0     16.00   WOUND CARE CENTER   76.04   0   152,208   0     17.00   ONCOLOGY-CANCER CARE CENTER   76.05   0   397,820   0     18.00   I MAGI NG CENTERS   76.06   0   333,905   0     19.00   HEALTHY HEARTS CENTER   90.02   0   593   0     19.00   HEALTHY HEARTS CENTER   90.05   0   20   0     20   0     20   0     20   0	12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
13. 00 RESPIRATORY THERAPY 65. 00 0 416, 492 0 14. 00 PHYSI CAL THERAPY 66. 00 0 10 0 15. 00 ENDOSCOPY 76. 00 0 428, 369 0 16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 I NFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 TOTALS 0 21, 009, 262  B - I mpl antable Devi ce Recl ass  1. 00 OPERATI NG ROOM 50. 00 11, 140, 133 0 2. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
14. 00 PHYSI CAL THERAPY 66. 00 0 10 0 10 0 15. 00 ENDOSCOPY 76. 00 0 428, 369 0 0 16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20 0 10. 00 I NFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 0 21, 009, 262 B - I mpl antable Devi ce Recl ass  1. 00 OPERATI NG ROOM 50. 00 11, 140, 133 0 20. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	15. 00 16. 00 17. 00 18. 00 19. 00
15. 00 ENDOSCOPY 76. 00 0 428, 369 0 16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 I NFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 EMERGENCY 91. 00 0 105, 127 0 TOTALS 0 21, 009, 262  B - I mpl antable Devi ce Recl ass  1. 00 OPERATI NG ROOM 50. 0 11, 140, 133 0 2. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 161, 926 0 3. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	15. 00 16. 00 17. 00 18. 00 19. 00
16. 00 WOUND CARE CENTER 76. 04 0 152, 208 0 17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 I NFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	16. 00 17. 00 18. 00 19. 00
17. 00 ONCOLOGY-CANCER CARE CENTER 76. 05 0 397, 820 0 18. 00 I MAGI NG CENTERS 76. 06 0 333, 905 0 19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20. 00 I NFUSI ON CENTERS 90. 05 0 20 0 21. 00 EMERGENCY 91. 00 0 105, 127 0 TOTALS 0 21, 009, 262  B - I mpl antable Devi ce Recl ass  1. 00 OPERATI NG ROOM 50. 00 11, 140, 133 0 2. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 161, 926 0 3. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	18. 00 19. 00
18. 00   IMAGING CENTERS   76. 06   0   333, 905   0   19. 00   HEALTHY HEARTS CENTER   90. 02   0   593   0   20. 00   INFUSION CENTERS   90. 05   0   20   0   21. 00   EMERGENCY   91. 00   0   105, 127   0   TOTALS   0   21, 009, 262    B - Implantable Device Reclass  1. 00   OPERATING ROOM   50. 00   0   11, 140, 133   0   2. 00   RADIOLOGY-THERAPEUTIC   55. 00   0   161, 926   0   3. 00   CARDIAC CATHETERIZATION   59. 00   0   12, 134, 493   0   4. 00   ENDOSCOPY   76. 00   0   24, 313   0   5. 00   WOUND CARE CENTER   76. 04   0   182, 039   0	18. 00 19. 00
19. 00 HEALTHY HEARTS CENTER 90. 02 0 593 0 20 0 20 0 20 0 20 0 20 0 20 0 20 0	
20. 00   INFUSION CENTERS   90. 05   0   20   0	
TOTALS  B - Implantable Device Reclass  1. 00 OPERATING ROOM 50. 00 11, 140, 133 0 2. 00 RADI OLOGY-THERAPEUTIC 55. 00 0 161, 926 0 3. 00 CARDIAC CATHETERIZATION 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	20. 00
TOTALS  B - Implantable Device Reclass  1. 00 OPERATING ROOM 50. 00 11, 140, 133 0 2. 00 RADI OLOGY-THERAPEUTIC 55. 00 0 161, 926 0 3. 00 CARDIAC CATHETERIZATION 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	21. 00
B - Implantable Device Reclass  1. 00 OPERATING ROOM 50. 00 11, 140, 133 0  2. 00 RADI OLOGY-THERAPEUTIC 55. 00 0 161, 926 0  3. 00 CARDIAC CATHETERIZATION 59. 00 0 12, 134, 493 0  4. 00 ENDOSCOPY 76. 00 0 24, 313 0  5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	
2. 00     RADI OLOGY-THERAPEUTI C     55. 00     0     161, 926     0       3. 00     CARDI AC CATHETERI ZATI ON     59. 00     0     12, 134, 493     0       4. 00     ENDOSCOPY     76. 00     0     24, 313     0       5. 00     WOUND CARE CENTER     76. 04     0     182, 039     0	
3. 00 CARDI AC CATHETERI ZATI ON 59. 00 0 12, 134, 493 0 4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	1.00
4. 00 ENDOSCOPY 76. 00 0 24, 313 0 5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	2. 00
5. 00 WOUND CARE CENTER 76. 04 0 182, 039 0	3.00
	4. 00
6 00 KNFF CENTER 90 07 0 7 490 0	5. 00
	6. 00
TOTALS 0 23, 650, 394	
C - Drugs Charges to Pat	
1.00 ADMINISTRATIVE & GENERAL 5.00 0 162 0	1. 00
2. 00 DI ETARY 10. 00 0 19 0	2. 00
3.00   NURSING ADMINISTRATION   13.00   0   14,454   0	3. 00
4.00   CENTRAL SERVICES & SUPPLY   14.00   0   5,258   0	4. 00
5. 00 PHARMACY 15. 00 0 8, 973, 172 0	5. 00
6. 00   SOCI AL SERVI CE   17. 00   0   1, 102   0	6. 00
7.00 ADULTS & PEDIATRICS   30.00   0   107,977   0	7. 00
8.00   INTENSIVE CARE UNIT   31.00   0   29,097   0	8. 00
9.00 CORONARY CARE UNIT   32.00   0   22,380   0	9. 00
10.00 OPERATING ROOM 50.00 0 99,284 0	10. 00
11. 00   RECOVERY ROOM   51. 00   0   1, 251   0	11. 00
12. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   134, 209   0	12. 00
13. 00   RADI OLOGY-THERAPEUTI C   55. 00   0   7, 265   0	13. 00
14. 00   CT SCAN   57. 00   0   139, 472   0	14. 00
15. 00   MAGNETIC RESONANCE I MAGING   58. 00   0   54, 558   0	15. 00
(MRI)	
16. 00   CARDI AC   CATHETERI ZATI ON   59. 00   0   47, 785   0	16. 00
17. 00   LABORATORY   60. 00   0   600   0	17. 00
18. 00   I NTRAVENOUS THERAPY   64. 00   0   197   0	18. 00
19. 00   RESPI RATORY THERAPY   65. 00   0   7, 728   0	19. 00
20. 00 PHYSI CAL THERAPY 66. 00 0 1, 471 0	20. 00
21. 00   ELECTROCARDI OLOGY   69. 00   0   4, 053   0	21. 00
22. 00   ELECTROENCEPHALOGRAPHY   70. 00   0   222   0	22. 00
23.00   RENAL DIALYSIS   74.00   0   103   0	23. 00
24. 00 PSYCHI ATRI C/PSYCHOLOGI CAL 76. 01 0 28, 716 0	24. 00
SERVICES	05.00
25. 00   LUTHERWOOD PARTNERSHI P   76. 03   0   26, 509   0	25.00
26. 00   WOUND CARE CENTER   76. 04   0   16, 286   0   0   0   0   0   0   0   0   0	26.00
27. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   62, 859, 545   0   0   0   1/4   0   0   0   0   0   0   0   0   0	27. 00
28. 00   I MAGI NG CENTERS 76. 06 0 69, 164 0	28.00
29. 00   BREAST DI AGNOSTI C CENTER   76. 07   0   43   0	29. 00
30. 00   CARDI AC REHABI LI TATI ON   76. 97   0   6   0   0   0   0   0   0   0   0	30.00
31. 00   HEALTHY HEARTS CENTER   90. 02   0   2   0   0   15. 331. 050   0   0   0   0   0   0   0   0   0	31. 00
32. 00   INFUSION CENTERS 90. 05 0 15, 221, 058 0	32. 00 33. 00
33. 00   EMERGENCY   91. 00   0   26, 449   0   0   419, 417   0   0   0   0   0   0   0   0   0	1 44 (1/1)
34. 00 FAMILY PRACTICE MEDICINE 194. 05 0 418, 417 0 418, 417 0	
35. 00   GROUP HOMES AND MISC. N_R   194. 08   0   63   0   CTRS	34. 00
TOTALS	
	34. 00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 Provider CCN: 15-0074 

Decreases							o 12/31/2017 Date/Time Pr 5/30/2018 1	
Description				6.1	011			
D     Depretical and ion Expenses								
1.00			7.00	0.00	7.00	10.00		
3.00					·			1
A. JOHNSTON & LINEN SENVICE   S. CO								1
5.00			l .					1
0.00   DETARY   10.00   0   71.207   0   0   0   0   0   0   0   0   0			· .					1
8.00   CENTRAL SERVICES & SUPPLY   14,00   0   22,481   0   9,00			· .					1
9.00   PARAMACY   15.00   0   75.224   0   10.00   10.00   11.00   12.								1
10.00   BAR SERVICES-OTHER PROM   22.00   4.440   0   10.00					·			1
COSTS APPRIVO     11.00		l -	l .					1
11.00   ADULTS & PEDIATRICS   30.00   552,777   0   11.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.01   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12.00   11.00   12	10.00		22.00	U	4, 440	U		10.00
13.00   CORDMANY CARE INIT   32.00   14.777   0   13.00   14.100   15.00   15.00   14.23   27   0   15.00	11.00		30.00	0	552, 777	0		11. 00
14.00   OPERATING ROOM			l .					1
15.00     16.00     16.00     16.00     17.432   0     15.00     16.00     16.00     16.00     16.00     16.00     16.00       16.00			l .					1
16.00   ADJOLOGY-JURAPOUTC   54.00   0   423, 3232   0   16.00   17.00   ADJOLOGY-JURAPOUTC   55.00   0   228, 830   0   17.00   ADJOLOGY-JURAPOUTC   55.00   0   221, 1515   0   18.00   19.00   ADJOLOGY-JURAPOUTC   55.00   0   221, 1515   0   19.00   ADJOLOGY-JURAPOUTC   58.00   0   221, 1515   0   19.00   ADJOLOGY-JURAPOUTC   58.00   0   221, 1515   0   19.00   ADJOLOGY-JURAPOUTC   40.00   0   221, 1515   0   20.00			l .					1
17.00   ADJI OLOGY - HERAPEUTI C   55.00   0   258,830   0   17.00     19.00   MAGNET IC RESONANCE THAGING   58.00   0   230,157   0   18.00     19.00   MAGNET IC RESONANCE THAGING   58.00   0   230,157   0   19.00     19.00   MAGNET IC RESONANCE THAGING   58.00   0   230,157   0   220,00     19.00   ADJI OLOGY - HERAPY   65.00   0   63,812   0   22,00     19.00   ABURATORY   64.00   0   2,769   0   22,00     23.00   RESPIRATORY THERAPY   65.00   0   187,178   0   23,00     24.00   HYSTACIAL THERAPY   66.00   0   103,793   0   24.00     25.00   ELECTROCARDIOLOGY   69,00   0   2415,803   0   25.00     26.00   ELECTROCARDIOLOGY   69,00   0   2415,803   0   25.00     27.00   REMIL DIALYSIS   74,00   0   503   0   27.00     29.00   REMIL DIALYSIS   74,00   0   503   0   27.00     29.00   REMIL DIALYSIS   74,00   0   503   0   27.00     29.00   REMIL DIALYSIS   76,00   0   151,08   0   27.00     29.00   SERVICES   76,00   0   70,540   0   23.00     20.00   MOLDON CARE CENTER   76,04   0   70,540   0   30.00     31.00   ADJINICAL REMARKSIS   76,00   0   70,540   0   30.00     32.00   MOUND CARE CENTER   76,04   0   70,540   0   33.00     33.00   MAGNETIC REMARKSIS   76,00   0   1,062,337   0   33.00     34.00   ADJINICAL REMARKSIS   76,00   0   1,062,337   0   33.00     35.00   MAGNETIC REMARKSIS   76,00   0   1,062,337   0   33.00     36.00   MAGNETIC REMARKSIS   76,00   0   1,062,337   0   33.00     37.00   MYELSIS IN CENTER   90,00   0   21,170   0   39.00     38.00   MYELSIS IN CENTER   90,00   0   2,117   0   39.00     38.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0   2,117   0   0   39.00     39.00   MYELSIS IN CENTER   90,00   0			l .			0		1
19.00   MACNETIC RESONANCE IMAGING   58.00   0   230, 157   0   19.0			l .			O		1
MRI   20	18.00	CT SCAN	l .	0		0		1
20.00   CARDÍAC CATHETERIZATION   59,00   0   714,033   0   20.00   21.00   22.00   10.10   LARDATORY   60.00   0   63,812   0   21.00   22.00   22.00   10.7784/2001   THERAPY   64.00   0   2,769   0   22.00   24.00   24.00   25.00   24.00   25.00   24.00   25.00   24.00   25.00   24.00   25.00   24.00   25.00   26.00   27.00   26	19. 00		58. 00	0	230, 157	0		19. 00
21.00   ABORATORY   66.00   0   63.812   0   21.00   22.00   INTRAVENOUS THERAPY   65.00   0   2.769   0   22.00   23.00   RESPIRATORY THERAPY   66.00   0   167.176   0   23.00   25.00   DESPIRATORY THERAPY   66.00   0   167.176   0   24.00   25.00   ELECTROCAROLOLOGY   69.00   0   245.803   0   22.00   25.00   ELECTROCAROLOLOGY   69.00   0   245.803   0   22.00   27.00   REMAL DIALYSIS   74.00   0   503   0   27.00   28.00   ORDINAL DIALYSIS   74.00   0   503   0   27.00   29.00   REMAL DIALYSIS   74.00   0   60.048   0   72.00   29.00   REMAL DIALYSIS   74.00   0   60.048   0   72.00   29.00   REMAL DIALYSIS   76.01   0   194.081   0   72.00   31.00   OLITHERNOOD PARTMERSHIP   76.03   0   70.540   0   33.00   31.00   OLITHERNOOD PARTMERSHIP   76.04   0   7.997   0   31.00   31.00   OLITHERNOOD PARTMERSHIP   76.04   0   7.997   0   32.00   33.00   IMAGINA CENTERS   76.06   0   1.062, 327   0   33.00   33.00   IMAGINA CENTERS   76.06   0   1.062, 327   0   33.00   33.00   IMAGINA CENTERS   76.06   0   1.062, 327   0   33.00   33.00   OLITHERNOOD PARTMERSHIP   76.06   0   1.062, 327   0   33.00   35.00   HEALITH HEARTS CENTER   90.02   0   32.484   0   33.00   37.00   ROLE CENTER   90.07   0   15.794   0   33.00   38.00   OLITHERNOOD PARTMERSHIP   76.00   0   6.724   0   33.00   39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   12.170   0   33.00   39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   12.170   0   33.00   39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   10.00   39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   10.00   39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   10.740, 305    E - Other Capital Rental   10   10   10   10   10    10.00   EMERITATION OF PLANT   1.00   0   2.213   0   0   30.00   ORDINATION OFFICES   192.00   0   1.760, 247   0   30.00   PHYSICIANS	20.00		50.00	0	71/ 022	0		20.00
22.00   INTRAVENUIS THERAPY   64.00   0   2.7.69   0   22.00   0   23.00   0   24.00   0   25.00   25.00   2			l .					1
24 .00   PHYSI CAL THERAPY		l .	l .					1
25. 00   ELECTROCARDIOLOGY	23. 00	RESPIRATORY THERAPY	65. 00	0		0		23. 00
26. 00						0		1
27. 00   RENAL DIALYSIS   74. 00   0   50.3   0   27. 00     28. 00   ENDOSOPY   76. 00   0   6.048   0   28. 00     29. 00   PSYCHIATRI C/PSYCHOLOGICAL   76. 01   0   154. 081   0     SERVICES   76. 04   0   7.,997   0   31.00     ONCOLOGY-CANCER CARE CENTER   76. 05   0   3.,681,633   0   32. 00     34. 00   ONCOLOGY-CANCER CARE CENTER   76. 05   0   3.,681,633   0   32. 00     34. 00   CARDIAC REHABILITATION   76. 97   0   10. 259   0   34. 00     35. 00   HALTHY HEARTS CENTER   90. 02   0   32. 484   0   35. 00     36. 00   INFUSION CENTERS   90. 05   0   50. 214   0   36. 00     38. 00   INFUSION CENTERS   90. 05   0   50. 214   0   36. 00     38. 00   EMERGENCY   91. 00   0   62. 115   0   38. 00     39. 00   PHYSICIANS PRIVATE OFFICES   192. 00   0   21. 170   0   39. 00     40. 00   FAMILY PRACTICE MEDICINE   194. 05   0   100. 020   0     40. 00   FAMILY PRACTICE MEDICINE   194. 05   0   100. 020   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDICINE   194. 08   0   39. 435   0     40. 00   FAMILY PRACTICE MEDI			l .		·			1
28. 00   ENDOSCOPY   76. 00   0   60, 048   0   29. 00			l .					1
29, 00			l .			l o		1
30.00   LUTHERWOOD PARTNERSHIP   76.03   0   70,540   0   30.00     31.00   WOUND CARE CENTER   76.04   0   7,997   0     32.00   ONCOLOGY-CANCER CARE CENTER   76.05   0   3,681,633   0     32.00   MAGNIS CENTERS   76.06   0   1,62,327   0     33.00   MAGNIS CENTERS   70,07   0   1,74,74   0     35.00   MEDITAR STATIST CENTER   90.07   0   1,74,74   0     35.00   MEDITAR STATIST CENTER   90.07   0   1,77,00   0     37.00   MAGNIS CENTERS   90.05   0   6,2,144   0     37.00   0   0   0   0   0     40.00   0   0   0   0   0     40.00   0   0   0   0   0     40.00   0   0   0   0   0     40.00   0   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0   0     40.00   0   0   0     40.00   0			l .	0		O		4
31.00   MOUND CARE CENTER   76.04   0   7,997   0   31.00   32.00   0   0   0   0   0   32.00   0   0   0   0   0   0   0   0   0				_		_		
32 00   ONCOLOGY-CANCER CANE CENTER   76.05   0   3.681,633   0   32.00   33.00   34.00   CARDIAC REHABILITATION   76.97   0   1.062,327   0   33.00   34.00   CARDIAC REHABILITATION   76.97   0   1.062,327   0   34.00   34.00   35.00   CARDIAC REHABILITATION   76.97   0   1.062,327   0   34.00   35.00   CARDIAC REHABILITATION   76.97   0   32.484   0   35.00   CARDIAC REHABILITATION   35.00   CARDIAC REHABILITATION   35.00   CARDIAC REHABILITATION   35.00   CARDIAC REHABILITATION   36.00   37.00   CARDIAC REHABILITATION   37.00   38.00   CARDIAC REHABILITATION   37.00   CARDIAC REPORTS REPOR			l .		·	-		
33.00   IMAGING CENTERS			l .		·	-		
34. 00   CARDIAC REHABILITATION   76. 97			l .			-		
36. 00   NFUSION CENTERS	34.00	CARDIAC REHABILITATION	76. 97	0		0		34. 00
37.00   KNEE CENTER			l .			-		1
38. 00   MERGENCY   91. 00   0   62, 115   0   38. 00     40. 00   PHYSICIANS' PRIVATE OFFICES   192. 00   0   21, 170   0   0     40. 00   FAMILY PRACTICE MEDICINE   194. 05   0   10, 119   0   0     41. 00   LI FECHECK   194. 07   0   1, 119   0   0     42. 00   GROUP HOMES AND MI SC. N_R   194. 08   0   39, 435   0     TOTALS			l .			0		1
39.00   PHYSICIANS PRIVATE OFFICES   192.00   0   21.170   0   0   40.00   FAMILY PRACTICE MEDICINE   194.05   0   106.026   0   40.00   41.00   41.00   41.00   42.00   67.			l .		·	0		1
40.00   FAMILLY PRACTICE MEDICINE			l .			o o		1
42.00	40.00		194. 05	0		0		40. 00
CTRS						0		1
TOTALS	42. 00		194. 08	0	39, 435	0		42. 00
1. 00			<del></del>	— — <sub>0</sub>				
TOTALS				<u> </u>	17, 100, 000			
Tool	1.00	ADMINISTRATIVE & GENERAL	5. 00			11		1.00
1. 00				0	8, 724, 624			
2. 00   ADMI NI STRATI VE & GENERAL   5. 00   0   1, 760, 217   0   3. 00   3. 00   OPERATI ON OF PLANT   7. 00   0   68, 541   0   3. 00   4. 00   HOUSEKEEPI NG   9. 00   0   2, 447   0   4. 00   5. 00   DI ETARY   10. 00   0   255, 150   0   5. 00   6. 00   NURSI NG ADMI NI STRATI ON   13. 00   0   2, 213   0   6. 00   7. 00   CENTRAL SERVI CES & SUPPLY   14. 00   0   1, 281, 738   0   7. 00   8. 00   PHARMACY   15. 00   0   623, 687   0   9. 00   MEDI CAL RECORDS & LI BRARY   16. 00   0   212   0   9. 00   10. 00   SOCI AL SERVI CE   17. 00   0   1, 162   0   11. 00   I&R SERVI CES-OTHER PRGM   22. 00   0   30, 199   0   COSTS APPRVD   12. 00   13. 00   12. 00   EMS TRAI NI NG-ALLI ED   23. 02   0   5, 478   0   14. 00   ADMILTS & PEDI ATRI CS   30. 00   0   29, 099   0   15. 00   INTENSI VE CARE UNI T   32. 00   0   40, 310   0   16. 00   CORONARY CARE UNI T   32. 00   0   216, 784   0   17. 00   OPERATI NG ROOM   50. 00   0   10, 96   0   18. 00   RECOVERY ROOM   51. 00   0   46, 310   0   19. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   46, 310   0    10. 00   T. 00   T. 00   T. 00   0   79, 00   10. 00   RADI OLOGY-DI AGNOSTI C   54. 00   0   46, 310   0    2. 00   ADMI NI STRATI VE & GENERAL	1 00		4 00	٥	24 752	1.4		1 00
3. 00								
5. 00       DI ETARY       10. 00       0       255, 150       0       5. 00         6. 00       NURSI NG ADMI NI STRATI ON       13. 00       0       2, 213       0       6. 00         7. 00       CENTRAL SERVI CES & SUPPLY       14. 00       0       1, 281, 738       0       7. 00         8. 00       PHARMACY       15. 00       0       623, 687       0       9. 00         9. 00       MEDI CAL RECORDS & LI BRARY       16. 00       0       212       0       9. 00         10. 00       SOCI AL SERVI CE       17. 00       0       1, 162       0       10. 00         11. 00       I & SERVI CES-OTHER PRGM COSTS & APRAVD       22. 00       0       30, 199       0       11. 00         12. 00       EMS TRAI NI NG-ALLI ED HEALTH COS COSTS & APRAVD       23. 02       0       41, 117       0       12. 00         13. 00       PHARMACY RESI DENCY-ALLI ED HEALTH COS CORONARY CARE UNI T       31. 00       0       29, 099       0       14. 00         15. 00       INTENSI VE CARE UNI T       31. 00       0       542       0       15. 00         16. 00       CORONARY CARE UNI T       32. 00       0       80       0       16. 00								1
6. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 2, 213 0 6. 00 7. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 1, 281, 738 0 7. 00 8. 00 PHARMACY 15. 00 0 623, 687 0 8. 00 9. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 212 0 9. 00 10. 00 SOCI AL SERVI CE 17. 00 0 1, 162 0 10. 00 11. 00 I&R SERVI CES-OTHER PRGM 22. 00 0 30, 199 0 11. 00 12. 00 EMS TRAI NI NG-ALLI ED HEALTH 23. 00 0 41, 117 0 12. 00 13. 00 PHARMACY RESI DENCY-ALLI ED 23. 02 0 5, 478 0 13. 00 14. 00 ADULTS & PEDI ATRI CS 30. 00 0 29, 099 0 14. 00 15. 00 INTENSI VE CARE UNI T 31. 00 0 542 0 15. 00 16. 00 CORONARY CARE UNI T 32. 00 0 80 0 16. 00 17. 00 OPERATI NG ROOM 50. 00 17. 00 0 18. 00 19. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 9. 46, 310 0 19. 00			l .					1
7. 00 CENTRAL SERVICES & SUPPLY		l .	l .	- 1				1
8. 00 PHARMACY   15. 00   0 623, 687   0   8. 00   9. 00   10. 00			l .					1
9. 00 MEDI CAL RECORDS & LI BRARY 16. 00 0 212 0 10. 00 SOCI AL SERVI CE 17. 00 1, 162 0 10. 00 1			l .			1		1
11. 00       I&R SERVI CES-OTHER PRGM COSTS APPRVD       22. 00       0       30, 199       0       11. 00         12. 00       EMS TRAI NI NG-ALLI ED HEALTH       23. 00       0       41, 117       0       12. 00         13. 00       PHARMACY RESI DENCY-ALLI ED HEALTH       23. 02       0       5, 478       0       13. 00         14. 00       ADULTS & PEDI ATRI CS       30. 00       0       29, 099       0       14. 00         15. 00       INTENSI VE CARE UNI T       31. 00       0       542       0       15. 00         16. 00       CORONARY CARE UNI T       32. 00       0       80       0       16. 00         17. 00       OPERATI NG ROOM       50. 00       0       216, 784       0       17. 00         18. 00       RECOVERY ROOM       51. 00       0       1, 096       0       18. 00         19. 00       RADI OLOGY-DI AGNOSTI C       54. 00       0       46, 310       0       19. 00		l -	l .					1
COSTS APPRVD	10.00		17. 00	0	1, 162	0		10.00
12. 00   EMS TRAINING-ALLIED HEALTH   23. 00   0   41, 117   0   12. 00   13. 00   14. 00   14. 00   14. 00   15. 478   0   14. 00   15. 00   17. 0	11. 00		22. 00	0	30, 199	0		11. 00
13. 00	12 00		23 00	0	<i>I</i> 11 117	0		12 00
HEALTH  14. 00 ADULTS & PEDIATRICS 30. 00 0 29, 099 0 14. 00  15. 00 INTENSIVE CARE UNIT 31. 00 542 0 15. 00  16. 00 CORONARY CARE UNIT 32. 00 0 80 0 16. 00  17. 00 OPERATING ROOM 50. 00 0 216, 784 0 17. 00  18. 00 RECOVERY ROOM 51. 00 0 1, 096 0 18. 00  19. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 46, 310 0 19. 00			l .					1
15. 00         INTENSIVE CARE UNIT         31.00         0         542         0         15.00           16. 00         CORONARY CARE UNIT         32.00         0         80         0         16.00           17. 00         OPERATING ROOM         50.00         0         216, 784         0         17.00           18. 00         RECOVERY ROOM         51.00         0         1,096         0         18.00           19. 00         RADI OLOGY-DI AGNOSTI C         54.00         0         46,310         0         19.00					2,			
16. 00     CORONARY CARE UNIT     32. 00     0     80     0     16. 00       17. 00     OPERATI NG ROOM     50. 00     0     216, 784     0     17. 00       18. 00     RECOVERY ROOM     51. 00     0     1, 096     0     18. 00       19. 00     RADI OLOGY-DI AGNOSTI C     54. 00     0     46, 310     0     19. 00			l I		·			1
17. 00     OPERATI NG ROOM     50. 00     0     216, 784     0     17. 00       18. 00     RECOVERY ROOM     51. 00     0     1, 096     0     18. 00       19. 00     RADI OLOGY-DI AGNOSTI C     54. 00     0     46, 310     0     19. 00								1
18.00     RECOVERY ROOM     51.00     0     1,096     0       19.00     RADI OLOGY-DI AGNOSTI C     54.00     0     46,310     0     19.00				0				1
19.00 RADI OLOGY-DI AGNOSTI C 54.00 0 46, 310 0 19.00			l I	ol				
20. 00   RADI OLOGY-THERAPEUTI C       55. 00   0   319   0         20. 00			l I					19. 00
	20. 00	RADI OLOGY-THERAPEUTI C	55.00	0	319	0		20. 00

RECLASSI FI CATIONS

Provider CCN: 15-0074

From 01/01/2017 To 12/31/2017

Peri od:

Date/Time Prepared:

5/30/2018 11:17 am Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 21.00 CT SCAN 57.00 160 0 21 00 22.00 MAGNETIC RESONANCE I MAGING 58.00 319 0 22.00 (MRI) 23.00 CARDIAC CATHETERIZATION 59.00 0 3.624 0 23.00 24.00 I ABORATORY 0 24.00 60.00 0 53, 444 25.00 INTRAVENOUS THERAPY 64.00 0 209 0 25.00 RESPIRATORY THERAPY 12, 909 26.00 65.00 26.00 27.00 PHYSICAL THERAPY 66.00 0 829, 730 0 27.00 ELECTROCARDI OLOGY 0 0 28 00 69.00 136, 335 28.00 46, 168 29.00 ELECTROENCEPHALOGRAPHY 70.00 0 0 29.00 30.00 RENAL DIALYSIS 74.00 0 275 0 30.00 ENDOSCOPY 0 76.00 0 581 31 00 31 00 32.00 PSYCHI ATRI C/PSYCHOLOGI CAL 76.01 0 1,580,368 0 32.00 SERVI CES LUTHERWOOD PARTNERSHIP 33.00 76.03 0 1, 168, 389 0 33.00 0 WOUND CARE CENTER 0 34.00 76.04 34.00 80 ONCOLOGY-CANCER CARE CENTER 0 35, 00 76.05 0 468, 737 35, 00 36.00 IMAGING CENTERS 76.06 0 315, 177 0 36.00 BREAST DIAGNOSTIC CENTER 0 37.00 76.07 0 22, 701 37.00 CARDIAC REHABILITATION 0 0 38 00 76 97 104 928 38 00 0| 39.00 HEALTHY HEARTS CENTER 90.02 0 124, 659 39.00 40.00 INFUSION CENTERS 90.05 o 264, 251 0 40.00 0 41.00 KNEE CENTER 90.07 0 559 41.00 0 0 **IEMERGENCY** 91 00 42 00 1.511 42 00 PHYSICIANS' PRIVATE OFFICES 43.00 192.00 0 65, 981 0 43.00 FAMILY PRACTICE MEDICINE 44.00 194.05 0 949, 933 0 44.00 45 00 LIFECHECK 194 07 ol 0 45 00 20 447 46.00 GROUP HOMES AND MISC. N\_R 194.08 0 78, 692 0 46.00 CTRS ō 10, 641, 310 TOTALS G - STD BENEFITS 1.00 ADMINISTRATIVE & GENERAL 5.00 15, 289 0 1.00 OPERATION OF PLANT 2.00 7.00 50.742 0 0 2.00 HOUSEKEEPI NG 9.00 30, 701 0 3.00 0 3.00 0 4.00 DI ETARY 10.00 10, 443 0 4.00 NURSING ADMINISTRATION 0 5.00 13.00 3, 711 0 5.00 0 6.00 PHARMACY 15.00 1, 409 0 6.00 MEDICAL RECORDS & LIBRARY 0 7.00 16.00 4,863 0 7.00 SOCIAL SERVICE 0 8.00 17.00 8,646 0 8.00 I&R SERVICES-OTHER PRGM 0 9.00 22.00 21, 145 0 9.00 COSTS APPRVD 10.00 ADULTS & PEDIATRICS 30.00 324, 034 0 10.00 11.00 INTENSIVE CARE UNIT 31.00 30,868 0 0 11.00 CORONARY CARE UNIT 0 32 00 23 312 0 12 00 12 00 13.00 OPERATING ROOM 50.00 13, 577 0 0 13.00 RECOVERY ROOM 51.00 7, 529 0 14.00 0 14.00 RADI OLOGY-DI AGNOSTI C 0 15.00 54.00 23.036 0 15.00 0 16.00 CT SCAN 57 00 5.290 0 16.00 17.00 MAGNETIC RESONANCE IMAGING 58.00 1, 104 0 0 17.00 (MRI) 18.00 CARDÍAC CATHETERIZATION 59.00 21, 793 0 0 18.00 19.00 INTRAVENOUS THERAPY 64.00 2, 790 0 0 19.00 0 20.00 RESPIRATORY THERAPY 65.00 22, 299 0 20.00 PHYSICAL THERAPY 0 21.00 66.00 27, 734 0 21.00 0 ELECTROCARDI OLOGY 69.00 0 22.00 22.00 6. 152 01 ENDOSCOPY 76.00 3, 706 23.00 0 23.00 24.00 PSYCHI ATRI C/PSYCHOLOGI CAL 76.01 124, 831 0 0 24.00 SERVI CES 25.00 LUTHERWOOD PARTNERSHIP 76.03 36, 110 0 0 25.00 WOUND CARE CENTER 76.04 1, 974 0 0 26.00 26.00 27.00 ONCOLOGY-CANCER CARE CENTER 76.05 66, 635 0 0 27.00 IMAGING CENTERS 0 28.00 76.06 12, 456 0 28.00 29.00 CARDIAC REHABILITATION 76. 97 393 0 0 29.00 01 90.02 HEALTHY HEARTS CENTER 0 30.00 18, 438 30.00 31.00 INFUSION CENTERS 90.05 1, 915 0 0 31.00 32.00 KNEE CENTER 90.07 5,684 0 0 32.00 91.00 0 33.00 **EMERGENCY** 33, 332 0 33.00 FAMILY PRACTICE MEDICINE 34 00 194 05 19.074 0 0 34 00 35.00 LI FECHECK 194.07 351 0 0 35.00 36.00 GROUP HOMES AND MISC. N\_R 194.08 5, 205 0 36.00 CTRS TOTALS 986, 571

Provider CCN: 15-0074 

					'	30/2018 11:17 am
		Decreases				
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.	
	6. 00	7. 00	8. 00	9. 00	10.00	
	H - Labor and Delivery					
1.00	ADULTS & PEDIATRICS	30.00	1, 077, 530	418, 604	0	1. 00
2.00		0.00	0	C	0	2. 00
	TOTALS		1, 077, 530	418, 604		
	I - Cafeteria		.,,,	,		
1.00	DI ETARY	10.00	1, 483, 877	1, 879, 159	0	1, 00
	TOTALS	— <del>- 101</del> 05	1, 483, 877	1, 879, 159		55
	J - Therapy Reclass		1, 100, 077	1,077,107		
1.00	PHYSI CAL THERAPY	66.00	1, 460, 292	575, 387	0	1. 00
2. 00	I III STOAL THERAIT	0.00	1, 400, 272	373, 307	0	2.00
2.00	TOTALS — — — —		1, 460, 292	575, 387		2.00
	K - BUILDING DEPRECIATION		1, 400, 292	373, 367		
1.00	CAP REL COSTS-MVBLE EQUIP	2. 00	ما	10, 004, 475	9	1.00
1.00	TOTALS	<u> </u>				1.00
			U	10, 004, 475		
	L - Capital Insurance Costs	- aal	ما	202 450		
1. 00	ADMI NI STRATI VE & GENERAL		•	233, 453		1.00
	TOTALS		0	233, 453	3	
	M - Radiology Support					
1.00	RADI OLOGY-DI AGNOSTI C	54. 00	671, 399	232, 316		1. 00
2.00		0.00	0	C		2. 00
3.00		0.00	0	C	1	3. 00
4.00		0. 00	0	0	00	4. 00
	TOTALS		671, 399	232, 316		
	N - Hyperbaric Oxygen Therapy					
1.00	WOUND CARE CENTER	76. 04	137, 728	389, 819	0	1. 00
	TOTALS		137, 728	389, 819		
	0 - IHH Cat Scan					
1.00	RADI OLOGY-DI AGNOSTI C	54.00	522, 576	220, 331	0	1. 00
	TOTALS		522, 576	220, 331		
	P - Residents Costs	<u> </u>				
1.00	I&R SERVICES-OTHER PRGM	22. 00	3, 292, 881	693, 287	0	1. 00
	COSTS APPRVD					
	TOTALS		3, 292, 881	693, 287		
	Q - Pharmacy Residency Reclas	S .		·		
1.00	PHARMACY RESIDENCY-ALLIED	23. 02	210, 257	58, 356	0	1. 00
	HEALTH					
	TOTALS	+	210, 257	58, 356		
	R - EMS School Allied Health		, ,	22,000		
1.00	ADULTS & PEDIATRICS	30.00	2, 630	533	0	1.00
2. 00	OPERATING ROOM	50.00	394	80		2.00
3. 00	CARDIAC CATHETERIZATION	59.00	3, 534	716		3.00
4. 00	RESPIRATORY THERAPY	65.00	2, 008	407		4.00
5. 00	ELECTROCARDI OLOGY	69. 00	1, 164	236	-	5. 00
3.00	TOTALS		$-\frac{1,104}{9,730}$	$\frac{230}{1,972}$		3.00
	S - CBI ALLOCATION TO GALLAHU	F	9, /30	1, 9/2	-	
1 00		76. 01	ol	14 004 000	0	1 00
1. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	/6. 01	o	14, 096, 888		1.00
	SERVICES	+		14 00/ 000	<del> </del>	
F00 00	TOTALS		0 052 044	14, 096, 888		F00 00
500.00	Grand Total: Decreases		9, 852, 841	200, 553, 079	<b>'</b>	500.00

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0074

					To 12/31/2017		oared: 17 am
				Acqui si ti ons		37 307 2010 11.	i / aiii
		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	4, 453, 049	0		0 0	0	1.00
2.00	Land Improvements	4, 305, 979	30, 003		0 30, 003	0	2.00
3.00	Buildings and Fixtures	298, 005, 194	103, 289, 533		0 103, 289, 533		3.00
4.00	Building Improvements	12, 352, 457	-1, 609, 326		0 -1, 609, 326	303, 175	4.00
5.00	Fixed Equipment	10, 908, 252	-4, 036, 304		0 -4, 036, 304	6, 871, 948	5.00
6.00	Movable Equipment	162, 928, 495	16, 440, 795		0 16, 440, 795	0	6.00
7.00	HIT designated Assets	516, 000	-516, 000		0 -516, 000	0	7.00
8.00	Subtotal (sum of lines 1-7)	493, 469, 426	113, 598, 701		0 113, 598, 701	7, 664, 440	8.00
9.00	Reconciling Items	0	0		0	0	9. 00
10.00	Total (line 8 minus line 9)	493, 469, 426	113, 598, 701		0 113, 598, 701	7, 664, 440	10.00
		Endi ng Bal ance	Fully				
		,	Depreci ated				
			Assets				
		6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	4, 453, 049	0				1. 00
2.00	Land Improvements	4, 335, 982	0				2.00
3.00	Buildings and Fixtures	400, 805, 410	0				3.00
4.00	Building Improvements	10, 439, 956	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	179, 369, 290	0				6.00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	599, 403, 687	0				8.00
9.00	Reconciling Items	0	0				9. 00
10. 00	Total (line 8 minus line 9)	599, 403, 687	0				10. 00

Heal th	Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC		In Lie	u of Form CMS-2	2552-10
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der (	CCN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017		pared:
			S	SUMMARY OF CAP	TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9. 00	10. 00	11. 00	12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1	and 2			
1.00	CAP REL COSTS-BLDG & FLXT	0		0	0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0	0	0	2. 00
3.00	Total (sum of lines 1-2)	0		0	0 0	0	3. 00
		SUMMARY 0	F CAPITAL				
	Cost Center Description	Other	Total (1) (su	m			
		Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1	and 2			
1.00	CAP REL COSTS-BLDG & FLXT	0		0			1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2. 00
3.00	Total (sum of lines 1-2)	0		0			3. 00

Heal th	Financial Systems C	OMMUNITY HEALTH	I NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der Co		Period: From 01/01/2017 To 12/31/2017	Worksheet A-7 Part III Date/Time Prep 5/30/2018 11:	
		COM	PUTATION OF RAT	TI 0S	ALLOCATION OF		
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)		Insurance	
	DART III DECONCILIATION OF CARLTAL COCTO	1. 00	2. 00	3.00	4. 00	5. 00	
1. 00	PART III - RECONCILIATION OF CAPITAL COSTS C CAP REL COSTS-BLDG & FIXT	420, 034, 397	1 0	420, 034, 39	7 0. 700754	0	1. 00
2. 00	CAP REL COSTS-BEDG & TTXT	179, 369, 290					2. 00
3.00	Total (sum of lines 1-2)	599, 403, 687		599, 403, 68			3. 00
					SUMMARY OF CAPITAL		
	Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7. 00	8. 00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1	0 10, 041, 226		1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	1	18, 636, 172		2. 00
3. 00	Total (sum of lines 1-2)	0	0	L JMMARY OF CAPI	28, 677, 398	0	3. 00
			50	JIVIIVIARY OF CAPI	IAL		
	Cost Center Description	Interest	Insurance (see instructions)		Other Capi tal -Relate d Costs (see		
					instructions)	through 14)	
		11.00	12.00	13. 00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	5, 384, 242			0 0	15, 658, 921	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		10, 641, 310		2. 00
3.00	Total (sum of lines 1-2)	5, 384, 242	233, 453	1	10, 641, 310	44, 936, 403	3. 00

| Period: | Worksheet A-8 | From 01/01/2017 | To 12/31/2017 | Date/Time Prepared: Provider CCN: 15-0074

					To 12/31/2017	Date/Time Prep 5/30/2018 11:1	
				Expense Classification on To/From Which the Amount is			17 alli
					1. "	MI 1 4 7 D C	
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1. 00
2.00	Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	О	3. 00
4. 00	(chapter 2) Trade, quantity, and time		0		0.00	О	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of	В	-20, 184	ADMINISTRATIVE & GENERAL	5. 00	О	5. 00
6. 00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6. 00
7. 00	suppliers (chapter 8)		0				7. 00
7.00	Tel ephone services (pay stations excluded) (chapter		0		0.00		7.00
8.00	21) Television and radio service		0		0.00	О	8. 00
9. 00	(chapter 21) Parking Lot (chapter 21)		0		0.00	0	9. 00
10. 00	Provider-based physician adjustment	A-8-2	-4, 314, 060			О	10. 00
11. 00	Sale of scrap, waste, etc.		0		0.00	О	11. 00
12. 00	(chapter 23) Related organization	A-8-1	7, 568, 763			О	12. 00
13. 00	transactions (chapter 10) Laundry and linen service		0		0.00	0	13. 00
14. 00 15. 00	Cafeteria-employees and guests Rental of quarters to employee		-558, 677 0	CAFETERI A	11. 00 0. 00		14. 00 15. 00
16. 00	and others Sale of medical and surgical		0		0.00	0	16. 00
. 0. 00	supplies to other than patients		· ·		0.00		
17. 00	Sale of drugs to other than		0		0.00	О	17. 00
18. 00	patients Sale of medical records and		0		0.00	О	18. 00
19. 00	abstracts Nursing and allied health		0		0.00	О	19. 00
	education (tuition, fees, books, etc.)						
20. 00 21. 00	Vending machines Income from imposition of		0		0. 00 0. 00		20. 00 21. 00
21.00	interest, finance or penalty		O		0.00	J	21.00
22. 00	charges (chapter 21) Interest expense on Medicare		0		0.00	О	22. 00
	overpayments and borrowings to repay Medicare overpayments						
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPIRATORY THERAPY	65. 00		23. 00
24 00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24. 00
2 00	therapy costs in excess of limitation (chapter 14)		· ·		00.00		21.00
25. 00	Utilization review -		0	*** Cost Center Deleted ***	114.00		25. 00
	physicians' compensation (chapter 21)						
26. 00	Depreciation - CAP REL COSTS-BLDG & FLXT		0	CAP REL COSTS-BLDG & FLXT	1.00	0	26. 00
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27. 00
28. 00 29. 00	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	19. 00 0. 00		28. 00 29. 00
30. 00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30. 99
31. 00	Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
32 ∩∩	limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32. 00
JZ. UU	Depreciation and Interest				0.00		52.00

Worksheet A-8 From 01/01/2017 | Worksheet A-8 | From 01/01/2017 | To 12/31/2017 | Date/Time Prepared:

Lost Center Description   Basis/Code (2)   Amount   Cost Center   Line #   Misst. A-7 Ref.					To	12/31/2017	Date/Time Pre 5/30/2018 11:	
Cost Center Description   Basis / Code (2)   Amount   Cost Center   Line #   (8xst. A.7 Ref.					Expense Classification on	Worksheet A	7 37 307 2010 11.	17 dili
3.00   CHIER ADJUSTMENTS (SPECIFY)   0   0   3.00   3.00   4.00   5.00   0   33.00					To/From Which the Amount is	to be Adjusted		
3.00   CHIER ADJUSTMENTS (SPECIFY)   0   0   3.00   3.00   4.00   5.00   0   33.00								
3.00   OTHER ADJUSTMENTS (SPECIFY)   0								
3.00   OTHER ADJUSTMENTS (SPECIFY)   0								
3.00   OTHER ADJUSTMENTS (SPECIFY)   0		Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
33								
33.01   Misc. Revenue	33. 00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 00
Misc Revenue		1 * *						
33.03   Misc Revenue		1					l	
B							l	
13.05   Misc. Revenue							l .	
15.00   0.33.07   0.00   0.33.07   0.00   0.33.07   0.00   0.33.07   0.00   0.33.07   0.00   0.33.07   0.00   0.33.07   0.00		1					l	
33.07   Misc Revenue							l e	
Misc Revenue		4	1				l .	
COSTS APPRIVD     23.02   0   33.09   MI sc Revenue		4					l	
HEALTH	00.00			, ,		22.00		00.00
MISC Revenue	33. 09	Mi sc Revenue	В	-63, 367	PHARMACY RESIDENCY-ALLIED	23. 02	0	33. 09
MISC Revenue					HEALTH			
Misc Revenue		4					l	
33.13   Misc Revenue							l	
33.14   Misc Revenue		1					l	
33.15   Misc Revenue							l	
33.16   Misc Revenue		II					1	
SERVICES   SERVICES							1	
33.17   Misc Revenue	33. 10	Wil SC Revenue	ь в	-43, 401		70.01	0	33. 10
33.18   Misc Revenue   B   -63.64  NOCLOGY-CANCER CARE CENTER   76.05   0   33.18     33.19   Misc Revenue   B   -38.905  CARDI AC REHABLI LTATION   76.97   0   33.19     33.20   Space Rental Income   B   -193.198  OPERATION OF PLANT   7.00   0   33.20     34.00   HAF Tax Offset   A   -14.683, 206  ADMINISTRATIVE & GENERAL   5.00   0   34.00     34.01   LOKON-AILOW Interest Expense   A   -199.608  CARP REL COSTS-BLDG & FIXT   1.00   11   34.03     34.03   128 Non-AILOW Interest Expense   A   -2.191, 967  CAP REL COSTS-BLDG & FIXT   1.00   11   34.03     34.03   128 Non-AILOW Interest Expense   A   -167.803  CAP REL COSTS-BLDG & FIXT   1.00   11   34.03     34.05   128 Non-AILOW Interest Expense   A   -688.234  CAP REL COSTS-BLDG & FIXT   1.00   11   34.04     11	33. 17	Milsc Revenue	В	195. 025		76. 03	0	33. 17
33.19   Misc Revenue							l e	1
34. 00   MAF Tax Offset	33. 19	1	В				l e	33. 19
34. 01   LOC Non-Allow Interest Expense   A   -109, 608 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 01   34. 02   34. 03   128 Non-Allow Interest Expense   A   -2, 191, 967 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 03   34. 04   50 BM0 Loan Non- Allow   A   -182, 770 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 03   34. 04   11   100   11   34. 03   34. 04   11   100   11   34. 04   11   100   11   34. 04   11   11   100   11   34. 05   128 Non-Allow Interest Expense   A   -688, 234 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 05   34. 06   128 Non-Allow Interest Expense   A   -688, 234 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   11   100   11   34. 05   34. 06   34. 06   11   100   11   34. 05   34. 06   34. 0	33. 20	Space Rental Income	В	-193, 198	OPERATION OF PLANT	7. 00	0	33. 20
34. 02   12A Non-Allow Interest Expense   A   -2, 191, 967 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 02   34. 03   34. 03   34. 04   50 BMO Loan Non- Allow Interest Expense   A   -167, 803 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 03   34. 04   34. 05   12B Non-Allow Interest Expense   A   -182, 770 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 05   34. 05   12B Non-Allow Interest Expense   A   -688, 234 CAP REL COSTS-BLDG & FIXT   1.00   11   34. 05   34. 06   11   12   12   12   12   12   12   1	34.00	HAF Tax Offset	A	-14, 683, 206	ADMINISTRATIVE & GENERAL	5. 00	0	34. 00
34. 03   128 Non-Allow   Interest Expense   A   -167, 803   CAP REL COSTS-BLDG & FIXT   1.00   11   34, 03     34. 04   Interest Expense   A   -182, 770   CAP REL COSTS-BLDG & FIXT   1.00   11   34, 03     34. 05   128 Non-Allow   Interest Expense   A   -688, 234   CAP REL COSTS-BLDG & FIXT   1.00   11   34, 03     34. 05   128 Non-Allow   Interest Expense   A   -688, 234   CAP REL COSTS-BLDG & FIXT   1.00   11   34, 03     34. 06   128 Non-Allow   Interest Expense   A   70, 524   ADMIN IN STRATI VE & GENERAL   5.00   0   34, 06     34. 07   1055 on Assets   A   -73, 499   ADMIN IN STRATI VE & GENERAL   5.00   0   34, 06     36. 08   CARDIAC CATH SHARED SERVICES   A   -32, 056   ONCOLOGY-CANCER CARE CENTER   76, 05   0   34, 08     36. 01   Sponsorship   A   -35, 600   ADMIN IN STRATI VE & GENERAL   5.00   0   36, 01     36. 02   Non Allow Marketing Expense   A   -421, 069   ADMIN IN STRATI VE & GENERAL   5.00   0   36, 01     36. 05   Depreciation Carryforward   A   -162, 228   EMS TRAIN ING-ALLIED HEALTH   23, 00   0   36, 04     36. 06   Depreciation Carryforward   A   269, 752   CAP REL COSTS-BLDG & FIXT   1.00   9   36, 05     36. 07   Meals on Wheels Cost   A   -147, 530   CAPETERIA   11, 00   9   36, 05     36. 09   Payillions   A   -22, 017, 370   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 06     36. 09   Payillions   A   -22, 017, 370   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 09   Payillions   A   -22, 017, 370   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 09   Payillions   A   -22, 017, 370   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 01   Nurse Practitioner Offset   A   -22, 017, 370   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 07   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 08   Payillions   A   -22, 210, 376   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 07   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 08   Payillions   A   -22, 210, 376   ADMIN IN STRATI VE & GENERAL   5.00   9   36, 07     36. 07		LOC Non-Allow Interest Expense	1				l	
34. 04   SO BMO Loan Non- Allow   Interest Expense   A   -182,770   CAP REL COSTS-BLDG & FIXT   1.00   11   34. 04     11   11   12   13   14. 04     12   13   15   15   15   15     13   14   15   15   15     14   15   15   15     15   16   16   16   16     15   16   16   16   16     16   16   16		1					l	
Interest Expense   12B Non-Allow Interest Expense   A		1	1				l	
34. 05   128 Non-Allow Interest Expense   A   -688, 234   CAP REL COSTS-BLDG & FIXT   1. 00   34. 05	34. 04		A	-182, 770	CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.06   S0 BMO Loan Non- Allow Interest Expense   A   70,524 ADMINISTRATIVE & GENERAL   5.00   0   34.06     34.07   Loss on Assets   A   -32,056 (ONCOLOGY-CANCER CARE CENTER   76.05   0   34.08     36.00   CARDIAC CATH SHARED SERVICES   A   -480,472 (CARDIAC CATHETERIZATION   59.00   0   36.01     36.01   Sponsorship   A   -35,600 ADMINISTRATIVE & GENERAL   5.00   0   36.01     36.02   Non Allow Marketing Expense   A   -421,069 ADMINISTRATIVE & GENERAL   5.00   0   36.02     36.04   A-8 Allied Heal th Program EMS   A   -421,069 ADMINISTRATIVE & GENERAL   5.00   0   36.02     36.05   Depreciation Carryforward   A   36,751 CAP REL COSTS-BLDG & FIXT   1.00   9   36.05     36.06   Depreciation Carryforward   A   36,751 CAP REL COSTS-MVBLE EQUIP   2.00   9   36.05     36.07   Meals on Wheels Cost   A   -147,530 CAFETERIA   11.00   0   36.07     36.08   Pavillions   A   -2,210,376 ADMINISTRATIVE & GENERAL   5.00   9   36.08     36.09   Physician Assistant Offset   A   -282,017 ADULTS & PEDIATRICS   30.00   9   36.10     36.10   Nurse Practitioner Offset   A   -248,835 OPERATING ROOM   50.00   9   36.11     36.12   Nurse Practitioner Offset   A   -3310,722 ADULTS & PEDIATRICS   30.00   9   36.11     36.13   Nurse Practitioner Offset   A   -248,835 OPERATING ROOM   50.00   9   36.11     36.14   Nurse Practitioner Offset   A   -3,365 CARDIAC CATHETERIZATION   59.00   9   36.12     36.15   OB Laborist Loss   A   -380,026 (DELIVERY ROOM & LABOR ROOM   52.00   9   36.15     36.16   Saliahue Professional Fee   A   -9,076,435 (LUTHERWOOD PARTNERSHIP   76.03   0   36.17     50.00   TOTAL (sum of lines 1 thru 49)   -55,072,658   50.00	24 05	1		600 221	CAD DEL COSTS DIDG % ELVT	1 00	11	24 05
Interest Expense			l i				l	
34. 07   Loss on Assets   A   -73, 499   ADMIN ISTRATI VE & GENERAL   5. 00   0   34. 07	34.00			70, 324	ADMINISTRATIVE & GENERAL	3.00		34.00
36. 00 CARDIAC CATH SHARED SERVICES A -480, 472 CARDIAC CATHETERIZATION 59. 00 0 36. 00 36. 01 Sponsorship A -35, 600 ADMINISTRATIVE & GENERAL 5. 00 0 36. 01 0 36. 02 36. 02 Non Allow Marketing Expense A -421, 069 ADMINISTRATIVE & GENERAL 5. 00 0 36. 02 36. 02 36. 04 A-8 Allied Heal th Program EMS Tuition A 162, 228 EMS TRAINING-ALLIED HEALTH 23. 00 0 36. 04 36. 05 36. 06 Depreciation Carryforward A 269, 752 CAP REL COSTS-BLDG & FIXT 1. 00 9 36. 05 36. 06 Depreciation Carryforward A 269, 752 CAP REL COSTS-MVBLE EQUIP 2. 00 9 36. 06 36. 07 Meals on Wheels Cost A -147, 530 CAFETERIA 11. 00 0 36. 07 36. 08 Pavillions A -2, 210, 376 ADMINISTRATIVE & GENERAL 5. 00 9 36. 08 36. 09 Nurse Practitioner Offset A -282, 017 ADULTS & PEDIATRICS 30. 00 9 36. 10 Nurse Practitioner Offset A -310, 722 ADULTS & PEDIATRICS 30. 00 9 36. 10 Nurse Practitioner Offset A -310, 722 ADULTS & PEDIATRICS 30. 00 9 36. 11 Nurse Practitioner Offset A -341 WOUND CARE CENTER 76. 04 036. 13 Nurse Practitioner Offset A -431 WOUND CARE CENTER 90. 02 0 36. 14 Nurse Practitioner Offset A -905, 316 HEALTHY HEARTS CENTER 90. 02 0 36. 14 36. 15 0B Laborist Loss A -780, 026 DELIVERY ROOM LABOR ROOM 50. 00 0 36. 17 50. 00 0 10 10 10 10 10 10 10 10 10 10 10 1	34. 07		A	-73, 499	ADMINISTRATIVE & GENERAL	5. 00	0	34. 07
36. 01 Sponsorship 36. 02 Non Allow Marketing Expense 36. 04 A-8 Allied Health Program EMS Tuition 36. 05 Depreciation Carryforward 36. 05 Depreciation Carryforward 36. 06 Depreciation Carryforward 36. 07 Mals on Wheels Cost 36. 08 Pavillions 36. 09 Physician Assistant Offset 36. 09 Physician Assistant Offset 36. 10 Nurse Practitioner Offset 36. 11 Nurse Practitioner Offset 36. 12 Nurse Practitioner Offset 36. 13 Nurse Practitioner Offset 36. 15 OB Laborist Loss 36. 16 Gallahue Professional Fee 36. 17 Gallahue Professional Fee 36. 17 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,	34.08	Loss on Assets	A	-32, 056	ONCOLOGY-CANCER CARE CENTER	76. 05	0	34. 08
36. 02 Non Allow Marketing Expense	36.00	CARDIAC CATH SHARED SERVICES	A	-480, 472	CARDIAC CATHETERIZATION	59. 00	0	36. 00
36. 04	36. 01	Sponsorshi p	A	-35, 600	ADMINISTRATIVE & GENERAL	5. 00	0	36. 01
Tuition 36.05 Depreciation Carryforward 36.06 Depreciation Carryforward 36.07 Meals on Wheels Cost 36.08 Pavillions 36.09 Physician Assistant Offset A -2,210,376 ADMINISTRATIVE & GENERAL 5.00 9 36.07 36.10 Nurse Practitioner Offset A -282,017 ADULTS & PEDIATRICS 30.00 9 36.10 36.11 Nurse Practitioner Offset A -248,835 OPERATING ROOM 50.12 Nurse Practitioner Offset A -3,365 CARDIAC CATHETERIZATION 50.00 9 36.11 36.12 Nurse Practitioner Offset A -431 WOUND CARE CENTER 50.00 0 36.12 36.15 Gallahue Professional Fee A -905,316 HEALTHY HEARTS CENTER 50.00 0 36.16 36.17 Gallahue Professional Fee A -9,076,435 LUTHERWOOD PARTNERSHIP 50.00 0 707AL (sum of lines 1 thru 49) (Transfer to Worksheet A,		9 .	A				l	
36. 05 Depreciation Carryforward	36. 04		A	-162, 228	EMS TRAINING-ALLIED HEALTH	23. 00	0	36. 04
36. 06         Depreciation Carryforward         A         269, 752 CAP REL COSTS-MVBLE EQUIP         2.00         9 36.06           36. 07         Meals on Wheels Cost         A         -147, 530 CAFETERIA         11.00         0 36.07           36. 08         Pavillions         A         -2, 210, 376 ADMINISTRATIVE & GENERAL         5.00         9 36.08           36. 09         Physician Assistant Offset         A         -282, 017 ADULTS & PEDIATRICS         30.00         0 36.09           36. 10         Nurse Practitioner Offset         A         -310, 722 ADULTS & PEDIATRICS         30.00         9 36.11           36. 11         Nurse Practitioner Offset         A         -248, 835 OPERATING ROOM         50.00         9 36.11           36. 12         Nurse Practitioner Offset         A         -3, 365 CARDIAC CATHETERIZATION         59.00         9 36.12           36. 13         Nurse Practitioner Offset         A         -431 WOUND CARE CENTER         76.04         0 36.13           36. 15         OB Laborist Loss         A         -780, 026 DELI VERY ROOM & LABOR ROOM         52.00         0 36.14           36. 17         Gall ahue Professi onal Fee         A         -9, 076, 435 LUTHERWOOD PARTNERSHIP         76.01         0 36.16           50. 00         TOTAL (sum of lines	24 05	1		2/ 754	CAD DEL COSTS DIDO 9 FLVT	1 00	_	24 05
36. 07 Meals on Wheels Cost			1				l e	
36. 08       Pavillions       A       -2, 210, 376 ADMINISTRATIVE & GENERAL       5. 00       9 36. 08         36. 09       Physician Assistant Offset       A       -282, 017 ADULTS & PEDIATRICS       30. 00       0 36. 09         36. 10       Nurse Practitioner Offset       A       -310, 722 ADULTS & PEDIATRICS       30. 00       9 36. 10         36. 11       Nurse Practitioner Offset       A       -248, 835 OPERATING ROOM       50. 00       9 36. 11         36. 12       Nurse Practitioner Offset       A       -248, 835 OPERATING ROOM       50. 00       9 36. 11         36. 12       Nurse Practitioner Offset       A       -431 WOUND CARE CENTER       59. 00       0 36. 13         36. 14       Nurse Practitioner Offset       A       -905, 316 HEALTHY HEARTS CENTER       90. 02       0 36. 14         36. 15       OB Laborist Loss       A       -780, 026 DELIVERY ROOM & LABOR ROOM       52. 00       0 36. 15         36. 16       Gallahue Professional Fee       A       -9, 076, 435 LUTHERWOOD PARTNERSHIP       76. 03       0 36. 17         50. 00       ToTAL (sum of lines 1 thru 49)       -55, 072, 658       -55, 072, 658       -55, 072, 658       -55, 072, 658								
36. 09       Physician Assistant Offset       A       -282,017 ADULTS & PEDIATRICS       30.00       0       36.09         36. 10       Nurse Practitioner Offset       A       -310,722 ADULTS & PEDIATRICS       30.00       9 36.10         36. 11       Nurse Practitioner Offset       A       -248,835 OPERATING ROOM       50.00       9 36.11         36. 12       Nurse Practitioner Offset       A       -3,365 CARDIAC CATHETERIZATION       59.00       0       36.12         36. 13       Nurse Practitioner Offset       A       -431 WOUND CARE CENTER       76.04       0       36.13         36. 15       Nurse Practitioner Offset       A       -905,316 HEALTHY HEARTS CENTER       90.02       0       36.14         36. 15       OB Laborist Loss       A       -780,026 DELI VERY ROOM & LABOR ROOM       52.00       0       36.15         36. 16       Gallahue Professional Fee       A       -9,076,435 LUTHERWOOD PARTNERSHIP       76.03       0       36.17         50. 00       Transfer to Worksheet A,       A       -55,072,658       55,072,658       50.00		1					l	
36. 10       Nurse Practitioner Offset       A       -310, 722 ADULTS & PEDIATRICS       30.00       9 36.10         36. 11       Nurse Practitioner Offset       A       -248, 835 OPERATING ROOM       50.00       9 36.11         36. 12       Nurse Practitioner Offset       A       -3, 365 CARDIAC CATHETERIZATION       59.00       0 36.12         36. 13       Nurse Practitioner Offset       A       -431 WOUND CARE CENTER       76.04       0 36.13         36. 14       Nurse Practitioner Offset       A       -905, 316 HEALTHY HEARTS CENTER       90.02       0 36.14         36. 15       OB Laborist Loss       A       -780, 026 DELI VERY ROOM & LABOR ROOM       52.00       0 36.15         36. 16       Gallahue Professional Fee       A       -22, 162, 018 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       76.01       0 36.16         36. 17       Gallahue Professional Fee       A       -9, 076, 435 LUTHERWOOD PARTNERSHIP       76.03       0 36.17         50. 00       Total (sum of lines 1 thru 49)       -55, 072, 658       50.00		II					l	
36. 11 Nurse Practitioner Offset A -248, 835 OPERATING ROOM 50. 00 9 36. 11 36. 12 Nurse Practitioner Offset A -3, 365 CARDIAC CATHETERIZATION 59. 00 0 36. 12 36. 13 Nurse Practitioner Offset A -431 WOUND CARE CENTER 76. 04 0 36. 13 36. 14 Nurse Practitioner Offset A -905, 316 HEALTHY HEARTS CENTER 90. 02 0 36. 14 36. 15 OB Laborist Loss A -780, 026 DELIVERY ROOM & LABOR ROOM 52. 00 0 36. 15 36. 16 Gallahue Professional Fee A -22, 162, 018 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 36. 17 Gallahue Professional Fee TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, 50. 00		1 3	1				l	
36. 12 Nurse Practitioner Offset A -3,365 CARDIAC CATHETERIZATION 59.00 0 36. 12 36. 13 Nurse Practitioner Offset A -431 WOUND CARE CENTER 76. 04 0 36. 13 36. 14 Nurse Practitioner Offset A -905, 316 HEALTHY HEARTS CENTER 90. 02 0 36. 14 36. 15 OB Laborist Loss A -780, 026 DELIVERY ROOM & LABOR ROOM 52. 00 0 36. 15 36. 16 Gallahue Professional Fee A -22, 162, 018 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 36. 17 Gallahue Professional Fee TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, 50.00		II .	1	•			l	
36. 14 Nurse Practitioner Offset A -905, 316 HEALTHY HEARTS CENTER 90. 02 0 36. 14 36. 15 0B Laborist Loss A -780, 026 DELIVERY ROOM & LABOR ROOM 52. 00 0 36. 15 36. 16 Gallahue Professional Fee A -22, 162, 018 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 36. 17 Gallahue Professional Fee A -9, 076, 435 LUTHERWOOD PARTNERSHIP 76. 03 0 36. 17 50. 00 (Transfer to Worksheet A, 50. 00	36. 12	Nurse Practitioner Offset	A	-3, 365	CARDIAC CATHETERIZATION	59.00	0	1
36. 15 OB Laborist Loss A -780, 026 DELIVERY ROOM & LABOR ROOM 52. 00 0 36. 15 36. 16 Gallahue Professional Fee A -22, 162, 018 PSYCHIATRIC/PSYCHOLOGICAL 56. 01 0 36. 16  36. 17 Gallahue Professional Fee A -9, 076, 435 LUTHERWOOD PARTNERSHIP 76. 03 0 36. 17 50. 00 (Transfer to Worksheet A, 50. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	36. 13		A				l	1
36. 16 Gallahue Professional Fee A -22, 162, 018 PSYCHI ATRI C/PSYCHOLOGI CAL 56. 01 0 36. 16  SERVI CES  36. 17 Gallahue Professional Fee A -9, 076, 435 LUTHERWOOD PARTNERSHIP 76. 03 0 36. 17  TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A,							l	
36. 17   Gallahue Professional Fee   A   -9,076,435   LUTHERWOOD PARTNERSHIP   76.03   0   36. 17   50. 00   (Transfer to Worksheet A,   -55,072,658   50.00   0   0   0   0   0   0   0   0   0			1				l	
36. 17   Gallahue Professional Fee   A   -9,076,435   LUTHERWOOD PARTNERSHIP   76.03   0   36.17   50.00   TOTAL (sum of lines 1 thru 49)   -55,072,658   50.00	36. 16	Gallahue Professional Fee	A			76. 01	0	36. 16
50.00 TOTAL (sum of lines 1 thru 49) -55,072,658 50.00 (Transfer to Worksheet A,	26 17	Callabus Professional Fac				74 02	_	26 17
(Transfer to Worksheet A,		4	1			70.03		
	50.00	1		55, 672, 656				30.00

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

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

B. Amount Received - if cost cannot be determined.

(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.

Provider CCN: 15-0074

Worksheet A-8-1

From 01/01/2017 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am Li ne No. Cost Center Expense I tems Amount of Amount Allowable Cost Included in Wks. A, column 4. 00 5.00 1.00 2.00 3.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS 21.00 & SERVICES-SALARY & FRINGE CHNW RESIDENT COSTS 1.00 930, 924 1.00 22. 00 &R SERVICES-OTHER PRGM COST CHNW OTHER RESIDENT COSTS 2.00 1, 684, 305 2.00 3.00 7. 00 OPERATION OF PLANT 175, 922 143, 466 1400 N RITTER 3.00 3.01 76. 05 ONCOLOGY-CANCER CARE CENTER 1400 N RITTER 156, 974 128, 199 3.01 3.02 70. 00 ELECTROENCEPHALOGRAPHY 1400 N RITTER 57, 483 46,878 3.02 15. 00 PHARMACY 103, 005 84, 001 3 03 1400 N RITTER 3 03 3.04 60. 00 LABORATORY 1400 N RITTER 65, 252 53, 213 3.04 3.05 76. 01 PSYCHI ATRI C/PSYCHOLOGI CAL SE 7250 CLEARVI STA 25, 029 20, 477 3.05 4.00 2. 00 CAP REL COSTS-MVBLE EQUIP CHNW - HOME OFFICE 8, 965, 530 4.00 0 4. 00 EMPLOYEE BENEFITS DEPARTMENT CHNW - HOME OFFICE 4.01 6, 572, 083 0 4.01 4.02 5. 00 ADMINISTRATIVE & GENERAL CHNW - HOME OFFICE 80, 607, 695 107, 915, 660 4. 02 7. 00 OPERATION OF PLANT 4.03 CHNW - HOME OFFICE 1,530,833 4.03 0 13.00 NURSING ADMINISTRATION CHNW - HOME OFFICE 3, 868, 784 4 04 0 4 04 CHNW - HOME OFFICE 4.05 14.00 CENTRAL SERVICES & SUPPLY 4, 176, 178 0 4.05 16.00 MEDICAL RECORDS & LIBRARY CHNW - HOME OFFICE 4, 066, 528 0 4.06 4.06 4.07 30. 00 ADULTS & PEDIATRICS CHNW - HOME OFFICE 596, 510 0 4.07 54. 00 RADI OLOGY-DI AGNOSTI C CHNW - HOME OFFICE 0 4 08 104.831 4 08 4.09 66. 00 PHYSI CAL THERAPY CHNW - HOME OFFICE 324, 546 0 4.09 69. 00 ELECTROCARDI OLOGY CHNW - HOME OFFICE 279, 785 4.10 4.10 70. 00 ELECTROENCEPHALOGRAPHY CHNW - HOME OFFICE 109, 892 0 4.11 4. 11 ol 73. 00 DRUGS CHARGED TO PATIENTS CHNW - HOME OFFICE 4.12 542, 971 4 12 4.13 76. 05 ONCOLOGY-CANCER CARE CENTER CHNW - HOME OFFICE 5, 914, 315 4.13 CHNW - HOME OFFICE 90. 02 HEALTHY HEARTS CENTER 0 4.14 276, 712 4.14 91. 00 EMERGENCY 4.15 CHNW - HOME OFFICE 55.028 0 4.15 TOTALS (sum of lines 1-4) 111, 007, 123 5.00 118, 575, 886 5 00 Transfer column 6, line 5 to

\* 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

1105 110	The been posted to not resting t and of 2, the amount art on about a be that dated the original to this part.						
				Related Organization(s) and/	or Home Office		
	Symbol (1)	Name	Percentage of	Name	Percentage of		
			Ownershi p		Ownershi p		
	1. 00	2. 00	3. 00	4. 00	5. 00		
	B. INTERRELATIONSHIP TO 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

6.00	В	CHNW	100.00	0. 00	6. 00
7.00			0.00	0.00	7. 00
8.00			0.00	0.00	8. 00
9.00			0.00	0.00	9. 00
10.00			0.00	0.00	10.00
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.
- 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.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der

Worksheet A-8, column 2,

line 12

From 01/01/2017
To 12/31/2017 Date/Time Prepared: OFFICE COSTS

					10 12/31/2017	5/30/2018 11:	
	Net	Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
			MENTS REQUIRED AS A RESULT OF TRAI	NSACTIONS WITH RELATED O	RGANIZATIONS OR (	CLAIMED	
	HOME OFFICE CO						
1. 00	-930, 924						1. 00
2.00	-1, 684, 305						2. 00
3.00	32, 456						3. 00
3. 01	28, 775						3. 01
3. 02	10, 605						3. 02
3. 03	19, 004						3. 03
3.04	12, 039						3. 04
3. 05	4, 552						3. 05
4.00	8, 965, 530						4. 00
4. 01	6, 572, 083						4. 01
4. 02	-27, 307, 965						4. 02
4.03	1, 530, 833						4. 03
4.04	3, 868, 784						4.04
4. 05	4, 176, 178						4. 05
4.06	4, 066, 528						4.06
4. 07	596, 510						4. 07
4.08	104, 831	•					4. 08
4. 09	324, 546						4. 09
4. 10	279, 785	•					4. 10
4. 11	109, 892	0					4. 11
4. 12	542, 971						4. 12
4. 13	5, 914, 315						4. 13
4.14	276, 712						4. 14
4. 15	55, 028						4. 15
5.00	7, 568, 763						5. 00
* The	amounts on Line	os 1_4 (and sub	oscrints as annronriate) are trans	ferred in detail to Worl	ksheet A column	6 lines as	

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

nas not	been posted to norksheet 7,	or anni s i ana, or 2, the ameant are	TOWART C SHOULD	be mareated in cordini	1 or time part.	
	Related Organization(s)					
	and/or Home Office					
	Type of Business					
	6. 00					
	B. INTERRELATIONSHIP TO RELAT	D ORGANIZATION(S) AND/OR HOME OF	FICE:			

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

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

6. 00 7. 00 8. 00 9. 00 10. 00 100. 00	6.00
7.00	7.00
8.00	8.00
9. 00	9.00
10.00	10.00
100.00	100.00

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

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Provider CCN: 15-0074 

					Т	o 12/31/2017	Date/Time Pre 5/30/2018 11:	epared: 17 am
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component	7	ider Component	
	1.00	2.00	2.00	4.00	F 00	/ 00	Hours	
1. 00	1.00	2. 00 AGGREGATE-ADMINISTRATIVE &	3. 00 667, 288	4. 00 326, 264	5. 00 341, 024	6. 00 211, 500	7. 00 2, 048	1. 00
1.00	5.00	GENERAL	007, 288	320, 204	341, 024	211,500	2, 048	1.00
2. 00		AGGREGATE-ADULTS & PEDIATRICS	3, 622, 089	3, 622, 089	0	0	0	
3.00		AGGREGATE-OPERATING ROOM	4, 468			0	0	
4. 00	52. 00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	195, 214	195, 214	0	0	0	4. 00
5.00	90. 05	AGGREGATE-INFUSION CENTERS	1, 428	1, 428	0	0	0	5. 00
6.00	90. 07	AGGREGATE-KNEE CENTER	31, 819	31, 819	0	0	0	6. 00
7.00	0.00		0	0	0	0	0	7. 00
8.00	0.00		0	0	0	0	0	8. 00
9.00	0.00		0	0	0	0	0	9. 00
10.00	0.00		0	0	0	0	0	10.00
200.00			4, 522, 306	4, 181, 282	341, 024		2, 048	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE	5 Percent of	Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE	Memberships &	Component	of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1. 00	2. 00	8. 00	9. 00	12. 00	13. 00	14. 00	
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE & GENERAL	208, 246	10, 412	0	0	0	1. 00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2. 00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3. 00
4. 00		AGGREGATE-DELIVERY ROOM & LABOR ROOM	0		0	0	0	1
5.00	90. 05	AGGREGATE-INFUSION CENTERS	0	0	0	0	0	5. 00
6.00	90. 07	AGGREGATE-KNEE CENTER	0	0	0	0	0	6. 00
7.00	0.00		0	0	0	0	0	7. 00
8.00	0.00		0	0	0	0	0	8. 00
9.00	0.00		0	0	0	0	0	9. 00
10.00	0.00		0	0	0	0	0	10.00
200.00			208, 246		0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	208, 246	132, 778	459, 042		1. 00
2. 00	30. 00	AGGREGATE-ADULTS & PEDIATRICS	0	О	0	3, 622, 089		2. 00
3. 00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	4, 468		3. 00
4. 00		AGGREGATE-DELIVERY ROOM & LABOR ROOM	Ö		0	195, 214		4. 00
5. 00	90. 05	AGGREGATE-INFUSION CENTERS	0	0	0	1, 428		5. 00
6.00		AGGREGATE-KNEE CENTER	0	0	0	31, 819		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	0		9. 00
10.00	0.00		0	0	0	0		10. 00
200.00			0	208, 246	132, 778	4, 314, 060		200. 00

In Lieu of Form CMS-2552-10 Health Financial Systems COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074 Peri od: Worksheet B From 01/01/2017 Part I Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am CAPITAL RELATED COSTS Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Subtotal for Cost **BENEFITS** DEPARTMENT Allocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 15, 658, 921 15, 658, 921 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 29, 277, 482 29, 277, 482 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 6, 970, 921 181, 157 28, 101 7, 180, 179 4.00 00500 ADMINISTRATIVE & GENERAL 12, 015, 575 115, 979, 972 5 00 102, 734, 310 757, 603 472 484 5 00 7.00 00700 OPERATION OF PLANT 16, 250, 828 2, 330, 945 139, 751 104, 932 18, 826, 456 7.00 1, 053, 643 8.00 00800 LAUNDRY & LINEN SERVICE 101 1, 053, 744 8.00 00900 HOUSEKEEPI NG 4, 480, 408 262,005 8, 454 109, 143 4, 860, 010 9.00 9.00 26, 933 01000 DI ETARY 10.00 67, 908 1, 702, 621 1, 400, 305 207.475 10 00 11.00 01100 CAFETERI A 2, 656, 829 545, 608 232, 468 63, 716 3, 498, 621 11.00 01300 NURSING ADMINISTRATION 7, 392, 445 177, 750 7, 688, 121 13.00 6,046 111, 880 13.00 01400 CENTRAL SERVICES & SUPPLY 4, 056, 098 309, 120 1, 314, 104 5, 679, 322 14.00 14.00 7, 895, 179 7, 011, 309 15.00 01500 PHARMACY 31, 440 675, 238 177, 192 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 5, 224, 323 38, 097 213 30, 992 5, 293, 625 16.00 01700 SOCIAL SERVICE 92, 726 2, 922, 233 17.00 2, 764, 680 63, 659 1, 168 17.00 3, 196, 637 02100 I &R SERVICES-SALARY & FRINGES APPRVD 3.055.244 141.393 21.00 21.00 C 5, 990 22 00 02200 L&R SERVICES-OTHER PRGM COSTS APPRVD 5, 359, 900 34 821 230, 481 5, 631, 192 22 00 02300 EMS TRAINING-ALLIED HEALTH 726, 939 4, 472 997, 209 23.00 23.00 224, 464 41, 334 23. 01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH O 23.01 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 428, 711 9, 997 5, 507 7, 953 452, 168 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 0 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 39, 734, 084 4, 250, 833 272, 666 1, 485, 243 45, 742, 826 30.00 31.00 03100 INTENSIVE CARE UNIT 6.747.094 218, 394 7, 760, 569 31.00 656, 760 138.321 32.00 03200 CORONARY CARE UNIT 4, 195, 530 380, 572 14,885 128, 400 4, 719, 387 32.00 04300 NURSERY 43.00 426, 558 45,089 7,847 13, 191 492, 685 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 9, 079, 718 1,045,481 1, 130, 552 169, 762 11, 425, 513 50.00 1, 452, 476 05100 RECOVERY ROOM 42, 411 1, 710, 381 51.00 212, 953 2, 541 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 1, 470, 972 113, 045 19,676 57, 218 1, 660, 911 52.00 05400 RADI OLOGY-DI AGNOSTI C 4. 198. 432 603, 188 107.489 5, 355, 312 54 00 446, 203 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 1,060,235 174, 299 244, 545 29, 222 1,508,301 55.00 05700 CT SCAN 93, 339 2, 695, 251 57.00 2, 316, 070 223, 015 62, 827 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 770, 295 113, 913 232, 039 19, 698 1, 135, 945 58.00 58.00 05900 CARDIAC CATHETERIZATION 608, 287 116, 259 4, 290, 142 59.00 3, 124, 171 441, 425 59 00 60.00 06000 LABORATORY 11, 098, 705 98, 683 110, 254 11, 307, 642 60.00 64.00 06400 INTRAVENOUS THERAPY 302, 731 9, 263 2, 993 10, 653 325, 640 64.00 06500 RESPIRATORY THERAPY 46, 826 200. 925 4, 620, 621 65 00 4 234 830 138 040 65 00 06600 PHYSI CAL THERAPY 66.00 5, 481, 440 71, 229 909, 311 159, 823 6, 621, 803 66.00 67.00 06700 OCCUPATIONAL THERAPY 1, 492, 440 20, 329 21, 474 45, 970 1, 580, 213 67.00 68.00 06800 SPEECH PATHOLOGY 543, 239 7, 392 7,816 16, 733 575, 180 68.00 06900 ELECTROCARDI OLOGY 3, 337, 508 2 835 962 377, 726 69 00 21, 442 102.378 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 882, 644 145, 187 22, 338 1,050,169 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 21, 009, 262 21, 009, 262 71.00 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 23, 650, 394 0 0 23, 650, 394 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 88, 861, 048 88.861.048 C 0 0 73 00 74.00 07400 RENAL DIALYSIS 1, 186, 043 7, 236 276 0 1, 193, 555 74.00 03330 ENDOSCOPY 60, 949 371, 848 76.00 295, 671 15, 228 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 12, 296, 560 1, 737, 156 1, 032, 542 15, 184, 469 76.01 118, 211 76.01 03951 LUTHERWOOD PARTNERSHIP 4, 149, 748 76.03 2, 572, 865 1, 245, 453 331, 430 76.03 76.04 03952 WOUND CARE CENTER 2, 397, 850 110, 373 6, 750 28, 745 2, 543, 718 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 34, 829, 265 395, 111 3, 252, 925 430, 212 38, 907, 513 76.05 03953 I MAGING CENTERS 76 06 5, 212, 063 1, 375, 762 109, 622 6, 700, 119 2.672 76 06 76.07 03954 BREAST DIAGNOSTIC CENTER 1, 640, 585 57, 068 22, 821 1, 720, 474 76.07 117, 254 27, 573 07697 CARDIAC REHABILITATION 76.97 824, 828 161, 429 1, 131, 084 76.97 07698 HYPERBARI C OXYGEN THERAPY 5, 914 76.98 527, 547 22, 645 1, 368 557, 474 76. 98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 0 C 0 0 89 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89 00 90.00 09000 CLINIC 90.00 0 0 0 0 0 04950 DIABETIC CARE CENTER 90.01 Λ 0 Λ 90 01 2, 021, 182 04951 HEALTHY HEARTS CENTER 1, 719, 856 135, 961 90.02 93, 406 71, 959 90.02 90.03 09001 CLI NI C C O 90.03 04953 SPINE CENTER 90.04 0 C 0 90.04 90.05 04954 INFUSION CENTERS 605, 444 Ω 322, 154 16, 982 944, 580 90.05 90.06 09002 MEDCHECK CLINICS C 0 90.06

3, 558, 701

0

277, 502

17, 518

0

0

65, 598

0

0

3, 919, 319

0

0 90.10

90.07

90.08

90.07

90 08

90.10

09003 KNEE CENTER

09004 PALLIATIVE CARE

09006 WORK SITE CLINICS

Health Financial Systems	COMMUNITY HEALTH	NETWORK INC		In lie	u of Form CMS-	2552_10
COST ALLOCATION - GENERAL SERVICE COSTS	SOMMONT IT HEALTH	Provider CO	1	Period: From 01/01/2017 To 12/31/2017	Worksheet B	pared:
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
	0	1.00	2.00	4. 00	4A	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	(	0	0	90. 12
91. 00   09100   EMERGENCY	14, 217, 183	813, 335	45, 759	9 357, 091	15, 433, 368	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS				.1		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	533, 356, 087	15, 610, 359	28, 029, 158	7, 013, 242	531, 892, 264	118. 00
NONREI MBURSABLE COST CENTERS	-1	_			_	
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0		190. 00
191. 00 19100 RESEARCH	0	0	(7.45)	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	82, 101	48, 562	67, 152	2 404	198, 219	
194. 00 07950 HOME OFFICE	0	0	(	0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0 (05 4/0	0	(	0		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	625, 462	0		20, 460	645, 922	194.04

373, 895

3, 206, 452

1, 212, 649

538, 856, 646

15, 658, 921

1, 061, 521 21, 681

29, 277, 482

97, 970

645, 922 194. 04 4, 365, 228 194. 05 407, 928 194. 07

1, 347, 085 194. 08

538, 856, 646 202. 00

0 194. 09 0 200. 00 0 201. 00

97, 255

12, 352

36, 466

7, 180, 179

194. 05 07955 FAMILY PRACTICE MEDICINE 194. 07 07957 LIFECHECK

194. 09 07959 SURGERY CENTER EAST

200.00

201.00

202.00

194.08 07958 GROUP HOMES AND MISC. N\_R CTRS

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Peri od: Worksheet B From 01/01/2017 Part I To 12/31/2017 Date/Time Prepared:

In Lieu of Form CMS-2552-10

5/30/2018 11:17 am Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY & GENERAL PLANT LINEN SERVICE 9.00 10.00 5.00 7.00 8.00 GENERAL SERVICE COST CENTERS 1.00 1.00 00100 CAP REL COSTS-BLDG & FLXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 115, 979, 972 00500 ADMINISTRATIVE & GENERAL 5 00 5 00 7.00 00700 OPERATION OF PLANT 5, 163, 419 23, 989, 875 7.00 00800 LAUNDRY & LINEN SERVICE 289,004 1, 342, 748 8.00 8.00 9.00 00900 HOUSEKEEPI NG 1, 332, 926 507, 333 6, 700, 269 9.00 0 01000 DI ETARY 466, 968 2, 685, 964 10.00 10.00 401, 745 0 114,630 11.00 01100 CAFETERI A 959, 546 1, 056, 488 301, 448 0 11.00 13 00 01300 NURSING ADMINISTRATION 2, 108, 575 344, 186 3, 100 98, 207 0 13.00 01400 CENTRAL SERVICES & SUPPLY 170, 788 1, 557, 634 598, 564 14 00 C 0 14.00 15.00 01500 PHARMACY 2, 165, 363 60, 878 0 17, 370 0 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 1, 451, 851 73, 770 0 21,049 0 16.00 01700 SOCIAL SERVICE 17.00 801.463 0 35, 171 17.00 123, 266 0 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 21.00 876, 722 0 21.00 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 1,544,433 11, 598 0 3, 309 0 22.00 02300 EMS TRAINING-ALLIED HEALTH 124, 016 23.00 23 00 273, 499 434, 642 0 0 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 0 23.01 23.01 0 02302 PHARMACY RESIDENCY-ALLIED HEALTH 0 23.02 124, 013 19, 359 5, 524 0 23 02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 12, 545, 610 2, 237, 352 30.00 8, 231, 111 659.884 2, 348, 583 30.00 31.00 03100 INTENSIVE CARE UNIT 2, 128, 445 1, 271, 718 90, 206 362, 859 223, 176 31.00 32.00 03200 CORONARY CARE UNIT 1, 294, 358 736, 920 89, 555 210, 265 225, 436 32.00 135, 126 24, 911 04300 NURSERY 87, 308 6,028 43.00 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 3, 133, 607 2,024,418 40, 672 577, 627 0 50.00 05100 RECOVERY ROOM 51.00 469, 096 412, 351 117, 656 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 455, 528 218.894 15.118 62, 457 0 52.00 05400 RADI OLOGY-DI AGNOSTI C 1, 167, 983 54.00 1, 468, 769 29, 902 333, 260 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 413,673 337, 504 17,061 96, 300 0 55.00 57.00 05700 CT SCAN 739, 210 180, 738 40, 416 51, 570 0 57.00 58 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 311 549 220 576 13 448 62.937 0 58 00 05900 CARDIAC CATHETERIZATION 59.00 1, 176, 632 854, 753 27, 230 243, 887 0 59.00 06000 LABORATORY 3, 101, 279 191, 085 54, 522 0 60.00 60.00 C 64.00 06400 INTRAVENOUS THERAPY 89.311 17, 936 0 5.118 0 64.00 06500 RESPIRATORY THERAPY 0 65.00 1, 267, 270 90, 671 25, 871 0 65.00 137, 925 66.00 06600 PHYSI CAL THERAPY 1, 816, 122 0 39, 354 0 66.00 06700 OCCUPATIONAL THERAPY 67.00 433, 396 39, 364 0 11, 232 0 67.00 68 00 06800 SPEECH PATHOLOGY 157, 751 14, 314 0 4.084 Ω 68 00 06900 ELECTROCARDI OLOGY 69.00 915, 358 41, 520 0 11,847 0 69.00 07000 ELECTROENCEPHALOGRAPHY 288, 024 0 70.00 70.00 1.692 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 5, 762, 084 0 o 0 71.00 C 07200 IMPL. DEV. CHARGED TO PATIENTS 6, 486, 452 0 0 72 00 72 00 Ω 0 07300 DRUGS CHARGED TO PATIENTS 73.00 24, 371, 512 0 0 0 73.00 14, 012 74.00 07400 RENAL DIALYSIS 327, 349 3, 998 0 74.00 03330 ENDOSCOPY 101, 985 76.00 3.045 0 76, 00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 228, 897 76.01 4. 164. 553 C 65, 311 0 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 1, 138, 126 0 0 76.03 03952 WOUND CARE CENTER 76.04 697,650 213, 721 33, 125 60.981 0 76.04 03480 ONCOLOGY-CANCER CARE CENTER 765, 074 76.05 10, 670, 930 24.085 218, 298 0 76.05 03953 I MAGING CENTERS 76 06 1,837,601 5. 174 C 1,476 0 76 06 76.07 03954 BREAST DIAGNOSTIC CENTER 471, 864 110, 504 0 31, 530 0 76.07 76 97 07697 CARDIAC REHABILITATION 310, 216 312, 583 0 89, 189 O 76. 97 07698 HYPERBARIC OXYGEN THERAPY 152, 895 43,848 76.98 0 12, 511 0 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 90.00 04950 DIABETIC CARE CENTER 90.01 0 0 0 90.01 90.02 04951 HEALTHY HEARTS CENTER 554, 337 180, 867 879 51, 607 0 90.02 90.03 09001 CLINIC 0 90.03 0 0 04953 SPINE CENTER 90.04 C 0 0 0 90.04 04954 INFUSION CENTERS 0 90.05 90.05 259,064 0 90.06 09002 MEDCHECK CLINICS 0 0 90.06 90.07 09003 KNEE CENTER 1.074.928 537. 341 0 153, 319 90.07 0 90.08 09004 PALLIATIVE CARE 0 0 90.08 09006 WORK SITE CLINICS 90. 10 90.10 0 0 0 0 90.12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 90.12 1, 574, 902 09100 EMERGENCY 247, 302 449, 366 91.00 91.00 4, 232, 817 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0 0 98.00 0 0 0

Provider CCN: 15-0074

			Т	o 12/31/2017	Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DIETARY
	& GENERAL	PLANT	LINEN SERVICE		
	5. 00	7. 00	8. 00	9. 00	10.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	114, 069, 893	23, 895, 841	1, 342, 748	6, 673, 438	2, 685, 964 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
191. 00 19100 RESEARCH	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	54, 364	94, 034	0	26, 831	0 192. 00
194.00 07950 HOME OFFICE	0	0	0	0	0 194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0 194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0	0 194. 03
194.04 07954 SMO-NON PROVIDER BASED	177, 153	0	0	0	0 194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	1, 197, 225	0	0	0	0 194. 05
194. 07 07957 LI FECHECK	111, 880	0	0	0	0 194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	369, 457	0	0	0	0 194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00   TOTAL (sum lines 118 through 201)	115, 979, 972	23, 989, 875	1, 342, 748	6, 700, 269	2, 685, 964 202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

COST CENTER DESCRIPTION   CAPITERIA   ADMINISTRATION   SERVICES & SUPPLY   SERVICES					10	12/31/2017	Date/lime Pre 5/30/2018 11:	
CEMERAL SERVI CE COST CENTERS		Cost Center Description				PHARMACY	MEDI CAL	
CENTRAL SERVICE COST CENTERS				ADMINISTRATION				
1.00			11. 00	13. 00		15. 00		
2.00	1 00		T					1 00
4.00   004000   EMPLOYEE BENEFITS DEPARTMENT								1. 00 2. 00
7. 00 00700   OPERATI ON OF PLANT								4.00
8. 00   0.00800   LAINDRY & LI NEN SERVI CE   9. 00   0.0090   0.0012   0	5.00	1						5. 00
9.00   000900   HOUSEKEEPI NG		1						7. 00
10.00   01000   01ETARY								8.00
11.00   01100   CAPETERIA								9. 00 10. 00
13.00   01300   NURSI NG ADMINISTRATION   133, 433   10, 375, 622			5, 816, 103					11. 00
15. 00   01500   PHARMACY   176, 602   0   0   10, 315, 392   15. 00   177   16. 00   1600   MEDI CAL RECORDS & LI BRARY   39, 245   0   137   0   6,879, 677   16. 17. 00   1700   SOCI AL SERVI CE   105, 961   0   185   0   0   0   0   0   22. 17. 00   0210   IAR SERVI CES-SALARY & FRI NGES APPRVD   211, 923   0   0   0   0   0   0   0   0   22. 17. 00   02200   IAR SERVI CES-SALARY & FRI NGES APPRVD   211, 923   0   0   0   0   0   0   0   0   0			1 ' '	10, 375, 622				13. 00
16.00     16.00     16.00     16.00     16.00     16.00     16.00     16.00     16.00     17.0		1 I	-	0	8, 006, 308			14. 00
17.00   01700   SOCIAL SERVICE   105, 961   0   185   0   0   0   0   1.				0	_	10, 315, 392	l e	15.00
21.00   02100   18R SERVI (CES-SALARY & FRI NŒS APPRVD   211, 923   0   0   0   0   22.				0		0		16. 00 17. 00
22.00   02200   RS SERVI CES-OTHER PRGM COSTS APPRVD   105, 961   0   1,986   0   0   0   22, 23.00   02300   EMS TRAINING-ALLIED HEALTH   7,849   0   154   0   0   0   23, 23.01   02301   RADIOLOGY SCHOOL-ALLIED HEALTH   31,396   0   233   0   0   23, 23.01   02302   PHARIMACY RESI DENCY-ALLIED HEALTH   0   0   0   0   0   0   0   0   23, 20   02302   PHARIMACY RESI DENCY-BITH ALLIED HEALTH   0   0   0   0   0   0   0   0   0		1		0		0		21.00
23.01   02301   RADIOLOGY SCHOOL-ALLIED HEALTH   31,396   0   0   0   0   0   23,				0	1, 986	0	l .	22. 00
23. 02   02302   PHARMACY RESI DENCY-ALLI ED HEALTH   31, 396   0   0   0   0   0   0   0   0   0			1	0		0		23. 00
23.03   20.303   PHARMACY RESI DNECY-BTH ALLIED HEALTH   0		1	_	0		0		23. 01
INPATIENT ROUTINE SERVICE COST CENTERS   1,734,631   6,205,717   119,047   0   541,214   30.0   30.00   JAULTS & PEDIATRICS   1,734,631   6,205,717   119,047   0   591,214   31.0   31.0   03100   INTENSIVE CARE UNIT   255,092   912,605   11,298   0   89,259   31.   32.0   32.00   CORONARY CARE UNIT   176,602   631,804   13,717   0   59,708   32.   43.00   43000 NURSERY   15,698   56,160   1,570   0   7,332   43.00   43000 NURSERY   15,698   56,160   1,570   0   7,332   43.00   43000 NURSERY   15,698   56,160   1,570   0   366,277   50.0   10,149   0   41,384   51.   51.00   10,149   0   41,384   51.   51.00   10,149   0   41,384   51.   51.00   10,149   0   41,384   51.   51.00   10,149   0   41,384   51.   52.00   05200 DELIVERY ROOM   47,094   0   10,149   0   41,384   51.   52.00   05200 DELIVERY ROOM   43,169   154,441   3,936   0   18,384   52.   55.00   05500 RADI OLOGY-DI AGNOSTI C   98,112   0   20,186   0   163,690   54.   55.00   05500 RADI OLOGY-THERAPEUTI C   39,245   0   11,876   0   56,260   55.   57.   00   05500 CARDI AGNOSTI C   81,1735   0   284   0   230,497   57.   58.00   05800 MAGNETI C RESONANCE I MAGI NG (MRI )   23,547   0   16   0   47,543   59.			1	0		0	•	23. 02 23. 03
30.00   03000   ADULTS & PEDI ATRI CS   1,734,631   6,205,717   119,047   0   541,214   30,00   310,00   310,00   310,00   310,00   310,00   310,00   310,00   310,00   310,00   310,00   3200   CORONARY CARE UNIT   176,602   631,804   13,717   0   59,708   32,40   32,00   3200   CORONARY CARE UNIT   176,602   631,804   13,717   0   59,708   32,40	23. 03		U	U	U U	0	0	23.03
32.00   03200   COROMARY CARE UNIT   176, 602   631, 804   13, 717   0   59, 708   32.	30. 00		1, 734, 631	6, 205, 717	119, 047	0	541, 214	30.00
43. 00   04300   NURSERY   15, 698   56, 160   1, 570   0   7, 332   43. 00   05000   OPERATI NG ROOM   211, 923   758, 165   736, 281   0   366, 277   50. 00   05000   OPERATI NG ROOM   47, 094   0   10, 149   0   41, 384   51. 00   05200   OPERATI NG ROOM   43, 169   154, 441   3, 936   0   18, 384   52. 00   05200   OPERATI NG ROOM   43, 169   154, 441   3, 936   0   18, 384   52. 00   05200   OPERATI NG ROOM   43, 169   154, 441   3, 936   0   163, 690   05500   OPERATI NG ROOM   43, 169   154, 441   3, 936   0   18, 384   52. 00   05400 RADI OLOGY-DI AGNOSTI C   98, 112   0   20, 186   0   0   163, 690   05500   OPERATI NG ROOM   117, 735   0   284   0   230, 497   57. 00   05700   CT SCAN   117, 735   0   284   0   230, 497   57. 00   05700   CT SCAN   117, 735   0   284   0   230, 497   57. 00   05900   CARDI AC CATHETERI ZATI ON   137, 357   0   668, 306   0   532, 945   59. 00   05900   CARDI AC CATHETERI ZATI ON   137, 357   0   668, 306   0   532, 945   59. 00   06000   LABORATORY   0   0   146, 303   0   463, 393   60. 06000   LABORATORY   0   0   0   0   0   3, 261   66. 00   06600   PHYSI CAL THERAPY   168, 753   0   9, 695   0   84, 641   65. 00   06600   PHYSI CAL THERAPY   86, 339   0   7, 128   0   72, 973   66. 0700   00000   00000   000000								31. 00
ANCILLARY SERVICE COST CENTERS								32.00
50.00	43.00		15, 698	56, 160	1,570	0	1, 332	43.00
52. 00         05200 DELIVERY ROOM & LABOR ROOM         43, 169 PRIOR         154, 441 PRIOR         3, 936 PRIOR         0         18, 384 PRIOR         52. 00 PRIOR         3, 936 PRIOR         0         18, 384 PRIOR         52. 00 PRIOR         3, 936 PRIOR         0         163, 690 PRIOR         54. 00 PRIOR         11, 876 PRIOR         0         20, 186 PRIOR         0         163, 690 PRIOR         55. 00 PRIOR         11, 876 PRIOR         0         20, 186 PRIOR         0         11, 876 PRIOR         0         55. 00 PRIOR         55. 00 PRIOR         11, 876 PRIOR         0         11, 876 PRIOR         0         55. 00 PRIOR         55. 00 PRIOR         55. 00 PRIOR         284 PRIOR         0         230, 497 PRIOR         55. 55. 00 PRIOR         55. 00 PRIOR         284 PRIOR         0         230, 497 PRIOR         55. 55. 55. 00 PRIOR         55. 00 PRIOR         56. 260 PRIOR         55. 260 PRIOR         56. 260 PRIOR	50. 00		211, 923	758, 165	736, 281	0	366, 277	50.00
54. 00         05400         RADI OLOGY-DI AGNOSTI C         98, 112         0         20, 186         0         163, 690         54.           55. 00         05500         RADI OLOGY-THERAPEUTI C         39, 245         0         11, 876         0         56, 260         55.           57. 00         05700         CT SCAN         117, 735         0         284         0         230, 497         57.           58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI)         23, 547         0         16         0         47, 543         58.           59. 00         05900         CARDI AC CATHETERI ZATI ON         137, 357         0         668, 306         0         532, 945         59.           60. 00         06000         LABORATORY         0         146, 303         0         463, 393         60.           64. 00         06400         INTRAVENOUS THERAPY         11, 773         0         0         0         3, 261         64.           65. 00         06500         RESPI RATORY THERAPY         168, 753         0         9, 695         0         84, 641         65.           66. 00         06600         PHYSI CAL THERAPY         86, 339         0         7, 128 <td< td=""><td>51. 00</td><td>05100 RECOVERY ROOM</td><td>47, 094</td><td>0</td><td>10, 149</td><td>0</td><td>41, 384</td><td>51.00</td></td<>	51. 00	05100 RECOVERY ROOM	47, 094	0	10, 149	0	41, 384	51.00
55. 00         05500         RADI OLOGY-THERAPEUTI C         39, 245         0         11, 876         0         56, 260         55.           57. 00         05700         CT SCAN         117, 735         0         284         0         230, 497         57.           58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI)         23, 547         0         16         0         47, 543         58.           59. 00         05900         CARDI AC CATHETERI ZATI ON         137, 357         0         668, 306         0         532, 945         59.           60. 00         06000         LABORATORY         0         0         146, 303         0         463, 393         60.           64. 00         O6400         I NTRAVENOUS THERAPY         111, 773         0         0         0         3, 261         64.           65. 00         O6500         RESPI RATORY THERAPY         168, 753         0         9, 695         0         84, 641         65.           67. 00         O6700         OCCUPATI ONAL THERAPY         86, 339         0         7, 128         0         72, 973         66.           68. 00         O6800         SPEECH PATHOLOGY         19, 622         0         468 <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>l</td> <td>52.00</td>						0	l	52.00
57. 00         05700         CT SCAN         117, 735         0         284         0         230, 497         57.           58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI)         23, 547         0         16         0         47, 543         58.           69. 00         05900         CARDI AC CATHETERI ZATI ON         137, 357         0         668, 306         0         532, 945         59.           60. 00         06000         LABORATORY         0         0         146, 303         0         463, 393         60.           64. 00         06400         I NTRAVENOUS THERAPY         11, 773         0         0         0         3, 261         64.           65. 00         06500 RESPI RATORY THERAPY         168, 753         0         9, 695         0         84, 641         65.           66. 00         06600 PHYSI CAL THERAPY         86, 339         0         7, 128         0         72, 973         66.           67. 00         06700 OCCUPATI ONAL THERAPY         54, 943         0         1, 286         0         20, 145         67.           68. 00         06800 ELECTROCARDI OLOGY         168, 753         0         9, 187         0         158, 991         69.						0		54. 00 55. 00
58. 00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         23,547         0         16         0         47,543         58.           59. 00         05900         CARDI AC CATHETERI ZATI ON         137,357         0         668,306         0         532,945         59.           60. 00         06400         LABORATORY         0         0         146,303         0         463,393         60.           64. 00         06400         INTRAVENOUS THERAPY         11,773         0         0         0         0         3,261         64.           65. 00         06500         RESPI RATORY THERAPY         168,753         0         9,695         0         84,641         65.           66. 00         06600         PHYSI CAL THERAPY         86,339         0         7,128         0         72,973         66.           67. 00         06700         OCCUPATI ONAL THERAPY         54,943         0         1,286         0         20,145         67.           68. 00         06800         SPEECH PATHOLOGY         19,622         0         468         0         7,456         68.           69. 00         06900         ELECTROCARDI OLOGY         168,753         0         9,187 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td>57. 00</td>				0		0		57. 00
60. 00   06000   LABORATORY   0   0   146, 303   0   463, 393   60. 64. 00   06400   INTRAVENOUS THERAPY   11, 773   0   0   0   0   3, 261   64. 65. 00   06500   RESPI RATORY THERAPY   168, 753   0   9, 695   0   84, 641   65. 66. 00   06600   PHYSI CAL THERAPY   86, 339   0   7, 128   0   72, 973   66. 67. 00   06700   OCCUPATI ONAL THERAPY   54, 943   0   1, 286   0   20, 145   67. 68. 00   06800   SPEECH PATHOLOGY   19, 622   0   468   0   0   7, 456   68. 69. 00   06900   ELECTROCARDI OLOGY   168, 753   0   9, 187   0   158, 991   69. 70. 00   07000   ELECTROENCEPHALOGRAPHY   31, 396   0   4, 374   0   20, 840   70. 71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   1, 158, 829   0   277, 081   71. 72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   229, 304   72. 73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   11, 315, 392   1, 825, 094   73. 74. 00   07400   RENAL DI ALYSI S   0   0   0   0   114, 321   76. 00   0   0   0   0   0   0   0   0   0		1	1	Ö		0		•
64. 00			137, 357	0		0		59. 00
65. 00 06500 RESPIRATORY THERAPY 168, 753 0 9, 695 0 84, 641 65. 66. 00 06600 PHYSI CAL THERAPY 86, 339 0 7, 128 0 72, 973 66. 67. 00 06700 OCCUPATI ONAL THERAPY 54, 943 0 1, 286 0 20, 145 67. 68. 00 06800 SPEECH PATHOLOGY 19, 622 0 468 0 7, 456 68. 00 06900 ELECTROCARDI OLOGY 168, 753 0 9, 187 0 158, 991 69. 70. 00 07000 ELECTROCARDI OLOGY 31, 396 0 4, 374 0 20, 840 70. 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 1, 158, 829 0 277, 081 71. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0, 4, 871, 875 10, 315, 392 1, 825, 094 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 4, 871, 375 10, 315, 392 1, 825, 094 73. 00 07400 RENAL DI ALYSI S 0 0 0 0 11, 994 74. 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 204, 074 0 19, 551 0 50, 338 76. 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 9, 455 0 2, 892 76.		1	0	0	146, 303	0	l	60.00
66. 00   06600   PHYSI CAL THERAPY   86, 339   0   7, 128   0   72, 973   66. 67. 00   06700   0CCUPATI ONAL THERAPY   54, 943   0   1, 286   0   20, 145   67. 68. 00   06800   SPEECH PATHOLOGY   19, 622   0   468   0   7, 456   68. 69. 00   06900   ELECTROCARDI OLOGY   168, 753   0   9, 187   0   158, 991   69. 70. 00   07000   ELECTROENCEPHALOGRAPHY   31, 396   0   4, 374   0   20, 840   70. 71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   1, 158, 829   0   277, 081   71. 72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   229, 304   72. 73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   4, 871, 375   10, 315, 392   1, 825, 094   73. 74. 00   07400   RENAL DI ALYSI S   0   0   0   0   0   11, 947   74. 76. 00   03330   ENDOSCOPY   19, 622   0   0   0   0   14, 321   76. 76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   204, 074   0   19, 571   0   50, 338   76. 76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   9, 455   0   2, 892   76.		1 I		0	9 695	0		64. 00 65. 00
67. 00 06700 OCCUPATI ONAL THERAPY 54, 943 0 1, 286 0 20, 145 67. 68. 00 06800 SPEECH PATHOLOGY 19, 622 0 468 0 7, 456 68. 69. 00 06900 ELECTROCARDI OLOGY 168, 753 0 9, 187 0 158, 991 69. 70. 00 07000 ELECTROENCEPHALOGRAPHY 31, 396 0 4, 374 0 20, 840 70. 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 1, 158, 829 0 277, 081 71. 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 229, 304 72. 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 4, 871, 375 10, 315, 392 1, 825, 094 73. 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 11, 994 74. 76. 00 03330 ENDOSCOPY 19, 622 0 0 0 0 14, 321 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 204, 074 0 19, 571 0 50, 338 76. 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 9, 455 0 2, 892 76.		1 I	1	0		0		66.00
69. 00 06900 ELECTROCARDI OLOGY 168, 753 0 9, 187 0 158, 991 69.  70. 00 07000 ELECTROENCEPHALOGRAPHY 31, 396 0 4, 374 0 20, 840 70.  71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 1, 158, 829 0 277, 081 71.  72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 229, 304 72.  73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 4, 871, 375 10, 315, 392 1, 825, 094 73.  74. 00 07400 RENAL DI ALYSI S 0 0 0 0 11, 994 74.  76. 00 03330 ENDOSCOPY 19, 622 0 0 0 0 114, 321 76.  76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 204, 074 0 19, 571 0 50, 338 76.				0		0		67. 00
70. 00         07000         ELECTROENCEPHALOGRAPHY         31,396         0         4,374         0         20,840         70.70           71. 00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         0         1,158,829         0         277,081         71.70           72. 00         07200         I MPL DEV. CHARGED TO PATI ENTS         0         0         0         0         0         229,304         72.70           73. 00         07300         DRUGS CHARGED TO PATI ENTS         0         0         4,871,375         10,315,392         1,825,094         73.70           74. 00         07400         RENAL DI ALYSI S         0         0         0         0         11,994         74.70           76. 01         03350         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         204,074         0         19,571         0         50,338         76.70           76. 03         03951         LUTHERWOOD PARTNERSHI P         0         9,455         0         2,892         76.70			1	ĭ		0	l	68. 00
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   1, 158, 829   0   277, 081   71. 72. 00   07200   MPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   229, 304   72. 73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   4, 871, 375   10, 315, 392   1, 825, 094   73. 74. 00   07400   RENAL DI ALYSI S   0   0   0   0   11, 994   74. 76. 00   03330   ENDOSCOPY   19, 622   0   0   0   0   14, 321   76. 76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   204, 074   0   19, 571   0   50, 338   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   9, 455   0   2, 892   76.				0		0	l	69.00
72. 00         07200   IMPL. DEV. CHARGED TO PATI ENTS         0         0         0         0         229, 304   72.         73. 00   73.00   73.00   73.00   73.00   73.00   73.00   74.00   7			31, 390	0		0	1	70. 00 71. 00
74. 00     07400     RENAL DI ALYSI S     0     0     0     11, 994     74.       76. 00     03330     ENDOSCOPY     19, 622     0     0     0     14, 321     76.       76. 01     03550     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     204, 074     0     19, 571     0     50, 338     76.       76. 03     03951     LUTHERWOOD PARTNERSHI P     0     9, 455     0     2, 892     76.		1	0	Ö	0	0	1	
76. 00   03330   ENDOSCOPY   19, 622   0   0   14, 321   76.				0	4, 871, 375	10, 315, 392		
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 204, 074 0 19, 571 0 50, 338 76. 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 9, 455 0 2, 892 76.				0	0	0		
76. 03   03951   LUTHERWOOD   PARTNERSHI P   0   0   9, 455   0   2, 892   76.		1	1	0	10 571	0		76. 00 76. 01
			0	0		0	l	76. 03
76. U4   U3 95 2   WOUND CARE CENTER   47, 094   0   15, 221   0   37, 182   76.	76. 04	03952 WOUND CARE CENTER	47, 094	0	15, 221	0	37, 182	76. 04
			1	0		0	l	76. 05
				0		0		
				0		0	l	1
					1, 317	-	l	76. 98
OUTPATIENT SERVICE COST CENTERS		OUTPATIENT SERVICE COST CENTERS			·			
			0	0	0	0		88.00
			0	0	0	0	l	89. 00 90. 00
			0	0	0	0	-	90.00
		1	98, 112	0	9, 079	0		90. 02
			0	0	0	0	1	90. 03
			0	0	0	0		90.04
			0	0	0	0	l	90. 05 90. 06
			109, 886	0	4, 042	0		90.00
			0	0	0	0	l	90. 08
		1	0	0	0	0		90. 10
			443 001	1 454 700	00 150	0		90. 12
			403, 091	1,000,730	δ9, 150	Ü	013, 948	91. 00 92. 00
					·		<u> </u>	

Provider CCN: 15-0074

			To	12/31/2017	Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL
out contain passin per an	0,1121211171	ADMI NI STRATI ON			RECORDS &
			SUPPLY		LI BRARY
	11. 00	13.00	14.00	15. 00	16. 00
OTHER REIMBURSABLE COST CENTERS					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5, 816, 103	10, 375, 622	8, 001, 501	10, 315, 392	6, 879, 677 118. 00
NONRE MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
191. 00 19100 RESEARCH	0	0	0	0	0 191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	90	0	0 192. 00
194.00 07950 HOME OFFICE	0	0	0	0	0 194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0	0 194. 01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0 194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	0	0	0	0 194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	753	0	0 194. 05
194. 07 07957  LI FECHECK	0	0	45	0	0 194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	3, 919	0	0 194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00   TOTAL (sum lines 118 through 201)	5, 816, 103	10, 375, 622	8, 006, 308	10, 315, 392	6, 879, 677 202. 00

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

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2017 | Part | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12/31/2

				10	5 12/31/2017	Date/lime Pre   5/30/2018 11:	
			INTERNS &	RESI DENTS			
	Cook Cooks Doors at the	COCLAL CEDVICES	EDVILOEC CALAD	CEDVI CEC OTHER	ENC	DADI OLOGV	
	Cost Center Description	SOCIAL SERVICES	Y & FRINGES		EMS TRAI NI NG-ALLI E	RADI OLOGY	
			1 & TRINGES	1 KGW C0313	D HEALTH	HEALTH	
		17. 00	21. 00	22. 00	23. 00	23. 01	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 7. 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5. 00 7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION						13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2 000 270					16.00
17. 00 21. 00	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3, 988, 279	4, 285, 282				17. 00 21. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD		4, 205, 202	7, 298, 479			22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	0		7,270,177	1, 837, 369		23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	0			, ,	0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	0					23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0					23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	3, 263, 589	2, 124, 198		0	0	30.00
31.00	03100 I NTENSI VE CARE UNI T	315, 171	647, 674	1, 103, 087	0	0	31.00
32. 00 43. 00	03200 CORONARY CARE UNIT 04300 NURSERY	318, 363 91, 156	0	0	0	0	32. 00 43. 00
43.00	ANCI LLARY SERVI CE COST CENTERS	91, 130	0	U	<u>U</u>	0	43.00
50. 00	05000 OPERATING ROOM	0	92, 215	157, 056	0	0	50. 00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	O	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
57. 00	05700 CT SCAN	0	0	0	0	0	57. 00
58. 00 59. 00	05800   MAGNETIC RESONANCE   MAGING (MRI)   05900   CARDIAC CATHETERIZATION	0	0	0	0	0	58. 00 59. 00
60.00	06000 LABORATORY		29, 292	49, 888	0	0	60.00
64. 00	06400 I NTRAVENOUS THERAPY		27, 272	0	Ö	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	o	0	0	Ō	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0	45, 565	77, 604	0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	0	0	69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
74. 00	07400 RENAL DIALYSIS	o	0	Ö	o	0	74. 00
76.00	03330 ENDOSCOPY	0	0	0	О	0	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76. 01
	03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76. 03
76. 04	03952 WOUND CARE CENTER	0	0	0	0	0	76. 04
76. 05 76. 06	03480 ONCOLOGY-CANCER CARE CENTER 03953 I MAGI NG CENTERS	0	0	0	0	0	76. 05 76. 06
76. 08 76. 07	03954 BREAST DIAGNOSTIC CENTER	0	0	] 0	0	0	76.08
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	76. 97
	07698 HYPERBARI C OXYGEN THERAPY	o	0	Ö	o	0	76. 98
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	0	0	0	90. 01
90. 02 90. 03	04951 HEALTHY HEARTS CENTER 09001 CLI NI C	0	0	0	0	0	90. 02
90. 03	04953 SPI NE CENTER		0		0	0	90. 03 90. 04
90. 05	04954 I NFUSI ON CENTERS		0	n	ol O	0	90.05
90. 06	09002 MEDCHECK CLINICS		0	o	ol	0	90. 06
90. 07	09003 KNEE CENTER	0	36, 886	62, 822	o	0	90. 07
90. 08		0	0	0	o	0	90. 08
90. 10	09006 WORK SITE CLINICS	0	0	0	0	0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0 0 7 0 7	0	90. 12
91.00	09100  EMERGENCY	0	21, 698	36, 954	1, 837, 369	0	91. 00

			T	o 12/31/2017	Date/Time Pre	pared:
					5/30/2018 11:	<u>17 am</u>
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICE				RADI OLOGY	
		Y & FRINGES	PRGM COSTS	TRAI NI NG-ALLI E		
				D HEALTH	HEALTH	
	17. 00	21. 00	22. 00	23. 00	23. 01	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS	,					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3, 988, 279	2, 997, 528	5, 105, 240	1, 837, 369	0	118. 00
NONREI MBURSABLE COST CENTERS	, ,					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	117, 167	199, 553	0		192. 00
194. 00 07950 HOME OFFI CE	0	0	0	0		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0		194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	0	0		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	1, 170, 587	1, 993, 686	0		194. 05
194. 07 07957 LI FECHECK	0	0	0	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments		0	0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	3, 988, 279	4, 285, 282	7, 298, 479	1, 837, 369	0	202. 00

| Period: | Worksheet B | From 01/01/2017 | Part | To 12/31/2017 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0074

						o 12/31/2017	Date/Time Pre 5/30/2018 11:	
	Cost Center Descri	ption	PHARMACY	PHARMACY	Subtotal	Intern &	Total	17 alli
			RESI DENCY-ALLI ED HEALTH	RESI DNECY-BTH ALLI ED HEALTH		Residents Cost & Post		
						Stepdown		
			23. 02	23. 03	24. 00	Adjustments 25.00	26. 00	
1 00	GENERAL SERVICE COST CEI							1 00
1. 00 2. 00	00100 CAP REL COSTS-BLD0							1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS	DEPARTMENT						4. 00
5. 00 7. 00	00500 ADMINISTRATIVE & 0							5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SE							8. 00
9.00	00900 HOUSEKEEPI NG							9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A							10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRA	ATI ON						13. 00
14.00	01400 CENTRAL SERVICES &	& SUPPLY						14.00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS &	LI BRARY						15. 00 16. 00
17. 00	01700 SOCIAL SERVICE							17. 00
21. 00 22. 00	02100 I &R SERVI CES-SALAF 02200 I &R SERVI CES-OTHER							21. 00 22. 00
23. 00	02300 EMS TRAINING-ALLIE							23. 00
23. 01	02301 RADI OLOGY SCHOOL-A	ALLIED HEALTH						23. 01
23. 02 23. 03	02302 PHARMACY RESIDENCY 02303 PHARMACY RESIDNECY		632, 693	0				23. 02 23. 03
23. 03	INPATIENT ROUTINE SERVI			0				23.03
30.00	03000 ADULTS & PEDIATRIC		0	0			83, 629, 564	1
31. 00 32. 00	03100 I NTENSI VE CARE UNI 03200 CORONARY CARE UNI		0	0			13, 420, 398 8, 476, 115	1
43.00	04300 NURSERY		0	0			917, 974	1
50. 00	ANCILLARY SERVICE COST ( 05000 OPERATING ROOM	CENTERS	0	0	19, 523, 754	-249, 271	19, 274, 483	50. 00
51.00	05100 RECOVERY ROOM		0	0			2, 808, 111	51. 00
52. 00 54. 00	05200 DELIVERY ROOM & LA		0	0		1	2, 632, 838	ı
55. 00	05500 RADI OLOGY-THERAPEL		0	0		1	8, 637, 214 2, 480, 220	1
57.00	05700 CT SCAN		0	0	4, 055, 701	0	4, 055, 701	57. 00
58. 00 59. 00	05800 MAGNETI C RESONANCE 05900 CARDI AC CATHETERI Z	• •	0	0			1, 815, 561 7, 931, 252	1
60.00	06000 LABORATORY	ATTON	0	0			15, 264, 224	60.00
64.00	06400 I NTRAVENOUS THERAF		0	0	453, 039		453, 039	1
65. 00 66. 00	06500 RESPI RATORY THERAF 06600 PHYSI CAL THERAPY	ργ	0	0			6, 267, 522 8, 781, 644	65. 00 66. 00
67. 00	06700 OCCUPATIONAL THERA	APY	0	Ö			2, 140, 579	•
68. 00	06800 SPEECH PATHOLOGY		0	0			778, 875	1
69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGE	RAPHY	0	0			4, 643, 164 1, 396, 495	1
71. 00	07100 MEDICAL SUPPLIES (	CHARGED TO PATIENTS	0	0	28, 207, 256	0	28, 207, 256	71. 00
72. 00 73. 00	07200 I MPL. DEV. CHARGED 07300 DRUGS CHARGED TO F		632, 693	0			30, 366, 150 130, 877, 114	
74. 00	07400 RENAL DIALYSIS	ATTENTS	032,073	0			1, 550, 908	1
76. 00	03330 ENDOSCOPY		0	0		1	510, 821	•
76. 01 76. 03	03550 PSYCHI ATRI C/PSYCHO		0	0			19, 917, 213 5, 300, 221	1
76. 04	1 1		0	Ö			3, 648, 692	76. 04
76. 05	03480 ONCOLOGY-CANCER CA	ARE CENTER	0	0	51, 758, 183		51, 758, 183	•
76. 06 76. 07	03953 I MAGI NG CENTERS 03954 BREAST DI AGNOSTI C	CENTER	0	0	8, 740, 568 2, 347, 200		8, 740, 568 2, 347, 200	1
76. 97	07697 CARDI AC REHABI LI TA	ATI ON	0	0	1, 903, 424	0	1, 903, 424	76. 97
76. 98	07698 HYPERBARI C OXYGEN OUTPATIENT SERVICE COST		0	0	784, 661	0	784, 661	76. 98
88. 00	08800 RURAL HEALTH CLINI	С	0	0			0	ł
89. 00 90. 00	08900 FEDERALLY QUALIFIE	ED HEALTH CENTER	0	0		0	0	89. 00 90. 00
90. 00	04950 DIABETIC CARE CENT	ΓER	0	0		0	0	90.00
90. 02	04951 HEALTHY HEARTS CEN	NTER	0	0	2, 929, 742	0	2, 929, 742	1
90. 03 90. 04	09001 CLINIC 04953 SPINE CENTER		0	0		) O	0	90. 03 90. 04
90. 05	04954 INFUSION CENTERS		Ö	Ö	1, 212, 771	o	1, 212, 771	90. 05
90.06			0	0	C E 014 404	0 700	0 E 014 700	90.06
90. 07 90. 08	1 1		0	0	5, 914, 496 24		5, 814, 788 24	1
90. 10	09006 WORK SITE CLINICS		0	0	c	o o	0	90. 10
90. 12 91. 00	1 1	ND MATERNITY CARE	0	0	26, 656, 695	0 5 -58, 652	0 26, 598, 043	90. 12 91. 00
71.00	10. 100  EMEROLINOT		1 0	0	20, 000, 070	JU, UJZ	20, 070, 043	1 /1.00

Health Financial Systems C	OMMUNITY HEALTH	I NETWODY INC		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	OWNING NET THEALTH	Provider CC		Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 11: 17 am
Cost Center Description	PHARMACY RESI DENCY-ALLI ED HEALTH	PHARMACY RESI DNECY-BTH ALLI ED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	23. 02	23. 03	24.00	25. 00	26. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0	92. 00
OTHER REIMBURSABLE COST CENTERS	1				
98.00   09850 OTHER REIMBURSABLE COST CENTERS   SPECIAL PURPOSE COST CENTERS	0	0		0 0	0 98.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	632, 693	O	526, 375, 52	0 -8, 102, 768	518, 272, 752 118. 00
NONREI MBURSABLE COST CENTERS	_				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0 190. 00
191. 00 19100 RESEARCH	0	0	, oo oo	0	0 191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES 194.00 07950 HOME OFFICE	0	0	690, 25	-316, 720	373, 538 192. 00 0 194. 00
194. 01 07950 HOME OFFICE 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0		0	0 194.00
194. 03 07953 SCHOOL BASED CLINICS	0	0		0	0 194.01
194. 04 07954 SMO-NON PROVI DER BASED			823, 07	5 0	823, 075 194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE			8, 727, 47		5, 563, 206 194. 05
194. 07 07957 LI FECHECK	0		519, 85		519, 853 194, 07
194. 08 07958 GROUP HOMES AND MISC. N R CTRS	0		1, 720, 46		1, 720, 461 194. 08
194. 09 07959 SURGERY CENTER EAST	0		.,,20,.0	0	0 194. 09
200.00 Cross Foot Adjustments		l ol		o o	0 200. 00
201.00 Negative Cost Centers	0	l		o o	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	632, 693	O	538, 856, 64	-11, 583, 761	

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2017 | Part II | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12/3 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0074

Cost Center Description					Io	12/31/2017	Date/lime Pre   5/30/2018 11:	
Assigned New   Assi				CAPI TAL REI	LATED COSTS		10,00,20.0	77 (3111
THE PRICE STRENGT COST CHATTES   1.00   2.00   24   4.00		Cost Center Description	Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	BENEFI TS	
SERBERL SENTICE COST CENTERS   1.00   0000 QC MELE COSTS-CENTERS   1.00   0000 QC MELE COSTS-CENTERS   1.00   0000 QC MENT COSTS CENTERS   1.00   0000 QC MIN SYRE SELECT S. CENTERS   0.157, 0.01   13.115, 755   12.773, 176, 13.760   5.00   0000 QC MIN SYRE SELECT S. CENTERS   0.157, 0.01   13.015, 755   12.773, 176, 13.760   7.00   7.				1 00	2.00	2.4	4.00	
1.00   100100 CAP MEL COSIS-SELIGS & LIXT		GENERAL SERVICE COST CENTERS	0	1.00	2.00	ZA	4.00	
4.00   0.000   DAMP   DAMP   BREET ITS   IPPARTMENT   0   1811, 157   291, 101   209, 286   209, 286   4.00   0.0000   0.000   0.000   0.000   0.0000   0.000   0.0000   0.0000   0.0000   0	1.00							1. 00
0.000   0.0000   DOSON   INSTRUTIVE & CENERAL   0   7.57, 0.00   12, 0.15, 575   12, 470, 3.178   13, 766   5, 0.0								
0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000000			1					
B.O.D   00000   DUSSEREPING   0   0   101   101   0   8   80   9   90   00000   DUSSEREPING   0   220,2006   81,54   270,459   3.180   9   9   9   9   9   9   9   9   9			1					
0.000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000			1					
0.000   0.000   DETARY			1	_	1			
13.00   01300   MIRSH NG ADMINISTRATION   0   177, 750   6, 046   183, 796   3, 260   14.00   14.00   01400   01500   PHARNACY   0   31, 440   075, 238   706, 678   5, 162   15.00   15.00   01500   PHARNACY   0   31, 440   075, 238   706, 678   5, 162   15.00   15.00   01500   PHARNACY   0   31, 440   075, 238   706, 678   5, 162   15.00	10.00	01000 DI ETARY	0					10.00
14 00   01400  CFNTRAL SERVICES & SUPPLY   0   309, 120   1, 314, 104   1, 623, 224   0   14 00   16			1		1			
15.00 0 1500 [PARBIARCY   0 31,440 675,288 706,678 51.02   15.00 17.00 0 1000 [DETOLAL RECORDS & LIBRARY   0 38,007 7.213   38,310 903   16.00 17.00 0 1000 [DETOLAL RECORDS & LIBRARY   0 0 63,659   1.108   64,827   2.702   17.00 17.00 0 17.00   10.00 0 10.00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1		1			
16.00   01000   MEDICAL, RECORDS & LIBRARY   0   38, 097   213   38, 310   993   16, 00   210   0100   187 SERVICES-SALARY & FRINGES APPRVD   0   0   0   0   0   0   1, 179   21, 00   220   0100   187 SERVICES-SALARY & FRINGES APPRVD   0   0   0   0   0   0   0   0   1, 179   21, 00   220   01200   187 SERVICES-SALARY & FRINGES APPRVD   0   0   5, 990   34, 821   40, 811   6, 715   22, 00   220   01200   2330   01200   188 SERVICES-SALARY & FRINGES APPRVD   0   0   5, 990   34, 821   40, 811   6, 715   22, 00   23, 01   230   187 SERVICE APPRVD   0   0   0   0   0   0   0   0   0			1					
17.00   01700   SOCIAL SERVICE   0   63,659   1,168   64,827   2,702   17.00   22.00   02200   188 SERVICES-SALARY & FEINGES APPRVD   0   5,900   34,822   40,811   6,715   22.00   23.00   2320   02300   188 SERVICES-OTHER PROK COSTS APPRVD   0   5,900   34,822   40,811   6,715   22.00   23.01			1		1			
22.00   02000   LR SERVICES-OTHER PROX COSTS APPRVD   0   5,990   34,821   40,811   6,715   22.00			0		1			
23.00   02300   EMS TRAN ING-ALLIED HEALTH			1	0	1	0		
23.01   03201   RADIOLOGY SCHOOL-ALLIED HEALTH   0   0   0   0   0   0   0   23.01			-					
23.02   02302  PHARMACY RESIDENCY-ALLIED HEALTH   0   0   0   0   0   0   0   0   0			1	224, 464	1	265, 798 0		
23.03			1	9. 997		15, 504		
30. 00	23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	1	0		
31 00   03100   INTENSIVE CARE UNIT   0   656, 760   138, 321   795, 081   6, 363   31 0.0								
32 00   03200   COROMARY CARE UNIT   0   380, 572   14, 885   395, 457   3, 741   32 00					1			
ABOON   MARCHER   1,000   1,000   1,045,045   1,130,552   2,176,033   4,946   50,000   1,000					1			
50.00								
1.0   05100   0500   0ECOVERY ROOM   0   212, 953   2, 541   215, 494   1, 236   51, 00   52, 00   05200   0ELIVERY ROOM   2.180   ROOM   0   0   113, 045   19, 676   132, 721   1, 667   52, 00   53, 00   05500   0EDO   RODI   0LOGY—DI ACNOSTIC   0   0   603, 188   446, 203   1, 049, 391   3, 132   54, 00   57, 00   05700   CT SCAN   0   93, 339   223, 015   316, 354   1, 830   55, 00   550, 00   05500   CROON   RODI   CROTO   RODI   ROD								
1.60   0.5200   0.5200   0.5200   0.5500   0.5			1					
54.00   05400   RADIOLOGY-DIAGNOSTIC   0   603, 188   446, 203   1, 049, 391   3, 132   54, 00   55.00   05500   RADIOLOGY-THERAPPUTIC   0   93, 339   223, 015   316, 354   18, 80   87, 00   05800   MAGNETIC RESONANCE IMAGING (MRI)   0   113, 913   232, 039   345, 952   574   58, 00   05900   CARDIAC CATHETERIZATION   0   441, 425   608, 287   1, 049, 712   3, 367   59, 00   05900   CARDIAC CATHETERIZATION   0   441, 425   608, 287   1, 049, 712   3, 367   59, 00   05900   CARDIAC CATHETERIZATION   0   98, 683   110, 254   208, 937   0   60, 00   00   00   00   00   00		1	1					
55.00   05500   RADI OLOGY-THERAPEUTIC   0   174, 299   244, 545   348, 844   851   55.00   57.00			1					
SBOO   OSBOO   MAGNETIC RESONANCE IMAGING (MRI)   0   113, 913   232, 039   345, 952   574   SB. 00			0					
59.00   05900   CARDIAC CATHETERI ZATION   0   441, 425   608, 287   1, 049, 712   3, 387   59, 00   0500   06000   LABORATORY   0   98, 683   110, 254   209, 937   0   06, 00   06, 00   0600   LABORATORY   0   98, 683   110, 254   209, 937   0   06, 00   06, 00   0600   MSCODO   LABORATORY   0   92, 633   2, 993   12, 256   310   64, 00   06, 00   0600   MSCODO   MSC			1					
60.00   06000   LABORATORY   0   98, 683   110, 254   208, 937   0   60.00			1		1			
64.00   06400   INTRAVERIOUS THERAPY   0   9, 263   2, 993   12, 256   310   64.00					1			
65.00   06500   RESPI RATORY THERAPY   0   46, 826   200, 925   247, 751   4, 022   65, 00   66.00   06600   PHYSICAL THERAPY   0   71, 229   909, 311   980, 540   4, 656   66, 00   67.00   06700   0CCUPATI ONAL THERAPY   0   20, 329   21, 474   41, 803   1, 339   67, 00   68.00   06800   SPEECH PATHOLOGY   0   7, 392   7, 816   15, 208   488   68, 00   69.00   06900   ELECTROCORROI OLOGY   0   21, 442   377, 726   399, 168   2, 983   69, 00   70.00   07000   CLECTROCORROI OLOGY   0   0   0   0   0   0   0   71.00   07100   MDI CALS SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   0   0   73.00   07300   ORIGOS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   74.00   07400   RENAL DI ALYSIS   0   7, 236   276   7, 512   0   74, 00   76.00   03330   ENDOSCOPY   0   0   0   60, 949   60, 949   444   76, 00   76.01   03350   PSYCHI ATRI CZPSYCHOLOGI CAL SERVI CES   0   118, 211   1, 737, 156   1, 855, 367   30, 082   76, 01   76.03   03951   LUTHERWOOD PARTINERSHI P   0   0   1, 245, 453   1, 245, 453   9, 656   76, 03   76.04   03952   WOUND CARE CENTER   0   395, 111   3, 252, 925   3, 648, 036   12, 534   76, 04   76.07   03945   RREAST DI AGNOSTIC CENTER   0   395, 111   3, 252, 925   3, 648, 036   12, 534   76, 04   76.07   03945   RREAST DI AGNOSTIC CENTER   0   2, 672   1, 375, 762   1, 378, 434   3, 194   76, 06   76.07   03945   RREAST DI AGNOSTIC CENTER   0   5, 068   22, 821   79, 889   0   76, 07   76.07   07697   CARDI AGNOSTIC CENTER   0   5, 068   22, 821   79, 889   0   76, 07   76.09   07690   07690   0   0   0   0   0   0   0   0   76.00   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   0   76.00   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   76.00   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   76.00   09000   CUINIC   0   0   0   0   0   0   76.00   09000   00000   00000   00000   0			1					
67.00   06700   05CUIPATI IONAL THERAPY   0   20, 329   21, 474   41, 803   1, 339   67, 00   68.00   06800   SPEECH PATHOLOGY   0   7, 392   7, 816   15, 208   488   68. 00   69.00   06900   ELECTROCARDI OLOGY   0   21, 442   377, 726   399, 168   2, 983   69. 00   70.00   07000   O000   ELECTROCARDI OLOGY   0   0   0   145, 187   145, 187   651   70. 00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSIS   0   7, 236   276   7, 512   0   74, 00   76. 00   03330   ENDOSCOPY   0   0   0   60, 949   60, 949   444   76. 00   76. 01   03550   PSYCHI TRII C/PSYCHOLOGI CAL SERVI CES   0   118, 211   1, 737, 156   1, 855, 367   30, 082   76. 01   76. 04   03952   WOUND CARE CENTER   0   110, 373   6, 750   117, 123   837   76. 05   76. 04   03952   WOUND CARE CENTER   0   110, 373   6, 750   117, 123   837   76. 05   76. 06   03953   IMAGI NG CENTERS   0   2, 672   1, 375, 762   1, 378, 434   3, 194   76. 05   76. 07   07697   CARDI AC REHABI LITATI ON   0   2, 672   1, 375, 762   1, 378, 434   3, 194   76. 05   76. 90   07698   MYPERBARI C DAYSEN THERAPY   0   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   93, 406   135, 961   229, 367   2, 969   90. 02   76. 90   04950   HELETRABRIC DAYSEN THERAPY   0   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   76. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   77. 90   04950   DI ABETIC CARE CENTER   0   0   0   0   0   0   78. 90   09000   04951   HELLITHY HEARTS CENTER   0   0   0   0   0   0   79. 00   09000   04951   HELITHY HEARTS CENTER   0   0   0   0   0   0   79. 00   09000   049	65.00		0				4, 022	65. 00
68. 00   06800   SPECH PATHOLOCY   0   7,392   7,816   15,208   488   68. 00   70. 00   06900   ELECTROCARDIOLOGY   0   21,442   377,726   399,168   2,983   69. 00   70. 00   07000   ELECTROCARDIOLOGY   0   0   145,187   145,187   145,187   651   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   74. 00   07400   RENAL DIALYSIS   0   7,512   0   74. 00   76. 01   03330   ENDOSCOPY   0   0   0   0   0   0   0   0   76. 01   03330   ENDOSCOPY   0   0   0   0   0   0   0   76. 01   03350   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   118, 211   1, 737, 156   1, 855, 367   30, 082   76. 01   76. 04   03952   WOUND CARE CENTER   0   110, 373   6, 750   1117, 123   837   76. 04   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   395, 1111   3, 252, 925   3, 648, 036   12, 534   76. 05   76. 07   03953   IMAGING CENTERS   0   57, 068   22, 821   79, 889   0   76. 07   76. 97   07697   CARDI ACRE REHABILI TATION   0   161, 429   117, 254   278, 683   803   76. 97   76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   0   0   0   0   0   0   89. 00   08900   FEDERALLY QUALI FIED HEALTH CENTER   0   0   0   0   0   0   0   90. 01   04950   DIABETIC CARE CENTER   0   93, 406   135, 961   229, 367   2, 096   90. 02   90. 02   04951   HEALTH CLINIC   0   0   0   0   0   0   0   90. 04   04953   SPINE CENTER   0   0   0   0   0   0   0   90. 05   04950   HIPLEST CENTER   0   0   0   0   0   0   0   90. 06   09000   ELECTROCARE CENTER   0   0   0   0   0   0   0   90. 07   09003   KNEE CENTER   0   0   0   0   0   0   0   90. 08   09000   FEDERALLY GUALI FIED HEALTH CENTER   0   0   0   0   0   0   90. 09   09000   00   0   0   0   0   0   90. 00   09000   00   0   0   0   0   90. 01   09000   00   0   0   0   0   0   90. 02   09000   00   0   0   0   0   0   90. 03   09000   CLINIC   0   0   0   0   0   0   90. 04   04953   SPINE CENTER			1		1			
69. 00   0.6900   ELECTROCARDI OLOGY   0   21, 442   377, 726   399, 168   2, 983   69. 00   70. 00   0.00			1		1			
70. 00   07000   ELECTROENCEPHALOGRAPHY   0   0   145, 187   145, 187   651   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   72. 00   73. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0			1					
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   71. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74. 00			-		1			
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   73. 00   74. 00   07400   RENAL DI LAYSIS   0   73. 00   75. 00   03330   ENDOSCOPY   0   0   0   0   0   0   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   118, 211   1, 737, 156   1, 855, 367   30, 082   76. 01   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   1, 245, 453   9, 656   76. 03   76. 04   03952   WOUND CARE CENTER   0   110, 373   6, 750   117, 123   837   76. 04   76. 05   03480   0NCOLOGY-CANCER CARE CENTER   0   395, 111   3, 252, 925   3, 648, 036   12, 534   76. 05   76. 07   03954   BREAST DI AGNOSTI C CENTER   0   57, 068   22, 821   79, 889   0   76. 07   76. 97   07697   CARDI AC REHABI LI TATI ON   0   161, 429   117, 254   278, 683   803   76. 97   76. 98   00TPATI ENT SERVICE COST CENTERS   0   0   0   0   0   0   0   89. 00   08900   RURAL HEALTH CLINI C   0   0   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0   93, 406   135, 961   229, 367   2, 096   90. 02   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   0   90. 04   04953   SPINE CENTERS   0   277, 502   17, 518   295, 020   1, 911   90. 07   90. 08   09000   RURCH LEALTH CLINI C   0   0   0   0   0   0   0   90. 00   09000   CLINI C   0   0   0   0   0   0   0   90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   90. 03   09000   CLINI C   0   0   0   0   0   0   90. 04   04953   SPINE CENTER   0   0   0   0   0   0   90. 05   09002   MEDCHECK CLINICS   0   0   0   0   0   90. 06   09002   MEDCHECK CLINICS   0   0   0   0   0   90. 07   09003   KNEE CENTER   0   0   0   0   0   0   90. 08   09004   PALLI ATIVE CARE   0   0   0   0   0   90. 09   09004   PALLI ATIVE CARE   0   0   0   0   0   90. 00   09004   PALLI ATIVE CARE   0   0   0   0   90. 01   09006   WORK SITE CLINICS   0   0   0   0   0   90. 01   09006   WORK SITE CLINICS   0   0   0   0   0   90. 01   09006   WORK SITE CLINICS   0   0   0   0   90. 01   09006   WORK SITE CLINICS			0	0	1		0	71. 00
74. 00 07400 RENAL DI ALYSI S 0 7, 236 276 7, 512 0 74. 00 76. 01 03330 ENDOSCOPY 0 0 0 60, 949 60, 949 444 76. 00 76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 118, 211 1, 737, 156 1, 855, 367 30, 082 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 110, 373 6, 750 117, 123 837 76. 04 76. 04 03952 WOUND CARE CENTER 0 110, 373 6, 750 117, 123 837 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 395, 111 3, 252, 925 3, 648, 036 12, 534 76. 05 76. 06 03953 I MAGI NG CENTERS 0 2, 672 1, 375, 762 1, 378, 434 3, 194 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 57, 068 22, 821 79, 889 0 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON 0 161, 429 117, 254 278, 683 803 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 22, 645 1, 368 24, 013 172 76. 98 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1	0	0	0	0		
76. 00   03330   ENDOSCOPY   0   0   60, 949   60, 949   444   76. 00   76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   118, 211   1, 737, 156   1, 855, 367   30, 082   76. 01   76. 03   03951   LUTHERWOOD PARTNERSHI P   0   0   1, 245, 453   1, 245, 453   9, 656   76. 03   76. 04   03952   WOUND CARE CENTER   0   110, 373   6, 750   117, 123   837   76. 04   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0   395, 111   3, 252, 925   3, 648, 036   12, 534   76. 05   76. 07   76			0	7 224	0	7 512		
76. 01 03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 118, 211 1, 737, 156 1, 855, 367 30, 082 76. 01 76. 03 03951   LUTHERWOOD PARTNERSHI P 0 0 1, 245, 453 1, 245, 453 9, 656 76. 03 6, 750 117, 123 837 76. 04 76. 04 03952   WOUND CARE CENTER 0 110, 373 6, 750 117, 123 837 76. 04 76. 05 03480   ONCOLOGY-CANCER CARE CENTER 0 395, 111 3, 252, 925 3, 648, 036 12, 534 76. 05 76. 06 03953   IMAGI NG CENTERS 0 2, 672 1, 375, 762 1, 378, 434 3, 194 76. 05 76. 07 03954   BREAST DI AGNOSTI C CENTER 0 57, 068 22, 821 79, 889 0 76. 07 76. 97 07697   CARDI AC REHABI LI TATI ON 0 161, 429 117, 254 278, 683 803 76. 97 76. 98 07698   HYPERBARI C OXYGEN THERAPY 0 22, 645 1, 368 24, 013 172 76. 98 08800   RURAL HEALTH CLINIC 0 0 0 0 0 0 88.00   ONCOLOGY-CANCER CARE CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1	0	7,230				
76. 04 03952 WOUND CARE CENTER 0 110, 373 6, 750 117, 123 837 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 395, 111 3, 252, 925 3, 648, 036 12, 534 76. 05 76. 06 03953 I MAGI NG CENTERS 0 2, 672 1, 375, 762 1, 375, 762 1, 378, 434 3, 194 76. 06 76. 07 03954 BREAST DI ACNOSTI C CENTER 0 57, 068 22, 821 79, 889 0 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON 0 161, 429 117, 254 278, 683 803 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 22, 645 1, 368 24, 013 172 76. 98 00 08900 FEDERALLY QUALI FIED HEALTH CENTER 0 0 0 0 0 0 0 89.00 99.00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0 90.01 04950 DI ABETI C CARE CENTER 0 93, 406 135, 961 229, 367 2, 096 90. 02 090. 04 04953 SPI NE CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			o	118, 211	1			
76. 05			0	0		1, 245, 453		
76. 06			0		1			
76. 07   03954   BREAST DI AGNOSTI C CENTER   0   57, 068   22, 821   79, 889   0   76. 07     76. 97   07697   CARDI AC REHABI LI TATI ON   0   161, 429   117, 254   278, 683   803   76. 97     76. 98   07698   HYPERBARI C OXYGEN THERAPY   0   22, 645   1, 368   24, 013   172   76. 98			0		1 1			
76. 97			0					
SECTION   SUBSTRICT   SubsTr		1	0					
88. 00	76. 98	-	0	22, 645	1, 368	24, 013	172	76. 98
89. 00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0       0       89. 00         90. 00       09000       CLINIC       0       0       0       0       0       90. 00         90. 01       04950       DI ABETI C CARE CENTER       0       0       0       0       0       0       90. 01         90. 02       04951       HEALTHY HEARTS CENTER       0       93, 406       135, 961       229, 367       2, 096       90. 02         90. 03       09001       CLINIC       0       0       0       0       0       90. 03         90. 04       04953       SPI NE CENTER       0       0       0       0       0       0       90. 04         90. 05       04954       I NFUSI ON CENTERS       0       0       322, 154       322, 154       495       90. 05         90. 06       09002       MEDCHECK CLINICS       0       0       0       0       0       0       0       90. 06         90. 08       09004       PALLI ATIVE CARE       0       0       0       0       0       0       0       90. 08         90. 10       09006       WORK SITE CLI	00.00			0	J	ما	0	00.00
90. 00   09000   CLI NI C   0   0   0   0   0   0   0   90. 00   90. 01   90. 01   90. 02   04951   HEALTHY HEARTS CENTER   0   0   0   0   0   0   90. 01   90. 03   90. 04   90. 04   90. 05   90. 05   90. 05   90. 06   90. 06   90. 06   90. 07   90. 08			1	0	0	0		
90. 01   04950   DI ABETI C CARE CENTER   0   0   0   0   0   0   90. 01   90. 02   04951   HEALTHY HEARTS CENTER   0   93, 406   135, 961   229, 367   2, 096   90. 02   90. 03   09001   CLI NI C   0   0   0   0   0   0   0   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   0   90. 05   04954   INFUSION CENTERS   0   0   322, 154   322, 154   495   90. 05   90. 06   09002   MEDCHECK CLI NI CS   0   0   0   0   0   0   90. 07   09003   KNEE CENTER   0   277, 502   17, 518   295, 020   1, 911   90. 07   90. 08   09004   PALLI ATI VE CARE   0   0   0   0   0   90. 08   90. 10   09006   WORK SI TE CLI NI CS   0   0   0   0   0   90. 10   90. 01   09006   WORK SI TE CLI NI CS   0   0   0   0   0   90. 02   09004   09006   09006   09006   0   0   0   0   90. 02   09006   09006   09006   09006   09006   09006   0   0   0   90. 01   09006   09006   09006   09006   09006   09006   09006   0   90. 02   09006   0900			0	0	0	0		
90. 03   09001   CLI NI C   0   0   0   0   0   0   90. 03   90. 04   04953   SPI NE CENTER   0   0   0   0   0   0   90. 04   90. 05   04954   I NFUSI ON CENTERS   0   0   0   0   0   0   0   0   0			o	0	Ö	Ö		
90. 04         04953         SPINE CENTER         0         0         0         0         0         90. 04           90. 05         04954         I NFUSION CENTERS         0         0         0         322, 154         322, 154         495         90. 05           90. 06         09002         MEDCHECK CLINICS         0         0         0         0         0         90. 06           90. 07         09003         KNEE CENTER         0         277, 502         17, 518         295, 020         1, 911         90. 07           90. 08         09004         PALLIATIVE CARE         0         0         0         0         0         0         90. 08           90. 10         09006         WORK SITE CLINICS         0         0         0         0         0         0         90. 10			0	93, 406	135, 961	229, 367	2, 096	
90. 05   04954   INFUSION CENTERS   0 0 0 322, 154   322, 154   495   90. 05   90. 06   90. 07   90. 08   90. 04   PALLIATIVE CARE   0 0 0 0 0 0 0 0 0 90. 08   90. 10   90. 06   WORK SITE CLINICS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0		
90. 06   09002   MEDCHECK CLINICS   0   0   0   0   0   0   0   0   0			0	0	322 154	222 154		
90. 07   09003   KNEE CENTER   0   277, 502   17, 518   295, 020   1, 911   90. 07   90. 08   09004   PALLI ATI VE CARE   0   0   0   0   90. 08   90. 10   09006   WORK SITE CLINICS   0   0   0   0   90. 10				0	0	0		
90. 10   09006   WORK SITE CLINICS   0   0   0   0   90. 10		09003 KNEE CENTER	o	277, 502	17, 518	295, 020		
			1	0	0	0		
20. 12 OFF TO IT AND IT CAND WATERNITT CARE   Of			1	0	-	0		
	70. 12	OTTO I I AWILLI I INACII OL AND WATERNITT CARE	ı V	0	1 0	·	0	70. 12

Health Financial Systems (	COMMUNITY HEALTH	NETWORK, INC.	In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS			Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Pre 5/30/2018 11:	
Coot Conton Decoming to a	Directly	CAPITAL RELATED COSTS	Subtatal	EMDL OVEE	

			To	12/31/2017	Date/Time Pre 5/30/2018 11:	
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	0	1.00	2.00	2A	4. 00	
91. 00   09100   EMERGENCY	0	813, 335	45, 759	859, 094	10, 404	91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
SPECIAL PURPOSE COST CENTERS	1	45 (40 050	00 000 150	10 (00 517	224 225	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	15, 610, 359	28, 029, 158	43, 639, 517	204, 395	118.00
NONREI MBURSABLE COST CENTERS		٥		ام	0	190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	0	0	0	0	-	190.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	48, 562	67, 152	115, 714		191.00
194. 00 07950  HOME OFFICE	0	40, 502	07, 132	113, 714		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSI TE SVCS	0	0	0	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0		194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0	0	0	o		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	1, 061, 521	1, 061, 521	2, 833	194. 05
194. 07 07957 LI FECHECK	0	0	21, 681	21, 681	360	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	97, 970	97, 970	1, 062	194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	0	15, 658, 921	29, 277, 482	44, 936, 403	209, 258	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

					12/31/201/	5/30/2018 11:	
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT 7. 00	LINEN SERVICE	9. 00	10.00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	
1. 00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	12, 786, 944					5. 00
7.00	00700 OPERATION OF PLANT	569, 274	3, 043, 027				7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	31, 863	0	01, 701			8. 00
9. 00	00900 HOUSEKEEPI NG	146, 957	64, 353				9. 00
10.00	01000 DI ETARY	51, 484	50, 960		- '	386, 909	1
11.00	01100 CAFETERI A	105, 791	134, 012		,	0	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	232, 473	43, 659		· ·	0	
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	171, 731 238, 734	75, 926 7, 722		,	0	14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	160, 069	9, 357		, ,	0	1
17. 00	01700 SOCIAL SERVICE	88, 362	15, 636	1	,	0	1
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	96, 660	10,000	1	_,	0	1
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD	170, 276	1, 471		1	0	22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH	30, 154	55, 133			0	
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH	O	0	0	0	0	23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	13, 673	2, 456	0	400	0	23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	03000 ADULTS & PEDIATRICS	1, 383, 172	1, 044, 086			322, 287	
31.00	03100   NTENSIVE CARE UNIT	234, 664	161, 313			32, 148	
32. 00	03200 CORONARY CARE UNIT 04300 NURSERY	142, 705 14, 898	93, 476				1
43. 00	ANCI LLARY SERVICE COST CENTERS	14, 898	11, 075	144	1, 803	0	43. 00
50. 00	05000 OPERATING ROOM	345, 485	256, 790	968	41, 807	0	50.00
51. 00	05100 RECOVERY ROOM	51, 719	52, 305			0	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	50, 223	27, 766			0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	161, 934	148, 154			0	
55. 00	05500 RADI OLOGY-THERAPEUTI C	45, 608	42, 811			0	
57. 00	05700 CT SCAN	81, 499	22, 926			0	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	34, 349	27, 979	320	4, 555	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	129, 725	108, 422	648	17, 652	0	59. 00
60.00	06000 LABORATORY	341, 920	24, 238	0	3, 946	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	9, 847	2, 275	0	370	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	139, 718	11, 501	0	1, 872	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	200, 230	17, 495		,	0	
67. 00	06700 OCCUPATI ONAL THERAPY	47, 782	4, 993	1		0	
68. 00	06800 SPEECH PATHOLOGY	17, 392	1, 816	1		0	
69. 00	06900 ELECTROCARDI OLOGY	100, 920	5, 267	1		0	
70.00	07000 ELECTROENCEPHALOGRAPHY	31, 755	0			0	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	635, 278	0	0	0	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	715, 141 2, 686, 979	0		0	0	72. 00 73. 00
	07400 RENAL DIALYSIS	36, 091	1, 777	0	289	0	1
	03330 ENDOSCOPY	11, 244	1, 777			0	
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	459, 148	29, 035			0	
76. 03	03951 LUTHERWOOD PARTNERSHIP	125, 480	27,000			0	
76. 04	03952 WOUND CARE CENTER	76, 917	27, 110	789	4, 414	0	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	1, 176, 485	97, 047	1		0	76. 05
76. 06	03953 I MAGI NG CENTERS	202, 598	656	0	107	0	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	52, 024	14, 017	0	2, 282	0	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	34, 202	39, 650	0	6, 455	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	16, 857	5, 562	0	906	0	76. 98
	OUTPATIENT SERVICE COST CENTERS	1		1	ام		
88. 00	08800 RURAL HEALTH CLINIC	0	0			0	
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	
90. 00 90. 01	09000   CLINIC   04950   DIABETIC CARE CENTER	0	0	0	0	0	90.00
90.01	04951 HEALTHY HEARTS CENTER	61, 117	22, 942	21	3, 735	0	90.01
90. 02	09001 CLINIC	01, 117	22, 742	0	3, 735	0	90. 02
90. 04	04953 SPI NE CENTER	0	0	0	0	0	1
90. 05	04954 I NFUSI ON CENTERS	28, 562	0	ا م	l ol	0	90.05
90. 06	09002 MEDCHECK CLINICS	0	0	o o	ol	0	1
90. 07	09003 KNEE CENTER	118, 512	68, 160	O	11, 097	0	90. 07
90. 08	09004 PALLIATIVE CARE	0	0	0	o	0	
90. 10	09006 WORK SITE CLINICS	0	0	0	0	0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 12
91. 00	09100 EMERGENCY	466, 674	199, 770	5, 887	32, 524	0	91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
00.00	OTHER REIMBURSABLE COST CENTERS		_	_			00 00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS COMMUNITY HEALTH NETWORK, INC.

| Peri od: | Worksheet B | From 01/01/2017 | Part II | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Provider CCN: 15-0074

					5/30/2018 11:17 am
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY
	& GENERAL	PLANT	LINEN SERVICE		
	5. 00	7. 00	8. 00	9. 00	10. 00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	12, 576, 355	3, 031, 099	31, 964	483, 007	386, 909 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
191. 00 19100 RESEARCH	0	0	0	0	0 191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5, 994	11, 928	0	1, 942	0 192. 00
194.00 07950 HOME OFFICE	0	0	0	0	0 194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0 194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0	0 194. 03
194. 04 07954 SMO-NON PROVIDER BASED	19, 531	0	0	0	0 194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	131, 996	0	0	0	0 194. 05
194. 07 07957 LI FECHECK	12, 335	0	0	0	0 194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	40, 733	0	0	0	0 194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	12, 786, 944	3, 043, 027	31, 964	484, 949	386, 909 202. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Peri od: Worksheet B From 01/01/2017 Part II To 12/31/2017 Date/Time Prepared:

5/30/2018 11:17 am Cost Center Description CAFETERI A NURSI NG CENTRAL **PHARMACY** MEDI CAL SERVICES & RECORDS & ADMI NI STRATI ON SUPPLY LI BRARY 11. 00 13.00 15.00 14.00 16,00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 00700 OPERATION OF PLANT 7.00 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 00900 HOUSEKEEPI NG 9.00 9 00 10.00 01000 DI ETARY 10.00 11.00 01100 CAFETERI A 1,041,553 11.00 01300 NURSING ADMINISTRATION 23, 895 494, 265 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 1, 883, 242 14.00 15.00 01500 PHARMACY 31,626 991, 179 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 7,028 32 217, 222 16.00 01700 SOCIAL SERVICE 18, 976 17.00 0 17.00 43 0 02100 I &R SERVICES-SALARY & FRINGES APPRVD 21.00 37, 951 C 0 0 0 21.00 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 18, 976 0 467 0 22.00 0 02300 EMS TRAINING-ALLIED HEALTH 1, 406 0 0 23.00 23.00 36 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 23 01 C Λ 0 23.01 23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH C 55 0 0 23.02 5,622 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23.03 0 0 0 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 310, 639 295, 623 28,002 0 17,049 30.00 31.00 03100 INTENSIVE CARE UNIT 45,682 43, 474 2,657 0 2,812 31.00 0 32.00 03200 CORONARY CARE UNIT 31,626 30, 097 3, 226 1,881 32.00 43.00 04300 NURSERY 2,811 2 675 0 231 43 00 369 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 37, 951 173, 184 0 11, 538 50.00 36, 117 0 51.00 05100 RECOVERY ROOM 8, 434 2, 387 1, 304 51.00 05200 DELIVERY ROOM & LABOR ROOM 7,731 0 52.00 7, 357 926 579 52.00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 17,570 4,748 5, 156 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 7,028 0 2, 793 0 1,772 55.00 57 00 05700 CT SCAN 21 084 Ω 7 261 57 00 67 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 4, 217 1, 498 58.00 05900 CARDIAC CATHETERIZATION 24, 598 157, 196 0 16, 788 59.00 59.00 0 60.00 06000 LABORATORY 34, 413 14, 597 60.00 06400 INTRAVENOUS THERAPY 2 108 64 00 Ω 103 64 00 C 0 65.00 06500 RESPIRATORY THERAPY 30, 220 C 2, 281 2,666 65.00 06600 PHYSI CAL THERAPY 0 66.00 15.462 1,677 2, 299 66.00 0 67.00 06700 OCCUPATIONAL THERAPY 9,839 0 303 635 67.00 06800 SPEECH PATHOLOGY 68 00 3.514 Ω 110 235 68 00 69.00 06900 ELECTROCARDI OLOGY 30, 220 2, 161 0 5,008 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 5,622 1,029 0 656 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 0 8.728 272, 574 71.00 0 |07200|IMPL. DEV. CHARGED TO PATIENTS 72.00 0 0 0 7.223 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 1, 145, 859 991, 179 57, 997 73.00 74 00 07400 RENAL DIALYSIS 0 0 378 74.00 03330 ENDOSCOPY 0 76.00 3.514 0 76.00 C 451 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 36, 546 C 4,603 0 1,586 76.01 03951 LUTHERWOOD PARTNERSHIP 2, 224 91 76.03 76.03 76.04 03952 WOUND CARE CENTER 8, 434 0 3, 580 0 1, 171 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 101, 204 C 419 19.070 76.05 76.06 03953 I MAGING CENTERS 0 9, 910 4,853 76.06 76.07 03954 BREAST DIAGNOSTIC CENTER 0 0 0 403 76.07 07697 CARDIAC REHABILITATION 76. 97 402 0 76. 97 8.434 0 364 76. 98 07698 HYPERBARI C OXYGEN THERAPY 1, 406 0 310 276 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 0 0 0 0 89.00 0 90.00 09000 CLI NI C 0 C 0 0 90.00 90.01 04950 DIABETIC CARE CENTER 0 90.01 0 0 0 04951 HEALTHY HEARTS CENTER 17,570 0 431 90.02 90.02 2.135 09001 CLINIC 90.03 0 C 0 0 90.03 90.04 04953 SPINE CENTER 0 0 0 0 90.04 04954 INFUSION CENTERS 90.05 0 0 0 0 288 90.05 90.06 09002 MEDCHECK CLINICS 0 0 0 90.06 0 09003 KNEE CENTER 90.07 19,678 0 951 503 90.07 90.08 09004 PALLIATIVE CARE 0 0 90.08 C 0 90.10 09006 WORK SITE CLINICS 0 C 0 90.10 04961 FAMILY PRACTICE AND MATERNITY CARE 90 12 90 12 0 0 91.00 09100 EMERGENCY 82, 931 78, 922 20, 969 19, 340 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2017 | Part II | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12/3 Provider CCN: 15-0074

					5/30/2018 11:17 am
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL
		ADMI NI STRATI ON	SERVICES &		RECORDS &
			SUPPLY		LI BRARY
	11. 00	13. 00	14.00	15. 00	16. 00
OTHER REIMBURSABLE COST CENTERS					
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 041, 553	494, 265	1, 882, 111	991, 179	217, 222 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
191. 00 19100 RESEARCH	0	0	0	0	0 191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	21	0	0 192. 00
194.00 07950 HOME OFFICE	0	0	0	0	0 194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0 194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	0	0	0 194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0 194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	177	0	0 194. 05
194. 07 07957 LI FECHECK	0	0	11	0	0 194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	922	0	0 194. 08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0 194. 09
200.00 Cross Foot Adjustments					200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00   TOTAL (sum lines 118 through 201)	1, 041, 553	494, 265	1, 883, 242	991, 179	217, 222 202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2017 Part II
To 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am

COST Center Description					'	0 12/31/2017	5/30/2018 11:	
SEMBRAL SERVICE COST CENTERS   17.00   21.00   22.00   23.00				INTERNS &	RESI DENTS			
SEMBRAL SERVICE COST CENTERS   17.00   21.00   22.00   23.00		Cost Contor Dosorintion	SOCIAL SERVICE	SEDVICES SALAD	SEDVICES OTHER	EMC	DADLOLOCV	
DATE OF THE PROPERTY OF THE		Cost Center Description	SUCIAL SERVICE					
CHEMPAL SERVICE COST CENTERS   17.00   21.00   22.00   23.00   23.01				I W THINGES	TROM COOTS			
1.00			17. 00	21.00	22. 00		23. 01	
2.00								
0.0400   DAPOLOVER BEWENT SERVICES   0.0400		1						1
0.000   0.00		1						ı
0.00700   OPERATION OF PLANT   7.00   8.00   0.0080   UNIDION ALLENS SERVICE   8.00   0.0080   UNIDION ALLENS SERVICE   8.00   0.0080   UNISSENS SERVICE   1.00   0.001   UNISSENS SERVICE   1.00   0.001   UNISSENS SERVICE   1.00   0.001   UNISSENS SERVICES SERVICE   1.00   UNISSENS SERVICES SERVICES SERVICE   UNISSENS SERVICES SERVICES SERVICES SERVICE   UNISSENS SERVICES SER								ı
0.000   DOSON   LAURDIN'S ALINEN SERVICE     3.00		1						1
0.00   0.000   0.0000   0.00000   0.00000   0.00000   0.0000   0.00000   0.00000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000		1						ł
10.00   01000   DETARY								1
13.00   0.1300   NIRSH INC ABIN NI STRATION     11.0   0.1500   1.0500   INDIVIDUAL STRATION     1.0   0.1500   INDIVIDUAL STRATION     1.0   0.1500   INDIVIDUAL STRATION     1.0   0.1500   INDIVIDUAL STRATION     1.0   0.1500   INDIVIDUAL STRATION   1.0   0.1500   INDIVIDUAL STRATION   1.0   0.1500   INDIVIDUAL STRATION   1.0   0.1500   INDIVIDUAL STRATION   1.0   0.1500   INDIVIDUAL STRATION   1.0   0.1   0.2   0.0   0.2000   INDIVIDUAL STRATION   1.0   0.1   0.2   0.0   0.0								1
14.00   01400  CFRITAL SERVICES & SUPPLY   14.00   15.00   1	11. 00							1
15.00	13.00	01300 NURSI NG ADMI NI STRATI ON						13. 00
16. 00     01-000								1
17.00   17.00   17.00   17.00   17.00   17.00   17.00   17.00   12.00   17.00   12.00   17.00   12.0								1
21.00			400.000					1
22.00			1					1
23.00   02300   BEST TRAIN ING-ALL ED HEALTH		1		1				•
23.01   02301   RADIOLOGY SCHOOL-ALLIED HEALTH   0   23.0					230, 930			•
23.02   02300   PHARMACY RESIDENCY-SHI ALLED HEALTH   0   22.03			0			301, 033	l	
23. 03			o o				J	•
30.00			0					•
13.1 0.0   0.3100   INTENSI VE CARE UNIT   15.259   31.00   32.00   32.00   0.3200   CRONARY CARE UNIT   15.414   32.00   32.00   0.3200   CRONARY CARE UNIT   15.414   32.00   32.00   0.3200   CRONARY CARE UNIT   15.414   32.00   32.00   0.5000   CRONARY CARE UNIT   15.414   32.00   32.00   0.5000   CROSCO		INPATIENT ROUTINE SERVICE COST CENTERS						
32.00   03200   COROMARY CARE UNIT			158, 006					30. 00
43. 00   0.4300   NURSERY   4.413   5.00		1	1					1
ANCIL LARY SERVICE COST CENTERS								1
50.00   05000   0FECRATING ROOM   0   51.00   52.00   05200   0FELVERY ROOM   0   0   52.00   05500   05500   RADIO LOGY -THERAPEUTI C   0   0   0   55.00   05500   RADIO LOGY -THERAPEUTI C   0   0   0   55.00   05500   RADIO LOGY -THERAPEUTI C   0   0   57.00	43.00		4, 413					43.00
51.00   OSTOO   RECOVERY ROOM   ALBOR ROOM   OSTOO   SEL. PORT ROOM   ALBOR ROOM   OSTOO   OSTOO   DELIVERY ROOM   ALBOR ROOM   OSTOO   OSTO	EO 00			I	I			E0 00
52.00   05.200   DELLUYERY ROOM & LABOR ROOM   52.00   55.00   55.00   65.00		1	1	ł .				1
54.00   0.5400   RADI OLOGY_DI ACMOSTIC   0   55.00   55.00   55.00   65.00		1	1					1
55.00								1
SBB. 00   OSBOO   MAGNETIC RESONANCE I MACI NG (MRI )   0   58. 00			0					1
59.00   05900   CARDI AC CATHETRI ZATION   0   0   0   0   0   0   0   0   0	57.00	05700 CT SCAN	0					57. 00
60. 00   06000   LABORATORY   0   64. 00   64. 00   64. 00   64. 00   64. 00   64. 00   64. 00   64. 00   65. 00   65. 00   66. 0	58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58. 00
64.00   06400   INTRAVENOUS THERAPY   0   65.00   65.00   66.0			0					1
65.00   06500   PASSICAL THERAPY   0   66.00   67.00			0					•
66. 00   06600   PHYSI CAL THERAPY   0   06700   06700   06700   06700   06700   06700   06700   06700   06700   06800			0					1
67. 00   06700   05CUPATI ONAL THERAPY   0   68. 00   68. 00   06800   SPEECH PATHOLOGY   0   0   0   68. 00   06900   ELECTROCARDI OLOGY   0   0   0   0   0   0   0   0   0								1
68. 00   06800   SPEECH PATHOLOGY   68. 00   69.			1					•
69.00   06900   ELECTROCARDI OLOGY   0   70.00		1 1		l .				1
70. 00 07000   LECTROENCEPHALOGRAPHY			1	ł				•
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74. 00   07400   RENAL DI ALYSIS   0   0   74. 0	70.00	07000 ELECTROENCEPHALOGRAPHY	0					1
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   73. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   74. 00   76. 01   76. 01   76. 01   76. 01   76. 01   76. 03   76. 01   76. 03   76. 04   76. 01   76. 03   76. 04   76. 04   76. 05   76. 04   76. 05   76. 04   76. 05   76. 04   76. 05   76. 04   76. 05   76. 06   76. 07	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					
74. 00 07400 RENAL DIALYSIS 0 076.00 03330 ENDOSCOPY 0 076.00 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 0 76. 00 03550 PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES 0 76. 00 03951 LUTHERWOOD PARTNERSHI P 0 76. 03 03951 LUTHERWOOD PARTNERSHI P 0 0 76. 05 03480 (NOCOLOGY-CANCER CARE CENTER 0 76. 05 03953 I MAGI NG CENTERS 0 76. 05 05 03953 I MAGI NG CENTERS 0 0 03954 (BREAST DI AGNOSTI C CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1	ł				
76. 00 03330   ENDOSCOPY			1					•
76. 01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 0 76. 01 76. 03 03951 LUTHERWOOD PARTNERSHIP 0 76. 03 76. 04 03952 WOUND CARE CENTER 0 76. 05 76. 06 03480 ONCOLOGY-CANCER CARE CENTER 0 76. 05 76. 06 03953 I MAGI NG CENTERS 0 76. 05 76. 06 03953 I MAGI NG CENTERS 0 76. 06 76. 07 03954 BREAST DI AGNOSTIC CENTER 0 76. 07 76. 97 07697 CARDI AC REHABI LI TATI ON 0 76. 97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 0 0 00179ATI ENT SERVICE COST CENTERS 0 88. 00 08800 RURAL HEALTH CLINIC 0 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 99. 00 09000 CLINI C 9			1					1
76. 03 03951 LUTHERWOOD PARTNERSHIP 0 76. 03 76. 04 03952 WOUND CARE CENTER 0 76. 05 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 76. 05 76. 06 03953 IMAGI NG CENTERS 0 76. 06 76. 07 03954 BREAST DI AGNOSTI C CENTER 0 76. 07 07697 CARDI AC REHABI LI TATI ON 76. 97 07697 CARDI AC REHABI LI TATI ON 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 000 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 88. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 89. 00 09000 CLI NI C 99. 00 09000 CLI N		1	1	ł				1
76. 04 03952 WOUND CARE CENTER 0 76. 04 76. 05 03480 ONCOLOGY-CANCER CARE CENTER 0 76. 05 76. 06 76. 06 03953 IMAGI NG CENTERS 0 76. 07 03954 BREAST DIAGNOSTIC CENTER 0 76. 07 76. 97 07697 CARDI AC REHABILITATION 0 76. 97 07698 HYPERBARI C OXYGEN THERAPY 0 76. 98 OUTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC 0 88. 00 89. 00 9900 FEDERALLY QUALIFIED HEALTH CENTER 0 90. 01		1	1	ł				1
76. 05		1	0					
76. 07  03954 BREAST DI AGNOSTI C CENTER			Ö					
76. 97 76. 98 76	76. 06	03953 I MAGI NG CENTERS	0					76. 06
76. 98   O7698   HYPERBARI C OXYGEN THERAPY   O   OUTPATIENT SERVICE COST CENTERS	76. 07	03954 BREAST DIAGNOSTIC CENTER	0					76. 07
SECTION   SUBSTRICT   SubsTr	76. 97	07697 CARDI AC REHABI LI TATI ON	1					1
88. 00  89. 00  89. 00  89. 00  89. 00  89. 00  89. 00  90. 00  90. 00  90. 00  90. 01  90. 01  90. 02  90. 01  90. 02  90. 03  90. 01  90. 01  90. 01  90. 02  90. 03  90. 01  90. 01  90. 02  90. 03  90. 01  90. 01  90. 02  90. 03  90. 04  90. 05  90. 04  90. 05  90. 04  90. 05  90. 06  90. 07  90. 08  90. 07  90. 08  90. 08  90. 08  90. 09  90. 08  90. 10  90. 12	76. 98		0					76. 98
89. 00 08900   FEDERALLY QUALIFIED HEALTH CENTER   0   90. 00   90. 00   90. 00   90. 00   90. 01   04950   DI ABETI C CARE CENTER   0   90. 01   90. 02   04951   HEALTHY HEARTS CENTER   0   90. 02   90. 03   09001   CLI NI C   0   90. 03   90. 04   04953   SPI NE CENTER   0   90. 03   90. 04   04954   INFUSI ON CENTERS   0   90. 05   04954   INFUSI ON CENTERS   0   90. 05   09002   MEDCHECK CLI NI CS   0   90. 05   09002   MEDCHECK CLI NI CS   0   90. 06   90. 07   09003   KNEE CENTER   0   90. 07   90. 08   09004   PALLI ATI VE CARE   0   90. 08   90. 10   09006   WORK SI TE CLI NI CS   0   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   90. 12			_	T	T		Г	
90. 00   990.00   04950   DI ABETI C CARE CENTER   90   90. 01   90. 02   90. 01   90. 02   90. 03   90. 01   1   1   1   1   1   1   1   1   1			1	l e				
90. 01 04950 DI ABETI C CARE CENTER 0 90. 01 90. 02 04951 HEALTHY HEARTS CENTER 0 90. 02 90. 03 09001 CLI NI C 0 90. 03 90. 04 04953 SPI NE CENTER 0 90. 04 90. 05 04954 INFUSION CENTERS 0 90. 05 90. 06 09002 MEDCHECK CLI NI CS 0 90. 07 90. 08 09004 PALLI ATI VE CARE 0 90. 08 90. 10 09006 WORK SI TE CLI NI CS 0 90. 10 90. 12 04961 FAMI LY PRACTI CE AND MATERNI TY CARE 0 90. 12			-					1
90. 02								1
90. 03   09001   CLI NI C   0   90. 03   90. 04   04953   SPI NE CENTER   0   90. 05   90. 05   90. 06   90. 05   90. 06   90. 07   90. 08   09004   PALLI ATI VE CARE   0   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   90. 12   04961								•
90. 04   04953   SPI NE CENTER   0   90. 04   90. 05   90. 06   90. 05   90. 06   90. 07   90. 08   90. 04   90. 05   90. 08   90. 07   90. 08   90. 10   90. 06   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   90. 12			0					1
90. 05   04954   INFUSION CENTERS   0   90. 05   90. 06   90. 07   90. 08   90. 04   90. 05   90. 06   90. 07   90. 08   90. 07   90. 08   90. 10   90. 06   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   90. 12   90.			o o					
90. 06   990.02   MEDCHECK CLINICS   90. 06   90. 07   90. 08   90. 04   90. 07   90. 08   90. 00   90. 00   90. 00   90. 00   90. 00   90. 00   90. 00   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   90. 12   90. 12   90. 12   90. 12   90. 12   90. 12   90. 10   90			0					1
90. 08   09004   PALLI ATI VE CARE   0   90. 08   90. 10   90. 10   90. 12   04961   FAMI LY PRACTI CE AND MATERNI TY CARE   0   90. 12			0					1
90. 10   09006   WORK SITE CLINICS   0   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   90. 12	90. 07	09003 KNEE CENTER	0					90. 07
90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0   90. 12			0					
		1		•				•
91. 00   U9100  EMERGENCY   0    91. 00			1					•
	91.00	U9 IUU  EMERGENCY	1 0	<u> </u>	<u> </u>	<u> </u>	<u> </u>	91.00

				rom 01/01/201/ o 12/31/2017	Part II Date/Time Pre	pared:
					5/30/2018 11:	
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICE				RADI OLOGY	
		Y & FRINGES	PRGM COSTS	TRAI NI NG-ALLI E		
				D HEALTH	HEALTH	
	17. 00	21. 00	22. 00	23. 00	23. 01	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS			T	T. T		
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0					98. 00
SPECIAL PURPOSE COST CENTERS			T _		_	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	193, 092	0	0	0	0	118. 00
NONREI MBURSABLE COST CENTERS			Τ	T T		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190. 00
191. 00 19100 RESEARCH	0					191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0					192. 00
194. 00 07950 HOME OFFICE	0					194. 00
194. 01 07951 OCCUPATI ONAL HEALTH ONSITE SVCS	0					194. 01
194. 03 07953 SCHOOL BASED CLINICS	0					194. 03
194. 04 07954 SMO-NON PROVI DER BASED	0					194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0					194. 05
194. 07 07957 LI FECHECK	0					194. 07
194. 08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194. 08
194. 09 07959 SURGERY CENTER EAST	0	400 700	200 05/	0.4 .00		194. 09
200.00 Cross Foot Adjustments		138, 730	238, 956	361, 633		200. 00
201. 00 Negative Cost Centers	0	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	193, 092	138, 730	238, 956	361, 633	0	202. 00

COMMUNITY HEALTH NETWORK, INC.

| Provider CCN: 15-0074 | Period: | Worksheet B | From 01/01/2017 | Part II | To | 12/31/2017 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

					Fo 12/31/2017		
	Cost Center Description	PHARMACY RESI DENCY-ALLI ED HEALTH	PHARMACY RESI DNECY-BTH ALLI ED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown	5/30/2018 11: Total	17 alli
		23. 02	23. 03	24.00	Adjustments 25.00	26. 00	
	GENERAL SERVICE COST CENTERS	23.02	23.03	24.00	25.00	26.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8. 00 9. 00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY						14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY						16. 00
17. 00	01700 SOCIAL SERVICE						17. 00
21. 00 22. 00	02100   &R SERVICES-SALARY & FRINGES APPRVD 02200   &R SERVICES-OTHER PRGM COSTS APPRVD						21. 00 22. 00
23. 00	02300 EMS TRAINING-ALLIED HEALTH						23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH						23. 01
23. 02	02302 PHARMACY RESIDENCY-ALLIED HEALTH	37, 942	l .				23. 02
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH INPATIENT ROUTINE SERVICE COST CENTERS		0				23. 03
30.00	03000 ADULTS & PEDIATRICS			8, 311, 398	3 0	8, 311, 398	30. 00
31.00	03100   NTENSI VE CARE UNI T			1, 367, 863		1, 367, 863	
32. 00 43. 00	03200 CORONARY CARE UNIT 04300 NURSERY			767, 447 91, 739		767, 447 91, 739	32. 00 43. 00
43.00	ANCI LLARY SERVI CE COST CENTERS		1	71, 73	71 9	71, 737	] 43.00
50.00	05000 OPERATING ROOM			3, 084, 819		3, 084, 819	50. 00
51. 00 52. 00	O5100 RECOVERY ROOM   O5200 DELIVERY ROOM & LABOR ROOM			341, 395 233, 850		341, 395 233, 850	
54. 00	05400 RADI OLOGY-DI AGNOSTI C			1, 414, 918		1, 414, 918	
55. 00	05500 RADI OLOGY-THERAPEUTI C			527, 083	3 O	527, 083	
57. 00	05700 CT SCAN			455, 715		455, 715	
58. 00 59. 00	05800   MAGNETIC RESONANCE I MAGING (MRI)   05900   CARDIAC CATHETERIZATION			419, 448 1, 508, 128		419, 448 1, 508, 128	
60.00	06000 LABORATORY			628, 051		628, 051	
64. 00	06400 I NTRAVENOUS THERAPY			27, 269		27, 269	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY			440, 031 1, 225, 207		440, 031 1, 225, 207	1
67. 00	06700 OCCUPATI ONAL THERAPY			107, 507		107, 507	67. 00
68. 00	06800 SPEECH PATHOLOGY			39, 059		39, 059	
69. 00	06900 ELECTROCARDI OLOGY			546, 584		546, 584	1
70. 00 71. 00	07000  ELECTROENCEPHALOGRAPHY   07100  MEDICAL SUPPLIES CHARGED TO PATIENTS			184, 940 916, 580		184, 940 916, 580	
	07200 I MPL. DEV. CHARGED TO PATIENTS			722, 364		722, 364	
73.00	07300 DRUGS CHARGED TO PATIENTS			4, 882, 014		4, 882, 014	
74. 00 76. 00	07400   RENAL DI ALYSI S   03330   ENDOSCOPY			46, 047 76, 674		46, 047 76, 674	1
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			2, 421, 094		2, 421, 094	1
76. 03	03951 LUTHERWOOD PARTNERSHIP			1, 382, 904		1, 382, 904	
76. 04 76. 05	03952  WOUND CARE CENTER   03480  ONCOLOGY-CANCER CARE CENTER			240, 375 5, 071, 168		240, 375 5, 071, 168	1
76. 06	03953 I MAGING CENTERS			1, 599, 752		1, 599, 752	
76. 07	03954 BREAST DIAGNOSTIC CENTER			148, 624		148, 624	
76. 97 76. 98	O7697   CARDI AC REHABI LI TATI ON   O7698   HYPERBARI C OXYGEN THERAPY			368, 993 49, 502		368, 993 49, 502	76. 97 76. 98
70. 70	OUTPATIENT SERVICE COST CENTERS			47, 302	<u>- 1</u>	47, 302	70. 70
88. 00	08800 RURAL HEALTH CLINIC			(		0	88. 00
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC					0	89. 00 90. 00
90. 00	04950 DI ABETI C CARE CENTER					0	90.00
90. 02	04951 HEALTHY HEARTS CENTER			339, 414	4 o	339, 414	90. 02
90. 03	09001 CLINIC			(		0	90. 03
90. 04 90. 05	04953 SPI NE CENTER 04954 I NFUSI ON CENTERS			351, 499	9 0	0 351, 499	1
90.06	09002 MEDCHECK CLINICS			331, 77	ol ol	0	90.06
90. 07	09003 KNEE CENTER			515, 832	2 0	515, 832	1
90. 08 90. 10	09004   PALLI ATI VE CARE   09006   WORK SI TE CLI NI CS					1	90. 08 90. 10
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE					0	90. 10
91. 00	09100 EMERGENCY			1, 776, 515	5 o	1, 776, 515	91.00

	MMUNITY HEALTH				u of Form CMS-	<u>2552-10</u>
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Pre 5/30/2018 11:	pared: 17 am
Cost Center Description		ALLI ED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23. 02	23. 03	24. 00	25. 00	26. 00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92. 00
OTHER REIMBURSABLE COST CENTERS	T	ı		T		4
98. 00 09850 OTHER REIMBURSABLE COST CENTERS				0 0	0	98. 00
SPECIAL PURPOSE COST CENTERS	1	1	40 /04 00	ما ما		4
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	42, 631, 80	3 0	42, 631, 803	1118.00
NONREI MBURSABLE COST CENTERS	I	1				100 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH						190.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES			135, 61	1	135, 611	
194. 00 07950 HOME OFFICE			133, 01			194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS						194. 01
194. 03 07953  SCH00L BASED CLINICS						194. 03
194. 04 07954 SMO-NON PROVI DER BASED			20, 12	7 0		194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE			1, 196, 52		1, 196, 527	1
194. 07 07957 LI FECHECK			34, 38			194. 07
194.08 07958 GROUP HOMES AND MISC. N R CTRS			140, 68		140, 687	1
194. 09 07959 SURGERY CENTER EAST			,	ol ol		194. 09
200.00 Cross Foot Adjustments	37, 942	o	777, 26	1 0	777, 261	200.00
201.00 Negative Cost Centers	0	o	,	ol o		201.00
202.00 TOTAL (sum lines 118 through 201)	37, 942	0	44, 936, 40	3 0	44, 936, 403	202 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Provider CCN: 15-0074 

					1	o 12/31/2017	Date/Time Prep 5/30/2018 11:	
			CAPITAL RE	LATED COSTS			, 0, 00, 2010 111	7 (4111
		Cost Center Description	BLDG & FLXT	MVBLE EQUIP	   EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		oost conter bescriptron		(DOLLAR VALUE)	BENEFITS	ikeconer i rati on	& GENERAL	
					DEPARTMENT		(ACCUM. COST)	
					(GROSS SALARI ES)			
			1.00	2.00	4.00	5A	5. 00	
4 00		AL SERVICE COST CENTERS	700.074	1				4 00
1. 00 2. 00	1	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	703, 264	29, 124, 085				1. 00 2. 00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT	8, 136	1				4. 00
5.00		ADMINISTRATIVE & GENERAL	34, 025					5. 00
7. 00 8. 00		OPERATION OF PLANT LAUNDRY & LINEN SERVICE	104, 686	1			18, 826, 456 1, 053, 744	7. 00 8. 00
9. 00	1	HOUSEKEEPING	11, 767	100			4, 860, 010	9. 00
10.00	01000	DI ETARY	9, 318	1			1, 702, 621	10. 00
11.00	1	CAFETERI A	24, 504	1			3, 498, 621	11. 00
13. 00 14. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	7, 983 13, 883	1			7, 688, 121 5, 679, 322	13. 00 14. 00
15. 00		PHARMACY	1, 412			_	7, 895, 179	15. 00
16. 00		MEDICAL RECORDS & LIBRARY	1, 711	1			5, 293, 625	16. 00
17. 00 21. 00	1	SOCIAL SERVICE I&R SERVICES-SALARY & FRINGES APPRVD	2, 859	1, 162	2, 159, 482 3, 292, 881	0	2, 922, 233 3, 196, 637	17. 00 21. 00
22. 00		I &R SERVICES-OTHER PRGM COSTS APPRVD	269			J	5, 631, 192	
23. 00		EMS TRAINING-ALLIED HEALTH	10, 081	41, 117			997, 209	
23. 01		RADI OLOGY SCHOOL-ALLI ED HEALTH	0	_	_	_	0	23. 01
23. 02 23. 03		PHARMACY RESIDENCY-ALLIED HEALTH PHARMACY RESIDNECY-BTH ALLIED HEALTH	449					23. 02 23. 03
20.00		IENT ROUTINE SERVICE COST CENTERS						20.00
30.00		ADULTS & PEDIATRICS	190, 911	•				
31. 00 32. 00		INTENSIVE CARE UNIT CORONARY CARE UNIT	29, 496 17, 092	1			7, 760, 569 4, 719, 387	31. 00 32. 00
43. 00	1	NURSERY	2, 025	1		O	492, 685	43. 00
		LARY SERVICE COST CENTERS						
50. 00 51. 00	1	OPERATING ROOM RECOVERY ROOM	46, 954 9, 564					50. 00 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	5, 077	1			1, 710, 381	52. 00
54.00	05400	RADI OLOGY-DI AGNOSTI C	27, 090	443, 865	2, 503, 289	0	5, 355, 312	54. 00
55.00		RADI OLOGY-THERAPEUTI C	7, 828	1			1, 508, 301	55. 00
57. 00 58. 00		CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	4, 192 5, 116	1	1, 463, 170 458, 738		2, 695, 251 1, 135, 945	57. 00 58. 00
59. 00		CARDI AC CATHETERI ZATI ON	19, 825	1			4, 290, 142	59. 00
60.00	1	LABORATORY	4, 432	1		0	11, 307, 642	
64. 00 65. 00	1	I NTRAVENOUS THERAPY RESPIRATORY THERAPY	416 2, 103	1			325, 640 4, 620, 621	
66.00	1	PHYSI CAL THERAPY	3, 199	1			6, 621, 803	
67. 00		OCCUPATIONAL THERAPY	913	1	1, 070, 600		1, 580, 213	
68. 00 69. 00		SPEECH PATHOLOGY ELECTROCARDI OLOGY	332 963	1		0	575, 180 3, 337, 508	
70.00		ELECTROENCEPHALOGRAPHY	703	1				
	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			21, 009, 262	71. 00
72.00		IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23, 650, 394	
73. 00 74. 00		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	325	275		0	88, 861, 048 1, 193, 555	
76. 00	03330	ENDOSCOPY	0	60, 630		0	371, 848	
76. 01	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	5, 309				15, 184, 469	
76. 03 76. 04	1	LUTHERWOOD PARTNERSHIP WOUND CARE CENTER	4, 957	1, 238, 928 6, 715			4, 149, 748 2, 543, 718	
76. 05	1	ONCOLOGY-CANCER CARE CENTER	17, 745	1			38, 907, 513	
76. 06		I MAGING CENTERS	120				6, 700, 119	
76. 07 76. 97		BREAST DI AGNOSTI C CENTER CARDI AC REHABI LI TATI ON	2, 563			_	1, 720, 474 1, 131, 084	
76. 98		HYPERBARI C OXYGEN THERAPY	7, 250 1, 017				557, 474	
	OUTPA	TIENT SERVICE COST CENTERS			· · · · ·			
88. 00		RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89. 00 90. 00
90. 01	04950	DIABETIC CARE CENTER	0	o o	Ö	0	0	90. 01
90. 02		HEALTHY HEARTS CENTER	4, 195	135, 249	1, 675, 831	0	2, 021, 182	
90. 03 90. 04		CLINIC SPINE CENTER		0	0	0	0	90. 03 90. 04
		INFUSION CENTERS		320, 466	395, 490	Ö	944, 580	
90. 06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90. 07 90. 08		KNEE CENTER PALLIATIVE CARE	12, 463	17, 426	1, 527, 703	0	3, 919, 319	
		WORK SITE CLINICS		0	0	0		90. 08
	•	•		•	•	•	. '	

Health Financial Systems CO	DMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CO	CN: 15-0074	Peri od:	Worksheet B-1	
				From 01/01/2017		
				To 12/31/2017	Date/Time Pre	pared:
					5/30/2018 11:	17 am
	CAPITAL REL	ATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			

	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	2.00	4. 00	5A	5. 00	
90. 1 91. 0 92. 0	09100 EMERGENCY	36, 528	1 4	8, 316, 244	0	0 15, 433, 368	70.12
98 0	0 09850 OTHER REIMBURSABLE COST CENTERS	0	ol	0	0	0	98. 00
70. 0	SPECIAL PURPOSE COST CENTERS		<u> </u>	0			70.00
118.		701, 083	27, 882, 302	163, 328, 433	-115, 979, 972	415, 912, 292	118 00
110.	NONREI MBURSABLE COST CENTERS	701,000	27,002,002	100, 020, 100	110, 777, 772	110, 712, 272	1110.00
190.	00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	ol	0	0	0	190. 00
	00 19100 RESEARCH	0	o	0	0	0	191. 00
192.	00 19200 PHYSICIANS' PRIVATE OFFICES	2, 181	66, 800	9, 407	0	198, 219	192. 00
194.	00 07950 HOME OFFICE	0	o	0	0	0	194. 00
194.	01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	o	0	0	0	194. 01
194.	03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194. 03
	04 07954 SMO-NON PROVIDER BASED	0	0	476, 482	0	645, 922	
	05 07955 FAMILY PRACTICE MEDICINE	0	1, 055, 959	2, 264, 946	0	4, 365, 228	
	07 07957  LI FECHECK	0	21, 567	287, 665		407, 928	
	08 07958 GROUP HOMES AND MISC. N_R CTRS	0	97, 457	849, 257	0	1, 347, 085	
	09 07959 SURGERY CENTER EAST	0	0	0	0	0	194. 09
200.							200. 00
201.							201. 00
202.	Part I)	15, 658, 921		7, 180, 179		115, 979, 972	
203.		22. 266064	1. 005267	0. 042939		0. 274264	203. 00
204.	Cost to be allocated (per Wkst. B, Part II)			209, 258		12, 786, 944	204. 00
205.	Unit cost multiplier (Wkst. B, Part			0. 001251		0. 030238	205. 00
206.							206. 00
207.							207. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS COMMUNITY HEALTH NETWORK, INC.

Provider CCN: 15-0074

				Τ̈́	rom 01/01/2017 o 12/31/2017	Date/Time Pre 5/30/2018 11:	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERIA	17 alli
	·	PLANT	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	
		(SQUARE FEET)	(POUNDS OF LAUNDRY)				
		7. 00	8.00	9.00	10.00	11.00	
·	GENERAL SERVICE COST CENTERS						
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7.00	00700 OPERATION OF PLANT	556, 417					7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	11 7/7		F44 (F0			8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	11, 767 9, 318	0				9. 00 10. 00
11. 00	01100 CAFETERI A	24, 504	l .		0		
13.00	01300 NURSING ADMINISTRATION	7, 983	557	7, 983	0	34	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	13, 883	l .		0	0	14.00
15. 00 16. 00	01500   PHARMACY   01600   MEDI CAL RECORDS & LI BRARY	1, 412 1, 711	0	1	0		15. 00 16. 00
17. 00	01700 SOCIAL SERVICE	2, 859		1	_		17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	1	0	54	21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	269		269	0	27	22. 00
23. 00 23. 01	02300 EMS TRAINING-ALLIED HEALTH 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	10, 081	0		0	2 0	23. 00 23. 01
23. 01	02302 PHARMACY RESIDENCY-ALLIED HEALTH	449	_	_	0	8	23. 01
23. 03	02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0		1	0	_	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	190, 911 29, 496	118, 551 16, 206	1	62, 356 6, 220		30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT	17, 092			6, 283		32.00
43. 00	04300 NURSERY	2, 025			0		43.00
	ANCILLARY SERVICE COST CENTERS				_		
50. 00 51. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	46, 954 9, 564		46, 954 9, 564	0		50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	5, 077	2, 716		0		52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	27, 090			0	25	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	7, 828		1	0		55. 00
57. 00 58. 00	05700 CT SCAN   05800 MAGNETIC RESONANCE I MAGING (MRI)	4, 192 5, 116		1	0	1	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	19, 825			0	1	59. 00
60. 00	06000 LABORATORY	4, 432	0	1	0		60.00
64. 00	06400 I NTRAVENOUS THERAPY	416			0	3	64. 00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2, 103 3, 199	l .		0		65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	913		1	0		67. 00
68. 00	06800 SPEECH PATHOLOGY	332	0		0	5	68. 00
69. 00	06900 ELECTROCARDI OLOGY	963	l .		0	43	69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	304	0	0	8	70. 00 71. 00
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS				_		71.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0		ō	0	0	
74. 00	07400 RENAL DIALYSIS	325		325	0	0	74. 00
76. 00 76. 01	03330   ENDOSCOPY   03550   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	5, 309		0 5, 309	0	5 52	76. 00 76. 01
76. 01	03951 LUTHERWOOD PARTNERSHIP	5, 309	0	5, 309	0	0	76. 01
76. 04	03952 WOUND CARE CENTER	4, 957	5, 951	4, 957	0	12	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	17, 745			0	144	76. 05
76. 06 76. 07	03953   IMAGI NG CENTERS   03954   BREAST DI AGNOSTI C CENTER	120 2, 563	l .	120 2, 563		0	76. 06 76. 07
	07697 CARDIAC REHABILITATION	7, 250				12	76. 97
	07698 HYPERBARI C OXYGEN THERAPY	1, 017	l e		0		76. 98
00.00	OUTPATIENT SERVICE COST CENTERS	1		1			00.00
88. 00 89. 00	08800   RURAL HEALTH CLINIC   08900   FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	88. 00 89. 00
90. 00	09000 CLINIC		0	Ö	0	0	90.00
90. 01	04950 DIABETIC CARE CENTER	0	0	0	0	0	90. 01
	04951 HEALTHY HEARTS CENTER	4, 195	l .	1	0	25	90. 02
90. 03 90. 04	09001   CLI NI C   04953   SPI NE CENTER	0	0	0	0	0	90. 03 90. 04
90. 04	04954 I NFUSI ON CENTERS	0	0	0	0	0	90.04
90. 06	09002 MEDCHECK CLINICS		0	Ō	Ō	0	90. 06
90. 07	09003 KNEE CENTER	12, 463	0	12, 463	0	28	90. 07
90. 08 90. 10	09004   PALLI ATI VE CARE   09006   WORK SI TE CLI NI CS		0	0	0	0	90. 08 90. 10
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90. 10
91. 00	09100 EMERGENCY	36, 528	44, 429	36, 528	Ö	118	91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	<u> </u>					92. 00

Health Financial Systems	COMMUNITY HEALTH	I NETWORK. INC.		In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C	F	Period: From 01/01/2017 To 12/31/2017	Worksheet B-1	pared:
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	, ,	DI ETARY (PATI ENT DAYS)	CAFETERIA (MEALS SERVED)	17 diii
	7.00	8.00	9. 00	10.00	11. 00	
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	554, 236	241, 231	542, 469	74, 859	1, 482	118. 00
NONREI MBURSABLE COST CENTERS	_					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0		190. 00
191. 00 19100 RESEARCH	0	0	(	1		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2, 181	0	2, 181	0		192. 00
194. 00 07950 HOME OFFI CE	0	0	(	0		194. 00
194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0		194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	(	0		194. 03
194.04 07954 SMO-NON PROVIDER BASED	0	0	(	0		194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	(	0	0	194. 05
194. 07 07957 LI FECHECK	0	0	(	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	(	0	0	194. 08
194. 09 07959 SURGERY CENTER EAST	0	0	(	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	23, 989, 875	1, 342, 748	6, 700, 269	2, 685, 964	5, 816, 103	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	43. 114921	5. 566233	12. 301972	35. 880308	3, 924. 495951	203. 00
204.00 Cost to be allocated (per Wkst. B,	3, 043, 027	31, 964	484, 949	386, 909	1, 041, 553	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	5. 468968	0. 132504	0. 890386	5. 168503	702. 802294	205. 00
		1	1			

206. 00

207. 00

206.00

207.00

11)

(per Wkst. B-2)

NAHE adjustment amount to be allocated

NAHE unit cost multiplier (Wkst. D, Parts III and IV)

Health Financial Systems	COMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN		eri od:	Worksheet B-1	
			F	rom 01/01/2017 o 12/31/2017	Date/Time Pre	nared:
			1,	3 12/31/201/	5/30/2018 11:	17 am
Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES & SUPPLY	(COSTED	RECORDS &	(TOTAL PATIENT	
	(DI RECT NURS.	(COSTED	REQUIS.)	LI BRARY (GROSS	DAYS)	
	HRS. )	REQUIS.)		CHARGES)	DATO)	
	13.00	14. 00	15. 00	16. 00	17. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
2.00   00200 CAP REL COSTS-MVBLE EQUIP 4.00   00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 00 00500 ADMI NI STRATI VE & GENERAL						5. 00
7.00 00700 OPERATION OF PLANT						7. 00
8.00 00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A						10. 00 11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	739					13.00
14. 00 01400 CENTRAL SERVI CES & SUPPLY	0	145, 153, 534				14. 00
15.00 01500 PHARMACY	o	0	100			15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY	0	2, 476	0	2, 211, 118, 225		16. 00
17. 00 01700 SOCIAL SERVICE	0	3, 349	0	0	78, 710	17. 00
21.00   02100   1&R SERVICES-SALARY & FRINGES APPRVD 22.00   02200   1&R SERVICES-OTHER PRGM COSTS APPRVD	0	36, 009	0	0	0	21. 00 22. 00
23. 00   02300   EMS TRAINING-ALLIED HEALTH	Ö	2, 787	0	0	Ö	23. 00
23. 01   02301   RADI OLOGY   SCHOOL-ALLI ED   HEALTH	o	0	0	0	0	23. 01
23. 02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	o	4, 219	0	0	0	23. 02
23. 03 O2303 PHARMACY RESIDNECY-BTH ALLIED HEALTH	0	0	0	0	0	23. 03
30.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 O3000 ADULTS & PEDIATRICS	442	2, 158, 298	0	173, 967, 841	44 400	30. 00
31. 00   03100   NTENSI VE CARE UNI T	65	204, 832	0	28, 691, 378	64, 408 6, 220	31. 00
32. 00 03200 CORONARY CARE UNIT	45	248, 681	0	19, 192, 606		32. 00
43. 00 04300 NURSERY	4	28, 458	0	2, 356, 690	1, 799	43.00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	54	13, 348, 575	0	117, 735, 939	0	50.00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	11	183, 994 71, 358	0	13, 302, 573 5, 909, 292	0	51. 00 52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	o	365, 961	0	52, 616, 663	Ö	54. 00
55. 00   05500 RADI OLOGY-THERAPEUTI C	o	215, 303	0	18, 084, 196	0	55. 00
57. 00   05700   CT   SCAN	0	5, 150	0	74, 091, 086		57. 00
58. 00   05800   MAGNETI C RESONANCE   MAGING (MRI)	0	289	0	15, 282, 377	0	58. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	0	12, 116, 217 2, 652, 440	0	171, 309, 782 148, 953, 118	0	59. 00 60. 00
64. 00 06400 I NTRAVENOUS THERAPY		2, 032, 440	0	1, 048, 172	0	64. 00
65. 00 06500 RESPIRATORY THERAPY	o	175, 775	0	27, 207, 090	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	129, 230	0	23, 456, 297	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	23, 318	0	6, 475, 467	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	8, 488	0	2, 396, 812 51, 104, 194	0	68. 00
69. 00   06900  ELECTROCARDI OLOGY 70. 00   07000  ELECTROENCEPHALOGRAPHY	0	166, 550 79, 291	0	51, 106, 184 6, 698, 651	0	69. 00 70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	o	21, 009, 262	0	89, 064, 893	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	o	0	0	73, 707, 497	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88, 318, 078	100	586, 373, 336	0	73. 00
74. 00   07400   RENAL DI ALYSI S 76. 00   03330   ENDOSCOPY	0	O	0	3, 855, 504	0	74.00
76. 00   03330   ENDOSCOPY 76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		354, 814	0	4, 603, 384 16, 180, 515	0	76. 00 76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	Ö	171, 417	0	929, 484	Ö	76. 03
76.04 03952 WOUND CARE CENTER	o	275, 949	0	11, 951, 630	0	76. 04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	32, 331	0	194, 591, 141	0	76. 05
76. 06   03953   I MAGI NG CENTERS	0	763, 858	0	49, 522, 507	0	76. 06
76. 07   03954   BREAST DI AGNOSTI C CENTER 76. 97   07697   CARDI AC REHABI LI TATI ON	0	666 30, 953	0	4, 111, 407	0	76. 07 76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		23, 879	0	3, 712, 853 2, 818, 044	0	76. 97 76. 98
OUTPATIENT SERVICE COST CENTERS	<u> </u>	20, 077		2,010,011	0	70.70
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00   09000   CLI NI C	0	0	0	0	0	90.00
90.01   04950 DIABETIC CARE CENTER 90.02   04951   HEALTHY HEARTS CENTER		164, 591	0	4, 397, 050	0	90. 01 90. 02
90. 03   09001   CLI NI C	Ö	0	0	4, 377, 030	Ö	90. 03
90. 04   04953   SPI NE CENTER	o	0	0	0	0	90. 04
90. 05 04954 INFUSION CENTERS	0	o	0	2, 933, 710	0	90. 05
90. 06   09002   MEDCHECK CLINICS	0	0	0	0	0	90.06
90. 07   09003   KNEE CENTER 90. 08   09004   PALLI ATI VE CARE	0	73, 273	0	5, 127, 877 7, 581	0	90. 07 90. 08
90. 10   09004   PALLIATIVE CARE 90. 10   09006   WORK SITE CLINICS		0	0	7, 30 I	0	90. 08
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	o	Ö	0	0	0	90. 12
91. 00   09100   EMERGENCY	118	1, 616, 271	0	197, 347, 598	0	91. 00

Health Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Li€	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	
				From 01/01/2017 To 12/31/2017		nanad.
				10 12/31/2017	5/30/2018 11:	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	, <u>u</u>
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT	
	(DI RECT NURS.	(COSTED	,	(GROSS	DAYS)	
	HRS. )	REQUIS.)		CHARGES)		
	13.00	14.00	15. 00	16.00	17. 00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0	0	98. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	739	145, 066, 390	100	2, 211, 118, 225	78, 710	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0	0	190. 00
191. 00 19100 RESEARCH	0	0	(	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1, 623	(	0	0	192. 00
194.00 07950 HOME OFFICE	0	0	(	0	0	194. 00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	(	0	0	194. 01
194. 03 07953 SCHOOL BASED CLINICS	0	0	(	0	0	194. 03
194. 04 07954 SMO-NON PROVIDER BASED	0	0	(	0	0	194. 04
194.05 07955 FAMILY PRACTICE MEDICINE	0	13, 652	(	0	0	194. 05
194. 07 07957 LI FECHECK	0	824	(	0	0	194. 07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	71, 045		0	0	194. 08
194. 09 07959 SURGERY CENTER EAST	0	0		0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	10, 375, 622	8, 006, 308	10, 315, 392	6, 879, 677	3, 988, 279	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	14, 040. 083897	0. 055158	103, 153. 920000	0. 003111	50. 670550	203. 00
204.00 Cost to be allocated (per Wkst. B,	494, 265	1, 883, 242	991, 179	9 217, 222	193, 092	204. 00
Part II)						
20E 00   Unit cost multiplier (What D Dort	440 020400	0.012074	0 011 70000	0 000000	2 452200	DOE OO

668. 829499

0. 012974 9, 911. 790000

0.000098

2. 453208 205. 00

206. 00

207. 00

205.00

206.00

207.00

11)

Unit cost multiplier (Wkst. B, Part

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

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 Provider CCN: 15-0074 

				T	o 12/31/2017	Date/Time Pre 5/30/2018 11:	
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	EMS	RADI OLOGY	PHARMACY	
	oost center bescriptron	Y & FRI NGES			SCHOOL-ALLI ED		
		(ASSI GNED	(ASSI GNED	D HEALTH	HEALTH	ED HEALTH	
		TIME)	TIME)	(ASSI GNED TI ME)	(ASSI GNED TIME)	(ASSIGNED TIME)	
		21.00	22.00	23.00	23. 01	23. 02	
1. 00	GENERAL SERVICE COST CENTERS			I		I	1 00
2.00	OO100   CAP REL COSTS-BLDG & FLXT   OO200   CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00 8. 00	OO7OO   OPERATION OF PLANT   OO8OO   LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10. 00
11. 00	01100 CAFETERI A						11.00
13. 00 14. 00	01300   NURSI NG ADMI NI STRATI ON   01400   CENTRAL SERVI CES & SUPPLY						13. 00 14. 00
15. 00	01500 PHARMACY						15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY						16. 00
17. 00 21. 00	01700   SOCIAL SERVICE   02100   I&R SERVICES-SALARY & FRINGES APPRVD	3, 950					17. 00 21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	3, 430	3, 950				22.00
23. 00	02300 EMS TRAINING-ALLIED HEALTH		,	100			23. 00
23. 01	02301 RADI OLOGY SCHOOL-ALLI ED HEALTH				0		23. 01
23. 02 23. 03	02302   PHARMACY RESIDENCY-ALLIED HEALTH   02303   PHARMACY RESIDNECY-BTH ALLIED HEALTH					100	23. 02 23. 03
23. 03	I NPATI ENT ROUTI NE SERVI CE COST CENTERS						25.05
30. 00	03000 ADULTS & PEDIATRICS	1, 958	1, 958				30. 00
31. 00	03100 I NTENSI VE CARE UNI T	597	597	l .			31.00
32. 00 43. 00	03200 CORONARY CARE UNIT 04300 NURSERY	0	0	l .			32. 00 43. 00
10.00	ANCILLARY SERVICE COST CENTERS						10.00
50. 00	05000 OPERATING ROOM	85	85				50. 00
51. 00 52. 00	05100   RECOVERY ROOM   05200   DELIVERY ROOM & LABOR ROOM	0	0				51. 00 52. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	0			0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	O	0	0	55. 00
57. 00	05700 CT SCAN	0	0	0		0	57. 00
58. 00 59. 00	05800   MAGNETIC RESONANCE I MAGING (MRI)   05900   CARDIAC CATHETERIZATION	0	0			0	58. 00 59. 00
60.00	06000 LABORATORY	27	27			ő	60.00
64. 00	06400 I NTRAVENOUS THERAPY	0	0			0	64. 00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	0 42	•		0	65. 00 66. 00
67.00	06700 OCCUPATIONAL THERAPY	0	42	0	0	0	67.00
68. 00	06800 SPEECH PATHOLOGY	0	0	O	0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	0	-	69. 00
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	70. 00 71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	Ö	0	ő	ł
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	100	1
	07400 RENAL DI ALYSI S 03330 ENDOSCOPY	0	0	0	0	0	74. 00 76. 00
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	76. 00
	03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76. 03
	03952 WOUND CARE CENTER	0	0	0	0	0	76. 04
	03480  ONCOLOGY-CANCER CARE CENTER   03953  I MAGI NG CENTERS	0	0		0	0	76. 05 76. 06
	03954 BREAST DIAGNOSTIC CENTER	0	0	Ö	Ö	0	76. 07
	07697 CARDIAC REHABILITATION	0	0	0	0		76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76. 98
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	Ö	Ö	Ö	89. 00
90.00	09000 CLI NI C	0	0	0	0	0	90. 00
	04950 DI ABETI C CARE CENTER	0	0	0	0	0	90. 01
	04951  HEALTHY HEARTS CENTER  09001  CLI NI C		0	0	0	0	90. 02 90. 03
90. 04	04953 SPI NE CENTER		Ö	Ö	Ö	ő	90. 04
	04954 I NFUSION CENTERS	0	0	0	0	0	90. 05
	09002   MEDCHECK CLINICS   09003   KNEE CENTER	0	0 34	0	0	0	90. 06 90. 07
	09004 PALLI ATI VE CARE	34	34		0	0	90.07
	09006 WORK SITE CLINICS	0	0		O		90. 10
		·					

COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2017 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am INTERNS & RESIDENTS SERVI CES-SALAR SERVI CES-OTHER RADI OLOGY PHARMACY Cost Center Description EMS Y & FRINGES TRAI NI NG-ALLI E SCHOOL-ALLI ED RESI DENCY-ALLI PRGM COSTS (ASSI GNED (ASSI GNED D HEALTH HEALTH ED HEALTH TIME) TIME) (ASSI GNED (ASSI GNED (ASSI GNED TIME) TIME) TIME) 21. 00 22.00 23. 00 23. 01 23. 02 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0 90. 12 0 0 91. 00 09100 EMERGENCY 20 100 o 91.00 20 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 0 0 98.00 98 00 0 0 n SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 2, 763 2, 763 100 0 100 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 0 0 0 0 191.00 191. 00 19100 RESEARCH 0 0 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 108 108 0 0 0 192.00 194.00 07950 HOME OFFICE 0 0 194. 00 0 0 0 0 0 0 194. 01 07951 OCCUPATIONAL HEALTH ONSITE SVCS 0 0 194. 01 0 Ω 194. 03 07953 SCHOOL BASED CLINICS 0 0 0 0 194. 03 194. 04 07954 SMO-NON PROVIDER BASED 0 0 194. 04 194. 05 07955 FAMILY PRACTICE MEDICINE 1, 079 1,079 0 0 194. 05 194. 07 07957 LI FECHECK 0 0 194 07 194.08 07958 GROUP HOMES AND MISC. N\_R CTRS 0 0 0 194. 08 194. 09 07959 SURGERY CENTER EAST 0 0 0 194. 09 200.00 Cross Foot Adjustments 200. 00 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 4, 285, 282 7, 298, 479 1, 837, 369 632, 693 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 1. 084. 881519 1, 847, 716203 18, 373, 690000 0.000000 6, 326, 930000 203, 00 37, 942 204. 00 204.00 Cost to be allocated (per Wkst. B, 138, 730 238, 956 361, 633 Part II) 205.00 Unit cost multiplier (Wkst. B, Part 35. 121519 60. 495190 3, 616. 330000 0.000000 379. 420000 205. 00 II) 206.00 NAHE adjustment amount to be allocated 0 206. 00 0 (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 0.000000 207.00 207.00 0.000000 0.000000 Parts III and IV)

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HEALTH NETWORK, INC. COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0074 Peri od: Worksheet B-1 From 01/01/2017 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am Cost Center Description PHARMACY RESIDNECY-BTH ALLIED HEALTH (ASSI GNED TIME) 23.03 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16 00 16 00 17. 00 | 01700 | SOCIAL SERVICE 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22 00 22 00 02300 EMS TRAINING-ALLIED HEALTH 23.00 23.00 02301 RADI OLOGY SCHOOL-ALLI ED HEALTH 23.01 23.01 23. 02 02302 PHARMACY RESIDENCY-ALLIED HEALTH 23.02 02303 PHARMACY RESIDNECY-BTH ALLIED HEALTH 23. 03 23 03 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 30.00 0 31.00 03100 INTENSIVE CARE UNIT 31.00 03200 CORONARY CARE UNIT 32 00 32 00 04300 NURSERY 43.00 0 43.00 ANCILLARY SERVICE COST CENTERS 0 50.00 05000 OPERATING ROOM 50.00 51. 00 05100 RECOVERY ROOM 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 00000000000000000000000000000000 52.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 57 00 05700 CT SCAN 57 00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 05900 CARDIAC CATHETERIZATION 59.00 59.00 06000 LABORATORY 60.00 60.00 06400 INTRAVENOUS THERAPY 64.00 64.00 65.00 06500 RESPIRATORY THERAPY 65.00 66.00 06600 PHYSI CAL THERAPY 66.00 06700 OCCUPATI ONAL THERAPY 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 68.00 69.00 06900 ELECTROCARDI OLOGY 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 73.00 07400 RENAL DIALYSIS 74 00 74 00 76. 00 03330 ENDOSCOPY 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 76.01 03951 LUTHERWOOD PARTNERSHIP 76.03 76.03 03952 WOUND CARE CENTER 76.04 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 76.05 03953 I MAGING CENTERS 76.06 76.06 76 07 03954 BREAST DIAGNOSTIC CENTER 76 07 07697 CARDIAC REHABILITATION 76.97 76.97 76. 98 07698 HYPERBARI C OXYGEN THERAPY 76. 98 OUTPATIENT SERVICE COST CENTERS 88 00 08800 RURAL HEALTH CLINIC 00000000000000 88 00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 09000 CLI NI C 90.00 90.00 90. 01 04950 DIABETIC CARE CENTER 90.01 04951 HEALTHY HEARTS CENTER 90.02 90 02 90.03 09001 CLI NI C 90.03 04953 SPINE CENTER 90.04 90.04 90.05 04954 INFUSION CENTERS 90.05 90.06 09002 MEDCHECK CLINICS 90.06 90. 07 09003 KNEE CENTER 90.07 90. 08 09004 PALLIATIVE CARE 90.08

90.10

90.12

91.00

91. 00 09100 EMERGENCY

90 10

09006 WORK SITE CLINICS

90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE

Health Financial Systems	COMMUNITY HEALTH N	NETWORK INC	In Lie	u of Form CMS-2552-10
Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	COMMUNITY HEALTH IN	Provider CCN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	Worksheet B-1  Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description	PHARMACY RESI DNECY-BTH ALLI ED HEALTH (ASSI GNED TI ME) 23.03			
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				92. 00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0			98. 00
SPECIAL PURPOSE COST CENTERS	<u>'</u>			
118.00 SUBTOTALS (SUM OF LINES 1 through 117	7) 0			118. 00
NONREI MBURSABLE COST CENTERS				100.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190. 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0			191. 00 192. 00
194. 00 07950  HOME OFFICE				192.00
194. 01 07950  NOME OFFICE				194. 00
194. 03 07953 SCHOOL BASED CLINICS				194. 03
194. 04 07954  SMO-NON PROVI DER BASED				194. 04
194. 05 07955 FAMILY PRACTICE MEDICINE	0			194. 05
194. 07 07957 LI FECHECK	0			194. 07
194.08 07958 GROUP HOMES AND MISC. N R CTRS	0			194. 08
194. 09 07959 SURGERY CENTER EAST	0			194. 09
200.00 Cross Foot Adjustments				200. 00
201.00 Negative Cost Centers				201. 00
202.00 Cost to be allocated (per Wkst. B, Part I)	0			202. 00
203.00 Unit cost multiplier (Wkst. B, Part I	0.000000			203. 00
204.00 Cost to be allocated (per Wkst. B,	0			204. 00

0.000000

0.000000

205. 00

206. 00 207. 00

Part II)

11)

Unit cost multiplier (Wkst. B, Part

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

205.00

206.00

207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der Co			Worksheet C		
					From 01/01/2017	Part I	nanad.
					Γο 12/31/2017	Date/Time Pre 5/30/2018 11:	pared: 17 am
			Title	XVIII	Hospi tal	PPS	17 diii
			11 21 3	7,1.1.	Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	.,				
		26)					
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	83, 629, 564		83, 629, 56	4 0	83, 629, 564	30. 00
31.00	03100 INTENSIVE CARE UNIT	13, 420, 398		13, 420, 39	3 0	13, 420, 398	31. 00
32.00	03200 CORONARY CARE UNIT	8, 476, 115		8, 476, 11	5 0	8, 476, 115	32. 00
43.00	04300 NURSERY	917, 974		917, 97	4 0	917, 974	43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	19, 274, 483		19, 274, 48	3 0	19, 274, 483	50.00
51.00	05100 RECOVERY ROOM	2, 808, 111		2, 808, 11	1 0	2, 808, 111	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 632, 838		2, 632, 83		2, 632, 838	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 637, 214		8, 637, 21	1	8, 637, 214	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	2, 480, 220		2, 480, 220	1	2, 480, 220	55. 00
57. 00	05700 CT SCAN	4, 055, 701		4, 055, 70	1	4, 055, 701	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 815, 561		1, 815, 56		1, 815, 561	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	7, 931, 252		7, 931, 25		7, 931, 252	59. 00
60.00	06000 LABORATORY	15, 264, 224		15, 264, 22		15, 264, 224	60. 00
64. 00	06400 I NTRAVENOUS THERAPY	453, 039	_	453, 03	1	453, 039	64. 00
65. 00	06500 RESPI RATORY THERAPY	6, 267, 522	0		1	6, 267, 522	65. 00
66. 00	06600 PHYSI CAL THERAPY	8, 781, 644	0		1	8, 781, 644	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	2, 140, 579	0	2, 140, 57	1	2, 140, 579	67. 00
68. 00	06800 SPEECH PATHOLOGY	778, 875	0	778, 87	1	778, 875	68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 643, 164		4, 643, 16		4, 643, 164	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 396, 495		1, 396, 49		1, 396, 495	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28, 207, 256		28, 207, 25	1	28, 207, 256	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	30, 366, 150		30, 366, 150	1	30, 366, 150	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	130, 877, 114		130, 877, 11		130, 877, 114	73. 00
74.00	07400 RENAL DI ALYSI S	1, 550, 908		1, 550, 90	1	1, 550, 908	74. 00
76. 00	03330 ENDOSCOPY	510, 821		510, 82	1	510, 821	76. 00
76. 01 76. 03	03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   03951   LUTHERWOOD PARTNERSHI P	19, 917, 213 5, 300, 221		19, 917, 21	1	19, 917, 213	76. 01 76. 03
76. 03	03952 WOUND CARE CENTER	3, 648, 692		5, 300, 22 3, 648, 69		5, 300, 221 3, 648, 692	76. 03
76. 04	03480 ONCOLOGY-CANCER CARE CENTER	51, 758, 183		51, 758, 18		51, 758, 183	76. 04
76. 06	03953 I MAGING CENTERS	8, 740, 568		8, 740, 56		8, 740, 568	76.05
76. 07	03954 BREAST DIAGNOSTIC CENTER	2, 347, 200		2, 347, 20		2, 347, 200	76. 07
76. 97	07697 CARDI AC REHABILITATION	1, 903, 424		1, 903, 42		1, 903, 424	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	784, 661		784, 66		784, 661	76. 98
70. 70	OUTPATIENT SERVICE COST CENTERS	701,001		701,00	·   •	701,001	70.70
88. 00	08800 RURAL HEALTH CLINIC	0			0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	o				0	89. 00
90.00	09000 CLI NI C	o				0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0			ol ol	0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	2, 929, 742		2, 929, 74	2 0	2, 929, 742	90. 02
90. 03	09001 CLI NI C	0			ol o	0	90. 03
	04953 SPI NE CENTER	0			o	0	90. 04
90. 05	04954 INFUSION CENTERS	1, 212, 771		1, 212, 77	1 0	1, 212, 771	90. 05
90.06	09002 MEDCHECK CLINICS	0			o o	0	90. 06
90. 07	09003 KNEE CENTER	5, 814, 788		5, 814, 78	3 0	5, 814, 788	90. 07
90. 08	09004 PALLI ATI VE CARE	24		2	1	24	90. 08
90. 10	09006 WORK SITE CLINICS	0			o o	0	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0			o o	0	90. 12
91.00	09100 EMERGENCY	26, 598, 043		26, 598, 04	3 0	26, 598, 043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 710, 491		6, 710, 49	1	6, 710, 491	
	OTHER REIMBURSABLE COST CENTERS	,					
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0			0	0	98. 00
200.00		524, 983, 243	0		1	524, 983, 243	
201.00		6, 710, 491		6, 710, 49	1	6, 710, 491	
202.00	Total (see instructions)	518, 272, 752	0	518, 272, 75	2 0	518, 272, 752	202. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CO	Provider CCN: 15-0074		Worksheet C		
					From 01/01/2017 o 12/31/2017	Date/Time Prepared:	
			Ti +Lo	XVIII	Hospi tal	5/30/2018 11: PPS	17 am
			Charges	AVIII	nospi tai	FF3	
	Cost Center Description	I npati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient	
		6. 00	7. 00	8. 00	9. 00	Rati o 10. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	8.00	7.00	10.00	
30. 00	03000 ADULTS & PEDI ATRI CS	165, 683, 885		165, 683, 885	5		30.00
31. 00	03100 I NTENSI VE CARE UNI T	28, 691, 378		28, 691, 378			31. 00
32. 00	03200 CORONARY CARE UNIT	19, 192, 606		19, 192, 606			32. 00
43.00	04300 NURSERY	2, 356, 690		2, 356, 690			43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	99, 838, 369	17, 897, 570	117, 735, 939	0. 163709	0. 000000	50. 00
51.00	05100 RECOVERY ROOM	7, 853, 068	5, 449, 505	13, 302, 573	0. 211095	0. 000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5, 909, 292	0	5, 909, 292		0. 000000	52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 032, 776	41, 583, 887	52, 616, 663		0. 000000	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	5, 084, 179	13, 000, 017	18, 084, 196		0. 000000	55. 00
57. 00	05700 CT SCAN	18, 893, 407	55, 197, 679			0. 000000	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	4, 039, 160	11, 243, 217	15, 282, 377		0. 000000	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	69, 964, 912	101, 344, 870			0.000000	59.00
60.00	06000 LABORATORY	70, 991, 684	77, 961, 434	148, 953, 118		0.000000	60.00
64.00	06400 I NTRAVENOUS THERAPY	1, 009, 853	38, 319			0.000000	64. 00 65. 00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	25, 057, 438 3, 742, 782	2, 149, 652 19, 713, 515	27, 207, 090 23, 456, 297		0. 000000 0. 000000	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	2, 790, 298	3, 685, 169			0. 000000	67.00
68. 00	06800 SPEECH PATHOLOGY	848, 443	1, 548, 369	2, 396, 812		0. 000000	68. 00
69. 00	06900 ELECTROCARDI OLOGY	13, 005, 588	38, 100, 596	51, 106, 184		0. 000000	69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	1, 066, 336	5, 632, 315	6, 698, 651		0. 000000	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	51, 016, 413	38, 048, 480			0. 000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	48, 575, 630	25, 131, 867	73, 707, 497		0. 000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	66, 945, 419	519, 427, 917			0.000000	73. 00
74.00	07400 RENAL DIALYSIS	3, 855, 504	0	3, 855, 504	0. 402258	0.000000	74.00
76.00	03330 ENDOSCOPY	1, 903, 527	2, 699, 857	4, 603, 384	0. 110966	0. 000000	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	16, 180, 515	16, 180, 515	1. 230938	0. 000000	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0	929, 484	929, 484		0. 000000	76. 03
76. 04	03952 WOUND CARE CENTER	78, 151	11, 873, 479			0. 000000	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	1, 759, 624	192, 831, 517	194, 591, 141		0. 000000	76. 05
76. 06	03953 I MAGI NG CENTERS	97, 324	49, 425, 183			0. 000000	76. 06
76. 07	03954 BREAST DI AGNOSTI C CENTER	13, 674	4, 097, 733			0.000000	76. 07 76. 97
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	13, 818 0	3, 699, 035 2, 818, 044	3, 712, 853 2, 818, 044		0. 000000 0. 000000	76. 97 76. 98
70. 70	OUTPATIENT SERVICE COST CENTERS	U U	2, 616, 044	2,010,042	0.270442	0.000000	70.70
88. 00	08800 RURAL HEALTH CLINIC	0	0	(			88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	Ċ			89. 00
90.00	09000 CLI NI C	0	0	Ċ	0. 000000	0. 000000	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	(	0. 000000	0.000000	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	24, 485	4, 372, 565	4, 397, 050	0. 666297	0. 000000	90. 02
	09001 CLI NI C	0	0	(	0. 000000	0. 000000	90. 03
90. 04	04953 SPI NE CENTER	0	0		0.000000	0.000000	90. 04
	04954 I NFUSI ON CENTERS	0	2, 933, 710	2, 933, 710		0. 000000	1
90. 06	09002 MEDCHECK CLINICS	0	0	(	0. 000000	0. 000000	90. 06
90. 07	09003 KNEE CENTER	0	5, 127, 877	5, 127, 877		0. 000000	90. 07
90. 08	09004 PALLI ATI VE CARE	180	7, 401	7, 581		0. 000000	90. 08
90. 10		0	0	(		0.000000	90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0 044 705	0	(	0.000000	0.000000	90. 12
91.00		36, 241, 725	161, 105, 873			0.000000	91.00
9Z. UU	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	1, 442, 919	6, 841, 037	8, 283, 956	η υ. 810059	0. 000000	92. 00
98 00	09850 OTHER REIMBURSABLE COST CENTERS		0		0. 000000	0. 000000	98. 00
200.00		769, 020, 537	1, 442, 097, 688			3. 000000	200. 00

0 0 769, 020, 537 1, 442, 097, 688 2, 211, 118, 225

769, 020, 537 1, 442, 097, 688 2, 211, 118, 225

200. 00 201. 00 202. 00

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

Peri od: From 01/01/2017 To 12/31/2017

-			Title XVIII	Hospi tal	PPS	
	Cost Center Description	PPS Inpatient		· · · · · · · · · · · · · · · · · · ·		
	·	Ratio				
		11.00				
I NPA	TIENT ROUTINE SERVICE COST CENTERS					
30.00 0300	O ADULTS & PEDIATRICS				30.	0. 00
	O INTENSIVE CARE UNIT				31.	. 00
32.00 0320	O CORONARY CARE UNIT				32.	2. 00
	O NURSERY				43.	3. 00
	LLARY SERVICE COST CENTERS				1.5.	
	O OPERATING ROOM	0. 163709			50.	0. 00
	O RECOVERY ROOM	0. 211095			l l	. 00
	O DELIVERY ROOM & LABOR ROOM	0. 445542				2. 00
	O RADI OLOGY-DI AGNOSTI C	0. 164154				. 00
	O RADI OLOGY-THERAPEUTI C	0. 137148				5. 00
	O CT SCAN	0. 054739				'. 00
	O MAGNETIC RESONANCE IMAGING (MRI)	0. 034739				. 00
	O CARDIAC CATHETERIZATION	0. 118801				00
	O LABORATORY	0. 102477				). 00
					l l	1. 00
	INTRAVENOUS THERAPY	0. 432218			l l	
	O RESPIRATORY THERAPY	0. 230364				00
	O PHYSI CAL THERAPY	0. 374383				. 00
	O OCCUPATI ONAL THERAPY	0. 330568				. 00
68. 00 0680	O SPEECH PATHOLOGY	0. 324963				3. 00
	O ELECTROCARDI OLOGY	0. 090853				0.00
	O ELECTROENCEPHALOGRAPHY	0. 208474				0. 00
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 316705				. 00
	O IMPL. DEV. CHARGED TO PATIENTS	0. 411982				2. 00
	DRUGS CHARGED TO PATIENTS	0. 223198				3. 00
	RENAL DIALYSIS	0. 402258				. 00
76. 00 0333	O ENDOSCOPY	0. 110966				. 00
	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1. 230938				. 01
	1 LUTHERWOOD PARTNERSHIP	5. 702326				. 03
	2 WOUND CARE CENTER	0. 305288				. 04
76. 05   0348	O ONCOLOGY-CANCER CARE CENTER	0. 265984			76.	. 05
	3 I MAGI NG CENTERS	0. 176497			76.	. 06
	4 BREAST DIAGNOSTIC CENTER	0. 570899			76.	. 07
76. 97 0769	7 CARDIAC REHABILITATION	0. 512658			76.	. 97
76. 98 0769	8 HYPERBARI C OXYGEN THERAPY	0. 278442			76.	. 98
OUTP	ATIENT SERVICE COST CENTERS					
88. 00 0880	O RURAL HEALTH CLINIC				88.	3. 00
89. 00 0890	O FEDERALLY QUALIFIED HEALTH CENTER				89.	0. 00
	O CLI NI C	0. 000000			90.	0. 00
	O DIABETIC CARE CENTER	0. 000000			90.	0. 01
	1 HEALTHY HEARTS CENTER	0. 666297			l l	0. 02
	1 CLI NI C	0. 000000			l l	0. 03
	3 SPI NE CENTER	0. 000000				0. 04
4	4 INFUSION CENTERS	0. 413392				). 05
4	2 MEDCHECK CLINICS	0. 000000				). 06
	3 KNEE CENTER	1. 133956				). 07
	4 PALLI ATI VE CARE	0. 003166				). 08
	16 WORK SITE CLINICS	0. 000000				). 10
4	1 FAMILY PRACTICE AND MATERNITY CARE	0. 000000				). 12
	O EMERGENCY	0. 134778				. 00
•	O OBSERVATION BEDS (NON-DISTINCT PART)	0. 810059				2. 00
	R REIMBURSABLE COST CENTERS	0.010034			72.	. 00
	O OTHER REIMBURSABLE COST CENTERS	0. 000000			no	3. 00
200. 00	Subtotal (see instructions)	0.000000			200.	
201. 00	Less Observation Beds				200.	
202.00	Total (see instructions)				201.	
202.00	Total (SEE THSTI UCTIONS)	į l			J202.	. 00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der C	Provider CCN: 15-0074		Peri od: Worksheet C		
					From 01/01/2017	Part I	nanad.
					To 12/31/2017	Date/Time Pre 5/30/2018 11:	pared: 17 am
			Ti tl	e XIX	Hospi tal	PPS	17 diii
			1	I I	Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,			Di sal I owance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	83, 629, 564	ł .	83, 629, 56			
31. 00	03100 I NTENSI VE CARE UNI T	13, 420, 398		13, 420, 39		13, 420, 398	
32. 00	03200 CORONARY CARE UNIT	8, 476, 115		8, 476, 11		8, 476, 115	
43.00	04300 NURSERY	917, 974		917, 97	4 0	917, 974	43. 00
	ANCILLARY SERVICE COST CENTERS	10.074.400	.1	10.074.40	ما ما	40.074.400	
50.00	05000 OPERATING ROOM	19, 274, 483	ł	19, 274, 48			50.00
51.00	05100 RECOVERY ROOM	2, 808, 111		2, 808, 11		2, 808, 111	
52. 00 54. 00	O5200   DELIVERY ROOM & LABOR ROOM   O5400   RADIOLOGY-DIAGNOSTIC	2, 632, 838 8, 637, 214		2, 632, 83		2, 632, 838	
55. 00	05500 RADI OLOGY-THERAPEUTI C	2, 480, 220		8, 637, 21 2, 480, 22		8, 637, 214 2, 480, 220	
57. 00	05700 CT SCAN	4, 055, 701	1	4, 055, 70		4, 055, 701	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 815, 561		1, 815, 56		1, 815, 561	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	7, 931, 252		7, 931, 25		7, 931, 252	59.00
60. 00	06000 LABORATORY	15, 264, 224	1	15, 264, 22		15, 264, 224	60.00
64. 00	06400 I NTRAVENOUS THERAPY	453, 039	1	453, 03		453, 039	64. 00
65. 00	06500 RESPI RATORY THERAPY	6, 267, 522	1			6, 267, 522	
66. 00	06600 PHYSI CAL THERAPY	8, 781, 644	1			8, 781, 644	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	2, 140, 579	1	2, 140, 57		2, 140, 579	67. 00
68.00	06800 SPEECH PATHOLOGY	778, 875	1	778, 87		778, 875	68. 00
69.00	06900 ELECTROCARDI OLOGY	4, 643, 164	1	4, 643, 16		4, 643, 164	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 396, 495		1, 396, 49	5 0	1, 396, 495	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28, 207, 256	,	28, 207, 25	6 0	28, 207, 256	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	30, 366, 150	)	30, 366, 15	0 0	30, 366, 150	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	130, 877, 114		130, 877, 11	4 0	130, 877, 114	73. 00
74.00	07400 RENAL DI ALYSI S	1, 550, 908	3	1, 550, 90	0 8	1, 550, 908	74. 00
76. 00	03330 ENDOSCOPY	510, 821		510, 82		510, 821	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 917, 213		19, 917, 21		19, 917, 213	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	5, 300, 221		5, 300, 22		5, 300, 221	76. 03
76. 04	03952 WOUND CARE CENTER	3, 648, 692		3, 648, 69		3, 648, 692	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	51, 758, 183	l t	51, 758, 18		51, 758, 183	
76. 06	03953 I MAGI NG CENTERS	8, 740, 568	1	8, 740, 56		8, 740, 568	
76. 07 76. 97	03954   BREAST DI AGNOSTI C CENTER   07697   CARDI AC REHABI LI TATI ON	2, 347, 200 1, 903, 424		2, 347, 20		2, 347, 200 1, 903, 424	76. 07 76. 97
76. 97 76. 98	07698 HYPERBARI C OXYGEN THERAPY	784, 661		1, 903, 42 784, 66			76. 98
70. 70	OUTPATIENT SERVICE COST CENTERS	704,001	l .	704,00	1	704,001	70. 70
88. 00	08800 RURAL HEALTH CLINIC		1	I	0 0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		l	1	o o	0	
90.00	09000 CLINIC			•	o o	Ö	90.00
90. 01	04950 DI ABETI C CARE CENTER	0			0	0	90. 01
	04951 HEALTHY HEARTS CENTER	2, 929, 742		2, 929, 74	2 0	2, 929, 742	1
	09001 CLI NI C	0	1		0 0	0	
	04953 SPI NE CENTER	0			0	0	
90.05	04954 I NFUSI ON CENTERS	1, 212, 771		1, 212, 77	1 0	1, 212, 771	90. 05
90. 06	09002 MEDCHECK CLINICS	0	)		0 0	0	90. 06
90. 07	09003 KNEE CENTER	5, 814, 788	3	5, 814, 78	8 0	5, 814, 788	90. 07
90. 08	09004 PALLI ATI VE CARE	24		2	4 0	24	90. 08
90. 10	09006 WORK SITE CLINICS	0	)		0	0	
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	)		0	0	
91. 00	09100 EMERGENCY	26, 598, 043		26, 598, 04		26, 598, 043	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 710, 491	L	6, 710, 49	1	6, 710, 491	92.00
00.00	OTHER REIMBURSABLE COST CENTERS	1 -					00.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	F24 002 242	l .		0	0 524, 983, 243	
200. 00 201. 00		524, 983, 243 6, 710, 491		524, 983, 24 6, 710, 49		524, 983, 243 6, 710, 491	
201.00		518, 272, 752					
202.00	Trotal (See Thatructions)	1 310, 272, 732	.1	1 310, 272, 73	دا ا	310, 212, 132	1202.00

COMPUTA	ATION OF RATIO OF COSTS TO CHARGES		Provi der C		Period: From 01/01/2017	Worksheet C	
						Part I Date/Time Prepared:	
						Date/Time Pre 5/30/2018 11:	pared: 17 am
			Ti +I	e XIX	Hospi tal	PPS	17 alli
			Charges	C XIX	1103pi tui	113	
	Cost Center Description	Inpati ent	Outpati ent	Total (col 6	Cost or Other	TEFRA	
	oost conten bescription	i inpati cirt	outputient	+ col . 7)	Ratio	Inpati ent	
						Ratio	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			•	<u> </u>		
30. 00	03000 ADULTS & PEDIATRICS	165, 683, 885		165, 683, 88	5		30. 00
31. 00	03100 INTENSIVE CARE UNIT	28, 691, 378		28, 691, 37	3		31. 00
32. 00	03200 CORONARY CARE UNIT	19, 192, 606		19, 192, 60	5		32. 00
43. 00	04300 NURSERY	2, 356, 690		2, 356, 690	o		43.00
ĺ	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATING ROOM	99, 838, 369	17, 897, 570	117, 735, 93	9 0. 163709	0.000000	50.00
51.00	05100 RECOVERY ROOM	7, 853, 068	5, 449, 505	13, 302, 57	0. 211095	0.000000	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	5, 909, 292	0	5, 909, 29	0. 445542	0.000000	52.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	11, 032, 776	41, 583, 887		0. 164154	0.000000	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	5, 084, 179	13, 000, 017	18, 084, 19	0. 137148	0.000000	55. 00
	05700 CT SCAN	18, 893, 407	55, 197, 679	74, 091, 08		0. 000000	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	4, 039, 160	11, 243, 217			0. 000000	58. 00
	05900 CARDI AC CATHETERI ZATI ON	69, 964, 912	101, 344, 870			0. 000000	59. 00
	06000 LABORATORY	70, 991, 684	77, 961, 434			0. 000000	60.00
	06400 I NTRAVENOUS THERAPY	1, 009, 853	38, 319		1	0. 000000	1
	06500 RESPI RATORY THERAPY	25, 057, 438	2, 149, 652			0. 000000	65. 00
	06600 PHYSI CAL THERAPY	3, 742, 782	19, 713, 515			0. 000000	
	06700 OCCUPATI ONAL THERAPY	2, 790, 298	3, 685, 169			0. 000000	67. 00
	06800 SPEECH PATHOLOGY	848, 443	1, 548, 369		1	0. 000000	
	06900 ELECTROCARDI OLOGY	13, 005, 588	38, 100, 596			0. 000000	69. 00
	07000 ELECTROENCEPHALOGRAPHY	1, 066, 336	5, 632, 315			0. 000000	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	51, 016, 413	38, 048, 480			0. 000000	1
	07200 I MPL. DEV. CHARGED TO PATIENTS	48, 575, 630	25, 131, 867		1	0.000000	72.00
	07300 DRUGS CHARGED TO PATIENTS	66, 945, 419	519, 427, 917		1	0.000000	
	07400 RENAL DI ALYSI S	3, 855, 504	2 (00 057	-,,		0.000000	
	03330 ENDOSCOPY	1, 903, 527	2, 699, 857			0.000000	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	16, 180, 515			0.000000	76. 01
	03951 LUTHERWOOD PARTNERSHIP	70 151	929, 484			0.000000	76. 03 76. 04
	03952 WOUND CARE CENTER 03480 ONCOLOGY-CANCER CARE CENTER	78, 151 1, 759, 624	11, 873, 479 192, 831, 517			0. 000000 0. 000000	76. 04
	03953 I MAGI NG CENTERS	97, 324	49, 425, 183		1	0. 000000	76. 05
	03954 BREAST DIAGNOSTIC CENTER	13, 674	4, 097, 733			0. 000000	76. 07
	07697 CARDI AC REHABI LI TATI ON	13, 818	3, 699, 035			0. 000000	
	07698 HYPERBARI C OXYGEN THERAPY	0	2, 818, 044		1	0. 000000	76. 98
	OUTPATIENT SERVICE COST CENTERS	<u> </u>	2,010,011	2,010,01	0. 270112	0.00000	70.70
	08800 RURAL HEALTH CLINIC	0	0		0. 000000	0. 000000	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	i o	Ö		0. 000000	0. 000000	
1	09000 CLINIC	0	0		0. 000000	0. 000000	
	04950 DIABETIC CARE CENTER	0	0		0. 000000	0.000000	
90. 02	04951 HEALTHY HEARTS CENTER	24, 485	4, 372, 565	4, 397, 050	1	0.000000	90. 02
	09001 CLI NI C	0	0		0. 000000	0.000000	
90. 04	04953 SPI NE CENTER	0	0		0. 000000	0.000000	90. 04
	04954 INFUSION CENTERS	0	2, 933, 710	2, 933, 710		0.000000	90. 05
90. 06	09002 MEDCHECK CLINICS	0	0		0. 000000	0.000000	90.06
90. 07	09003 KNEE CENTER	0	5, 127, 877	5, 127, 87	7 1. 133956	0.000000	90. 07
90. 08	09004 PALLIATIVE CARE	180	7, 401	7, 58	0. 003166	0.000000	90. 08
	09006 WORK SITE CLINICS	0	0		0. 000000	0.000000	1
	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		0.000000	0.000000	90. 12
91. 00	09100 EMERGENCY	36, 241, 725	161, 105, 873	197, 347, 59		0.000000	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 442, 919	6, 841, 037	8, 283, 95	0. 810059	0. 000000	92. 00
	OTHER REIMBURSABLE COST CENTERS	1					
	09850 OTHER REIMBURSABLE COST CENTERS	0	0	(	0. 000000	0. 000000	
200.00	Subtotal (see instructions)	769, 020, 537	1, 442, 097, 688	2, 211, 118, 22			200. 00
201.00	Less Observation Beds	7/0 000 5	4 440 007 17	0.044.440.55	_		201. 00
202. 00	Total (see instructions)	169, 020, 537	1, 442, 097, 688	2, 211, 118, 22	이		202. 00

Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am Peri od: From 01/01/2017 To 12/31/2017

Near Lett. ROULT RE-SERVICE COST CENTERS   11.00   1.00				Title XIX	Hospi tal	PPS
NPATI ENT ROUTINE SERVICE COST CENTERS   30.00   30000 ADULTS & PEDI ATRICS   30.00   30000 ADULTS & PEDI ATRICS & 90.00   30000 ADULTS & 90.00   300000 ADULTS & 90.00   30000 ADULTS & 90.00   30000 ADULTS & 90.00		Cost Center Description	PPS Inpatient			
IMPATTENT ROUTH NE SERVICE COST CENTERS   30.00   30.00   30.00   MITCHS IVE CARE UNIT   31.00   31.		·	Ratio			
30,00   300,00 ADULTS & PEDIATRICS   30,00   30,00   31,00   32,00			11. 00			
31.00	I NPAT	TIENT ROUTINE SERVICE COST CENTERS				
32.00   03200   COROMARY CARE UNIT	30.00 03000	O ADULTS & PEDIATRICS				30. (
43. 00	31.00 03100	O INTENSIVE CARE UNIT				31. (
43. 00	32.00 03200	O CORONARY CARE UNIT				32.0
ARCILLARY SERVICE COST CENTERS   50.00   50.00   60500 (PERATINE RODOM)   0.163709   0.50.00   50.00						
50.00     5000   CPERATI NO. ROOM   0.163709   55.00   55.00   55.00   55.00   65.00			<u>'</u>			
51.00     05.00   DELOVERY ROM & LABOR ROM   0.211095   55.00   05.0			0. 163709			50.0
52.00   05.00   05.00   05.10   05.10   05.10   05.10   05.0			1			
54.00			1			
55.00       05500 RADIOLOGY-THERAPEUTI C       0. 137148       55.00         57.00       05700 O 05700 CT SCAN       15.00       55.00         58.00       05800 MAGNETI C RESONANCE I MAGING (MRI )       0. 118801       55.00         69.00       0600 CARDI LAC CATHETERI ZATION       0. 046298       55.00         60.00       0600 LABORATORY       0. 102477       60.00         65.00       06500 INTEAUROUS THERAPY       0. 230364       66.00         65.00       06500 RESPI RATORY THERAPY       0. 230364       66.00         67.00       06700 OCCUPATI OMAL THERAPY       0. 330568       67.00         68.00       06800 SPECCH PATHOLOGY       0. 324963       66.00         69.00       06900 ELECTROCARDIOLOGY       0. 090883       66.00         71.00       07000 ELECTROCARDIOLOGY       0. 090883       67.00         71.00       07200 ELECTROCARDIOLOGY       0. 090883       77.00         71.00       07200 ELECTROCARDIOLOGY       0. 0908874       77.00			1			
57.00	1		1			l
58.00		I .				
59.00						
60. 00   06000   LABORATORY   0. 102477   0. 0. 00400   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	59 00 05900	O CARDIAC CATHETERIZATION	1			l
64.00   06400   NTRAVENOUS THERAPY   0.432218   65.00   65.0						
65.00   66500   RESPIRATORY THERAPY   0. 230364   66.00   6660   0. 06600   PHSTICAL THERAPY   0. 374383   66.00   6600   0.6700   0.6CUPATI OMAL THERAPY   0. 374383   68.00   6800   0.6700   0.0CUPATI OMAL THERAPY   0. 330558   68.00   6800   0.6900   SPECEH PATHOLOGY   0. 0. 0.00053   68.00   6800   0.05900   SPECEH PATHOLOGY   0. 0.00053   69.00   0.00000   ELECTROCARDIOLOGY   0. 0.00000   0.00000   ELECTROCARDIOLOGY   0. 0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1	1			l
66. 00   06-600   PHYSI CAL, THERAPY   0.374383   66. 00   06-800   CHOPATION CALL THERAPY   0.33056B   67. 00   67.00   CALL CALL CALL CALL CALL CALL CALL CA			1 1			
67. 00   06700   0CUPATI ONAL THERAPY   0.330568   67. 00   08. 00   06800   SPEECH PATHOLOGY   0.324963   68. 00   08. 00   068900   SELECTROCARDI OLOGY   0.909633   69. 00   071. 00   07000   BLECTROCARDI OLOGY   0.208474   77. 00   071. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.316705   77. 00   071. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.316705   77. 00   072. 00   07200   DRILL DEV. CHARGED TO PATI ENTS   0.411982   72. 00   074. 00   07300   DRILL SENTERCED TO PATI ENTS   0.411982   72. 00   074. 00   07400   RENAL DI ALYSIS   0.402258   74. 00   074. 00   07400   RENAL DI ALYSIS   0.402258   74. 00   076. 01   03550   PSVCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1.230938   76. 01   076. 01   03550   PSVCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1.230938   76. 01   076. 03   03951   UITHERWOOD PARTMERSHI P   5. 702326   76. 03   076. 04   03952   WOUND CARE CENTER   0.305288   76. 04   076. 05   03460   NOCOLOGY-CANCER CARE CENTER   0.305288   76. 04   076. 07   03948   BREAST DI AGNOSTI C CENTER   0.570899   76. 07   076. 07   07697   CARDI AC REHABI LI TATI ON   0.570899   76. 07   076. 07   07697   CARDI AC REHABI LI TATI ON   0.570899   76. 07   076. 07   07697   CARDI AC REHABI LI TATI ON   0.512658   76. 97   079. 07697   07697   CARDI AC REHABI LI TATI ON   0.512658   76. 97   079. 07699   07698   HYPERBARI C OXYGEN THERAPY   0.278442   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.00000000		1	1 1			
68. 00 68.00   668.00   568.00   568.00   569.00   669.00   60						
69. 00   06.900   LELCTROCARDI OLOGY   0. 090853   70. 00   70. 00   70. 00   70. 00   70. 00   70. 00   70. 00   70. 00   LELCTROENCEPHALLOGRAPHY   0. 208474   70. 00   70. 00   70. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 316705   71. 00   70.						
70.00   07000   ELECTROENCEPHALOGRAPHY   0.208474   70.00   07000   ELECTROENCEPHALOGRAPHY   0.208474   71.00   07000   EDICAL SUPPLIES CHARGED TO PATIENTS   0.316705   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0.411982   72.00   07300   DRUGS CHARGED TO PATIENTS   0.402258   73.00   07400   RENAL DIALYSIS   0.402258   74.00   07400   RENAL DIALYSIS   0.402258   74.00   076.00   03330   ENDOSCOPY   0.110966   76.00   076.00   03330   ENDOSCOPY   0.110966   76.00   076.00   03350   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   1.230938   76.01   076.01   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   1.230938   76.01   076.01   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   1.230938   76.01   076.01   03550   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   1.230938   76.01   076.00   03951   LUTHERWOOD PARTNERSHI P   5.702326   76.03   03951   LUTHERWOOD PARTNERSHI P   5.702326   76.03   03951   LUTHERWOOD PARTNERSHI P   0.305288   76.04   03953   MAGINO CHATES   0.305288   76.04   03953   MAGINO CHATES   0.570899   76.07   03954   BREAST DI AGNOSTIC CENTER   0.570899   76.07   03954   BREAST DI AGNOSTIC CENTER   0.570899   76.07   07697   CARDIAC REHABILITATION   0.512658   76.98   07698   HYPERBARIC OXYGEN THERAPY   0.5726442   76.98   000000   000000   08900   FEDERALLY QUALIFIED HEALTH CENTER   0.000000   08900   FEDERALLY QUALIFIED HEALTH CENTER   0.000000   0.000000   0.00000   0.00000   0.00000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1				
1.00						
72. 00   07200   IMPL   DEV. CHARGED TO PATIENTS   0. 411982   72. 00   07300   07300   DRUGS CHARGED TO PATIENTS   0. 223198   73. 00   07400   RENAL DIALYSIS   0. 402258   74. 00   07400   RENAL DIALYSIS   0. 402258   76. 001   07500   PSVCHIATRI C/PSYCHOLOGICAL SERVICES   1. 230938   76. 004   07500   PSVCHIATRI C/PSYCHOLOGICAL SERVICES   1. 230938   07500   PSVCHIATRI C/PSYCHOLOGICAL SERVICES   1. 230938   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 0000000   0. 00000000						
13. 00   07300   DRUGS CHARGED TO PATIENTS   0. 223198   73. 00   07400   07400   RENAL DI ALYSIS   0. 402258   74. 00   07400   RENAL DI ALYSIS   0. 402258   76. 00   03330   ENDOSCOPY   0.110966   76. 00   076. 00   03550   PSYCHIATRI CPSYCHOLOGI CAL SERVI CES   1. 230938   76. 01   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.0000000   0.0000000   0.000000   0.00000000		1				
74. 00		1	1 1			
76. 00   03330   ENDOSCOPY   0. 110966   76. 00   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 230938   76. 01   76. 01   76. 03   03951   LUTHERWOOD PARTNERSHI P   5. 702326   76. 04   03952   WOUND CARE CENTER   0. 305288   76. 04   76. 05   76. 05   03480   MOCOLOGY-CANCER CARE CENTER   0. 265984   76. 05   76. 06   76. 07   03954   REAST DI AGONSTI C CENTER   0. 570899   76. 07   76. 07   03954   REAST DI AGONSTI C CENTER   0. 570899   76. 07   76. 97						
76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   1. 230938   76. 01   03951   LUTHERWOOD PARTNERSHI P   5. 702326   76. 03   03951   LUTHERWOOD PARTNERSHI P   5. 702326   76. 04   03952   WOUND CARE CENTER   0. 305288   76. 04   03953   MAGIN MCOLOGY-CANCER CARE CENTER   0. 265984   76. 05   03954   BREAST DI AGNOSTI C CENTER   0. 176497   76. 06   76. 07   03954   BREAST DI AGNOSTI C CENTER   0. 570899   76. 07   07697 (ARDI AC REHABI LI TATI ON   0. 512658   76. 97   07698   MYDERBARI C DAYGEN THERAPY   0. 278442   76. 98   0000000   0000000   00000000   000000						
76. 03   03951   LUTHERWOOD PARTNERSHI P   5. 7/02326   76. 03   03952   WOUND CARE CENTER   0. 305288   76. 04   03952   WOUND CARE CENTER   0. 305288   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0. 265984   76. 05   03480   ONCOLOGY-CANCER CARE CENTER   0. 176497   76. 06   76. 07   03954   BRAST DI AGNOSTI C CENTER   0. 570899   76. 07   76. 07   07697   CARDI AC REHABI LI TATI ON   0. 570899   76. 97   76. 98   WHYERBARI C. OXYGEN THERAPY   0. 278442   76. 98   WHYERBARI C. OXYGEN THERAPY   0. 278442   76. 98   WHYERBARI C. OXYGEN THERAPY   0. 000000   WHYERBARI C. OXYGEN THERAPY   0. 0000000   0. 0000000   WHYERBARI C. OXYG						
76. 04 03952   WOUND CARE CENTER 0.305288 76.05 03480   ONCOLOGY-CANCER CARE CENTER 0.265984 76.05 03953   IMAGI NG CENTERS 0.176497 76.06 03953   IMAGI NG CENTERS 0.570899 76.07 03954   BREAST DI AGNOSTI C CENTER 0.570899 76.97   O7697   CARDI ACR REHABILLITATI ON 0.512658 76.98   O7698   HYPERBARI C OXYGEN THERAPY 0.278442 76.98   OUTPATT ENT SERVICE COST CENTERS   ONCOMO 0.500000   O9000   CLI NI C 0.000000   O9000   CLI NI C 0.000000   O9000   EDERRALLY QUALIFIED HEALTH CENTER 0.000000   O9000   O4951   HEALTHY HEARTS CENTER 0.000000   O9001   O4950   DI ABETI C CARE CENTER 0.000000   O9001   O4953   PEDERBALIS C CARE CENTER 0.000000   O9001   O4953   PEDERBALIS C CARE CENTER 0.000000   O9001   O4953   PEDERBALIS C CARE CENTER 0.000000   O9001   O9001   O4953   PEDERBALIS C CARE CENTER 0.000000   O9001   O9						
76. 05						
76. 06 03953   MAGING CENTERS			1			
76. 07	1	1	1			l
76. 97   07697   CARDI AC REHABILITATION   0. 512658   0. 278442   76. 97   76. 98   07698   HYPERBARIC OXYGEN THERAPY   0. 278442   76. 98   0. 278442   76		1				
76. 98   07698   HYPERBARI C OXYGEN THERAPY   0. 278442   76. 98     00		I .	1			
SERVICE COST CENTERS   SERVICE COST CENTER   SERVICE COST CENTER   SERVICE COST CENTER   SERVICE COST CENTER   SERVICE CENTERS   SE	1	I .				
88. 00 08800 RURAL HEALTH CLINIC 0.000000 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 90. 00 09000 CLINIC 0.000000 90. 01 04950 DIABETIC CARE CENTER 0.000000 90. 01 04950 DIABETIC CARE CENTER 0.000000 90. 01 090. 01 CLINIC 0.000000 90. 03 09001 CLINIC 0.000000 90. 03 09001 CLINIC 0.000000 90. 03 09001 CLINIC 0.000000 90. 04 04953 SPINE CENTER 0.000000 90. 05 04954 INFUSION CENTERS 0.413392 90. 06 09002 MEDCHECK CLINICS 0.000000 90. 07 09003 KNEE CENTER 1.133956 90. 07 09003 KNEE CENTER 1.133956 90. 07 09004 PALLIATIVE CARE 0.003166 90. 10 09006 WORK SITE CLINICS 0.000000 90. 10 09006 WORK SITE CLINICS 0.000000 90. 10 09100 EMERGENCY 0.134778 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 90. 10 09100 EMERGENCY 0.134778 91. 00 09100 DEBREGENCY 0.134778 91. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.810059 07HER REIMBURSABLE COST CENTERS 0.000000 201. 00 Less Observation Beds			0. 278442			/6.
89. 00       08900   FEDERALLY QUALIFIED HEALTH CENTER       0.000000       89. 00         90. 00   09000   CLINIC       0.000000       90. 00         90. 02   04951   HEALTHY HEARTS CENTER       0.000000       90. 02         90. 03   09001   CLINIC       0.000000       90. 03         90. 04   04953   SPINE CENTER       0.000000       90. 03         90. 05   04954   INFUSION CENTERS       0.413392       90. 04         90. 06   09002   MEDCHECK CLINICS       0.000000       90. 05         90. 07   09003   KNEE CENTER       1.133956       90. 07         90. 08   09004   PALLIATIVE CARE       0.003166       90. 08         90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE       0.000000       90. 12         91. 00   09100   EMERGENCY       0.134778       91. 00         92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)       0.810059       92. 00         07HER REIMBURSABLE COST CENTERS       0.000000       98. 00         200. 00   Less Observation Beds       0.000000       98. 00			0.000000			
90. 00   09000   CLINIC   0.000000   90. 01   90. 00   90. 01   90. 00   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 01   90. 02   90. 03   9001   CLINIC   0.000000   90. 03   90. 04   04953   SPINE CENTER   0.000000   90. 04   90. 05   90. 04   INFUSION CENTERS   0.413392   90. 05   90. 06   90. 07   90. 03   KNEE CENTER   1.133956   90. 07   90. 03   KNEE CENTER   1.133956   90. 07   90. 08   90. 04   PALLI ATI VE CARE   0.000000   90. 10   90. 12   90. 06   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 12   90. 00   90. 00   90. 12   90. 00   9						
90. 01						
90. 02  04951 HEALTHY HEARTS CENTER	•					
90. 03		1				l
90. 04   04953   SPINE CENTER   0.000000   90. 05   04954   INFUSION CENTERS   0.413392   90. 05   90. 06   09002   MEDCHECK CLINICS   0.000000   90. 06   90. 07   90. 08   09004   PALLIATIVE CARE   0.003166   90. 08   90. 09   PALLIATIVE CARE   0.000000   90. 10   90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE   0.000000   90. 12   91. 00   09100   EMERGENCY   0.134778   91. 00   92. 00   09200   DESERVATION BEDS (NON-DISTINCT PART)   0.810059   92. 00   09850   OTHER REIMBURSABLE COST CENTERS   0.000000   98. 00   09850   OTHER REIMBURSABLE COST CENTERS   0.000000   0000000   000000000000000		1	1 1			
90. 05			1 1			
90. 06						
90. 07		· ·	1			
90. 08			1 1			
90. 10						
90. 12   04961 FAMILY PRACTICE AND MATERNITY CARE   0. 000000   90. 12   91. 00   09100   EMERGENCY   0. 134778   91. 00   9200   OBSERVATION BEDS (NON-DISTINCT PART)   0. 810059   92. 00   O9850   OTHER REIMBURSABLE COST CENTERS   0. 000000   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00   201. 00   Control of the control of th			1 1			
91. 00   09100   EMERGENCY   0. 134778   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0. 810059   92. 00   OTHER REI MBURSABLE COST CENTERS   0. 000000   Subtotal (see instructions)   200. 00   201. 00   Less Observation Beds   201. 00			1 1			
92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0. 810059   92. 00						
OTHER REIMBURSABLE COST CENTERS   98.00   99850   OTHER REIMBURSABLE COST CENTERS   0.000000   98.00   200.00   Subtotal (see instructions)   200.00   201.00   Less Observation Beds   201.00						
98. 00			0. 810059			92. (
200. 00         Subtotal (see instructions)         200. 00           201. 00         Less Observation Beds         201. 00	OTHER	R REIMBURSABLE COST CENTERS				
201.00 Less Observation Beds 201.00	98.00 09850	O OTHER REIMBURSABLE COST CENTERS	0. 000000	·		98. (
	200. 00					
202.00   Total (see instructions)   202.00	201. 00					
	202. 00	Total (see instructions)				202. (

Heal th Financial Systems COMMUNITY HEA CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY | Peri od: | Worksheet C | From 01/01/2017 | Part II | To 12/31/2017 | Date/Time Prepared: Provider CCN: 15-0074

					10 12/31/201/	5/30/2018 11:	
			Ti ti	le XIX	Hospi tal	PPS	.,
	Cost Center Description	Total Cost		Operating Cos		Operating Cost	
	·	(Wkst. B, Part				Reduction	
		1, col. 26)	`II col. 26)	Cost (col. 1		Amount	
			Í	col . 2)			
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19, 274, 483	3, 084, 819	16, 189, 66	4 0	0	50. 00
51.00	05100 RECOVERY ROOM	2, 808, 111	341, 395	2, 466, 71	6 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 632, 838	233, 850	2, 398, 98	8 0	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	8, 637, 214	1, 414, 918	7, 222, 29	6 0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	2, 480, 220	527, 083	1, 953, 13	7 0	0	55. 00
57.00	05700 CT SCAN	4, 055, 701	455, 715	3, 599, 98	6 0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 815, 561	419, 448	1, 396, 11	3 0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	7, 931, 252	1, 508, 128	6, 423, 12	4 O	0	59. 00
60.00	06000 LABORATORY	15, 264, 224	628, 051	14, 636, 17	3 0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	453, 039	27, 269	425, 77	0	0	64. 00
65.00	06500 RESPI RATORY THERAPY	6, 267, 522	440, 031	5, 827, 49		_	65. 00
66.00	06600 PHYSI CAL THERAPY	8, 781, 644	1, 225, 207				66. 00
67.00	06700 OCCUPATI ONAL THERAPY	2, 140, 579	107, 507	2, 033, 07		_	67. 00
68. 00	06800 SPEECH PATHOLOGY	778, 875		1			68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 643, 164	546, 584				69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 396, 495					70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28, 207, 256	916, 580	27, 290, 67			71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	30, 366, 150	1				72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	130, 877, 114					73. 00
74.00	07400 RENAL DIALYSIS	1, 550, 908	46, 047	1, 504, 86	1 0	0	74.00
76.00	03330 ENDOSCOPY	510, 821	76, 674				76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 917, 213				_	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	5, 300, 221	1, 382, 904				76. 03
76. 04	03952 WOUND CARE CENTER	3, 648, 692	240, 375				76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	51, 758, 183				_	76. 05
76. 06	03953 I MAGI NG CENTERS	8, 740, 568	1, 599, 752	7, 140, 81			76. 06
76. 07	03954 BREAST DI AGNOSTI C CENTER	2, 347, 200	1				76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 903, 424					76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	784, 661	49, 502	735, 15	9 0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS		Г	T		I	
88. 00	08800 RURAL HEALTH CLINIC	0	1		0	_	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	(		0		89. 00
90. 00	09000 CLINIC	0	(		0		90.00
90. 01	04950 DI ABETI C CARE CENTER	0	(		0		90. 01
90. 02	04951 HEALTHY HEARTS CENTER	2, 929, 742	l '				90. 02
90. 03	09001 CLI NI C	0	(		0		90. 03
90. 04	04953 SPI NE CENTER	0	(		0		90. 04
90. 05	04954 I NFUSION CENTERS	1, 212, 771	351, 499	861, 27			90. 05
90.06	09002 MEDCHECK CLINICS	0	[ [	5 000 05	0		90.06
90. 07	09003 KNEE CENTER	5, 814, 788	515, 832			_	90. 07
90. 08	09004 PALLIATIVE CARE	24		2			90. 08
90. 10	09006 WORK SITE CLINICS	0	(		0		90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	27 500 043	1 77/ 545		0	_	90. 12
91. 00	09100 EMERGENCY	26, 598, 043				_	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 710, 491	666, 909	6, 043, 58	2 0	0	92. 00
00.00	OTHER REIMBURSABLE COST CENTERS	_	,	1			00.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	410 530 103			0		98. 00
200.00	,	418, 539, 192					200. 00 201. 00
201. 00 202. 00		6, 710, 491 411, 828, 701	666, 909 32, 093, 356				201.00
202. UL	Tiotal (Time 200 IIII lius Time 201)	411,020,701	JZ, U93, 350	317, 130, 34	٥ ا	u U	<sub> </sub> 202.00

REDUCTIONS FOR MEDICALD ONLY

Peri od: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 5/30/2018 11:17 am

		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost Net of	Total Charges				
The second secon	Capital and		Cost to Charge			
	Operating Cost					
	Reduction	8)	/ col . 7)			
	6. 00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS	0.00	7.00	0.00			
50. 00 05000 OPERATI NG ROOM	19, 274, 483	117, 735, 939	0. 163709			50.00
51. 00   05100   RECOVERY   ROOM	2, 808, 111	13, 302, 573				51.00
52. 00   05200   DELI VERY ROOM & LABOR ROOM	2, 632, 838	5, 909, 292				52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	8, 637, 214					54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	2, 480, 220	18, 084, 196			ŀ	55. 00
						1
57. 00   05700   CT   SCAN	4, 055, 701	74, 091, 086				57.00
58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)	1, 815, 561	15, 282, 377	0. 118801			58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	7, 931, 252		0. 046298			59. 00
60. 00   06000   LABORATORY	15, 264, 224					60. 00
64. 00   06400   I NTRAVENOUS THERAPY	453, 039	1, 048, 172	0. 432218			64. 00
65. 00  06500 RESPI RATORY THERAPY	6, 267, 522	27, 207, 090	0. 230364			65. 00
66. 00 06600 PHYSI CAL THERAPY	8, 781, 644	23, 456, 297	0. 374383			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	2, 140, 579	6, 475, 467	0. 330568			67.00
68. 00 06800 SPEECH PATHOLOGY	778, 875	2, 396, 812	0. 324963			68. 00
69. 00 06900 ELECTROCARDI OLOGY	4, 643, 164					69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 396, 495	6, 698, 651	0. 208474			70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28, 207, 256	89, 064, 893	0. 316705			71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	30, 366, 150	73, 707, 497	0. 411982			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	130, 877, 114		0. 223198			73. 00
						74.00
	1, 550, 908	3, 855, 504	0. 402258			•
76. 00   03330   ENDOSCOPY	510, 821	4, 603, 384	0. 110966			76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	19, 917, 213					76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	5, 300, 221	929, 484	5. 702326			76. 03
76.04  03952 WOUND CARE CENTER	3, 648, 692	11, 951, 630				76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	51, 758, 183		0. 265984			76. 05
76.06   03953   I MAGI NG CENTERS	8, 740, 568	49, 522, 507	0. 176497			76. 06
76. 07   03954 BREAST DIAGNOSTIC CENTER	2, 347, 200	4, 111, 407	0. 570899			76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 903, 424	3, 712, 853	0. 512658			76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	784, 661	2, 818, 044				76. 98
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	0.000000			88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000			89. 00
90. 00   09000   CLI NI C	0	0	0.000000			90.00
90. 01 04950 DI ABETI C CARE CENTER	0	0	0.000000			90. 01
90. 02 04951 HEALTHY HEARTS CENTER	2, 929, 742	4, 397, 050				90. 02
90. 03   09001   CLINI C	0	0	0. 000000			90. 03
90. 04   04953   SPI NE CENTER	0	١	0. 000000			90. 04
90. 05   04954   NFUSION CENTERS	1, 212, 771	2, 933, 710				90.05
90. 06   09002   MEDCHECK   CLINICS	1, 212, 771	2, 733, 710	0. 413342			90.06
	F 014 700	U F 107 077				
90. 07   09003   KNEE CENTER	5, 814, 788		1. 133956			90. 07
90. 08   09004   PALLI ATI VE CARE	24	7, 581	0. 003166			90. 08
90. 10 09006 WORK SITE CLINICS	0	0	0. 000000			90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0. 000000			90. 12
91. 00   09100   EMERGENCY	26, 598, 043					91. 00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 710, 491	8, 283, 956	0. 810059			92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000			98. 00
200.00 Subtotal (sum of lines 50 thru 199)	418, 539, 192	1, 995, 193, 666				200. 00
201.00 Less Observation Beds	6, 710, 491	0				201. 00
202.00 Total (line 200 minus line 201)	411, 828, 701	1, 995, 193, 666				202. 00
					!	

Health Financial Systems	COMMUNITY HEALTH	NETWORK, INC.		In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provi der C		Period: From 01/01/2017 To 12/31/2017	Date/Time Pre 5/30/2018 11:	
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	8, 311, 398	C	8, 311, 39			1
31.00   INTENSIVE CARE UNIT	1, 367, 863	l .	1, 367, 86			1
32.00 CORONARY CARE UNIT	767, 447	l .	767, 44	· ·		
43. 00 NURSERY	91, 739		91, 73		50. 99	43.00
200.00 Total (lines 30 through 199)	10, 538, 447		10, 538, 44	7 84, 329		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days					
		Capital Cost				
		(col. 5 x col.				
		6)	1			
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS		1				
30. 00 ADULTS & PEDIATRICS	17, 601					30. 00
31.00 INTENSIVE CARE UNIT	2, 497					31. 00
32.00 CORONARY CARE UNIT	2, 651		1			32. 00
43. 00 NURSERY	0	_	1			43. 00
200.00 Total (lines 30 through 199)	22, 749	2, 961, 998	3			200. 00

Heal th	Financial Systems C	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
	TIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0074	Peri od:	Worksheet D	
					From 01/01/2017	Part II	
					To 12/31/2017		
			T: +1 a	VVIII	Hooni tal	5/30/2018 11:	17 alli
	Cost Conton Decemintion	Coni tol		XVIII	Hospi tal t Inpati ent	PPS Capital Costs	
	Cost Center Description	Capi tal Rel ated Cost	Total Charges (from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,		to Charges			
			Part I, col.	(col . 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		26)	2.00	2.00	4.00	F 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4. 00	5. 00	
50. 00	05000 OPERATING ROOM	3, 084, 819	117, 735, 939	0. 02620	38, 931, 324	1, 020, 040	50.00
51.00	05100 RECOVERY ROOM	3, 084, 817	13, 302, 573	1			
52. 00	05200 DELIVERY ROOM & LABOR ROOM	233, 850	5, 909, 292				52.00
						122 2/0	
54.00	05400 RADI OLOGY - DI AGNOSTI C	1, 414, 918	52, 616, 663				
55. 00	05500 RADI OLOGY-THERAPEUTI C	527, 083	18, 084, 196				
57. 00	05700 CT SCAN	455, 715					
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	419, 448					
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 508, 128					
60.00	06000 LABORATORY	628, 051	148, 953, 118				
64. 00	06400 I NTRAVENOUS THERAPY	27, 269			•		
65.00	06500 RESPI RATORY THERAPY	440, 031	27, 207, 090	0. 01617			65. 00
66.00	06600 PHYSI CAL THERAPY	1, 225, 207	23, 456, 297	0. 05223	1, 592, 312	83, 173	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	107, 507	6, 475, 467	0. 01660	1, 251, 807	20, 782	67.00
68. 00	06800 SPEECH PATHOLOGY	39, 059	2, 396, 812	0. 01629	364, 951	5, 947	68. 00
69. 00	06900 ELECTROCARDI OLOGY	546, 584	51, 106, 184	0. 01069	6, 011, 465	64, 293	69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	184, 940	6, 698, 651				
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	916, 580	89, 064, 893				
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	722, 364	73, 707, 497	1			
73. 00	07300 DRUGS CHARGED TO PATIENTS	4, 882, 014	586, 373, 336	1			
74. 00	07400 RENAL DIALYSIS	46, 047	3, 855, 504	1			1
76. 00	03330 ENDOSCOPY	76, 674	4, 603, 384	1			
76. 00	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 421, 094	16, 180, 515				1
						0	
76. 03	03951 LUTHERWOOD PARTNERSHIP	1, 382, 904	929, 484			-	
76. 04	03952 WOUND CARE CENTER	240, 375	11, 951, 630				
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	5, 071, 168	194, 591, 141				
76. 06	03953 I MAGI NG CENTERS	1, 599, 752	49, 522, 507		•		
76. 07	03954 BREAST DIAGNOSTIC CENTER	148, 624	4, 111, 407				
76. 97	07697 CARDI AC REHABI LI TATI ON	368, 993					
76. 98	07698 HYPERBARI C OXYGEN THERAPY	49, 502	2, 818, 044	0. 01756	0 0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS		Г	1			
88. 00	08800 RURAL HEALTH CLINIC	0	0				
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				
90.00	09000 CLI NI C	0	0	1 0.0000		0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	0	0.00000	00	0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	339, 414	4, 397, 050	0. 07719	0 0	0	90. 02
90. 03	09001 CLI NI C	0	0	0.00000	0 0	0	90. 03
90.04	04953 SPI NE CENTER	0	0	0. 00000	0 0	0	90. 04
90. 05	04954 I NFUSI ON CENTERS	351, 499	2, 933, 710	0. 11981	4 0	0	90. 05
90.06	09002 MEDCHECK CLINICS	. 0		0. 00000		0	90.06
90. 07	09003 KNEE CENTER	515, 832	5, 127, 877	1		-	
90. 08	09004 PALLIATI VE CARE	1	7, 581	0. 00013		-	90. 08
90. 10	09006 WORK SITE CLINICS	Ö	,, 551	1		1	1
90. 10	04961 FAMILY PRACTICE AND MATERNITY CARE			0.00000		0	1
91. 00	09100 EMERGENCY	1, 776, 515	197, 347, 598	1			
91.00				1			
9Z. UU	09200 OBSERVATI ON BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	666, 909	8, 283, 956	0. 08050	0	0	92.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	1 0		0.00000	00 0	0	98. 00
200.00		1	1, 995, 193, 666		215, 140, 612		
200.00	I Total (Times so through 177)	1 32,700,203	1, 775, 175, 000	Т	213, 140, 012	2,000,494	<sub>1</sub> 200.00

	COMMUNITY HEALTH				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	TS Provider C		Peri od:	Worksheet D	
				From 01/01/2017 To 12/31/2017	Part III	narad.
				Γο 12/31/2017	Date/Time Pre 5/30/2018 11:	pared:
		Title	e XVIII	Hospi tal	PPS	17 aiii
Cost Center Description	Nursi na School	Nursing School	Allied Health	Allied Health	All Other	
p	Post-Stepdown		Post-Stepdown		Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	•					
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	(	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	)	0	0	31.00
32. 00 03200 CORONARY CARE UNIT	0	0	,	0	0	32.00
43. 00 04300 NURSERY	0	0	,	0	0	43.00
200.00 Total (lines 30 through 199)	0	0		0		200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)					
	4.00	5. 00	6. 00	7. 00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS			•			
30. 00 03000 ADULTS & PEDIATRICS	0	0	70, 02	7 0.00	17, 601	30.00
31. 00 03100 INTENSIVE CARE UNIT		1 0	6, 22	0.00	2, 497	31.00
32. 00 03200 CORONARY CARE UNIT		l 0	6, 28	0.00	2, 651	32.00
43. 00   04300 NURSERY		0	1, 79			1
200.00 Total (lines 30 through 199)		0	84, 32			200.00
Cost Center Description	Inpatient	_		- 1		
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00	1				
INDATIENT DOUTINE SERVICE COST CENTERS		•				

30. 00 31. 00

32. 00 43. 00 200. 00

30. 00 | 03000 | ADULTS & PEDIATRICS | 03100 | INTENSIVE CARE UNIT | 03200 | CORONARY CARE UNIT | 04300 | O4300 | NURSERY | Total (lines 30 through 199)

In Lieu of Form CMS-2552-10

| Period: | Worksheet D |
| From 01/01/2017 | Part IV |
| To 12/31/2017 | Date/Time Prepared: | 5/30/2018 | 11: 17 am | Provider CCN: 15-0074 THROUGH COSTS

						5/30/2018 11:	17 am
			Ti t	e XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	ol Allied Health	Allied Health	
	·	Anesthetist	Post-Stepdow	n	Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0		0	0 0	0	50.00
51.00	05100 RECOVERY ROOM	0		o	0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		ol	0 0	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0		ol	0	ol o	•
55. 00	05500 RADI OLOGY-THERAPEUTI C	0		ol	0	ol o	
57. 00	05700 CT SCAN	0		ol	0	ol o	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0			0	ol o	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0			0	ol o	
60.00	06000 LABORATORY	1 0		0		ol ő	
64. 00	06400 I NTRAVENOUS THERAPY			0			
65. 00	06500 RESPI RATORY THERAPY	0				ol ő	
66.00	06600 PHYSI CAL THERAPY			0			
67. 00	06700 OCCUPATI ONAL THERAPY	0					
68. 00	06800 SPEECH PATHOLOGY						
69. 00	06900 ELECTROCARDI OLOGY						
70.00	07000 ELECTROENCEPHALOGRAPHY	0					
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS						
73.00	07300 DRUGS CHARGED TO PATIENTS	0				632, 693	
		0				1	1
74.00	07400 RENAL DI ALYSI S					0	
76.00	03330 ENDOSCOPY	0			0 0		
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0				1	
76. 03 76. 04	03951 LUTHERWOOD PARTNERSHIP					0	
	03952 WOUND CARE CENTER	0					
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0				0	
76.06	03953 I MAGI NG CENTERS	0				0	
76. 07	03954 BREAST DI AGNOSTI C CENTER	0		0		0	
76. 97	07697 CARDI AC REHABI LI TATI ON	0		0	0 0	0	
76. 98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0 0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS	_		_	_		
88. 00	08800 RURAL HEALTH CLINIC	0		0	0 0	1	
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0 0	1	
90.00	09000 CLINIC	0		0	0 0	1	
90. 01	04950 DI ABETI C CARE CENTER	0		0	0	0	
90. 02	04951 HEALTHY HEARTS CENTER	0		0	0 0	0	
90. 03	09001 CLI NI C	0		0	0	0	
90. 04	04953 SPI NE CENTER	0		0	0	0	
90. 05	04954 INFUSION CENTERS	0		O	0	0	
90. 06	09002 MEDCHECK CLINICS	0		0	0 0	0	
90. 07	09003 KNEE CENTER	0		0	0 0	0	
90. 08	09004 PALLI ATI VE CARE	0		0	0 0	0	
90. 10	09006 WORK SITE CLINICS	0		O	O C	0	
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0		0	0 0	0	
91. 00	09100 EMERGENCY	0	l	O	0 0	1, 837, 369	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						1
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	•	0	0 0	1	
200.00	Total (lines 50 through 199)	0		0	0 0	2, 470, 062	200. 00

| Peri od: | Worksheet D | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: 
 Heal th Financial
 Systems
 COMMUNITY HEALTH N

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

			Т	o 12/31/2017	Date/Time Pre 5/30/2018 11:	
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of col 1	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	through col.	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col. 2, 3 and	8)	7)	
			4)	7.00	0.00	
ANCILLARY SERVICE COST CENTERS	4. 00	5. 00	6. 00	7. 00	8. 00	
50. 00 05000 OPERATING ROOM	0	0	) (	117, 735, 939	0. 000000	50. 00
51. 00   05100   RECOVERY   ROOM	0	0			0.000000	51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	o o	Ö			0. 000000	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	Ö			0. 000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	Ö			0. 000000	55. 00
57. 00   05700   CT   SCAN	o o	Ö			0. 000000	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	Ö			0. 000000	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	Ö			0. 000000	59. 00
60. 00   06000   LABORATORY	0	Ö			0. 000000	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	Ö			0. 000000	64. 00
65. 00 06500 RESPI RATORY THERAPY	0	Ö			0. 000000	65. 00
66. 00   06600   PHYSI CAL THERAPY	0	Ö			0. 000000	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0			0. 000000	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	0		2, 396, 812	0. 000000	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	Ö			0. 000000	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	o o	Ö			0. 000000	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ö			0. 000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	Ö			0. 000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	632, 693	632, 693		0. 001079	73. 00
74.00 07400 RENAL DIALYSIS	0	O		3, 855, 504	0. 000000	74. 00
76. 00 03330 ENDOSCOPY	0	O	) (	4, 603, 384	0.000000	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	O	) (		0.000000	76. 01
76. 03 03951 LUTHERWOOD PARTNERSHIP	0	O	) (		0.000000	76. 03
76. 04 03952 WOUND CARE CENTER	0	Ö	) (	11, 951, 630	0.000000	76. 04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	) (	194, 591, 141	0.000000	76. 05
76.06 03953 I MAGING CENTERS	0	0	) (	49, 522, 507	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	) (	4, 111, 407	0.000000	76. 07
76. 97   07697   CARDI AC   REHABI LI TATI ON	0	0	) (	3, 712, 853	0.000000	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0	) (	2, 818, 044	0. 000000	76. 98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0			0. 000000	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	1		0. 000000	89. 00
90. 00   09000   CLI NI C	0	0	1	-	0. 000000	90.00
90. 01   04950   DI ABETI C CARE CENTER	0	0		,	0. 000000	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	0	0		., ,	0. 000000	90. 02
90. 03   09001   CLI NI C	0	0		,	0.000000	90. 03
90. 04   04953   SPI NE CENTER	0	0		,	0.000000	90. 04
90. 05 04954 I NFUSION CENTERS	0	0		2, 700, 7.10	0.000000	90. 05
90. 06   09002   MEDCHECK CLINICS	0	0		,	0.000000	90.06
90. 07   09003   KNEE CENTER 90. 08   09004   PALLI ATI VE CARE					0. 000000 0. 000000	90. 07
90. 08   09004   PALLIATI VE CARE 90. 10   09006   WORK SITE CLINICS	0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 000000	90. 08 90. 10
90. 10   09000   WORK STIE CLINICS 90. 12   04961   FAMILY PRACTICE AND MATERNITY CARE		0			0. 000000	90. 10
91. 00 09100 EMERGENCY		1 027 240	1 027 240	107 247 500	0. 000000	91. 00
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)		1, 837, 369	1, 837, 369		0.009310	91.00
OTHER REIMBURSABLE COST CENTERS	0		1	0, 203, 930	0.000000	72.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		) 0	0. 000000	98. 00
200.00 Total (lines 50 through 199)	0	2, 470, 062	2, 470, 062	1, 995, 193, 666		200.00
	1	2,, 002	2,, 002	., ., ., ., ., ., ., ., ., ., ., ., ., .	ı	

| Peri od: | Worksheet D | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12 
 Heal th Financial
 Systems
 COMMUNITY
 HEALTH N

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

			Ic	12/31/2017	Date/lime Pre 5/30/2018 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.	J	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	38, 931, 324	0	4, 114, 327	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	2, 540, 740	l o	1, 269, 720	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0	l o	0	0	52.00
54. 00   05400 RADI OLOGY-DI AGNOSTI C	0. 000000	4, 587, 690	0	11, 314, 525	0	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0. 000000	2, 550, 830	0	7, 148, 528	0	55. 00
57. 00   05700   CT   SCAN	0. 000000	7, 764, 082		12, 645, 721	Ö	57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	1, 686, 238	- 1	2, 761, 997	ĺ	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	26, 630, 662		40, 159, 076		59.00
60. 00   06000   LABORATORY	0. 000000	28, 014, 677		19, 798, 744	0	60.00
64. 00   06400   I NTRAVENOUS THERAPY	0. 000000	397, 915		17, 770, 744		64. 00
65. 00   06500   RESPI RATORY THERAPY	1	9, 257, 389	_	241 502		65.00
	0.000000		1	341, 593		
66. 00   06600   PHYSI CAL THERAPY	0. 000000	1, 592, 312	0	30, 230	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 251, 807	0	21, 211	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	364, 951	0	3, 297	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	6, 011, 465	0	11, 700, 994	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	507, 650		1, 071, 246	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	19, 502, 356		11, 365, 974	0	71. 00
72.00 O7200 MPL. DEV. CHARGED TO PATIENTS	0. 000000	22, 222, 432		10, 247, 227	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001079	23, 229, 142	25, 064	197, 336, 805	212, 926	73. 00
74. 00   07400   RENAL DI ALYSI S	0. 000000	1, 964, 591	0	0	0	74. 00
76. 00   03330   ENDOSCOPY	0. 000000	122, 558	0	632, 152	0	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	0	0	769, 860	0	76. 01
76. 03  03951 LUTHERWOOD PARTNERSHIP	0. 000000	0	0	0	0	76. 03
76.04   03952   WOUND CARE CENTER	0. 000000	6, 984	0	4, 978, 165	0	76. 04
76.05   03480   ONCOLOGY-CANCER CARE CENTER	0. 000000	322, 829	0	65, 366, 171	0	76. 05
76.06 03953 I MAGING CENTERS	0. 000000	17, 127	0	12, 924, 970	0	76. 06
76.07 03954 BREAST DIAGNOSTIC CENTER	0. 000000	996	0	82, 489	0	76. 07
76. 97   07697 CARDIAC REHABILITATION	0. 000000	1, 405	0	1, 538, 359	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0	0	0	0	76. 98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0. 000000	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89. 00
90. 00  09000   CLI NI C	0. 000000	0	0	0	0	90.00
90. 01   04950 DIABETIC CARE CENTER	0. 000000	0	0	0	0	90. 01
90. 02   04951   HEALTHY HEARTS CENTER	0. 000000	0	0	2, 254, 754	0	90. 02
90. 03  09001 CLI NI C	0. 000000	0	0	0	0	90. 03
90. 04   04953   SPI NE CENTER	0. 000000	0	0	0	0	90. 04
90. 05   04954   I NFUSI ON CENTERS	0. 000000	0	0	1, 026, 382	0	90. 05
90. 06 09002 MEDCHECK CLINICS	0. 000000	0	o		0	90. 06
90. 07   09003   KNEE CENTER	0. 000000	0	0	0	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0. 000000	0	ا	0	0	90. 08
90. 10 09006 WORK SITE CLINICS	0. 000000	0	٥	0	Ö	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0	١	0	Ö	90. 12
91. 00   09100   EMERGENCY	0. 009310	15, 660, 460	145, 799	23, 301, 106		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	13, 000, 400		5, 965, 340		92.00
OTHER REIMBURSABLE COST CENTERS	3. 000000		·	5, 705, 540	0	/2.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0. 000000	0	0	0	0	98. 00
200.00 Total (lines 50 through 199)		215, 140, 612	170, 863	450, 170, 963		
						•

APPORT	TONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der C	CN: 15-0074	Peri od:	Worksheet D	
					From 01/01/2017 To 12/31/2017		narod:
					10 12/31/2017	5/30/2018 11:	17 am
			Ti tl e	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see		Rei mbursed	(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.) 3.00	(see inst.) 4.00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00	05000 OPERATI NG ROOM	0. 163709	4, 114, 327	,	0 0	673, 552	50.00
51. 00	05100 RECOVERY ROOM	0. 211095		1	0 0		
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0. 445542	0,207,720		o o		
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 164154	11, 314, 525		o o		1
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 137148		•	0 0	980, 406	
57. 00	05700 CT SCAN	0. 054739			0 0		
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 118801	2, 761, 997	1	0 0		1
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 046298		1	0 0		1
60.00	06000 LABORATORY	0. 102477	19, 798, 744		0 0	2, 028, 916	60.00
64.00	06400 I NTRAVENOUS THERAPY	0. 432218	0		0 0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0. 230364	341, 593		0 0	78, 691	65.00
66.00	06600 PHYSI CAL THERAPY	0. 374383	30, 230		0 0	11, 318	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 330568			0	7, 012	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 324963	3, 297	'	0	1, 071	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0. 090853			0	1, 063, 070	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 208474	1, 071, 246		0	223, 327	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 316705	11, 365, 974		0	3, 599, 661	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 411982	10, 247, 227	1	0	4, 221, 673	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 223198		1, 35	349, 492	44, 045, 180	
74. 00	07400 RENAL DI ALYSI S	0. 402258	l e	)	0	0	
76. 00	03330 ENDOSCOPY	0. 110966	1	1	0	70, 147	
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1. 230938	769, 860	)	0	947, 650	
76. 03	03951 LUTHERWOOD PARTNERSHIP	5. 702326		)	0	0	
76. 04	03952 WOUND CARE CENTER	0. 305288			0 0		1
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0. 265984	65, 366, 171				1
76. 06	03953 I MAGI NG CENTERS	0. 176497	12, 924, 970		0		1
76. 07	03954 BREAST DI AGNOSTI C CENTER	0. 570899	1	1	0	,	
76. 97 76. 98	07697 CARDI AC REHABI LI TATI ON	0. 512658	1, 538, 359		0 0		
76. 98	O7698   HYPERBARI C OXYGEN THERAPY   OUTPATIENT SERVICE COST CENTERS	0. 278442		<u>'</u>	0 0	0	76. 98
88. 00	08800 RURAL HEALTH CLINIC	0. 000000				0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	1
90. 00	09000 CLINIC	0. 000000			0	0	1
90. 01	04950 DIABETIC CARE CENTER	0. 000000			0 0	o o	1
90. 02	04951 HEALTHY HEARTS CENTER	0. 666297	2, 254, 754		0 0	1, 502, 336	
90. 03	09001 CLINI C	0. 000000			0 0	0	
90. 04	04953 SPI NE CENTER	0. 000000	ł		0 0	Ō	1
	04954 INFUSION CENTERS	0. 413392	ł		0 0	424, 298	
	09002 MEDCHECK CLINICS	0. 000000		1	0 0		1
	09003 KNEE CENTER	1. 133956			0 0	0	
90. 08	09004 PALLI ATI VE CARE	0. 003166	l c		0 0	0	90. 08
90. 10	09006 WORK SITE CLINICS	0. 000000	l c		0 0	0	1
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0		0 0	0	90. 12
91.00	09100 EMERGENCY	0. 134778	23, 301, 106		0 171	3, 140, 476	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 810059	5, 965, 340	1, 65	57 54	4, 832, 277	92. 00
	OTHER REIMBURSABLE COST CENTERS						
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0. 000000			0 0		
200.00			450, 170, 963	25, 03			
201.00					0		201. 00
000 5	Only Charges		450 470 6:-		2.2 5	04 070 1	000 05
202.00	Net Charges (line 200 - line 201)	1	450, 170, 963	25, 03	349, 909	94, 879, 138	J202. 00

Health Financial Systems COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2017 Part V Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am Title XVIII Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 50.00 51.00 05100 RECOVERY ROOM 0000000000000000 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 0 52 00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54.00 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 57.00 05700 CT SCAN 0 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 58.00 59.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 06000 LABORATORY 60.00 0 60.00 06400 I NTRAVENOUS THERAPY 0 64 00 64 00 65.00 06500 RESPIRATORY THERAPY 0 65.00 06600 PHYSI CAL THERAPY 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 68 00 69.00 06900 ELECTROCARDI OLOGY 0 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 70.00 0 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 302 78,006 73.00 07400 RENAL DIALYSIS 0 74.00 0 74.00 0 03330 ENDOSCOPY 76.00 0 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76.01 0 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 0 0 76.03 03952 WOUND CARE CENTER 0 76. 04 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 51 76.05 5,857 03953 I MAGING CENTERS 76.06 0 C 76.06 76. 07 03954 BREAST DIAGNOSTIC CENTER 0 0 76.07 07697 CARDIAC REHABILITATION 0 76. 97 0 76. 97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 0 0 76. 98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 0000000000 89.00 0 0 90.00 09000 CLI NI C 90.00 90.01 04950 DIABETIC CARE CENTER 0 90.01 90. 02 04951 HEALTHY HEARTS CENTER 0 90.02 90.03 09001 CLI NI C 0 90.03 90.04 04953 SPINE CENTER 0 90.04 90.05 04954 INFUSION CENTERS 90.05 09002 MEDCHECK CLINICS 0 90.06 90.06 09003 KNEE CENTER 0 90 07 90 07 90.08 09004 PALLIATIVE CARE 0 90.08 09006 WORK SITE CLINICS 0 90. 10 0 90.10

0

1, 342

7,501

7, 501

0

23

44

0

78, 124

78, 124

90 12

91.00

92.00

98 00

200.00

201.00

202.00

90 12

91.00

92.00

98 00

200.00

201.00

202.00

09100 EMERGENCY

04961 FAMILY PRACTICE AND MATERNITY CARE

09850 OTHER REIMBURSABLE COST CENTERS

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

OTHER REIMBURSABLE COST CENTERS

Only Charges

09200 OBSERVATION BEDS (NON-DISTINCT PART)

Health Financial Systems	COMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPIT	AL COSTS			Period: From 01/01/2017 To 12/31/2017	Date/Time Pre 5/30/2018 11:	pared: 17 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col			
	26)		2)			
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8, 311, 398	C	8, 311, 39	8 70, 027	118. 69	30.00
31.00 INTENSIVE CARE UNIT	1, 367, 863		1, 367, 86	6, 220	219. 91	31.00
32.00 CORONARY CARE UNIT	767, 447		767, 44	7 6, 283	122. 15	32.00
43. 00 NURSERY	91, 739		91, 73	9 1, 799	50. 99	43.00
200.00 Total (lines 30 through 199)	10, 538, 447		10, 538, 44	7 84, 329		200. 00
Cost Center Description	I npati ent	Inpati ent		•		
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	3, 348	397, 374				30.00
31.00 INTENSIVE CARE UNIT	0	C				31.00
32.00 CORONARY CARE UNIT	0	C				32. 00
43. 00 NURSERY	1, 750	89, 233	s			43.00
200.00 Total (lines 30 through 199)	5, 098					200. 00

Heal th	Health Financial Systems COMMUNITY HEALTH NETWORK, INC. In Lieu of Form CMS-2552-10						
APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0074	Peri od:	Worksheet D	
					From 01/01/2017	Part II	
					To 12/31/2017	Date/Time Pre 5/30/2018 11:	pared:
			T: +1	e XIX	Hospi tal	PPS	17 alli
	Cost Contar Description	Capi tal				Capital Costs	
	Cost Center Description	Related Cost	Total Charges (from Wkst. C,		t Inpatient Program	(column 3 x	
		(from Wkst. B,		(col . 1 ÷ col		column 4)	
		Part II, col.	8)	2)	. Charges	COTUMNT 4)	
		26)	0)	2)			
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00	05000 OPERATING ROOM	3, 084, 819	117, 735, 939	0. 02620	01 681, 284	17, 850	50.00
51. 00	05100 RECOVERY ROOM	341, 395					
52. 00	05200 DELIVERY ROOM & LABOR ROOM	233, 850		1	•		
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 414, 918				l	
55. 00	05500 RADI OLOGY - THERAPEUTI C	527, 083		1		1	
57. 00	05700 CT SCAN	455, 715				l	1
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	419, 448				1	1
59. 00	05900 CARDI AC CATHETERI ZATI ON						
		1, 508, 128					
60.00	06000 LABORATORY	628, 051	148, 953, 118			l	
64. 00	06400 I NTRAVENOUS THERAPY	27, 269				l	
65.00	06500 RESPI RATORY THERAPY	440, 031				l	
66.00	06600 PHYSI CAL THERAPY	1, 225, 207	23, 456, 297			l	
67. 00	06700 OCCUPATI ONAL THERAPY	107, 507	1	1		l	
68. 00	06800 SPEECH PATHOLOGY	39, 059				l	1
69. 00	06900 ELECTROCARDI OLOGY	546, 584	51, 106, 184			1	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	184, 940				1	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	916, 580		1			
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	722, 364	73, 707, 497			1, 711	
73. 00	07300 DRUGS CHARGED TO PATIENTS	4, 882, 014	586, 373, 336	0. 00832	26 2, 126, 143	17, 702	73. 00
74. 00	07400 RENAL DIALYSIS	46, 047	3, 855, 504	0. 01194	151, 134	1, 805	74.00
76. 00	03330 ENDOSCOPY	76, 674	4, 603, 384	0. 01665	41, 188	686	76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 421, 094	16, 180, 515	0. 14963	0 0	0	76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	1, 382, 904	929, 484	1. 48781	9 0	0	76. 03
76. 04	03952 WOUND CARE CENTER	240, 375	11, 951, 630	0. 02011	1, 741	35	76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	5, 071, 168	194, 591, 141	0. 02606	30, 027	783	76. 05
76.06	03953 I MAGI NG CENTERS	1, 599, 752	49, 522, 507	0. 03230	7, 481	242	76. 06
76. 07	03954 BREAST DIAGNOSTIC CENTER	148, 624	4, 111, 407	0. 03614	19 0	0	76. 07
76. 97	07697 CARDI AC REHABI LI TATI ON	368, 993	3, 712, 853	0. 09938	0	0	76. 97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	49, 502	2, 818, 044	0. 01756	0	0	76. 98
	OUTPATIENT SERVICE COST CENTERS	<u>,                                      </u>					1
88. 00	08800 RURAL HEALTH CLINIC	0	0	0.00000	00	0	88. 00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.00000	0 0	0	89. 00
90.00	09000 CLI NI C	0	0	0.00000	00	0	90.00
90. 01	04950 DI ABETI C CARE CENTER	0	l o	0.00000	00	0	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	339, 414	4, 397, 050			6	90. 02
90. 03	09001 CLI NI C	0		0. 00000		0	1
90. 04	04953 SPI NE CENTER	0	0	0.00000		0	90. 04
90. 05	04954 I NFUSI ON CENTERS	351, 499	2, 933, 710			0	1
	09002 MEDCHECK CLINICS	0	0	0.00000		0	1
	09003 KNEE CENTER	515, 832	5, 127, 877			l	1
	09004 PALLI ATI VE CARE	1	7, 581			l o	90. 08
90. 10		0	,, 551	1		0	1
90. 12		0	l o	0. 00000		Ö	1
91. 00	09100 EMERGENCY	1, 776, 515	197, 347, 598	1		9, 617	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	666, 909					92.00
72.00	OTHER REIMBURSABLE COST CENTERS	000, 707	0, 200, 700	0.00000	70, 41,077	5, 307	/2.00
98. 00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.00000	00 0	0	98. 00
200.00		32, 760, 265	1, 995, 193, 666		10, 343, 077		
	1 ( c oag,,)		, , , , , , , , , , , , , , , , ,	I .	1 27 3 137 377	.02, 700	,

		. NETWORK INC			6.5. 0110	
Health Financial Systems	COMMUNITY HEALTH		CN 15 0074		u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS	TS Provider C		Period: From 01/01/2017	Worksheet D Part III	
				To 12/31/2017		pared.
			'	12/01/201/	5/30/2018 11:	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Nursing School	Allied Health	Allied Health	All Other	
	Post-Stepdown		Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	C	0	(	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	C	0	(	0	0	31.00
32. 00   03200   CORONARY CARE UNIT	C	0	(	0	0	32. 00
43. 00   04300 NURSERY	C	0	(	0	0	43.00
200.00 Total (lines 30 through 199)	C	0		0	0	200. 00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)	minus col. 4)				
	4. 00	5.00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	C	0	70, 02	7 0.00	3, 348	30.00
31.00 03100 INTENSIVE CARE UNIT		0	6, 220	0.00	0	31.00
32. 00 03200 CORONARY CARE UNIT		0	6, 283	0.00	0	32.00
43. 00   04300 NURSERY		0	1, 799	0.00	1, 750	43.00
200.00 Total (lines 30 through 199)		0	84, 329	9	5, 098	200.00
Cost Center Description	I npati ent					
· ·	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9. 00					
INDATI ENT DOUTINE SERVICE COST CENTERS						

30. 00 31. 00

32. 00 43. 00 200. 00

30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 032. 00 04300 O4300 NURSERY Total (lines 30 through 199)

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12/3 Provider CCN: 15-0074 THROUGH COSTS

			'	10 12/31/2017	5/30/2018 11:	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1. 00	2A	2. 00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00   05000   OPERATI NG ROOM	0	-	1	1	0	50. 00
51.00   05100   RECOVERY ROOM	0	1	1	0	0	51. 00
52.00  05200   DELIVERY ROOM & LABOR ROOM	0	C	) (	0	0	52. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	C	) (	0	0	54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	C	) (	0	0	55. 00
57. 00  05700   CT   SCAN	0	C	1	0	0	57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0	C	)	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	1	)	0	0	59. 00
60. 00   06000   LABORATORY	0	C	1	0	0	60.00
64. 00   06400   I NTRAVENOUS THERAPY	0	C	)	0	0	64. 00
65. 00 06500 RESPI RATORY THERAPY	0	C	)	0	0	65. 00
66. 00   06600   PHYSI CAL THERAPY	0	C	1	0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0	C	)	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0	C	)	0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	C	1	0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C	)	0	0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			0	0	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0		1	0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0			1	632, 693	
74. 00   07400   RENAL DI ALYSI S	0			٥	0	74. 00
76. 00   03330   ENDOSCOPY	0			0	0	76. 00
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			0	0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P	0			٥	0	76. 03
76. 04 03952 WOUND CARE CENTER	0		)	0	0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0			0	0	76. 05
76. 06   03953   I MAGI NG CENTERS	0				0	76.06
76. 07 03954 BREAST DIAGNOSTIC CENTER	0	1	1	0	0	76. 07
76. 97 07697 CARDI AC REHABI LI TATI ON	0		1	0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	C	)  (	0	0	76. 98
OUTPATIENT SERVICE COST CENTERS					0	00 00
88.00   08800 RURAL HEALTH CLINIC 89.00   08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0		88. 00 89. 00
90. 00   08900  FEDERALLY QUALIFIED HEALTH CENTER		1		-	0	90.00
90. 00   09000   CETNIC 90. 01   04950   DI ABETI C CARE CENTER	0				0	90.00
90. 01   04930 DI ABETTO CARE CENTER 90. 02   04951   HEALTHY HEARTS CENTER	0				0	90.01
90. 03   09001 CLI NI C	0				0	90.02
90. 04   04953   SPI NE CENTER					0	90.03
90. 05   04954   NFUSION CENTERS					0	90.04
90. 06   09002   MEDCHECK   CLINICS	0				0	90.06
90. 07   09003   KNEE CENTER					0	90.07
90. 08   09004 PALLI ATI VE CARE					0	90.08
90. 10   09006   WORK SITE CLINICS	0				0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0				0	90. 10
91. 00   09100   EMERGENCY	0	1			1, 837, 369	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	-		-	1, 037, 307	92.00
OTHER REIMBURSABLE COST CENTERS				1	<u> </u>	1 /2.00
98. 00 09850 OTHER REIMBURSABLE COST CENTERS	0	С		0	0	98. 00
200.00 Total (lines 50 through 199)	0			o o		
	'	'	'	1	,,	

| Peri od: | Worksheet D | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12 
 Heal th Financial
 Systems
 COMMUNITY HEALTH N

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

						lo 12/31/2017	Date/lime Prep   5/30/2018 11:	
				Titl	e XIX	Hospi tal	PPS	
	Cost Center Description	All Other	Total	Cost	Total	Total Charges	Ratio of Cost	
		Medi cal	(sum of	col 1	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	through	n col.	Cost (sum of		(col. 5 ÷ col.	
			4)		col. 2, 3 and	8)	7)	
					4)			
	ANOULL ARV. CERVI OF COCT. OFNITERS	4.00	5.0	00	6. 00	7. 00	8. 00	
50. 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM	0	l	0	<u> </u>	117, 735, 939	0. 000000	50. 00
50.00	05100 RECOVERY ROOM	0		0		117, 735, 939 13, 302, 573		50.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0		0		5, 909, 292		51.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0		0		52, 616, 663		54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0		0		18, 084, 196		55. 00
57. 00	05700 CT SCAN	0		0		74, 091, 086		57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0		0		15, 282, 377	0. 000000	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0		0		171, 309, 782		59. 00
60.00	06000 LABORATORY	0		0		148, 953, 118		60.00
64.00	06400 I NTRAVENOUS THERAPY	0		0		1, 048, 172		64.00
65.00	06500 RESPIRATORY THERAPY	0		0		27, 207, 090		65. 00
66.00	06600 PHYSI CAL THERAPY	0		0		23, 456, 297	0.000000	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0		0	(	6, 475, 467	0.000000	67. 00
68.00	06800 SPEECH PATHOLOGY	0		0	(	2, 396, 812	0.000000	68. 00
69.00	06900 ELECTROCARDI OLOGY	0		0	(	51, 106, 184	0.000000	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	(	6, 698, 651	0.000000	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	(	89, 064, 893	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	(	73, 707, 497		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	(	32, 693	632, 693	586, 373, 336	0. 001079	73. 00
74. 00	07400 RENAL DI ALYSI S	0		0	(	-, -, -, -, -, -, -, -, -, -, -, -, -, -		74.00
76. 00	03330 ENDOSCOPY	0		0		4, 603, 384		76. 00
76. 01	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		0		16, 180, 515		76. 01
76. 03	03951 LUTHERWOOD PARTNERSHIP	0		0		929, 484		76. 03
76. 04	03952 WOUND CARE CENTER	0		0		11, 951, 630		76. 04
76. 05	03480 ONCOLOGY-CANCER CARE CENTER	0		0		194, 591, 141	0.000000	76. 05
76.06	03953 I MAGI NG CENTERS	0		0		49, 522, 507		76. 06
76. 07 76. 97	03954 BREAST DIAGNOSTIC CENTER 07697 CARDIAC REHABILITATION	0		0		4, 111, 407		76. 07
76. 97 76. 98	07698 HYPERBARI C OXYGEN THERAPY	0		0		3, 712, 853 2, 818, 044		76. 97 76. 98
70. 90	OUTPATIENT SERVICE COST CENTERS	U		U		2,010,044	0.000000	70. 90
88. 00	08800 RURAL HEALTH CLINIC	0		0	(	0	0.000000	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0			0. 000000	89. 00
90.00	09000 CLI NI C	0		0			0.000000	90. 00
90. 01	04950 DI ABETI C CARE CENTER	0		0		0	0.000000	90. 01
90. 02	04951 HEALTHY HEARTS CENTER	0		0	(	4, 397, 050	0.000000	90. 02
90. 03	09001 CLI NI C	0		0	(	0	0.000000	90. 03
90. 04	04953 SPI NE CENTER	0		0	(	0	0.000000	90. 04
90. 05	04954 INFUSION CENTERS	0		0	(	2, 933, 710	0.000000	90. 05
90.06	09002 MEDCHECK CLINICS	0		0	(	0	0.000000	90. 06
90. 07	09003 KNEE CENTER	0		0	(	5, 127, 877	0.000000	90. 07
90. 08	09004 PALLIATIVE CARE	0		0		7, 581	0. 000000	90. 08
90. 10	09006 WORK SITE CLINICS	0		0		0		90. 10
90. 12	04961 FAMILY PRACTICE AND MATERNITY CARE	0		0		0	0.000000	90. 12
91.00	09100 EMERGENCY	0	1, 8	337, 369				91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0		8, 283, 956	0.000000	92. 00
00.00	OTHER REIMBURSABLE COST CENTERS	0			,		0.000000	00.00
98. 00 200. 00	09850 OTHER REIMBURSABLE COST CENTERS	_	l .	0 062		0 1 005 102 666	0. 000000	98. 00 200. 00
200. UC	Total (lines 50 through 199)	0	1 2,2	170, 062	2,470,062	2 1, 995, 193, 666	l l	200.00

| Peri od: | Worksheet D | From 01/01/2017 | Part IV | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | Date/Time Prepared: | To 12/31/2017 | To 12 
 Heal th Financial
 Systems
 COMMUNITY
 HEALTH N

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

			10	12/31/2017	Date/lime Pre 5/30/2018 11:	
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
·	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	J	Costs (col. 8	J	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	681, 284	0	0	0	50.00
51.00   05100   RECOVERY ROOM	0. 000000	110, 792	0	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0. 000000	331, 490	0	0	0	52. 00
54. 00   05400 RADI OLOGY-DI AGNOSTI C	0. 000000	290, 150	0	0	0	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0. 000000	170, 328	0	0	0	55. 00
57. 00   05700   CT   SCAN	0. 000000	530, 674	0	0	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	101, 440	o	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	353, 852	o	0	0	59. 00
60. 00   06000   LABORATORY	0. 000000	2, 103, 794	o	0	0	60.00
64.00 06400 I NTRAVENOUS THERAPY	0. 000000	35, 449	ol ol	0	0	64.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	790, 395		0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	116, 197	1	0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	72, 117	l o	0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	33, 088		0	0	68. 00
69. 00   06900   ELECTROCARDI OLOGY	0. 000000	238, 090		0	0	69.00
70. 00 07000 ELECTROCARDI OLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	40, 677	0	0	0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	701, 426		0	0	71.00
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS	1 1	174, 620		0	0	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000 0. 001079		1	0	0	72.00
73.00   07300   DRUGS CHARGED TO PATTENTS 74.00   07400   RENAL DIALYSIS	1	2, 126, 143	2, 294	0	0	74.00
+ I	0.000000	151, 134	0	0	0	76.00
	0.000000	41, 188 0	0	0	0	
76. 01   03550   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76. 03   03951   LUTHERWOOD PARTNERSHI P	0.000000	0	0	Ŭ	0	76. 01
+ I	0.000000	1 741		0		76. 03
76. 04 03952 WOUND CARE CENTER	0.000000	1, 741	0	0	0	76. 04
76. 05 03480 ONCOLOGY-CANCER CARE CENTER	0.000000	30, 027	1	0	0	76. 05
76. 06   03953   IMAGING CENTERS	0.000000	7, 481	0	0	0	76.06
76. 07 03954 BREAST DI AGNOSTI C CENTER	0. 000000	0		0	0	76. 07
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 000000	0		0	0	76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY	0. 000000	0	0	0	0	76. 98
OUTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC	0. 000000	0	O	0	0	1 00 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0	0	88. 00 89. 00
	1	0		0	0	90.00
	0.000000	0		0	0	90.00
	0.000000	•	١	ŭ	0	1
90. 02 04951 HEALTHY HEARTS CENTER	0.000000	82	1	0	_	90. 02
90. 03   09001   CLI NI C	0.000000	0		0	0	90. 03
90. 04   04953   SPI NE CENTER	0.000000	0		0	0	90. 04
90. 05   04954   I NFUSI ON CENTERS	0. 000000	0	1	0	0	90. 05
90. 06 09002 MEDCHECK CLINICS	0. 000000	0	1	0	0	90. 06
90. 07   09003   KNEE CENTER	0. 000000	0	0	0	0	90. 07
90. 08   09004   PALLI ATI VE CARE	0. 000000	0	0	0	0	90. 08
90. 10   09006   WORK SITE CLINICS	0. 000000	0	0	0	0	90. 10
90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE	0. 000000	0	0	0	0	90. 12
91. 00   09100   EMERGENCY	0. 009310	1, 068, 321	9, 946	0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	41, 097	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS						
98. 00   09850   OTHER REIMBURSABLE COST CENTERS	0. 000000	0	0	0	0	98. 00
200.00   Total (lines 50 through 199)	1 1	10, 343, 077	12, 240	0	0	200. 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2017 Part V Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am Title XIX Hospi tal PPS Charges Costs Cost to Charge PPS Reimbursed PPS Services Cost Center Description Cost Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1. 00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 163709 310, 419 0 50.00 51.00 05100 RECOVERY ROOM 0. 211095 0 0 114, 861 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52 00 0 445542 0 52 00 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.164154 0 846, 440 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0. 137148 422, 744 0 55.00 57.00 05700 CT SCAN 0.054739 0 0 1, 368, 017 57.00 0 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 0.118801 0 164, 834 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.046298 383, 377 0 59.00 60.00 06000 LABORATORY 0.102477 0 0 1, 859, 148 0 60.00 06400 I NTRAVENOUS THERAPY 0 64 00 0 432218 Ω 1 471 64 00 0 06500 RESPIRATORY THERAPY 65.00 0.230364 0 0 83, 314 0 65.00 06600 PHYSI CAL THERAPY 0.374383 0 246, 034 66.00 0 66.00 06700 OCCUPATIONAL THERAPY 0.330568 0 138, 813 67.00 67.00 0 0 06800 SPEECH PATHOLOGY 68 00 0.324963 0 76, 251 0 68 00 69.00 06900 ELECTROCARDI OLOGY 0.090853 0 243,007 0 69.00 07000 ELECTROENCEPHALOGRAPHY 0. 208474 68, 795 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0. 316705 0 0 324, 963 71.00 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72 00 0.411982 252, 530 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 223198 10, 220, 666 0 73.00 07400 RENAL DIALYSIS 74.00 0.402258 0 74.00 03330 ENDOSCOPY 0 76.00 0.110966 0 48. 211 0 76.00 0 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 76.01 1 230938 397, 898 0 76.01 03951 LUTHERWOOD PARTNERSHIP 5. 702326 0 0 343, 566 76.03 76.03 0 03952 WOUND CARE CENTER 76.04 0.305288 786, 841 76.04 03480 ONCOLOGY-CANCER CARE CENTER 0 0 3, 546, 926 76.05 0.265984 76.05 0 03953 I MAGING CENTERS 0 76.06 0.176497 0 400, 088 0 76.06 03954 BREAST DIAGNOSTIC CENTER 0.570899 29,040 76.07 76.07 0 76. 97 07697 CARDIAC REHABILITATION 0.512658 0 2, 687 0 76. 97 07698 HYPERBARIC OXYGEN THERAPY 0 0 76. 98 76.98 0.278442 0 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 0.000000 0 90.00 09000 CLI NI C 0.000000 0 0 0 0 90.00 90.01 04950 DIABETIC CARE CENTER 0.000000 0 90.01 90.02 04951 HEALTHY HEARTS CENTER 24, 019 90.02 0.666297 90.03 09001 CLINIC 0.000000 0 0 90.03 Λ 0 90.04 04953 SPINE CENTER 0.000000 0 0 90.04 90.05 04954 INFUSION CENTERS 0. 413392 25, 647 0 90.05 0 09002 MEDCHECK CLINICS 0.000000 0 90.06 90.06 0 0 09003 KNEE CENTER 0 90 07 1.133956 0 0 0 90.07 90.08 09004 PALLIATIVE CARE 0.003166 0 171 0 90.08 0 90.10 09006 WORK SITE CLINICS 0.000000 0 0 90.10 0 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 Ω 0 90.12 0 0 0 09100 EMERGENCY 91.00 0.134778 0 5, 624, 712 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.810059 0 325, 089 0 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 09850 OTHER REIMBURSABLE COST CENTERS 98 00 n 0 98 00 0.000000 0 0 200.00 Subtotal (see instructions) C 28, 680, 579 0 200. 00 201.00 Less PBP Clinic Lab. Services-Program 201.00 Only Charges 0 0 202.00 202.00 Net Charges (line 200 - line 201) 28, 680, 579

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0074 Peri od: Worksheet D From 01/01/2017 Part V Date/Time Prepared: 12/31/2017 5/30/2018 11:17 am Title XIX Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50, 818 50.00 51.00 05100 RECOVERY ROOM 0 0 0 24, 247 51.00 05200 DELIVERY ROOM & LABOR ROOM 52 00 52 00 05400 RADI OLOGY-DI AGNOSTI C 54.00 138, 947 54.00 55. 00 05500 RADI OLOGY-THERAPEUTI C 57, 978 55.00 57.00 05700 CT SCAN 000000000000000000000000000 74.884 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 19, 582 58.00 58.00 59.00 05900 CARDI AC CATHETERI ZATI ON 17, 750 59.00 06000 LABORATORY 60.00 190, 520 60.00 06400 I NTRAVENOUS THERAPY 64 00 636 64 00 65.00 06500 RESPIRATORY THERAPY 19, 193 65.00 06600 PHYSI CAL THERAPY 92, 111 66.00 66.00 06700 OCCUPATIONAL THERAPY 67.00 45, 887 67.00 24, 779 68.00 06800 SPEECH PATHOLOGY 68 00 69.00 06900 ELECTROCARDI OLOGY 22,078 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 70.00 14, 342 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 102, 917 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 104, 038 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 2, 281, 232 73.00 07400 RENAL DIALYSIS 74.00 74.00 03330 ENDOSCOPY 76.00 5.350 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 489, 788 76.01 76.01 76.03 03951 LUTHERWOOD PARTNERSHIP 1, 959, 125 76.03 03952 WOUND CARE CENTER 76. 04 240, 213 76.04 03480 ONCOLOGY-CANCER CARE CENTER 76.05 943, 426 76.05 03953 I MAGING CENTERS 76.06 70, 614 76.06 03954 BREAST DIAGNOSTIC CENTER 16, 579 76.07 76.07 07697 CARDIAC REHABILITATION 1, 378 76. 97 76. 97 07698 HYPERBARI C OXYGEN THERAPY 76. 98 76. 98 0 OUTPATIENT SERVICE COST CENTERS 0 88.00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0000000000000 89.00 89.00 0 90.00 09000 CLI NI C 0 90.00 90.01 04950 DIABETIC CARE CENTER 90.01 90. 02 04951 HEALTHY HEARTS CENTER 16,004 90.02 90.03 09001 CLI NI C 90.03 C 90.04 04953 SPINE CENTER ( 90.04 90.05 04954 INFUSION CENTERS 10,602 90.05 09002 MEDCHECK CLINICS 90.06 90.06 0 09003 KNEE CENTER 90 07 0 90 07 90.08 09004 PALLIATIVE CARE 90.08 90. 10 09006 WORK SITE CLINICS 0 90.10 90 12 04961 FAMILY PRACTICE AND MATERNITY CARE 90 12 91.00 09100 EMERGENCY 758, 087 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 263, 341 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 98 00 09850 OTHER REIMBURSABLE COST CENTERS 98 00 0

8, 056, 447

8, 056, 447

0

200.00

201.00

202.00

200.00

201.00

202.00

Subtotal (see instructions)

Only Charges

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 - line 201)

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0074	Peri od: From 01/01/2017	Worksheet D-1	
			Date/Time Pre 5/30/2018 11:	
	Title XVIII	Hospi tal	PPS	

				5/30/2018 11:	17 am			
		Title XVIII	Hospi tal	PPS				
	Cost Center Description			1. 00				
	PART I - ALL PROVIDER COMPONENTS			1.00				
	I NPATI ENT DAYS				1			
1.00	Inpatient days (including private room days and swing-bed days			70, 027	1.00			
2.00	Inpatient days (including private room days, excluding swing-			70, 027	1			
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.	/s). IT you have only pr	ivate room days,	0	3.00			
4. 00	Semi-private room days (excluding swing-bed and observation be	ed days)		64, 408	4.00			
5. 00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	0 1, 100	5. 00			
	reporting period							
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December :	31 of the cost	0	6. 00			
	reporting period (if calendar year, enter 0 on this line)			_				
7. 00	Total swing-bed NF type inpatient days (including private roor	n days) through December	31 of the cost	0	7. 00			
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8.00			
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becomber 5	i or the cost	O	0.00			
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	17, 601	9.00			
	newborn days)							
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10.00			
11 00	through December 31 of the cost reporting period (see instructions). Swing-bed SNF type inpatient days applicable to title XVIII or		aam daya) aftar	0	11.00			
11. 00	December 31 of the cost reporting period (if calendar year, en		Joil days) arter	U	11.00			
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12.00			
	through December 31 of the cost reporting period	3 ( 3 )	, ,					
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13.00			
14 00	after December 31 of the cost reporting period (if calendar ye			0	14 00			
14. 00 15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	am (excluding Swing-bed	uays)	0				
16. 00	Nursery days (title V or XIX only)			0				
	SWING BED ADJUSTMENT							
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0. 00	17. 00			
10.00	reporting period	0.00	18. 00					
18. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period							
19. 00	Medicaid rate for swing-bed NF services applicable to services	0.00	19.00					
	reporting period	-						
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0. 00	20.00			
21. 00	reporting period Total general inpatient routine service cost (see instructions	<i>z</i> )		83, 629, 564	21.00			
22. 00	Swing-bed cost applicable to SNF type services through December		ina period (line	00,027,001	1			
	5 x line 17)		5					
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	g period (line 6	0	23. 00			
0.4.00	x line 18)	04 6 11			04.00			
24. 00	Swing-bed cost applicable to NF type services through December $7 \times 1$ ine $19$ )	31 of the cost reporting	ng period (line	0	24. 00			
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00			
	x line 20)							
26. 00	Total swing-bed cost (see instructions)	(1)		0				
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Tine 21 minus Tine 26)		83, 629, 564	27. 00			
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation hed ch	arges)	0	28. 00			
	Private room charges (excluding swing-bed charges)	a and observation bed on	ai ges)	0	1			
30.00	Semi -pri vate room charges (excluding swing-bed charges)			0	1			
31.00	General inpatient routine service cost/charge ratio (line 27 -	· line 28)		0.000000	31.00			
32.00	Average private room per diem charge (line 29 ÷ line 3)			0. 00	1			
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	1: 00) (		0.00				
34.00	Average per diem private room charge differential (line 32 min		u ons)	0. 00 0. 00	1			
35. 00 36. 00					35. 00 36. 00			
37. 00								
	27 minus line 36)			83, 629, 564	37. 00			
	PART II - HOSPITAL AND SUBPROVIDERS ONLY							
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			1 104 05	30 00			
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	•		1, 194. 25 21, 019, 994	1			
40.00	Medically necessary private room cost applicable to the Progra	•		21, 019, 994				
	Total Program general inpatient routine service cost (line 39	,		21, 019, 994	1			
	, , , , , , , , , , , , , , , , , , , ,	•	'					

	<u> </u>	OMMUNITY HEALTH		ON 15 0074		eu of Form CMS-2		
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CO		Peri od: From 01/01/2017			
					To 12/31/2017	Date/Time Pre 5/30/2018 11:		
	Cost Contar Decement on	Total		XVIII	Hospi tal	PPS Program Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x col.		
				col . 2)		4)		
42 00	NURSERY (title V & XIX only)	1.00	2. 00	3.00	4. 00 0	5.00	42. 00	
.2. 00	Intensive Care Type Inpatient Hospital Units							
43. 00 44. 00	INTENSIVE CARE UNIT	13, 420, 398						
45. 00	BURN INTENSIVE CARE UNIT	8, 476, 115	6, 283	1, 349. 0	2,001	3, 576, 358	45. 00	
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00	
47. 00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description						47. 00	
	·					1.00		
48. 00	Program inpatient ancillary service cost (Wk			`		40, 350, 193		
49. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(	see instructio	ns)		70, 334, 122	49. 00	
50.00	Pass through costs applicable to Program inp	atient routine	services (from	Wkst. D, sum	of Parts I and	2, 961, 998	50.00	
51. 00	<pre>                                    </pre>	ationt ancillar	v sorvicos (fr	om Wkst D s	um of Darte II	3, 036, 357	51.00	
31.00	and IV)	attent ancittal	y services (II	OIII WKSt. D, S	um or rarts ir	3,030,337	31.00	
52.00	Total Program excludable cost (sum of lines					5, 998, 355		
53. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		rated, non-pny	sician anestn	etist, and	64, 335, 767	53. 00	
	TARGET AMOUNT AND LIMIT COMPUTATION	/						
	Program discharges Target amount per discharge					0.00		
56. 00	Target amount (line 54 x line 55)					0.00	1	
57. 00	57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							
58. 00 59. 00								
37.00	market basket	por tring perrou	enaring 1770, a	puateu anu co	ilipodrided by the	0.00	59. 00	
60.00	Lesser of lines 53/54 or 55 from prior year				*b b	0.00		
61. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less that					0	61.00	
	amount (line 56), otherwise enter zero (see instructions)							
62.00 Relief payment (see instructions)  63.00 Allowable Inpatient cost plus incentive payment (see instructions)  0								
03.00	PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mistru	etrons)				03.00	
64. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts through Dece	mber 31 of the	cost reporti	ng period (See	0	64. 00	
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00	
// 00	instructions)(title XVIII only)	+- (1:	//   /				// 00	
66. 00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (iine	64 prus rine 6	5)(title XVII	i oniy). For	0	66. 00	
67. 00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	f the cost re	porting period	0	67. 00	
68. 00	<pre>(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin</pre>	e costs after D	ecember 31 of	the cost repo	rtina period	0	68. 00	
	(line 13 x line 20)			•	g p			
69. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER N					0	69. 00	
70. 00	Skilled nursing facility/other nursing facil						70. 00	
71.00	Adjusted general inpatient routine service c		ine 70 ÷ line	2)			71. 00 72. 00	
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(line 14 x li	ne 35)			73.00	
74. 00	Total Program general inpatient routine serv	ice costs (line	72 + line 73)				74. 00	
75. 00	Capital-related cost allocated to inpatient 26. line 45)	routine service	costs (from W	orksheet B, P	art II, column		75. 00	
76. 00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00	
77. 00	Program capital -related costs (line 9 x line	,					77. 00	
78. 00 79. 00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		rovi der record	s)			78. 00 79. 00	
	Total Program routine service costs for comp				us line 79)		80.00	
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		)				81. 00 82. 00	
82.00	Reasonable inpatient routine service costs (		* .				83. 00	
84. 00	Program inpatient ancillary services (see in	structions)					84. 00	
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00	
00.00	PART IV - COMPUTATION OF OBSERVATION BED PASS						00.00	
87.00	Total observation bed days (see instructions	)	11 2			5, 619		
88. 00 89. 00	Adjusted general inpatient routine cost per Observation bed cost (line 87 x line 88) (se	•	11ne 2)			1, 194. 25 6, 710, 491	1	
_ , . 50	(30 (30 )					1 3, 7.0, 171	,	

Health Financial Systems Co	OMMUNITY HEALTH NETWORK, INC.			In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2017 Fo 12/31/2017	Date/Time Pre 5/30/2018 11:	oared: 17 am_
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital-related cost	8, 311, 398	83, 629, 564	0. 09938	6, 710, 491	666, 909	90.00
91.00 Nursing School cost	0	83, 629, 564	0.00000	6, 710, 491	0	91.00
92.00 Allied health cost	0	83, 629, 564	0.00000	6, 710, 491	0	92.00
93.00 All other Medical Education	0	83, 629, 564	0. 000000	6, 710, 491	0	93. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Pre 5/30/2018 11:	pared:	
	Title XIX	Hospi tal	PPS		
Cost Center Description					

		Title XIX	Hospi tal	5/30/2018 11: PPS	17 am
	Cost Center Description	TI LIE XIX	nospi tai	113	
	·			1. 00	
	PART I - ALL PROVIDER COMPONENTS				
1. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	s excluding newborn)		70, 027	1.00
2. 00	Inpatient days (including private room days, excluding swing-k			70, 027	2.00
3.00	Private room days (excluding swing-bed and observation bed day		vate room days,	0	3. 00
	do not complete this line.		-		
4.00	Semi-private room days (excluding swing-bed and observation be		04 6 11	64, 408	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private rooreporting period	om days) through December	31 of the cost	0	5. 00
6. 00	Total swing-bed SNF type inpatient days (including private roo	om davs) after December 3	31 of the cost	0	6. 00
	reporting period (if calendar year, enter 0 on this line)	3 .			
7. 00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	n days) after December 2	Lof the cost	0	8. 00
8.00	reporting period (if calendar year, enter 0 on this line)	i days) arter beceiiber 3	i oi the cost	O	8.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swi ng-bed and	3, 348	9. 00
	newborn days)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or		nom davs) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, er		Join day 5) a. to.	Ü	
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI)	only (including private	e room days)	0	12.00
12.00	through December 31 of the cost reporting period	/ ·· /: ·-		0	10.00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI) after December 31 of the cost reporting period (if calendar ye			0	13. 00
14. 00	Medically necessary private room days applicable to the Progra			0	14. 00
15.00	Total nursery days (title V or XIX only)	, 3	,	1, 799	15. 00
16. 00	Nursery days (title V or XIX only)			1, 750	16. 00
17.00	SWING BED ADJUSTMENT		C 41 4	0.00	17.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 of	the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of i	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of th	ne cost	0.00	20. 00
20.00	reporting period	arter becomber or or tr	10 0031	0.00	20.00
21. 00	Total general inpatient routine service cost (see instructions			83, 629, 564	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost reporti	ng period (line	0	22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	neriod (line 6	0	23. 00
23.00	x line 18)	of the cost reporting	g perrou (Trie o	O	23.00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reportin	ng period (line	0	24. 00
05.00	7 x line 19)				05.00
25. 00	Swing-bed cost applicable to NF type services after December $(x, y)$	31 of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (	(line 21 minus line 26)		83, 629, 564	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 -	: line 28)		0. 000000	31.00
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32. 00
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33. 00
34.00	Average per diem private room charge differential (line 32 mir		tions)	0.00	34. 00
35. 00 36. 00	Average per diem private room cost differential (line 34 x line Private room cost differential adjustment (line 3 x line 35)	ne 31)		0.00	35. 00 36. 00
37.00	General inpatient routine service cost net of swing-bed cost a	and private room cost dit	ferential (line	83, 629, 564	37.00
07.00	27 minus line 36)		. 17 0	33, 327, 304	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see	•		1, 194. 25	38.00
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program			3, 998, 349 0	39. 00 40. 00
41. 00		•		3, 998, 349	
		•	'		•

Provider COX 15-004	Heal th	Financial Systems CO	OMMUNITY HEALTH	NETWORK, INC.		In Lie	eu of Form CMS-2	2552-10
Cast Center Bescription						Peri od:		
Total   Tota							Date/Time Pre	pared:
Lotal     Lotal       Lotal				Ti +1	o VIV	Hospi tal		17 am
Program impatient Day Digit and Day State (Col. 1 - Col. 2)		Cost Center Description	Total				+'	
1.00   1.00   2.00   3.00   4.00   5.00   5.00   4.00   5.00   6.00		· ·	Inpatient Cost	Inpatient Days		÷	<b>C</b>	
MINISTRY (TITLE V & XIX DOLY)			1 00	2 00		4.00		
Interestive Care type Inpartient Height at Bird 15, 420, 398   6, 220   2, 157, 62   0   0   43 of 44, 60   INTERSIVE CARE UNIT   13, 420, 398   6, 220   2, 157, 62   0   0   43 of 45 of 50   13, 450   13, 450   0   0   44 of 47 of	42. 00	NURSERY (title V & XIX only)						42. 00
44.00   COROMANY CARE UNIT		Intensive Care Type Inpatient Hospital Units				·		
			1 1	•				
46.00   SIRGICAL INTERIOR FORE UNIT			8, 476, 115	6, 283	1, 349. 0	0	0	
28.00   Program inpatient ancil Tlary service cost (West. D-3, col. 3, line 2000)   1,00								46. 00
1.00	47. 00							47. 00
49.00		Cost Center Description					1.00	
10 Total Program Ingatient costs (sum of lines 4) through 48) (see Instructions)   6,844,779   49 00	48 00	Program inpatient ancillary service cost (Wk	st D-3 col 3	line 200)				48 00
50.00   Pass through costs applicable to Program inpatient routine services (from West. D., sum of Parts I and					ns)			1
111   145, 143   145, 140   145								
15.00   Pass through costs applicable to Program Inpatient and Illary services (from Wkst. 0, sum of Parts II   145, 143   51, 05   and II)   15.00   Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and (2.213,025   53,00   Cotal Program inpatient operating cost excluding capital related, non-physician anesthetist, and (2.213,025   53,00   Cotal Program inpatient operating cost excluding capital related, non-physician anesthetist, and (2.213,025   53,00   Cotal Program inpatient operating cost excluding capital related, non-physician anesthetist, and (2.213,025   53,00   Cotal Program inpatient operating cost and target amount (line 50 minus line 53)   53,00   Cotal Program and Interest (1.213,00 minus payment (see instructions)   55,00   Cotal Program and Interest (1.213,00 minus payment) (see instructions)   58,00   Cotal Program and Program and Interest (1.213,00 minus payment) (see instructions)   58,00   Cotal Program and Program inpatient (1.213,00 minus payment) (see instructions)   58,00   Cotal Program and Program inpatient (1.213,00 minus payment) (see instructions)   58,00   Cotal Program and Pro	50. 00	1	atient routine	services (from	ıwkst. D, sum	от Parts I and	486, 607	50.00
10   10   10   10   10   10   10   10	51. 00	,	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	145, 143	51.00
53.00 Total Program Inpatient operating cost excluding capital related, non-physician anesthetist, and modical education costs (line 49 minus line 52)  14RGET AMOUNT AND LIMIT COMPUTATION  54.00 Program discharges  55.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)  56.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)  57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)  58.00 Bongspment (see instructions)  59.00 Lesser of see instructions  60.00 Lesser of lines 53/54 or 55 from prior year cost reporting period ending 1996, updated and compounded by the lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket  60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket  60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket  60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket  60.00 Relief payment (see instructions)  60.00 Relief payment (see inst			50 L 54)				750	
medical education costs (line 49 annus line 52)				lated non-phy	rsician anesth	etist and		1
54.00   Program discharges   0.05   5.00   5.00   7.00   5.00   5.00   7.00   5.00   7.00   5.00   5.00   7.00   5.00   5.00   7.00   5.00   5.00   7.00   5.00	33. 00		J 1	rated, non phy	31 Clair ancstri	ctist, and	0, 213, 023	33.00
55.00 Target amount per discharge 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53) 57.00 Difference between adjusted inpatient operating cost and target amount (line 56) 58.00 Bonus payment (see instructions) 59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket 50.00 Lesser of lines 53/54 or 55 from the cost report, updated by the market basket 50.00 Lesser of lines 53/54 or 55 from the cost report updated by the market basket 50.00 Relief payment (see sinstructions) 50.00 Relief payment (see instructions) 50.00 Relief payment (see instructions) 60.00 Relief payment (see instructions) 60.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only) 60.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see Instructions) 61.00 Total Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) 62.00 Total Medicare swing-bed NF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see Instructions) 63.00 Total Vor XIX swing-bed NF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see Instructions) 64.00 Total fluid vor XIX swing-bed NF inpatient routine costs (line 67 + line 68) 65.00 Total Program and service cost (line 77 + line 68) 66.00 Total Program and service cost (line 78 + line 70 + line 2) 77.00 Program routine service cost (line 79 + line 73) 78.00 Gapital-related cost allocated to inpatient routine service costs (from provider records) 78.00 Inpatient routin								
56.00 Target amount (tine 54 x line 55)  57.00 Difference between adjusted inpatient operating cost and target amount (tine 56 minus line 53)  57.00 Difference between adjusted inpatient operating cost and target amount (tine 56 minus line 53)  57.00 Difference between adjusted inpatient operating period ending 1996, updated and compounded by the market basket  57.00 Difference between 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket  57.00 Difference between 53/54 or 55 from the cost report, updated by the market basket  57.00 Difference between 53/54 or 55 from the cost report, updated by the market basket  57.00 Difference between 53/54 or 55 from the cost report, updated by the market basket  57.00 Difference between 53/54 or 55 from the cost report, updated by the market basket  57.00 Difference between 53/54 or 55 from the cost report operating beroom to the same time to the same time to the same expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)  57.00 Relice Payment (see instructions)  57.00 Relice Payment (see instructions)  57.00 Relice Payment (see instructions)  57.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (tile XVIII only). From the cost instructions)  57.00 CAH (see Instructions)  57.00 Difference the same time to the same time to the cost service cost reporting period (See Instructions)  57.00 Total Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See Instructions)  57.00 Total Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See Instructions)  57.00 Total Relice Payment (see Instructions)  57.00 Total Relice Payment (see Instructions)  57.00 Skill-see Instructions)  57.00 Total Relice Payment (see Instructions)  57.00 Total Relice Payment (see Instructions)  57.00 Payment (see Instructions)  57.00 Payment (see Instructions)								
58.00 Bonus payment (see instructions)  59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket  60.00 Lesser of lines 53/54 or 55 from the cost report, updated by the market basket  60.01 Lesser of lines 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)  60.00 Relicef payment (see instructions)  60.01 Allowable Inpatient cost plus incentive payment (see instructions)  60.02 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (tile XVIII only)  60.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (tile XVIII only)  60.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions)  61.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)  62.00 Total Medicare swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19)  63.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)  64.00 Title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  65.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  66.00 Total title V or XIX swing-bed NF inpatient routine costs (line 70 + line 68)  67.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 77 + line 68)  68.00 Total Program general inpatient routine service costs (line 77 + line 68)  69.00 Total Program general inpatient routine service costs (line 78 + line 2)  69.00 Total Program general inpatient routine service costs (line 79 + line 2)  79.00 Aggregoral captages to beneficiare								1
Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		, ,	ing cost and ta	rget amount (I	ine 56 minus	line 53)	0	57. 00
narket basket 60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket 61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions) 62.00 Relicef payment (see instructions) 63.00 Allowable inpatient cost plus incentive payment (see instructions) 63.00 Allowable inpatient cost plus incentive payment (see instructions) 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (tile XVIII only) 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (tile XVIII only) 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions) 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (of (line 12 x line 19) 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19) 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 FART III - SKILLED NURSING FACILITY, OTHER NURSING RACILITY, OTHER NUESING RACILITY, OTH				l' 4007				
60.00 Lesser of lines \$3/54 or 55 from prior year cost report, updated by the market basket 0.00 60.00 161.00 Line \$3/54	59.00		porting period	ending 1996, u	ipaatea ana co	mpounaea by the	0.00	59.00
which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)  Relief payment (see instructions)	60.00		cost report, up	dated by the m	arket basket		0.00	60.00
amount (Ilne 56), otherwise enter zero (see instructions) 63.00 Allowable Inpatient cost plus incentive payment (see instructions) 63.00 Allowable Inpatient cost plus incentive payment (see instructions) 64.00 Allowable Inpatient cost plus incentive payment (see instructions) 64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See Instructions) (title XVIII only) 65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See Instructions) (title XVIII only) 66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions) 67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (Ince 12 x line 19) 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (Ince 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 70 + line 20) 70.00 Skilled nursing facility/forber nursing facility/fc/FilD routine service cost (line 37) 70.00 Adjusted general inpatient routine service cost (line 70 + line 2) 71.00 Adjusted general inpatient routine service costs (line 70 + line 2) 72.00 Program routine service cost (line 70 + line 2) 73.00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 74.00 Program applied cost (line 74 minus line 77) 75.00 Capital-related cost (line 74 minus line 77) 77.00 Program applied routine service costs (line 74 minus line 77) 78.00 Program inpatient routine service costs (from provider records) 78.00 Unital requal to cost (line 74 minus line	61. 00					,	0	61. 00
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PROGRAM INPATIENT ROUTINE SWING BED COST		Relief payment (see instructions)	,				0	62. 00
64.00   Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)   Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)   Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only).   For CAH (see instructions)	63. 00		ent (see instru	ctions)			0	63. 00
instructions) (title XVIII only)  65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See Instructions) (title XVIII only)  66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions)  67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)  68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 12 x line 19)  69.00 Total itile V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)  69.00 Total itile V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  70.00 Skilled nursing facility/Other nursing facility/Other lunsing facility/Other lunsing facility/Other lunsing facility/Other lunsing facility/Other nursing facility	64 00						1 0	64.00
instructions) (title XVIII only) Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions)  7.00 (AH (see instructions)) Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)  8.00 (line 12 x line 19)  8.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)  9.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  9.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  9.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  9.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  9.00 Adjusted general inpatient routine service cost (line 37)  9.00 Adjusted general inpatient routine service cost (line 37)  9.00 Adjusted general inpatient routine service cost (line 70 + line 2)  9.01 Total Program general inpatient routine service costs (line 70 + line 2)  9.02 Total Program general inpatient routine service costs (line 70 + line 2)  9.01 Total Program general inpatient routine service costs (line 70 + line 2)  9.02 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)  9.00 Program capital-related costs (line 75 + line 2)  9.01 Total Program routine service costs (line 70 + line 2)  9.02 Program capital-related costs (line 9 x line 70)  9.03 Aggregate charges to beneficiaries for excess costs (from provider records)  9.00 Total Program routine service cost (line 74 minus line 77)  9.01 Aggregate charges to beneficiaries for excess costs (from provider records)  9.01 Inpatient routine service cost (line 74 minus line 77)  9.02 Reasonable inpatient routine service costs (see instructions)  9.01 Inpatient routine service cost limitation (line 9 x line 81)  9.02 Reasonable inpatient routine service (see instructions)  9.03 Adjusted general inpatient routine cost pe	04.00	,	ts through beec	inder 31 of the	cost reporti	ng perrou (see		04.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)  67.00 CAH (see instructions)  68.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)  68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 70 + line 20)  70.00 Total title V or XIX swing-bed NF inpatient routine service cost (line 70 + line 20)  70.00 Program routine service cost (line 9 x line 71)  71.00 Algorithm for a program general inpatient routine service costs (line 72 + line 73)  72.00 Program copital -related costs (line 75 + line 2)  73.00 Program capital -related costs (line 75 + line 2)  74.00 Program capital -related costs (line 75 + line 70)  75.00 Aggregate charges to beneficiaries for excess costs (from provider records)  76.00 Inpatient routine service cost for comparison to the cost limitation (line 78 minus line 79)  81.00 Inpatient routine service cost (see instructions)  82.00 Inpatient routine service cost (see instructions)  83.00 Aggregate charges to beneficiaries for excess costs (from provider records)  84.00 Program inpatient ancillary service (see instructions)  85.00 Utilizatio	65. 00	,	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65. 00
CAH (see instructions) Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19) 68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  70.00 Skilled nursing facility/Orther nursing facility/Orther nursing facility/Orthild NURSING FACILITY, AND ICF/IID ONLY  70.00 Skilled nursing facility/Orther nursing facility/Orthild Nu	66 00	instructions)(title XVIII only) Total Medicare swing-hed SNE inpatient routi	ne costs (line	64 nlus line 6	5)(title XVII	lonly) For	0	66 00
Cline 12 x line 19    Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (1ine 13 x line 20)   Fig. 10   Costs   Cos	00.00		ne costs (Trie	of prus time c	o) (trite XVII	1 Only). 101		00.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20) 69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) 70.00 Skilled nursing facility/other nursing facility/lCF/IID routine service cost (line 37) 71.00 Adjusted general inpatient routine service cost per diem (line 70 + line 2) 72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 + line 2) 77.00 Program capital-related costs (line 75 + line 2) 77.00 Inpatient routine service cost (line 74 minus line 77) 78.00 Inpatient routine service costs (from provider records) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 80.00 Total Program routine service cost limitation (line 9 x line 78) 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service cost (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 1,194.25	67. 00	,	e costs through	December 31 c	of the cost re	porting period	0	67. 00
Cline 13 x line 20)   Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)   PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY	68 00		e costs after D	ecember 31 of	the cost reno	rting period	0	68 00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY  70. 00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)  70. 00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)  71. 00 Program routine service cost (line 9 x line 71)  72. 00 Program general inpatient routine service costs (line 72 + line 35)  73. 00 Medically necessary private room cost applicable to Program (line 14 x line 35)  74. 00 Total Program general inpatient routine service costs (line 72 + line 73)  75. 00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)  76. 00 Per diem capital -related costs (line 75 ÷ line 2)  77. 00 Program capital -related costs (line 9 x line 76)  78. 00 Inpatient routine service cost (line 74 minus line 77)  79. 00 Aggregate charges to beneficiaries for excess costs (from provider records)  80. 00 Total Program routine service cost per diem limitation  81. 00 Inpatient routine service cost per diem limitation  82. 00 Inpatient routine service cost per diem limitation  83. 00 Reasonable inpatient routine service (see instructions)  84. 00 Program inpatient ancillary services (see instructions)  85. 00 Utilization review - physician compensation (see instructions)  86. 00 Total Program inpatient operating costs (sum of lines 83 through 85)  87. 00 Total observation bed days (see instructions)  88. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)  88. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)	00.00		c costs arter b	ccciibei 31 01	the cost repo	rting period		00.00
70. 00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) 71. 00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2) 72. 00 Program routine service cost (line 9 x line 71) 73. 00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74. 00 Total Program general inpatient routine service costs (line 72 + line 73) 75. 00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76. 00 Per diem capital-related costs (line 75 ÷ line 2) 77. 00 Program capital-related costs (line 75 * line 2) 77. 00 Inpatient routine service cost (line 77 minus line 77) 78. 00 Inpatient routine service costs (from provider records) 79. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 79. 00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 80. 00 Inpatient routine service costs (see instructions) 81. 00 Reasonable inpatient routine services (see instructions) 82. 00 Inpatient routine service costs (see instructions) 83. 00 Reasonable inpatient routine service (see instructions) 84. 00 Utilization review - physician compensation (see instructions) 85. 00 Utilization review - physician compensation (see instructions) 86. 00 Total Program inpatient operating costs (sum of lines 83 through 85) 87. 00 Total observation bed days (see instructions) 88. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 88. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2) 97. 100 Total observation bed days (see instructions) 98. 00 Total observation bed days (see instructions) 98. 00 Total observation bed days (see instructions)	69. 00						0	69. 00
71. 00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2) 72. 00 Program routine service cost (line 9 x line 71) 73. 00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74. 00 Total Program general inpatient routine service costs (line 72 + line 73) 75. 00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76. 00 Per diem capital-related costs (line 75 + line 2) 77. 00 Program capital-related costs (line 9 x line 76) 78. 00 Inpatient routine service cost (line 74 minus line 77) 79. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 79. 00 Total Program routine service cost for comparison to the cost limitation (line 78 minus line 79) 81. 00 Inpatient routine service cost per diem limitation 82. 00 Inpatient routine service cost limitation (line 9 x line 81) 83. 00 Reasonable inpatient routine service costs (see instructions) 84. 00 Program inpatient ancillary services (see instructions) 85. 00 Utilization review - physician compensation (see instructions) 86. 00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)  78. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)  79. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)  79. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)  79. 00 Adjusted general inpatient routine cost per diem (line 27 + line 2)	70.00						I	70.00
72.00 Program routine service cost (line 9 x line 71) 73.00 Medically necessary private room cost applicable to Program (line 14 x line 35) 74.00 Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital-related costs (line 75 ÷ line 2) 77.00 Program capital-related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Total Program routine service cost per diem limitation 10.10 Inpatient routine service cost per diem limitation 11.00 Reasonable inpatient routine service costs (see instructions) 12.00 Reasonable inpatient ancillary services (see instructions) 13.00 Total Program inpatient operating costs (sum of lines 83 through 85) 10.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST 10.00 Total observation bed days (see instructions) 10.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 11.10 Total observation bed days (see instructions) 12.00 Total observation bed days (see instructions) 13.00 Total observation bed days (see instructions) 14.00 Total observation bed days (see instructions) 15.619 St.00 Total observation bed days (see instructions) 15.619 St.00 Total observation bed days (see instructions)			-					71.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73) 75.00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45) 76.00 Per diem capital -related costs (line 75 + line 2) 77.00 Program capital -related costs (line 9 x line 76) 78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79) 80.00 Total Program routine service cost per diem limitation 81.00 Inpatient routine service cost limitation (line 9 x line 81) 82.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  Total observation bed days (see instructions) 86.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  1, 194.25 88.00	72. 00							72. 00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)  76.00 Per diem capital-related costs (line 75 ÷ line 2)  77.00 Program capital-related costs (line 9 x line 76)  1 Inpatient routine service cost (line 74 minus line 77)  80.00 Aggregate charges to beneficiaries for excess costs (from provider records)  79.00 Inpatient routine service costs for comparison to the cost limitation (line 78 minus line 79)  81.00 Inpatient routine service cost per diem limitation  81.00 Reasonable inpatient routine service costs (see instructions)  82.00 Willization review - physician compensation (see instructions)  83.00 Total Program inpatient ancillary services (see instructions)  84.00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  Total observation bed days (see instructions)  84.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  75.00 76.00 76.00 77								73.00
26, line 45)  76.00 Per diem capital-related costs (line 75 ÷ line 2)  77.00 Program capital-related costs (line 9 x line 76)  78.00 Inpatient routine service cost (line 74 minus line 77)  79.00 Aggregate charges to beneficiaries for excess costs (from provider records)  80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)  81.00 Inpatient routine service cost per diem limitation  82.00 Inpatient routine service cost limitation (line 9 x line 81)  82.00 Reasonable inpatient routine service costs (see instructions)  84.00 Program inpatient ancillary services (see instructions)  85.00 Utilization review - physician compensation (see instructions)  86.00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  Total observation bed days (see instructions)  86.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  1, 194. 25 88. 00						art II column		1
77. 00 Program capital-related costs (line 9 x line 76) 78. 00 Inpatient routine service cost (line 74 minus line 77) 79. 00 Aggregate charges to beneficiaries for excess costs (from provider records) 79. 00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 80. 00 Inpatient routine service cost per diem limitation 81. 00 Inpatient routine service cost limitation (line 9 x line 81) 82. 00 Reasonable inpatient routine service costs (see instructions) 83. 00 Program inpatient ancillary services (see instructions) 84. 00 Utilization review - physician compensation (see instructions) 85. 00 Utilization review - physician compensation (see instructions) 86. 00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87. 00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88. 00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88. 00	. 0. 00	· ·	. 1311 301 17 00					
78.00 Inpatient routine service cost (line 74 minus line 77) 79.00 Aggregate charges to beneficiaries for excess costs (from provider records) 79.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79) 81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) 87.00 Total observation bed days (see instructions) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  78.00 Total observation bed days (see instructions) 79.00 Total observation bed days (see instructions) 80.00 Total observation bed days (see instructions) 81.00 Total observation bed days (see instructions) 82.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 83.00 Total observation of the cost per diem (line 27 ÷ line 2)  84.00 Total observation bed days (see instructions) 85.00 Total observation bed days (see instructions) 86.00 Total observation bed days (see instructions)								76.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)  79.00 Reasonable inpatient routine service cost (see instructions)  79.00 Reasonable inpatient routine service (see instructions)  79.00 Reasonable inpatient routine service cost (see instructions)  81.00 Reasonable inpatient routine service costs (see instructions)  82.00 Utilization review - physician compensation (see instructions)  83.00 Reasonable inpatient outine services (see instructions)  84.00 Program inpatient ancillary services (see instructions)  85.00 Total Program inpatient operating costs (sum of lines 83 through 85)  87.00 Reasonable inpatient operating costs (sum of lines 83 through 85)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  87.00 Reasonable inpatient routine service costs (see instructions)  88.00 Reasonable inpatient routine service costs (see instructions)  87.00 Reasonable inpatient routine service costs (see instructions)  88.00 Reasonable inpatient routine service costs (see instructions)  89.00 Reasonable inpatient routine service costs (see instructions)  80.00 Reasonable inpatient routine service cost (see instructions)  81.00 Reasonable inpatient routine service cost (see instructions)  82.00 Reasonable inpatient routine service cost (see instructions)  83.00 Reasonable inpatient routine service cost (see instructions)  84.00 Reasonable inpatient routine service cost (see instructions)  85.00 Reasonable inpatient routine service cost (see instructions)  85.00 Reasonable inpatient routine service cost (see instructions)  86.00 Reasonable inpatient routine service cost (see instructions)  87.00 Reasonable inpatient routine service cost (see instructions)  88.00 Reasonable inpatient routine service cost (see instructions)  89.00 Reasonable inpatient routine service cos		,	•					
81.00 Inpatient routine service cost per diem limitation 82.00 Inpatient routine service cost limitation (line 9 x line 81) 83.00 Reasonable inpatient routine service costs (see instructions) 84.00 Program inpatient ancillary services (see instructions) 85.00 Utilization review - physician compensation (see instructions) 86.00 Total Program inpatient operating costs (sum of lines 83 through 85) 87.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				rovi der record	ls)			79. 00
82.00 Inpatient routine service cost limitation (line 9 x line 81)  82.00 Reasonable inpatient routine service costs (see instructions)  83.00 Program inpatient ancillary services (see instructions)  84.00 Utilization review - physician compensation (see instructions)  85.00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  Total observation bed days (see instructions)  87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		Total Program routine service costs for comp	arison to the c			us line 79)		80.00
83.00 Reasonable inpatient routine service costs (see instructions)  84.00 Program inpatient ancillary services (see instructions)  85.00 Utilization review - physician compensation (see instructions)  86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Reasonable inpatient routine service costs (see instructions)  86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  88.00 Reasonable inpatient routine service costs (see instructions)  87.00 Reasonable inpatient routine service costs (see instructions)  88.00 Reasonable inpatient routine services (see instructions)  87.00 Reasonable inpatient routine services (see instructions)  88.00 Reasonable inpatient routine services (see in		·		)				81.00
84.00 Program inpatient ancillary services (see instructions)  85.00 Utilization review - physician compensation (see instructions)  86.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Results of the program inpatient operating costs (sum of lines 83 through 85)  88.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  88.00 Program inpatient ancillary services (see instructions)  88.00 Program inpatient ancillary services (see instructions)  85.00 PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Program inpatient ancillary services (see instructions)  86.00 Program inpatient ancillary services (see instructions)  87.00 Program inpatient ancillary services (see instructions)  87.00 Program inpatient ancillary services (see instructions)  88.00 Program inpatient ancillary services (see instructions)  87.00 Program inpatient ancillary services (see instructions)  88.00 Program inpatient ancillary services (see instructions)		· ·		* .				83. 00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)  PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Total observation bed days (see instructions)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	84. 00	Program inpatient ancillary services (see in	structions)					84. 00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST  87.00 Total observation bed days (see instructions)  88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  1,194.25 88.00								85.00
87.00 Total observation bed days (see instructions)  5,619 87.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)  1,194.25 88.00	86.00			rougn 85)				J 86. UU
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) 1,194.25 88.00	87. 00						5, 619	87. 00
89.00 Upservation bed cost (line 8/ x line 88) (see instructions) 6,710,491 89.00		Adjusted general inpatient routine cost per	diem (line 27 ÷	line 2)				1
	89. UU	Jouservation bed cost (Tine 8/ X line 88) (se	e instructions)				6, /10, 491	89. UU

Health Financial Systems	OMMUNITY HEALTH	NETWORK, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od: From 01/01/2017	Worksheet D-1	
				To 12/31/2017	Date/Time Prep 5/30/2018 11:	oared: 17 am_
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	8, 311, 398	83, 629, 564	0. 09938	6, 710, 491	666, 909	90.00
91.00 Nursing School cost	0	83, 629, 564	0.00000	0 6, 710, 491	0	91.00
92.00 Allied health cost	0	83, 629, 564	0.00000	0 6, 710, 491	0	92.00
93.00 All other Medical Education	0	83, 629, 564	0. 00000	6, 710, 491	0	93. 00

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

From 01/01/2017 To 12/31/2017 Date/Time Prepared: 5/30/2018 11:17 am Title XVIII Hospi tal PPS Cost Center Description Ratio of Cost Inpati ent Inpati ent To Charges Program Costs Program Charges (col. 1 x col 2) 1.00 2.00 3.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 35, 471, 917 30.00 30.00 03100 INTENSIVE CARE UNIT 11, 383, 953 31.00 31 00 32.00 03200 CORONARY CARE UNIT 7, 319, 922 32.00 43.00 04300 NURSERY 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.163709 38, 931, 324 6, 373, 408 50.00 51.00 05100 RECOVERY ROOM 0.211095 2, 540, 740 536, 338 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.445542 52.00 05400 RADI OLOGY-DI AGNOSTI C 4, 587, 690 54.00 0.164154 753, 088 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0.137148 2, 550, 830 349, 841 55.00 57.00 05700 CT SCAN 0.054739 7, 764, 082 424, 998 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.118801 1, 686, 238 200, 327 58.00 58.00 05900 CARDIAC CATHETERIZATION 59.00 0.046298 26, 630, 662 1, 232, 946 59 00 60.00 06000 LABORATORY 0.102477 28, 014, 677 2, 870, 860 60.00 64.00 06400 I NTRAVENOUS THERAPY 0.432218 397, 915 171, 986 64.00 06500 RESPIRATORY THERAPY 0.230364 9, 257, 389 2, 132, 569 65 00 65 00 66.00 06600 PHYSI CAL THERAPY 0.374383 1, 592, 312 596, 135 66.00 06700 OCCUPATIONAL THERAPY 0.330568 1, 251, 807 413, 807 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 0.324963 364, 951 118, 596 68.00 06900 ELECTROCARDI OLOGY 0.090853 69 00 6,011,465 546, 160 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.208474 507, 650 105, 832 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.316705 19, 502, 356 6, 176, 494 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72 00 0 411982 22, 222, 432 9, 155, 242 72 00 07300 DRUGS CHARGED TO PATIENTS 73.00 0.223198 23, 229, 142 5, 184, 698 73.00 74.00 07400 RENAL DIALYSIS 0.402258 1, 964, 591 790, 272 74.00 76.00 03330 ENDOSCOPY 0.110966 122, 558 13,600 76.00 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76 01 1.230938 76 01 0 0 76.03 03951 LUTHERWOOD PARTNERSHIP 5.702326 0 76.03 03952 WOUND CARE CENTER 0.305288 6, 984 2, 132 76.04 76.04 76.05 03480 ONCOLOGY-CANCER CARE CENTER 0.265984 322, 829 85, 867 76.05 76.06 03953 I MAGING CENTERS 0.176497 3, 023 17, 127 76 06 76.07 03954 BREAST DIAGNOSTIC CENTER 0.570899 996 569 76.07 07697 CARDIAC REHABILITATION 76.97 0.512658 1, 405 720 76.97 76. 98 07698 HYPERBARIC OXYGEN THERAPY 0.278442 0 76.98 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0.000000 0 88.00 89 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 0 89 00 09000 CLINIC 0.000000 0 90.00 90.00 0 04950 DIABETIC CARE CENTER 90.01 0.000000 Λ 90.01 90.02 04951 HEALTHY HEARTS CENTER 0.666297 0 0 0 0 0 0 90.02 90.03 09001 CLI NI C 0.000000 90.03 04953 SPINE CENTER 90.04 90.04 0.0000000 90.05 04954 INFUSION CENTERS 0.413392 Ω 90.05 90.06 09002 MEDCHECK CLINICS 0.000000 90.06 90.07 09003 KNEE CENTER 90.07 1.133956 0 09004 PALLIATIVE CARE 90.08 0.003166 0 90.08 09006 WORK SITE CLINICS 0.000000 0 90.10 90.10 0 90. 12 04961 FAMILY PRACTICE AND MATERNITY CARE 0.000000 O 90.12 09100 EMERGENCY 91.00 0.134778 15, 660, 460 2, 110, 685 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 0.810059 0 92.00 OTHER REIMBURSABLE COST CENTERS 98.00 09850 OTHER REIMBURSABLE COST CENTERS 0.000000 0 98.00 200.00 Total (sum of lines 50 through 94 and 96 through 98) 215, 140, 612 40, 350, 193 200. 00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 201.00 202.00 Net charges (line 200 minus line 201) 215, 140, 612 202.00

Health Financial Systems COMMUNITY HEALTH NE	TWORK, INC.		In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0074	Peri od:	Worksheet D-3	
			From 01/01/2017	5	
			To 12/31/2017	Date/Time Pre	
	Ti +I	e XIX	Hospi tal	5/30/2018 11: PPS	17 alli
Cost Center Description	11 (1	Ratio of Cos		Inpati ent	
oust ochter beschiptron		To Charges	Program	Program Costs	
		10 charges	Charges	(col. 1 x col.	
			onar ges	2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	0.00	
30. 00 03000 ADULTS & PEDI ATRI CS			8, 715, 346		30.00
31.00 03100 INTENSIVE CARE UNIT			676, 039		31.00
32. 00 03200 CORONARY CARE UNIT			710, 005		32.00
43. 00   04300 NURSERY			195, 593		43. 00
ANCI LLARY SERVI CE COST CENTERS		•			
50. 00 05000 OPERATING ROOM		0. 16370	9 681, 284	111, 532	50.00
51. 00   05100   RECOVERY ROOM		0. 21109	110, 792	23, 388	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 44554		147, 693	52. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 16415		47, 629	
55. 00   05500 RADI OLOGY-THERAPEUTI C		0. 13714		23, 360	
57. 00   05700 CT SCAN		0.05473		29, 049	1
58.00   05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 11880		12, 051	1
59. 00   05900 CARDI AC CATHETERI ZATI ON		0. 04629		16, 383	ı
60. 00   06000   LABORATORY		0. 10247		215, 590	1
64. 00 06400 I NTRAVENOUS THERAPY		0. 43221		15, 322	64. 00
65. 00   06500   RESPI RATORY   THERAPY		0. 23036		182, 079	1
66. 00   06600   PHYSI CAL THERAPY		0. 37438		43, 502	
67. 00   06700   OCCUPATI ONAL THERAPY					67.00
68. 00   06800  SPEECH PATHOLOGY		0. 33056		23, 840	1
		0. 32496		10, 752 21, 631	
		0.09085	· ·		1
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 20847		8, 480	1
71. 00 O7100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 31670		222, 145	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 41198		71, 940	
73. 00 O7300 DRUGS CHARGED TO PATIENTS		0. 22319		474, 551	73. 00
74. 00   07400   RENAL DI ALYSI S		0. 40225		60, 795	
76. 00   03330   ENDOSCOPY		0. 11096		4, 570	
76. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		1. 23093		0	76. 01
76. 03   03951   LUTHERWOOD   PARTNERSHI P		5. 70232		0	76. 03
76. 04   03952   WOUND CARE CENTER		0. 30528		532	76. 04
76. 05   03480   ONCOLOGY-CANCER CARE CENTER		0. 26598		7, 987	
76. 06   03953   I MAGI NG CENTERS		0. 17649		1, 320	
76. 07 03954 BREAST DIAGNOSTIC CENTER		0. 57089		0	76. 07
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 51265		0	76. 97
76. 98 O7698 HYPERBARI C OXYGEN THERAPY		0. 27844	2 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS		1		_	
88. 00   08800   RURAL HEALTH CLINIC		0.00000		0	1
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	1
90. 00   09000   CLI NI C		0.00000		0	90.00
90. 01   04950 DI ABETI C CARE CENTER		0.00000		0	90. 01
90.02  04951   HEALTHY HEARTS CENTER		0. 66629		55	
90. 03  09001  CLI NI C		0.00000		0	
90. 04   04953   SPI NE CENTER		0.00000		0	
90. 05   04954   I NFUSI ON CENTERS		0. 41339		0	90. 05
90. 06   09002   MEDCHECK   CLINICS		0.00000		0	90. 06
90. 07   09003   KNEE CENTER		1. 13395		0	90. 07
90. 08   09004   PALLI ATI VE CARE		0.00316	0 0	0	90. 08
90. 10 09006 WORK SLITE CLINICS		0.00000	0 0	0	90. 10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE		0.00000	0 0	0	90. 12
91. 00   09100   EMERGENCY		0. 13477	1, 068, 321	143, 986	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 81005	41, 097	33, 291	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 09850 OTHER REIMBURSABLE COST CENTERS		0.00000	00 0	0	98. 00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			10, 343, 077	1, 953, 453	200. 00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201. 00
202.00 Net charges (line 200 minus line 201)			10, 343, 077		202. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0074	From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:17 am

		T: +1 - \0.0111	11: +-1	5/30/2018 11:	17 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
1 00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			-	1 00
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring instructions)	g prior to October 1 (s	see	0 37, 669, 788	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring instructions)	g on or after October 1	(see	13, 160, 578	1. 02
1. 03	DRG for federal specific operating payment for Model 4 BPCI for 1 (see instructions)	discharges occurring p	orior to October	0	1. 03
1. 04	DRG for federal specific operating payment for Model 4 BPCl for October 1 (see instructions)	discharges occurring o	on or after	0	1. 04
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			5, 679, 564 0	2. 00 2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instruction	ns)		0	2. 02
3.00	Managed Care Simulated Payments			18, 679, 636	3. 00
4.00	Bed days available divided by number of days in the cost reporti Indirect Medical Education Adjustment			288. 79	4.00
5. 00	FTE count for allopathic and osteopathic programs for the most ror before 12/31/1996. (see instructions)			25. 01	5. 00
6. 00 7. 00	FTE count for allopathic and osteopathic programs which meet the for new programs in accordance with 42 CFR 413.79(e)		·	0. 00 2. 69	6. 00 7. 00
7. 01	MMA Section 422 reduction amount to the IME cap as specified und ACA § 5503 reduction amount to the IME cap as specified under 42 cost report straddles July 1, 2011 then see instructions.			0.00	7. 00
8. 00	Adjustment (increase or decrease) to the FTE count for allopathi affiliated programs in accordance with 42 CFR 413.75(b), 413.79(1998), and 67 FR 50069 (August 1, 2002).			-9. 51	8. 00
8. 01	The amount of increase if the hospital was awarded FTE cap slots report straddles July 1, 2011, see instructions.	s under § 5503 of the A	ACA. If the cost	10. 80	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots under § 5506 of ACA. (see instructions)	s from a closed teachir	ng hospital	0. 00	8. 02
9. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines instructions)	(8, 8,01 and 8,02) (s	see	23. 61	9. 00
	FTE count for allopathic and osteopathic programs in the current FTE count for residents in dental and podiatric programs.	t year from your record	ds		11. 00
12.00	Current year allowable FTE (see instructions)			26. 77	•
14. 00	Total allowable FTE count for the prior year.  Total allowable FTE count for the penultimate year if that year otherwise enter zero.	ended on or after Sept	cember 30, 1997,	31. 00 33. 22	•
15. 00	Sum of lines 12 through 14 divided by 3.			30. 33	15. 00
16.00	Adjustment for residents in initial years of the program			0.00	1
17. 00	Adjustment for residents displaced by program or hospital closur	re			17. 00
18. 00	Adjusted rolling average FTE count			30. 33	ł
20. 00	Current year resident to bed ratio (line 18 divided by line 4).  Prior year resident to bed ratio (see instructions)			0. 105024 0. 100702	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 100702	
22. 00	IME payment adjustment (see instructions)			2, 719, 018	1
22. 01	IME payment adjustment - Managed Care (see instructions)			999, 211	
	Indirect Medical Education Adjustment for the Add-on for § 422 c				
23. 00	Number of additional allopathic and osteopathic IME FTE resident $(f)(1)(iv)(C)$ .	t cap slots under 42 CF	FR 412. 105		23. 00
24. 00	IME FTE Resident Count Over Cap (see instructions)	6.1.	04.6	14. 32	1
25. 00	If the amount on line 24 is greater than -0-, then enter the low instructions)	wer of line 23 or line	24 (see	0.00	
26. 00	Resident to bed ratio (divide line 25 by line 4)			0.000000	1
	IME payments adjustment factor. (see instructions)			0. 000000	1
	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions)			0	28. 00 28. 01
29. 00	Total IME payment ( sum of lines 22 and 28)			2, 719, 018	1
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment			999, 211	•
30. 00	Percentage of SSI recipient patient days to Medicare Part A pati	ent days (see instruct	i ons)	10. 20	30.00
31. 00	Percentage of Medicaid patient days (see instructions)		- /	37. 67	1
32. 00				47. 87	1
33. 00	Allowable disproportionate share percentage (see instructions)			28. 71	
34. 00	Disproportionate share adjustment (see instructions)			3, 648, 350	34.00

	Financial Systems COMMUNITY HEALTH N ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0074	Peri od: From 01/01/2017	u of Form CMS-2   Worksheet E   Part A	
			To 12/31/2017	Date/Time Prep 5/30/2018 11:	
		Title XVIII	Hospi tal	PPS	17 4111
	· · · · · · · · · · · · · · · · · · ·		Prior to 10/1		
	[H		1. 00	2. 00	
35. 00	Uncompensated Care Adjustment Total uncompensated care amount (see instructions)		5, 977, 483, 147	6, 766, 695, 164	35. 00
35. 01	Factor 3 (see instructions)		0. 000588327	0. 000641030	
35. 02	Hospital uncompensated care payment (If line 34 is zero, ente instructions)	er zero on this line) (se		4, 337, 653	
35. 03 36. 00	Pro rata share of the hospital uncompensated care payment amo Total uncompensated care (sum of columns 1 and 2 on line 35.0	)3)	2, 630, 308 3, 723, 635	1, 093, 327	35. 03 36. 00
40.00	Additional payment for high percentage of ESRD beneficiary di		gh 46)   ol		40.00
40. 00	Total Medicare discharges on Worksheet S-3, Part I excluding 652, 682, 683, 684 and 685 (see instructions)	discharges for MS-DRGS	U		40. 00
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6 instructions)	83, 684 an 685. (see	0		41. 00
41. 01	Total ESRD Medicare covered and paid discharges excluding MS-an 685. (see instructions)	DRGs 652, 682, 683, 684	0		41. 01
42.00	Divide line 41 by line 40 (if less than 10%, you do not quali	, ,	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68 instructions)	•			43. 00 44. 00
44. 00 45. 00	Ratio of average length of stay to one week (line 43 divided days)  Average weekly cost for dialysis treatments (see instructions	,	0. 000000		45. 00
46. 00	Total additional payment (line 45 times line 44 times line 41	•	0		46. 00
47. 00	Subtotal (see instructions)		66, 600, 933		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH, sonly. (see instructions)	small rural hospitals	0		48. 00
				Amount 1.00	
49. 00	Total payment for inpatient operating costs (see instructions	3)		67, 600, 144	49. 00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I an	nd Pt. II, as applicable)		4, 824, 384	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51. 00
52. 00	Direct graduate medical education payment (from Wkst. E-4, li	ne 49 see instructions).		412, 218	
53. 00 54. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			82, 350 2, 071	
54. 01	Islet isolation add-on payment			2,071	54. 00
55. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6	9)		0	55. 00
56.00	Cost of physicians' services in a teaching hospital (see intr	ructi ons)		0	56. 00
57. 00	Routine service other pass through costs (from Wkst. D, Pt. I		nrough 35).	0	57. 00
58. 00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 11 line 200)		170, 863	
59. 00 60. 00	Total (sum of amounts on lines 49 through 58) Primary payer payments			73, 092, 030	
61. 00	Total amount payable for program beneficiaries (line 59 minus	: line 60)		26, 671 73, 065, 359	
62. 00	Deductibles billed to program beneficiaries	, , , , , , , , , , , , , , , , , , , ,		4, 518, 920	
63.00	Coinsurance billed to program beneficiaries			108, 787	
64.00	Allowable bad debts (see instructions)			637, 526	64. 00
65.00	Adjusted reimbursable bad debts (see instructions)			414, 392	
66. 00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		474, 678	
67. 00 68. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	annliaghla t- MC DDC /		68, 852, 044	
הא טט	Credits received from manufacturers for replaced devices for		· /	1, 971	
	Outlier payments reconciliation (sum of lines 93, 95 and 96). OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	(101 3011 See THSTIUCTIONS	<i>3)</i>	0	
69. 00		ration) adjustment (see	nstructions)	0	70. 50
	Rural Community Hospital Demonstration Project (§410A Demonst	, .,		Ö	70. 87
69. 00 70. 00	Demonstration payment adjustment amount before sequestration		ı	0	1
69. 00 70. 00 70. 50				υĮ	, 0, 00
69. 00 70. 00 70. 50 70. 87 70. 88 70. 89	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst	ructions)			70. 89
69. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 90	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions)	ructions)		0	70. 89 70. 90
69. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0	70. 89 70. 90 70. 91
69. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91 70. 92	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	ructions)		0 0 0	70. 89 70. 90 70. 91 70. 92
69. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0	70. 89 70. 90 70. 91 70. 92 70. 93

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.		In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der C	CN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Pre 5/30/2018 11:	pared: 17 am
	Ti tle	e XVIII	Hospi tal	PPS	
		FFY	(yyyy)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal y the corresponding federal year for the per	riod prior to 10/1)		0	0	70. 96
70.97 Low volume adjustment for federal fiscally the corresponding federal year for the per			0	0	70. 97

70. 98	the corresponding federal year for the period ending on or after 10/1)			
	Low Volume Payment-3		0	70. 98
70. 99	HAC adjustment amount (see instructions)		0	70. 99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		68, 918, 530	71.00
71. 01	Sequestration adjustment (see instructions)		1, 378, 371	71. 01
71. 02	Demonstration payment adjustment amount after sequestration		0	71. 02
72.00	Interim payments		68, 099, 939	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and		-559, 780	74.00
	73)			
75.00	Protested amounts (nonallowable cost report items) in accordance with		1, 164, 988	75.00
	CMS Pub. 15-2, chapter 1, §115.2			
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1. 00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100. 00
	HVBP Adjustment for HSP Bonus Payment			1
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.000000000	101. 00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			1
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103. 00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			1
200.00	Is this the first year of the current 5-year demonstration period under the 21st			200. 00
	Century Cures Act? Enter "Y" for yes or "N" for no.			
				200.00
	Cost Reimbursement			200. 00
201.00				
	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201. 00
202.00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)			201. 00 202. 00
202.00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)	5-year demons	tration	201. 00 202. 00
202.00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)	5-year demons	tration	201. 00 202. 00 203. 00
202. 00 203. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current	5-year demons	tration	201. 00 202. 00 203. 00
202. 00 203. 00 204. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount	5-year demons	trati on	201. 00 202. 00 203. 00 204. 00
202. 00 203. 00 204. 00 205. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)	5-year demons	trati on	201. 00 202. 00 203. 00 204. 00 205. 00
202. 00 203. 00 204. 00 205. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00
202. 00 203. 00 204. 00 205. 00 206. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
202. 00 203. 00 204. 00 205. 00 206. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)	5-year demonst	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Drogram reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Drogram reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 209. 00 210. 00 211. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 209. 00 210. 00 211. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare Part A IPPS payments (from line 211)	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00 211. 00
202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 209. 00 210. 00 211. 00 212. 00 213. 00	Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement	5-year demons	tration	201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00

Health Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lieu of Form CMS-	-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0074	Peri od: Worksheet E From 01/01/2017 Part B To 12/31/2017 Date/Time Pro	

		10 12/31/201	5/30/2018 11:	
		Title XVIII Hospital	PPS	17 am
		Title Attit	1	
			1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		85, 625	1.00
2.00	Medical and other services reimbursed under OPPS (see instruct	tions)	94, 449, 279	
3.00	OPPS payments	,	77, 757, 407	3.00
4.00	Outlier payment (see instructions)		1, 520, 619	
4. 01	Outlier reconciliation amount (see instructions)		0	1
5.00	Enter the hospital specific payment to cost ratio (see instruc	ctions)	0.000	
6.00	Line 2 times line 5	•	0	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7. 00
8.00	Transitional corridor payment (see instructions)		0	8. 00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. I	IV, col. 13, line 200	429, 859	9. 00
10.00	Organ acqui si ti ons		0	10. 00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85, 625	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			1
12.00	Ancillary service charges		374, 939	12. 00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii	ine 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		374, 939	14. 00
	Customary charges			
15.00	Aggregate amount actually collected from patients liable for p	payment for services on a charge basis	0	15. 00
16.00	Amounts that would have been realized from patients liable for	r payment for services on a chargebasis	0	16. 00
	had such payment been made in accordance with 42 CFR §413.13(e	e)		
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0. 000000	17. 00
18.00	Total customary charges (see instructions)		374, 939	18. 00
19.00	Excess of customary charges over reasonable cost (complete onl	ly if line 18 exceeds line 11) (see	289, 314	19. 00
	instructions)			
20.00	Excess of reasonable cost over customary charges (complete onl	ly if line 11 exceeds line 18) (see	0	20. 00
	instructions)			
21. 00	Lesser of cost or charges (see instructions)		85, 625	
22. 00	Interns and residents (see instructions)		0	
23. 00	Cost of physicians' services in a teaching hospital (see instr	ructions)	0	
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		79, 707, 885	24. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25. 00	Deductibles and coinsurance (for CAH, see instructions)		4, 735	1
26. 00	Deductibles and Coinsurance relating to amount on line 24 (for		13, 621, 788	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) p	plus the sum of lines 22 and 23] (see	66, 166, 987	27. 00
00.00	instructions)	5.0	FF/ /0F	00.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, li	ne 50)	556, 695	
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	
30.00	Subtotal (sum of lines 27 through 29)		66, 723, 682	ı
31.00	Primary payer payments		15, 615	
32. 00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE)	CEC)	66, 708, 067	32. 00
22 00		JES)	0	33.00
33. 00 34. 00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)		923, 346	1
35.00	Adjusted reimbursable bad debts (see instructions)		600, 175	1
36. 00	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)	664, 971	
	Subtotal (see instructions)	ructions)	67, 308, 242	
38. 00	MSP-LCC reconciliation amount from PS&R		80	1
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions	(2		39. 50
39. 97	Demonstration payment adjustment amount before sequestration	3)	0	1
39. 98	Partial or full credits received from manufacturers for replacements	cad davicas (saa instructions)	0	1
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	ced devices (see mistractions)	0	
40. 00	Subtotal (see instructions)		67, 308, 162	1
40. 00	Sequestration adjustment (see instructions)		1, 346, 163	1
40. 01	Demonstration payment adjustment amount after sequestration		1, 340, 103	1
41. 00	Interim payments		65, 915, 039	1
42. 00	Tentative settlement (for contractors use only)		03, 713, 037	1
43. 00	Balance due provider/program (see instructions)		46, 960	
44. 00	Protested amounts (nonallowable cost report items) in accordan	nce with CMS Dub 15-2 chanter 1	40, 700	1
<del></del>	§115. 2	100 WITH OND FUD. 10-2, Chapter 1,		74.00
	TO BE COMPLETED BY CONTRACTOR		<u> </u>	1
90.00	Original outlier amount (see instructions)		0	90.00
91. 00	Outlier reconciliation adjustment amount (see instructions)		0	1
92. 00	The rate used to calculate the Time Value of Money		0.00	
93. 00	Time Value of Money (see instructions)		0.00	1
	Total (sum of lines 91 and 93)		0	1
			'	

Health Financial Systems COMMUNANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Peri od: | Worksheet E-1 | From 01/01/2017 | Part I | To 12/31/2017 | Date/Time Prepared: Provider CCN: 15-0074

				10 12/31/201/	5/30/2018 11: 1	
		Ti tl e	e XVIII	Hospi tal	PPS	
		I npati er	nt Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4.00	
1.00	Total interim payments paid to provider		68, 099, 93	39	65, 915, 039	1. 00
2.00	Interim payments payable on individual bills, either			0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider		1			
3. 01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3. 02				0	0	3. 02
3.03				0	0	3. 03
3.04				0	0	3. 04
3. 05				0	0	3. 05
2 50	Provider to Program ADJUSTMENTS TO PROGRAM			0	0	2 50
3. 50 3. 51	ADJUSTMENTS TO PROGRAM			0		3. 50 3. 51
3. 52				0		3. 51
3. 53				0		3. 52
3. 54				0		3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0		3. 99
3. 77	3. 50-3. 98)			٥		3. 77
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		68, 099, 93	39	65, 915, 039	4. 00
00	(transfer to Wkst. E or Wkst. E-3, line and column as		00,077,70		00,710,007	00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR	•	•	<u>'</u>		
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVIDER			0	0	5. 01
5.02				0	0	5. 02
5.03				0	0	5. 03
	Provider to Program					
5. 50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 99
	5. 50-5. 98)					
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER			0	46, 960	6. 01
6. 01	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM		559. 78	-	46, 960	6. 01
					"	
7. 00	Total Medicare program liability (see instructions)		67, 540, 15	Contractor	65, 961, 999 NPR Date	7. 00
				Number	(Mo/Day/Yr)	
			0	1. 00	2.00	
8. 00	Name of Contractor		-		2.00	8. 00
3. 00	1	ı		T.	1 1	5. 50

Heal th	Financial Systems CO	MMUNITY HEALTH NET	NORK, INC.	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	F	Provider CCN: 15-0074	Peri od:	Worksheet E-1	
				From 01/01/2017		
				To 12/31/2017	Date/Time Pre 5/30/2018 11:	
			Title XVIII	Hospi tal	973072018 11. PPS	17 alli
			Title XVIII	i ilospi tai	FF3	
					1 00	_
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD	COST DEDODIE			1. 00	
						4
4 00	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION		0 0 1 1 1 15 1	4.4		4
1. 00	Total hospital discharges as defined in AARA	~	= -	14		1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 s		2			2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col.					3. 00
4.00	Total inpatient days from S-3, Pt. I col. 8 s	sum of lines 1, 8-1	2			4. 00
5.00	Total hospital charges from Wkst C, Pt. I, co	ol. 8 line 200				5. 00
6.00	Total hospital charity care charges from Wkst	. S-10, col. 3 lin	e 20			6. 00
7.00	CAH only - The reasonable cost incurred for t	the purchase of cer	tified HIT technology	Wkst. S-2, Pt. I		7. 00
	line 168	•	33			
8.00	Calculation of the HIT incentive payment (see	e instructions)				8. 00
9.00	Sequestration adjustment amount (see instruct					9, 00
10. 00	Calculation of the HIT incentive payment afte		ee instructions)			10.00
10.00	INPATIENT HOSPITAL SERVICES UNDER THE IPPS &		ee matractrons,			10.00
30. 00	Initial/interim HIT payment adjustment (see i	•				30.00
	Other Adjustment (specify)	nstructions)				31.00
31.00	, , , , , , ,	us line 20 and lin	- 21) / !+!	٥)		31.00

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

30. 00 31. 00 32. 00

	Financial Systems COMMUNITY HEALTH N		CN. 15 0074		u of Form CMS-2	
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT AL EDUCATION COSTS	Provider Co	LN: 15-0074	Peri od: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Pre	pared:
		Title	xVIII	Hospi tal	5/30/2018 11: PPS	17 am
				oop. tu.		
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1. 00	
1. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ng periods	26. 92	1.00
2. 00 3. 00	Unweighted FTE resident cap add-on for new programs per 42 CF Amount of reduction to Direct GME cap under section 422 of MM	` , ,	1) (see insti	ructi ons)	0. 00 2. 82	
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0. 00	
4. 00	Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	-9. 51	4. 00
4. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)		cost reporti	ng periods	9. 72	4. 01
4. 02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	s (see inst	ructions for	cost reporting	0. 00	4. 02
5. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl 4.02 plus applicable subscripts	us or minus	line 4 plus l	ines 4.01 and	24. 31	5. 00
6. 00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	37. 93	
7. 00	Enter the lesser of line 5 or line 6		Primary Car	e Other	24. 31 Total	7. 00
			1. 00	2. 00	3. 00	
8. 00	Weighted FTE count for physicians in an allopathic and osteop program for the current year.	athi c	33.	4. 50	37. 93	8. 00
9. 00	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo 6.		21. 4	2. 88	24. 31	9. 00
10.00	Weighted dental and podiatric resident FTE count for the curr			2. 76		10.00
10. 01 11. 00	Unweighted dental and podiatric resident FTE count for the cu Total weighted FTE count	irrent year	21.	3. 16 43 5. 64		10. 01 11. 00
12. 00	Total weighted resident FTE count for the prior cost reportin instructions)	g year (see	28. (			12. 00
13. 00	Total weighted resident FTE count for the penultimate cost re year (see instructions)	porting	26.8	2. 64		13. 00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided	l by 3).	25. d 0. d			14. 00 15. 00
15. 00 15. 01	Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new p	rograms	0.0			15. 00
16. 00	Adjustment for residents displaced by program or hospital clo	sure	0.0			16. 00
16. 01	Unweighted adjustment for residents displaced by program or h	ospi tal	0.0	0.00		16. 01
17. 00	Adjusted rolling average FTE count		25. (			17.00
18. 00 19. 00	Per resident amount Approved amount for resident costs		83, 333. ! 2, 135, 0		2, 498, 339	18. 00 19. 00
					1. 00	
20. 00	0.00 Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					20. 00
21. 00	Direct GME FTE unweighted resident count over cap (see instru				13. 62	
22. 00 23. 00	· · · · · · · · · · · · · · · · · · ·				0. 00 0. 00	
24. 00	Multiply line 22 time line 23				0	24. 00
25. 00	Total direct GME amount (sum of lines 19 and 24)		Inpatient Pa	rt Managed care	2, 498, 339	25. 00
			1. 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3. 00	
26. 00	Inpatient Days (see instructions)		22, 7			26.00
27. 00 28. 00	Total Inpatient Days (see instructions) Ratio of inpatient days to total inpatient days		77, 2: 0. 29458			27. 00 28. 00
29. 00	Program direct GME amount		735, 9	73 271, 270		29. 00 30. 00
30.00	Reduction for direct GME payments for Medicare Advantage			38, 330		

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0074	Peri od:	Worksheet E-4	
MEDI CA	L EDUCATION COSTS		From 01/01/2017 To 12/31/2017	Date/Time Prep 5/30/2018 11:	
	<u> </u>	Title XVIII	Hospi tal	PPS	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL	E VVIII ONLY (NUDCING CO	LICOL AND DADAMEDI	1.00	
	EDUCATION COSTS)	E AVIII UNLT (NURSING SC	HOUL AND PARAMEDI	CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B,	Pt. I. sum of col. 20 ar	nd 23. Lines 74	0	32. 00
	and 94)	,		-	
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt.	I, col. 8, sum of lines	74 and 94)	3, 855, 504	33.00
34.00	Ratio of direct medical education costs to total charges (lin	e 32 ÷ line 33)		0. 000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
	Reasonable cost (see instructions)			70, 334, 122	
	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	39.00
	Primary payer payments (see instructions)			26, 671	
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		70, 307, 451	41. 00
40.00	Part B Reasonable Cost			04.0(4.7(0	40.00
	Reasonable cost (see instructions)			94, 964, 763	
43.00	Primary payer payments (see instructions)			15, 615	
	Total Part B reasonable cost (line 42 minus line 43) Total reasonable cost (sum of lines 41 and 44)			94, 949, 148 165, 256, 599	
	Ratio of Part A reasonable cost to total reasonable cost (lin	o 41 · lino 45)		0. 425444	
	Ratio of Part B reasonable cost to total reasonable cost (IIII	,		0. 574556	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA			0. 574550	47.00
48 00	Total program GME payment (line 31)	INI D		968, 913	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		412, 218	
17.00	The things of the payment (The 40 x 40) (the XVIII only)	(see instructions)			50.00

Health Financial Systems

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

Provider CCN: 15-0074

Peri od: Worksheet G From 01/01/2017 To 12/31/2017 Date/Time Prepared:

onl y)			'	0 12/31/201/	5/30/2018 11:	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	207, 493	B C	-	0	1.00
2. 00 3. 00	Temporary investments Notes receivable	48, 112	1	-	0	2. 00 3. 00
4. 00	Accounts receivable	1, 057, 259, 736	1	0	0	4. 00
5. 00	Other recei vabl e	6, 969, 491	1	0	0	5. 00
6. 00	Allowances for uncollectible notes and accounts receivable	3, 932, 391	1	0	0	6. 00
7.00	Inventory	8, 642, 802	2 0	0	0	7. 00
8.00	Prepai d expenses	82, 295		0	0	
9.00	Other current assets	17, 424, 799		0	0	
10.00	Due from other funds	0			0	10.00
11. 00	Total current assets (sum of lines 1-10)	1, 094, 567, 119	) <u> </u>	0	0	11. 00
12. 00	FI XED ASSETS Land	4, 453, 049	ol c	O	0	12. 00
13. 00	Land improvements	4, 335, 982	1	-	0	13. 00
14. 00	Accumulated depreciation	0			0	14. 00
15. 00	Bui I di ngs	400, 805, 410	0	0	0	15. 00
16. 00	Accumulated depreciation	0	) c	0	0	16. 00
17. 00	Leasehold improvements	10, 439, 956	1	0	0	17. 00
18. 00	Accumulated depreciation	0	0	-	0	18.00
19.00	Fixed equipment	179, 297, 593	1	-	0	19.00
20. 00 21. 00	Accumulated depreciation Automobiles and trucks	71, 697	) C	0	0	20.00
22. 00	Accumulated depreciation	71,097		0	0	22.00
23. 00	Major movable equipment	0		0	0	23. 00
24. 00	Accumulated depreciation	-330, 401, 362	el c	0	Ō	24. 00
25.00	Mi nor equi pment depreci abl e	0	0	0	0	25. 00
26. 00	Accumulated depreciation	0	0	0	0	26. 00
27. 00	HIT designated Assets	0	0	0	0	27. 00
28. 00	Accumulated depreciation	0	0	0	0	28. 00
29. 00	Mi nor equi pment-nondepreci abl e	0 240 002 225	) C	-	0	29.00
30. 00	Total fixed assets (sum of lines 12-29) OTHER ASSETS	269, 002, 325		U	0	30.00
31. 00	Investments	0	) C	0	0	31.00
32.00	Deposits on Leases	0	0	0	0	32. 00
33.00	Due from owners/officers	0	) c	0	0	33. 00
34.00	Other assets	-865, 595, 771		-	0	34. 00
35. 00	Total other assets (sum of lines 31-34)	-865, 595, 771	1		0	35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)  CURRENT LIABILITIES	497, 973, 673	B  C	0	0	36.00
37. 00	Accounts payable	1, 459, 982	2 0	O	0	37. 00
38. 00	Salaries, wages, and fees payable	207, 966	1	0	0	38.00
39. 00	Payrol I taxes payable	3, 016	1	0	0	39. 00
40.00	Notes and Loans payable (short term)	0	o	0	0	40. 00
41. 00	Deferred income	0	) c	0	0	41. 00
42. 00	Accel erated payments	0		_	_	42. 00
43.00	Due to other funds	0 000 010		0	0	1
44. 00 45. 00	Other current liabilities Total current liabilities (sum of lines 37 thru 44)	2, 933, 363 4, 604, 327			0	
45.00	LONG TERM LIABILITIES	4,004,327	1	U	0	45.00
46. 00	Mortgage payable	0		0	0	46. 00
47.00	Notes payable	O	) c	0	0	
48.00	Unsecured Loans	0	) c	0	0	48. 00
49. 00	Other long term liabilities	36, 654			0	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36, 654			0	50.00
51. 00	Total liabilities (sum of lines 45 and 50)  CAPITAL ACCOUNTS	4, 640, 981	0	0	0	51.00
52. 00	General fund balance	493, 332, 692	ol			52.00
53. 00	Specific purpose fund	473, 332, 072				53.00
54. 00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55. 00
56.00	Governing body created - endowment fund balance			0		56. 00
57. 00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement,				0	58. 00
E0 00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	402 222 402		0	_	59. 00
59. 00 60. 00	Total liabilities and fund balances (sum of lines 51 and	493, 332, 692 497, 973, 673	1		0	
55.00	[59]	1,71, 7,3,073	7			55.50
		,	•			

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0074

					To 12/31/201		
		Genera	I Fund	Speci al F	Purpose Fund	Endowment Fund	17 4111
		1.00	2.00	3.00	4. 00	5. 00	
1.00	Fund balances at beginning of period		311, 645, 341	1		0	1.00
2. 00 3. 00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)		181, 687, 351 493, 332, 692	1		0	2. 00 3. 00
4. 00	Additions (credit adjustments) (specify)	0	473, 332, 072			0	4. 00
5. 00	(	0			O	0	5. 00
6. 00		0			0	0	6. 00
7. 00 8. 00		0			0	0	7. 00 8. 00
9. 00		0			0		9. 00
10.00	Total additions (sum of line 4-9)		0			0	10. 00
11. 00	Subtotal (line 3 plus line 10)		493, 332, 692	2		0	11. 00
12.00	Deductions (debit adjustments) (specify)	0			0	0	12.00
13. 00 14. 00		0			0	0	13. 00 14. 00
15. 00		0			o	0	15. 00
16. 00		0			0	0	16. 00
17. 00	T + 1 + 1 + 1 · · · · · · · · · · · · · ·	0			0	0	17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance		493, 332, 692			0	18. 00 19. 00
	sheet (line 11 minus line 18)		473, 332, 072		,		17.00
		Endowment Fund	PI ant	Fund			
		6. 00	7. 00	8.00			
1. 00	Fund balances at beginning of period	0	7.22	2.22	0		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2. 00
3. 00 4. 00	Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0		0		3. 00 4. 00
5.00	Additions (credit adjustments) (specify)		0				5. 00
6.00			0				6. 00
7.00			0	)			7. 00
8. 00 9. 00			0				8. 00 9. 00
10. 00	Total additions (sum of line 4-9)	0	0	<u>'</u>	0		10. 00
11. 00	Subtotal (line 3 plus line 10)	0			0		11. 00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13. 00 14. 00			0				13. 00 14. 00
15. 00			0				15. 00
16. 00			0				16. 00
17. 00	T	_	0				17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance	0			0		18. 00 19. 00
17.00	sheet (line 11 minus line 18)						17.00
		•					

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

			To	12/31/2017	Date/Time Prep 5/30/2018 11:	
	Cost Center Description		Inpatient	Outpati ent	Total	7 4111
	5557 551151 55551 1 1 1 1 1 1 1 1 1 1 1		1. 00	2. 00	3. 00	
	PART I - PATIENT REVENUES				0.00	
	General Inpatient Routine Services					
1.00	Hospi tal		53, 882, 792		53, 882, 792	1. 00
2.00	SUBPROVI DER - I PF					2.00
3.00	SUBPROVI DER - I RF					3. 00
4.00	SUBPROVI DER					4. 00
5.00	Swing bed - SNF		0		o	5. 00
6.00	Swing bed - NF		0		o	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)		53, 882, 792		53, 882, 792	10.00
	Intensive Care Type Inpatient Hospital Services		, , , ,			
11. 00	INTENSIVE CARE UNIT		12, 348, 634		12, 348, 634	11.00
12.00	CORONARY CARE UNIT		18, 141, 971		18, 141, 971	12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGICAL INTENSIVE CARE UNIT					14.00
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00
16. 00	Total intensive care type inpatient hospital services (sum of	lines	30, 490, 605		30, 490, 605	16. 00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)		84, 373, 397		84, 373, 397	17.00
18.00	Ancillary services		627, 064, 412	1, 319, 829, 980	1, 946, 894, 392	18.00
19.00	Outpati ent services		36, 791, 184	245, 317, 261	282, 108, 445	19.00
20.00	RURAL HEALTH CLINIC		0	o	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	ol	o	21.00
22. 00	HOME HEALTH AGENCY					22.00
23.00	AMBULANCE SERVICES					23.00
24.00	CMHC					24.00
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPI CE					26.00
27.00	PROFESSI ONAL FEES		0	23, 118, 385	23, 118, 385	27.00
28.00	Total patient revenues (sum of lines 17-27) (transfer column 3	to Wkst.	748, 228, 993	1, 588, 265, 626	2, 336, 494, 619	28.00
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			593, 929, 304		29.00
30.00	ADD (SPECIFY)		0			30.00
31.00			0			31.00
32.00			0			32.00
33.00			0			33.00
34.00			0			34.00
35.00			0			35.00
36.00	Total additions (sum of lines 30-35)			0		36.00
37.00	DEDUCT (SPECIFY)		0			37.00
38. 00			0			38.00
39. 00			0			39.00
40.00			0			40.00
41.00			0			41.00
42. 00	Total deductions (sum of lines 37-41)			0		42.00
43. 00	Total operating expenses (sum of lines 29 and 36 minus line 42	2)(transfer		593, 929, 304		43.00
	to Wkst. G-3, line 4)			ļ	ļ	

Heal th	Financial Systems COMMUNITY HEALTH N	ETWORK, INC.	In Lie	u of Form CMS-2	2552-10
STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0074	Peri od:	Worksheet G-3	
			From 01/01/2017 To 12/31/2017	Date/Time Pre 5/30/2018 11:	
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin			2, 336, 494, 619	1
2.00	Less contractual allowances and discounts on patients' accoun	nts		1, 582, 452, 774	•
3.00	Net patient revenues (line 1 minus line 2)			754, 041, 845	1
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		593, 929, 304	1
5.00	Net income from service to patients (line 3 minus line 4)			160, 112, 541	5. 00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6. 00
7. 00	Income from investments			79, 822	1
8.00	Revenues from telephone and other miscellaneous communication	ı servi ces		0	
9. 00	Revenue from television and radio service			0	9. 00
10.00	Purchase di scounts			0	10. 00
11. 00	Rebates and refunds of expenses			0	11. 00
12. 00	Parking lot receipts			0	
13. 00	Revenue from Laundry and Linen service			0	13. 00
14. 00	Revenue from meals sold to employees and guests			412, 511	
15. 00	Revenue from rental of living quarters			0	1 .0.00
16. 00	Revenue from sale of medical and surgical supplies to other t	han patients		0	16. 00
17. 00	Revenue from sale of drugs to other than patients			0	1
18. 00	Revenue from sale of medical records and abstracts			0	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	1 . ,
20. 00	Revenue from gifts, flowers, coffee shops, and canteen			0	20. 00
21. 00	Rental of vending machines			0	21. 00
22. 00	Rental of hospital space			311, 002	•
23. 00	Governmental appropriations			0	23. 00
	OTHER MISC REVENUE			20, 771, 475	1
25 00	Total ather income (cum of lines ( 24)			21 574 010	1 25 00

181, 687, 351 29. 00

25.00 26. 00

28.00

0 27.00

21, 574, 810 181, 687, 351

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

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

27. 00 OTHER EXPENSES (SPECIFY)

	n Financial Systems	COMMUNITY HEALTH NETWORK, INC.	In Lie	eu of Form CMS-	2552-10
CALCU	LATION OF CAPITAL PAYMENT	Provider CCN: 15-0074	Peri od: From 01/01/2017	Worksheet L Parts I-III	
			To 12/31/2017		pared:
				5/30/2018 11:	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				1
1.00	Capital DRG other than outlier			4, 122, 765	1.00
1.01	Model 4 BPCI Capital DRG other than outli	r		0	1. 01
2.00	Capital DRG outlier payments			112, 889	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	Model 4 BPCI Capital DRG outlier payments			
3.00		days in the cost reporting period (see ins	structions)	213. 01	
4.00	Number of interns & residents (see instru			30. 33	
5.00	Indirect medical education percentage (se			4. 10	
6. 00	Indirect medical education adjustment (mu 1.01) (see instructions)	tiply line 5 by the sum of lines 1 and 1.0	01, columns 1 and	169, 033	6. 00
7.00	Percentage of SSI recipient patient days	o Medicare Part A patient days (Worksheet	E, part A line	10. 20	7. 00
8. 00	30) (see instructions)   Percentage of Medicaid patient days to total days (see instructions)				8.00
9.00				37. 67 47. 87	
10.00					
11. 00				10. 18 419, 697	
12. 00	' '			4, 824, 384	1
		, , , , , , , , , , , , , , , , , , ,			
				1. 00	
4 00	PART II - PAYMENT UNDER REASONABLE COST				4 00
1.00	Program inpatient routine capital cost (s			0	1
2.00	Program inpatient ancillary capital cost			0	
3.00	Total inpatient program capital cost (lir			0	
4. 00 5. 00	Capital cost payment factor (see instruct Total inpatient program capital cost (lir			0	
5.00	Total Impatrent program capital cost (III	3 x TTHE 4)		U	5.00
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYME	TS			
1.00	Program inpatient capital costs (see inst			0	1.00
2.00	Program inpatient capital costs for extra	rdinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line			0	3.00
4.00	Applicable exception percentage (see inst			0.00	
5.00	Capital cost for comparison to payments (			0	
6.00	Percentage adjustment for extraordinary of			0.00	
	Adjustment to capital minimum payment lev	I for extraordinary circumstances (line 2	x line 6)	0	7.00
7.00					1
7. 00 8. 00	Capital minimum payment level (line 5 plu			0	
7.00	Capital minimum payment level (line 5 plu Current year capital payments (from Part			0 0	9. 00

11.00 Carryover of accumulated capital minimum payment level over capital payment (from prior year

12.00 Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)

13.00 Current year exception payment (if line 12 is positive, enter the amount on this line)

14.00 Carryover of accumulated capital minimum payment level over capital payment for the following period

Worksheet L, Part III, line 14)

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

15.00 Current year allowable operating and capital payment (see instructions)
16.00 Current year operating and capital costs (see instructions)
17.00 Current year exception offset amount (see instructions)

0 12.00 13.00 0

0 15.00

0 16.00 0 17.00

11.00

14.00 0