| Heal th Financi   |  | COMMUNITY HOSPITAL OF   |   |   | u of Form CMS-25  | 52-10 |  |
|---|--|---|---|---|---|-------|--|
|   | s required by law (42 USC 1395g;<br>since the beginning of the cost  |   | •   |   | FORM APPROVED<br>OMB NO. 0938-00<br>EXPIRES 03-31-2             |       |  |
| HOSPITAL AND I<br>AND SETTLEMEN   | HOSPITAL HEALTH CARE COMPLEX COS<br>T SUMMARY  | T REPORT CERTIFICATION  | Provider CCN: 15-0169   | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S<br>Parts I-III<br>Date/Time Prepa<br>5/30/2022 2:39 |       |  |
| PART I - COST   | REPORT STATUS  |   |   | 1   |   |       |  |
| Provi der   | 1. [ X ] Electronically prepared   | cost report   |   | Date: 5/30/202                              | 22 Time: 2:   | 39 pm |  |
| use only  | 2. [ ] Manually prepared cost  |   |   |   |   |       |  |
| 3. [ 0 ]If this is an amended report enter the number of times the provider resubmitted this cost report<br>4. [ F ]Medicare Utilization. Enter "F" for full or "L" for low.  |  |   |   |   |   |       |  |
| Contractor<br>use only  | <ul> <li>(1) Ås Submitted</li> <li>(2) Settled without Audit 8.</li> </ul>   | Date Received:<br>Contractor No.<br>[ N ]Initial Report fo<br>[ N ]Final Report for               | r this Provider CCN 12.   |   | or Code:<br>lumn 1 is 4: En<br>es reopened = 0;                 |       |  |
| MI SREPRESENTA<br>ADMI NI STRATI VI<br>PROVI DED OR PI<br>ADMI NI STRATI VI   | TIFICATION BY A CHIEF FINANCIAL<br>TION OR FALSIFICATION OF ANY INF<br>E ACTION, FINE AND/OR IMPRISONME<br>ROCURED THROUGH THE PAYMENT DIRE<br>E ACTION, FINES AND/OR IMPRISONME | ORMATION CONTAINED IN TH<br>NT UNDER FEDERAL LAW. H<br>CTLY OR INDIRECTLY OF A<br>ENT MAY RESULT. | HIS COST REPORT MAY BE<br>FURTHERMORE, IF SERVICE<br>KICKBACK OR WERE OTHER | S IDENTIFIED IN TH                          | IIS REPORT WERE   |       |  |
| CERTI   | FICATION BY CHIEF FINANCIAL OFFI   | CER OR ADMINISTRATOR OF   | PROVIDER(S)   |   |   |       |  |
| I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. (15-0169) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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. |  |   |   |   |   |       |  |
| SI GNATUF   | RE OF CHIEF FINANCIAL OFFICER OR   | ADMI NI STRATOR CHECKI  | BOX   | ELECTRONI C                                 |   |       |  |
|   | 1  | 2   |   | NATURE STATEMENT                            |   |       |  |
| 1   | Holly Millar   | <b>h</b>  | I have read and agr<br>statement. I certif                                  | y that I intend my                          | / el ectroni c  | 1     |  |

|   | 1 101                  | iy iviinara                       | binding equivalent of my original signature. |   |
|---|------------------------|-----------------------------------|--|---|
| 2 | Signatory Printed Name | Holly Millard                     |  | 2 |
| 3 | Signatory Title        | SVP FINANCE                       |  | 3 |
| 4 | Date                   | (Dated when report is electronica |  | 4 |

|        |                               |         | Title    | XVIII     |      |           |        |
|--------|-------------------------------|---------|----------|-----------|------|-----------|--------|
|        | Cost Center Description       | Title V | Part A   | Part B    | HIT  | Title XIX |        |
|        |                               | 1.00    | 2.00     | 3.00      | 4.00 | 5.00      |        |
|        | PART III - SETTLEMENT SUMMARY |         |          |           |      |           |        |
| 1.00   | Hospi tal                     | 0       | 898, 022 | -182, 181 | 0    | 0         | 1.00   |
| 2.00   | Subprovider - IPF             | 0       | 2, 754   | 9         |      | 0         | 2.00   |
| 3.00   | Subprovider - IRF             | 0       | 0        | 0         |      | 0         | 3.00   |
| 5.00   | Swing Bed - SNF               | 0       | 0        | 0         |      | 0         | 5.00   |
| 6.00   | Swing Bed - NF                | 0       |          |           |      | 0         | 6.00   |
| 200.00 | Total                         | 0       | 900, 776 | -182, 172 | 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.

| HOSPI 1        | <u>Financial Systems</u><br>AL AND HOSPITAL HEALTH CARE COMPLEX I              | COMMUNITY HOSPITAL (<br>DENTIFICATION DATA                                      |                                |          |           | Peri od:                 |        | Norkshe           |           | 2552-10        |
|----------------|--|---|--------------------------------|----------|-----------|--------------------------|--------|-------------------|-----------|----------------|
|                |  |   |                                |          |           | From 01/01/<br>To 12/31/ | 2021   | Part I<br>Date/Ti |           |                |
|                | 1.00   | 2.00  |                                | 3.00     |           | 4                        | . 00   | 5/30/20           | )22 2:3   | 9 pm           |
|                | Hospital and Hospital Health Care Co   | mplex Address:  |                                | 0.00     |           |                          |        |                   |           |                |
| 1.00<br>2.00   | Street: 7150 CLEARVISTA DRIVE<br>City: INDIANAPOLIS                            | PO Box:<br>State: IN  | Zip Cod                        | a. 46256 | Count     | y: MARION                |        |                   |           | 1.00           |
| 2.00           |  | Component Name  | CCN                            | CBSA     | Provi der | Date                     |        | nt Syst           |           | 2.00           |
|                |  |   | Number                         | Numbei   | r Type    | Certified                | Т,<br> | 0, or<br>XVIII    | N)<br>XIX |                |
|                |  | 1.00  | 2.00                           | 3.00     | 4.00      | 5.00                     | 6.00   | 7.00              | 8.00      |                |
| 3.00           | Hospital and Hospital-Based Componen<br>Hospital                               | t Identification:<br>COMMUNITY HOSPITAL OF                                      | 150169                         | 26900    | ) 1       | 02/25/2008               | N      | Р                 | Р         | 3.00           |
| 3.00           |  | INDIANA, INC.   | 150109                         | 20900    | /   '     | 02/23/2008               | IN IN  |                   |           | 3.00           |
| 4.00<br>5.00   | Subprovider - IPF<br>Subprovider - IRF   | COMMUNITY MENTAL HEALTH   | 15S169                         | 26900    | ) 4       | 01/01/2010               | Ν      | Р                 | 0         | 4.00<br>5.00   |
| 6.00           | Subprovider - (Other)  |   |                                |          |           |                          |        |                   |           | 6.00           |
| 7.00           | Swing Beds - SNF   |   |                                |          |           |                          |        |                   |           | 7.00           |
| 8.00           | Swing Beds - NF  |   |                                |          |           |                          |        |                   |           | 8.00<br>9.00   |
| 9.00<br>10.00  | Hospi tal -Based SNF<br>Hospi tal -Based NF                                    |   |                                |          |           |                          |        |                   |           | 10.00          |
| 11.00          | Hospi tal -Based OLTC  |   |                                |          |           |                          |        |                   |           | 11.00          |
| 12.00          | Hospi tal -Based HHA   |   |                                |          |           |                          |        |                   |           | 12.00          |
|                | Separately Certified ASC<br>Hospital-Based Hospice                             |   |                                |          |           |                          |        |                   |           | 13.00          |
|                | Hospital - Based Health Clinic - RHC   |   |                                |          |           |                          |        |                   |           | 15.00          |
|                | Hospital-Based Health Clinic - FQHC  |   |                                |          |           |                          |        |                   |           | 16.00          |
| 17.00<br>18.00 | Hospital-Based (CMHC) I<br>Renal Dialysis                                      |   |                                |          |           |                          |        |                   |           | 17.00<br>18.00 |
| 19.00          | 5  |   |                                |          |           |                          |        |                   |           | 19.00          |
|                |  |   |                                |          |           | From:                    |        | To                |           |                |
| 20.00          | Cost Reporting Period (mm/dd/yyyy)   |   |                                |          |           | 1.00                     | )21    | 2.0               |           | 20.00          |
| 21.00          | Type of Control (see instructions)   |   |                                |          |           | 2                        |        |                   |           | 21.00          |
|                |  |   |                                | -        | 1.00      | 2.00                     |        | 3. (              | )()       |                |
|                | Inpatient PPS Information  |   |                                |          |           |                          |        | 0.10              |           |                |
| 22.00          | Does this facility qualify and is it   | 5 0.5   |                                |          | Y         | N                        |        |                   |           | 22.00          |
|                | disproportionate share hospital adju:<br>§412.106? In column 1, enter "Y" fo   |   |                                |          |           |                          |        |                   |           |                |
|                | facility subject to 42 CFR Section §   | 412.106(c)(2)(Pickle ame  |                                |          |           |                          |        |                   |           |                |
| 22. 01         | hospital?) In column 2, enter "Y" fo<br>Did this hospital receive interim un   |   | c for thi                      | c        | Y         | Y                        |        |                   |           | 22.01          |
| 22.01          | cost reporting period? Enter in colu   |   |                                |          | T         | T                        |        |                   |           | 22.01          |
|                | the portion of the cost reporting pe   | riod occurring prior to   | October 1                      |          |           |                          |        |                   |           |                |
|                | Enter in column 2, "Y" for yes or "N<br>reporting period occurring on or after |   |                                | ost      |           |                          |        |                   |           |                |
| 22. 02         | Is this a newly merged hospital that   |   |                                | e        | Ν         | N                        |        |                   |           | 22.02          |
|                | payments to be determined at cost re   |   |                                | is)      |           |                          |        |                   |           |                |
|                | Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob      |   |                                | VAS      |           |                          |        |                   |           |                |
|                | or "N" for no, for the portion of the  |   |                                |          |           |                          |        |                   |           |                |
|                | October 1.   |   |                                |          |           |                          |        |                   |           |                |
| 22.03          | Did this hospital receive a geograph<br>rural as a result of the OMB standard  |   |                                |          | Ν         | N                        |        | N                 |           | 22.03          |
|                | adopted by CMS in FY2015? Enter in c   | olumn 1, "Y" for yes or   | "N" for r                      | 10       |           |                          |        |                   |           |                |
|                | for the portion of the cost reporting  |   |                                | er 🛛     |           |                          |        |                   |           |                |
|                | in column 2, "Y" for yes or "N" for period occurring on or after               |   |                                |          |           |                          |        |                   |           |                |
|                | Does this hospital contain at least  | 100 but not more than 49  | 9 beds (a                      |          |           |                          |        |                   |           |                |
|                | counted in accordance with 42 CFR 41.<br>yes or "N" for no.                    | 2.105)? Enter in column   | 3, "Y" fo                      | or       |           |                          |        |                   |           |                |
| 22. 04         | Did this hospital receive a geograph   | ic reclassification from  | urban to                       | ,        | Ν         | N                        |        | N                 |           | 22.04          |
|                | rural as a result of the revised OMB   |   |                                |          |           |                          |        |                   |           |                |
|                | adopted by CMS in FY 2021? Enter in for the portion of the cost reportion      |   |                                |          |           |                          |        |                   |           |                |
|                | in column 2, "Y" for yes or "N" for  |   |                                | 1        |           |                          |        |                   |           |                |
|                | reporting period occurring on or after   | er October 1. (see instr  | uctions)                       |          |           |                          |        |                   |           |                |
|                | Does this hospital contain at least counted in accordance with 42 CFR 41.      |   |                                |          |           |                          |        |                   |           |                |
|                | yes or "N" for no.   | z. 1997: Enter fil column   | 5, 1 1                         |          |           |                          |        |                   |           |                |
|                | 1  |   |                                | .        |           | 3 N                      | 1      |                   |           | 23.00          |
| 23.00          | Which method is used to determine Me   |   |                                |          |           | 5 11                     |        |                   |           | 25.00          |
| 23.00          | below? In column 1, enter 1 if date  | of admission, 2 if censu  | s days, c                      | or 3     |           | 5 1                      |        |                   |           | 23.00          |
| 23.00          |  | of admission, 2 if censu<br>of identifying the days<br>method used in the prior | s days, c<br>in this c<br>cost | or 3     |           | 5                        |        |                   |           | 23.00          |

| OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D   |  | NDIANA, IN<br>Provider CC   |  | Peri od:  | In Lie   | -                                       | -orm CMS<br>sheet S-                                    |  |
|---|--|---|--|---|--|---|---|--|
|   |  |   |  | From 01   | /01/2021<br>/31/2021   | l Part<br>Date                          |   | epared:  |
|   | In-State<br>Medicaid<br>paid days  | In-State<br>Medicaid<br>eligible<br>unpaid<br>days  | Out-of<br>State<br>Medicaid<br>paid days   | Out-of<br>State<br>Medi cai d<br>el i gi bl e<br>unpai d  |  | lays M                                  | Other<br>Medi cai d<br>days                             |  |
|   | 1.00   | 2.00  | 3.00   | 4.00  | 5.0  |   | 6.00  | 0.04.00  |
| <ul> <li>4.00 If this provider is an IPPS hospital, enter the 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 ir column 5, and other Medicaid days in column 6.</li> <li>5.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid eligible unpaid days in column 4, Medicaid eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid UNO end eligible unpaid days in column 4, Medicaid 4, Medicaid</li></ul> | ו<br>ס<br>פ  |   |  |   | 7 25<br>0  | 5, 798<br>0                             | 6   | 3 24.00<br>25.00   |
| HMO paid and eligible but unpaid days in column 5.  |  |   |  | Urban   | /Rural S   | S Date                                  | of Geogr  | -  |
|   |  |   |  | 1   | . 00   |   | 2.00  |  |
| <ul> <li>6.00 Enter your standard geographic classification (not v cost reporting period. Enter "1" for urban or "2" for</li> <li>7.00 Enter your standard geographic classification (not v reporting period. Enter in column 1, "1" for urban of enter the effective date of the geographic reclassification</li> </ul>  | or rural.<br>wage) status<br>or "2" for r<br>fication in   | at the enc<br>ural. If ap<br>column 2.  | l of the cos<br>oplicable,   | it  |  | 1                                       |   | 26.00  |
| 5.00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.   | ne number of   | periods SC  | H status ir  | 1   |  | 0                                       |   | 35.00  |
|   |  |   |  | <u>v</u>  | nni ng:  | _                                       | ndi ng:   |  |
| 6.00 Enter applicable beginning and ending dates of SCH s   | status. Subs   | cript line  | 36 for numb  |   | . 00   |   | 2.00  | 36.0   |
| of periods in excess of one and enter subsequent dat<br>7.00 If this is a Medicare dependent hospital (MDH), enter<br>is in effect in the cost reporting period.  |  | r of perioc   | ls MDH statu   | IS  |  | о                                       |   | 37.00  |
| 7.01 Is this hospital a former MDH that is eligible for 1<br>accordance with FY 2016 OPPS final rule? Enter "Y" f<br>instructions)  |  |   |  |   |  |   |   | 37.0   |
| 8.00 If line 37 is 1, enter the beginning and ending date<br>greater than 1, subscript this line for the number of<br>enter subsequent dates.   |  |   |  |   |  |   |   | 38. 0  |
|   |  |   |  |   | <u>Y/N</u>   |   | Y/N   | -  |
|   |  |   |  |   | 00   |   | 2 00  |  |
| 9.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412. 101(b)(2)(i 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412. 101(b)(2)(i), (ii), or (i or "N" for no. (see instructions)  | ), (ii), or<br>the mileage<br>ii)? Enter   | (iii)? Ent<br>requiremer<br>in column 2   | ter in colum<br>nts in<br>2 "Y" for ye   | ime<br>in<br>is   | <u>. 00</u><br>N   |   | <u>2.00</u><br>N  |  |
| hospitals in accordance with 42 CFR §412.101(b)(2)(i<br>1 "Y" for yes or "N" for no. Does the facility meet<br>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y   | er in colum<br>nts in<br>2 "Y" for ye<br>(" for yes c  | ine<br>in<br>:S<br>ir   | Y  |   | Y   |  |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor</li> </ul>   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y   | er in colum<br>nts in<br>2 "Y" for ye<br>(" for yes c  | ine<br>in<br>:S<br>ir   |  | XVI                                     | N<br>Y<br>II XIX  | 39.00<br>40.00   |
| <ul> <li>hospitals in accordance with 42 CFR §412. 101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412. 101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reductio<br/>"N" for no in column 1, for discharges prior to Octo<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> </ul>  | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente<br>1. (see inst   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)  | ter in colum<br>nts in<br>? "Y" for ye<br>(" for yes c<br>ves or "N" f   | ine<br>in<br>is<br>is<br>ior<br>ior   | N<br>Y<br>1. C   | XVI<br>00 2. (                          | N<br>Y<br>11 XIX<br>20 3.00                             | 40.0   |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "/" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>Does this facility qualify and receive Capital payme<br/>with 42 CFR Section §412.320? (see instructions)</li> </ul>   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente<br>1. (see inst<br>ent for disp   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)  | er in colum<br>its in<br>2 "Y" for yes<br>(" for yes or<br>ves or "N" f  | accordance  | N<br>Y<br>1. C   | XVI<br>00 2. c<br>Y                     | N<br>Y<br>111 XI X<br>200 3.00<br>N                     | 40.0   |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reductio<br/>"N" for no in column 1, for discharges prior to Octo<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>5.00 Does this facility qualify and receive Capital payme<br/>with 42 CFR Section §412.320? (see instructions)</li> <li>6.00 Is this facility eligible for additional payment exc<br/>pursuant to 42 CFR §412.348(f)? If yes, complete Wks<br/>Pt. III.</li> </ul>   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente<br>1. (see inst<br>. (see inst<br>ent for disp<br>ception for<br>st. L, Pt. I   | (iii)? Ent<br>requiremen<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)<br>roportionat<br>extraordina<br>II and Wkst   | er in colum<br>nts in<br>? "Y" for yes<br>(" for yes or<br>ves or "N" f<br>es share in<br>ary circumst<br>:. L-1, Pt.  | me<br>in<br>is<br>ir<br>ior<br>accordanc<br>ances<br>I through  | N<br>Y<br>2<br>e<br>N<br>N   | XVI<br>00 2. (<br>Y<br>N                | N<br>Y<br>11 XIX<br>DO 3.00<br>N<br>N                   | 40. 0<br>45. 0<br>46. 0                                  |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>5.00 Does this facility qualify and receive Capital paymen<br/>with 42 CFR Section §412.320? (see instructions)</li> <li>6.00 Is this facility eligible for additional payment exc<br/>pursuant to 42 CFR §412.348(f)? If yes, complete Wks<br/>Pt. III.</li> <li>7.00 Is this a new hospital under 42 CFR §412.300(b) PPS</li> <li>8.00 Is the facility electing full federal capital paymer<br/>Teaching Hospitals</li> </ul>  | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente<br>1. (see inst<br>ent for disp<br>ception for<br>st. L, Pt. I<br>capital? E<br>tt? Enter "   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)<br>roportionat<br>extraordina<br>II and Wkst<br>nter "Y for<br>Y" for yes  | er in colum<br>ts in<br>2 "Y" for yes<br>(" for yes or<br>es or "N" f<br>ce share in<br>ary circumst<br>L-1, Pt.<br>- yes or "N"<br>or "N" for   | me<br>in<br>is<br>for<br>accordanc<br>ances<br>I through<br>for no.<br>no.  | N<br>Y<br>1. C<br>e N<br>N<br>N<br>N<br>N                                    | XVI<br>00 2.0<br>Y<br>N<br>N<br>N       | N<br>Y<br>111 XIX<br>200 3.000<br>N<br>N<br>N<br>N<br>N | 40. 0<br>45. 0<br>46. 0<br>47. 0<br>48. 0                |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>Does this facility qualify and receive Capital payme<br/>with 42 CFR Section §412.320? (see instructions)</li> <li>6.00 Is this facility eligible for additional payment exc<br/>pursuant to 42 CFR §412.348(f)? If yes, complete Wks<br/>Pt. III.</li> <li>7.00 Is this a new hospital under 42 CFR §412.300(b) PPS</li> <li>8.00 Is the facility electing full federal capital paymer<br/>Teaching Hospitals</li> <li>6.00 Is this a hospital involved in training residents in<br/>"N" for no in column 1. For column 2, if the respons<br/>was involved in training residents in approved GME p<br/>year, and are you are impacted by CR 11642 (or appli<br/>Enter "Y" for yes; otherwise, enter "N" for no in column 2</li> </ul>   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Ente<br>1. (see inst<br>ent for disp<br>ception for<br>st. L, Pt. I<br>capital? E<br>tr? Enter "<br>n approved G<br>se to column<br>cable CRs)<br>olumn 2.   | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)<br>roportionat<br>extraordina<br>11 and Wkst<br>nter "Y for<br>Y" for yes<br>1 is "Y",<br>the prior y<br>MA direct G   | er in colum<br>its in<br>2 "Y" for yes<br>(" for yes or<br>yes or "N" f<br>e share in<br>ary circumst<br>L-1, Pt.<br>yes or "N"<br>or "N" for<br>or "N" for<br>or if this<br>year or penu<br>ME payment  | me<br>in<br>ss<br>or<br>for<br>accordance<br>ances<br>I through<br>for no.<br>no.<br>for yes<br>hospital<br>I timate<br>reduction   | N<br>Y<br>e N<br>N<br>N<br>N<br>Or Y   | XVI<br>00 2.0<br>Y<br>N<br>N<br>N       | N<br>Y<br>111 XIX<br>200 3.000<br>N<br>N<br>N<br>N<br>N | 40. 0<br>45. 0<br>46. 0<br>47. 0<br>48. 0<br>56. 0       |
| <ul> <li>hospitals in accordance with 42 CFR §412. 101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>5.00 Does this facility qualify and receive Capital payment<br/>with 42 CFR Section §412.320? (see instructions)</li> <li>6.00 Is this facility eligible for additional payment exc<br/>pursuant to 42 CFR §412.348(f)? If yes, complete Wks<br/>Pt. III.</li> <li>7.00 Is this a new hospital under 42 CFR §412.300(b) PPS</li> <li>8.00 Is the facility electing full federal capital payment<br/>Teaching Hospitals</li> <li>6.00 Is this a new hospital involved in training residents in<br/>"N" for no in column 1. For column 2, if the response<br/>was involved in training residents in approved GME payear, and are you are impacted by CR 11642 (or appli</li> </ul>  | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Enter<br>1. (see inst<br>ent for disp<br>ception for<br>st. L, Pt. I<br>capital? E<br>tr? Enter "<br>n approved G<br>se to column<br>cable CRs)<br>olumn 2.<br>period duri<br>or yes or "N<br>th of this<br>'Y", complet                               | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)<br>roportionat<br>extraordina<br>II and Wkst<br>nter "Y for<br>Y" for yes<br>ME programs<br>1 is "Y",<br>the prior y<br>MA direct C<br>ng which re<br>" for no ir<br>cost report<br>e Worksheet                          | er in colum<br>its in<br>2 "Y" for yes<br>(" for yes of<br>yes or "N" for<br>e share in<br>ary circumst<br>c. L-1, Pt.<br>yes or "N"<br>or "N" for<br>s? Enter "Y"<br>or if this<br>year or penu<br>SME payment<br>esidents in<br>n column 1.<br>ing period?                 | me<br>in<br>is<br>or<br>or<br>accordance<br>ances<br>I through<br>for no.<br>no.<br>for yes<br>hospital<br>il timate<br>reduction<br>approved<br>If column<br>? Enter "   | N<br>Y<br>e<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | XVI<br>00 2.0<br>Y<br>N<br>N<br>N<br>Y  | N<br>Y<br>111 XIX<br>200 3.000<br>N<br>N<br>N<br>N<br>N | 40. 00<br>45. 00<br>46. 00<br>47. 00<br>48. 00<br>56. 00 |
| <ul> <li>hospitals in accordance with 42 CFR §412.101(b)(2)(i<br/>1 "Y" for yes or "N" for no. Does the facility meet<br/>accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i<br/>or "N" for no. (see instructions)</li> <li>0.00 Is this hospital subject to the HAC program reduction<br/>"N" for no in column 1, for discharges prior to Octor<br/>no in column 2, for discharges on or after October 1</li> <li>Prospective Payment System (PPS)-Capital</li> <li>5.00 Does this facility qualify and receive Capital payme<br/>with 42 CFR Section §412.320? (see instructions)</li> <li>6.00 Is this facility eligible for additional payment exc<br/>pursuant to 42 CFR §412.348(f)? If yes, complete Wks<br/>Pt. III.</li> <li>7.00 Is this a new hospital under 42 CFR §412.300(b) PPS</li> <li>8.00 Is the facility electing full federal capital paymer<br/>Teaching Hospitals</li> <li>6.00 Is this a new hospital involved in training residents in<br/>"N" for no in column 1. For column 2, if the respons<br/>was involved in training residents in approved GME p<br/>year, and are you are impacted by CR 11642 (or appli<br/>Enter "Y" for yes; otherwise, enter "N" for no in col<br/>I f line 56 is yes, is this the first cost reporting<br/>GME programs trained at this facility? Enter "Y" for<br/>yes or "N" for no in column 2. If column 2 is "</li> </ul>   | ), (ii), or<br>the mileage<br>ii)? Enter<br>on adjustmen<br>ober 1. Enter<br>1. (see inst<br>ent for disp<br>ception for<br>st. L, Pt. I<br>capital? E<br>tt? Enter "<br>n approved G<br>se to column<br>programs in<br>cable CRS)<br>olumn 2.<br>period duri<br>or yes or "N<br>th of this<br>'Y", complet<br>1, if appli | (iii)? Ent<br>requiremer<br>in column 2<br>t? Enter "Y<br>r "Y" for y<br>ructions)<br>roportionat<br>extraordina<br>II and Wkst<br>nter "Y for<br>Y" for yes<br>ME programs<br>1 is "Y",<br>the prior y<br>MA direct C<br>ng which re<br>" for no ir<br>cost report<br>e Worksheet<br>cable.<br>or physicia | er in colum<br>ts in<br>2 "Y" for yes<br>(" for yes or<br>yes or "N" f<br>e share in<br>ary circumst<br>c. L-1, Pt.<br>yes or "N" for<br>or "N" for<br>s? Enter "Y"<br>or if this<br>year or penu<br>ME payment<br>esidents in<br>n column 1.<br>ing period?<br>E E-4. If co | me<br>in<br>in<br>is<br>or<br>for<br>accordance<br>ances<br>I through<br>for no.<br>no.<br>for yes<br>hospital<br>il timate<br>reduction<br>approved<br>If column<br>2 is | N<br>Y<br>e<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N<br>N | XVI<br>00 2. C<br>Y<br>N<br>N<br>Y<br>Y | N<br>Y<br>111 XIX<br>200 3.000<br>N<br>N<br>N<br>N<br>N | 40. 00   |

|        | Financial Systems COMMUNITY HO<br>AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA  |   | OF INDIANA, IN<br>Provider C  | CN: 15-0169 P                         | ////////////////////////////////////// | worksheet S-2<br>Worksheet S-2<br>Part I        |       |
|--------|--|---|---|---------------------------------------|--|---|-------|
|        |  |   |   |                                       | o 12/31/2021                           | Date/Time Pre<br>5/30/2022 2:3                  |       |
|        |  |   |   | NAHE 413.85<br>Y/N                    | Worksheet A<br>Line #                  | Pass-Through<br>Qualification<br>Criterion Code |       |
|        |  |   |   | 1.00                                  | 2.00                                   | 3.00  |       |
| 50.00  | Are you claiming nursing and allied health education<br>any programs that meet the criteria under 42 CFR 413.<br>instructions) Enter "Y" for yes or "N" for no in col<br>is "Y", are you impacted by CR 11642 (or subsequent C<br>adjustement? Enter "Y" for yes or "N" for no in colu   | 85? (s<br>umn 1.<br>R) NAHE                       | see<br>If column 1  | N                                     |  |   | 60.00 |
|        |  | Y/N   | IME   | Direct GME                            | IME                                    | Direct GME                                      |       |
| 51.00  | Did your hospital receive FTE slots under ACA<br>section 5503? Enter "Y" for yes or "N" for no in  | 1.00<br>N   | 2.00  | 3.00                                  | 4.00                                   | 5.00<br>0.00                                    | 61.0  |
| 01. 01 | column 1. (see instructions)<br>Enter the average number of unweighted primary care<br>FTEs from the hospital's 3 most recent cost reports<br>ending and submitted before March 23, 2010. (see   |   |   |                                       |  |   | 61. 0 |
| 1. 02  | instructions)<br>Enter the current year total unweighted primary care<br>FTE count (excluding OB/GYN, general surgery FTEs,<br>and primary care FTEs added under section 5503 of<br>ACA) (see instructions)  |   |   |                                       |  |   | 61. 0 |
| 01. 03 | ACA). (see instructions)<br>Enter the base line FTE count for primary care<br>and/or general surgery residents, which is used for<br>determining compliance with the 75% test. (see<br>instructions)   |   |   |                                       |  |   | 61.0  |
| 1. 04  | Enter the number of unweighted primary care/or<br>surgery allopathic and/or osteopathic FTEs in the<br>current cost reporting period. (see instructions).  |   |   |                                       |  |   | 61.0  |
| 1. 05  | Enter the difference between the baseline primary<br>and/or general surgery FTEs and the current year's<br>primary care and/or general surgery FTE counts (line<br>61.04 minus line 61.03). (see instructions)   |   |   |                                       |  |   | 61. C |
| 01.06  | Enter the amount of ACA §5503 award that is being<br>used for cap relief and/or FTEs that are nonprimary<br>care or general surgery. (see instructions)  |   |   |                                       |  |   | 61.0  |
|        |  | Pro   | ogram Name  | Program Code                          | Unweighted IME<br>FTE Count            | Unweighted<br>Direct GME FTE<br>Count           |       |
| 1. 10  | Of the FTEs in line 61.05, specify each new program<br>specialty, if any, and the number of FTE residents<br>for each new program. (see instructions) Enter in<br>column 1, the program name. Enter in column 2, the<br>program code. Enter in column 3, the IME FTE<br>unweighted count. Enter in column 4, the direct GME<br>FTE unweighted count.   |   | 1.00  | 2.00                                  | 3.00                                   | 4.00  | 61. 1 |
| 1. 20  | Of the FTEs in line 61.05, specify each expanded<br>program specialty, if any, and the number of FTE<br>residents for each expanded program. (see<br>instructions) Enter in column 1, the program name.<br>Enter in column 2, the program code. Enter in column<br>3, the IME FTE unweighted count. Enter in column 4,<br>the direct GME FTE unweighted count.   |   |   |                                       | 0.00                                   | 0.00  | 61.2  |
|        |  |   |   |                                       |  | 1.00  |       |
|        | ACA Provisions Affecting the Health Resources and Ser<br>Enter the number of FTE residents that your hospital<br>your hospital received HRSA PCRE funding (see instruc   | trai nec  |   |                                       | iod for which                          | 0.00  | 62.0  |
| 2. 01  | Enter the number of FTE residents that rotated from a<br>during in this cost reporting period of HRSA THC prog<br>Teaching Hospitals that Claim Residents in Nonprovide  | ram. (s   | see instructio  |                                       | your hospital                          | 0.00  | 62.0  |
| 3. 00  | Has your facility trained residents in nonprovider se<br>"Y" for yes or "N" for no in column 1. If yes, comple   | ttings  | during this c   |                                       |  | N<br>Ratio (col. 1/                             | 63.0  |
|        |  |   |   | FTEs<br>Nonprovi der<br>Si te<br>1.00 | FTEs in<br>Hospital                    | (col. 1 + col.<br>2))                           |       |
|        | Section 5504 of the ACA Base Year FTE Residents in No<br>period that begins on or after July 1, 2009 and befor   |   |   |                                       |  |   |       |
| 64.00  | period that begins on or after July 1, 2009 and befor<br>Enter in column 1, if line 63 is yes, or your facilit<br>in the base year period, the number of unweighted non<br>resident FTEs attributable to rotations occurring in<br>settings. Enter in column 2 the number of unweighted<br>resident FTEs that trained in your hospital. Enter in<br>of (column 1 divided by (column 1 + column 2)). (see | y trair<br>-primar<br>all nor<br>non-pr<br>columr | ned residents<br>ry care<br>nprovider<br>rimary care<br>n 3 the ratio | 0.00                                  | 0.00                                   | 0. 000000                                       | 64.0  |

|  |   |  |  | om 01/01/2021  | Part I                             |   |
|--|---|--|--|--|------------------------------------|---|
|  |   |  | To   | 12/31/2021   | Date/Time P<br>5/30/2022 2         | repared                                 |
|  | Program Name  | Program Code   | Unwei ghted  | Unwei ghted  | Ratio (col.                        | 3/                                      |
|  |   |  | FTEs<br>Nonprovider  | FTEs in<br>Hospital  | (col. 3 + co<br>4))                | ol.                                     |
|  |   |  | Si te  | позрітаі   | 4))                                |   |
|  | 1.00  | 2.00   | 3.00   | 4.00   | 5.00                               | -                                       |
| 6.00 Enter in column 1, if line 63   |   |  | 0.00   | 0.00   | 0.0000                             | 00 65.0                                 |
| is yes, or your facility<br>trained residents in the base<br>year period, the program name<br>associated with primary care<br>FTEs for each primary care<br>program in which you trained<br>residents. Enter in column 2,<br>the program code. Enter in<br>column 3, the number of<br>unweighted primary care FTE<br>residents attributable to<br>rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column           |   |  |  |  |                                    |   |
| 5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)  |   |  |  |  |                                    | _                                       |
|  |   |  | Unweighted<br>FTEs   | Unweighted<br>FTEs in  | Ratio (col.<br>(col. 1 + co        |   |
|  |   |  | Nonprovi der   | Hospi tal  | 2))                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  |   |  | Si te  |  |                                    |   |
| Section 5504 of the ACA Current  | Veen FTF Decidente  | n Nonnovidor Cottin  |  | 2.00   | 3.00                               | -                                       |
| beginning on or after July 1, 20   |   | n Nonprovider Settin   | lysLitective to  | i cost reporti   | ing perious                        |   |
| Enter in column 2 the number of<br>FTEs that trained in your hospit<br>(column 1 divided by (column 1 -  | tal. Enter in column  | 3 the ratio of   | Unweighted<br>FTEs<br>Nonprovider<br>Site  | Unweighted<br>FTEs in<br>Hospital  | Ratio (col.<br>(col. 3 + cc<br>4)) |   |
|  | 1.00  | 2.00   | 5110   |  |                                    |   |
|  |   | 2.00   | 3.00   | 4.00   | 5.00                               |   |
| .00 Enter in column 1, the program 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 3 divided by (column 3 + column 4)). (see instructions)   |   | 1350   | 3.00<br>0.10   |  |                                    | 223 67. (                               |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)                           |   |  |  |  | 0.0769                             |   |
| name associated with each of<br>your primary care programs in<br>which you trained residents.<br>Enter in column 2, the program<br>code. Enter in column 3, the<br>number of unweighted primary<br>care FTE residents attributable<br>to rotations occurring in all<br>non-provider settings. Enter in<br>column 4, the number of<br>unweighted primary care<br>resident FTEs that trained in<br>your hospital. Enter in column<br>5, the ratio of (column 3<br>divided by (column 3 + column<br>4)). (see instructions)                           | PPS<br>Sychiatric Facility (  | 1350   | 0. 10  | 1. 20  | 0 0.0769                           | 0                                       |
| <pre>name associated with each of<br/>your primary care programs in<br/>which you trained residents.<br/>Enter in column 2, the program<br/>code. Enter in column 3, the<br/>number of unweighted primary<br/>care FTE residents attributable<br/>to rotations occurring in all<br/>non-provider settings. Enter in<br/>column 4, the number of<br/>unweighted primary care<br/>resident FTEs that trained in<br/>your hospital. Enter in column<br/>5, the ratio of (column 3<br/>divided by (column 3 + column<br/>4)). (see instructions)</pre> | PPS<br>sychiatric Facility (<br>o.<br>d the facility have a<br>before November 15, 2<br>olumn 2: Did this fac<br>FR 412.424 (d)(1)(iii<br>cate which program y                                    | (IPF), or does it con<br>an approved GME teach<br>2004? Enter "Y" for<br>cility train resident<br>)(D)? Enter "Y" for                          | 0.10<br>tain an IPF subp<br>ing program in t<br>yes or "N" for n<br>s in a new teach<br>yes or "N" for n                     | 1. 20<br>1. 0<br>1. 0<br>1. 0<br>1. 0<br>1. 0<br>V<br>he most N<br>ing<br>0. | 0 0.0769                           | 0 70. (                                 |
| <pre>name associated with each of<br/>your primary care programs in<br/>which you trained residents.<br/>Enter in column 2, the program<br/>code. Enter in column 3, the<br/>number of unweighted primary<br/>care FTE residents attributable<br/>to rotations occurring in all<br/>non-provider settings. Enter in<br/>column 4, the number of<br/>unweighted primary care<br/>resident FTEs that trained in<br/>your hospital. Enter in column<br/>5, the ratio of (column 3<br/>divided by (column 3 + column<br/>4)). (see instructions)</pre> | PPS<br>sychiatric Facility (<br>).<br>d the facility have a<br>before November 15, 2<br>blumn 2: Did this fac<br>FR 412.424 (d)(1)(iii<br>cate which program y<br>ty PPS<br>ehabilitation Facilit | (IPF), or does it con<br>an approved GME teach<br>2004? Enter "Y" for<br>2ility train resident<br>)(D)? Enter "Y" for<br>year began during thi | 0.10<br>tain an IPF subp<br>ing program in t<br>yes or "N" for n<br>s in a new teach<br>yes or "N" for n<br>s cost reporting | 1. 20<br>1. 0<br>1. 0<br>1. 0<br>1. 0<br>1. 0<br>V<br>he most N<br>ing<br>0. | 0 0. 0769<br>0 2. 00 3. 0<br>N 0   | 70. 0                                   |

| Health Financial Systems COMMUNITY HOSPITAL   | OF INDIANA, I                  | NC.                     | In Lie                                      | u of Form CMS  | -2552-10         |
|---|--------------------------------|-------------------------|---|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA   | Provider (                     |                         | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-<br>Part I<br>Date/Time Pr<br>5/30/2022 2: | repared:         |
|   |                                |                         |   | 1.00   |                  |
| Long Term Care Hospital PPS<br>80.00 Is this a long term care hospital (LTCH)? Enter "Y" for ye<br>81.00 Is this a LTCH co-located within another hospital for part<br>"Y" for yes and "N" for no.  |                                |                         | period? Enter                               | N<br>N   | 80. 00<br>81. 00 |
| TEFRA Providers85.00Is this a new hospital under 42 CFR Section §413.40(f)(1)(i86.00Did this facility establish a new Other subprovider (exclude)   |                                |                         |   | N  | 85. 00<br>86. 00 |
| <pre>§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.<br/>87.00 Is this hospital an extended neoplastic disease care hospit<br/>100(d)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)</pre>   | al classified                  | under section           |   | N  | 87.00            |
| 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.   |                                |                         | V<br>1.00                                   | XI X<br>2.00   | _                |
| Title V and XIX Services  |                                |                         | 1.00  | 2.00   |                  |
| 90.00 Does this facility have title V and/or XIX inpatient hospit yes or "N" for no in the applicable column.   | al services? I                 | Enter "Y" for           | N   | Y  | 90.00            |
| 91.00 Is this hospital reimbursed for title V and/or XIX through<br>full or in part? Enter "Y" for yes or "N" for no in the app   |                                |                         | N   | N  | 91.00            |
| 92.00 Are title XIX NF patients occupying title XVIII SNF beds (d<br>instructions) Enter "Y" for yes or "N" for no in the applic  | ual certifica <sup>.</sup>     | tion)? (see             |   | N  | 92.00            |
| 93.00 Does this facility operate an ICF/IID facility for purposes   |                                | nd XIX? Enter           | Ν   | N  | 93.00            |
| "Y" for yes or "N" for no in the applicable column.<br>94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes,<br>applicable column.  | and "N" for i                  | no in the               | Ν   | N  | 94.00            |
| 95.00 If line 94 is "Y", enter the reduction percentage in the ap   |                                |                         | 0.00  | 0.00   | 95.00            |
| 96.00 Does title V or XIX reduce operating cost? Enter "Y" for ye applicable column.  |                                |                         | N   | N  | 96.00            |
| 97.00 If line 96 is "Y", enter the reduction percentage in the ap<br>98.00 Does title V or XIX follow Medicare (title XVIII) for the i<br>stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y"  | nterns and res                 | sidents post            | 0.00<br>Y                                   | 0. 00<br>N   | 97.00<br>98.00   |
| <ul> <li>column 1 for title V, and in column 2 for title XIX.</li> <li>98.01 Does title V or XIX follow Medicare (title XVIII) for the r<br/>C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for t<br/>title XIX.</li> </ul>                            |                                |                         | Y   | Y  | 98. 01           |
| <ul> <li>98.02 Does title V or XIX follow Medicare (title XVIII) for the c<br/>bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes<br/>for title V, and in column 2 for title XIX.</li> </ul>  |                                |                         | Y   | Y  | 98. 02           |
| <ul> <li>98.03 Does title V or XIX follow Medicare (title XVIII) for a cri<br/>reimbursed 101% of inpatient services cost? Enter "Y" for y<br/>for title V, and in column 2 for title XIX.</li> </ul>   |                                |                         | N   | N  | 98. 03           |
| 98. 04 Does title V or XIX follow Medicare (title XVIII) for a CAH<br>outpatient services cost? Enter "Y" for yes or "N" for no i<br>in column 2 for title XIX.   |                                |                         | N   | N  | 98.04            |
| 98.05 Does title V or XIX follow Medicare (title XVIII) and add b<br>Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in<br>column 2 for title XIX.  |                                |                         | Y   | Y  | 98.05            |
| 98.06 Does title V or XIX follow Medicare (title XVIII) when cost<br>Pts. I through IV? Enter "Y" for yes or "N" for no in colum<br>column 2 for title XIX.   |                                |                         | Y   | Y  | 98.06            |
| Rural Providers<br>105.00Does this hospital qualify as a CAH?   |                                |                         | N   | 1  | 105.00           |
| 106.00 If this facility qualifies as a CAH, has it elected the all for outpatient services? (see instructions)  | -inclusive me                  | thod of payment         |   |  | 106.00           |
| 107.00 Column 1: If line 105 is Y, is this facility eligible for c<br>training programs? Enter "Y" for yes or "N" for no in colum<br>Column 2: If column 1 is Y and line 70 or line 75 is Y, do<br>approved medical education program in the CAH's excluded I | n 1. (see in:<br>you train I&l | structions)<br>Rs in an | Ν   |  | 107.00           |
| Enter "Y" for yes or "N" for no in column 2. (see instruct<br>108.00 Is this a rural hospital qualifying for an exception to the<br>CFR Section §412.113(c). Enter "Y" for yes or "N" for no.   |                                | edul e? See 42          | N   |  | 108.00           |
|   | Physi cal<br>1.00              | Occupational<br>2.00    | Speech<br>3.00                              | Respi ratory<br>4.00                                   | ,                |
| 109.00 If this hospital qualifies as a CAH or a cost provider, are<br>therapy services provided by outside supplier? Enter "Y"<br>for yes or "N" for no for each therapy.   |                                | N                       | N   | N  | 109.00           |
|   |                                |                         |   | 1.00   | -                |
| 110.00 Did this hospital participate in the Rural Community Hospit<br>Demonstration) for the current cost reporting period? Enter<br>complete Worksheet E, Part A, lines 200 through 218, and Wo<br>applicable.   | "Y" for yes o                  | r "N" for no. I         | f yes,                                      | N  | 110.00           |
|   |                                |                         |   | ,  |                  |

| ealth Financial Systems COMMUNITY HOSPITAL OF<br>HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA   |   | CCN: 15-0169                             |           | i od:                       | u of Form CMS<br>Worksheet S-          |                  |
|--|---|--|-----------|-----------------------------|--|------------------|
|  |   |  | Fro<br>To | om 01/01/2021<br>12/31/2021 | Part I<br>Date/Time Pr<br>5/30/2022 2: |                  |
|  |   |  |           | 1.00                        |  | -                |
| 11.00 If this facility qualifies as a CAH, did it participate in the<br>Health Integration Project (FCHIP) demonstration for this cost<br>"Y" for yes or "N" for no in column 1. If the response to colu<br>integration prong of the FCHIP demo in which this CAH is parti<br>Enter all that apply: "A" for Ambulance services; "B" for addi<br>for tele-health services.  | t reporting<br>umn 1 is Y,<br>icipating i | period? Ente<br>enter the<br>n column 2. |           | 1.00<br>N                   | 2.00                                   | 111.0            |
|  |   | 1.00                                     |           | 2.00                        | 3.00                                   | -                |
| 12.00 Did this hospital participate in the Pennsylvania Rural Health demonstration for any portion of the current cost reporting pennter "Y" for yes or "N" for no in column 1. If column 1 is " in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital cease participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information | eriod?<br>"Y", enter                      | N  |           |                             |  | 112.0            |
| 15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "<br>in column 1. If column 1 is yes, enter the method used (A, B,<br>in column 2. If column 2 is "E", enter in column 3 either "93"<br>for short term hospital or "98" percent for long term care (ir<br>psychiatric, rehabilitation and long term hospitals providers)<br>the definition in CMS Pub.15-1, chapter 22, §2208.1.                      | or E only)<br>" percent<br>ncludes        | , N                                      |           |                             |  | 0115.0           |
| 16.00 Is this facility classified as a referral center? Enter "Y" fo<br>"N" for no.  | or yes or                                 | N  |           |                             |  | 116. 0           |
| 17.001s this facility legally-required to carry malpractice insurar<br>"Y" for yes or "N" for no.  | nce? Enter                                | Y  |           |                             |  | 117.0            |
| 18.00 Is the mal practice insurance a claims-made or occurrence polic<br>if the policy is claim-made. Enter 2 if the policy is occurrent   |   |  | 1         |                             |  | 118. C           |
| 18.01List amounts of malpractice premiums and paid losses:   |   | <u> </u>                                 | 788       | 2.00<br>C                   | 3.00                                   | 0118.0           |
|  |   |  | _         | 4.00                        | 0.00                                   |                  |
| 18.02 Are malpractice premiums and paid losses reported in a cost ce<br>Administrative and General? If yes, submit supporting schedul<br>and amounts contained therein.  |   |  |           | <u>1.00</u><br>N            | 2.00                                   | 118. (           |
| 19.00 DO NOT USE THIS LINE<br>20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold H<br>§3121 and applicable amendments? (see instructions) Enter in c<br>"N" for no. Is this a rural hospital with < 100 beds that qual<br>Hold Harmless provision in ACA §3121 and applicable amendments<br>Enter in column 2, "Y" for yes or "N" for no.  | column 1, '<br>lifies for                 | 'Y" for yes or<br>the Outpatier          | -         | Ν                           | N                                      | 119. (<br>120. ( |
| 21.00Did this facility incur and report costs for high cost implant<br>patients? Enter "Y" for yes or "N" for no.  | table devid                               | ces charged to                           |           | Y                           |  | 121. (           |
| 22.00 Does the cost report contain healthcare related taxes as defin<br>Act?Enter "Y" for yes or "N" for no in column 1. If column 1 i<br>the Worksheet A line number where these taxes are included.  |   |  |           | Ν                           |  | 122. (           |
| Transplant Center Information<br>25.00 Does this facility operate a transplant center? Enter "Y" for<br>yes, enter certification date(s) (mm/dd/yyyy) below.   | yes and "N                                | N" for no. If                            |           | N                           |  | 125.             |
| 26.00 If this is a Medicare certified kidney transplant center, enter<br>in column 1 and termination date, if applicable, in column 2.   | er the cert                               | tification dat                           | e         |                             |  | 126.             |
| 27.00 If this is a Medicare certified heart transplant center, enter<br>in column 1 and termination date, if applicable, in column 2.  | r the certi                               | fication date                            |           |                             |  | 127.             |
| 28.00 If this is a Medicare certified liver transplant center, enter<br>in column 1 and termination date, if applicable, in column 2.  | r the certi                               | fication date                            |           |                             |  | 128. (           |
| 29.00 If this is a Medicare certified lung transplant center, enter<br>column 1 and termination date, if applicable, in column 2.  | the certif                                | fication date                            | in        |                             |  | 129.             |
| 30.00 If this is a Medicare certified pancreas transplant center, er<br>date in column 1 and termination date, if applicable, in colum   |   | erti fi cati on                          |           |                             |  | 130.             |
| 31.00 If this is a Medicare certified intestinal transplant center,<br>date in column 1 and termination date, if applicable, in colum  | enter the                                 | certi fi cati or                         | n         |                             |  | 131.             |
| 32.00 If this is a Medicare certified islet transplant center, enter<br>in column 1 and termination date, if applicable, in column 2.  |   | fication date                            |           |                             |  | 132.             |
| 33.00 Removed and reserved<br>34.00 If this is an organ procurement organization (OPO), enter the  | 0P0 number                                | - in column 1                            |           |                             |  | 133. (<br>134. ( |
| and termination date, if applicable, in column 2.<br>All Providers   |   |  |           |                             |  |                  |

| Health Financial Systems<br>HOSPITAL AND HOSPITAL HEALTH CARE COMPLE   | COMMUNITY HOSP<br>X IDENTIFICATION DATA  |                                  | Provider C                               |                        | 5-0169                     |        | iod:<br>m 01/01/2021<br>12/31/2021 | u of Form CMS-<br>Worksheet S-2<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | 2<br>epared:               |
|--|--|----------------------------------|--|------------------------|----------------------------|--------|------------------------------------|---|----------------------------|
| 1.00   |  | 2.00                             |  |                        |                            |        | 3.00                               | 07 007 2022 2.0   |                            |
| If this facility is part of a chai   | n organization, enter  | r on lir                         | nes 141 thro                             | ough                   | 143 the                    | name   | and address                        | of the  |                            |
| 141.00 Name: COMMUNITY HEALTH NETWORK  | <u>ice contractor name a</u><br>Contractor's Nam   | ne: WISCO                        | ONSIN PHYSI                              |                        | Contrac                    | ctor's | Number: 0810                       | 1   | 141. 00                    |
| 142.00 Street: 1500 NORTH RITTER AVENUE  | PO Box:  | SERVI                            | CES .                                    |                        |                            |        |                                    |   | 142.00                     |
| 143. 00 Ci ty: I NDI ANAPOLI S   | State:   | I N                              |  |                        | Zip Coc                    | de:    | 4621                               | 9-3095  | 143.00                     |
|  |  |                                  |  |                        |                            |        |                                    | 1.00  | -                          |
| 144.00 Are provider based physicians' cos  | ts included in Worksh  | neet A?                          |  |                        |                            |        |                                    | Y   | 144.00                     |
|  |  |                                  |  |                        |                            |        |                                    |   | _                          |
| 145.00 If costs for renal services are cl<br>inpatient services only? Enter "Y"<br>no, does the dialysis facility inc<br>period? Enter "Y" for yes or "N"<br>146.00 Has the cost allocation methodolog         | for yes or "N" for r<br>lude Medicare utiliza<br>for no in column 2.<br>ly changed from the pr | no in co<br>ation fo<br>reviousl | lumn 1. lf<br>r this cost<br>y filed cos | colu<br>t rep<br>st re | mn 1 is<br>orting<br>port? |        | 1.00<br>Y                          | 2.00  | 145.00                     |
| Enter "Y" for yes or "N" for no ir<br>yes, enter the approval date (mm/c   |  | Pub. 15-                         | 2, chapter                               | 40,                    | §4020) I                   | lf     |                                    |   |                            |
|  |  |                                  |  |                        |                            |        |                                    |   |                            |
| 147 00 Was there a change in the statist   | cal bacic2 Enter "V"   | for                              | or "N" f                                 |                        |                            |        |                                    | 1.00<br>N   | 147.0                      |
| 147.00Was there a change in the statisti<br>148.00Was there a change in the order of<br>149.00Was there a change to the simplifi   | allocation? Enter "Y   | /" for y                         | es or "N" f                              | for n                  |                            |        |                                    | N<br>N<br>N   | 147.00<br>148.00<br>149.00 |
| 149.00 was there a change to the shipitit  | ed cost finding metho  |                                  | Part A                                   |                        | Part B                     |        | Title V                            | Title XIX   | 149.0                      |
|  |  |                                  | 1.00                                     |                        | 2.00                       |        | 3.00                               | 4.00  | -                          |
| Does this facility contain a provi<br>or charges? Enter "Y" for yes or '   |  |                                  |  |                        |                            |        |                                    |   |                            |
| 55.00 Hospi tal  |  |                                  | N  |                        | N                          |        | N                                  | N   | 155. C                     |
| 56.00 Subprovider - IPF<br>57.00 Subprovider - IRF   |  |                                  | N<br>N                                   |                        | N<br>N                     |        | N<br>N                             | N<br>N  | 156. C                     |
| 58. 00 SUBPROVI DER  |  |                                  | IN                                       |                        | IN                         |        | IN                                 |   | 158.0                      |
| 59. 00 SNF   |  |                                  | Ν  |                        | Ν                          |        | Ν                                  | N   | 159.0                      |
| 60.00HOME HEALTH AGENCY  |  |                                  | Ν  |                        | Ν                          |        | Ν                                  | N   | 160. 0                     |
| 61.00 CMHC   |  |                                  |  |                        | N                          |        | N                                  | N   | 161.0                      |
|  |  |                                  |  |                        |                            |        |                                    | 1.00  | _                          |
| Multicampus<br>165.00 Is this hospital part of a Multica<br>Enter "Y" for yes or "N" for no.   | mpus hospital that ha  | as one c                         | r more camp                              | ouses                  | in diff                    | ferent | t CBSAs?                           | N   | 165. 0                     |
|  | Name   |                                  | County                                   | 5                      | State Z                    | Zip Cc | ode CBSA                           | FTE/Campus  |                            |
|  | 0  |                                  | 1.00                                     |                        | 2.00                       | 3.00   | 0 4.00                             | 5.00  |                            |
| 166.00 If line 165 is yes, for each<br>campus enter the name in column<br>O, county in column 1, state in<br>column 2, zip code in column 3,<br>CBSA in column 4, FTE/Campus in<br>column 5 (see instructions) |  |                                  |  |                        |                            |        |                                    | 0. 0  | 0 166. 0                   |
|  |  |                                  |  |                        |                            |        |                                    | 1.00  |                            |
| Heal th Information Technology (HI   |  |                                  |  |                        |                            | ent Ad | ct                                 |   |                            |
| 67.00 Is this provider a meaningful user<br>68.00 If this provider is a CAH (line 10   | 95 is "Y") and is a me   | eani ngfu                        | l user (lir                              |                        |                            | "), er | nter the                           | Y   | 167. C                     |
| reasonable cost incurred for the H<br>68.01 If this provider is a CAH and is r   | ot a meaningful user,  | does t                           | his provide                              |                        |                            |        | nardshi p                          |   | 168. 0                     |
| exception under §413.70(a)(6)(ii)?   | 5  |                                  | •  |                        |                            | ,      | optor the                          |   | 140 0                      |
| 69.00 If this provider is a meaningful α<br>transition factor. (see instruction  |  | and is                           | not a CAH                                | (III                   | e 105 15                   | SN)    | , enter the                        | 9.9   | 9169. 0                    |
|  |  |                                  |  |                        |                            |        | Begi nni ng                        | Endi ng   |                            |
|  |  |                                  |  |                        |                            |        | 1.00                               | 2.00  | 4                          |
| 70.00 Enter in columns 1 and 2 the EHR k period respectively (mm/dd/yyyy)  | eginning date and enc  | aing dat                         | e for the r                              | repor                  | ting                       |        |                                    |   | 170. 0                     |
|  |  |                                  |  |                        |                            | -      | 1.00                               | 2.00  | -                          |
| 171.00 If line 167 is "Y", does this prov<br>section 1876 Medicare cost plans r<br>"Y" for yes and "N" for no in colu<br>1876 Medicare days in column 2. (s  | eported on Wkst. S-3,<br>mn 1. If column 1 is  | Pt. I,                           | line 2, co                               | ol. 6                  | ? Enter                    |        | N                                  |   | 0 171. 00                  |

| OSPI T       | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE  | Provider C                                  | CN: 15-0169                       | Peri od:<br>From 01/01/2021<br>To 12/31/2021<br>Y/N | Worksheet S-<br>Part II<br>Date/Time Pr<br>5/30/2022 2: | epared:        |
|--------------|--|---|-----------------------------------|---|---|----------------|
|              |  |   |                                   | 1.00  | Date<br>2.00  |                |
|              | General Instruction: Enter Y for all YES responses. Enter N<br>mm/dd/yyyy format.<br>COMPLETED BY ALL HOSPITALS  | for all NO re                               | esponses. Ente                    |   |   |                |
| . 00         | Provider Organization and Operation<br>Has the provider changed ownership immediately prior to the   | boginning of                                | the cost                          | N   |   | 1.0            |
| . 00         | reporting period? If yes, enter the date of the change in c  |   |                                   |   |   | 1.0            |
|              |  |   | Y/N                               | Date  | V/I   |                |
|              |  |   | 1.00                              | 2.00  | 3.00  | -              |
| . 00         | Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.  |   | N                                 |   |   | 2.0            |
| . 00         | Is the provider involved in business transactions, includin<br>contracts, with individuals or entities (e.g., chain home o<br>or medical supply companies) that are related to the provid<br>officers, medical staff, management personnel, or members o<br>of directors through ownership, control, or family and othe<br>relationships? (see instructions) | iffices, drug<br>ler or its<br>if the board | Y                                 |   |   | 3.0            |
|              |  |   | Y/N                               | Туре  | Date  |                |
|              |  |   | 1.00                              | 2.00  | 3.00  |                |
| . 00         | Financial Data and Reports<br>Column 1: Were the financial statements prepared by a Cert<br>Accountant? Column 2: If yes, enter "A" for Audited, "C" f<br>or "R" for Reviewed. Submit complete copy or enter date ava<br>column 3. (see instructions) If no, see instructions.   | or Compiled,<br>ilable in                   | Y                                 | A   | 03/25/2021  | 4.0            |
| . 00         | Are the cost report total expenses and total revenues diffe<br>those on the filed financial statements? If yes, submit rec   |   | N                                 |   |   | 5.0            |
|              |  |   | 1                                 | Y/N   | Legal Oper.   |                |
|              |  |   |                                   | 1.00  | 2.00  |                |
| . 00         | Approved Educational Activities<br>Column 1: Are costs claimed for a nursing program? Column<br>is the legal operator of the program?  | 2: If yes, is                               | s the provider                    | ~ N   |   | 6. 0           |
| . 00<br>. 00 | Are costs claimed for Allied Health Programs? If "Y" see in<br>Were nursing programs and/or allied health programs approve<br>cost reporting period? If yes, see instructions.   |   | wed during the                    | e N   |   | 7. C<br>8. C   |
| . 00         | Are costs claimed for Interns and Residents in an approved   | graduate medio                              | cal education                     | Y   |   | 9.0            |
| 0. 00        | program in the current cost report? If yes, see instruction<br>Was an approved Intern and Resident GME program initiated o   |   | the current                       | Ν   |   | 10.0           |
| 1. 00        | cost reporting period? If yes, see instructions.<br>Are GME cost directly assigned to cost centers other than I<br>Teaching Program on Worksheet A? If yes, see instructions.  | & R in an App                               | proved                            | Ν   |   | 11.0           |
|              |  |   |                                   |   | Y/N<br>1.00   |                |
|              | Bad Debts  |   |                                   |   |   |                |
|              | Is the provider seeking reimbursement for bad debts? If yes<br>If line 12 is yes, did the provider's bad debt collection p<br>period? If yes, submit copy.   |   |                                   | ost reporting                                       | Y<br>N  | 12. 0<br>13. 0 |
|              | If line 12 is yes, were patient deductibles and/or co-payme<br>Bed Complement  |   | *                                 |   | N   | 14. (          |
| 5.00         | Did total beds available change from the prior cost reporti  |   | yes, see ins <sup>.</sup><br>rt A | tructions.<br>Par                                   | n N   | 15.0           |
|              |  | Y/N   | Date                              | Y/N   | Date  |                |
|              |  | 1.00  | 2.00                              | 3.00  | 4.00  |                |
|              | PS&R Data  |   |                                   |   |   |                |
| 6. 00        | Was the cost report prepared using the PS&R Report only?<br>If either column 1 or 3 is yes, enter the paid-through<br>date of the PS&R Report used in columns 2 and 4. (see<br>instructions)   | Ν   |                                   | Ν   |   | 16.0           |
| 7.00         | Was the cost report prepared using the PS&R Report for<br>totals and the provider's records for allocation? If<br>either column 1 or 3 is yes, enter the paid-through date<br>in columns 2 and 4. (see instructions)   | Y   | 07/01/2021                        | Y   | 07/01/2021  | 17.0           |
| 8. 00        | If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for additional claims that have been billed<br>but are not included on the PS&R Report used to file this   | Ν   |                                   | Ν   |   | 18.0           |
| 9. 00        | cost report? If yes, see instructions.<br>If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for corrections of other PS&R Report   | Ν   |                                   | Ν   |   | 19. (          |

| Heal th | Fi nanci al | Systems |
|---------|-------------|---------|
|         |             |         |

| COMMUNI TY | HOSPI TAL | 0F | I NDI ANA, | INC. |
|------------|-----------|----|------------|------|
|            |           |    |            |      |

In Lieu of Form CMS-2552-10

|                                       | FINANCIAI Systems COMMUNITY HOSPITAL   |                                 |                                     |   | EU OF FORM CM |                  |  |  |
|---------------------------------------|--|---------------------------------|-------------------------------------|---|---------------|------------------|--|--|
| HOSPI TA                              | AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE  | Provider C                      |                                     | Period:<br>From 01/01/2021<br>To 12/31/2021 |               | repared:         |  |  |
|                                       |  | Descr                           | i pti on                            | Y/N   | Y/N           |                  |  |  |
|                                       |  |                                 | 0                                   | 1.00  | 3.00          |                  |  |  |
|                                       | If line 16 or 17 is yes, were adjustments made to PS&R<br>Report data for Other? Describe the other adjustments:   |                                 |                                     | N   | N             | 20.00            |  |  |
|                                       |  | Y/N                             | Date                                | Y/N   | Date          |                  |  |  |
|                                       |  | 1.00                            | 2.00                                | 3.00  | 4.00          |                  |  |  |
| 21.00                                 | Was the cost report prepared only using the provider's records? If yes, see instructions.  | N                               |                                     | N   |               | 21.00            |  |  |
|                                       |  | ·                               |                                     |   | 1.00          |                  |  |  |
| E E E E E E E E E E E E E E E E E E E | COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC   | EPT CHILDRENS H                 | IOSPI TALS)                         |   | 1.00          |                  |  |  |
|                                       | Capital Related Cost   |                                 |                                     |   |               |                  |  |  |
| 23.00                                 | Have assets been relifed for Medicare purposes? If yes, see<br>Have changes occurred in the Medicare depreciation expense<br>reporting period? If yes, see instructions.   |                                 | sals made duri                      | ng the cost                                 |               | 22.00<br>23.00   |  |  |
|                                       | Were new leases and/or amendments to existing leases enter   | ed into during                  | this cost rep                       | orting period?                              |               | 24.00            |  |  |
| 25. 00                                | If yes, see instructions<br>Have there been new capitalized leases entered into during<br>instructions.  | the cost repo                   | rting period?                       | lf yes, see                                 |               | 25.00            |  |  |
| 26. 00                                | Were assets subject to Sec. 2314 of DEFRA acquired during t<br>instructions.   | he cost reporti                 | ng period? If                       | yes, see                                    |               | 26.00            |  |  |
| 27.00                                 | Has the provider's capitalization policy changed during th copy.   | e cost reportin                 | ng period?lf                        | yes, submit                                 |               | 27.00            |  |  |
| 28. 00                                |  |                                 |                                     |   |               |                  |  |  |
| 29. 00                                | period? If yes, see instructions.<br>Did the provider have a funded depreciation account and/or  |                                 | ebt Service Re                      | serve Fund)                                 |               | 29.00            |  |  |
| 30. 00                                | treated as a funded depreciation account? If yes, see inst<br>Has existing debt been replaced prior to its scheduled mat<br>instructions.  |                                 | debt? If yes,                       | see   |               | 30.00            |  |  |
| 31. 00                                | Has debt been recalled before scheduled maturity without i<br>instructions.  | ssuance of new                  | debt? If yes,                       | see   |               | 31.00            |  |  |
|                                       | Purchased Services   |                                 |                                     |   |               |                  |  |  |
| 32.00                                 | Have changes or new agreements occurred in patient care se   | rvi ces furni she               | ed through con                      | tractual                                    |               | 32.00            |  |  |
|                                       | arrangements with suppliers of services? If yes, see instr<br>If line 32 is yes, were the requirements of Sec. 2135.2 ap<br>no, see instructions.  |                                 | ng to competit                      | ive bidding? If                             |               | 33.00            |  |  |
|                                       | Provider-Based Physicians<br>Are services furnished at the provider facility under an a  | rrangement with                 | n provi der-bas                     | ed physicians?                              |               | 34.00            |  |  |
|                                       | If yes, see instructions.  |                                 |                                     |   |               |                  |  |  |
| 35.00                                 | If line 34 is yes, were there new agreements or amended ex<br>physicians during the cost reporting period? If yes, see i   |                                 | nts with the p                      | rovi der-based                              |               | 35.00            |  |  |
|                                       | ······································   |                                 |                                     | Y/N   | Date          |                  |  |  |
|                                       |  |                                 |                                     | 1.00  | 2.00          |                  |  |  |
|                                       | Home Office Costs  |                                 |                                     |   |               |                  |  |  |
|                                       | Were home office costs claimed on the cost report?<br>If line 36 is yes, has a home office cost statement been p   | repared by the                  | home office?                        |   |               | 36.00<br>37.00   |  |  |
|                                       | If yes, see instructions.<br>If line 36 is yes, was the fiscal year end of the home of<br>the provider2 If yes, enter in column 2 the fiscal year or   |                                 |                                     |   |               | 38.00            |  |  |
| 38.00                                 | the provider? If yes, enter in column 2 the fiscal year end of the home office.  |                                 |                                     |   |               |                  |  |  |
|                                       | If line 36 is yes, did the provider render services to oth   |                                 |                                     |   |               | 39.00            |  |  |
| 39. 00<br>40. 00                      |  | er chain compoi                 | nents? If yes,                      |   |               | 39. 00<br>40. 00 |  |  |
| 39. 00<br>40. 00                      | If line 36 is yes, did the provider render services to oth see instructions.<br>If line 36 is yes, did the provider render services to the   | er chain compon<br>home office? | nents? If yes,                      | 2.  | 00            |                  |  |  |
| 39. 00<br>40. 00                      | If line 36 is yes, did the provider render services to oth<br>see instructions.<br>If line 36 is yes, did the provider render services to the<br>instructions.<br>Cost Report Preparer Contact Information   | er chain compoi                 | nents? If yes,<br>If yes, see       |   | 00            | 40.00            |  |  |
| 39. 00<br>40. 00<br>41. 00            | If line 36 is yes, did the provider render services to oth<br>see instructions.<br>If line 36 is yes, did the provider render services to the<br>instructions.<br>Cost Report Preparer Contact Information<br>Enter the first name, last name and the title/position<br>held by the cost report preparer in columns 1, 2, and 3, | er chain compon<br>home office? | nents? If yes,<br>If yes, see       | 2.<br>BI SHOP                               | 00            |                  |  |  |
| 39. 00<br>40. 00<br>41. 00            | If line 36 is yes, did the provider render services to oth<br>see instructions.<br>If line 36 is yes, did the provider render services to the<br>instructions.<br>Cost Report Preparer Contact Information<br>Enter the first name, last name and the title/position   | er chain compoi                 | nents? If yes,<br>If yes, see<br>00 |   | 00            | 40.00            |  |  |

| Heal th Financial  | Systems                        | COMMUNI TY HOSPI TAL | OF INDIANA,  | INC.           | In Lie                     | u of Form CMS-           | 2552-10        |
|--------------------|--------------------------------|----------------------|--------------|----------------|----------------------------|--------------------------|----------------|
| HOSPI TAL AND HOSI | PITAL HEALTH CARE REIMBURSEMEN | T QUESTI ONNAI RE    | Provi der    | - CCN: 15-0169 | Period:<br>From 01/01/2021 | Worksheet S-2<br>Part II |                |
|                    |                                |                      |              |                | To 12/31/2021              |                          | pared:<br>9 pm |
|                    |                                |                      |              |                |                            |                          |                |
|                    |                                |                      |              | 3.00           |                            |                          |                |
| Cost Repor         | t Preparer Contact Information | <u>ו</u>             |              |                |                            |                          |                |
| 41.00 Enter the    | first name, last name and the  | title/position       | DIRECTOR REI | I MBURSEMENT   |                            |                          | 41.00          |
| held by th         | ne cost report preparer in col | umns 1, 2, and 3,    |              |                |                            |                          |                |
| respective         | el y.                          |                      |              |                |                            |                          |                |
| 42.00 Enter the    | employer/company name of the   | cost report          |              |                |                            |                          | 42.00          |
| preparer.          |                                |                      |              |                |                            |                          |                |
| 43.00 Enter the    | telephone number and email ad  | dress of the cost    |              |                |                            |                          | 43.00          |
| report pre         | eparer in columns 1 and 2, res | pecti vel y.         |              |                |                            |                          |                |

| Component           1.00         Hospi tal Adul ts & Peds. (columns 5, 6, 7 a<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days) (see instructions for col. 2<br>for the portion of LDP room available beds           2.00         HMO and other (see instructions)           3.00         HMO IPF Subprovider           4.00         HRS Subprovider           5.00         Hospi tal Adul ts & Peds. Swing Bed SNF           6.00         Hospi tal Adul ts and Peds. (exclude observation<br>beds) (see instructions)           8.00         INTENSI VE CARE UNIT           9.00         CORONARY CARE UNIT           9.00         CORONARY CARE UNIT           10.00         BURN INTENSI VE CARE UNIT           11.00         SURGI CAL INTENSI VE CARE UNIT           11.00         SURGI CAL INTENSI VE CARE UNIT           12.00         NURSERY           14.00         Total (see instructions)           15.00         CAH visits           16.00         SUBPROVIDER - IPF           17.00         SUBPROVIDER - IRF           18.00         SUBPROVIDER - IRF           19.00         KILLED NURSI NG FACILITY           20.00         NURSI NG FACILITY           21.00         HOME HEALTH AGENCY           23.00         AMBULATORY SURGI CAL CENTER (D.P.)   | MMUNITY HOSPITAL<br>ICAL DATA | Provider CCI |                       | Peri od:                         | worksheet S-3                            |                |
|---|-------------------------------|--------------|-----------------------|----------------------------------|--|----------------|
| <ul> <li>1.00 Hospital Adults &amp; Peds. (columns 5, 6, 7 a 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds</li> <li>2.00 HM0 and other (see instructions)</li> <li>3.00 HM0 IPF Subprovider</li> <li>4.00 HM0 IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>6.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instructions)</li> <li>32.01 Total anciliary labor &amp; delivery room</li> </ul>         |                               |              |                       | From 01/01/2021<br>To 12/31/2021 | Part I<br>Date/Time Pre<br>5/30/2022 2:3 | 9 pm           |
| <ul> <li>1.00 Hospital Adults &amp; Peds. (columns 5, 6, 7 a 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds</li> <li>2.00 HM0 and other (see instructions)</li> <li>3.00 HM0 IPF Subprovider</li> <li>4.00 HM0 IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>6.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instructions)</li> <li>32.01 Total anciliary labor &amp; delivery room</li> </ul>         |                               |              |                       |                                  | I/P Days / O/P<br>Visits / Trips         |                |
| <ul> <li>8 exclude Swing Bed, Observation Bed and<br/>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds</li> <li>2.00 HMO and other (see instructions)</li> <li>3.00 HMO IPF Subprovider</li> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. (exclude observation<br/>beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> </ul>               | Worksheet A<br>Line Number    | No. of Beds  | Bed Days<br>Available | CAH Hours                        | Title V                                  |                |
| <ul> <li>8 exclude Swing Bed, Observation Bed and<br/>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds</li> <li>2.00 HMO and other (see instructions)</li> <li>3.00 HMO IPF Subprovider</li> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation<br/>beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.05 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> </ul>                    | 1.00                          | 2.00         | 3.00                  | 4.00                             | 5.00                                     |                |
| <ul> <li>8 exclude Swing Bed, Observation Bed and<br/>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds</li> <li>2.00 HMO and other (see instructions)</li> <li>3.00 HMO IPF Subprovider</li> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. (exclude observation<br/>beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.05 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul> |                               | 238          | 86, 87                |                                  |  | 1.00           |
| <ul> <li>Hospice days) (see instructions for col. 2<br/>for the portion of LDP room available beds</li> <li>2.00 HMO and other (see instructions)</li> <li>3.00 HMO IPF Subprovider</li> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSI VE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSI VE CARE UNIT</li> <li>11.00 SURGICAL INTENSI VE CARE UNIT</li> <li>12.00 NEONATAL INTENSI VE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSI NG FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> </ul>                                   |                               |              |                       |                                  |  |                |
| <pre>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 &amp; Peds. Swing Bed SNF 6.00 Hospital Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CORONARY CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 NEONATAL INTENSIVE CARE UNIT 13.00 NURSERY 14.00 Total (see instructions) 15.00 CAH visits 16.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 19.00 SKILLED NURSING FACILITY 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instructions) 32.01 Total ancillary labor &amp; delivery room </pre>   |                               |              |                       |                                  |  |                |
| <ul> <li>2.00 HMO and other (see instructions)</li> <li>3.00 HMO IPF Subprovider</li> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 SURGICAL INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>          | )                             |              |                       |                                  |  |                |
| <ul> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>11.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>4.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 2.00           |
| <ul> <li>4.00 HMO IRF Subprovider</li> <li>5.00 Hospital Adults &amp; Peds. Swing Bed SNF</li> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>11.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>4.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 3.00           |
| <ul> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Bervation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 4.00           |
| <ul> <li>6.00 Hospital Adults &amp; Peds. Swing Bed NF</li> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  | 0  | 5.00           |
| <ul> <li>7.00 Total Adults and Peds. (exclude observation beds) (see instructions)</li> <li>8.00 INTENSIVE CARE UNIT</li> <li>9.00 CORONARY CARE UNIT</li> <li>9.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  | 0  | 6.00           |
| beds) (see instructions)<br>8.00 INTENSI VE CARE UNIT<br>9.00 CORONARY CARE UNIT<br>10.00 BURN INTENSI VE CARE UNIT<br>11.00 SURGI CAL INTENSI VE CARE UNIT<br>12.00 NEONATAL INTENSI VE CARE UNIT<br>13.00 NURSERY<br>14.00 Total (see instructions)<br>15.00 CAH visits<br>16.00 SUBPROVI DER - IPF<br>17.00 SUBPROVI DER - IRF<br>18.00 SUBPROVI DER - IRF<br>18.00 SUBPROVI DER<br>19.00 SKILLED NURSI NG FACILITY<br>20.00 NURSI NG FACILITY<br>21.00 OTHER LONG TERM CARE<br>22.00 HOME HEALTH AGENCY<br>23.00 AMBULATORY SURGI CAL CENTER (D.P.)<br>24.00 HOSPI CE<br>24.10 HOSPI CE<br>24.10 HOSPI CE (non-distinct part)<br>25.00 CMHC - CMHC<br>26.00 RURAL HEALTH CLINIC<br>26.25 FEDERALLY QUALIFIED HEALTH CENTER<br>27.00 Total (sum of lines 14-26)<br>28.00 Observation Bed Days<br>29.00 Ambulance Trips<br>30.00 Employee discount days (see instruction)<br>31.00 Employee discount days (see instructions)<br>32.01 Total anciliary labor & delivery room   | n                             | 238          | 86, 87                | 0.00                             | 0  | 7.00           |
| <ul> <li>9.00 CORONARY CARE UNIT</li> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  |                |
| <ul> <li>10.00 BURN INTENSIVE CARE UNIT</li> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   | 31.00                         | 24           | 8, 76                 | 0.00                             | 0  | 8.00           |
| <ul> <li>11.00 SURGICAL INTENSIVE CARE UNIT</li> <li>12.00 NEONATAL INTENSIVE CARE UNIT</li> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER - IRF</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total anciliary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 9.00           |
| 12.00 NEONATAL INTENSIVE CARE UNIT<br>13.00 NURSERY<br>14.00 Total (see instructions)<br>15.00 CAH visits<br>16.00 SUBPROVIDER - IPF<br>17.00 SUBPROVIDER - IRF<br>18.00 SUBPROVIDER<br>19.00 SKILLED NURSING FACILITY<br>20.00 NURSING FACILITY<br>21.00 OTHER LONG TERM CARE<br>22.00 HOME HEALTH AGENCY<br>23.00 AMBULATORY SURGICAL CENTER (D.P.)<br>24.00 HOSPICE<br>24.10 HOSPICE (non-distinct part)<br>25.00 CMHC - CMHC<br>26.00 RURAL HEALTH CLINIC<br>26.00 RURAL HEALTH CLINIC<br>26.25 FEDERALLY QUALIFIED HEALTH CENTER<br>27.00 Total (sum of lines 14-26)<br>28.00 Observation Bed Days<br>29.00 Ambulance Trips<br>30.00 Employee discount days (see instruction)<br>31.00 Employee discount days (see instructions)<br>32.01 Total anciliary labor & delivery room  |                               |              |                       |                                  |  | 10.00          |
| <ul> <li>13.00 NURSERY</li> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 11.00          |
| <ul> <li>14.00 Total (see instructions)</li> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   | 35.00                         | 48           | 17, 52                | 0.00                             | 0  | 12.00          |
| <ul> <li>15.00 CAH visits</li> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  | 43.00                         |              |                       |                                  | 0  | 13.00          |
| <ul> <li>16.00 SUBPROVIDER - IPF</li> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               | 310          | 113, 15               | 0.00                             | 0  | 14.00          |
| <ul> <li>17.00 SUBPROVIDER - IRF</li> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total anciliary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  | 0  | 15.00          |
| <ul> <li>18.00 SUBPROVIDER</li> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  | 40.00                         | 18           | 6, 57                 | 0                                | 0  | 16.00          |
| <ul> <li>19.00 SKILLED NURSING FACILITY</li> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 17.00          |
| <ul> <li>20.00 NURSING FACILITY</li> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 18.00          |
| <ul> <li>21.00 OTHER LONG TERM CARE</li> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D. P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 19.00          |
| <ul> <li>22.00 HOME HEALTH AGENCY</li> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>22.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 20.00          |
| <ul> <li>23.00 AMBULATORY SURGICAL CENTER (D.P.)</li> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>22.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 21.00          |
| <ul> <li>24.00 HOSPICE</li> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 22.00          |
| <ul> <li>24.10 HOSPICE (non-distinct part)</li> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 23.00          |
| <ul> <li>25.00 CMHC - CMHC</li> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 24.00          |
| <ul> <li>26.00 RURAL HEALTH CLINIC</li> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  | 30.00                         |              |                       |                                  |  | 24.10          |
| <ul> <li>26.25 FEDERALLY QUALIFIED HEALTH CENTER</li> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 25.00          |
| <ul> <li>27.00 Total (sum of lines 14-26)</li> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               |              |                       |                                  |  | 26.00          |
| <ul> <li>28.00 Observation Bed Days</li> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  | 89.00                         |              |                       |                                  | 0  | 26.25          |
| <ul> <li>29.00 Ambulance Trips</li> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>  |                               | 328          |                       |                                  |  | 27.00          |
| <ul> <li>30.00 Employee discount days (see instruction)</li> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  | 0  | 28.00          |
| <ul> <li>31.00 Employee discount days - IRF</li> <li>32.00 Labor &amp; delivery days (see instructions)</li> <li>32.01 Total ancillary labor &amp; delivery room</li> </ul>   |                               |              |                       |                                  |  | 29.00          |
| 32.00Labor & delivery days (see instructions)32.01Total ancillary labor & delivery room   |                               |              |                       |                                  |  | 30.00          |
| 32.01 Total ancillary labor & delivery room   |                               |              |                       | -                                |  | 31.00          |
|   |                               | 0            |                       | 0                                |  | 32.00          |
|   |                               |              |                       |                                  |  | 32.01          |
| outpatient days (see instructions)  |                               |              |                       |                                  |  | 22 00          |
| <ul><li>33.00 LTCH non-covered days</li><li>33.01 LTCH site neutral days and discharges</li></ul>   |                               |              |                       |                                  |  | 33.00<br>33.01 |

| USPI         | AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC  | AL DATA      | Provider C            | F                     | Period:<br>From 01/01/2021<br>Fo 12/31/2021 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | parec        |
|--------------|--|--------------|-----------------------|-----------------------|---|---|--------------|
|              |  | I/P Days     | / O/P Visits          | / Trips               | Full Time E                                 | Equi val ents   |              |
|              | Component  | Title XVIII  | Title XIX             | Total All<br>Patients | Total Interns<br>& Residents                | Employees On<br>Payroll                                   |              |
|              |  | 6.00         | 7.00                  | 8.00                  | 9.00  | 10.00   |              |
| . 00         | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds) | 15, 502      | 2, 232                |                       |   |   | 1. (         |
| . 00<br>. 00 | HMO and other (see instructions)<br>HMO IPF Subprovider  | 15, 280<br>0 | 26, 832<br>0          |                       |   |   | 2.           |
| . 00         | HMO IRF Subprovider  | 0            | 0                     |                       |   |   | 4.0          |
| . 00         | Hospital Adults & Peds. Swing Bed SNF  | 0            | 0                     | (                     | )   |   | 5.0          |
| . 00<br>. 00 | Hospital Adults & Peds. Swing Bed NF<br>Total Adults and Peds. (exclude observation<br>beds) (see instructions)  | 15, 502      | 2, 232                | 62, 610               |   |   | 6. (<br>7. ( |
| . 00         | INTENSIVE CARE UNIT  | 1, 771       | 2, 067                | 6, 930                | )   |   | 8.           |
| 00           | CORONARY CARE UNIT<br>BURN INTENSIVE CARE UNIT   |              |                       |                       |   |   | 9.<br>10.    |
| 1.00<br>2.00 | SURGICAL INTENSIVE CARE UNIT<br>NEONATAL INTENSIVE CARE UNIT   | 0            | 0                     | 10/ /20               |   |   | 11.          |
| 3.00<br>4.00 | NURSERY<br>Total (see instructions)  | 17, 273      | 3, 254<br>7, 553<br>0 | 91, 323               | 4.20  | 1, 493. 80  |              |
| 5.00<br>5.00 | CAH visits<br>SUBPROVIDER - IPF  | 1, 866       | 0                     |                       |   | 27. 51  | 15.<br>16.   |
| 7.00<br>8.00 | SUBPROVI DER – I RF<br>SUBPROVI DER  |              |                       |                       |   |   | 17.<br>18.   |
| 00           | SUBPROVIDER<br>SKILLED NURSING FACILITY  |              |                       |                       |   |   | 18.          |
| . 00         | NURSI NG FACI LI TY  |              |                       |                       |   |   | 20           |
| . 00<br>. 00 | OTHER LONG TERM CARE<br>HOME HEALTH AGENCY   |              |                       |                       |   |   | 21           |
| . 00         | AMBULATORY SURGICAL CENTER (D. P. )  |              |                       |                       |   |   | 23           |
| . 00<br>. 10 | HOSPICE<br>HOSPICE (non-distinct part)   |              |                       | 150                   | )   |   | 24<br>24     |
| . 00         | СМНС – СМНС  |              |                       |                       |   |   | 25           |
| . 00<br>. 25 | RURAL HEALTH CLINIC<br>FEDERALLY QUALIFIED HEALTH CENTER   | 0            | 0                     | 0                     | 0.00  | 0.00  | 26<br>26     |
| . 00         | Total (sum of lines 14-26)   | Ŭ            | 0                     |                       | 7.06  |   |              |
| 00           | Observation Bed Days   | 0            | 1, 625                | 6, 840                | )   |   | 28           |
| . 00         | Ambulance Trips<br>Employee discount days (see instruction)  | 0            |                       | 2, 341                |   |   | 29<br>30     |
| . 00         | Employee discount days - IRF   |              |                       | (                     | )   |   | 31           |
| . 00<br>. 01 | Labor & delivery days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions)  | 0            | 63                    | 1, 700<br>(           |   |   | 32<br>32     |
| . 00         | LTCH non-covered days  | 0            |                       |                       |   |   | 33           |

| HOSPI  | TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC  | AL DATA                              | Provider CC | CN: 15-0169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-3<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | pared:   |
|--|---|--------------------------------------|-------------|-------------|---|---|--|
|  |   | Full Time                            |             | Di s        | charges                                     |   |  |
|  | Component   | Equi val ents<br>Nonpai d<br>Workers | Title V     | Title XVIII | Title XIX                                   | Total All<br>Patients                                     |  |
|  |   | 11.00                                | 12.00       | 13.00       | 14.00                                       | 15.00   |  |
| 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00   | Hospital Adults & Peds. (columns 5, 6, 7 and<br>8 exclude Swing Bed, Observation Bed and<br>Hospice days)(see instructions for col. 2<br>for the portion of LDP room available beds)<br>HMO and other (see instructions)<br>HMO IPF Subprovider<br>HMO IRF Subprovider<br>HMO IRF Subprovider<br>Hospital Adults & Peds. Swing Bed SNF<br>Hospital Adults & Peds. Swing Bed SNF<br>Total Adults and Peds. (exclude observation<br>beds) (see instructions)<br>INTENSIVE CARE UNIT<br>CORONARY CARE UNIT<br>BURN INTENSIVE CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT   |                                      | 0           | 2, 4        | 14 406                                      | 16, 839   | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00   |
| 12.00  | NEONATAL INTENSIVE CARE UNIT  |                                      |             |             |   |   | 12.00  |
| 13.00  | NURSERY   |                                      |             |             |   |   | 13.00  |
| 14.00  | Total (see instructions)  | 0.00                                 | 0           | 3, 31       | 14 406                                      | 16, 839   |  |
| 15.00  | CAH visits  |                                      |             |             |   |   | 15.00  |
| 16.00<br>17.00   | SUBPROVIDER – IPF<br>SUBPROVIDER – IRF  | 0.00                                 | 0           | 15          | 50 0  | 377   | 16.00<br>17.00   |
| 18. 00<br>19. 00<br>20. 00<br>21. 00<br>22. 00<br>23. 00<br>24. 00<br>24. 10<br>25. 00<br>26. 25<br>27. 00<br>28. 00<br>30. 00<br>31. 00<br>32. 01<br>33. 00 | SUBPROVIDER<br>SKILLED NURSING FACILITY<br>NURSING FACILITY<br>OTHER LONG TERM CARE<br>HOME HEALTH AGENCY<br>AMBULATORY SURGICAL CENTER (D. P.)<br>HOSPICE<br>HOSPICE (non-distinct part)<br>CMHC - CMHC<br>RURAL HEALTH CLINIC<br>FEDERALLY QUALIFIED HEALTH CENTER<br>Total (sum of lines 14-26)<br>Observation Bed Days<br>Ambulance Trips<br>Employee discount days (see instruction)<br>Employee discount days - IRF<br>Labor & delivery days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions)<br>Total ancillary labor & delivery room<br>outpatient days (see instructions)<br>TCH non-covered days | 0. 00<br>0. 00                       |             |             | 0   |   | 18. 00         19. 00         20. 00         21. 00         22. 00         23. 00         24. 00         24. 10         25. 00         26. 02         27. 00         28. 00         29. 00         30. 00         31. 00         32. 01         33. 00 |

|          | Financial Systems<br>AL WAGE INDEX INFORMATION                                     | 000000                 | IT HOSTITAL        | OF INDIANA, IN<br>Provider C                            | CN: 15-0169 F | Period:<br>From 01/01/2021 | eu of Form CMS-2<br>Worksheet S-3<br>Part II |                |
|----------|--|------------------------|--------------------|---|---------------|----------------------------|--|----------------|
|          |  |                        |                    |   |               | o 12/31/2021               |  |                |
|          |  | Wkst. A Line<br>Number | Amount<br>Reported | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) |               |                            | Average Hourly<br>Wage (col. 4 ÷<br>col. 5)  |                |
|          | PART II - WAGE DATA  | 1.00                   | 2.00               | 3.00  | 4.00          | 5.00                       | 6.00   |                |
|          | SALARI ES  |                        |                    |   |               |                            |  |                |
| 00       | Total salaries (see instructions)  | 200.00                 | 119, 527, 809      | -743, 979   | 118, 783, 830 | 3, 164, 320. 00            | 37.54  | 1.             |
| 00       | Non-physician anesthetist Part   |                        | C                  | 0   | C             | 0.00                       | 0.00   | 2.             |
| 00       | A<br>Non-physician anesthetist Part  |                        | C                  | 0   | 0             | 0.00                       | 0.00   | 3.             |
| 00       | B<br>Physician-Part A -  |                        | 1, 288, 700        | 0   | 1, 288, 700   | 4, 435. 00                 | 290. 57                                      | 4.             |
| )1       | Administrative<br>Physicians - Part A - Teaching                                   |                        | C                  | 0   |               | 0.00                       | 0.00   | 4.             |
| 00       | Physician and Non  |                        | 279, 169           | 0   | 279, 169      |                            |  |                |
| 00       | Physician-Part B<br>Non-physician-Part B for<br>hospital-based RHC and FOHC        |                        | C                  | 0   | C             | 0.00                       | 0.00   | 6.             |
| 00       | services<br>Interns & residents (in an   | 21.00                  | C                  | 0   | 0             | 0.00                       | 0.00   | 7.             |
| )1       | approved program)<br>Contracted interns and<br>residents (in an approved           |                        | C                  | 0   | C             | 0. 00                      | 0. 00  | 7.             |
| 00       | programs)<br>Home office and/or related  |                        | C                  | 0   | (             | 0.00                       | 0.00   | 8.             |
| 00       | organization personnel<br>SNF  | 44.00                  | C                  | 0   | (             | 0.00                       | 0.00   | 9.             |
| 00       | Excluded area salaries (see instructions)  | 1.1.00                 | 4, 023, 083        | -12, 164  | 4, 010, 919   |                            |  |                |
| 00       | OTHER WAGES & RELATED COSTS<br>Contract Labor: Direct Patient                      |                        | 10, 615, 920       | 0   | 10, 615, 920  | 167, 594. 00               | 63.34  | 111            |
|          | Care   |                        |                    |   |               |                            |  |                |
| 00       | Contract labor: Top level<br>management and other<br>management and administrative |                        | C                  | 0   | (             | 0.00                       | 0.00   |                |
| 00       | services<br>Contract Labor: Physician-Part<br>A - Administrative                   |                        | 2,060,411          | 0   | 2, 060, 411   | 17, 067. 00                | 120. 72                                      | 13             |
| 00       | Home office and/or related organization salaries and                               |                        | C                  | 0   | C             | 0.00                       | 0.00   | 14             |
| 01       | wage-related costs<br>Home office salaries   |                        | 38, 535, 628       | о   | 38, 535, 628  | 796, 379. 00               | 48.39  | 14             |
| 02       | Related organization salaries  |                        | C                  | 0   | (             | 0.00                       | 0.00   | 14             |
| 00       | Home office: Physician Part A<br>- Administrative                                  |                        | C                  | 0   | (             | 0.00                       | 0.00   | 15             |
| 00       | Home office and Contract   |                        | C                  | 0   | 0             | 0.00                       | 0.00   | 16             |
| 01       | Physicians Part A - Teaching<br>Home office Physicians Part A                      |                        | C                  | 0   | 0             | 0.00                       | 0.00   | 16             |
| 02       | - Teaching<br>Home office contract   |                        | C                  | 0   | 0             | 0.00                       | 0.00   | 16             |
|          | Physicians Part A - Teaching WAGE-RELATED COSTS                                    |                        |                    |   |               |                            |  |                |
| 00       | Wage-related costs (core) (see instructions)                                       |                        | 29, 415, 436       | 0   | 29, 415, 436  |                            |  | 17             |
| 00       | Wage-related costs (other)   |                        |                    |   |               |                            |  | 18             |
| 00       | (see instructions)<br>Excluded areas   |                        | 1, 056, 172        | o   | 1, 056, 172   | 2                          |  | 19             |
| 00       | Non-physician anesthetist Part<br>A  |                        | C                  | 0   | (             |                            |  | 20             |
| 00       | Non-physician anesthetist Part<br>B  |                        | C                  | 0   |               |                            |  | 21             |
| 00       | Physician Part A -<br>Administrative   |                        | 53, 042            | 0   | 53, 042       |                            |  | 22             |
| 01<br>00 | Physician Part A - Teaching<br>Physician Part B                                    |                        | C<br>42, 254       | 0   | (<br>42, 254  | -                          |  | 22<br>23       |
| 00       | Wage-related costs (RHC/FQHC)<br>Interns & residents (in an                        |                        | 42, 234<br>C       |   | 42, 252       | )                          |  | 23<br>24<br>25 |
| 50       | approved program)<br>Home office wage-related                                      |                        | 9, 214, 380        | 0   | 9, 214, 380   |                            |  | 25             |
| 51       | (core)<br>Related organization   |                        | C                  | 0   | (             |                            |  | 25             |
| 52       | wage-related (core)<br>Home office: Physician Part A                               |                        | C                  | 0   | C             |                            |  | 25             |
|          | - Administrative -<br>wage-related (core)  |                        |                    |   |               |                            |  |                |

|         | Financial Systems   | COMMU                  | JNETY HOSPITAL | OF INDIANA, IN  |             |   | eu of Form CMS-2   |        |
|---------|---|------------------------|----------------|---|-------------|---|--|--------|
| HOSPI 1 | AL WAGE INDEX INFORMATION   |                        |                | Provider C  |             | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet S-3<br>Part II<br>Date/Time Pre<br>5/30/2022 2:3 | pared: |
|         |   | Wkst. A Line<br>Number |                | Reclassificati<br>on of Salaries<br>(from Wkst.<br>A-6) |             | Related to                                  | Average Hourly<br>Wage (col. 4 ÷<br>col. 5)                |        |
|         |   | 1.00                   | 2.00           | 3.00  | 4.00        | 5.00  | 6.00   |        |
| 25. 53  | Home office: Physicians Part A<br>- Teaching - wage-related<br>(core) |                        | 0              | 0   |             | 0   |  | 25. 53 |
|         | OVERHEAD COSTS - DIRECT SALARIE                                       |                        |                |   |             |   |  |        |
| 26.00   | Employee Benefits Department  | 4.00                   |                |   | 161, 79     |   |  |        |
| 27.00   | Administrative & General  | 5.00                   | 7, 011, 849    |   |             |   |  |        |
| 28.00   | Administrative & General under contract (see inst.)                   |                        | 7, 338, 354    | 0   | 7, 338, 35  | 4 59, 206. 00                               | 123. 95  | 28.00  |
| 29.00   | Maintenance & Repairs   | 6.00                   | 0              | 0   | (           | 0.00  | 0.00   | 29.00  |
| 30.00   | Operation of Plant  | 7.00                   | 1, 700, 867    | -7, 133   | 1, 693, 73  | 4 61, 111. 00                               | 27.72  | 30.00  |
| 31.00   | Laundry & Linen Service   | 8.00                   | 0              | 0   |             | 0.00  | 0.00   | 31.00  |
| 32.00   | Housekeepi ng   | 9.00                   | 2, 954, 485    | -28, 478  | 2, 926, 00  | 7 158, 444. 00                              | 18. 47   | 32.00  |
| 33.00   | Housekeeping under contract<br>(see instructions)                     |                        | 400, 981       | 0   | 400, 98     | 1 8, 861. 00                                | 45. 25   | 33.00  |
| 34.00   | Dietary   | 10.00                  | 2, 763, 474    | -1, 905, 094  | 858, 38     | 42, 380. 00                                 | 20. 25   | 34.00  |
| 35.00   | Dietary under contract (see<br>instructions)                          |                        | 483, 395       | 0   | 483, 39     | 5 6, 240. 00                                | 77.47  | 35.00  |
| 36.00   | Cafeteri a  | 11.00                  | 0              | 1, 893, 277   | 1, 893, 27  | 7 92, 205. 00                               | 20. 53   | 36.00  |
| 37.00   | Maintenance of Personnel  | 12.00                  | 0              | 0   |             | 0.00  |  | 37.00  |
| 38.00   | Nursing Administration  | 13.00                  | 2, 446, 079    | -12, 739  | 2, 433, 340 | 0 62, 465. 00                               | 38.96  | 38.00  |
| 39.00   | Central Services and Supply   | 14.00                  | 883, 697       | -484  | 883, 21     | 3 34, 121. 00                               | 25.88  | 39.00  |
| 40.00   | Pharmacy  | 15.00                  | 5, 665, 318    |   |             |   |  | 40.00  |
| 41.00   | Medi cal Records & Medi cal<br>Records Library                        | 16.00                  | 0              | 0   |             | 0.00  |  |        |
| 42.00   | Social Service  | 17.00                  | 1, 823, 825    | -1, 158   | 1, 822, 66  | 7 42, 363.00                                | 43.02  | 42.00  |
| 43.00   | Other General Service   | 18.00                  |                |   |             | 0.00  |  | 43.00  |

| Heal th | Financial Systems                         | COMMU       | JNI TY HOSPI TAL | OF INDIANA, IN    | IC.           | In Lie                                      | eu of Form CMS-2                 | 2552-10 |
|---------|---|-------------|------------------|-------------------|---------------|---|----------------------------------|---------|
| HOSPI T | AL WAGE INDEX INFORMATION                 |             |                  | Provider CC       |               | Period:<br>From 01/01/2021<br>To 12/31/2021 | Date/Time Prep<br>5/30/2022 2:39 | 9 pm    |
|         |   | Worksheet A |                  | Recl assi fi cati |               |   | Average Hourly                   |         |
|         |   | Line Number | Reported         | on of Salaries    |               |   | Wage (col. 4 ÷                   |         |
|         |   |             |                  | (from             | (col.2 ± col. |   | col. 5)                          |         |
|         |   |             |                  | Worksheet A-6)    |               | col. 4                                      |                                  |         |
|         |   | 1.00        | 2.00             | 3.00              | 4.00          | 5.00  | 6.00                             |         |
|         | PART III - HOSPITAL WAGE INDEX            | SUMMARY     |                  |                   |               |   |                                  |         |
| 1.00    | Net salaries (see                         |             | 127, 471, 370    | -743, 979         | 126, 727, 39  | 1 3, 235, 094. 00                           | 39.17                            | 1.00    |
|         | instructions)                             |             |                  |                   |               |   |                                  |         |
| 2.00    | Excluded area salaries (see instructions) |             | 4, 023, 083      | -12, 164          | 4, 010, 91    | 9 109, 949. 00                              | 36. 48                           | 2.00    |
| 3.00    | Subtotal salaries (line 1                 |             | 123, 448, 287    | -731, 815         | 122, 716, 47  | 2 3, 125, 145. 00                           | 39. 27                           | 3.00    |
|         | minus line 2)                             |             |                  |                   |               |   |                                  |         |
| 4.00    | Subtotal other wages & related            |             | 51, 211, 959     | 0                 | 51, 211, 95   | 9 981, 040. 00                              | 52.20                            | 4.00    |
|         | costs (see inst.)                         |             |                  | _                 |               |   |                                  |         |
| 5.00    | Subtotal wage-related costs (see inst.)   |             | 38, 682, 858     | 0                 | 38, 682, 85   | в 0.00                                      | 31. 52                           | 5.00    |
| 6.00    | Total (sum of lines 3 thru 5)             |             | 213, 343, 104    | -731, 815         | 212, 611, 28  | 9 4, 106, 185. 00                           | 51.78                            | 6.00    |
| 7.00    | Total overhead cost (see                  |             | 33, 634, 117     | -104, 720         |               |   | 38. 20                           | 7.00    |
|         | instructions)                             |             |                  |                   |               |   |                                  |         |

|       | TAL WAGE RELATED COSTS                           | TY HOSPITAL OF IND |          |         | - 01/0   |                            | eu of Form CMS-2         |        |
|-------|--|--------------------|----------|---------|----------|----------------------------|--------------------------|--------|
| HUSPI | TAL WAGE RELATED CUSTS                           | Pro                | ovider ( | CIN: T  | 5-0169   | Period:<br>From 01/01/2021 | Worksheet S-3<br>Part IV |        |
|       |  |                    |          |         |          | To 12/31/2021              |                          | pared. |
|       |  |                    |          |         |          | 10 12/01/2021              | 5/30/2022 2:3            |        |
|       |  |                    |          |         |          |                            | Amount                   |        |
|       |  |                    |          |         |          |                            | Reported                 |        |
|       |  |                    |          |         |          |                            | 1.00                     |        |
|       | PART I V - WAGE RELATED COSTS                    |                    |          |         |          |                            |                          |        |
|       | Part A - Core List                               |                    |          |         |          |                            |                          |        |
|       | RETIREMENT COST                                  |                    |          |         |          |                            | 4 704 075                |        |
| 1.00  | 401K Employer Contributions                      |                    |          |         |          |                            | 4, 704, 975              |        |
| 2.00  | Tax Sheltered Annuity (TSA) Employer Contributio |                    |          |         |          |                            | 0                        | 2.00   |
| 3.00  | Nonqualified Defined Benefit Plan Cost (see ins  |                    |          |         |          |                            | 0                        | 3.00   |
| 4.00  | Qualified Defined Benefit Plan Cost (see instruc |                    |          |         |          |                            | 15, 097                  | 4.00   |
|       | PLAN ADMINISTRATIVE COSTS (Paid to External Orga | ni zati on)        |          |         |          |                            | -                        |        |
| 5.00  | 401K/TSA Plan Administration fees                |                    |          |         |          |                            | 0                        | 5.00   |
| 6.00  | Legal /Accounting/Management Fees-Pension Plan   |                    |          |         |          |                            | 253, 203                 | 6.00   |
| 7.00  | Employee Managed Care Program Administration Fee | es                 |          |         |          |                            | 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 Pa |                    | )        |         |          |                            | 0                        | 8.0    |
| 8.02  | Health Insurance (Self Funded with a Third Party | / Administrator)   |          |         |          |                            | 11, 644, 976             | 8. 0.  |
| 8.03  | Health Insurance (Purchased)                     |                    |          |         |          |                            | 0                        | 8.0    |
| 9.00  | Prescription Drug Plan                           |                    |          |         |          |                            | 3, 634, 218              |        |
| 10.00 |  |                    |          |         |          |                            | 125, 499                 | 10.0   |
| 11.00 |  |                    |          |         |          |                            | 68, 136                  |        |
| 12.00 |  |                    |          |         |          |                            | 0                        |        |
| 13.00 |  |                    |          |         |          |                            | 1, 112, 321              |        |
| 14.00 |  | or beneficiary)    |          |         |          |                            | 0                        | 14.00  |
| 15.00 |  |                    |          |         |          |                            | 286, 812                 | 15.00  |
| 16.00 |  | not the extraordi  | nary ac  | crual   | requi re | ed by FASB 106.            | 0                        | 16. 0  |
|       | Non cumulative portion)                          |                    |          |         |          |                            |                          |        |
|       | TAXES  |                    |          |         |          |                            |                          |        |
| 17.00 |  |                    |          |         |          |                            | 8, 615, 264              |        |
| 18.00 |  |                    |          |         |          |                            | 0                        | 18.00  |
| 19.00 |  |                    |          |         |          |                            | 0                        | 19.0   |
| 20.00 |  |                    |          |         |          |                            | 0                        | 20.00  |
|       | OTHER  |                    |          |         |          |                            | -                        |        |
| 21.00 |  | rement Cost Repor  | ted on   | l i nes | 1 throu  | igh 4 above. (see          | 0                        | 21.00  |
| ~~ ~~ | instructions))                                   |                    |          |         |          |                            |                          |        |
| 22.00 | 5  |                    |          |         |          |                            | 0                        | 22.0   |
| 23.00 |  |                    |          |         |          |                            | 106, 402                 |        |
| 24.00 |  |                    |          |         |          |                            | 30, 566, 903             | 24.00  |
|       | Part B - Other than Core Related Cost            |                    |          |         |          |                            |                          |        |

| Heal th | Financial Systems                       | COMMUNI TY HOSPI TAL OF | INDIANA, INC. | <br>In Lie      | u of Form CMS-2                  | 2552-10 |
|---------|---|-------------------------|---------------|-----------------|----------------------------------|---------|
| HOSPI T | AL CONTRACT LABOR AND BENEFIT COST      |                         | Provider CCN: | Peri od:        | Worksheet S-3                    |         |
|         |   |                         |               | From 01/01/2021 | Part V                           |         |
|         |   |                         |               | To 12/31/2021   | Date/Time Prep<br>5/30/2022 2:30 |         |
|         | Cost Center Description                 |                         |               | Contract Labor  |                                  | 7 pili  |
|         | cost center bescription                 |                         |               | 1.00            | 2.00                             |         |
|         | PART V - Contract Labor and Benefit Cos | st                      |               |                 |                                  |         |
|         | Hospital and Hospital-Based Component I | denti fi cati on:       |               |                 |                                  |         |
| 1.00    | Total facility's contract labor and be  | nefit cost              |               | 10, 615, 920    | 30, 566, 903                     | 1.00    |
| 2.00    | Hospi tal                               |                         |               | 10, 615, 920    | 30, 566, 903                     | 2.00    |
| 3.00    | Subprovider - IPF                       |                         |               | 0               | 0                                | 3.00    |
| 4.00    | Subprovider - IRF                       |                         |               |                 |                                  | 4.00    |
| 5.00    | Subprovider - (Other)                   |                         |               | 0               | 0                                | 5.00    |
| 6.00    | Swing Beds - SNF                        |                         |               | 0               | 0                                | 6.00    |
| 7.00    | Swing Beds - NF                         |                         |               | 0               | 0                                | 7.00    |
| 8.00    | Hospital-Based SNF                      |                         |               |                 |                                  | 8.00    |
| 9.00    | Hospital-Based NF                       |                         |               |                 |                                  | 9.00    |
| 10.00   | Hospital-Based OLTC                     |                         |               |                 |                                  | 10.00   |
| 11.00   | Hospital-Based HHA                      |                         |               |                 |                                  | 11.00   |
| 12.00   | Separately Certified ASC                |                         |               |                 |                                  | 12.00   |
| 13.00   | Hospital-Based Hospice                  |                         |               |                 |                                  | 13.00   |
| 14.00   | Hospital-Based Health Clinic RHC        |                         |               |                 |                                  | 14.00   |
| 15.00   | Hospital-Based Health Clinic FQHC       |                         |               |                 |                                  | 15.00   |
| 16.00   | Hospital-Based-CMHC                     |                         |               |                 |                                  | 16.00   |
| 17.00   | Renal Dialysis                          |                         |               | 0               | 0                                | 17.00   |
| 18.00   | Other                                   |                         |               | 0               | 0                                | 18.00   |
|         |   |                         |               |                 |                                  |         |

| Heal th | Financial Systems COMMUNITY HOSPITAL OF  | INDIANA, IN  | C.            | In Lie                           | eu of Form CMS-:               | 2552-10 |
|---------|--|--------------|---------------|----------------------------------|--------------------------------|---------|
|         |  | Provider CC  |               | Period:                          | Worksheet S-1                  |         |
|         |  |              |               | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 |         |
|         |  |              |               |                                  | 573072022 2.3                  | 9 piii  |
|         |  |              |               |                                  | 1.00                           |         |
| 1 00    | Uncompensated and indigent care cost computation   |              | 000 1         | 2)                               | 0.040004                       | 1       |
| 1.00    | Cost to charge ratio (Worksheet C, Part I line 202 column 3 div  | vided by lir | ne 202 column | 18)                              | 0. 219831                      | 1.00    |
| 2.00    | Medicaid (see instructions for each line)<br>Net revenue from Medicaid   |              |               |                                  | 98, 378, 746                   | 2.00    |
| 3.00    | Did you receive DSH or supplemental payments from Medicaid?  |              |               |                                  | Y                              | 3.00    |
| 4.00    | If line 3 is yes, does line 2 include all DSH and/or supplement  | tal payments | s from Medica | ni d?                            | N                              | 4.00    |
| 5.00    | If line 4 is no, then enter DSH and/or supplemental payments fr  | rom Medicaio | b             |                                  | -31, 462, 293                  | 5.00    |
| 6.00    | Medi cai d charges   |              |               |                                  | 403, 016, 640                  | 6.00    |
| 7.00    | Medicaid cost (line 1 times line 6)  |              |               |                                  | 88, 595, 551                   |         |
| 8.00    | Difference between net revenue and costs for Medicaid program (  | (line 7 minu | us sum of lir | nes 2 and 5; if                  | 21, 679, 098                   | 8.00    |
|         | <pre>&lt; zero then enter zero) Children's Health Insurance Program (CHIP) (see instructions for </pre>                | ar aach line | 2)            |                                  |                                |         |
| 9.00    | Net revenue from stand-al one CHIP   |              | =)            |                                  | 0                              | 9.00    |
| 10.00   | Stand-al one CHIP charges  |              |               |                                  | 0                              |         |
|         | Stand-alone CHIP cost (line 1 times line 10)   |              |               |                                  | 0                              |         |
|         | Difference between net revenue and costs for stand-alone CHIP (  | (line 11 mir | nus line 9; i | f < zero then                    | 0                              |         |
|         | enter zero)  | -            |               |                                  |                                |         |
|         | Other state or local government indigent care program (see inst  |              |               |                                  | -                              |         |
| 13.00   | Net revenue from state or local indigent care program (Not incl  |              |               |                                  | 0                              |         |
| 14.00   | Charges for patients covered under state or local indigent care 10)  | e program (r | NOT INCIUAED  | In lines 6 or                    | 0                              | 14.00   |
| 15.00   | State or local indigent care program cost (line 1 times line 14  | 4)           |               |                                  | 0                              | 15.00   |
|         | Difference between net revenue and costs for state or local inc  |              | program (lin  | ne 15 minus line                 | -                              |         |
|         | 13; if < zero then enter zero)   | 0            |               |                                  |                                |         |
|         | Grants, donations and total unreimbursed cost for Medicaid, CHI  | P and state  | e∕local indig | ent care progra                  | ms (see                        |         |
| 17 00   | instructions for each line)<br>Private grants, donations, or endowment income restricted to fu                         | unding chori | +++           |                                  | 0                              | 17 00   |
|         | Government grants, appropriations or transfers for support of h  |              |               |                                  | 0                              |         |
|         | Total unreimbursed cost for Medicaid , CHIP and state and local  |              |               | (sum of lines                    | 21, 679, 098                   |         |
|         | 8, 12 and 16)  | i nai gone e | bar o program |                                  | 21,07,7070                     |         |
|         |  |              | Uni nsured    | Insured                          | Total (col. 1                  |         |
|         |  |              | patients      | patients                         | + col . 2)                     |         |
|         | Uncompanyated Cara (see instructions for each line)  |              | 1.00          | 2.00                             | 3.00                           |         |
| 20.00   | Uncompensated Care (see instructions for each line)<br>Charity care charges and uninsured discounts for the entire fac | cility       | 11, 174, 64   | 15 2, 628, 160                   | 13, 802, 805                   | 20.00   |
| 20.00   | (see instructions)   | STITLY       | 11, 174, 0    | 2, 020, 100                      | 13, 002, 003                   | 20.00   |
| 21.00   | Cost of patients approved for charity care and uninsured discou  | unts (see    | 2, 456, 5     | 2, 628, 160                      | 5, 084, 693                    | 21.00   |
|         | instructions)  |              |               |                                  |                                |         |
| 22.00   | Payments received from patients for amounts previously written   | off as       |               | 0 0                              | 0                              | 22.00   |
| 23.00   | charity care<br>Cost of charity care (line 21 minus line 22)   |              | 2, 456, 5     | 2, 628, 160                      | 5, 084, 693                    | 23.00   |
| 23.00   |  | 1            | 2,430, 3      | 2,020,100                        | 3,004,073                      | 23.00   |
|         |  |              |               |                                  | 1.00                           |         |
| 24.00   | Does the amount on line 20 column 2, include charges for patier  |              | ond a length  | of stay limit                    | N                              | 24.00   |
|         | imposed on patients covered by Medicaid or other indigent care   |              |               |                                  |                                |         |
| 25.00   | If line 24 is yes, enter the charges for patient days beyond the   | ne indigent  | care program  | n's length of                    | 0                              | 25.00   |
| 26.00   | stay limit<br>Total bad debt expense for the entire hospital complex (see ins  | structions)  |               |                                  | 15, 825, 049                   | 26.00   |
|         | Medicare reimbursable bad debts for the entire hospital complex (see his   |              | cuctions)     |                                  | 209, 179                       |         |
|         | Medicare allowable bad debts for the entire hospital complex (s  |              |               |                                  | 321, 814                       |         |
| 28.00   | Non-Medicare bad debt expense (see instructions)   |              |               |                                  | 15, 503, 235                   |         |
|         | Cost of non-Medicare and non-reimbursable Medicare bad debt exp  | oense (see i | nstructions   |                                  | 3, 520, 727                    |         |
| 30.00   | Cost of uncompensated care (line 23 column 3 plus line 29)   |              |               |                                  | 8, 605, 420                    |         |
| 31.00   | Total unreimbursed and uncompensated care cost (line 19 plus li  | ne 30)       |               |                                  | 30, 284, 518                   | 31.00   |

| RECLAS           | Financial Systems COMMU<br>SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF    | JNITY HOSPITAL (<br>F EXPENSES | Provi der CC                | N: 15-0169 Pe               | eriod:<br>rom 01/01/2021        | u of Form CMS-2<br>Worksheet A                         | 2552-10        |
|------------------|--|--------------------------------|-----------------------------|-----------------------------|---------------------------------|--|----------------|
|                  |  |                                |                             | T                           |                                 | Date/Time Pre<br>5/30/2022 2:3                         |                |
|                  | Cost Center Description  | Sal ari es                     | Other                       | Total (col. 1<br>+ col. 2)  | Reclassificati<br>ons (See A-6) | Reclassified<br>Trial Balance<br>(col. 3 +-<br>col. 4) |                |
|                  |  | 1.00                           | 2.00                        | 3.00                        | 4.00                            | 5.00   |                |
| 1.00             | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT              |                                | 0                           | 0                           | 20, 695, 915                    | 20, 695, 915   | 1.00           |
| 2.00             | 00200 CAP REL COSTS-BEDG & TTXT  |                                | 0                           | 0                           | 15, 094, 464                    | 15, 094, 464   | 2.00           |
| 3.00             | 00300 OTHER CAP REL COSTS  | 1/1 700                        | 0                           | 0                           | 0                               | 0  | 3.00           |
| 4.00<br>5.00     | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINI STRATI VE & GENERAL       | 161, 793<br>7, 011, 849        | 204, 432<br>139, 790, 048   | 366, 225<br>146, 801, 897   | -95, 180<br>-20, 749, 864       | 271, 045<br>126, 052, 033                              | 4.00<br>5.00   |
| 7.00             | 00700 OPERATION OF PLANT   | 1, 700, 867                    | 7, 012, 832                 | 8, 713, 699                 | -258, 516                       | 8, 455, 183  | 7.00           |
| 8.00             | 00800 LAUNDRY & LINEN SERVICE  | 0                              | 880, 521                    | 880, 521                    | -67                             | 880, 454   | •              |
| 9.00<br>10.00    | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 2, 954, 485<br>2, 763, 474     | 2, 073, 300<br>2, 873, 336  | 5, 027, 785<br>5, 636, 810  | 24, 042-<br>3, 891, 948-        | 5, 003, 743<br>1, 744, 862                             | 9.00<br>10.00  |
| 11.00            | 01100 CAFETERI A   | 0                              | 0                           | 0                           | 3, 796, 275                     | 3, 796, 275  |                |
| 13.00            | 01300 NURSI NG ADMI NI STRATI ON   | 2, 446, 079                    | 666, 885                    | 3, 112, 964                 | -25, 087                        | 3, 087, 877  | 13.00          |
| 14.00<br>15.00   | 01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY                            | 883, 697<br>5, 665, 318        | 3, 313, 931<br>16, 673, 171 | 4, 197, 628<br>22, 338, 489 | -2, 488, 389<br>-14, 830, 087   | 1, 709, 239<br>7, 508, 402                             |                |
| 16.00            | 01600 MEDICAL RECORDS & LIBRARY  | 0                              | 47                          | 47                          | -47                             | 0  | 16.00          |
| 17.00            | 01700 SOCIAL SERVICE   | 1, 823, 825                    | 502, 473                    | 2, 326, 298                 | -33                             | 2, 326, 265  |                |
| 19.00<br>21.00   | 01900 NONPHYSICIAN ANESTHETISTS<br>02100 I&R SERVICES-SALARY & FRINGES APPRV | 0                              | 0                           | 0                           | 0                               | 0  | 19.00<br>21.00 |
|                  | 02200 I&R SERVICES-OTHER PRGM COSTS APPRV                                    | 0                              | 0                           | 0                           | 0                               | 0  | 22.00          |
| 20.00            | I NPATI ENT ROUTI NE SERVI CE COST CENTERS                                   | 20 401 417                     | 25 ((( ( 27                 | 75 150 044                  | 12 504 124                      | (1 (52 010   |                |
| 30. 00<br>31. 00 | 03000 ADULTS & PEDI ATRI CS<br>03100 I NTENSI VE CARE UNI T                  | 39, 491, 417<br>5, 334, 356    | 35, 666, 627<br>2, 995, 746 | 75, 158, 044<br>8, 330, 102 | -13, 504, 134<br>-788, 808      | 61, 653, 910<br>7, 541, 294                            |                |
| 35.00            | 02060 NEONATAL INTENSIVE CARE UNIT   | 8, 753, 690                    | 4, 780, 108                 | 13, 533, 798                | -707, 947                       | 12, 825, 851   |                |
| 40.00            | 04000 SUBPROVIDER - IPF  | 2, 291, 706                    | 618, 318                    | 2, 910, 024                 | -15, 264                        | 2, 894, 760  |                |
| 43.00            | 04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS                            | 0                              | 0                           | 0                           | 2, 821, 220                     | 2, 821, 220  | 43.00          |
| 50.00            | 05000 OPERATI NG ROOM  | 4, 942, 063                    | 35, 034, 091                | 39, 976, 154                | -23, 152, 435                   | 16, 823, 719   | 50.00          |
| 51.00            | 05100 RECOVERY ROOM  | 2, 967, 639                    | 1, 513, 039                 | 4, 480, 678                 | -310, 260                       | 4, 170, 418  | 51.00          |
| 52.00<br>54.00   | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC               | 3, 703, 102                    | 0<br>2, 608, 621            | 0<br>6, 311, 723            | 6, 460, 294<br>-1, 438, 727     | 6, 460, 294<br>4, 872, 996                             |                |
| 55.00            | 05500 RADI OLOGY-THERAPEUTI C  | 578, 748                       | 4, 923, 948                 | 5, 502, 696                 | -3, 329, 601                    | 2, 173, 095  |                |
| 57.00            | 05700 CT SCAN  | 1, 126, 459                    | 1, 346, 101                 | 2, 472, 560                 | -132, 359                       | 2, 340, 201  |                |
| 58.00<br>59.00   | 05800 MRI<br>05900 CARDI AC CATHETERI ZATI ON                                | 628, 042<br>0                  | 1, 943, 140<br>6, 344       | 2, 571, 182<br>6, 344       | -725, 978<br>-2, 723            | 1, 845, 204<br>3, 621                                  |                |
| 60.00            | 06000 LABORATORY   | 0                              | 12, 525, 028                | 12, 525, 028                | 0                               | 12, 525, 028   | 60.00          |
| 64.00            | 06400 INTRAVENOUS THERAPY  | 548, 130                       | 309, 095                    | 857, 225                    | -71, 918                        | 785, 307   | 64.00          |
| 65.00<br>66.00   | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY                        | 3, 532, 199<br>6, 845, 871     | 2, 781, 468<br>3, 358, 862  | 6, 313, 667<br>10, 204, 733 | -854, 938<br>-3, 665, 953       | 5, 458, 729<br>6, 538, 780                             | 65.00<br>66.00 |
| 67.00            | 06700 OCCUPATI ONAL THERAPY  | 0                              | 0                           | 0                           | 2, 064, 491                     | 2, 064, 491  | 67.00          |
| 68.00<br>69.00   |  | 0<br>39, 205                   | 0<br>422 012                | 0<br>472 217                | 420, 608<br>18, 044             | 420, 608   |                |
|                  | 06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY                     | 39, 205                        | 433, 012<br>859, 532        | 472, 217<br>1, 980, 226     | -252, 663                       | 490, 261<br>1, 727, 563                                |                |
| 71.00            | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                    | 0                              | 0                           | 0                           | 17, 054, 271                    | 17, 054, 271   | 71.00          |
| 72.00<br>73.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS     | 0                              | 0                           | 0                           | 13, 020, 384<br>16, 247, 271    | 13, 020, 384<br>16, 247, 271                           |                |
| 73.00            | 07301 SPECIALTY PHARMACY   | 0                              | 0                           | 0                           | 10, 247, 271                    | 10, 247, 271   | 73.00<br>73.01 |
|                  | 07400 RENAL DI ALYSI S   | 0                              | 1, 262, 496                 | 1, 262, 496                 | -2, 166                         | 1, 260, 330  |                |
| 76. 00<br>76. 01 | 03330 ENDOSCOPY<br>03950 OTHER ANCILLARY SERVICE COST CENTERS                | 1, 442, 225                    | 3, 134, 245                 | 4, 576, 470                 | -1, 997, 491                    | 2, 578, 979<br>0                                       | 76.00<br>76.01 |
| 76.02            | 03951 OTHER ANCI LLARY SERVICE COST CENTERS                                  | 0                              | 0                           | 0                           | 0                               | 0  | 76.02          |
| 76.03            | 03952 OTHER ANCILLARY SERVICE COST CENTERS                                   | 0                              | 0                           | 0                           | 0                               | 0  | 76.03          |
| 76. 04<br>76. 06 | 03953 WOUND CARE<br>03954 I MAGI NG CENTER                                   | 436, 321<br>1, 907, 455        | 905, 192<br>2, 723, 131     | 1, 341, 513<br>4, 630, 586  | 200, 545-<br>1, 295, 832-       | 1, 140, 968<br>3, 334, 754                             |                |
|                  | 03955 BREAST DI AGNOSTI C CENTER   | 1, 907, 455                    | 12, 028, 066                | 12, 028, 066                | -410, 580                       | 11, 617, 486   |                |
|                  | OUTPATIENT SERVICE COST CENTERS  | - L<br>-                       |                             |                             |                                 |  |                |
| 90. 00<br>90. 01 | 09000 CLINIC<br>04950 INFUSION CENTER  | 0<br>116, 093                  | 0<br>1, 837, 957            | 0<br>1, 954, 050            | 0<br>-1, 808, 938               | 0<br>145, 112  | 90.00<br>90.01 |
|                  | 04935 SPINE CENTER   | 204, 600                       | 53, 325                     | 257, 925                    | 1, 000, 730                     | 257, 925   | 90.01          |
| 91.00            | 09100 EMERGENCY  | 6, 375, 030                    | 3, 903, 167                 | 10, 278, 197                | -476, 576                       | 9, 801, 621  |                |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART<br>SPECIAL PURPOSE COST CENTERS    |                                |                             |                             |                                 |  | 92.00          |
| 113.00           | 11300 INTEREST EXPENSE   |                                | 0                           | 0                           | 0                               | 0  | 113.00         |
|                  | 11400 UTILIZATION REVIEW-SNF   | 0                              | 0                           | 0                           | 0                               |  | 114.00         |
| 118.00           | SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS       | 117, 796, 432                  | 311, 541, 635               | 429, 338, 067               | 184, 141                        | 429, 522, 208  | 118.00         |
|                  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                    | 0                              | 0                           | 0                           | 0                               |  | 190. 00        |
|                  | 19100 RESEARCH   | 0                              | 0                           | 0                           | 0                               |  | 191.00         |
|                  | 19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS                   | 0                              | 87, 916<br>0                | 87, 916<br>0                | 0                               | 87, 916<br>0   | 192.00         |
|                  | 07950 HOME OFFICE  | Ö                              | 0<br>0                      | 0                           | 0                               | 0  | 194.00         |
|                  |  | -                              |                             | 440.070                     | 04 500                          | 07 044   | 1101 01        |
| 194.06           | 07956 PAVI LLI ONS<br>07958 OTHER NRCC                                       | 0<br>1, 731, 377               | 119, 373<br>639, 066        | 119, 373<br>2, 370, 443     | -91, 529<br>-92, 612            | 27, 844<br>2, 277, 831                                 |                |

| Health Financial Systems COM                        | UNI TY HOSPI TAL | OF INDIANA, IN | IC.           | In Lie                     | u of Form CMS-2                | 2552-10 |
|---|------------------|----------------|---------------|----------------------------|--------------------------------|---------|
| RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O | OF EXPENSES      | Provider CO    |               | Period:<br>From 01/01/2021 | Worksheet A                    |         |
|   |                  |                |               | Γο 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3 |         |
| Cost Center Description                             | Sal ari es       | Other          | Total (col. 1 | Recl assi fi cati          | Recl assi fi ed                |         |
|   |                  |                | + col. 2)     | ons (See A-6)              | Trial Balance                  |         |
|   |                  |                |               |                            | (col. 3 +-                     |         |
|   |                  |                |               |                            | col. 4)                        |         |
|   | 1.00             | 2.00           | 3.00          | 4.00                       | 5.00                           |         |
| 194. 10 07960 COMMUNI TY REHAB HOSPI TAL            | 0                | 0              | (             | 0 0                        | 0                              | 194.10  |
| 200.00 TOTAL (SUM OF LINES 118 through 199)         | 119, 527, 809    | 312, 387, 990  | 431, 915, 799 | 9 0                        | 431, 915, 799                  | 200.00  |

|                      | SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O                             | F EXPENSES          | Provider CCN: 15-01           | 69 Period:<br>From 01/01/2021 | Worksheet A                             |
|----------------------|---|---------------------|-------------------------------|-------------------------------|---|
|                      |   |                     |                               | To 12/31/2021                 | Date/Time Prepared<br>5/30/2022 2:39 pm |
|                      | Cost Center Description   |                     | Net Expenses<br>or Allocation | · · · · ·                     |   |
|                      |   | 6.00                | 7.00                          |                               |   |
| 00                   | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT           | -6, 364, 644        | 14, 331, 271                  |                               | 1.                                      |
| 00                   | 00200 CAP REL COSTS-MVBLE EQUIP   | 2, 561, 639         | 17, 656, 103                  |                               | 2.                                      |
| 00                   | 00300 OTHER CAP REL COSTS   | 0                   | 0                             |                               | 3.                                      |
| 00                   | 00400 EMPLOYEE BENEFITS DEPARTMENT  | 6, 141, 253         | 6, 412, 298                   |                               | 4.                                      |
| 00                   | 00500 ADMI NI STRATI VE & GENERAL   | -67, 704, 288       | 58, 347, 745                  |                               | 5.                                      |
| 00                   | 00700 OPERATION OF PLANT  | 3, 003, 631         | 11, 458, 814                  |                               | 7.                                      |
| 00<br>00             | 00800 LAUNDRY & LI NEN SERVI CE<br>00900 HOUSEKEEPI NG                    | 0                   | 880, 454<br>5, 003, 743       |                               | 8. 9.                                   |
|                      | 01000 DI ETARY  | -18, 744            | 1, 726, 118                   |                               | 10.                                     |
|                      | 01100 CAFETERIA   | -2, 171, 536        | 1, 624, 739                   |                               | 11.                                     |
|                      | 01300 NURSI NG ADMI NI STRATI ON  | 4, 114, 100         | 7, 201, 977                   |                               | 13.                                     |
|                      | 01400 CENTRAL SERVICES & SUPPLY   | 1, 917, 247         | 3, 626, 486                   |                               | 14.                                     |
| . 00                 | 01500 PHARMACY  | -98, 300            | 7, 410, 102                   |                               | 15.                                     |
| . 00                 | 01600 MEDICAL RECORDS & LIBRARY   | 2, 472, 766         | 2, 472, 766                   |                               | 16.                                     |
|                      | 01700 SOCIAL SERVICE  | 0                   | 2, 326, 265                   |                               | 17.                                     |
|                      | 01900 NONPHYSI CI AN ANESTHETI STS  | 0                   | 0                             |                               | 19.                                     |
|                      | 02100 I & SERVICES-SALARY & FRINGES APPRV                                 | 748, 193            | 748, 193                      |                               | 21.                                     |
| . 00                 | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV                                | 1,012,473           | 1, 012, 473                   |                               | 22.                                     |
| . 00                 | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS | 74, 761             | 61, 728, 671                  |                               | 30.                                     |
|                      | 03100 I NTENSI VE CARE UNI T  | -7, 974             | 7, 533, 320                   |                               | 31.                                     |
|                      | 02060 NEONATAL INTENSIVE CARE UNIT  | -433, 959           | 12, 391, 892                  |                               | 35                                      |
|                      |   | -63, 730            | 2, 831, 030                   |                               | 40                                      |
| . 00                 | 04300 NURSERY   | 0                   | 2, 821, 220                   |                               | 43                                      |
|                      | ANCILLARY SERVICE COST CENTERS  | 1 1                 |                               |                               |   |
|                      | 05000 OPERATI NG ROOM   | -1, 394, 410        | 15, 429, 309                  |                               | 50.                                     |
|                      | 05100 RECOVERY ROOM   | 0                   | 4, 170, 418                   |                               | 51.                                     |
|                      | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC            | 0                   | 6, 460, 294<br>4, 914, 569    |                               | 52<br>54                                |
|                      | 05500 RADI OLOGY-THERAPEUTI C   | 41, 573<br>0        | 2, 173, 095                   |                               | 55                                      |
|                      | 05700 CT SCAN   | 0                   | 2, 340, 201                   |                               | 57                                      |
|                      | 05800 MRI   | 0                   | 1, 845, 204                   |                               | 58                                      |
| . 00                 | 05900 CARDI AC CATHETERI ZATI ON  | 179, 686            | 183, 307                      |                               | 59                                      |
| . 00                 | 06000 LABORATORY  | 0                   | 12, 525, 028                  |                               | 60                                      |
| . 00                 | 06400 I NTRAVENOUS THERAPY  | 0                   | 785, 307                      |                               | 64                                      |
|                      | 06500 RESPI RATORY THERAPY  | 0                   | 5, 458, 729                   |                               | 65                                      |
| . 00                 | 06600 PHYSI CAL THERAPY   | -6, 060             | 6, 532, 720                   |                               | 66                                      |
|                      | 06700 OCCUPATIONAL THERAPY  | 0                   | 2,064,491                     |                               | 67.                                     |
|                      |   | 0                   | 420, 608                      |                               | 68.                                     |
|                      | 06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY                  | 32, 971<br>364, 155 | 523, 232<br>2, 091, 718       |                               | 70                                      |
|                      | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                 | 0                   | 17, 054, 271                  |                               | 70                                      |
|                      | 07200 I MPL. DEV. CHARGED TO PATIENTS                                     | 0                   | 13, 020, 384                  |                               | 72                                      |
|                      | 07300 DRUGS CHARGED TO PATIENTS   | 300, 497            | 16, 547, 768                  |                               | 73                                      |
| . 01                 | 07301 SPECIALTY PHARMACY  | 0                   | 0                             |                               | 73                                      |
|                      | 07400 RENAL DI ALYSI S  | 0                   | 1, 260, 330                   |                               | 74                                      |
|                      | 03330 ENDOSCOPY   | 0                   | 2, 578, 979                   |                               | 76                                      |
|                      | 03950 OTHER ANCI LLARY SERVICE COST CENTERS                               | 0                   | o                             |                               | 76                                      |
|                      | 03951 OTHER ANCI LLARY SERVICE COST CENTERS                               | 0                   | 0                             |                               | 76                                      |
|                      | 03952 OTHER ANCILLARY SERVICE COST CENTERS<br>03953 WOUND CARE            | 0                   | 1, 140, 968                   |                               | 76<br>76                                |
|                      | 03953 WOUND CARE<br>03954 I MAGI NG CENTER                                | -51                 | 3, 334, 703                   |                               | 76                                      |
|                      | 03955 BREAST DI AGNOSTI C CENTER  | -51                 | 11, 617, 486                  |                               | 76                                      |
| 5,                   | OUTPATIENT SERVICE COST CENTERS   | 0                   |                               |                               | ///                                     |
| . 00                 | 09000 CLINIC  | 0                   | 0                             |                               | 90                                      |
|                      | 04950 INFUSION CENTER   | 0                   | 145, 112                      |                               | 90                                      |
|                      | 04975 SPINE CENTER  | 0                   | 257, 925                      |                               | 90                                      |
|                      | 09100 EMERGENCY   | 1, 103, 924         | 10, 905, 545                  |                               | 91                                      |
| 00                   | 09200 OBSERVATION BEDS (NON-DISTINCT PART<br>SPECIAL PURPOSE COST CENTERS |                     |                               |                               | 92                                      |
| 3 00                 | 11300 INTEREST EXPENSE  | 0                   | 0                             |                               | 113                                     |
|                      | 11300 INTEREST EXPENSE  |                     |                               |                               | 113                                     |
| +.00<br>3.00         |   | -54, 194, 827       | 375, 327, 381                 |                               | 118                                     |
| . 50                 | NONREI MBURSABLE COST CENTERS   |                     | ,,,                           |                               |   |
| 0. 00                | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                 | 0                   | 0                             |                               | 190                                     |
|                      | 19100 RESEARCH  | 0                   | Ō                             |                               | 191                                     |
| 2.00                 | 19200 PHYSI CLANS' PRI VATE OFFI CES                                      | 0                   | 87, 916                       |                               | 192                                     |
|                      | 19300 NONPAI D WORKERS  | 0                   | 0                             |                               | 193                                     |
|                      |   |                     | ol                            |                               | 194.                                    |
| 4.00                 | 07950 HOME OFFICE   | 9                   | U                             |                               |   |
| 4.00<br>4.06         | 07956 PAVI LLI ONS  | 0                   | 27, 844                       |                               | 194.                                    |
| 4.00<br>4.06<br>4.08 |   | 0                   | 27, 844<br>2, 277, 831<br>0   |                               |   |

|                            | Financial Systems  | COMM                    | UNI TY HOSPI TAL | OF INDIANA, INC.         | In Lieu of Form CMS  |                            |
|----------------------------|--|-------------------------|------------------|--------------------------|--|----------------------------|
| RECLAS                     | SI FI CATI ONS   |                         |                  | Provider CCN: 15-016     | 99 Period: Worksheet A-<br>From 01/01/2021<br>To 12/31/2021 Date/Time Pr |                            |
|                            |  | Increases               |                  |                          | 5/30/2022 2:   |                            |
|                            | Cost Center  | Line #                  | Sal ary          | Other                    |  |                            |
|                            | 2.00<br>A - Chargeable Medical Suppli                    | 3.00                    | 4.00             | 5.00                     |  |                            |
| 1.00<br>2.00               | CENTRAL SERVICES & SUPPLY<br>MEDICAL SUPPLIES CHARGED TO | 14.00<br>71.00          | 0<br>0           | 106, 863<br>17, 054, 271 |  | 1. 00<br>2. 00             |
| 3.00<br>4.00               | PATI ENT   | 0. 00<br>0. 00          | 0                | 0                        |  | 3.00<br>4.00               |
| 5.00<br>6.00<br>7.00       |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 5.00<br>6.00<br>7.00       |
| 8.00<br>9.00               |  | 0.00<br>0.00<br>0.00    | 0<br>0           | 0                        |  | 8.00<br>9.00               |
| 10. 00<br>11. 00<br>12. 00 |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 10.00<br>11.00<br>12.00    |
| 13.00<br>14.00             |  | 0. 00<br>0. 00          | 0<br>0           | 0<br>0                   |  | 13.00<br>14.00             |
| 15. 00<br>16. 00<br>17. 00 |  | 0. 00<br>0. 00<br>0. 00 | 0<br>0<br>0      | 0<br>0<br>0              |  | 15.00<br>16.00<br>17.00    |
| 18.00<br>19.00<br>20.00    |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 18.00<br>19.00<br>20.00    |
| 21. 00<br>22. 00           |  | 0. 00<br>0. 00          | 0                | 0                        |  | 21.00<br>22.00             |
| 23.00<br>24.00<br>25.00    |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 23.00<br>24.00<br>25.00    |
|                            | TOTALS<br>B - Implantable Device Reclas                  |                         | 0                | 17, 161, 134             |  | _                          |
| 1.00                       | I MPL. DEV. CHARGED TO<br>PATI ENTS                      | 72.00                   |                  | 13, 020, 384             |  | 1.00                       |
| 2.00<br>3.00               |  |                         | 0                | 13, 020, 384             |  | 2.00<br>3.00               |
| 1.00                       | C - Drugs Charges to Pat<br>ELECTROCARDI OLOGY           | 69.00                   | 0                | 18, 184                  |  | 1.00                       |
| 2.00<br>3.00<br>4.00       | DRUGS CHARGED TO PATIENTS                                | 73.00<br>0.00<br>0.00   | 0<br>0<br>0      | 16, 247, 271<br>0<br>0   |  | 2.00<br>3.00<br>4.00       |
| 4.00<br>5.00<br>6.00       |  | 0.00<br>0.00<br>0.00    | 0                | 0                        |  | 5. 00<br>6. 00             |
| 7.00<br>8.00<br>9.00       |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0                        |  | 7.00<br>8.00<br>9.00       |
| 10. 00<br>11. 00           |  | 0.00<br>0.00            | 0<br>0           | 0                        |  | 10.00<br>11.00             |
| 12.00<br>13.00<br>14.00    |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 12.00<br>13.00<br>14.00    |
| 15. 00<br>16. 00           |  | 0. 00<br>0. 00          | 0<br>0           | 0<br>0                   |  | 15. 00<br>16. 00           |
| 17.00<br>18.00<br>19.00    |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 17.00<br>18.00<br>19.00    |
| 20. 00<br>21. 00           |  | 0. 00<br>0. 00          | 0<br>0           | 0<br>0                   |  | 20. 00<br>21. 00           |
| 22.00<br>23.00<br>24.00    |  | 0. 00<br>0. 00<br>0. 00 | 0<br>0           | 0<br>0<br>0              |  | 22.00<br>23.00<br>24.00    |
|                            | TOTALS   |                         | 0                | 16, 265, 455             |  |                            |
| 1.00                       | D - Depreciation Expense<br>CAP REL COSTS-MVBLE EQUIP    | 2.00                    | 0                | 14, 865, 959             |  | 1.00                       |
| 2.00<br>3.00<br>4.00       |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 2.00<br>3.00<br>4.00       |
| 5.00<br>6.00               |  | 0.00<br>0.00            | 0<br>0           | 0<br>0                   |  | 5.00<br>6.00               |
| 7.00<br>8.00<br>9.00       |  | 0. 00<br>0. 00<br>0. 00 | 0<br>0<br>0      | 0<br>0<br>0              |  | 7.00<br>8.00<br>9.00       |
| 10. 00<br>11. 00<br>12. 00 |  | 0.00<br>0.00<br>0.00    | 0<br>0<br>0      | 0<br>0<br>0              |  | 10. 00<br>11. 00<br>12. 00 |
| 13.00                      |  | 0.00                    | 0                | 0                        |  | 13.00                      |

| COMMUNI TY | HOSPI TAL | 0F | I NDI ANA, | INC. |  |
|------------|-----------|----|------------|------|--|
|            |           |    |            |      |  |

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

| RECLAS           | SIFICATIONS                                    |                       |                | Provider CCN: 15-0169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet A-6<br>Date/Time Prepared: |
|------------------|--|-----------------------|----------------|-----------------------|---|--------------------------------------|
|                  |  |                       |                |                       | 10 12/31/2021                               | 5/30/2022 2:39 pm                    |
|                  | Cost Center                                    | I ncreases<br>Li ne # | Salary         | Other                 |   |                                      |
|                  | 2.00   | 3.00                  | 4.00           | 5.00                  |   |                                      |
| 14.00<br>15.00   |  | 0.00<br>0.00          | 0              | 0                     |   | 14.00<br>15.00                       |
| 16.00            |  | 0.00                  | 0              | 0                     |   | 16.00                                |
| 17.00            |  | 0.00                  | 0              | 0                     |   | 17.00                                |
| 18. 00<br>19. 00 |  | 0.00<br>0.00          | 0              | 0<br>0                |   | 18.00<br>19.00                       |
| 20.00            |  | 0.00                  | 0              | 0                     |   | 20.00                                |
| 21.00            |  | 0.00                  | 0              | 0                     |   | 21.00                                |
| 22.00<br>23.00   |  | 0.00<br>0.00          | 0              | 0                     |   | 22.00<br>23.00                       |
| 23.00            |  | 0.00                  | 0              | 0                     |   | 23.00                                |
| 25.00            |  | 0.00                  | 0              | 0                     |   | 25.00                                |
| 26.00            |  | 0.00                  | 0              | 0                     |   | 26.00                                |
| 27.00<br>28.00   |  | 0.00<br>0.00          | 0              | 0                     |   | 27.00<br>28.00                       |
| 29.00            |  | 0.00                  | 0              | 0                     |   | 29.00                                |
| 30.00            |  | 0.00                  | 0              | 0                     |   | 30.00                                |
| 31.00            | L  |                       | — — — <u>0</u> | <u> </u>              |   | 31.00                                |
|                  | E - Interest Expense                           | I                     |                |                       |   |                                      |
| 1.00             | CAP REL COSTS-BLDG & FIXT                      |                       | 0              | 12, 126, 391          |   | 1.00                                 |
|                  | TOTALS<br>F - Other Capital Rental             |                       | 0              | 12, 126, 391          |   |                                      |
| 1.00             | CAP REL COSTS-MVBLE EQUIP                      | 2.00                  | 0              | 8, 479, 515           |   | 1.00                                 |
| 2.00             |  | 0.00                  | 0              | 0                     |   | 2.00                                 |
| 3.00             |  | 0.00<br>0.00          | 0              | 0                     |   | 3.00                                 |
| 4.00<br>5.00     |  | 0.00                  | 0              | 0                     |   | 4.00<br>5.00                         |
| 6.00             |  | 0.00                  | 0              | 0                     |   | 6.00                                 |
| 7.00             |  | 0.00                  | 0              | 0                     |   | 7.00                                 |
| 8.00<br>9.00     |  | 0.00<br>0.00          | 0              | 0                     |   | 8.00<br>9.00                         |
| 10.00            |  | 0.00                  | o              | 0                     |   | 10.00                                |
| 11.00            |  | 0.00                  | 0              | 0                     |   | 11.00                                |
| 12. 00<br>13. 00 |  | 0.00<br>0.00          | 0              | 0<br>0                |   | 12.00<br>13.00                       |
| 14.00            |  | 0.00                  | 0              | 0                     |   | 14.00                                |
| 15.00            |  | 0.00                  | 0              | 0                     |   | 15.00                                |
| 16.00<br>17.00   |  | 0.00<br>0.00          | 0              | 0<br>0                |   | 16.00<br>17.00                       |
| 18.00            |  | 0.00                  | 0              | 0                     |   | 18.00                                |
| 19.00            |  | 0.00                  | 0              | 0                     |   | 19.00                                |
| 20. 00<br>21. 00 |  | 0.00<br>0.00          | 0              | 0<br>0                |   | 20.00<br>21.00                       |
| 21.00            |  | 0.00                  | 0              | 0                     |   | 22.00                                |
| 23.00            |  | 0.00                  | 0              | 0                     |   | 23.00                                |
| 24.00<br>25.00   |  | 0.00<br>0.00          | 0              | 0                     |   | 24.00<br>25.00                       |
| 26.00            |  | 0.00                  | 0              | 0                     |   | 25.00                                |
| 27.00            |  | 0.00                  | 0              | 0                     |   | 27.00                                |
| 28.00            |  |                       | 0              | 0<br>8, 479, 515      |   | 28.00                                |
|                  | TOTALS<br>G - STD BENEFIT                      |                       | 0              | 6, 477, 515           |   |                                      |
| 1.00             | ADMI NI STRATI VE & GENERAL                    | 5.00                  | 0              | 12, 041               |   | 1.00                                 |
| 2.00<br>3.00     | OPERATION OF PLANT<br>HOUSEKEEPING             | 7.00<br>9.00          | 0              | 7, 133<br>28, 478     |   | 2.00<br>3.00                         |
| 3.00<br>4.00     | DI ETARY                                       | 9.00<br>10.00         | 0              | 20, 470               |   | 4.00                                 |
| 5.00             | NURSING ADMINISTRATION                         | 13.00                 | 0              | 12, 739               |   | 5.00                                 |
| 6.00             | CENTRAL SERVICES & SUPPLY                      | 14.00                 | 0              | 484                   |   | 6.00                                 |
| 7.00<br>8.00     | PHARMACY<br>SOCI AL SERVI CE                   | 15.00<br>17.00        | 0              | 30, 870<br>1, 158     |   | 7.00<br>8.00                         |
| 9.00             | ADULTS & PEDIATRICS                            | 30.00                 | 0              | 244, 636              |   | 9.00                                 |
| 10.00            | INTENSIVE CARE UNIT                            | 31.00                 | 0              | 28, 774               |   | 10.00                                |
| 11. 00<br>12. 00 | NEONATAL INTENSIVE CARE UNIT<br>OPERATING ROOM | 35.00<br>50.00        | 0              | 88, 801<br>21, 573    |   | 11.00<br>12.00                       |
| 13.00            | RECOVERY ROOM                                  | 51.00                 | 0              | 25, 344               |   | 13.00                                |
| 14.00            | RADI OLOGY-DI AGNOSTI C                        | 54.00                 | 0              | 37, 489               |   | 14.00                                |
| 15. 00<br>16. 00 | CT SCAN<br>MRI                                 | 57.00<br>58.00        | 0              | 5, 181<br>10, 374     |   | 15.00<br>16.00                       |
| 16.00<br>17.00   | INTRAVENOUS THERAPY                            | 58.00<br>64.00        | 0              | 8, 057                |   | 17.00                                |
| 18.00            | RESPI RATORY THERAPY                           | 65.00                 | 0              | 22, 122               |   | 18.00                                |
| 19.00            | PHYSICAL THERAPY                               | 66.00<br>70.00        | 0              | 53, 851               |   | 19.00                                |
| 20. 00<br>21. 00 | ELECTROENCEPHALOGRAPHY<br>ENDOSCOPY            | 70.00<br>76.00        | 0              | 2, 831<br>10, 234     |   | 20.00<br>21.00                       |
|                  |  | , 3, 50               | 0              |                       |   | 200                                  |

| Heal th | Fi nanci al | Systems |
|---------|-------------|---------|
| RECLAS  | SLELCATION  | S       |

## COMMUNITY HOSPITAL OF INDIANA, INC. Provider CCN: 15-0169 Period:

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

| RECLAS       | SEFECATIONS  |                 |             | Provider C                   | CCN: 15-0169 | Period:<br>From 01/01/2021 | Worksheet A-                 | 6            |
|--------------|--|-----------------|-------------|------------------------------|--------------|----------------------------|------------------------------|--------------|
|              |  |                 |             |                              |              | To 12/31/2021              | Date/Time Pr<br>5/30/2022 2: | epared:      |
|              |  | Increases       |             |                              |              |                            | 5/30/2022 2.                 | 39 pili      |
|              | Cost Center  | Line #          | Sal ary     | Other                        |              |                            |                              |              |
|              | 2. 00  | 3.00            | 4.00        | 5.00                         |              |                            |                              |              |
| 22.00        | WOUND CARE   | 76.04           | 0           | 3, 534                       |              |                            |                              | 22.00        |
| 23.00        | I MAGI NG CENTER   | 76.06           | 0           | 20, 719                      |              |                            |                              | 23.00        |
| 24.00        | EMERGENCY  | 91.00           | 0           | 43, 575                      |              |                            |                              | 24.00        |
| 25.00        | OTHER NRCC   | 1 <u>94.</u> 08 | 0           | 1 <u>2, 1</u> 64             |              |                            |                              | 25.00        |
|              | TOTALS   |                 | 0           | 743, 979                     |              |                            |                              |              |
|              | H - Labor and Delivery                                   |                 | ĺ           |                              | Í            |                            |                              |              |
| 1.00         | NURSERY  | 43.00           | 1, 805, 624 | 0                            |              |                            |                              | 1.00         |
| 2.00         | DELIVERY ROOM & LABOR ROOM                               | 52.00           | 4, 134, 688 | 0                            |              |                            |                              | 2.00         |
| 3.00         | NURSERY  | 43.00           | 0           | 1, 015, 596                  |              |                            |                              | 3.00         |
| 4.00         | DELIVERY ROOM & LABOR ROOM                               | 52.00           | 0           | 2, 325, 606                  |              |                            |                              | 4.00         |
|              | TOTALS   |                 | 5, 940, 312 | 3, 341, 202                  |              |                            |                              | _            |
|              | I - Cafeteria  |                 |             |                              |              |                            |                              |              |
| 1.00         | CAFETERIA  | 11.00           | 1, 893, 277 |                              |              |                            |                              | 1.00         |
| 2.00         | CAFETERI A   | <u>11.</u> 00   |             | <u>1, 902, 998</u>           | 4            |                            |                              | 2.00         |
|              |  |                 | 1, 893, 277 | 1, 902, 998                  |              |                            |                              | -            |
| 4 00         | J - Therapy  | (7.00           | 4 400 045   | 0                            |              |                            |                              | 1 00         |
| 1.00         | OCCUPATIONAL THERAPY                                     | 67.00           | 1, 422, 915 | 0                            |              |                            |                              | 1.00         |
| 2.00         | SPEECH PATHOLOGY   | 68.00           | 289, 897    | 0                            |              |                            |                              | 2.00         |
| 3.00         | OCCUPATIONAL THERAPY                                     | 67.00           | 0           | 641, 576                     |              |                            |                              | 3.00         |
| 4.00         | SPEECH PATHOLOGY   | <u></u>         |             | <u>130, 711</u><br>772, 287  |              |                            |                              | 4.00         |
|              |  |                 | 1, 712, 812 | 112, 287                     |              |                            |                              | -            |
| 1 00         | K - Building Depreciation                                | 1 00            | 0           | 0 051 010                    |              |                            |                              | 1 00         |
| 1.00         | CAP REL COSTS-BLDG & FIXT                                |                 | <u>0</u>    | 8, 251, 010                  |              |                            |                              | 1.00         |
|              | TOTALS   |                 | U           | 8, 251, 010                  |              |                            |                              | -            |
| 1.00         | L - Capital Insurance Costs<br>CAP REL COSTS-BLDG & FIXT | 1.00            | 0           | 210 514                      |              |                            |                              | 1 00         |
| 1.00         | TOTALS   |                 | 0           | <u>318, 5</u> 14<br>318, 514 |              |                            |                              | 1.00         |
|              | M - Radiology Support                                    |                 | U           | 318, 514                     |              |                            |                              | -            |
| 1.00         | RADI OLOGY-THERAPEUTI C                                  | 55.00           | 100, 745    | 0                            | [            |                            |                              | 1.00         |
| 2.00         | CT SCAN  | 57.00           | 160, 743    | 0                            |              |                            |                              | 2.00         |
| 2.00         | MRI  | 58.00           | 57, 900     | 0                            |              |                            |                              | 3.00         |
| 3.00<br>4.00 | RADI OLOGY-THERAPEUTI C                                  | 55.00           | 57,900      | 109, 601                     |              |                            |                              | 4,00         |
| 4.00<br>5.00 | CT SCAN  | 57.00           | 0           | 174, 876                     |              |                            |                              | 4.00<br>5.00 |
| 6.00         | MRI  | 57.00           | 0           | 62, 990                      |              |                            |                              | 6.00         |
| 0.00         |  |                 | 319, 389    |                              |              |                            |                              | 0.00         |
| 500 00       | Grand Total: Increases                                   |                 | 9, 865, 790 | 97, 596, 295                 |              |                            |                              | 500.00       |
| 500.00       | pi unu i utai. Thei cases                                | I I             | 7,003,790   | 71, 370, 273                 | I            |                            |                              | 1 300. 00    |

Provider CCN: 15-0169

In Lieu of Form CMS-2552-10

Period: From 01/01/2021 To 12/31/2021 Date/Time Prepared:

|                  |  |                 |                 |                        | 1                       | o 12/31/2021 Date/Time P<br>5/30/2022 2 |                |
|------------------|--|-----------------|-----------------|------------------------|-------------------------|---|----------------|
|                  |  | Decreases       |                 | 0.11                   |                         |   |                |
|                  | Cost Center<br>6.00                                  | Li ne #<br>7.00 | Sal ary<br>8.00 | 0ther<br>9.00          | Wkst. A-7 Ref.<br>10.00 |   |                |
|                  | A - Chargeable Medical Suppli                        |                 | 0.00            | 7.00                   | 10.00                   |   |                |
| 1.00             | ADMI NI STRATI VE & GENERAL                          | 5.00            | 0               |                        |                         |   | 1.00           |
| 2.00             | OPERATION OF PLANT                                   | 7.00            | 0               |                        |                         |   | 2.00           |
| 3.00<br>4.00     | DI ETARY<br>PHARMACY                                 | 10.00<br>15.00  | 0               |                        | 0                       |   | 3.00           |
| 4.00<br>5.00     | ADULTS & PEDIATRICS                                  | 30.00           | 0               | ,                      |                         |   | 4.00<br>5.00   |
| 6.00             | INTENSIVE CARE UNIT                                  | 31.00           | 0               | 430, 889               |                         |   | 6.00           |
| 7.00             | NEONATAL INTENSIVE CARE UNIT                         | 35.00           | 0               |                        |                         |   | 7.00           |
| 8.00             | SUBPROVI DER – I PF                                  | 40.00           | 0               | _,                     |                         |   | 8.00           |
| 9.00             | OPERATING ROOM                                       | 50.00           | 0               | -,                     |                         |   | 9.00           |
| 10. 00<br>11. 00 | RECOVERY ROOM<br>RADI OLOGY-DI AGNOSTI C             | 51.00<br>54.00  | 0               |                        |                         |   | 10.00<br>11.00 |
| 12.00            | RADI OLOGY-THERAPEUTI C                              | 55.00           | 0               |                        |                         |   | 12.00          |
| 13.00            | CT SCAN  | 57.00           | 0               | 57, 638                | 0                       |   | 13.00          |
| 14.00            | MRI  | 58.00           | 0               | ,                      |                         |   | 14.00          |
| 15.00            | CARDIAC CATHETERIZATION                              | 59.00           | 0               | 1, 196                 |                         |   | 15.00          |
| 16.00<br>17.00   | I NTRAVENOUS THERAPY<br>RESPI RATORY THERAPY         | 64.00<br>65.00  | 0               |                        |                         |   | 16.00<br>17.00 |
| 18.00            | PHYSICAL THERAPY                                     | 66.00           | 0               |                        |                         |   | 18.00          |
| 19.00            | ELECTROENCEPHALOGRAPHY                               | 70.00           | 0               |                        |                         |   | 19.00          |
| 20.00            | RENAL DI ALYSI S                                     | 74.00           | 0               | _,                     |                         |   | 20.00          |
| 21.00            | ENDOSCOPY<br>WOUND CARE                              | 76.00<br>76.04  | 0               | .,_,,,,,,,             |                         |   | 21.00          |
| 22. 00<br>23. 00 | I MAGI NG CENTER                                     | 76.04           | 0               | 46, 009<br>110, 663    |                         |   | 22.00<br>23.00 |
| 24.00            | BREAST DI AGNOSTI C CENTER                           | 76.07           | 0               |                        |                         |   | 24.00          |
| 25.00            | EMERGENCY  | 91.00           | 0               | <u>253, 1</u> 75       |                         |   | 25.00          |
|                  | TOTALS   |                 | 0               | 17, 161, 134           |                         |   | _              |
| 1.00             | B - Implantable Device Reclas                        | 50.00           |                 | 11, 197, 129           |                         |   | 1.00           |
| 2.00             | RADI OLOGY-THERAPEUTI C                              | 55.00           |                 | 1, 509, 193            |                         |   | 2.00           |
| 3.00             | ENDOSCOPY  | <u>76.</u> 00   |                 | 314, 062               |                         |   | 3.00           |
|                  |  |                 | 0               | 13, 020, 384           |                         |   |                |
| 1.00             | C - Drugs Charges to Pat<br>ADMINISTRATIVE & GENERAL | 5.00            | 0               | 110                    | 0                       |   | 1.00           |
| 2.00             | OPERATION OF PLANT                                   | 7.00            | 0               |                        | 0                       |   | 2.00           |
| 3.00             | CENTRAL SERVICES & SUPPLY                            | 14.00           | 0               |                        |                         |   | 3.00           |
| 4.00             | PHARMACY   | 15.00           | 0               |                        |                         |   | 4.00           |
| 5.00             | ADULTS & PEDIATRICS                                  | 30.00           | 0               | 67, 222                |                         |   | 5.00           |
| 6.00<br>7.00     | INTENSIVE CARE UNIT<br>NEONATAL INTENSIVE CARE UNIT  | 31.00<br>35.00  | 0               | 16, 273<br>1, 238      |                         |   | 6.00<br>7.00   |
| 8.00             | SUBPROVI DER – I PF                                  | 40.00           | 0               | 121                    | 0                       |   | 8.00           |
| 9.00             | OPERATING ROOM                                       | 50.00           | 0               | 142, 466               | 0                       |   | 9.00           |
| 10.00            | RECOVERY ROOM  | 51.00           | 0               | _,                     | 0                       |   | 10.00          |
| 11. 00<br>12. 00 | RADI OLOGY-DI AGNOSTI C<br>RADI OLOGY-THERAPEUTI C   | 54.00<br>55.00  | 0               | 127, 051<br>15, 974    | 0                       |   | 11.00<br>12.00 |
| 12.00            | CT SCAN  | 57.00           | 0               |                        |                         |   | 12.00          |
| 14.00            | MRI  | 58.00           | 0               |                        | 0                       |   | 14.00          |
| 15.00            | INTRAVENOUS THERAPY                                  | 64.00           | 0               | 2, 040                 |                         |   | 15.00          |
| 16.00            | RESPI RATORY THERAPY                                 | 65.00           | 0               |                        |                         |   | 16.00          |
| 17.00<br>18.00   | PHYSICAL THERAPY<br>ELECTROENCEPHALOGRAPHY           | 66.00<br>70.00  | 0               | -,                     |                         |   | 17.00<br>18.00 |
| 19.00            | ENDOSCOPY  | 76.00           | 0               | 4, 451                 |                         |   | 19.00          |
| 20.00            | WOUND CARE   | 76.04           | 0               | 1, 957                 |                         |   | 20.00          |
| 21.00            | I MAGI NG CENTER                                     | 76.06           | 0               | 166, 149               |                         |   | 21.00          |
| 22.00            | INFUSION CENTER                                      | 90.01           | 0               | 1, 726, 280            |                         |   | 22.00          |
| 23.00<br>24.00   | EMERGENCY<br>OTHER NRCC                              | 91.00<br>194.08 | 0               | 19, 423<br>7, 438      |                         |   | 23.00<br>24.00 |
| 24.00            | TOTALS   |                 | <u> </u>        |                        |                         |   | 24.00          |
|                  | D - Depreciation Expense                             |                 |                 | 1                      |                         |   |                |
| 1.00             | EMPLOYEE BENEFITS DEPARTMENT                         | 4.00            | 0               |                        |                         |   | 1.00           |
| 2.00<br>3.00     | ADMINISTRATIVE & GENERAL                             | 5.00<br>7.00    | 0               | .,                     |                         |   | 2.00<br>3.00   |
| 4.00             | HOUSEKEEPING   | 9.00            | 0               |                        |                         |   | 4.00           |
| 5.00             | DI ETARY   | 10.00           | 0               | 91, 246                | 0                       |   | 5.00           |
| 6.00             | NURSING ADMINISTRATION                               | 13.00           | 0               | ==,                    |                         |   | 6.00           |
| 7.00             | CENTRAL SERVICES & SUPPLY                            | 14.00           | 0               | 84, 393                |                         |   | 7.00           |
| 8.00<br>9.00     | PHARMACY<br>ADULTS & PEDIATRICS                      | 15.00<br>30.00  | 0               | 83, 058<br>1, 656, 231 |                         |   | 8.00<br>9.00   |
| 10.00            | INTENSIVE CARE UNIT                                  | 31.00           | 0               | 340, 737               |                         |   | 10.00          |
| 11.00            | NEONATAL INTENSIVE CARE UNIT                         | 35.00           | 0               | 170, 668               | 0                       |   | 11.00          |
| 12.00            | SUBPROVIDER - IPF                                    | 40.00           | 0               | 12, 412                |                         |   | 12.00          |
| 13.00            | OPERATING ROOM                                       | 50.00           | 0               | .,                     |                         |   | 13.00          |
| 14. 00<br>15. 00 | RECOVERY ROOM<br>RADI OLOGY-DI AGNOSTI C             | 51.00<br>54.00  | 0               | 6, 565<br>349, 347     |                         |   | 14.00<br>15.00 |
| 13.00            |  | 54.00           | 0               | 347, 347               | 0                       |   | 13.00          |

## Health Financial Systems RECLASSIFICATIONS

| COMMUNI TY | HOSPI TAL | 0F | I NDI ANA, | INC. |
|------------|-----------|----|------------|------|
|            |           |    |            |      |

Provider CCN: 15-0169

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2021 To 12/31/2021

| Description         Description         Head A         Statisty         Mest A.7.2 Ref           16:00         Auto Darty - B. 20         7.00 Er         5.00 er         0.00 er         10.00 er           17:00         CT SCOM         55.00 er         0.00 er         229.214 er         0.00 er           18:00         Mail Darty Erst 24100         56.00 er         0.00 er         229.214 er         0.00 er           18:00         Darty Erst 24100         56.00 er         0.00 er         229.214 er         0.00 er           10:00         Darty Erst 24100         56.00 er         38.490 er         21.00 er         22.00 er           21:00         Darty Erst 24100         66.00 er         21.21 er         22.00 er         22.00 er           22:00         Darty Erst 2410 er         75.00 er         24.49 er         0.00 er         22.00 er           20:00         Darty Erst 2410 er         75.00 er         24.49 er         0.00 er         22.00 er           20:00         Darty Erst 2410 er         11.00 er         22.00 er         22.00 er         22.00 er           20:00         Darty Erst 2410 er         11.00 er         22.00 er         22.00 er         22.00 er           20:00         Darty Erst 2410 er         11.  |       |                              |                 |                    |              |            | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 |       |
|--|-------|------------------------------|-----------------|--------------------|--------------|------------|----------------------------------|--------------------------------|-------|
| $b_{0.00}$ $b_{0.$  |       |                              |                 |                    |              |            |                                  | 070072022 2.0                  | , pm  |
| 16:00         DATE: Cory THE REPUT:         5:00         0         SADE Cory         0         16:00         17:00   |       |                              |                 |                    |              |            | -                                |                                |       |
| 17.00 (1 ScAn) (2 ScAn) ( | 16.00 |                              |                 |                    |              |            | )                                |                                | 16.00 |
| 9.00         ANDIAC CALLETER JATION         9.00         0         1.527         0         97.00           9.100         MESPE ACTORY TRAPAY         64.00         0         2.650         0         2.00           9.100         MESPE ACTORY TRAPAY         64.00         0         2.640         0         2.00           9.100         MESPE ACTORY TRAPAY         64.00         0         2.670         0         2.400   |       |                              |                 |                    |              |            |                                  |                                |       |
| 20.00         INTERVENUES THERAPY         44.00         0         2.856         0         22.00           21.00         RESERVENTES THERAPY         46.00         0         27.123         0         22.00           21.00         RESERVENTES THERAPY         46.00         0         27.123         0         22.00           21.00         RESERVENTES THERAPY         46.00         0         27.123         0         22.00           21.00         RESERVENTES THERAPY         76.00         0         47.633         0         22.00           21.00         RESERVENTES THERAPY         76.00         0         37.463         0         22.00           21.00         RESERVENTES THERAPY         70.00         0         23.755         0         22.00           21.00         RESERVENTES         91.01         0         23.755         0         22.00           21.00         RESERVENTES         91.04         0         17.464         0         22.00           21.00         RESERVENTES         91.01         10.00         12.12.23.91         11.00           21.01         RESERVENTES         S.00         12.12.23.91         11.00         10.00           21.01   |       |                              |                 |                    |              | -          |                                  |                                |       |
| 21.00         RSSF RATOKY THERAPY         66.00         0         55.449         0         21.00           24.00         PHISC MERT INCOMPANY         66.00         0         71.260         23.00           24.00         PHISC MERT INCOMPANY         66.00         0         71.860         0         23.00           25.00         MURIC CARE         76.00         0         74.961         0         23.00           26.00         MURIC CARE         76.00         0         74.961         0         22.00           27.00         MARIN CONTER         70.00         0         22.070         22.00   |       |                              |                 | -                  |              | 9          |                                  |                                |       |
| 22.00         PMYSICAL THEREPY         66.00         0         271.226         0         22.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00   |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 94.00         ELECTROENCEPHALOGRAPHY         70.00         0         47.020         0         24.00  | 22.00 | PHYSI CAL THERAPY            |                 | 0                  |              | C          |                                  |                                | 22.00 |
| 25.00       ENDOSCOPY       70.00       394,963       0       22.00         27.00       IAMAL RC (11/11 R)       70.00       0.485,4146       0       22.00         27.00       IAMAL RC (11/11 R)       70.00       0.00,7785       0       22.00         27.00       IAMAL RC (11/11 R)       70.00       0.00,7785       0       22.00         30.00       PAVILLIONS       194.06       0       17.484       0       33.00         10.00       INTER MCC       194.06       0       12.126,391       1       1         10.01       INTER MCC       1       0       12.126,391       1       1       1         10.01       INTER Capital Restat       4       0       94,470       16       1       0         10.01       INTER Capital Restat       4       0       94,470       16       1       0         10.01       INTER Capital Restat       4       0       94,470       16       1       0         10.01       AMIRINSILIV R. & RENTARIANT       4       00       21,273       0       1       0         10.01       AMIRINSILIV R. & RENTARIANT       10.00       24,470       16       0       0 </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>C</td> <td></td> <td></td> <td></td>  |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 26.00         WOUND CARE         76.04         0         43.101         0         22.00           28.00         HATUSI ON CENTER         90.01         0         23.755         0         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         33.00         30.00         40.00         4  |       |                              |                 |                    |              |            |                                  |                                |       |
| 28.00         INFUSION CENTER         00 of         02.755         0         22.00           29.00         PARECRAY         91.00         0.23,758         0         30.00   |       |                              |                 |                    |              | C          |                                  |                                |       |
| 92.00         ENERGENCY         91.00         0         200.07         24.00         0         200.07         24.00         0         200.07         30.00         30.0  |       | IMAGING CENTER               |                 | 0                  |              | C          |                                  |                                |       |
| 30.00         PAVILLIONS         194.0e         0         17.444         0         30.00         30.00         31.00         31.00         17.484         0         31.00         30.00         30.  |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 31.00         OTHER ARCC_         194.00         0         10.106         0         13.00           0         ADM MS INSTRUTUS & GREENAL         0         14.865,050         1         1         0           0         ADM MS INSTRUTUS & GREENAL         5.00         0         12.126,391         1         1         0           0         ADM MS INSTRUTUS & GREENAL         5.00         0         12.126,391         1         1         0           0         ADM MS INSTRUTUS & GREENAL         5.00         0         94.470         10         1         0         3.00           0.00         CHARTING OF PLANT         7.00         0         2.429         0         3.00         3.00           0.00         CHARTING OF PLANT         7.00         0         18.193         0         3.00         3.00           0.00         MIRLANS         SUPLY         15.00         0         7.823         0         9.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00  |       |                              |                 |                    |              | -          |                                  |                                |       |
| IOTALS         IOTALS <thiotals< th=""> <thiotals< th=""> <thiotals< td="" th<=""><td></td><td></td><td></td><td></td><td></td><td>C</td><td></td><td></td><td></td></thiotals<></thiotals<></thiotals<>   |       |                              |                 |                    |              | C          |                                  |                                |       |
| 1.00         RMM NI STRATU & 4 CREPAL         5.00         0         12,126,391         11           F         Other Capital Rental         -  |       |                              |                 |                    |              |            |                                  |                                |       |
| F - Other Capital Bental         -           0         CHUCKUE ENERTIS DENAMIMENT         4.00         0         94.470         10           2.00         ADM MISTRATUS & GENERAL         5.00         0         997.321         0         2.00           0.00         CHEANING & FLANNI         7.00         0         2.229         0         3.00           0.00         CHEANING & FLANNI         7.00         0         2.229         0         3.00           0.01         CHENTING & FLANNI         8.00         0         6.70         0         4.00           0.01         CHENTING & FLANNI         8.00         0         1.00         5.00         9.00         1.00         9.00           0.01         CHENTING SERVICES & SUPPLY         14.00         0         2.502.69         0         8.00         9.00           1.00         DOLO MEDICAL RECORDS & LIBRAY         16.00         0         4.70         11.00         11.00           1.00         MIRISHAL RECORDS & LIBRAY         16.00         0         3.33         0         11.00           1.00         MIRISHAL RECORDS & LIBRAY         16.00         0         5.755         0         14.00         15.00   | 1 00  |                              | 5 00            |                    | 10 10/ 001   | 11         |                                  |                                | 1 00  |
| F - Other Capital Bental         -           0         CHUCKUE ENERTIS DENAMIMENT         4.00         0         94.470         10           2.00         ADM MISTRATUS & GENERAL         5.00         0         997.321         0         2.00           0.00         CHEANING & FLANNI         7.00         0         2.229         0         3.00           0.00         CHEANING & FLANNI         7.00         0         2.229         0         3.00           0.01         CHENTING & FLANNI         8.00         0         6.70         0         4.00           0.01         CHENTING & FLANNI         8.00         0         1.00         5.00         9.00         1.00         9.00           0.01         CHENTING SERVICES & SUPPLY         14.00         0         2.502.69         0         8.00         9.00           1.00         DOLO MEDICAL RECORDS & LIBRAY         16.00         0         4.70         11.00         11.00           1.00         MIRISHAL RECORDS & LIBRAY         16.00         0         3.33         0         11.00           1.00         MIRISHAL RECORDS & LIBRAY         16.00         0         5.755         0         14.00         15.00   | 1.00  |                              |                 | — — — <del>0</del> |              | ' <u>'</u> | -                                |                                | 1.00  |
| 2.00         ADM IN STRATU VE & GENERAL         5.00         0         987, 321         0         2.00           3.00         DEPRATION VE PLANT         7.00         0         2.629         0         3.00           4.00         LAUNDRY & LINEN SERVICE         8.00         0         6.7         0         4.00         4.00           5.00         HOUSKEPPI NS         0.00         0         285         0         6.00           0.00         DETARY         10.00         0         2.002, 699         0         8.00           0.00         REDICAL RECORDS & LIBRARY         16.00         0         7.00         8.00         9.00   |       |                              |                 |                    | 12, 120, 371 |            |                                  |                                |       |
| 3.00         OPERATION OF PLANT         7.00         0         2.629         0         3.00           4.00         LAURAY & LINEN SERVICE         8.00         0         16,193         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         5.00         0         7.00         0         7.00         0         7.00 <t< td=""><td></td><td>EMPLOYEE BENEFITS DEPARTMENT</td><td></td><td>0</td><td>94, 470</td><td></td><td></td><td></td><td>1.00</td></t<>  |       | EMPLOYEE BENEFITS DEPARTMENT |                 | 0                  | 94, 470      |            |                                  |                                | 1.00  |
| 4.00         LAUNDRY & LINEN SERVICE         8.00         0         6.7         0         4.00           0.00         HOLSKEPING         9.00         0         18.173         0         6.00         0.00         285         0         7.00         6.00         7.00         6.00         7.00   |       |                              |                 |                    |              | -          |                                  |                                |       |
| 5.00         HOUSEKEEPING         9.00         0         18, 193         0         5.00           6.00         DETRAY         10.00         0         285         0         6.00           7.00         NURSING AMINISTRATION         13.00         0         7.440         0         7.00           8.00         CENTRAL SERVICES         SUPPLY         14.00         0         2.502, 649         0         10.00           10.00         MEDICAL RECORDS & LIBRARY         16.00         0         7.70         0         3.3         0         11.00         00         52.50         0         14.00         12.00           11.00         SOCIAL SERVICE         17.00         0         3.3         0         11.00         12.00           13.00         INTENSIVE CARE UNIT         3.00         0         5.25         0         14.00         15.00           16.00         SUBRAVU LER - IPF         40.00         0         4.71         0         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         16.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></td<>   |       |                              |                 |                    |              | -          |                                  |                                |       |
| 6.00         DIETARY         10.00         0         285         0         6.00           7.00         NURS ADMINISTRATION         13.00         0         1.640         0         7.00           0.00         PLARMACY         15.00         0         7.640         0         9.00           0.00         MEDICAL ERCORDS & LIBRARY         16.00         0         7.97         0         10.00           11.00         SCLAL SERVICES         30.00         0         18.737         0         12.00           13.00         INTENSIVE CARE UNIT         31.00         0         9.00         13.00           14.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         5.255         0         14.00           15.00         DIEPRATING ROOM         50.00         0         15.03         16.00         17.00         17.00         17.00         18.00         19.00         18.00         19.00         18.00         19.00         18.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |       |                              |                 |                    |              |            |                                  |                                |       |
| 8.00         CENTRAL SERVICES & SUPPLY         14.00         0         2.502.699         0         8.00           9.00         PHAMACY         15.00         0         798.234         0         10.00           11.00         SCLAL SERVICES         30.00         0         477         0         11.00           11.00         ADULTS & PEDIATRICS         30.00         0         18,737         0         12.00           13.00         INTENSIVE CARE UNIT         35.00         0         5.255         0         14.00           15.00         SUBRYIDER         1.97         40.00         0         354         0         15.00           16.00         OPERATING ROOM         50.00         0         1,544.169         0         17.00           17.00         RADIOCAC'DI ARIOSTIC         54.00         0         0471.10         18.00         19.00           18.00         MIN         58.00         0         671.0         18.00         19.00         19.00         19.00         19.00         21.00         22.00         23.00         23.00         23.00         22.00         23.00         23.00         23.00         24.00         24.00         24.00         24.00         24.0   |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 9.00         PHARMACY         15.00         0         798.234         0         9.00           10.00         MEDICAL RECORDS & LIBRARY         16.00         0         3.3         0         11.00         10.00         11.00         11.00         11.00         11.00         11.00         12.00         11.00         12.00         13.00         12.00         13.00         13.00         13.00         13.00         13.00         13.00         13.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         16.00         17.00         18.00         17.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>C</td><td></td><td></td><td></td></t<>   |       |                              |                 |                    |              | C          |                                  |                                |       |
| 10.00         MEDICAL RECORDS & LIBRARY         16.00         0         47         0         10.00         0         133         0         11.00           11.00         ACULTS & PEDIATRICS         30.00         0         18.737         0         13.00           13.00         NEONATAL INTENSIVE CARE UNIT         31.00         0         9909         0         13.00           14.00         NEONATAL INTENSIVE CARE UNIT         35.00         0         5.255         0         15.00           15.00         DEPRATING ROM         50.00         0         1.584.169         0         17.00           16.00         OPERATING ROM         50.00         0         1.584.169         0         17.00           17.00         AMINICARESPIRATORY THERARY         65.00         0         747         0         18.00         18.00           10.00         RESPIRATORY THERARY         66.00         0         895.712         0         10.00         21.00         22.00           23.00         DIMONG CARE         76.00         0         12.399         0         22.00         23.00           24.00         DIMONG CARE         76.06         0         75.066         0         25.00         <  |       |                              |                 |                    |              | C          |                                  |                                |       |
| 11:00       SOCIAL SERVICE       17.00       0       3.3       0       11:00         12:00       ADULTS & PEDIATRICS       30:00       0       18.737       0       13:00       12:00         13:00       INTENSIVE CARE UNIT       31:00       0       5:00       13:00       13:00       13:00       13:00       13:00       13:00       14:00       14:00       14:00       14:00       14:00       14:00       14:00       14:00       14:00       14:00       15:00       16:00       15:00       16:00       16:00       15:00       16:00       16:00       16:00       16:00       16:00       17:00       16:00       17:00       17:00       17:00       17:00       18:00       17:00       17:00       18:00       17:00       17:00       18:00       17:00       17:00       18:00       17:00 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>   |       |                              |                 | -                  |              | -          |                                  |                                |       |
| 13.00       INTENSIVE CARE UNIT       31.00       0       900       0       13.00         14.00       NEOMATAL INTENSIVE CARE UNIT       35.00       0       5.255       0       14.00         16.00       DEPROVIDER - IPF       40.00       0       354       0       15.00         16.00       DEPRATINE ROOM       50.00       0       1,584,169       0       16.00         17.00       RADIOLOCY-DIAGNOSTIC       54.00       0       17.00       18.00       18.00         18.00       RESPIRATORY THERAPY       66.00       0       194,123       0       20.00         20.00       PHYSICAL THERAPY       66.00       0       194,123       0       21.00         21.00       LECTROENCEPHALOGRAPHY       70.00       0       118,443       0       21.00         22.00       ELECTROENCEPHALOGRAPHY       70.00       0       12,948       0       22.00         23.00       UNNO CARE       70.04       0       10,9469       0       22.00         24.00       IMAGING CENTER       70.07       399,165       0       26.00         25.00       ENERTET       70.06       75.066       0       27.00   |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 14.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       5.255       0       14.00         15.00       SUBPROVIDER - IPF       40.00       0       354       0       15.00         15.00       OPERATING ROOM       50.00       0       1,584,169       0       16.00         17.00       RADIOLOGY-DI AGNOSTI C       54.00       0       471       0       18.00         19.00       RESPIRATORY THERAPY       65.00       0       194,128       0       20.00         19.00       ELECTROENCEPHALLOGRAPHY       70.00       0       181,443       0       21.00       22.00         20.00       BOOSCOPY       76.00       0       12,398       0       22.00       23.00       24.00       24.00       24.00       25.00       25.00       25.00       25.00       25.00       26.00       26.00       26.00       26.00       27.00       28.00       27.00       28.00       27.00       28.00       27.00       28.00       26.00       27.00       28.00       26.00       26.00       26.00       27.00       28.00       27.00       28.00       26.00       3.00       26.00       3.00       26.00       28.00       3.00       28.00  |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 15.00         SUBPROVIDER - 1 PF         40.00         0         154         0         15.00           16.00         OPERATING ROOM         50.00         0         1.584, 169         0         17.00           18.00         RADIOLOCY-DI AGNOSTIC         54.00         0         671         0         17.00           18.00         RRI         55.00         0         671         0         18.00           19.00         RESPIRATORY THERAPY         65.00         0         194.128         0         20.00           21.00         ELECTREDERGEPHALOGRAPHY         70.00         0         181.443         0         21.00           22.00         ENDOSCOPY         76.04         0         109,469         22.00         23.00           23.00         UDIND CARE         76.04         0         109,469         22.00         23.00           24.00         IMAGINO CENTER         76.07         0         399,165         0         25.00           25.00         REAST DI AGNOSTI C CENTER         76.07         0         399,165         0         27.00           26.00         OTHER         90.01         0         79.066         0         27.00           27.00  |       |                              |                 |                    |              | 9          |                                  |                                |       |
| 16.00       0PERATING ROM       50.00       0       1,584,169       0         17.00       RADIOLGXP-01 AGNOSTI C       54.00       0       67       0         18.00       NRI       58.00       0       67       0         19.00       RESPIRATORY THERAPY       65.00       0       194,128       0       19.00         20.00       PHYSICAL THERAPY       66.00       0       895,712       0       20.00         21.00       ELECTROENCEPHALOGRAPHY       70.00       0       181,443       0       22.00         22.00       NOOSCOPY       76.00       0       12,398       0       22.00         23.00       WOUND CARE       76.04       0       09,469       24.00       24.00         26.00       BREAST DI AGNOSTI C CHITER       76.07       0       399,165       0       26.00         20.00       PAVILLIONS       194.06       0       75.066       0       28.00       27.00       28.00         20.00       PAVILLIONS       194.06       0       75.066       0       28.00       28.00       20.00       28.00       28.00       20.00       28.00       20.00       28.00       28.00       20.00 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |       |                              |                 | -                  |              |            |                                  |                                |       |
| 18.00         MRI         58.00         0         67         0         18.00           19.00         RESPIRATORY THERAPY         65.00         0         194,128         0         19.00           20.00         PHYSICAL THERAPY         66.00         0         895,712         0         20.00           21.00         ELECTROENCEPHALOGRAPHY         70.00         0         181,443         0         22.00           22.00         WOUND CARE         76.04         0         194,458         0         23.00           24.00         MRGING CENTER         76.06         0         553,606         24.00         25.00           25.00         BREAST DIAGNOSTI C CENTER         76.07         0         58.903         0         26.00         27.00           28.00         OTHER NCC   |       |                              |                 |                    |              | C          |                                  |                                |       |
| 19.00       RESPIRATORY THERAPY       65.00       0       19.00       19.00         20.00       PHNSICAL THERAPY       66.00       0       955.712       0         21.00       ELECTROENCEPHALOGRAPHY       70.00       0       181.443       0       21.00         22.00       ENDOSCOPY       76.00       0       12.398       0       22.00         23.00       WOUND CARE       76.04       0       109.469       0       23.00         24.00       IMAGING CENTER       76.06       0       53.606       0       24.00         25.00       REAST DI AGNOSTI C CENTER       76.07       0       399.165       0       26.00         26.00       INFUSI ON CENTER       90.01       0       58.903       0       27.00         28.00       OTHER NRCC       194.06       0       75.066       0       28.00         20.00       OPERATION OF PLANT       7.00       21.33       0       0       2.00         3.00       HOUSEKEEPING       9.00       28.478       0       0       3.00       2.00         3.00       HUASTRATION OF PLANT       7.00       27.33       0       0       5.00       30.00 <t< td=""><td>17.00</td><td>RADI OLOGY-DI AGNOSTI C</td><td></td><td>0</td><td>471</td><td>C</td><td></td><td></td><td>17.00</td></t<>   | 17.00 | RADI OLOGY-DI AGNOSTI C      |                 | 0                  | 471          | C          |                                  |                                | 17.00 |
| 20.00         PHYSICAL THERAPY         66.00         0         95,712         0         20.00           21.00         ELECTROENCEPHALOGRAPHY         70.00         0         18,443         0         21.00         22.00           22.00         ENDOSCOPY         76.00         0         12,398         0         23.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         25.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         27.00         28.00         27.00         28.00         27.00         28.00         20.00         28.00         20.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.0  |       |                              |                 |                    |              | C          |                                  |                                |       |
| 21.00         ELECTROENCEPHALOGRAPHY         70.00         0         181,443         0         21.00           22.00         ENDOSCOPY         76.00         0         12,398         0         22.00           23.00         WOUND CARE         76.04         0         109,469         0         23.00           24.00         IMAGI NG CENTER         76.06         0         359,165         0         24.00           25.00         REAST DI AGNOSTI C CENTER         76.07         0         399,165         0         25.00         26.00         27.00         26.00         27.00         26.00         27.00         26.00         27.00         26.00         26.00         26.00         28.00         28.00         28.00         28.00         28.00         20.00         28.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00         20.00   |       |                              |                 |                    |              |            |                                  |                                |       |
| 22.00         ENDOSCOPY         76.00         0         12.398         0         22.00           23.00         WOUND CARE         76.04         0         109.469         0         23.00           24.00         IMAGING CENTER         76.06         0         553.606         0         24.00           25.00         BREAST DI AGNOSTI C CENTER         76.06         0         399.165         0         25.00           26.00         INFUSION CENTER         90.01         0         58.903         0         26.00           27.00         PAVI LLIONS         194.06         0         74.045         0         27.00           28.00         OTHER INCC         194.08         0         75.066         0         28.00           1.00         ADMINISTRATIVE & GENERAL         5.00         12.041         0         0         3.00           2.00         DEFERTINN         9.00         28.478         0         3.00         4.00           2.00         DEFENS         9.00         18.877         0         0         4.00           3.00         12.739         0         0         5.00         6.00         7.00           0.0         DESEKEFIN  |       |                              |                 |                    |              | C          |                                  |                                |       |
| 24.00       IMAGING CENTER       76.06       0       553,606       0       24.00         25.00       BREAST DI AGNOSTI C CENTER       76.07       0       399,165       0       25.00       25.00         26.00       INUSION CENTER       90.01       0       58,903       0       25.00       27.00         28.00       OTHER NRCC       914.08       0       75,066       0       27.00         70.01       0       8.479,515       0       28.00       27.00         6       - STD BENEFIT       0       8.479,515       0       20.00         6       - STD BENEFIT       0       0       0       0       20.00         7.00       PAULILIONS       9.00       28.478       0       0       3.00         9.00       1.817       0       0       3.00       4.00       5.00       3.00         9.00       NURSING ADMINISTRATION       13.00       12,739       0       0       5.00       5.00       5.00       5.00       8.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00   |       | ENDOSCOPY                    |                 | 0                  |              | C          |                                  |                                |       |
| 25.00         BREAST DI AGNOSTI C CENTER         76.07         0         399.165         0         25.00           26.00         INFUSI ON CENTER         90.01         0         58.903         0         26.00         26.00         27.00         PAVILLIONS         194.06         74.045         0         27.00         28.00         0         75.066         0         74.045         0         28.00         28.00         0         75.066         0         74.045         0         28.00         28.00         0         75.066         0         74.045         0         28.00         28.00         28.00         28.00         28.00         28.00         0         9.01         0         8.479.515         10.00         1.00         28.00         28.00         20.00         3.00         4.00         0         3.00         4.00         0         3.00         4.00         3.00         4.00         3.00         4.00         3.00         4.00         6.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00  |       |                              |                 |                    |              | C          |                                  |                                |       |
| 26.00         INFUSION CENTER         90.01         0         58.903         0         26.00         27.00         28.00         TOTALS         194.06         0         74.045         0         28.00         TOTALS         0         75.066         0         28.00         27.00         28.00         75.066         0         0         75.066         0         28.00         20.00         20.00         20.00  |       |                              |                 | -                  |              | C          |                                  |                                |       |
| 27.00       PAVILLIONS       194.06       0       74.045       0         28.00       OTHER NRCC       194.08       0       75.066       0       28.00         6       STD BENEFIT       0       8.479.515       0       28.00       28.00         6       STD BENEFIT       5.00       12.041       0       0       28.00       28.00         1.00       ADMI NI STRATI VE & GENERAL       5.00       12.041       0       0       20.00       28.00         3.00       HOUSEKEEPI NG       9.00       28.478       0       0       3.00         4.00       DI ETARY       10.00       11.817       0       0       5.00         6.00       CENTRAL SERVICES & SUPPLY       14.00       484       0       0       6.00         7.00       PHARMACY       15.00       30.870       0       0       8.00       9.00         8.00       SOCI AL SERVICE       17.00       1,158       0       0       10.00       11.00         10.00       INTENSIVE CARE UNIT       35.00       88.801       0       0       10.00         11.00       NECOVERY ROOM       51.00       27.33       0       0  |       |                              |                 |                    |              | -          |                                  |                                |       |
| TOTALS         0         8, 479, 515           G - STD BENEFIT   |       |                              |                 | 0                  |              | C          |                                  |                                |       |
| G         STD         BENEFIT           1.00         ADMI NI STRATI VE         & GENERAL         5.00         12,041         0         0         1.00           2.00         OPERATI ON OF PLANT         7.00         7,133         0         0         2.00           3.00         HOUSEKEEPI NG         9.00         28,478         0         0         2.00           3.00         DI ETARY         10.00         11,817         0         0         4.00           5.00         NURSI NG ADMI NI STRATI ON         13.00         12,739         0         0         5.00           6.00         CENTRAL SERVI CES & SUPPLY         14.00         484         0         0         6.00         6.00           7.00         PHARMACY         15.00         30,07         0         0         7.00         8.00         9.00         40ULTS & PEDI ATRI CS         30.00         244,636         0         9.00         10.00         11.00         12.00         0PRATI NG ROM         51.00         28,774         0         0         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         13.00         12.00         13.00  | 28.00 |                              | 1 <u>94.</u> 08 |                    |              |            | <u>)</u>                         |                                | 28.00 |
| 1.00       ADMI NI STRATI VE & GENERAL       5.00       12,041       0       0       1.00         2.00       OPERATI ON OF PLANT       7.00       7,133       0       0       2.00         3.00       HOUSEKEEPI NG       9.00       28,478       0       0       3.00         4.00       DI ETARY       10.00       11,817       0       0       4.00         5.00       NURSI NG ADMI NI STRATI ON       13.00       12,739       0       0       6.00         6.00       CENTRAL SERVI CES & SUPPLY       14.00       484       0       0       6.00         7.00       PHARMACY       15.00       30,870       0       0       7.00         8.00       SOCI AL SERVI CE       17.00       1,158       0       0       8.00         9.00       ADULTS & FEDI ATRI CS       30.00       244,636       0       0       10.00         11.00       NEONATAL INTENSI VE CARE UNI T       31.00       28,774       0       0       11.00         12.00       OPERATI NG ROM       50.00       21,573       0       0       11.00         12.00       OPERATI NG ROM       51.00       25,344       0       0       13.00 <td></td> <td></td> <td></td> <td>0</td> <td>8, 479, 515</td> <td></td> <td></td> <td></td> <td></td>  |       |                              |                 | 0                  | 8, 479, 515  |            |                                  |                                |       |
| 3.00       HOUSEKEEPING       9.00       28,478       0       0       3.00         4.00       DIETARY       10.00       11,817       0       0       4.00         5.00       NURSING ADMINISTRATION       13.00       12,739       0       0       5.00         6.00       CENTRAL SERVICES & SUPPLY       14.00       484       0       0       6.00         7.00       PHARMACY       15.00       30,870       0       0       7.00         8.00       SOCIAL SERVICE       17.00       1,158       0       0       8.00         9.00       ADULTS & PEDIATRICS       30.00       244,636       0       0       10.00         1.00       INTENSIVE CARE UNIT       31.00       28,774       0       0       11.00         12.00       DECATTING ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROM       51.00       25,344       0       0       13.00         14.00       RADIOLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         15.00       CT SCAN       57.00       5,181       0       0       15.00       16.00  | 1.00  |                              | 5.00            | 12, 041            | 0            | C          | )                                |                                | 1.00  |
| 4.00       DI ETARY       10.00       11,817       0       0       4.00         5.00       NURSI NG ADMI NI STRATI ON       13.00       12,739       0       0       5.00         6.00       CENTRAL SERVI CES & SUPPLY       14.00       484       0       0       6.00         7.00       PHARMACY       15.00       30,870       0       0       7.00         8.00       SOCI AL SERVI CE       17.00       1,158       0       0       8.00         9.00       ADULTS & PEDI ATRI CS       30.00       244,636       0       0       10.00         11.00       NEONATAL INTENSI VE CARE UNI T       31.00       28,774       0       0       11.00         12.00       OPERATI NG ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       13.00         14.00       RADI OLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         16.00       MRI       58.00       10,374       0       0       15.00       15.00         17.00       INTRAVENOUS THERAPY       65.00       22,122       0       0  |       |                              |                 |                    |              | -          |                                  |                                |       |
| 5.00         NURSING ADMINISTRATION         13.00         12,739         0         0         5.00           6.00         CENTRAL SERVICES & SUPPLY         14.00         484         0         0         6.00         7.00           7.00         PHARMACY         15.00         30,870         0         0         8.00         7.00           8.00         SOCI AL SERVICE         17.00         1,158         0         0         8.00           9.00         ADULTS & PEDIATRICS         30.00         244,636         0         0         9.00           10.00         INTENSI VE CARE UNI T         31.00         28,774         0         0         10.00           11.00         NEONATAL INTENSI VE CARE UNI T         35.00         88.801         0         0         11.00           12.00         OPERATI R GROM         50.00         21,573         0         0         12.00           13.00         RECOVERY ROM         51.00         25,344         0         0         13.00           14.00         RADI OLOGY-DI AGNOSTI C         54.00         37,489         0         0         14.00           15.00         CT SCAN         57.00         5,181         0         0  |       |                              |                 |                    |              | -          |                                  |                                |       |
| 6.00       CENTRAL SERVICES & SUPPLY       14.00       484       0       0       6.00         7.00       PHARMACY       15.00       30,870       0       0       7.00         8.00       SOCIAL SERVICE       17.00       1,158       0       0       8.00         9.00       ADULTS & PEDIATRICS       30.00       244,636       0       0       9.00         10.00       INTENSIVE CARE UNIT       31.00       28,774       0       0       10.00         11.00       NEONATAL INTENSIVE CARE UNIT       35.00       88,801       0       0       11.00         12.00       OPERATING ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       13.00         14.00       RADI OLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         15.00       CT SCAN       57.00       5.181       0       0       15.00       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       17.00         18.00       RESPI RATORY THERAPY       65.00       22,122       0       0  |       |                              |                 |                    | 0            |            |                                  |                                |       |
| 8.00       SOCI AL SERVICE       17.00       1,158       0       0         9.00       ADULTS & PEDI ATRICS       30.00       244,636       0       0       9.00         10.00       INTENSI VE CARE UNI T       31.00       28,774       0       0       10.00         11.00       NEONATAL I INTENSI VE CARE UNI T       35.00       88,801       0       0       11.00         12.00       OPERATI NG ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       14.00         14.00       RADI OLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         15.00       CT SCAN       57.00       5,181       0       0       15.00       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       17.00         18.00       RESPI RATORY THERAPY       65.00       22,122       0       0       18.00         19.00       PHYSI CAL THERAPY       66.00       53,851       0       0       19.00       19.00         19.00       ELECTROENCEPHALOGRAPHY       70.00       2,831       0<   |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 9.00       ADULTS & PEDIATRICS       30.00       244,636       0       0       9.00         10.00       INTENSIVE CARE UNIT       31.00       28,774       0       0       10.00         11.00       NEONATAL INTENSIVE CARE UNIT       35.00       88,801       0       0       11.00         12.00       OPERATING ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       13.00         14.00       RADIOGY-DIAGNOSTIC       54.00       37,489       0       0       15.00         15.00       CT SCAN       57.00       5,181       0       0       16.00       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       17.00         18.00       RESPI RATORY THERAPY       65.00       22,122       0       0       18.00         19.00       PHYSI CAL THERAPY       66.00       53,851       0       0       19.00         20.00       ELECTROENCEPHALOGRAPHY       70.00       2,831       0       0       20.00         21.00       ENDOSCOPY       76.00       10,234       0       0<  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 10.00       INTENSI VE CARE UNIT       31.00       28,774       0       0       10.00         11.00       NEONATAL INTENSI VE CARE UNIT       35.00       88,801       0       0       11.00         12.00       OPERATI NG ROM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       13.00         14.00       RADI OLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         15.00       CT SCAN       57.00       5,181       0       0       16.00         16.00       MRI       58.00       10,374       0       0       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       18.00         19.00       PHYSI CAL THERAPY       65.00       22,122       0       0       18.00       19.00         20.00       ELECTROENCEPHALOGRAPHY       70.00       2,831       0       0       20.00       20.00         21.00       ENDSCOPY       76.00       10,234       0       0       21.00       22.00  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 11.00NEONATAL INTENSIVE CARE UNIT35.0088,8010011.0012.00OPERATING ROOM50.0021,5730012.0013.00RECOVERY ROOM51.0025,3440013.0014.00RADI OLOGY-DI AGNOSTIC54.0037,4890014.0015.00CT SCAN57.005,1810015.0016.00MRI58.0010,3740016.0017.00INTRAVENOUS THERAPY64.008,0570018.0019.00PHYSI CAL THERAPY66.0053,8510019.0020.00ELECTROENCEPHALOGRAPHY70.002,8310020.0021.00ENDOSCOPY76.0010,2340021.0022.00WOUND CARE76.043,5340022.00  |       |                              |                 |                    | 0            |            |                                  |                                |       |
| 12.00       OPERATING ROOM       50.00       21,573       0       0       12.00         13.00       RECOVERY ROOM       51.00       25,344       0       0       13.00         14.00       RADI OLOGY-DI AGNOSTI C       54.00       37,489       0       0       14.00         15.00       CT SCAN       57.00       5,181       0       0       15.00         16.00       MRI       58.00       10,374       0       0       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       17.00         18.00       RESPI RATORY THERAPY       66.00       53,851       0       0       18.00         19.00       PHYSI CAL THERAPY       66.00       53,851       0       0       20.00         20.00       ELECTROENCEPHALOGRAPHY       70.00       2,831       0       0       20.00         21.00       ENDOSCOPY       76.00       10,234       0       0       21.00       22.00  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 14. 00       RADI OLOGY-DI AGNOSTI C       54. 00       37, 489       0       0       14. 00         15. 00       CT SCAN       57. 00       5, 181       0       0       15. 00         16. 00       MRI       58. 00       10, 374       0       0       16. 00         17. 00       INTRAVENOUS THERAPY       64. 00       8, 057       0       0       17. 00         18. 00       RESPI RATORY THERAPY       65. 00       22, 122       0       0       18. 00         19. 00       PHYSI CAL THERAPY       66. 00       53, 851       0       0       19. 00         20. 00       ELECTROENCEPHALOGRAPHY       70. 00       2, 831       0       0       20. 00         21. 00       ENDOSCOPY       76. 00       10, 234       0       0       21. 00         22. 00       WOUND CARE       76. 04       3, 534       0       0       22. 00  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 15.00       CT SCAN       57.00       5,181       0       0       15.00         16.00       MRI       58.00       10,374       0       0       16.00         17.00       INTRAVENOUS THERAPY       64.00       8,057       0       0       17.00         18.00       RESPI RATORY THERAPY       65.00       22,122       0       0       18.00         19.00       PHYSI CAL THERAPY       66.00       53,851       0       0       19.00         20.00       ELECTROENCEPHALOGRAPHY       70.00       2,831       0       0       20.00         21.00       ENDOSCOPY       76.00       10,234       0       0       21.00         22.00       WOUND CARE       76.04       3,534       0       0       22.00   |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 16.00         MRI         58.00         10,374         0         0         16.00           17.00         INTRAVENOUS THERAPY         64.00         8,057         0         0         17.00           18.00         RESPI RATORY THERAPY         65.00         22,122         0         0         18.00           19.00         PHYSI CAL THERAPY         66.00         53,851         0         0         19.00           20.00         ELECTROENCEPHALOGRAPHY         70.00         2,831         0         0         20.00           21.00         ENDOSCOPY         76.00         10,234         0         0         21.00         22.00  |       |                              |                 |                    | 0            | 0          |                                  |                                |       |
| 17. 00INTRAVENOUS THERAPY64. 008, 0570017. 0018. 00RESPI RATORY THERAPY65. 0022, 1220018. 0019. 00PHYSI CAL THERAPY66. 0053, 8510019. 0020. 00ELECTROENCEPHALOGRAPHY70. 002, 8310020. 0021. 00ENDOSCOPY76. 0010, 2340021. 0022. 00WOUND CARE76. 043, 5340022. 00   |       |                              |                 |                    | 0            |            |                                  |                                |       |
| 18.00RESPIRATORY THERAPY65.0022,1220018.0019.00PHYSI CAL THERAPY66.0053,8510019.0020.00ELECTROENCEPHALOGRAPHY70.002,8310020.0021.00ENDOSCOPY76.0010,2340021.0022.00WOUND CARE76.043,5340022.00   |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 20.00         ELECTROENCEPHALOGRAPHY         70.00         2,831         0         0         20.00           21.00         ENDOSCOPY         76.00         10,234         0         0         21.00           22.00         WOUND CARE         76.04         3,534         0         0         22.00   |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 21.00         ENDOSCOPY         76.00         10,234         0         0         21.00           22.00         WOUND CARE         76.04         3,534         0         0         22.00  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
| 22. 00 WOUND CARE 76. 04 3, 534 0 0 22. 00   |       |                              |                 |                    | 0            |            |                                  |                                |       |
|  |       |                              |                 |                    | 0            | C          |                                  |                                |       |
|  |       |                              |                 |                    |              |            |                                  |                                |       |

| RECLAS       | SIFICATIONS                 |           |              | Provider (   | CCN: 15-0169  | Period:<br>From 01/01/2021 | Worksheet A-                   | 6               |
|--------------|-----------------------------|-----------|--------------|--------------|---------------|----------------------------|--------------------------------|-----------------|
|              |                             |           |              |              |               | To 12/31/2021              | Date/Time Pro<br>5/30/2022 2:3 | epared<br>39 pm |
|              |                             | Decreases |              |              |               |                            |                                |                 |
|              | Cost Center                 | Line #    | Salary       | Other        | Wkst. A-7 Ref | ₽.                         |                                |                 |
|              | 6. 00                       | 7.00      | 8.00         | 9.00         | 10.00         |                            |                                |                 |
| 24.00        | EMERGENCY                   | 91.00     | 43, 575      | C            |               | 0                          |                                | 24.0            |
| 25.00        | OTHER NRCC                  | 194.08    | 12, 164      | C            |               | 0                          |                                | 25.             |
|              | TOTALS                      |           | 743, 979     | C            |               |                            |                                |                 |
|              | H - Labor and Delivery      |           |              |              |               |                            |                                |                 |
| 1.00         | ADULTS & PEDIATRICS         | 30.00     | 5, 940, 312  | C            |               | 0                          |                                | 1. (            |
| 2.00         |                             | 0.00      | 0            | C            |               | 0                          |                                | 2.0             |
| 3.00         | ADULTS & PEDIATRICS         | 30.00     | 0            | 3, 341, 202  |               | 0                          |                                | 3.0             |
| 4.00         |                             | 0.00      | o            | C            |               | 0                          |                                | 4.0             |
|              | TOTALS                      | T         | 5, 940, 312  | 3, 341, 202  | !             |                            |                                |                 |
|              | I - Cafeteria               |           | · · ·        |              |               | ·                          |                                | 1               |
| 1.00         | DI ETARY                    | 10.00     | 1, 893, 277  |              |               |                            |                                | 1.              |
| 2.00         | DI ETARY                    | 10.00     |              | 1, 902, 998  |               |                            |                                | 2.              |
|              |                             |           | 1, 893, 277  | 1,902,998    |               | 1                          |                                |                 |
|              | J - Therapy                 |           |              |              |               |                            |                                | 1               |
| 1.00         | PHYSICAL THERAPY            | 66.00     | 1, 712, 812  | C            | )             | 0                          |                                | 1.(             |
| 2.00         |                             | 0.00      | 0            | C            |               | 0                          |                                | 2.0             |
| 3.00         | PHYSICAL THERAPY            | 66.00     | o            | 772, 287     |               | 0                          |                                | 3.0             |
| 4.00         |                             | 0.00      | o            | C            |               | 0                          |                                | 4.0             |
|              | TOTALS                      |           | 1, 712, 812  | 772, 287     |               | -                          |                                |                 |
|              | K - Building Depreciation   | I         |              |              |               |                            |                                | 1               |
| 1.00         | CAP REL COSTS-MVBLE EQUIP   | 2.00      | 0            | 8, 251, 010  | 1             | 9                          |                                | 1 1.0           |
|              | TOTALS                      |           |              | 8, 251, 010  |               | 1                          |                                |                 |
|              | L - Capital Insurance Costs |           |              |              |               |                            |                                |                 |
| 1.00         | ADMI NI STRATI VE & GENERAL | 5.00      | 0            | 318, 514     |               | 12                         |                                | 1 1.0           |
|              | TOTALS                      |           |              | 318, 514     |               |                            |                                |                 |
|              | M - Radiology Support       |           |              | 010/011      |               |                            |                                |                 |
| 1.00         | RADI OLOGY-DI AGNOSTI C     | 54.00     | 319, 389     | 0            | )             | 0                          |                                | 1 1.            |
| 2.00         |                             | 0.00      | 017,007      | 0            |               | 0                          |                                | 2.              |
| 3.00         |                             | 0.00      | 0            | 0            |               | 0                          |                                | 3.              |
| 4.00         | RADI OLOGY-DI AGNOSTI C     | 54.00     | 0            | 347, 467     | ,             | õ                          |                                | 4.              |
| 5.00         |                             | 0.00      | 0            | 347,407      |               |                            |                                | 5.              |
| 5.00<br>5.00 |                             | 0.00      |              |              |               |                            |                                | 6.              |
| 5.00         | TOTALS — — — —              |           | 319, 389     |              | <u> </u>      | 4                          |                                | 0.              |
| - 00 00      | Grand Total: Decreases      |           | 10, 609, 769 | 96, 852, 316 |               | -                          |                                | 500.            |

|       | Financial Systems COMM<br>ILIATION OF CAPITAL COSTS CENTERS | IUNI TY HOSPI TAL | Provider CCN: 15-0169 |                |    | eriod:<br>com 01/01/2021 |               |       |
|-------|---|-------------------|-----------------------|----------------|----|--------------------------|---------------|-------|
|       |   |                   |                       | Acqui si ti or | าร |                          | 0/00/2022 2.0 |       |
|       |   | Begi nni ng       | Purchases             | Donati on      |    | Total                    | Disposals and |       |
|       |   | Bal ances         |                       |                |    |                          | Retirements   |       |
|       |   | 1.00              | 2.00                  | 3.00           |    | 4.00                     | 5.00          |       |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE                | T BALANCES        |                       |                |    |                          |               |       |
| 1.00  | Land  | 2, 705, 851       |                       | 0              | 0  | 0                        | 0             | 1.00  |
| 2.00  | Land Improvements   | 4, 358, 832       |                       | 0              | 0  | 0                        | 0             | 2.00  |
| 3.00  | Buildings and Fixtures                                      | 326, 772, 560     | 5, 365, 6             | 29             | 0  | 5, 365, 629              | 6, 080, 239   | 3.00  |
| 4.00  | Building Improvements                                       | 4, 611, 425       |                       | 0              | 0  | 0                        | 1, 086, 231   | 4.00  |
| 5.00  | Fixed Equipment   | 0                 |                       | 0              | 0  | 0                        | 0             | 5.00  |
| 6.00  | Movable Equipment   | 123, 408, 648     | -4, 648, 8            | 08             | 0  | -4, 648, 808             | -7, 442, 299  | 6.00  |
| 7.00  | HIT designated Assets                                       | 0                 |                       | 0              | 0  | 0                        | 0             | 7.00  |
| 8.00  | Subtotal (sum of lines 1-7)                                 | 461, 857, 316     | 716, 8                | 21             | 0  | 716, 821                 | -275, 829     | 8.00  |
| 9.00  | Reconciling Items   | 0                 |                       | 0              | 0  | 0                        | 0             | 9.00  |
| 10.00 | Total (line 8 minus line 9)                                 | 461, 857, 316     | 716, 8                | 21             | 0  | 716, 821                 | -275, 829     | 10.00 |
|       |   | Endi ng Bal ance  | Fully                 |                |    |                          |               |       |
|       |   | -                 | Depreciate            | t k            |    |                          |               |       |
|       |   |                   | Assets                |                |    |                          |               |       |
|       |   | 6.00              | 7.00                  |                |    |                          |               |       |
|       | PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE                |                   |                       |                |    |                          |               |       |
| 1.00  | Land  | 2, 705, 851       |                       | 0              |    |                          |               | 1.00  |
| 2.00  | Land Improvements   | 4, 358, 832       |                       | 0              |    |                          |               | 2.00  |
| 3.00  | Buildings and Fixtures                                      | 326, 057, 950     |                       | 0              |    |                          |               | 3.00  |
| 4.00  | Building Improvements                                       | 3, 525, 194       |                       | 0              |    |                          |               | 4.00  |
| 5.00  | Fixed Equipment   | 0                 |                       | 0              |    |                          |               | 5.00  |
| 6.00  | Movable Equipment   | 126, 202, 139     |                       | 0              |    |                          |               | 6.00  |
| 7.00  | HIT designated Assets                                       | 0                 |                       | 0              |    |                          |               | 7.00  |
| 8.00  | Subtotal (sum of lines 1-7)                                 | 462, 849, 966     |                       | 0              |    |                          |               | 8.00  |
| 9.00  | Reconciling Items   | 0                 |                       | 0              |    |                          |               | 9.00  |
| 10.00 | Total (line 8 minus line 9)                                 | 462, 849, 966     |                       | O              |    |                          |               | 10.00 |

| Heal th | Financial Systems COMM                        | IUNI TY HOSPI TAL             | OF INDIANA,   | INC.           | In Lie                           | u of Form CMS-2                  | 2552-10 |
|---------|---|-------------------------------|---------------|----------------|----------------------------------|----------------------------------|---------|
| RECONC  | CILIATION OF CAPITAL COSTS CENTERS            |                               | Provi der     | CCN: 15-0169   | Peri od:                         | Worksheet A-7                    |         |
|         |   |                               |               |                | From 01/01/2021<br>To 12/31/2021 |                                  | narod   |
|         |   |                               |               |                | 10 12/31/2021                    | Date/Time Prep<br>5/30/2022 2:39 |         |
|         |   |                               |               | SUMMARY OF CAF | PITAL                            | 0,00,2022 210                    |         |
|         |   |                               |               |                |                                  |                                  |         |
|         | Cost Center Description                       | Depreciation                  | Lease         | Interest       | Insurance (see                   | Taxes (see                       |         |
|         |   |                               |               |                | instructions)                    |                                  |         |
|         | 1   | 9.00                          | 10.00         | 11.00          | 12.00                            | 13.00                            |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WORK | KSHEET A, COLUM               | N 2, LINES 1  | and 2          |                                  |                                  |         |
| 1.00    | CAP REL COSTS-BLDG & FIXT                     | 0                             |               | 0              | 0 0                              | 0                                | 1.00    |
| 2.00    | CAP REL COSTS-MVBLE EQUIP                     | 0                             |               | 0              | 0 0                              | 0                                | 2.00    |
| 3.00    | Total (sum of lines 1-2)                      | 0                             |               | 0              | 0 0                              | 0                                | 3.00    |
|         |   | SUMMARY O                     | F CAPITAL     |                |                                  |                                  |         |
|         |   | 0.11                          | T L L (4) (   | _              |                                  |                                  |         |
|         | Cost Center Description                       |                               | Total (1) (su | lm             |                                  |                                  |         |
|         |   | Capital - Relate              |               |                |                                  |                                  |         |
|         |   | d Costs (see<br>instructions) | through 14)   |                |                                  |                                  |         |
|         |   | 14.00                         | 15.00         | -              |                                  |                                  |         |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WORK |                               |               | and 2          |                                  |                                  |         |
| 1.00    | CAP REL COSTS-BLDG & FIXT                     |                               | N Z, LINLO I  | 0              |                                  |                                  | 1.00    |
| 2.00    | CAP REL COSTS - MVBLE EQUIP                   | 0                             |               | 0              |                                  |                                  | 2.00    |
| 3.00    | Total (sum of lines 1-2)                      | 0                             |               | o              |                                  |                                  | 3.00    |
| 2.00    | ······ (·····························         |                               | 1             | -1             |                                  | '                                |         |

| Heal t               | h Financial Systems CON  | MUNITY HOSPITAL                                 | OF INDIANA, II                     | NC.   | In Lie   | u of Form CMS-2                              | 2552-10              |
|----------------------|--|---|------------------------------------|---|--|--|----------------------|
| RECON                | ICILIATION OF CAPITAL COSTS CENTERS  |   | Provider C                         | F   | Period:<br>From 01/01/2021<br>To 12/31/2021              | Date/Time Prep<br>5/30/2022 2:39             |                      |
|                      |  | COM   | PUTATION OF RA                     | TIOS  | ALLOCATION OF  | OTHER CAPITAL                                |                      |
|                      | Cost Center Description  | Gross Assets                                    | Capi tal i zed<br>Leases           | Gross Assets<br>for Ratio<br>(col. 1 - col.<br>2) | Ratio (see<br>instructions)                              | Insurance                                    |                      |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS   |   | 2.00                               | 3.00  | 4.00   | 5.00   |                      |
| 1.00<br>2.00<br>3.00 | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP<br>Total (sum of lines 1-2) | 336, 647, 827<br>126, 202, 139<br>462, 849, 966 | 0                                  | 336, 647, 827<br>126, 202, 139<br>462, 849, 966   | 0. 272663  |  | 1.00<br>2.00<br>3.00 |
|                      |  | ALLUCA  | ITON OF OTHER O                    | JAPITAL   | SUWWARY  | F CAPITAL                                    |                      |
|                      | Cost Center Description  | Taxes   | Other<br>Capital-Relate<br>d Costs | Total (sum of<br>cols. 5<br>through 7)            | Depreciation   | Lease  |                      |
|                      |  | 6.00  | 7.00                               | 8.00  | 9.00   | 10.00  |                      |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS   | CENTERS   |                                    |   |  |  |                      |
| 1.00<br>2.00<br>3.00 | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP<br>Total (sum of lines 1-2) | 0   |                                    |   | 8, 251, 010<br>9, 176, 588<br>17, 427, 598               | 8, 479, 515                                  | 1.00<br>2.00<br>3.00 |
|                      |  |   | SI                                 | JMMARY OF CAPI                                    |  |  |                      |
|                      | Cost Center Description  | Interest  | Insurance (see<br>instructions)    |   | Other<br>Capital-Relate<br>d Costs (see<br>instructions) | Total (2) (sum<br>of cols. 9<br>through 14)  |                      |
|                      |  | 11.00   | 12.00                              | 13.00   | 14.00  | 15.00  |                      |
|                      | PART III - RECONCILIATION OF CAPITAL COSTS   |   |                                    |   |  |  |                      |
| 1.00<br>2.00<br>3.00 | CAP REL COSTS-BLDG & FIXT<br>CAP REL COSTS-MVBLE EQUIP<br>Total (sum of lines 1-2) | 5, 761, 747<br>0<br>5, 761, 747                 | 0                                  | c c   |  | 14, 331, 271<br>17, 656, 103<br>31, 987, 374 | 1.00<br>2.00<br>3.00 |

Health Financial Systems

## COMMUNITY HOSPITAL OF INDIANA, INC.

In Lieu of Form CMS-2552-10

| ווצחרי | MENTS TO EXPENSES   |                |                   |  | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet A-8<br>Date/Time Pre<br>5/30/2022 2:3 | parec    |
|--------|---|----------------|-------------------|--|---|---|----------|
|        |   |                |                   | Expense Classification or<br>To/From Which the Amount is |   | 0,00,2022 2.0                                   |          |
|        | Cost Center Description   | Basis/Code (2) | Amount            | Cost Center  | Line #                                      | Wkst. A-7 Ref.                                  |          |
|        | ·   | 1.00           | 2.00              | 3.00   | 4.00  | 5.00  |          |
| 00     | Investment income - CAP REL<br>COSTS-BLDG & FIXT (chapter 2)  |                | 0                 | CAP REL COSTS-BLDG & FIXT                                | 1.00  | 0   | 1.0      |
| 00     | Investment income - CAP REL   |                | 0                 | CAP REL COSTS-MVBLE EQUIP                                | 2.00  | 0   | 2.       |
| 00     | COSTS-MVBLE EQUIP (chapter 2)<br>Investment income - other  |                | 0                 |  | 0.00  | 0   | 3.       |
| 00     | (chapter 2)<br>Trade, quantity, and time<br>discounts (chapter 8)   |                | 0                 |  | 0.00  | 0   | 4.       |
| 00     | Refunds and rebates of<br>expenses (chapter 8)  |                | 0                 |  | 0.00  | 0   | 5.       |
| 00     | Rental of provider space by<br>suppliers (chapter 8)  |                | 0                 |  | 0.00  | 0   | 6.       |
| 00     | Tel ephone services (pay<br>stations excluded) (chapter<br>21)  |                | 0                 |  | 0.00  | 0   | 7.       |
| 00     | Television and radio service<br>(chapter 21)  |                | 0                 |  | 0.00  | 0   | 8.       |
|        | Parking lot (chapter 21)<br>Provider-based physician<br>adjustment  | A-8-2          | 0<br>-2, 694, 992 |  | 0.00  | 0<br>0  |          |
|        | Sale of scrap, waste, etc.<br>(chapter 23)  |                | 0                 |  | 0.00  |   |          |
|        | Related organization<br>transactions (chapter 10)   | A-8-1          | 12, 876, 554      |  |   |   | 12.      |
|        | Laundry and linen service<br>Cafeteria-employees and guests   | В              | 0<br>-2,088,419   |  | 0.00<br>11.00                               |   |          |
|        | Rental of quarters to employee  |                | -2, 088, 419<br>0 | CAFETERIA  | 0.00  |   |          |
| . 00   | and others<br>Sale of medical and surgical<br>supplies to other than<br>patients                            |                | 0                 |  | 0.00  | 0   | 16       |
| . 00   | Sale of drugs to other than patients  |                | 0                 |  | 0.00  | 0   | 17.      |
| . 00   | Sale of medical records and abstracts   |                | 0                 |  | 0.00  | 0   | 18       |
| . 00   | Nursing and allied health<br>education (tuition, fees,<br>books, etc.)                                      |                | 0                 |  | 0.00  | 0   | 19.      |
|        | Vending machines  |                | 0                 |  | 0.00  |   |          |
| 00     | Income from imposition of<br>interest, finance or penalty<br>charges (chapter 21)                           |                | 0                 |  | 0.00  | 0   | 21       |
| . 00   | Interest expense on Medicare<br>overpayments and borrowings to<br>repay Medicare overpayments               |                | 0                 |  | 0.00  | 0   | 22       |
| . 00   | Adjustment for respiratory therapy costs in excess of   | A-8-3          | 0                 | RESPI RATORY THERAPY                                     | 65.00                                       |   | 23       |
| . 00   | limitation (chapter 14)<br>Adjustment for physical<br>therapy costs in excess of<br>limitation (chapter 14) | A-8-3          | 0                 | PHYSI CAL THERAPY  | 66.00                                       |   | 24.      |
| . 00   | Utilization review -<br>physicians' compensation  |                | 0                 | UTILIZATION REVIEW-SNF                                   | 114.00                                      |   | 25       |
| .00    | (chapter 21)<br>Depreciation - CAP REL<br>COSTS-BLDG & FIXT   |                | 0                 | CAP REL COSTS-BLDG & FIXT                                | 1.00  | 0   | 26       |
| 00     | Depreciation - CAP REL<br>COSTS-MVBLE EQUIP   |                | 0                 | CAP REL COSTS-MVBLE EQUIP                                | 2.00  | 0   | 27       |
|        | Non-physician Anesthetist   |                | 0                 | NONPHYSICIAN ANESTHETISTS                                | 19.00                                       |   | 28       |
|        | Physicians' assistant<br>Adjustment for occupational<br>therapy costs in excess of                          | A-8-3          | 0<br>0            | OCCUPATI ONAL THERAPY                                    | 0.00<br>67.00                               |   | 29<br>30 |
| . 99   | limitation (chapter 14)<br>Hospice (non-distinct) (see  |                | 0                 | ADULTS & PEDIATRICS                                      | 30.00                                       |   | 30       |
| . 00   | instructions)<br>Adjustment for speech  | A-8-3          | 0                 | SPEECH PATHOLOGY   | 68.00                                       |   | 31.      |
| . 00   | pathology costs in excess of<br>limitation (chapter 14)<br>CAH HIT Adjustment for                           |                | 0                 |  | 0.00  | $\cap$  | 32.      |
|        | Depreciation and Interest   |                | 0                 |  | 0.00  | 0   | 22       |

| Health Financial Systems | COMMUNITY HOSPITAL OF INDIANA, INC. |
|--------------------------|-------------------------------------|
|                          |                                     |

In Lieu of Form CMS-2552-10

| ADJUST | MENTS TO EXPENSES                  |                 |               | Provider CCN: 15-0169       | Period:<br>From 01/01/2021 | Worksheet A-8                  |        |  |
|--------|------------------------------------|-----------------|---------------|-----------------------------|----------------------------|--------------------------------|--------|--|
|        |                                    |                 |               |                             | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3 |        |  |
|        |                                    |                 |               | Expense Classification o    | n Worksheet A              |                                |        |  |
|        |                                    |                 |               | To/From Which the Amount is | to be Adjusted             |                                |        |  |
|        |                                    |                 |               |                             |                            |                                |        |  |
|        |                                    |                 |               |                             |                            |                                |        |  |
|        |                                    |                 |               |                             |                            |                                |        |  |
|        | Cost Center Description            | Basi s/Code (2) | Amount        | Cost Center                 | Line #                     | Wkst. A-7 Ref.                 |        |  |
|        |                                    | 1.00            | 2.00          | 3.00                        | 4.00                       | 5.00                           |        |  |
| 33.00  | OTHER ADJUSTMENTS (SPECIFY)        |                 | 0             |                             | 0.00                       |                                | 33.00  |  |
|        | (3)                                |                 | -             |                             |                            |                                |        |  |
| 33.01  | Misc Revenue                       | В               | -130, 740     | EMPLOYEE BENEFITS DEPARTMEN | T 4.00                     | 0                              | 33.01  |  |
| 33.02  | Misc Revenue                       | В               | -610, 941     | ADMINISTRATIVE & GENERAL    | 5.00                       | 0                              | 33.02  |  |
| 33.03  | Misc Revenue                       | В               | -18, 744      | DI ETARY                    | 10.00                      | 0                              | 33.03  |  |
| 33.04  | Misc Revenue                       | В               | -98, 300      | PHARMACY                    | 15.00                      | 0                              | 33.04  |  |
| 33.05  | Misc Revenue                       | В               | -2, 290       | NEONATAL INTENSIVE CARE UNI | T 35.00                    | 0                              | 33.05  |  |
| 33.06  | Misc Revenue                       | В               | -113, 321     | RADI OLOGY-DI AGNOSTI C     | 54.00                      | 0                              | 33.06  |  |
| 33.07  | Misc Revenue                       | В               | -6, 060       | PHYSICAL THERAPY            | 66.00                      | 0                              | 33.07  |  |
| 33.08  | Misc Revenue                       | В               | -51           | IMAGING CENTER              | 76.06                      | 0                              | 33.08  |  |
| 33.11  | Space Rental Income                | В               | -4, 200       | ADMINISTRATIVE & GENERAL    | 5.00                       | 0                              | 33.11  |  |
| 33. 12 | Space Rental Income                | В               | -19, 800      | OPERATION OF PLANT          | 7.00                       | 0                              | 33. 12 |  |
| 34.00  | HAF Tax Offset                     | A               | -31, 599, 458 | ADMINISTRATIVE & GENERAL    | 5.00                       | 0                              | 34.00  |  |
| 34.01  | 00 Non-Allow Interest Expense      | A               | -3, 460, 872  | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 11                             | 34.01  |  |
| 34.02  | LOC Non-Allow Interest Expense     | A               | -68, 090      | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 11                             | 34.02  |  |
| 34.03  | 12A Non-Allow Interest Expense     |                 |               | CAP REL COSTS-BLDG & FIXT   | 1.00                       |                                | 34.03  |  |
| 34.04  | 12B Non-Allow Interest Expense     | A               |               | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 11                             |        |  |
| 34.06  | 16AB Non-Allow Interest<br>Expense | A               | -251, 093     | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 11                             | 34.06  |  |
| 34.07  | 20A Non-Allow Interest Expense     | А               | -2 437 435    | CAP REL COSTS-BLDG & FIXT   | 1.00                       | 11                             | 34.07  |  |
| 34.08  | Non-Allow Debt Issuance            | A               |               | ADMI NI STRATI VE & GENERAL | 5.00                       |                                |        |  |
| 01100  | Expense                            |                 | 00,770        |                             | 0100                       |                                | 01100  |  |
| 34.09  | Loss on Assets                     | A               | -47, 391      | CENTRAL SERVICES & SUPPLY   | 14.00                      | 0                              | 34.09  |  |
| 34.10  | Loss on Assets                     | А               | -21, 557      | OPERATING ROOM              | 50.00                      | 0                              | 34.10  |  |
| 35.00  | Bad Debt                           | А               |               | ADMI NI STRATI VE & GENERAL | 5.00                       | 0                              | 35.00  |  |
| 35.01  | APP                                | A               |               | NEONATAL INTENSIVE CARE UNI | T 35.00                    | 0                              | 35.01  |  |
| 35.02  | HOSPI TALI ST LOSS                 | A               |               | ADMI NI STRATI VE & GENERAL | 5.00                       |                                | 35.02  |  |
| 36.00  | Meals of Wheels Cost               | A               |               | CAFETERI A                  | 11.00                      | 0                              | 36.00  |  |
| 36.01  | SHARED SERVICES                    | A               |               | CARDIAC CATHETERIZATION     | 59.00                      | 0                              | 36.01  |  |
| 36.02  | SHARED SERVICES                    | A               | 32, 971       | ELECTROCARDI OLOGY          | 69.00                      | 0                              | 36.02  |  |
| 50.00  | TOTAL (sum of lines 1 thru 49)     |                 | -54, 194, 827 |                             |                            |                                | 50.00  |  |
|        | (Transfer to Worksheet A,          |                 |               |                             |                            |                                |        |  |
|        | column 6, line 200.)               |                 |               |                             |                            |                                |        |  |

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

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

| Heal th | Financial Systems                                   | COMMUNI TY HOSPI TAI          | L OF INDIANA, INC.       | In Lie                           | eu of Form CMS-:               | 2552-10 |
|---------|---|-------------------------------|--------------------------|----------------------------------|--------------------------------|---------|
| STATEME | ENT OF COSTS OF SERVICES FROM                       | RELATED ORGANIZATIONS AND HOM | ME Provider CCN: 15-0169 | Peri od:                         | Worksheet A-8                  | -1      |
| OFFICE  | COSTS   |                               |                          | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 |         |
|         | Li ne No.   | Cost Center                   | Expense Items            | Amount of                        | Amount                         |         |
|         |   |                               |                          | Allowable Cost                   |                                |         |
|         |   |                               |                          |                                  | Wks. A, column                 |         |
|         |   |                               |                          |                                  | 5                              |         |
|         | 1.00  | 2.00                          | 3.00                     | 4.00                             | 5.00                           |         |
|         | A. COSTS INCURRED AND ADJUSTM<br>HOME OFFICE COSTS: |                               |                          | RGANIZATIONS OR                  | CLAIMED                        |         |
| 1.00    |   | I&R SERVICES-SALARY & FRINGE  |                          | 748, 193                         | 0                              | 1.00    |
| 2.00    |   |                               | RESI DENTS               | 1, 012, 473                      | 0                              | 2.00    |
| 3.00    |   |                               | HOME OFFICE              | 2, 561, 639                      |                                | 3.00    |
| 3.01    |   | EMPLOYEE BENEFITS DEPARTMENT  |                          | 6, 271, 993                      |                                | 3. 01   |
| 3.02    |   |                               | HOME OFFICE              | 58, 010, 008                     | 69, 723, 095                   | 3. 02   |
| 3.03    |   |                               | HOME OFFICE              | 3, 023, 431                      | 0                              | 3.03    |
| 3.04    |   | NURSING ADMINISTRATION        | HOME OFFICE              | 4, 114, 100                      | 0                              | 3.04    |
| 3.05    | 14.00   | CENTRAL SERVICES & SUPPLY     | HOME OFFICE              | 1, 964, 638                      | 0                              | 3.05    |
| 3.06    | 16.00   | MEDICAL RECORDS & LIBRARY     | HOME OFFICE              | 2, 472, 766                      | 0                              | 3.06    |
| 3.07    | 30.00   | ADULTS & PEDIATRICS           | HOME OFFICE              | 163, 123                         | 0                              | 3.07    |
| 3.08    | 54.00   | RADI OLOGY-DI AGNOSTI C       | HOME OFFICE              | 154, 894                         | 0                              | 3.08    |
| 3.09    | 70.00   | ELECTROENCEPHALOGRAPHY        | HOME OFFICE              | 364, 155                         | 0                              | 3.09    |
| 3.10    | 73.00   | DRUGS CHARGED TO PATIENTS     | HOME OFFICE              | 300, 497                         | 0                              | 3.10    |
| 4.00    | 5.00  | ADMINISTRATIVE & GENERAL      | CPN MEDICAL DIRECTOR     | 333, 815                         | 0                              | 4.00    |
| 4.01    | 91.00   | EMERGENCY                     | CPN ED ON CALL           | 1, 103, 924                      | 0                              | 4.01    |
| 5.00    | TOTALS (sum of lines 1-4).                          |                               |                          | 82, 599, 649                     | 69, 723, 095                   | 5.00    |
|         | Transfer column 6, line 5 to                        |                               |                          |                                  |                                |         |
|         | Worksheet A-8, column 2,                            |                               |                          |                                  |                                |         |
|         | line 12.  |                               |                          |                                  |                                |         |

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

| has not been posted to not cancer A, cordinars i anayor 2, the amount arrowable should be mareated in cordinary or this part. |                               |                              |               |                              |                |  |  |  |  |  |
|---|-------------------------------|------------------------------|---------------|------------------------------|----------------|--|--|--|--|--|
|   |                               |                              |               | Related Organization(s) and/ | or Home Office |  |  |  |  |  |
|   |                               |                              |               | 3 ()                         |                |  |  |  |  |  |
|   |                               |                              |               |                              |                |  |  |  |  |  |
|   |                               |                              |               |                              |                |  |  |  |  |  |
|   |                               |                              |               |                              |                |  |  |  |  |  |
|   | Symbol (1)                    | Name                         | Percentage of | Name                         | Percentage of  |  |  |  |  |  |
|   | Symbol (1)                    | Name                         |               | Name                         |                |  |  |  |  |  |
|   |                               |                              | Ownership     |                              | Ownershi p     |  |  |  |  |  |
|   | 1.00                          | 2.00                         | 3.00          | 4.00                         | 5.00           |  |  |  |  |  |
|   | B. INTERRELATIONSHIP TO RELAT | ED ORGANIZATION(S) AND/OR HO | ME OFFICE:    | •                            |                |  |  |  |  |  |
|   |                               |                              |               |                              |                |  |  |  |  |  |

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

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

| rerinbur | Schone under trette Aviri. |      |        |     |        |
|----------|----------------------------|------|--------|-----|--------|
| 6.00     | В                          | CHNW | 100.00 | 0.0 | 0 6.0  |
| 7.00     |                            |      | 0.00   | 0.0 | 0 7.0  |
| 8.00     |                            |      | 0.00   | 0.0 | 0 8.0  |
| 9.00     |                            |      | 0.00   | 0.0 | 0 9.0  |
| 10.00    |                            |      | 0.00   | 0.0 | 0 10.0 |
| 100.00   | G. Other (financial or     |      |        |     | 100.0  |
|          | non-financial) specify:    |      |        |     |        |

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

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

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

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

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

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

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

| Health Financial Systems COMMUNITY HOSPITAL                                       | COMMUNITY HOSPITAL OF INDIANA, INC. |   |   |  |  |  |
|---|-------------------------------------|---|---|--|--|--|
| STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOM<br>OFFICE COSTS | Provider CCN: 15-0169               | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet A-8-1<br>Date/Time Prepared:<br>5/30/2022 2:39 pm |  |  |  |

|      |                |                 | 575072022 2.5  | 77 pm |
|------|----------------|-----------------|--|-------|
|      | Net            | Wkst. A-7 Ref.  |  |       |
|      | Adjustments    |                 |  | 1     |
|      | (col. 4 minus  |                 |  |       |
|      | col. 5)*       |                 |  |       |
|      | 6.00           | 7.00            |  |       |
|      | A. COSTS INCUR | RED AND ADJUSTN | IENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED |       |
|      | HOME OFFICE CO | STS:            |  |       |
| 1.00 | 748, 193       | 0               |  | 1.00  |
| 2.00 | 1, 012, 473    | 0               |  | 2.00  |
| 3.00 | 2, 561, 639    | 9               |  | 3.00  |
| 3.01 | 6, 271, 993    | 0               |  | 3.01  |
| 3.02 | -11, 713, 087  | 0               |  | 3. 02 |
| 3.03 | 3, 023, 431    | 0               |  | 3.03  |
| 3.04 | 4, 114, 100    | 0               |  | 3.04  |
| 3.05 | 1, 964, 638    | 0               |  | 3.05  |
| 3.06 | 2, 472, 766    | 0               |  | 3.06  |
| 3.07 | 163, 123       |                 |  | 3.07  |
| 3.08 | 154, 894       | 0               |  | 3.08  |
| 3.09 | 364, 155       | 0               |  | 3.09  |
| 3.10 | 300, 497       | 0               |  | 3.10  |
| 4.00 | 333, 815       | 0               |  | 4.00  |
| 4.01 | 1, 103, 924    | 0               |  | 4.01  |
| 5.00 | 12, 876, 554   |                 |  | 5.00  |

\* 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 s 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 worksheet A,   | COT UNITS | i anu/oi | Ζ, Ι | ne allount | arrowabre | Shourd | be mulcate |  | 4 01 | this part. |  |
|---------|---|-----------|----------|------|------------|-----------|--------|------------|--|------|------------|--|
|         | Related Organization(s)   |           |          |      |            |           |        |            |  |      |            |  |
|         | and/or Home Office  |           |          |      |            |           |        |            |  |      |            |  |
|         |   |           |          |      |            |           |        |            |  |      |            |  |
|         |   |           |          |      |            |           |        |            |  |      |            |  |
|         | Type of Business  |           |          |      |            |           |        |            |  |      |            |  |
|         |   |           |          |      |            |           |        |            |  |      |            |  |
|         | 6.00  |           |          |      |            |           |        |            |  |      |            |  |
|         | B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: |           |          |      |            |           |        |            |  |      |            |  |

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

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

| 6.00  |  | 6.00   |
|---|--|--------|
| 7.00  |  | 7.00   |
| 8.00  |  | 8.00   |
| 9.00  |  | 9.00   |
| 10.00   |  | 10.00  |
| 6.00<br>7.00<br>8.00<br>9.00<br>10.00<br>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.

 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
 COMMUNITY HOSPITAL OF INDIANA, INC.
 In Lieu of Form CMS-2552-10

| Non-text         Control         From Bround         From Bround         From Bround         From Bround         Control         From Bround         District         Bround         District         Bround         District         Bround         District         Bround         Bround <th></th> <th>ER BASED PHYSIC</th> <th></th> <th></th> <th></th> <th></th> <th>Peri od:</th> <th>Worksheet A-8</th> <th></th>   |         | ER BASED PHYSIC |                              |                 |              |                 | Peri od:       | Worksheet A-8 |         |
|---|---------|-----------------|------------------------------|-----------------|--------------|-----------------|----------------|---------------|---------|
| Inst. A Line #         Cost Conter/Physic is an ident if new interval on Resenant in Resenant           | TROVIDE |                 |                              |                 |              |                 | rom 01/01/2021 | Date/Time Pre | epared: |
| Ident File         Renueration         Component         Component         Component         Hole Component           1.00         1.00         2.00         3.00         4.00         5.00         6.00         7.00         1.00           2.00         30.00 AGGEBEATE - ADMI NS TRATI VE &<br>0 AGGEBEATE - MENA IN STRATI VE &<br>0 AGGEBEATE - MENA INC. STRATI VE &<br>0 AGGEBEATE - MENA INC   |         | What A Line #   | Cast Contor (Physician       | Total           | Drofossional | Drovidor        | DCE Amount     |               |         |
| 1.00         2.00         3.00         4.00         5.00         6.00         7.00         Hours           1.00         5.00         6.00         7.00         1.00         2.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         7.00         1.00         2.00         3.00         4.00         3.00         3.00         3.00         3.00         3.00         3.00         3.00         1.00         5.00         0         0         0         3.00         3.00         3.00         0.0         3.00         0         0         0         3.00         0.0           |         | WKSL A LINE #   |                              |                 |              |                 |                |               |         |
| 1.00         1.00         2.00         3.00         4.00         5.00         6.00         7.00         1.00           2.00         5.00 AGGERAT-AMM INSTRATIVE &<br>GENERAL         1.009.573         1.009.573         0.00           |         |                 | ruentiriei                   | Kelluner at rom | Component    | component       |                |               |         |
| 1.00         5.00ACGREGATE-ADMINISTRATIVE &<br>CENERAL<br>3.00         1.009, 573<br>(0)ACGREGATE-ADMINISTRATIVE &<br>PEDIATRICS<br>3.00         1.009, 573<br>(0)ACGREGATE-ADMINISTRATIVE &<br>PEDIATRICS<br>3.00         1.009, 573<br>(0)ACGREGATE-ADMINISTRATIVE &<br>1.00         1.009, 573<br>(0)ACGREGATE-ADMINISTRATIVE &<br>1.00         0.00  |         | 1 00            | 2 00                         | 3 00            | 4 00         | 5.00            | 6.00           |               |         |
| 2.00         SEPERAL<br>3.00         CHARGENET - ADULTS &<br>PEDIATRICS<br>IN CONSCREATE - INTENSIVE CARE<br>INT<br>INTENSIVE CARE         88,362         88,362         88,362         0   | 1 00    |                 |                              |                 |              |                 |                |               | 1 00    |
| 2.00         30.00ACCREGATE-ADULTS &<br>PEDELATINCS<br>S100         88.362         88.362         88.362         0  | 1.00    | 5.00            |                              | 1,007,075       | 1,007,073    | 0               | Ŭ              | 0             | 1.00    |
| 3.00         31.00 ACGREGATE-INTENSIVE CARE<br>UNIT         7, 974<br>(0)         7, 974<br>(0)         0   | 2.00    |                 | AGGREGATE-ADULTS &           | 88, 362         | 88, 362      | 0               | 0              | 0             | 2.00    |
| 4. 00         35. 00 AGGREGATE-MENNAL INTENSIVE<br>CARE UN         152, 500         00            | 3.00    |                 | AGGREGATE-INTENSIVE CARE     | 7, 974          | 7, 974       | 0               | 0              | 0             | 3.00    |
| 5.00         40.00         AGRECATE-SUBPROVIDER - IPF         63.730         1.372.853         0<   | 4.00    | 35.00           | AGGREGATE-NEONATAL INTENSIVE | 152, 500        | 152, 500     | 0               | 0              | 0             | 4.00    |
| 6.00         S0.00/AGGREGATE-OPERATING ROM         1.372,853         1.372,853         0         0         0         0.00           7.00         0.00         0.00            | 5.00    | 40.00           |                              | 63, 730         | 63, 730      | 0               | 0              | 0             | 5.00    |
| 7.00         0.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td></td></th<>  |         |                 |                              |                 |              |                 | 0              | 0             |         |
| 8.00         0.00 <th< td=""><td></td><td></td><td></td><td>1, 0, 2, 000</td><td>1, 0, 2, 000</td><td>0</td><td>0</td><td>0</td><td></td></th<>   |         |                 |                              | 1, 0, 2, 000    | 1, 0, 2, 000 | 0               | 0              | 0             |         |
| 9.00         0.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td></td></th<>   |         |                 |                              |                 |              | 0               | 0              | 0             |         |
| 10.00         <  |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| 200.00  |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| West. A Line #         Cost Center/Physician<br>Identifier         Unadjusted RCE<br>Limit         5 Percent of<br>Unadjusted RCE<br>Limit         Cost of<br>Margin Stratic<br>Component<br>Education         Provider<br>Same         Physician Cost<br>of Margin Stratic<br>Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         30.00         GENERAL<br>GENERAL         0 </td <td></td> <td>0.00</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td>  |         | 0.00            |                              | 0               | 0            | 0               | 0              | 0             |         |
| Identifion         Limit         Unadjusted RCE<br>Limit         Memberships &<br>Component<br>Limit         Component<br>Share of col.         of Mal practice<br>Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         30.00         AGGREGATE-ADULTS &<br>PEDIATRICS         0  | 200.00  |                 |                              |                 |              |                 |                | 0             | 200.00  |
| Image: Continuing Share of col.         Insurance of Education         Share of col.         Insurance of Education           1.00         2.00         8.00         9.00         12.00         13.00         14.00           1.00         5.00 (ACGREGATE-ADMI ISTRATIVE & 0         0         0         0         0         10.00         13.00         14.00         1.00           2.00         30.00 (AGGREGATE-ADMI STRATIVE & 0         0 <td></td> <td>WKST. A LINE #</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |         | WKST. A LINE #  |                              |                 |              |                 |                |               |         |
| Image: Constraint of the second se  |         |                 | Identifier                   | LIMIT           |              |                 |                |               |         |
| 1.00         2.00         8.00         9.00         12.00         13.00         14.00           1.00         5.00 ACGREGATE-ADMI STRATI VE &<br>GENERAL         0   |         |                 |                              |                 | LIMIT        | 5               |                | Insurance     |         |
| 1.00         5.00 AGGREGATE - ADMI NI STRATI VE &<br>GENERAL         0         0         0         0         0         0         0         0         0         1.00           2.00         30.00 AGGREGATE - ADULTS &<br>PEDI ATRICS         0  |         |                 |                              |                 |              |                 |                |               |         |
| 2.00         30.00 AGGREGATE-ADULTS &<br>PEDIATRICS         0         0         0         0         0         0         0         0         2.00           3.00         31.00 AGGREGATE-INTENSIVE CARE<br>UNIT         0  | 1 00    |                 |                              |                 |              |                 |                |               | 1 00    |
| 2.00         30.00         AGGREGATE-ADULTS & pelot ATRICS         0         0         0         0         0         0         2.00           3.00         31.00         AGGREGATE-INTENSIVE CARE UNIT         0  | 1.00    |                 |                              | 0               | 0            | 0               | 0              | 0             | 1.00    |
| 3.00         31.00         ACGREGATE - INTENSIVE CARE<br>UNIT         0         0         0         0         0         3.00           4.00         35.00         AGGREGATE - NEONATAL INTENSIVE<br>CARE UN         0   | 2.00    |                 | AGGREGATE-ADULTS &           | 0               | 0            | 0               | 0              | 0             | 2.00    |
| 4.00         35.00<br>CARE UN<br>CARE UN<br>5.00         GGREGATE-NEONATAL INTENSIVE<br>CARE UN<br>5.00         0 <th< td=""><td>3.00</td><td>31.00</td><td>AGGREGATE-INTENSIVE CARE</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>3.00</td></th<>  | 3.00    | 31.00           | AGGREGATE-INTENSIVE CARE     | 0               | 0            | 0               | 0              | 0             | 3.00    |
| 5.00         40.00         AGGREGATE - SUBPROVI DER - 1 PF<br>6.00         0 <td>4.00</td> <td>35.00</td> <td>AGGREGATE-NEONATAL INTENSIVE</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>4.00</td>  | 4.00    | 35.00           | AGGREGATE-NEONATAL INTENSIVE | 0               | 0            | 0               | 0              | 0             | 4.00    |
| 6.00         50.00         AGGREGATE-OPERATING ROOM         0 <t< td=""><td>E 00</td><td>40.00</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>E 00</td></t<>  | E 00    | 40.00           |                              | 0               | 0            | 0               | 0              | 0             | E 00    |
| 7.00         0.00 <th< td=""><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></th<>   |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| 8.00         0.00 <th< td=""><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></th<>   |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| 9.00         0.00 <th< td=""><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></th<>   |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| 10.00<br>200.00         0.00<br>0         0.00  |         |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| 200.00         Cost Center/Physician<br>Identifier         Provider<br>Component<br>Share of col.         Adjusted RCE<br>Limit         RCE<br>Disal I owance         Adjustment         Adjustment           1.00         2.00         14         Disal I owance         Disal I owance         Adjustment         Disal I owance   | 9.00    |                 |                              | 0               | 0            | 0               | 0              | 0             |         |
| Wkst. A Line #         Cost Center/Physician<br>Identifier         Provider<br>Component<br>Share of col.<br>14         Adjusted RCE<br>Limit         RCE<br>Disal I owance         Adjustment         Adjustment           1.00         2.00         15.00         16.00         17.00         18.00         1.00         2.00         1.00         1.00         1.00         1.00         2.00         16.00         17.00         18.00         1.00         1.00         2.00         1.00         2.00         0         0         1.00         2.00         2.00         16.00         17.00         18.00         1.00         1.00         2.00 <td< td=""><td>10.00</td><td>0.00</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>10.00</td></td<>  | 10.00   | 0.00            |                              | 0               | 0            | 0               | 0              | 0             | 10.00   |
| Identifier         Component<br>Share of col.         Limit         Disal Iowance         Imit         Disal Iowance         Imit         Disal Iowance         Imit         Imit         Imit         Disal Iowance         Imit   | 200.00  |                 |                              | 0               | 0            | -               | 0              | 0             | 200.00  |
| Image: Note of col . 14         Image: Name of col . 16.00   |         | Wkst. A Line #  | Cost Center/Physician        | Provi der       | Adjusted RCE | RCE             | Adjustment     |               |         |
| Image: Note of the image in the image. The image in the imag |         |                 | I denti fi er                |                 | Limit        | Di sal I owance |                |               |         |
| 1.00         2.00         15.00         16.00         17.00         18.00           1.00         5.00         AGGREGATE-ADMINISTRATIVE &<br>GENERAL         0         0         0         1,009,573         1.00           2.00         30.00         AGGREGATE-ADULTS &<br>PEDI ATRICS         0         0         0         88,362         2.00           3.00         31.00         AGGREGATE-INTENSI VE CARE         0         0         0         7,974         3.00           4.00         35.00         AGGREGATE-NEONATAL INTENSI VE<br>CARE UN         0         0         0         152,500         4.00           5.00         40.00         AGGREGATE-SUBPROVI DER - I PF         0         0         0         6.00         63,730         5.00           6.00         50.00         AGGREGATE-OPERATING ROOM         0         0         0         7.00         0.00         7.00           7.00         0.00         0         0         0         0         7.00         7.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         0         0         9.00         10.00  |         |                 |                              | Share of col.   |              |                 |                |               |         |
| 1.00         5.00         AGGREGATE - ADMI NI STRATI VE &<br>GENERAL         0         0         0         1,009,573<br>0         1.00           2.00         30.00         AGGREGATE - ADULTS &<br>PEDI ATRI CS         0         0         0         88,362         2.00           3.00         31.00         AGGREGATE - INTENSI VE CARE         0         0         0         7,974         3.00           4.00         35.00         AGGREGATE - NEONATAL INTENSI VE<br>CARE UN         0         0         0         152,500         4.00           5.00         40.00         AGGREGATE - SUBPROVI DER - IPF         0         0         0         6.00         50.00         AGGREGATE - OPERATING ROOM         0         0         0         7.00         6.00         7.00         0         7.00         0         7.00         7.00         0         7.00         7.00         0         7.00         7.00         7.00         7.00         7.00         7.00         0         7.00         7.  |         |                 |                              |                 |              |                 |                |               |         |
| 2.00         GENERAL<br>AGGREGATE - ADULTS &<br>PEDI ATRI CS         00         00         88, 362         2.00           3.00         31.00         AGGREGATE - INTENSI VE CARE<br>UNI T         00         0         7, 974         3.00           4.00         35.00         AGGREGATE - NEONATAL INTENSI VE<br>CARE UN         0         0         7, 974         4.00           5.00         40.00         AGGREGATE - NEONATAL INTENSI VE<br>CARE UN         0         0         152, 500         4.00           5.00         40.00         AGGREGATE - SUBPROVI DER - IPF         0         0         0         5.00         6.3, 730         5.00           6.00         50.00         AGGREGATE - OPERATI NG ROOM         0         0         0         7.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         0         7.00           9.00         0.00         0         0         0         0         9.00           9.00         0.00         0         0         0         9.00         9.00           10.00         0.00         0         0         0         0         10.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |         |                 |                              |                 |              |                 |                |               |         |
| PEDI ATRICS         O         O         O         T,974         3.00           3.00         31.00         AGGREGATE-INTENSIVE CARE<br>UNIT         O         O         0         7,974         3.00           4.00         35.00         AGGREGATE-NEONATAL INTENSIVE<br>CARE UN         O         O         0         152,500         4.00           5.00         40.00         AGGREGATE-SUBPROVIDER - IPF         O         O         0         63,730         5.00           6.00         50.00         AGGREGATE-OPERATING ROOM         O         O         1,372,853         6.00           7.00         0.00         O         O         0         0         7.00           8.00         0.00         O         O         0         0         8.00         9.00         9.00         9.00         0         9.00         10.00         9.00         10.00         9.00         10.0  |         |                 | GENERAL                      | 0               | 0            |                 | .,,            |               |         |
| 4.00         UNI T<br>AGGREGATE-NEONATAL INTENSIVE<br>CARE UN         00         00         152,500         4.00           5.00         40.00         AGGREGATE-SUBPROVI DER - I PF         00         0         63,730         5.00           6.00         50.00         AGGREGATE-OPERATING ROOM         0         0         11,372,853         6.00           7.00         0.00         0         0         0         7.00         0.00         7.00           8.00         0.00         0         0         0         0         7.00         8.00         9.00         9.00         0         9.00         10.00         9.00         10.00         9.00         10.00         9.00         10.00         1   | 2.00    |                 |                              | 0               | 0            | 0               | 88, 362        |               | 2.00    |
| CARE UN         CARE UN <t< td=""><td>3.00</td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>7,974</td><td></td><td>3.00</td></t<>  | 3.00    |                 |                              | 0               | 0            | 0               | 7,974          |               | 3.00    |
| 6.00         50.00         AGGREGATE-OPERATING ROOM         0         0         1,372,853         6.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         0         7.00           9.00         0.00         0         0         0         9.00         9.00         9.00         10.00 </td <td>4.00</td> <td>35.00</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>152, 500</td> <td></td> <td>4.00</td>  | 4.00    | 35.00           |                              | 0               | 0            | 0               | 152, 500       |               | 4.00    |
| 6.00         50.00         AGGREGATE-OPERATING ROOM         0         0         1,372,853         6.00           7.00         0.00         0         0         0         0         7.00           8.00         0.00         0         0         0         0         7.00           9.00         0.00         0         0         0         9.00         9.00         9.00         10.00         9.00         10.00 <td>5.00</td> <td>40.00</td> <td>AGGREGATE-SUBPROVIDER - IPF</td> <td>0</td> <td>0</td> <td>0</td> <td>63, 730</td> <td></td> <td>5.00</td>  | 5.00    | 40.00           | AGGREGATE-SUBPROVIDER - IPF  | 0               | 0            | 0               | 63, 730        |               | 5.00    |
| 7.00         0.00         0         0         7.00           8.00         0.00         0         0         0         8.00           9.00         0.00         0         0         0         9.00           10.00         0.00         0         0         0         9.00  | 6.00    | 50.00           | AGGREGATE-OPERATING ROOM     | 0               | 0            | 0               | 1, 372, 853    |               | 6.00    |
| 8.00         0.00         0         0         0         8.00         9.00         0         0         0         9.00         9.00         0         9.00         0         9.00         9.00         10.00         0         0         0         0         9.00         10.00   |         |                 |                              | 0               |              |                 |                |               |         |
| 9.00         0.00         0         0         0         9.00           10.00         0.00         0         0         0         0         10.00   |         |                 |                              |                 |              |                 |                |               |         |
| 10.00 0.00 0 0 0 0 10.00  |         |                 |                              | -               |              |                 |                |               |         |
|   |         |                 |                              |                 |              |                 |                |               |         |
|   |         |                 |                              |                 |              |                 |                |               |         |
|   | _00.00  | 1               | 1                            |                 |              |                 |                |               |         |

| ALLOCATION - GENERAL SERVICE COSTS   |                                       | Provider C           | F                                     | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet B<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 |      |
|--|---------------------------------------|----------------------|---------------------------------------|---|---|------|
|  |                                       | CAPI TAL REL         | ATED COSTS                            |   | 1 37 307 2022 2:3                                       |      |
| Cost Center Description  | Net Expenses<br>for Cost              | BLDG & FIXT          | MVBLE EQUIP                           | EMPLOYEE<br>BENEFI TS                       | Subtotal  |      |
|  | Allocation<br>(from Wkst A<br>col. 7) |                      |                                       | DEPARTMENT                                  |   |      |
|  | 0                                     | 1.00                 | 2.00                                  | 4.00  | 4A  |      |
| GENERAL SERVICE COST CENTERS   |                                       |                      |                                       |   |   |      |
| 0 00100 CAP REL COSTS-BLDG & FIXT<br>0 00200 CAP REL COSTS-MVBLE EQUIP                         | 14, 331, 271                          | 14, 331, 271         | 17 / 5/ 10/                           |   |   | 1.   |
| 0 00200 CAP REL COSTS-MVBLE EQUIP<br>0 00400 EMPLOYEE BENEFITS DEPARTMENT                      | 17, 656, 103<br>6, 412, 298           | 6, 292               | 17, 656, 103<br>94, 952               |   |   | 2    |
| 0 00500 ADMINISTRATIVE & GENERAL   | 58, 347, 745                          | 415, 670             | 4, 071, 932                           |   | 63, 219, 711  |      |
| 00700 OPERATION OF PLANT   | 11, 458, 814                          | 1, 823, 422          | 46, 852                               |   |   |      |
| 00800 LAUNDRY & LINEN SERVICE  | 880, 454                              | 53, 065              | 67                                    |   | 933, 586  |      |
| 00900 HOUSEKEEPI NG  | 5,003,743                             |                      | 23, 984                               |   | 5, 320, 552   |      |
| 00 01000 DI ETARY  | 1, 726, 118                           | 146, 733             | 21, 745                               | 5 47, 134                                   | 1, 941, 730   | 10   |
| 00 01100 CAFETERIA   | 1, 624, 739                           | 319, 249             | 62, 363                               | 3 103, 960                                  | 2, 110, 311   | 11   |
| 00 01300 NURSI NG ADMI NI STRATI ON  | 7, 201, 977                           | 21, 924              | 25, 027                               |   | 7, 382, 543   |      |
| 00 01400 CENTRAL SERVICES & SUPPLY   | 3, 626, 486                           | 334, 856             | 2, 627, 31                            |   | 6, 637, 150   |      |
| 00 01500 PHARMACY  | 7, 410, 102                           | 165, 855             | 872, 926                              |   | 8, 758, 271   |      |
| 00 01600 MEDICAL RECORDS & LIBRARY   | 2, 472, 766                           | 5, 923               | 4                                     |   | 2, 478, 736   |      |
| 00 01700 SOCIAL SERVICE<br>00 01900 NONPHYSICIAN ANESTHETISTS                                  | 2, 326, 265                           | 39, 227<br>0         | 33                                    |   | 2, 465, 608<br>0  |      |
| 00 02100 I &R SERVICES-SALARY & FRINGES APPRV  | 748, 193                              | 0                    | (                                     |   | 748, 193  |      |
| 00 02200 I &R SERVICES-SALARY & FRINGES APPRV  | 1, 012, 473                           | 0                    | (                                     |   | 1, 012, 473   |      |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 1,012,473                             | 0                    |                                       | - 0   | 1,012,473   | 1    |
| 00 03000 ADULTS & PEDIATRICS   | 61, 728, 671                          | 4, 662, 695          | 823, 150                              | 1, 828, 863                                 | 69, 043, 379  | 30   |
| 00 03100 I NTENSI VE CARE UNI T  | 7, 533, 320                           | 899, 766             | 176, 983                              |   | 8, 901, 399   |      |
| 00 02060 NEONATAL INTENSIVE CARE UNIT  | 12, 391, 892                          | 856, 926             | 160, 391                              | 475, 789                                    | 13, 884, 998  | 35   |
| 00 04000 SUBPROVIDER - IPF   | 2, 831, 030                           |                      | 7, 978                                |   |   |      |
| 00 04300 NURSERY   | 2, 821, 220                           | 348, 546             | 44, 354                               | 99, 147                                     | 3, 313, 267   | 43   |
| ANCI LLARY SERVI CE COST CENTERS   | 45 400 000                            | (74.00)              | 0.0(4.44                              | 070.404                                     | 40 405 474  | 1 50 |
| 00 05000 OPERATING ROOM<br>00 05100 RECOVERY ROOM  | 15, 429, 309                          | 671, 236             | 3, 064, 442                           |   | 19, 435, 171  |      |
| 00  05100 RECOVERY ROOM<br>00  05200 DELIVERY ROOM & LABOR ROOM                                | 4, 170, 418<br>6, 460, 294            | 360, 319<br>798, 110 | 6, 549<br>101, 568                    |   | 4, 698, 847<br>7, 587, 008                              |      |
| 00 05400 RADI OLOGY-DI AGNOSTI C   | 4, 914, 569                           | 229, 316             | 327, 162                              |   | 5, 654, 788   |      |
| 00 05500 RADI OLOGY-THERAPEUTI C   | 2, 173, 095                           | 256, 500             | 404, 534                              |   | 2, 871, 440   |      |
| 00 05700 CT SCAN   | 2, 340, 201                           | 33, 525              | 230, 799                              |   |   |      |
| 00 05800 MRI   | 1, 845, 204                           | 123, 187             | 497, 764                              |   | 2, 503, 250   |      |
| 00 05900 CARDI AC CATHETERI ZATI ON  | 183, 307                              | 0                    | 1, 523                                | 3 0   | 184, 830  | 59   |
| 00 06000 LABORATORY  | 12, 525, 028                          | 131, 298             | (                                     | -   | 12, 656, 326  |      |
| 00 06400 INTRAVENOUS THERAPY   | 785, 307                              | 184, 854             | 2, 849                                |   | 1, 002, 665   |      |
| 00 06500 RESPI RATORY THERAPY  | 5, 458, 729                           | 142,014              | 251, 97                               |   | 6, 045, 452   |      |
| 00 06600 PHYSI CAL THERAPY<br>00 06700 OCCUPATI ONAL THERAPY                                   | 6, 532, 720                           | 22, 858              | 1, 095, 065                           |   | 7, 929, 542   |      |
| 00 06800 SPEECH PATHOLOGY  | 2, 064, 491<br>420, 608               | 0                    | 57, 382<br>11, 691                    |   |   |      |
| 00 06900 ELECTROCARDI OLOGY  | 523, 232                              | 0                    | 11,09                                 | 2, 153                                      |   |      |
| 00 07000 ELECTROENCEPHALOGRAPHY  | 2,091,718                             | 78, 061              | 228, 513                              |   | 2, 459, 674   |      |
| 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   | 17,054,271                            | 0                    | (                                     | 0 0   | 17, 054, 271  |      |
| 00 07200 IMPL. DEV. CHARGED TO PATIENTS  | 13, 020, 384                          | 0                    | (                                     | 0 0   | 13, 020, 384  |      |
| 00 07300 DRUGS CHARGED TO PATIENTS   | 16, 547, 768                          | 0                    | (                                     | 0 0   | 16, 547, 768  | 8 73 |
| 01 07301 SPECIALTY PHARMACY  | 0                                     | 0                    | (                                     | 0 0   | 0   |      |
| 00 07400 RENAL DI ALYSI S  | 1, 260, 330                           | 2, 556               | (                                     | 0   | 1, 262, 886   |      |
|  | 2, 578, 979                           | 183, 183             | 385, 086                              |   | 3, 225, 879   |      |
| 03950 OTHER ANCI LLARY SERVICE COST CENTERS  | 0                                     | 0                    | (                                     |   | 0   |      |
| 02 03951 OTHER ANCILLARY SERVICE COST CENTERS<br>03 03952 OTHER ANCILLARY SERVICE COST CENTERS | 0                                     | 0                    |                                       |   | 0   |      |
| 03 03952 OTHER ANCILLARY SERVICE COST CENTERS  | 1, 140, 968                           |                      | 152, 213                              | 3 23, 764                                   | 1, 316, 945   |      |
| 06 03954 I MAGI NG CENTER  | 3, 334, 703                           | 0                    | 948, 323                              |   | 4, 386, 627   |      |
| 07 03955 BREAST DI AGNOSTI C CENTER  | 11, 617, 486                          | 0<br>0               | 398, 207                              |   | 12, 015, 693  |      |
| OUTPATIENT SERVICE COST CENTERS  |                                       |                      | 373, 201                              |   | .2, 8, 8, 8, 8, 8                                       | 1 1  |
| 00 09000 CLI NI C  | 0                                     | 0                    | (                                     | 0 0   | 0   | 90   |
| 01 04950 INFUSION CENTER   | 145, 112                              | 0                    | 82, 461                               | 6, 375                                      | 233, 948  |      |
| 26 04975 SPINE CENTER  | 257, 925                              | 0                    | (                                     | 0 11, 235                                   | 269, 160  |      |
|  | 10, 905, 545                          | 624, 513             | 171, 621                              | 347, 660                                    | 12, 049, 339  |      |
| 00 09200 OBSERVATION BEDS (NON-DISTINCT PART   |                                       |                      |                                       |   | 0   | 92   |
| SPECIAL PURPOSE COST CENTERS   |                                       |                      |                                       |   |   | 1110 |
| 00 11300 INTEREST EXPENSE<br>00 11400 UTILIZATION REVIEW-SNF                                   |                                       |                      |                                       |   |   | 113  |
| 00 SUBTOTALS (SUM OF LINES 1 through 117)  | 375, 327, 381                         | 14, 231, 434         | 17, 479, 823                          | 6, 419, 140                                 | 374, 956, 862   |      |
| NONREIMBURSABLE COST CENTERS   | 373, 327, 381                         | 14, 231, 434         | 17,479,623                            | 0,419,140                                   | 374, 730, 002   | 1,10 |
| 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   | 0                                     | 86, 368              | (                                     | 0 0   | 86, 368   | 190  |
| 00 19100 RESEARCH  | 0                                     | 00, 308<br>0         | (                                     | -   |   | 191  |
| 00 19200 PHYSI CLANS' PRI VATE OFFI CES  | 87, 916                               | 0                    | (                                     |   | 87, 916   |      |
|  |                                       |                      |                                       | 0 0   |   | 193  |
| 00 19300 NONPAI D WORKERS  | 0                                     | 0                    | L L L L L L L L L L L L L L L L L L L | ,     | 0   | 1193 |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL  | OF INDIANA, IN | IC.         | In Lie                              | u of Form CMS-                 | 2552-10 |
|--|---|----------------|-------------|-------------------------------------|--------------------------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |   | Provider C     |             | Period:<br>From 01/01/2021          | Worksheet B<br>Part I          |         |
|  |   |                |             | To 12/31/2021                       | Date/Time Pre<br>5/30/2022 2:3 |         |
|  |   | CAPI TAL REI   | ATED COSTS  |                                     |                                |         |
| Cost Center Description                  | Net Expenses<br>for Cost<br>Allocation<br>(from Wkst A<br>col. 7) | BLDG & FIXT    | MVBLE EQUIP | EMPLOYEE<br>BENEFI TS<br>DEPARTMENT | Subtotal                       |         |
|  | 0   | 1.00           | 2.00        | 4.00                                | 4A                             |         |
| 194. 06 07956 PAVI LLI ONS               | 27, 844   | 0              | 91, 30      | 9 0                                 | 119, 153                       | 194.06  |
| 194.0807958 OTHER NRCC                   | 2, 277, 831   | 13, 469        | 84, 97      | 1 94, 402                           | 2, 470, 673                    | 194.08  |
| 194.1007960 COMMUNITY REHAB HOSPITAL     | 0   | 0              |             | 0 0                                 | 0                              | 194.10  |
| 200.00 Cross Foot Adjustments            |   |                |             |                                     | 0                              | 200.00  |
| 201.00 Negative Cost Centers             |   | 0              |             | 0 0                                 | 0                              | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201) | 377, 720, 972   | 14, 331, 271   | 17, 656, 10 | 3 6, 513, 542                       | 377, 720, 972                  | 202.00  |

| COST A         | LLOCATION - GENERAL SERVICE COSTS  |                                | Provider CC                |                            | eriod:<br>rom 01/01/2021<br>o 12/31/2021 | Worksheet B<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 |                      |
|----------------|--|--------------------------------|----------------------------|----------------------------|--|---|----------------------|
|                | Cost Center Description  | ADMI NI STRATI VE<br>& GENERAL |                            | LAUNDRY &<br>LINEN SERVICE | HOUSEKEEPI NG                            | DI ETARY  |                      |
|                |  | 5. 00                          | 7.00                       | 8.00                       | 9.00                                     | 10.00   |                      |
| 1 00           | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT                            |                                |                            |                            |  |   | 1 1 00               |
| 1.00<br>2.00   | 00200 CAP REL COSTS-BLDG & FIXT  |                                |                            |                            |  |   | 1.00                 |
| 4.00           | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                                |                            |                            |  |   | 4.00                 |
| 5.00           | 00500 ADMINISTRATIVE & GENERAL   | 63, 219, 711                   |                            |                            |  |   | 5.00                 |
| 7.00           | 00700 OPERATION OF PLANT   | 2, 698, 055                    | 16, 120, 146               |                            |  |   | 7.00                 |
| 8.00           | 00800 LAUNDRY & LINEN SERVICE  | 187,666                        | 70, 778                    | 1, 192, 030                |  |   | 8.00                 |
| 0.00           | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  | 1, 069, 516<br>390, 319        | 176, 272<br>195, 712       | 0                          | 6, 566, 340<br>80, 962                   | 2, 608, 723   | 9.00<br>10.00        |
| 1.00           | 01100 CAFETERIA  | 424, 206                       | 425, 814                   | 0                          | 176, 150                                 | 2,000,723   |                      |
| 3.00           | 01300 NURSI NG ADMI NI STRATI ON   | 1, 484, 009                    | 29, 242                    | 0                          | 12, 097                                  | 0   | 13.0                 |
| 4.00           | 01400 CENTRAL SERVICES & SUPPLY  | 1, 334, 173                    | 446, 631                   | 0                          | 184, 761                                 | 0   |                      |
| 5.00           |  | 1, 760, 553                    | 221, 217                   | 0                          | 91, 513                                  | 0   |                      |
| 6.00<br>7.00   | 01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE                                    | 498, 266<br>495, 627           | 7, 901<br>52, 321          | 0                          | 3, 268<br>21, 644                        | 0   |                      |
| 9.00           | 01900 NONPHYSI CI AN ANESTHETI STS   | 473, 027                       | 02, 021                    | 0                          | 21,044                                   | 0   |                      |
| 21.00          | 02100 I&R SERVICES-SALARY & FRINGES APPRV  | 150, 399                       | 0                          | 0                          | 0  | 0   | 21.0                 |
| 2. 00          | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV   | 203, 523                       | 0                          | 0                          | 0  | 0   | 22.0                 |
| 0.00           | INPATIENT ROUTINE SERVICE COST CENTERS   | 12 070 740                     | ( 210 000                  | (17.070                    | 2 572 (00                                | 2 200 007   |                      |
| 0.00<br>1.00   | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT                                     | 13, 878, 748<br>1, 789, 324    | 6, 219, 098<br>1, 200, 107 | 617, 978<br>55, 183        | 2, 572, 698<br>496, 457                  | 2, 209, 887<br>248, 645                                 |                      |
| 35.00          | 02060 NEONATAL INTENSIVE CARE UNIT   | 2, 791, 107                    | 1, 142, 967                | 61, 752                    | 472, 820                                 | 240, 043  |                      |
| 0.00           | 04000 SUBPROVI DER - I PF  | 627, 661                       | 210, 202                   | 5, 691                     | 86, 956                                  | 150, 191  | 40.0                 |
| 3.00           | 04300 NURSERY  | 666, 020                       | 464, 891                   | 31, 556                    | 192, 315                                 | 0   | 43.0                 |
| 50.00          | ANCILLARY SERVICE COST CENTERS   | 3, 906, 780                    | 895, 294                   | 61, 421                    | 370, 363                                 | 0   | 50.0                 |
| 1.00           | 05100 RECOVERY ROOM  | 944, 543                       | 480, 594                   | 01, 421                    | 198, 811                                 | 0   |                      |
| 2.00           | 05200 DELIVERY ROOM & LABOR ROOM   | 1, 525, 110                    | 1, 064, 518                | 72, 261                    | 440, 367                                 | 0   |                      |
| 4.00           | 05400 RADI OLOGY-DI AGNOSTI C  | 1, 136, 703                    | 305, 862                   | 87, 035                    | 126, 528                                 | 0   |                      |
| 5.00           | 05500 RADI OLOGY-THERAPEUTI C  | 577, 205                       | 342, 120                   | 15, 808                    | 141, 527                                 | 0   |                      |
| 7.00           | 05700 CT SCAN<br>05800 MRI   | 537, 702<br>503, 193           | 44, 716<br>164, 307        | 0                          | 18, 498<br>67, 970                       | 0   |                      |
| 9.00           | 05900 CARDI AC CATHETERI ZATI ON   | 37, 154                        | 104, 307                   | 0                          | 07, 770                                  | 0   |                      |
| 0.00           | 06000 LABORATORY   | 2, 544, 124                    | 175, 125                   | 0                          | 72, 445                                  | 0   | 60.0                 |
| 64.00          | 06400 I NTRAVENOUS THERAPY   | 201, 552                       | 246, 558                   | 0                          | 101, 996                                 | 0   |                      |
| 5.00           | 06500 RESPI RATORY THERAPY   | 1, 215, 233                    | 189, 418                   | 0                          | 78, 358                                  | 0   |                      |
| 6.00<br>7.00   | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                                     | 1, 593, 965<br>442, 236        | 30, 488<br>0               | 0                          | 12, 612<br>0                             | 0   |                      |
| 8.00           | 06800 SPEECH PATHOLOGY   | 90, 099                        | 0                          | 0                          | 0  | 0   |                      |
| 9.00           | 06900 ELECTROCARDI OLOGY   | 105, 611                       | 0                          | 0                          | 0  | 0   | 69.0                 |
| 0.00           | 07000 ELECTROENCEPHALOGRAPHY   | 494, 434                       | 104, 118                   | 0                          | 43, 071                                  | 0   |                      |
| 1.00           | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS          | 3, 428, 181                    | 0                          | 0<br>0                     | 0  | 0   |                      |
|                | 07200 TMPL. DEV. CHARGED TO PATIENTS   | 2, 617, 306<br>3, 326, 366     | 0                          | 0                          | 0  | 0   |                      |
| 3.01           | 07301 SPECIALTY PHARMACY   | 0                              | 0                          | 0                          | 0  | 0   |                      |
| 4.00           | 07400 RENAL DIALYSIS   | 253, 860                       | 3, 409                     | 0                          | 1, 410                                   | 0   |                      |
| 6.00           | 03330 ENDOSCOPY  | 648, 453                       | 244, 329                   | 30, 422                    | 101, 073                                 | 0   |                      |
| 6. 01<br>6. 02 | 03950 OTHER ANCI LLARY SERVICE COST CENTERS<br>03951 OTHER ANCI LLARY SERVICE COST CENTERS | 0                              | 0                          | 0                          | 0  | 0   |                      |
|                | 03952 OTHER ANCI LLARY SERVICE COST CENTERS  | 0                              | 0                          | 0                          | 0  | 0   |                      |
| 6. 04          | 03953 WOUND CARE   | 264, 727                       | 0                          | 0                          | 0  | 0   | 76.0                 |
|                | 03954 I MAGI NG CENTER   | 881, 782                       | 0                          | 0                          | 0  | 0   |                      |
| 6. 07          | 03955 BREAST DI AGNOSTI C CENTER<br>OUTPATI ENT SERVI CE COST CENTERS                      | 2, 415, 347                    | 0                          | 0                          | 0  | 0   | ) 76. C              |
| 0. 00          | 09000 CLINIC   | 0                              | 0                          | 0                          | 0  | 0   | 90.0                 |
|                | 04950 INFUSION CENTER  | 47,027                         | 0                          | 0                          | 0  | 0   |                      |
| 0. 26          | 04975 SPINE CENTER   | 54, 105                        | 0                          | 0                          | 0  | 0   |                      |
|                | 09100 EMERGENCY  | 2, 422, 110                    | 832, 974                   | 152, 923                   | 344, 583                                 | 0   |                      |
| 2.00           | 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART<br>SPECIAL PURPOSE COST CENTERS               |                                |                            |                            |  |   | 92.0                 |
| 13.00          | 11300 I NTEREST EXPENSE  |                                |                            |                            |  |   | 113. 0               |
|                | 11400 UTI LI ZATI ON REVI EW-SNF   |                                |                            |                            |  |   | 114.0                |
| 18.00          |  | 62, 664, 080                   | 15, 986, 983               | 1, 192, 030                | 6, 511, 253                              | 2, 608, 723   | 118. C               |
| 00 00          | NONREIMBURSABLE COST CENTERS   | 17, 361                        | 115, 198                   | 0                          | 47, 655                                  | 0   | 190. 0               |
|                | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                              | 115, 198                   | 0                          | 47,005<br>N                              |   | 190. C               |
|                | 19200 PHYSI CLANS' PRI VATE OFFI CES   | 17, 673                        | o                          | 0                          | 0  |   | 192.0                |
|                | 19300 NONPAI D WORKERS   | 0                              | 0                          | 0                          | 0  |   | 193. 0               |
|                | 07950 HOME OFFICE  | 0                              | 0                          | 0                          | 0  |   | 194.0                |
|                | 07956 PAVI LLI ONS<br>07958 OTHER NRCC   | 23, 952<br>496, 645            | 0<br>17, 965               | 0                          | 0<br>7, 432                              |   | ) 194. (<br>) 194. ( |
|                | 07958 OTHER NRCC<br>07960 COMMUNITY REHAB HOSPITAL   | 470,045                        | 17, 705                    | 0                          | 7, 432<br>0                              |   | 194. 0               |
| 00.00          |  |                                | Ŭ                          | 0                          | Ŭ  |   | 200. 0               |
| 01.00          | Negative Cost Centers  | 0                              | 0                          | 0                          | 0  | 0   | 201.0                |
|                |  |                                |                            |                            |  |   |                      |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, IN | NC.           | In Lie                     | u of Form CMS-2       | 2552-10 |
|--|----------------------|----------------|---------------|----------------------------|-----------------------|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                      | Provider C     |               | Period:<br>From 01/01/2021 | Worksheet B<br>Part I |         |
|  |                      |                |               | To 12/31/2021              |                       |         |
| 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                 |         |
| 202.00 TOTAL (sum lines 118 through 201) | 63, 219, 711         | 16, 120, 146   | 1, 192, 030   | 6, 566, 340                | 2, 608, 723           | 202.00  |

|  | Financial Systems COMMI<br>LLOCATION - GENERAL SERVICE COSTS  | UNI TY HOSPI TAL  | Provi der CC  | N: 15-0169 Pe   | riod:<br>om 01/01/2021  | <u>i of Form CMS-:</u><br>Worksheet B<br>Part I<br>Date/Time Pre   |  |
|--|---|---|---|---|---|--|--|
|  | Cost Center Description   | CAFETERI A  | NURSI NG<br>ADMI NI STRATI ON   | CENTRAL<br>SERVICES &   | PHARMACY  | MEDI CAL<br>RECORDS &  | 9 pm   |
|  |   | 11.00   | 12.00   | SUPPLY  | 15.00   | LI BRARY   |  |
|  | GENERAL SERVICE COST CENTERS  | 11.00   | 13.00   | 14.00   | 15.00   | 16.00  |  |
| 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00       | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUI P<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINISTRATIVE & GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA   | 3, 136, 481   | 0.000.451   |   |   |  | 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00   |
| 17.00  | 01300 NURSI NG ADMI NI STRATI ON<br>01400 CENTRAL SERVI CES & SUPPLY<br>01500 PHARMACY<br>01600 MEDI CAL RECORDS & LI BRARY<br>01700 SOCI AL SERVI CE<br>01900 NONPHYSI CI AN ANESTHETI STS<br>02100 I &R SERVI CES-SALARY & FRI NGES APPRV<br>02200 I &R SERVI CES-OTHER PRGM COSTS APPRV  | 80, 560<br>42, 965<br>158, 435<br>0<br>53, 707<br>0<br>0<br>0   | 8, 988, 451<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 8, 645, 680<br>0<br>77<br>0<br>0<br>0   | 10, 989, 989<br>0<br>0<br>0<br>0<br>0<br>0  | 2, 988, 171<br>0<br>0<br>0<br>0<br>0   | 13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>19.00<br>21.00<br>22.00   |
|  | I NPATI ENT ROUTI NE SERVI CE COST CENTERS  |   |   |   |   |  |  |
| 30. 00<br>31. 00<br>35. 00<br>40. 00<br>43. 00                               | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT<br>02060 NEONATAL INTENSIVE CARE UNIT<br>04000 SUBPROVIDER - IPF<br>04300 NURSERY<br>ANCILLARY SERVICE COST CENTERS  | 1, 111, 732<br>177, 233<br>265, 849<br>75, 190<br>59, 078   | 4, 499, 659<br>717, 337<br>1, 076, 006<br>304, 325<br>239, 112  | 538, 881<br>93, 635<br>156, 522<br>12, 834<br>29, 174   | 0<br>0<br>0<br>0<br>0   | 414, 965<br>57, 246<br>211, 635<br>17, 765<br>19, 689  | 31.00<br>35.00<br>40.00  |
| 73. 01<br>74. 00<br>76. 00<br>76. 01<br>76. 02<br>76. 03<br>76. 04<br>76. 06 | ANCI LLARY SERVI CE COST CENTERS<br>05000 OPERATI NG ROOM<br>05100 RECOVERY ROOM<br>05200 DELI VERY ROOM & LABOR ROOM<br>05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C<br>05700 CT SCAN<br>05800 MRI<br>05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY<br>06400 I NTRAVENOUS THERAPY<br>06500 RESPI RATORY THERAPY<br>06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY<br>06600 PHYSI CAL THERAPY<br>06600 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT<br>07200 IMPL. DEV. CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS<br>03330 ENDOSCOPY<br>03950 OTHER ANCI LLARY SERVI CE COST CENTERS<br>03951 OTHER ANCI LLARY SERVI CE COST CENTERS<br>03953 WOUND CARE<br>03955 BREAST DI AGNOSTI C CENTER<br>03955 BREAST DI AGNOSTI C CENTER | $\begin{array}{c} 171, 862\\ 91, 302\\ 136, 953\\ 102, 043\\ 18, 797\\ 37, 595\\ 21, 483\\ 0\\ 0\\ 0\\ 13, 427\\ 99, 358\\ 37, 595\\ 42, 965\\ 8, 056\\ 2, 685\\ 34, 909\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$ | 695, 600<br>0<br>554, 306<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | $\begin{array}{c} 1,274,602\\ 48,968\\ 66,806\\ 34,372\\ 58,386\\ 34,511\\ 7,190\\ 633\\ 364,759\\ 3,945\\ 100,938\\ 26,741\\ 6,229\\ 1,269\\ 196\\ 26,951\\ 3,078,843\\ 2,350,609\\ 0\\ 0\\ 3,898\\ 73,898\\ 0\\ 0\\ 0\\ 0\\ 25,062\\ 28,036\\ 1,917\end{array}$ | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | $\begin{array}{c} 426, 776\\ 72, 504\\ 45, 085\\ 73, 653\\ 75, 618\\ 141, 865\\ 51, 157\\ 7, 990\\ 239, 043\\ 2, 319\\ 64, 659\\ 44, 185\\ 13, 184\\ 4, 068\\ 16, 918\\ 26, 048\\ 115, 353\\ 77, 901\\ 213, 391\\ 0\\ 10, 703\\ 53, 054\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 8, 303\\ 102, 568\\ 52, 617\\ \end{array}$ | $\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 01\\ 74.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 06\\ \end{array}$ |
| 90. 26<br>91. 00   | 09000 CLINIC<br>04950 INFUSION CENTER<br>04975 SPINE CENTER<br>09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART   | 0<br>5, 371<br>0<br>222, 883  | 0<br>0<br>902, 106  | 0<br>242<br>715<br>188, 875   | 0<br>0<br>0<br>0  | 0<br>5, 828<br>858<br>321, 223   | 90. 01<br>90. 26   |
|  | SPECIAL PURPOSE COST CENTERS<br>11300 INTEREST EXPENSE<br>11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS  | 3, 136, 481   | 8, 988, 451   | 8, 639, 714   | 10, 989, 989  | 2, 988, 171  | 113. 00<br>114. 00<br>118. 00  |
| 191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08                     | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS<br>07950 HOME OFFICE<br>07956 PAVILLIONS<br>07958 OTHER NRCC<br>07960 COMMUNITY REHAB HOSPITAL  | 0<br>0<br>0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0   | 0<br>0<br>1, 375<br>0<br>0<br>1, 870<br>2, 721<br>0   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 0<br>0<br>0<br>0<br>0<br>0   | 190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08<br>194.10<br>200.00   |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, IN    | IC.         | In Lie                         | u of Form CMS-                           | 2552-10 |
|--|----------------------|-------------------|-------------|--------------------------------|--|---------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                      | Provider C        |             | Period:                        | Worksheet B                              |         |
|  |                      |                   |             | rom 01/01/2021<br>o 12/31/2021 | Part I<br>Date/Time Pre<br>5/30/2022 2:3 |         |
| 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                                    |         |
| 201.00 Negative Cost Centers             | 0                    | 0                 | C           | ) 0                            | 0  | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201) | 3, 136, 481          | 8, 988, 451       | 8, 645, 680 | 10, 989, 989                   | 2, 988, 171                              | 202.00  |

| OST A        | Financial Systems COMM<br>LLLOCATION - GENERAL SERVICE COSTS              | NUNI TY HOSPI TAL       |                                 | CN: 15-0169                | Period:<br>From 01/01/2021       | u of Form CMS-:<br>Worksheet B<br>Part I |                  |
|--------------|---|-------------------------|---------------------------------|----------------------------|----------------------------------|--|------------------|
|              |   |                         |                                 |                            | To 12/31/2021                    | Date/Time Pre<br>5/30/2022 2:3           | pared:           |
|              |   |                         |                                 | I NTERNS                   | & RESI DENTS                     | 573072022 2.3                            |                  |
|              | Cost Center Description   | SOCI AL SERVI CE        | NONPHYSI CI AN<br>ANESTHETI STS | SERVICES-SALA<br>Y&FRINGES | AR SERVI CES-OTHER<br>PRGM COSTS | Subtotal                                 |                  |
|              |   |                         |                                 | APPRV                      | APPRV                            |  |                  |
|              | GENERAL SERVICE COST CENTERS  | 17.00                   | 19.00                           | 21.00                      | 22.00                            | 24.00                                    |                  |
| . 00         | 00100 CAP REL COSTS-BLDG & FIXT   |                         |                                 |                            |                                  |  | 1.00             |
| . 00         | 00200 CAP REL COSTS-MVBLE EQUIP   |                         |                                 |                            |                                  |  | 2.00             |
| . 00<br>. 00 | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINISTRATIVE & GENERAL      |                         |                                 |                            |                                  |  | 4.00             |
| . 00         | 00700 OPERATION OF PLANT  |                         |                                 |                            |                                  |  | 7.00             |
| . 00         | 00800 LAUNDRY & LINEN SERVICE   |                         |                                 |                            |                                  |  | 8.0              |
| . 00         | 00900 HOUSEKEEPI NG   |                         |                                 |                            |                                  |  | 9.0              |
| 0.00         | 01000 DI ETARY<br>01100 CAFETERI A  |                         |                                 |                            |                                  |  | 10.0             |
|              | 01300 NURSI NG ADMI NI STRATI ON  |                         |                                 |                            |                                  |  | 13.0             |
| 4.00         | 01400 CENTRAL SERVICES & SUPPLY   |                         |                                 |                            |                                  |  | 14.0             |
|              | 01500 PHARMACY  |                         |                                 |                            |                                  |  | 15.0             |
|              | 01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE                   | 3, 088, 984             |                                 |                            |                                  |  | 16.0<br>17.0     |
|              | 01900 NONPHYSI CLAN ANESTHETI STS   | 0                       | 0                               |                            |                                  |  | 19.0             |
|              | 02100 I &R SERVICES-SALARY & FRINGES APPRV                                | 0                       |                                 | 898, 59                    | 92                               |  | 21.0             |
| 2.00         | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV                                | 0                       |                                 |                            | 1, 215, 996                      |  | 22.0             |
| 0. 00        | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS | 2 024 054               |                                 | 404 1                      | 79 E 40 4E0                      | 104, 087, 807                            | 1 20 0           |
|              | 03100 I NTENSI VE CARE UNI T  | 2, 024, 954<br>224, 132 |                                 |                            | 78 549,650<br>0 0                | 13, 960, 698                             | 30.0             |
|              | 02060 NEONATAL INTENSIVE CARE UNIT  | 450, 205                |                                 |                            | 0 0                              | 20, 513, 861                             |                  |
|              | 04000 SUBPROVIDER - IPF   | 135, 385                | 0                               |                            |                                  | 5, 725, 129                              |                  |
| 3.00         | 04300 NURSERY   | 254, 308                | (                               |                            | 0 0                              | 5, 269, 410                              | 43.0             |
| 0. 00        | ANCILLARY SERVICE COST CENTERS  | 0                       | (                               | 8, 05                      | 57 10, 903                       | 27, 256, 829                             | 50. C            |
|              | 05100 RECOVERY ROOM   | 0                       |                                 |                            | 0 0                              | 6, 535, 569                              |                  |
|              | 05200 DELIVERY ROOM & LABOR ROOM  | 0                       | 0                               |                            | 0 0                              | 11, 492, 414                             | 52.0             |
|              | 05400 RADI OLOGY-DI AGNOSTI C   | 0                       | 0                               |                            | 0 0                              | 7, 520, 984                              |                  |
|              | 05500 RADI OLOGY-THERAPEUTI C<br>05700 CT SCAN                            | 0                       |                                 |                            | 0 0                              | 4, 100, 901<br>3, 489, 808               | 55.0<br>57.0     |
| 8.00         | 05800 MRI   | 0                       |                                 |                            | 0 0                              | 3, 318, 550                              |                  |
| 9.00         | 05900 CARDI AC CATHETERI ZATI ON  | 0                       | 0                               |                            | 0 0                              | 230, 607                                 | 59. C            |
| 0.00         | 06000 LABORATORY  | 0                       | (                               |                            | 0 0                              | 16, 051, 822                             |                  |
| 4.00<br>5.00 | 06400 I NTRAVENOUS THERAPY<br>06500 RESPI RATORY THERAPY                  | 0                       |                                 |                            | 0 0                              | 1, 572, 462<br>7, 793, 416               | 1                |
| 6.00         | 06600 PHYSI CAL THERAPY   | 0                       |                                 | 30, 52                     | 0                                | 9, 746, 960                              | 1                |
| 7.00         | 06700 OCCUPATI ONAL THERAPY   | 0                       | 0                               |                            | 0 0                              | 2, 704, 619                              |                  |
| 8.00         | 06800 SPEECH PATHOLOGY  | 0                       | (                               | þ                          | 0 0                              | 551, 709                                 |                  |
| 9.00<br>0.00 |   | 0                       |                                 |                            | 0 0                              | 650, 795<br>3, 189, 205                  |                  |
|              | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENT | 0                       |                                 |                            | 0 0                              | 23, 676, 648                             |                  |
|              | 07200 IMPL. DEV. CHARGED TO PATIENTS                                      | 0                       | 0                               | þ                          | 0 0                              | 18, 066, 200                             |                  |
|              | 07300 DRUGS CHARGED TO PATIENTS   | 0                       | (                               |                            | 0 0                              | 31, 077, 514                             | 1                |
|              | 07301 SPECIALTY PHARMACY<br>07400 RENAL DIALYSIS                          | 0                       |                                 |                            | 0 0                              | 1 524 144                                |                  |
|              | 03330 ENDOSCOPY   | 0                       |                                 |                            | 0 0                              | 1, 536, 166<br>4, 425, 444               |                  |
|              | 03950 OTHER ANCI LLARY SERVICE COST CENTERS                               | 0                       | 0                               |                            | 0 0                              | 0  |                  |
|              | 03951 OTHER ANCILLARY SERVICE COST CENTERS                                | 0                       | C                               | D                          | 0 0                              | 0  | 76.0             |
|              | 03952 OTHER ANCILLARY SERVICE COST CENTERS                                | 0                       | 0                               |                            | 0 0                              | 0  | 76.0             |
|              | 03953 WOUND CARE<br>03954 I MAGI NG CENTER                                | 0                       |                                 |                            |                                  | 1, 631, 149<br>5, 399, 013               |                  |
|              | 03955 BREAST DI AGNOSTI C CENTER  | 0                       |                                 |                            | 0 0                              | 14, 485, 574                             |                  |
|              | OUTPATIENT SERVICE COST CENTERS   | T                       | Γ                               | -1                         | -1                               |  |                  |
| 0.00         | 09000 CLINIC<br>04950 INFUSION CENTER                                     | 0                       | (                               | 2                          | 0 0                              | 0  |                  |
|              | 04950 INFUSION CENTER   | 0                       |                                 |                            | 0 0                              | 292, 416<br>324, 838                     |                  |
|              | 09100 EMERGENCY   | 0                       |                                 | 38, 87                     | 5 52,607                         | 17, 528, 498                             |                  |
|              | 09200 OBSERVATION BEDS (NON-DISTINCT PART                                 |                         |                                 |                            |                                  |  | 92.0             |
|              | SPECIAL PURPOSE COST CENTERS  | 1                       |                                 | 1                          |                                  |  |                  |
|              | 11300 INTEREST EXPENSE<br>11400 UTI LI ZATI ON REVIEW-SNF                 |                         |                                 |                            |                                  |  | 113. 0<br>114. 0 |
| 8. OC        |   | 3, 088, 984             | 0                               | 898, 59                    | 1, 215, 996                      | 374, 207, 015                            |                  |
|              | NONREI MBURSABLE COST CENTERS   |                         |                                 |                            |                                  |  |                  |
|              | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                                 | 0                       | (                               | )                          | 0 0                              | 266, 582                                 |                  |
|              | 19100 RESEARCH  | 0                       | 0                               |                            | 0 0                              |  | 191.0            |
|              | 19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS                | 0                       |                                 |                            |                                  | 106, 964                                 | 192. (<br>193. ( |
|              | 07950 HOME OFFICE   | 0                       |                                 |                            | 0 0                              |  | 193.0            |
|              | 07956 PAVI LLI ONS  | 0                       | 0                               | þ                          | 0 0                              | 144, 975                                 | 194.0            |
|              | 07958 OTHER NRCC  |                         | (                               |                            | 0 0                              | 2, 995, 436                              | 1101 0           |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, II | NC.         | In Lie                     | u of Form CMS-: | 2552-10     |
|--|----------------------|----------------|-------------|----------------------------|-----------------|-------------|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                      | Provider C     |             | Period:<br>From 01/01/2021 | Worksheet B     |             |
|  |                      |                |             | To 12/31/2021              |                 |             |
|  |                      |                |             |                            | 5/30/2022 2:3   | <u>9 pm</u> |
|  |                      |                | INTERNS &   | RESI DENTS                 |                 |             |
|  |                      |                |             |                            |                 |             |
| Cost Center Description                  | SOCIAL SERVICE       |                |             | SERVI CES-OTHER            | Subtotal        |             |
|  |                      | ANESTHETI STS  | Y & FRINGES | PRGM COSTS                 |                 |             |
|  |                      |                | APPRV       | APPRV                      |                 |             |
|  | 17.00                | 19.00          | 21.00       | 22.00                      | 24.00           |             |
| 194.1007960 COMMUNITY REHAB HOSPITAL     | 0                    | C              | ) (         | 0 0                        | 0               | 194.10      |
| 200.00 Cross Foot Adjustments            |                      | C              | ) (         | 0 0                        | 0               | 200.00      |
| 201.00 Negative Cost Centers             | 0                    | C              | ) (         | 0 0                        | 0               | 201.00      |
| 202.00 TOTAL (sum lines 118 through 201) | 3, 088, 984          | C              | 898, 592    | 1, 215, 996                | 377, 720, 972   | 202.00      |

| Ith Financial Systems<br>T ALLOCATION - GENERAL SERVICE COSTS                            | COMMUNI TY HOSPI TAL | Provider CCN: 15-           | -0169 Period: Wor | Form CMS-2552<br>ksheet B |
|--|----------------------|-----------------------------|-------------------|---------------------------|
|  |                      |                             |                   | e/Time Prepare            |
| Cost Center Description  | Intern &             | Total                       | 5/3               | 0/2022 2:39 pm            |
|  | Residents Cost       |                             |                   |                           |
|  | & Post               |                             |                   |                           |
|  | Stepdown             |                             |                   |                           |
|  | Adjustments<br>25.00 | 26.00                       |                   |                           |
| GENERAL SERVICE COST CENTERS   | 25.00                | 20.00                       |                   |                           |
| 00 00100 CAP REL COSTS-BLDG & FIXT   |                      |                             |                   | 1.                        |
| 00 00200 CAP REL COSTS-MVBLE EQUIP   |                      |                             |                   | 2.                        |
| 0 00400 EMPLOYEE BENEFITS DEPARTMENT   |                      |                             |                   | 4.                        |
| 0 00500 ADMINISTRATIVE & GENERAL   |                      |                             |                   | 5.                        |
| 00 00700 OPERATION OF PLANT  |                      |                             |                   | 7.                        |
| 0 00800 LAUNDRY & LINEN SERVICE<br>0 00900 HOUSEKEEPING                                  |                      |                             |                   | 8.                        |
| 00 00900 HOUSEKEEPI NG<br>00 01000 DI ETARY  |                      |                             |                   | 10.                       |
| 00 01100 CAFETERIA   |                      |                             |                   | 11.                       |
| 00 01300 NURSI NG ADMI NI STRATI ON  |                      |                             |                   | 13.                       |
| 00 01400 CENTRAL SERVICES & SUPPLY   |                      |                             |                   | 14.                       |
| 00 01500 PHARMACY  |                      |                             |                   | 15.                       |
| 00 01600 MEDICAL RECORDS & LIBRARY   |                      |                             |                   | 16.                       |
| 00 01700 SOCIAL SERVICE  |                      |                             |                   | 17.                       |
| 00 01900 NONPHYSI CLAN ANESTHETI STS   |                      |                             |                   | 19.                       |
| 00 02100 I &R SERVICES-SALARY & FRINGES AP<br>00 02200 I &R SERVICES-OTHER PRGM COSTS AP |                      |                             |                   | 21.                       |
| INPATIENT ROUTINE SERVICES OTHER PROMICOSTS AP   |                      |                             |                   | 22.                       |
| 00 03000 ADULTS & PEDI ATRI CS   | -955, 828            | 103, 131, 979               |                   | 30.                       |
| 00 03100 INTENSIVE CARE UNIT   | 0                    | 13, 960, 698                |                   | 31.                       |
| 00 02060 NEONATAL INTENSIVE CARE UNIT  | 0                    | 20, 513, 861                |                   | 35.                       |
| 00 04000 SUBPROVIDER - IPF   | -976, 486            | 4, 748, 643                 |                   | 40.                       |
| 00 04300 NURSERY   | 0                    | 5, 269, 410                 |                   | 43.                       |
| ANCI LLARY SERVI CE COST CENTERS   | 10.0/0               | 27 227 0(0                  |                   |                           |
| 00 05000 OPERATING ROOM<br>00 05100 RECOVERY ROOM  | -18, 960<br>0        | 27, 237, 869<br>6, 535, 569 |                   | 50<br>51                  |
| 00 05200 DELIVERY ROOM & LABOR ROOM  | 0                    | 11, 492, 414                |                   | 52                        |
| 00 05400 RADI OLOGY-DI AGNOSTI C   | Ö                    | 7, 520, 984                 |                   | 54.                       |
| 00 05500 RADI OLOGY-THERAPEUTI C   | 0                    | 4, 100, 901                 |                   | 55.                       |
| 00 05700 CT SCAN   | 0                    | 3, 489, 808                 |                   | 57.                       |
| 00 05800 MRI   | 0                    | 3, 318, 550                 |                   | 58.                       |
| 00 05900 CARDI AC CATHETERI ZATI ON  | 0                    | 230, 607                    |                   | 59.                       |
|  | 0                    | 16,051,822                  |                   | 60.                       |
| 00 06400 I NTRAVENOUS THERAPY<br>00 06500 RESPI RATORY THERAPY                           | 0                    | 1, 572, 462<br>7, 793, 416  |                   | 64.                       |
| 00 06600 PHYSI CAL THERAPY   | -71,832              | 9, 675, 128                 |                   | 66.                       |
| 00 06700 OCCUPATIONAL THERAPY  | , 1, 032             | 2, 704, 619                 |                   | 67.                       |
| 00 06800 SPEECH PATHOLOGY  | 0                    | 551, 709                    |                   | 68                        |
| 00 06900 ELECTROCARDI OLOGY  | 0                    | 650, 795                    |                   | 69                        |
| 00 07000 ELECTROENCEPHALOGRAPHY  | 0                    | 3, 189, 205                 |                   | 70                        |
| 00 07100 MEDICAL SUPPLIES CHARGED TO PATI  |                      | 23, 676, 648                |                   | 71                        |
| 00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0                    | 18,066,200                  |                   | 72                        |
| 00 07300 DRUGS CHARGED TO PATIENTS   | 0                    | 31, 077, 514                |                   | 73                        |
| 01 07301 SPECI ALTY PHARMACY<br>00 07400 RENAL DI ALYSI S                                | 0                    | 0                           |                   | 73                        |
| 00 03330 ENDOSCOPY   | 0                    | 1, 536, 166<br>4, 425, 444  |                   | 74                        |
| 01 03950 OTHER ANCILLARY SERVICE COST CEN  | TERS 0               | 0                           |                   | 76                        |
| 02 03951 OTHER ANCILLARY SERVICE COST CEN  |                      | ŏ                           |                   | 76                        |
| 03 03952 OTHER ANCILLARY SERVICE COST CEN  |                      | 0                           |                   | 76                        |
| 04 03953 WOUND CARE  | 0                    | 1, 631, 149                 |                   | 76                        |
| 06 03954 I MAGI NG CENTER  | 0                    | 5, 399, 013                 |                   | 76                        |
| 07 03955 BREAST DI AGNOSTI C CENTER  | 0                    | 14, 485, 574                |                   | 76                        |
|  |                      |                             |                   |                           |
| 00 09000 CLINIC<br>01 04950 INFUSION CENTER  | 0                    | 0<br>292, 416               |                   | 90.<br>90.                |
| 26 04975 SPINE CENTER  | 0                    | 324, 838                    |                   | 90                        |
| 00 09100 EMERGENCY   | -91, 482             | 17, 437, 016                |                   | 91.                       |
| 00 09200 OBSERVATION BEDS (NON-DISTINCT P  |                      | ,,                          |                   | 92.                       |
| SPECIAL PURPOSE COST CENTERS   |                      |                             |                   |                           |
| . 00 11300 I NTEREST EXPENSE   |                      |                             |                   | 113                       |
| . 00 11400 UTI LI ZATI ON REVIEW-SNF   |                      |                             |                   | 114.                      |
| . 00 SUBTOTALS (SUM OF LINES 1 throug  | h 117) -2, 114, 588  | 372, 092, 427               |                   | 118.                      |
| NONREI MBURSABLE COST CENTERS  |                      | 244 500                     |                   |                           |
| . 00 19000 GIFT, FLOWER, COFFEE SHOP & CANT  |                      | 266, 582                    |                   | 190.                      |
| . 00 19100 RESEARCH  | 0                    |                             |                   | 191.                      |
| . 00 19200 PHYSI CLANS' PRI VATE OFFI CES<br>. 00 19300 NONPALD WORKERS                  | 0                    | 106, 964                    |                   | 192.<br>193.              |
| . 00 07950 HOME OFFICE   | 0                    |                             |                   | 193.                      |
|  | 0                    | 144, 975                    |                   | 194.                      |
| . 06 07956 PAVI LLI ONS  | () ()                | 144 975                     |                   |                           |

| Health Financial Systems                 | COMMUNITY HOSPITAL O | FINDIANA, IN  | IC.         | In Lie                           | u of Form CMS-2552-10                    |
|--|----------------------|---------------|-------------|----------------------------------|--|
| COST ALLOCATION - GENERAL SERVICE COSTS  |                      | Provider CC   | CN: 15-0169 | Peri od:                         | Worksheet B                              |
|  |                      |               |             | From 01/01/2021<br>To 12/31/2021 | Part I<br>Data /Tima Dranaradi           |
|  |                      |               |             | 10 12/31/2021                    | Date/Time Prepared:<br>5/30/2022 2:39 pm |
| Cost Center Description                  | Intern &             | Total         |             |                                  |  |
|  | Residents Cost       |               |             |                                  |  |
|  | & Post               |               |             |                                  |  |
|  | Stepdown             |               |             |                                  |  |
|  | Adjustments          |               |             |                                  |  |
|  | 25.00                | 26.00         |             |                                  |  |
| 194.1007960 COMMUNITY REHAB HOSPITAL     | 0                    | 0             |             |                                  | 194. 10                                  |
| 200.00 Cross Foot Adjustments            | 0                    | 0             |             |                                  | 200.00                                   |
| 201.00 Negative Cost Centers             | 0                    | 0             |             |                                  | 201.00                                   |
| 202.00 TOTAL (sum lines 118 through 201) | -2, 114, 588         | 375, 606, 384 |             |                                  | 202.00                                   |

|   | Financial Systems COMM<br>TION OF CAPITAL RELATED COSTS   | IUNI TY HOSPI TAL                                    | OF INDIANA, IN<br>Provider CO   | CN: 15-0169 P  | eriod:<br>rom 01/01/2021  | u of Form CMS-:<br>Worksheet B<br>Part II<br>Date/Time Pre<br>5/30/2022 2:3   | pared:  |
|---|---|--|---|--|---|---|---|
|   |   |  | CAPI TAL REL  | ATED COSTS   |   |   |   |
|   | Cost Center Description   | Directly<br>Assigned New<br>Capital<br>Related Costs | BLDG & FIXT   | MVBLE EQUIP  | Subtotal  | EMPLOYEE<br>BENEFITS<br>DEPARTMENT  |   |
|   |   | 0  | 1.00  | 2.00   | 2A  | 4.00  |   |
|   | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT   | <u>г</u>   |   |  | I   |   | 1   |
| 2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00 | 00200 CAP REL COSTS-MUBLE EQUI P<br>00400 EMPLOYEE BENEFI TS DEPARTMENT<br>00500 ADMI NI STRATI VE & GENERAL<br>00700 OPERATI ON OF PLANT<br>00800 LAUNDRY & LI NEN SERVI CE<br>00900 HOUSEKEEPI NG<br>01000 DI ETARY<br>01100 CAFETERI A<br>01300 NURSI NG ADMI NI STRATI ON<br>01400 CENTRAL SERVI CES & SUPPLY |  | 6, 292<br>415, 670<br>1, 823, 422<br>53, 065<br>132, 158<br>146, 733<br>319, 249<br>21, 924<br>334, 856 | 4, 071, 937<br>46, 852<br>67<br>23, 984<br>21, 745<br>62, 363<br>25, 027 | 4, 487, 607<br>1, 870, 274<br>53, 132<br>156, 142<br>168, 478<br>381, 612 | 101, 244<br>5, 978<br>1, 446<br>0<br>2, 499<br>733<br>1, 617<br>2, 078<br>754 | 5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00 |
| 15. 00<br>16. 00  | 01500 PHARMACY<br>01600 MEDI CAL RECORDS & LI BRARY<br>01700 SOCI AL SERVI CE   | 0  | 165, 855<br>5, 923<br>39, 227   | 872, 926   | 1, 038, 781<br>5, 970   | 4, 812<br>4, 857  | 15.00<br>16.00  |
| 19. 00<br>21. 00  | 01900 NONPHYSICIAN ANESTHETISTS<br>02100 I&R SERVICES-SALARY & FRINGES APPRV<br>02200 I&R SERVICES-OTHER PRGM COSTS APPRV   | 0<br>0<br>0  | 000000000000000000000000000000000000000   | 0<br>0   | 0<br>0  | 000000  | 19.00<br>21.00  |
| 30.00   | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS   | 0  | 4, 662, 695   | 823, 150   | 5, 485, 845   | 28, 383   | 30.00   |
| 31.00<br>35.00<br>40.00   | 03100 INTENSIVE CARE UNIT<br>02060 NEONATAL INTENSIVE CARE UNIT<br>04000 SUBPROVIDER - IPF<br>04300 NURSERY   |  | 899, 766<br>856, 926<br>157, 597<br>348, 546  | 176, 983<br>160, 391<br>7, 978   | 1, 076, 749<br>1, 017, 317<br>165, 575                                    | 4, 531<br>7, 400<br>1, 957<br>1, 542  | 31.00<br>35.00<br>40.00                                 |
| 10.00   | ANCI LLARY SERVI CE COST CENTERS  |  | 010,010   | 11,001   | 072,700   | 1,012   | 10.00   |
| 51.00   | 05000 OPERATING ROOM<br>05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM   | 000000000000000000000000000000000000000              | 671, 236<br>360, 319<br>798, 110  | 6, 549   | 366, 868  | 4, 202<br>2, 513<br>3, 531  | 51.00   |
| 54.00<br>55.00<br>57.00<br>58.00  | 05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C<br>05700 CT SCAN<br>05800 MRI  | 0<br>0<br>0<br>0                                     | 229, 316<br>256, 500<br>33, 525<br>123, 187   | 327, 162<br>404, 534<br>230, 799<br>497, 764                             | 556, 478<br>661, 034<br>264, 324<br>620, 951                              | 2, 858<br>580<br>1, 095<br>577  | 54.00<br>55.00<br>57.00<br>58.00                        |
| 60. 00<br>64. 00  | 05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY<br>06400 I NTRAVENOUS THERAPY<br>06500 RESPI RATORY THERAPY  | 0<br>0<br>0  | 0<br>131, 298<br>184, 854<br>142, 014   | 2, 849   | 131, 298  | 0<br>0<br>461<br>2, 998   | 60. 00<br>64. 00  |
| 66. 00<br>67. 00<br>68. 00  | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY<br>06800 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY  |  | 22, 858<br>0<br>0   | 1, 095, 065<br>57, 382<br>11, 691  | 1, 117, 923<br>57, 382<br>11, 691   | 2, 996<br>4, 338<br>1, 215<br>248<br>33                                       | 66.00<br>67.00<br>68.00                                 |
| 71. 00<br>72. 00  | 07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS  | 0<br>0<br>0  | 78, 061<br>0<br>0<br>0  | 228, 513<br>0<br>0<br>0  | 306, 574<br>0<br>0<br>0   | 955<br>0<br>0<br>0  | 71.00<br>72.00  |
| 74.00<br>76.00<br>76.01   | 07301 SPECIALTY PHARMACY<br>07400 RENAL DIALYSIS<br>03330 ENDOSCOPY<br>03950 OTHER ANCILLARY SERVICE COST CENTERS   | 0<br>0<br>0  | 0<br>2, 556<br>183, 183<br>0  |  | 0<br>2, 556<br>568, 269<br>0  | 0<br>0<br>1, 223<br>0   | 76. 00<br>76. 01  |
| 76. 03<br>76. 04<br>76. 06  | 03951 OTHER ANCI LLARY SERVICE COST CENTERS<br>03952 OTHER ANCI LLARY SERVICE COST CENTERS<br>03953 WOUND CARE<br>03954 I MAGI NG CENTER  |  | 0<br>0<br>0<br>0  | 0<br>0<br>152, 213<br>948, 323   | 948, 323  | 0<br>0<br>370<br>1, 611   | 76. 03<br>76. 04<br>76. 06                              |
| 76.07   | 03955 BREAST DIAGNOSTIC CENTER<br>OUTPATIENT SERVICE COST CENTERS   | 0  | 0   | 398, 207   | 398, 207  | 0   | 76.07   |
| 90.01   | 09000 CLINIC<br>04950 INFUSION CENTER<br>04975 SPINE CENTER   | 000000000000000000000000000000000000000              | 0<br>0<br>0   | 0<br>82, 461<br>0  | 0<br>82, 461<br>0   | 0<br>99<br>175  | 90.01   |
| 91.00<br>92.00  | 09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART<br>SPECIAL PURPOSE COST CENTERS  | 0  | 624, 513  | 171, 621   | 796, 134<br>0   | 5, 407  | 91.00<br>92.00  |
|   | 11300 INTEREST EXPENSE<br>11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS  | 0  | 14, 231, 434  | 17, 479, 823   | 31, 711, 257  | 99, 776   | 113.00<br>114.00<br>118.00                              |
| 191. 00<br>192. 00  | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSICIANS' PRIVATE OFFICES  | 000000000000000000000000000000000000000              | 86, 368<br>0<br>0   | 000000000000000000000000000000000000000                                  | 86, 368<br>0<br>0   | 0<br>0  | 190.00<br>191.00<br>192.00                              |
| 194.00  | 19300 NONPALD WORKERS<br>07950 HOME OFFLCE<br>07956 PAVILLIONS  | 0<br>0<br>0  | 0<br>0<br>0   | 0<br>0<br>91, 309  | 0<br>0<br>91, 309   | 0   | 193.00<br>194.00<br>194.06                              |

| Health Financial Systems C               | OMMUNI TY HOSPI TAL                                       | OF INDIANA, IN | IC.         | In Lie                                      | u of Form CMS-   | 2552-10 |
|--|---|----------------|-------------|---|--|---------|
| ALLOCATION OF CAPITAL RELATED COSTS      |   | Provider CO    |             | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet B<br>Part II<br>Date/Time Pre<br>5/30/2022 2:3 | pared:  |
|  |   | CAPI TAL REL   | ATED COSTS  |   | 57 507 2022 2.5  |         |
| Cost Center Description                  | Di rectl y<br>Assi gned New<br>Capi tal<br>Rel ated Costs | BLDG & FIXT    | MVBLE EQUIP | Subtotal                                    | EMPLOYEE<br>BENEFITS<br>DEPARTMENT                       |         |
|  | 0   | 1.00           | 2.00        | 2A  | 4.00   |         |
| 194.08 07958 OTHER NRCC                  | 0   | 13, 469        | 84, 97      | 1 98, 440                                   | 1, 468   | 194.08  |
| 194. 10 07960 COMMUNI TY REHAB HOSPI TAL | 0   | 0              |             | 0 0   | 0  | 194.10  |
| 200.00 Cross Foot Adjustments            |   |                |             | 0   |  | 200.00  |
| 201.00 Negative Cost Centers             |   | 0              |             | 0 0   | 0  | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201) | 0   | 14, 331, 271   | 17, 656, 10 | 3 31, 987, 374                              | 101, 244   | 202.00  |

|  | Financial Systems COMM<br>TION OF CAPITAL RELATED COSTS   | IUNI TY HOSPI TAL                             | OF INDIANA, IN<br>Provider CO         | CN: 15-0169 P   | eriod:<br>rom 01/01/2021             | u of Form CMS-2<br>Worksheet B<br>Part II<br>Date/Time Prep<br>5/30/2022 2:39            | pared:   |
|--|---|---|---------------------------------------|---|--------------------------------------|--|--|
|  | Cost Center Description   | ADMI NI STRATI VE<br>& GENERAL                | OPERATION OF<br>PLANT                 | LAUNDRY &<br>LINEN SERVICE  | HOUSEKEEPI NG                        | DI ETARY   | 2 1011   |
|  |   | 5.00  | 7.00                                  | 8.00  | 9.00                                 | 10.00  |  |
| 1 00   | GENERAL SERVICE COST CENTERS<br>00100 CAP REL COSTS-BLDG & FIXT   |   |                                       |   |                                      |  | 1 00   |
| 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00                                   | 00200 CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINISTRATIVE & GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING  | 4, 493, 585<br>191, 775<br>13, 339<br>76, 020 | 2, 063, 495<br>9, 060<br>22, 564      | 0   | 257, 225                             |  | 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00                                   |
| 10. 00<br>11. 00   | 01000 DI ETARY<br>01100 CAFETERI A  | 27, 743<br>30, 152                            | 25, 053<br>54, 507                    | 0   | 3, 172<br>6, 900                     | 225, 179<br>0  | 10. 00<br>11. 00   |
|  | 01300 NURSI NG ADMI NI STRATI ON  | 105, 482                                      | 3, 743                                | 0   | 474                                  | 0  | 13.00  |
|  | 01400 CENTRAL SERVICES & SUPPLY   | 94, 832                                       | 57, 172                               | 0   | 7, 238                               | 0  | 14.00  |
| 15.00  | 01500 PHARMACY  | 125, 138                                      | 28, 317                               | 0   | 3, 585                               | 0  | 15.00  |
|  | 01600 MEDI CAL RECORDS & LI BRARY   | 35, 416                                       | 1, 011                                | 0   | 128                                  | 0  | 16.00  |
|  | 01700 SOCIAL SERVICE  | 35, 229                                       | 6, 697                                | 0   | 848<br>0                             | 0  | 17.00  |
|  | 01900 NONPHYSI CI AN ANESTHETI STS<br>02100 I &R SERVI CES-SALARY & FRI NGES APPRV  | 10, 690                                       | 0                                     | 0<br>  0  | 0                                    | 0  | 19.00<br>21.00   |
|  | 02200 I &R SERVICES-OTHER PRGM COSTS APPRV  | 14, 466                                       | 0                                     | 0   | 0                                    | 0  | 22.00  |
|  | INPATIENT ROUTINE SERVICE COST CENTERS  |   |                                       |   |                                      |  |  |
| 30.00  | 03000 ADULTS & PEDIATRICS   | 986, 484                                      | 796, 092                              | 39, 155   | 100, 779                             | 190, 753   | 30.00  |
|  | 03100 I NTENSI VE CARE UNI T  | 127, 183                                      | 153, 622                              | 3, 497  | 19, 448                              | 21, 462  | 31.00  |
| 35.00<br>40.00   | 02060 NEONATAL INTENSIVE CARE UNIT<br>04000 SUBPROVIDER - IPF   | 198, 389<br>44, 613                           | 146, 308<br>26, 907                   | 3, 913  | 18, 522<br>3, 406                    | 0<br>12, 964   | 35.00<br>40.00   |
|  | 04300 NURSERY   | 47, 340                                       | 59, 509                               |   | 7, 534                               | 12, 904  | 43.00  |
|  | ANCI LLARY SERVICE COST CENTERS   |   |                                       | .,  | .,                                   |  |  |
| 50.00  | 05000 OPERATING ROOM  | 277, 690                                      |                                       | 3, 892  | 14, 508                              | 0  | 50.00  |
|  | 05100 RECOVERY ROOM   | 67, 137                                       | 61, 519                               |   | 7, 788                               | 0  | 51.00  |
| 52.00<br>54.00   | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC  | 108, 403<br>80, 796                           | 136, 266<br>39, 153                   | 4, 579<br>5, 515  | 17, 251<br>4, 957                    | 0  | 52.00<br>54.00   |
| 54.00<br>55.00   | 05500 RADI OLOGY - THERAPEUTI C   | 41, 027                                       | 43, 794                               | 1, 002  | 4, <del>9</del> 57<br>5, 544         | 0  | 55.00  |
| 57.00  | 05700 CT SCAN   | 38, 219                                       | 5, 724                                | 0   | 725                                  | 0  | 57.00  |
|  | 05800 MRI   | 35, 766                                       | 21, 032                               | 0   | 2, 663                               | 0  | 58.00  |
|  | 05900 CARDI AC CATHETERI ZATI ON  | 2,641   | 0                                     | 0   | 0                                    | 0  | 59.00  |
| 60.00<br>64.00   | 06000 LABORATORY<br>06400 I NTRAVENOUS THERAPY  | 180, 834<br>14, 326                           | 22, 417<br>31, 561                    | 0   | 2, 838<br>3, 996                     | 0  | 60.00<br>64.00   |
| 65.00  | 06500 RESPIRATORY THERAPY   | 86, 377                                       | 24, 247                               | 0   | 3, 990                               | 0  | 65.00  |
| 66.00  | 06600 PHYSI CAL THERAPY   | 113, 297                                      | 3, 903                                | 0   | 494                                  | 0  | 66.00  |
| 67.00  | 06700 OCCUPATI ONAL THERAPY   | 31, 434                                       | 0                                     | 0   | 0                                    | 0  | 67.00  |
| 68.00  | 06800 SPEECH PATHOLOGY  | 6, 404  | 0                                     | 0   | 0                                    | 0  | 68.00  |
|  | 06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY  | 7, 507<br>35, 144                             | 13, 328                               | 0   | 0<br>1, 687                          | 0  | 69.00<br>70.00   |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   | 243, 671                                      | 0                                     | 0   | 1,007                                | 0  | 70.00  |
|  | 07200 IMPL. DEV. CHARGED TO PATIENTS  | 186, 035                                      | 0                                     | 0   | 0                                    | 0  | 72.00  |
|  | 07300 DRUGS CHARGED TO PATIENTS   | 236, 435                                      | 0                                     | 0   | 0                                    | 0  |  |
|  | 07301 SPECIALTY PHARMACY  | 10 011  | 0                                     | 0   | 0<br>55                              | 0  | 73.01<br>74.00   |
| 74.00<br>76.00   | 07400 RENAL DI ALYSI S<br>03330 ENDOSCOPY   | 18, 044<br>46, 091                            | 436<br>31, 276                        |   | 3, 959                               | 0  | 74.00  |
|  | 03950 OTHER ANCILLARY SERVICE COST CENTERS  | 0   | 0 ., 2, 0                             | 0   | 0                                    | Ő  | 76.01  |
|  | 03951 OTHER ANCILLARY SERVICE COST CENTERS  | 0   | 0                                     | 0   | 0                                    | 0  | 76. 02   |
|  | 03952 OTHER ANCILLARY SERVICE COST CENTERS  | 0   | 0                                     | 0   | 0                                    | 0  | 76.03  |
|  | 03953 WOUND CARE<br>03954 I MAGI NG CENTER  | 18, 817<br>62, 676                            | 0                                     | 0   | 0                                    | 0  | 76. 04<br>76. 06   |
|  | 03955 BREAST DI AGNOSTI C CENTER  | 171, 680                                      | 0                                     | 0   | 0                                    | 0  | 76.07  |
|  | OUTPATIENT SERVICE COST CENTERS   |   |                                       |   |                                      |  | -  |
|  | 09000 CLINIC  | 0   | 0                                     | 0   | 0                                    | 0  | 90.00  |
|  | 04950 I NFUSI ON CENTER   | 3, 343  | 0                                     | 0   | 0                                    | 0  | 90.01  |
|  | 04975 SPI NE CENTER<br>09100 EMERGENCY  | 3, 846<br>172, 161                            | 0<br>106, 627                         | 0<br>9,690  | 0<br>13, 498                         | 0  | 90.26<br>91.00   |
|  | 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 172,101                                       | 100, 027                              | 9,090   | 13, 470                              | 0  | 92.00  |
|  | SPECIAL PURPOSE COST CENTERS  |   |                                       | 1   | II                                   |  |  |
|  |   |   |                                       |   |                                      |  | 113. 00  |
|  | 11300 INTEREST EXPENSE  |   |                                       |   |                                      |  |  |
|  | 11400 UTILIZATION REVIEW-SNF  | 4 454 000                                     | 2 047 442                             | 75 504  | 255 0/7                              |  | 114.00   |
| 114.00<br>118.00   | 11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)  | 4, 454, 092                                   | 2, 046, 449                           | 75, 531   | 255, 067                             | 225, 179   |  |
| 118.00   | 11400 UTILIZATION REVIEW-SNF  | 4, 454, 092                                   | 2, 046, 449                           | 75, 531   | 255, 067                             | 225, 179   |  |
| 118.00<br>190.00   | 11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LI NES 1 through 117)<br>NONREI MBURSABLE COST CENTERS  |   |                                       | 75, 531<br>0<br>0   |                                      | 225, 179<br>0  | 118. 00  |
| 118.00<br>190.00<br>191.00<br>192.00   | 11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LI NES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSI CI ANS' PRI VATE OFFI CES   |   |                                       | 75, 531<br>0<br>0<br>0  |                                      | 225, 179<br>0<br>0<br>0  | 118.00<br>190.00<br>191.00<br>192.00   |
| 118.00<br>190.00<br>191.00<br>192.00<br>193.00   | 11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS  | 1, 234<br>0                                   |                                       | 75, 531<br>0<br>0<br>0<br>0<br>0  |                                      | 225, 179<br>0<br>0<br>0<br>0<br>0  | 118.00<br>190.00<br>191.00<br>192.00<br>193.00   |
| 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00                               | 11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS<br>07950 HOME OFFICE   | 1, 234<br>0<br>1, 256<br>0<br>0               |                                       | 75, 531<br>0<br>0<br>0<br>0<br>0<br>0   |                                      | 225, 179<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00                               |
| 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06                     | 11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS  | 1, 234<br>0                                   |                                       | 75, 531<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0           |                                      | 225, 179<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                                    | 118.00<br>190.00<br>191.00<br>192.00<br>193.00   |
| 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08<br>194.10 | 11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LI NES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSI CI ANS' PRI VATE OFFI CES<br>19300 NONPAI D WORKERS<br>07950 HOME OFFI CE<br>07956 PAVI LLI ONS<br>07958 OTHER NRCC<br>07960 COMMUNI TY REHAB HOSPI TAL                            | 1, 234<br>0<br>1, 256<br>0<br>0<br>1, 702     | 14, 746<br>0<br>0<br>0<br>0<br>0<br>0 | 75, 531<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 1, 867<br>0<br>0<br>0<br>0<br>0<br>0 | 225, 179<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0           | 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08<br>194.10 |
| 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08           | 11400 UTI LI ZATI ON REVI EW-SNF<br>SUBTOTALS (SUM OF LI NES 1 through 117)<br>NONREI MBURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSI CI ANS' PRI VATE OFFI CES<br>19300 NONPAI D WORKERS<br>07950 HOME OFFI CE<br>07956 PAVI LLI ONS<br>07958 OTHER NRCC<br>07960 COMMUNI TY REHAB HOSPI TAL<br>Cross Foot Adj ustments | 1, 234<br>0<br>1, 256<br>0<br>0<br>1, 702     | 14, 746<br>0<br>0<br>0<br>0<br>0<br>0 | 75, 531<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 1, 867<br>0<br>0<br>0<br>0<br>0<br>0 | 225, 179<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 118.00<br>190.00<br>191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08           |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, IN | NC.           | In Lie                     | u of Form CMS-:                | 2552-10        |
|--|----------------------|----------------|---------------|----------------------------|--------------------------------|----------------|
| ALLOCATION OF CAPITAL RELATED COSTS      |                      | Provider C     |               | Period:<br>From 01/01/2021 | Worksheet B                    |                |
|  |                      |                |               |                            | Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm |
| Cost Center Description                  | ADMI NI STRATI VE    | OPERATION OF   | LAUNDRY &     | HOUSEKEEPI NG              | DI ETARY                       |                |
|  | & GENERAL            | PLANT          | LINEN SERVICE | E                          |                                |                |
|  | 5.00                 | 7.00           | 8.00          | 9.00                       | 10.00                          |                |
| 202.00 TOTAL (sum lines 118 through 201) | 4, 493, 585          | 2, 063, 495    | 75, 53        | 1 257, 225                 | 225, 179                       | 202.00         |

|                       | Financial Systems COMM<br>TION OF CAPITAL RELATED COSTS  | UNI TY HOSPI TAL  | OF INDIANA, IN<br>Provider CC | CN: 15-0169 Pe         | eriod:<br>rom 01/01/2021 | u of Form CMS-:<br>Worksheet B<br>Part II |                       |
|-----------------------|--|-------------------|-------------------------------|------------------------|--------------------------|---|-----------------------|
|                       |  |                   |                               | T                      | b 12/31/2021             | Date/Time Pre<br>5/30/2022 2:3            | pared:                |
|                       | Cost Center Description  | CAFETERI A        | NURSI NG<br>ADMI NI STRATI ON | CENTRAL<br>SERVI CES & | PHARMACY                 | MEDI CAL<br>RECORDS &                     |                       |
|                       |  | 11.00             | 13.00                         | SUPPLY<br>14.00        | 15.00                    | LI BRARY<br>16. 00                        |                       |
|                       | GENERAL SERVICE COST CENTERS   | 11.00             | 13.00                         | 14.00                  | 13.00                    | 10.00                                     |                       |
| 1.00<br>2.00<br>4.00  | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT |                   |                               |                        |                          |   | 1.00<br>2.00<br>4.00  |
| 5.00<br>7.00          | 00500 ADMINISTRATIVE & GENERAL<br>00700 OPERATION OF PLANT   |                   |                               |                        |                          |   | 5.00<br>7.00          |
| 8.00<br>9.00<br>10.00 | 00800 LAUNDRY & LI NEN SERVI CE<br>00900 HOUSEKEEPI NG<br>01000 DI ETARY                                 |                   |                               |                        |                          |   | 8.00<br>9.00<br>10.00 |
|                       | 01100 CAFETERI A   | 474, 788          |                               |                        |                          |   | 11.00                 |
|                       | 01300 NURSI NG ADMI NI STRATI ON   | 12, 195           | 170, 923                      | 2 100 //7              |                          |   | 13.00                 |
|                       | 01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY  | 6, 504<br>23, 983 | 0                             | 3, 128, 667<br>0       | 1, 224, 616              |   | 14.00                 |
|                       | 01600 MEDICAL RECORDS & LIBRARY  | 23, 703           | 0                             | 0                      | 1, 224, 010              | 42, 525                                   |                       |
|                       | 01700 SOCI AL SERVI CE   | 8, 130            | 0                             | 28                     | 0                        | 0   |                       |
|                       | 01900 NONPHYSICIAN ANESTHETISTS  | 0                 | 0                             | 0                      | 0                        | 0   |                       |
|                       | 02100 I & SERVI CES-SALARY & FRINGES APPRV<br>02200 I & SERVI CES-OTHER PRGM COSTS APPRV                 | 0                 | 0                             | 0                      | 0                        | 0   |                       |
| 22.00                 | INPATIENT ROUTINE SERVICE COST CENTERS   | 0                 | 0                             | 0                      | U                        | 0   | 22.00                 |
| 30.00                 | 03000 ADULTS & PEDIATRICS  | 168, 292          | 85, 565                       | 195, 009               | 0                        | 5, 878                                    | 30.00                 |
|                       | 03100 INTENSIVE CARE UNIT  | 26, 829           | 13, 641                       | 33, 885                | 0                        | 811                                       |                       |
|                       | 02060 NEONATAL INTENSIVE CARE UNIT   | 40, 243           | 20, 461                       | 56, 642                | 0                        | 2, 998                                    |                       |
|                       | 04000 SUBPROVI DER – I PF<br>04300 NURSERY   | 11, 382<br>8, 943 | 5, 787<br>4, 547              | 4, 644<br>10, 558      | 0                        | 252<br>279                                |                       |
| 43.00                 | ANCI LLARY SERVI CE COST CENTERS   | 0, 743            | 4, 547                        | 10, 550                | <u> </u>                 | 217                                       | 43.00                 |
| 50.00                 | 05000 OPERATING ROOM   | 26, 016           | 13, 227                       | 461, 251               | 0                        | 6, 241                                    | 50.00                 |
|                       | 05100 RECOVERY ROOM  | 13, 821           | 0                             | 17, 720                | 0                        | 1, 027                                    |                       |
|                       | 05200 DELIVERY ROOM & LABOR ROOM   | 20, 731           | 10, 541                       | 24, 176                | 0                        | 639                                       |                       |
|                       | 05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C   | 15, 447           | 0                             | 12, 439                | 0                        | 1, 043<br>1, 071                          |                       |
|                       | 05700 CT SCAN  | 2, 845<br>5, 691  | 0                             | 21, 129<br>12, 489     | 0                        | 2,009                                     |                       |
|                       | 05800 MRI  | 3, 252            | 0                             | 2, 602                 | 0                        | 725                                       |                       |
|                       | 05900 CARDI AC CATHETERI ZATI ON   | 0                 | 0                             | 229                    | 0                        | 113                                       | 1                     |
| 60.00                 | 06000 LABORATORY   | 0                 | 0                             | 131, 998               | 0                        | 3, 386                                    | 60.00                 |
|                       | 06400 I NTRAVENOUS THERAPY   | 2,032             | 0                             | 1, 428                 | 0                        | 33  | 1                     |
|                       | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY  | 15, 040<br>5, 601 | 0                             | 36, 527                | 0                        | 916                                       |                       |
|                       | 06700 OCCUPATI ONAL THERAPY  | 5, 691<br>6, 504  | 0                             | 9, 677<br>2, 254       | 0                        | 626<br>187                                |                       |
|                       | 06800 SPEECH PATHOLOGY   | 1, 219            | 0                             | 459                    | 0                        | 58  |                       |
|                       | 06900 ELECTROCARDI OLOGY   | 406               | 0                             | 71                     | 0                        | 240                                       | 1                     |
|                       | 07000 ELECTROENCEPHALOGRAPHY   | 5, 284            | 0                             | 9, 753                 | 0                        | 369                                       | •                     |
| 71.00                 | 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT   | 0                 | 0                             | 1, 114, 144            | 0                        |   | 71.00                 |
|                       | 07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS                                  | 0                 | 0                             | 850, 635<br>0          | 1 224 414                |   | 72.00                 |
|                       | 07300 SPECIALTY PHARMACY   | 0                 | 0                             | 0                      | 1, 224, 616              | 3, 023                                    |                       |
|                       | 07400 RENAL DI ALYSI S   | 0                 | 0                             | 1, 411                 | 0                        | 152                                       |                       |
|                       | 03330 ENDOSCOPY  | 7, 317            | 0                             | 26, 742                | 0                        | 751                                       | 76.00                 |
|                       | 03950 OTHER ANCILLARY SERVICE COST CENTERS   | 0                 | 0                             | 0                      | 0                        | 0   |                       |
|                       | 03951 OTHER ANCI LLARY SERVICE COST CENTERS<br>03952 OTHER ANCI LLARY SERVICE COST CENTERS               | 0                 | 0                             | 0                      | 0                        | 0   |                       |
|                       | 03952/01HER ANCILLARY SERVICE COST CENTERS<br>03953/WOUND CARE   | 2, 439            | 0                             | 0<br>9, 070            | 0                        | 0<br>118                                  |                       |
|                       | 03954 I MAGI NG CENTER   | 0                 | 0                             | 10, 146                | 0                        | 1, 453                                    |                       |
|                       | 03955 BREAST DIAGNOSTIC CENTER   | 0                 | 0                             | 694                    | 0                        | 745                                       |                       |
|                       | OUTPATIENT SERVICE COST CENTERS  |                   |                               |                        |                          |   |                       |
|                       |  | 0                 | 0                             | 0                      | 0                        | 0   |                       |
|                       | 04950 I NFUSI ON CENTER<br>04975 SPI NE CENTER   | 813               | 0                             | 88<br>259              | 0                        | 83<br>12                                  |                       |
|                       | 04975 SPINE CENTER<br>09100 EMERGENCY  | 33, 739           | 0<br>17, 154                  | 259<br>68, 350         | 0                        | 4, 550                                    |                       |
| 92.00                 | 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART<br>SPECI AL PURPOSE COST CENTERS                            |                   | 17, 134                       |                        |                          |   | 92.00                 |
|                       | 11300 INTEREST EXPENSE   |                   |                               |                        |                          |   | 113.00<br>114.00      |
| 118.00                | 11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREIMBURSABLE COST CENTERS   | 474, 788          | 170, 923                      | 3, 126, 507            | 1, 224, 616              | 42, 525                                   | 114.00                |
|                       | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                 | 0                             | 0                      | 0                        |   | 190. 00               |
|                       | 19100 RESEARCH   | 0                 | 0                             | 0                      | 0                        |   | 191.00                |
|                       | 19200 PHYSICIANS' PRIVATE OFFICES  | 0                 | 0                             | 498                    | 0                        |   | 192.00<br>193.00      |
|                       | 19300 NONPALD WORKERS<br>07950 HOME OFFICE   | 0                 | 0                             | 0                      | 0                        |   | 193.00                |
|                       | 07956 PAVI LLI ONS   | 0                 | 0                             | 677                    | 0                        |   | 194.00                |
|                       | 07958 OTHER NRCC   | 0                 | 0                             | 985                    | Ō                        | 0   | 194.08                |
|                       | 07960 COMMUNITY REHAB HOSPITAL   | 0                 | 0                             | 0                      | О                        | 0   | 194. 10               |
| 200.00                | Cross Foot Adjustments   |                   |                               |                        |                          |   | 200.00                |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, IN    | NC.         | In Lie                         | u of Form CMS-           | 2552-10 |
|--|----------------------|-------------------|-------------|--------------------------------|--------------------------|---------|
| ALLOCATION OF CAPITAL RELATED COSTS      |                      | Provider CO       |             | Period:                        | Worksheet B              |         |
|  |                      |                   |             | rom 01/01/2021<br>o 12/31/2021 | Part II<br>Date/Time Pre | narodi  |
|  |                      |                   |             | 0 12/31/2021                   | 5/30/2022 2:3            |         |
| 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                    |         |
| 201.00 Negative Cost Centers             | 0                    | 0                 | 0           | 0 0                            | 0                        | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201) | 474, 788             | 170, 923          | 3, 128, 667 | 1, 224, 616                    | 42, 525                  | 202.00  |

|        | Financial Systems COMN<br>ION OF CAPITAL RELATED COSTS                                   | IUNI TY HOSPI TAL |                | CN: 15-0169 F         | Period:                          | u of Form CMS-<br>Worksheet B             | 2002 1           |
|--------|--|-------------------|----------------|-----------------------|----------------------------------|---|------------------|
|        |  |                   |                |                       | From 01/01/2021<br>To 12/31/2021 | Part II<br>Date/Time Pre<br>5/30/2022 2:3 |                  |
|        |  |                   |                | I NTERNS &            | RESIDENTS                        | 573072022 2.3                             | pill             |
|        | Cost Center Description  | SOCIAL SERVICE    | NONPHYSI CI AN | SERVI CES-SALAF       | RSERVI CES-OTHER                 | Subtotal                                  |                  |
|        |  |                   | ANESTHETI STS  | Y & FRI NGES<br>APPRV | PRGM COSTS<br>APPRV              |   |                  |
|        |  | 17.00             | 19.00          | 21.00                 | 22.00                            | 24.00                                     |                  |
|        | ENERAL SERVICE COST CENTERS  | 1                 |                | 1                     |                                  |   | 1.00             |
| 2.00 0 | 00200 CAP REL COSTS-MVBLE EQUIP  |                   |                |                       |                                  |   | 2.00             |
|        | 00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINISTRATIVE & GENERAL                     |                   |                |                       |                                  |   | 4.0              |
|        | 00700 OPERATION OF PLANT   |                   |                |                       |                                  |   | 5.0              |
|        | 00800 LAUNDRY & LINEN SERVICE  |                   |                |                       |                                  |   | 8.0              |
|        | 00900 HOUSEKEEPI NG<br>01000 DI ETARY  |                   |                |                       |                                  |   | 9.0              |
|        | 01100 CAFETERIA  |                   |                |                       |                                  |   | 11.0             |
|        | 1300 NURSI NG ADMI NI STRATI ON  |                   |                |                       |                                  |   | 13.0             |
|        | 01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY  |                   |                |                       |                                  |   | 14.0             |
|        | 01600 MEDICAL RECORDS & LIBRARY  |                   |                |                       |                                  |   | 16.0             |
|        | 01700 SOCIAL SERVICE   | 91, 749           |                |                       |                                  |   | 17.0             |
| 1      | 01900 NONPHYSICIAN ANESTHETISTS<br>02100 I&R SERVICES-SALARY & FRINGES APPRV             | 0                 | C              | 10, 690               |                                  |   | 19.0             |
|        | 2200 I&R SERVICES-OTHER PRGM COSTS APPRV   | 0                 |                | 10, 090               | 14, 466                          |   | 22.0             |
|        | NPATIENT ROUTINE SERVICE COST CENTERS  | 1                 |                |                       | 1                                |   |                  |
|        | 03000 ADULTS & PEDIATRICS<br>03100 INTENSIVE CARE UNIT                                   | 60, 146           |                |                       |                                  | 8, 142, 381<br>1, 488, 315                |                  |
|        | 22060 NEONATAL INTENSIVE CARE UNIT   | 13, 372           |                |                       |                                  | 1, 525, 565                               |                  |
|        | 04000 SUBPROVI DER – I PF  | 4, 021            |                |                       |                                  | 281, 869                                  |                  |
| -      | 04300 NURSERY<br>NCI LLARY SERVI CE COST CENTERS   | 7, 553            |                |                       |                                  | 542, 704                                  | 43.0             |
|        | 05000 OPERATING ROOM   | 0                 |                |                       |                                  | 4, 657, 309                               | 50.0             |
|        | 05100 RECOVERY ROOM  | 0                 |                |                       |                                  | 538, 393                                  |                  |
|        | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC                           | 0                 |                |                       |                                  | 1, 225, 795<br>718, 686                   |                  |
|        | 05500 RADI OLOGY-THERAPEUTI C  | 0                 |                |                       |                                  | 778, 026                                  |                  |
|        | 05700 CT SCAN  | 0                 | -              |                       |                                  | 330, 276                                  |                  |
|        | 05800 MRI<br>05900 CARDI AC CATHETERI ZATI ON  | 0                 |                |                       |                                  | 687, 568<br>4, 506                        |                  |
|        | 06000 LABORATORY   | 0                 |                |                       |                                  | 472, 771                                  |                  |
|        | 06400 I NTRAVENOUS THERAPY   | 0                 |                |                       |                                  | 241, 540                                  |                  |
|        | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY                                    | 0                 |                |                       |                                  | 563, 160<br>1, 255, 949                   |                  |
|        | 06700 OCCUPATI ONAL THERAPY  | 0                 |                |                       |                                  | 98, 976                                   |                  |
|        | 06800 SPEECH PATHOLOGY   | 0                 |                |                       |                                  | 20, 079                                   |                  |
|        | 06900 ELECTROCARDI OLOGY<br>07000 ELECTROENCEPHALOGRAPHY                                 | 0                 |                |                       |                                  | 8, 257<br>373, 094                        |                  |
| 1      | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 0                 |                |                       |                                  | 1, 359, 449                               |                  |
| 1      | 07200 I MPL. DEV. CHARGED TO PATIENTS  | 0                 |                |                       |                                  | 1,037,773                                 |                  |
|        | 07300 DRUGS CHARGED TO PATIENTS<br>07301 SPECIALTY PHARMACY                              | 0                 |                |                       |                                  | 1, 464, 074<br>0                          |                  |
| 4.00 0 | 07400 RENAL DIALYSIS   | 0                 |                |                       |                                  | 22, 654                                   |                  |
|        |  | 0                 |                |                       |                                  | 687, 556                                  |                  |
|        | 03950 OTHER ANCILLARY SERVICE COST CENTERS<br>03951 OTHER ANCILLARY SERVICE COST CENTERS | 0                 |                |                       |                                  | 0   |                  |
| 6.03 0 | 3952 OTHER ANCILLARY SERVICE COST CENTERS  | 0                 |                |                       |                                  | 0   | 76. C            |
|        | 3953 WOUND CARE  | 0                 |                |                       |                                  | 183, 027                                  |                  |
|        | )3954 IMAGING CENTER<br>)3955 BREAST DIAGNOSTIC CENTER                                   | 0                 |                |                       |                                  | 1, 024, 209<br>571, 326                   | 1                |
|        | DUTPATIENT SERVICE COST CENTERS  | ,                 |                | 1                     |                                  | 0,1,020                                   |                  |
|        | 09000 CLINIC   | 0                 |                |                       |                                  | 0   |                  |
|        | )4950 I NFUSI ON CENTER<br>)4975 SPI NE CENTER   | 0                 |                |                       |                                  | 86, 887<br>4, 292                         |                  |
|        | 09100 EMERGENCY  | 0                 |                |                       |                                  | 1, 227, 310                               |                  |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART  |                   |                |                       |                                  |   | 92.0             |
|        | PECIAL PURPOSE COST CENTERS  |                   |                |                       |                                  |   | 113.0            |
|        | 1400 UTILIZATION REVIEW-SNF  |                   |                |                       |                                  |   | 114.0            |
| 18.00  | SUBTOTALS (SUM OF LINES 1 through 117)   | 91, 749           | C              |                       | 0 0                              | 31, 623, 776                              | 118. 0           |
|        | IONREI MBURSABLE COST CENTERS  | 0                 |                |                       |                                  | 104, 215                                  | 1190 0           |
|        | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                 |                |                       |                                  |   | 190.0            |
| 92.001 | 9200 PHYSI CI ANS' PRI VATE OFFI CES   | 0                 |                |                       |                                  | 1, 754                                    | 192.0            |
|        | 9300 NONPALD WORKERS<br>07950 HOME OFFICE  | 0                 |                |                       |                                  |   | 193. 0<br>194. 0 |
|        | 07950 HOME OFFICE<br>07956 PAVILLIONS  | 0                 |                |                       |                                  | 0<br>93, 688                              |                  |
|        | 07958 OTHER NRCC   |                   |                |                       |                                  | 138, 785                                  |                  |

| Health Financial Systems COM             | MUNITY HOSPITAL  | OF INDIANA, II | NC.         | In Lie                           | u of Form CMS-:                           | 2552-10 |
|--|------------------|----------------|-------------|----------------------------------|---|---------|
| ALLOCATION OF CAPITAL RELATED COSTS      |                  | Provider C     |             | Period:                          | Worksheet B                               |         |
|  |                  |                |             | From 01/01/2021<br>To 12/31/2021 | Part II<br>Date/Time Pre<br>5/30/2022 2:3 |         |
|  |                  |                | INTERNS 8   | RESI DENTS                       |   |         |
| Cost Center Description                  | SOCI AL SERVI CE |                |             | SERVI CES-OTHER                  | Subtotal                                  |         |
|  |                  | ANESTHETI STS  | Y & FRINGES | PRGM COSTS                       |   |         |
|  |                  |                | APPRV       | APPRV                            |   |         |
|  | 17.00            | 19.00          | 21.00       | 22.00                            | 24.00                                     |         |
| 194. 10 07960 COMMUNI TY REHAB HOSPI TAL | 0                |                |             |                                  | 0   | 194.10  |
| 200.00 Cross Foot Adjustments            |                  | C              | 10, 690     | 14, 466                          | 25, 156                                   | 200.00  |
| 201.00 Negative Cost Centers             | 0                | C              | ) (         | 0 0                              | 0   | 201.00  |
| 202.00 TOTAL (sum lines 118 through 201) | 91, 749          | C              | 10, 690     | 14, 466                          | 31, 987, 374                              | 202.00  |
|  |                  |                |             |                                  |   |         |

| LOCATION OF CAPITAL RELATED COSTS                                    |                          | OF INDIANA, IN<br>Provider CC | Period:<br>From 01/01/2021<br>To 12/31/2021 | u of Form CMS-255<br>Worksheet B<br>Part II<br>Date/Time Prepa |                |
|--|--------------------------|-------------------------------|---|--|----------------|
|  |                          |                               | 10 12/31/2021                               | Date/Time Prepar<br>5/30/2022 2:39                             |                |
| Cost Center Description  | Intern &                 | Total                         |   |  |                |
|  | Residents Cost<br>& Post |                               |   |  |                |
|  | Stepdown                 |                               |   |  |                |
|  | Adjustments              |                               |   |  |                |
|  | 25.00                    | 26.00                         |   |  |                |
| GENERAL SERVICE COST CENTERS   | •                        |                               |   |  |                |
| 00100 CAP REL COSTS-BLDG & FIXT                                      |                          |                               |   |  | 1. C           |
| 00200 CAP REL COSTS-MVBLE EQUIP                                      |                          |                               |   |  | 2.0            |
| 00400 EMPLOYEE BENEFITS DEPARTMENT                                   |                          |                               |   |  | 4. C           |
| 00500 ADMI NI STRATI VE & GENERAL                                    |                          |                               |   |  | 5.C            |
| 00 00700 OPERATION OF PLANT  |                          |                               |   |  | 7.0            |
| 00 00800 LAUNDRY & LINEN SERVICE                                     |                          |                               |   |  | 8.0            |
| 00 00900 HOUSEKEEPI NG   |                          |                               |   |  | 9.0            |
| 00 01000 DI ETARY<br>00 01100 CAFETERIA                              |                          |                               |   |  | 10. 0<br>11. 0 |
| 00 01300 NURSI NG ADMI NI STRATI ON                                  |                          |                               |   |  | 13.0           |
| 00 01400 CENTRAL SERVICES & SUPPLY                                   |                          |                               |   |  | 14. (          |
| 00 01500 PHARMACY  |                          |                               |   |  | 15. 0          |
| 00 01600 MEDICAL RECORDS & LIBRARY                                   |                          |                               |   |  | 16. (          |
| 00 01700 SOCIAL SERVICE  |                          |                               |   |  | 17.0           |
| 00 01900 NONPHYSI CLAN ANESTHETI STS                                 |                          |                               |   |  | 19. (          |
| 00 02100 I &R SERVICES-SALARY & FRINGES APPRV                        |                          |                               |   |  | 21. (          |
| 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRV                        |                          |                               |   |  | 22. (          |
| INPATIENT ROUTINE SERVICE COST CENTERS                               | · ·                      |                               |   |  |                |
| 00 03000 ADULTS & PEDIATRICS   | 0                        | 8, 142, 381                   |   | 3  | 30. (          |
| 00 03100 INTENSIVE CARE UNIT   | 0                        | 1, 488, 315                   |   | 3  | 31. (          |
| 00 02060 NEONATAL INTENSIVE CARE UNIT                                | 0                        | 1, 525, 565                   |   | 3  | 35.0           |
| 00 04000 SUBPROVIDER - IPF   | 0                        | 281, 869                      |   | 4  | 40. (          |
| 00 04300 NURSERY   | 0                        | 542, 704                      |   | 4  | 43.0           |
| ANCI LLARY SERVI CE COST CENTERS                                     | - F                      |                               |   |  |                |
| 00 05000 OPERATING ROOM  | 0                        | 4, 657, 309                   |   |  | 50. (          |
| 00 05100 RECOVERY ROOM   | 0                        | 538, 393                      |   |  | 51.            |
| 00 05200 DELIVERY ROOM & LABOR ROOM                                  | 0                        | 1, 225, 795                   |   |  | 52. (          |
| 00 05400 RADI OLOGY-DI AGNOSTI C                                     | 0                        | 718, 686                      |   |  | 54.0           |
| 00 05500 RADI OLOGY-THERAPEUTI C                                     | 0                        | 778, 026                      |   |  | 55.0           |
| 00 05700 CT SCAN<br>00 05800 MRI                                     | 0                        | 330, 276                      |   |  | 57. (<br>58. ( |
| 00 05900 CARDI AC CATHETERI ZATI ON                                  | 0                        | 687, 568<br>4, 506            |   |  | 59.0           |
| 00 06000 LABORATORY  | 0                        | 472, 771                      |   |  | 60. (          |
| 00 06400 INTRAVENOUS THERAPY   | 0                        | 241, 540                      |   |  | 64.            |
| 00 06500 RESPIRATORY THERAPY   | 0                        | 563, 160                      |   |  | 65.            |
| 00 06600 PHYSI CAL THERAPY   | 0                        | 1, 255, 949                   |   |  | 66.            |
| 00 06700 OCCUPATI ONAL THERAPY                                       | 0                        | 98, 976                       |   |  | 67.            |
| 00 06800 SPEECH PATHOLOGY  | 0                        | 20, 079                       |   | 6  | 68.            |
| 00 06900 ELECTROCARDI OLOGY  | 0                        | 8, 257                        |   | 6  | 69.            |
| 00 07000 ELECTROENCEPHALOGRAPHY                                      | 0                        | 373, 094                      |   | 7  | 70.            |
| 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                         | 0                        | 1, 359, 449                   |   | 7  | 71.            |
| 00 07200 IMPL. DEV. CHARGED TO PATIENTS                              | 0                        | 1, 037, 773                   |   |  | 72.            |
| 00 07300 DRUGS CHARGED TO PATIENTS                                   | 0                        | 1, 464, 074                   |   |  | 73.            |
| 01 07301 SPECIALTY PHARMACY  | 0                        | 0                             |   |  | 73.            |
| 00 07400 RENAL DI ALYSI S  | 0                        | 22, 654                       |   |  | 74.            |
| 00 03330 ENDOSCOPY   | 0                        | 687, 556                      |   |  | 76.            |
| 01 03950 OTHER ANCI LLARY SERVICE COST CENTERS                       | 0                        | 0                             |   |  | 76.            |
| 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                       | 0                        | 0                             |   |  | 76.<br>76      |
| 03 03952 OTHER ANCILLARY SERVICE COST CENTERS<br>04 03953 WOUND CARE | 0                        | 102 002                       |   |  | 76.<br>76.     |
| 06 03954 I MAGI NG CENTER  |                          | 183, 027<br>1, 024, 209       |   |  | 76.<br>76.     |
| 07 03955 BREAST DIAGNOSTIC CENTER                                    | 0                        | 571, 326                      |   |  | 76.<br>76.     |
| OUTPATIENT SERVICE COST CENTER                                       | UU                       | 571, 520                      |   | /  | , 0.           |
| 00 09000 CLINIC  | 0                        | 0                             |   | o  | 90.            |
| 01 04950 INFUSION CENTER   | 0                        | 86, 887                       |   |  | 90.<br>90.     |
| 26 04975 SPI NE CENTER   | 0                        | 4, 292                        |   |  | 90.            |
| 00 09100 EMERGENCY   | 0                        | 1, 227, 310                   |   |  | 91.            |
| 00 09200 OBSERVATION BEDS (NON-DISTINCT PART                         | 0                        | , , ,                         |   |  | 92.            |
| SPECIAL PURPOSE COST CENTERS   | . 9                      |                               |   |  |                |
| 3. 00 11300 I NTEREST EXPENSE  |                          |                               |   | 11   | 13.            |
| 4.00 11400 UTILIZATION REVIEW-SNF                                    |                          |                               |   |  | 14.            |
| 3.00 SUBTOTALS (SUM OF LINES 1 through 117)                          | 0                        | 31, 623, 776                  |   |  | 18.            |
| NONREI MBURSABLE COST CENTERS  |                          |                               |   |  |                |
| 0. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN                      | 0                        | 104, 215                      |   | 19   | 90.            |
| I. 00 19100 RESEARCH   | 0                        | 0                             |   |  | 91.            |
| 2. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                           | 0                        | 1, 754                        |   |  | 92.            |
| 3. 00 19300 NONPALD WORKERS  | 0                        | 0                             |   |  | 93. (          |
| 4. 00 07950 HOME OFFICE  | 0                        | o                             |   |  | 94.            |
|  |                          | 93, 688                       |   |  | 94.            |
| 4. 06 07956 PAVI LLI ONS   | 0                        |                               |   |  |                |

| Health Financial Systems                 | COMMUNI TY HOSPI TAL | OF INDIANA, IN | IC.         | In Lie          | u of Form CMS-2552-10                    | 0 |
|--|----------------------|----------------|-------------|-----------------|--|---|
| ALLOCATION OF CAPITAL RELATED COSTS      |                      | Provider CC    | CN: 15-0169 | Peri od:        | Worksheet B                              | _ |
|  |                      |                |             | From 01/01/2021 | Part II                                  |   |
|  |                      |                |             | To 12/31/2021   | Date/Time Prepared:<br>5/30/2022 2:39 pm | _ |
| Cost Center Description                  | Intern &             | Total          |             |                 |  |   |
|  | Residents Cost       |                |             |                 |  |   |
|  | & Post               |                |             |                 |  |   |
|  | Stepdown             |                |             |                 |  |   |
|  | Adjustments          |                |             |                 |  |   |
|  | 25.00                | 26.00          |             |                 |  |   |
| 194. 10 07960 COMMUNI TY REHAB HOSPI TAL | 0                    | 0              |             |                 | 194. 10                                  | ) |
| 200.00 Cross Foot Adjustments            | 0                    | 25, 156        |             |                 | 200.00                                   | ) |
| 201.00 Negative Cost Centers             | 0                    | 0              |             |                 | 201.00                                   | ) |
| 202.00 TOTAL (sum lines 118 through 201) | 0                    | 31, 987, 374   |             |                 | 202.00                                   | ) |

| Heal th Financi al | Systems             |
|--------------------|---------------------|
| COST ALLOCATION    | - STATISTICAL BASIS |

## COMMUNITY HOSPITAL OF INDIANA, INC. Provider CCN: 15-0169 Period:

In Lieu of Form CMS-2552-10 od: 01/01/2021 Worksheet B-1

| Cost Center Description         Cost April 100 Creating 1100         Cost April 100 Creating 1100         Description         Description <thdescription< th="">         Description         Descri</thdescription<>  | COST A | ALLOCATION - STATISTICAL BASIS             |             | Provider CO          | 1                                     | Period:<br>From 01/01/2021 | Worksheet B-1         |        |
|---|--------|--|-------------|----------------------|---------------------------------------|----------------------------|-----------------------|--------|
| Lost Center Description         Intel A First<br>Soluéer FFF7         Intel F F01<br>(00.166 F W100<br>(00.166 F W1000<br>(00.166 F W100<br>(00.166 F W100<br>(00.166 F W100<br>(00.166 F W100<br>(00.166 F W100<br>(00.166 F W100<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000<br>(00.166 F W1000<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000<br>(00.166 F W1000)<br>(00.166 F W1000)<br>(00. |        |  |             |                      |                                       | Γο 12/31/2021              |                       |        |
| Image: 100         Solution: 1  |        | Cost Center Description                    | BLDG & FIXT | MVBLE EQUIP          | BENEFITS<br>DEPARTMENT                | Reconciliation             | & GENERAL             |        |
| CEREBAL SERVICE SENTERS         III         IIII         IIII         IIII         IIII         IIII         IIII         IIII         IIII         IIII         IIIIIIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  |        |  |             |                      | SALARI ES)                            |                            |                       |        |
| 1.00         DOTOD         DAP NIL COSTS-MURG & FINIT         BBS. ONE         1.00         DOTOD         DAP NIL COSTS-MURG & FUNIT         DATE           0.00         DEPULVICE BERNET IS DEPARTMENT         1.00         DST         118.422.037         -6.5.219.71         314.537.24         314.537.24         -7.00         314.537.24         -7.00         118.422.037         -0.0         9.00         0.00         DEPULVICE BERNET IS DEPARTMENT         1.00.00 </td <td></td> <td>GENERAL SERVICE COST CENTERS</td> <td>1.00</td> <td>2.00</td> <td>4.00</td> <td>5A</td> <td>5.00</td> <td></td>  |        | GENERAL SERVICE COST CENTERS               | 1.00        | 2.00                 | 4.00                                  | 5A                         | 5.00                  |        |
| 4.00         Decode [Decode] IMPLICITE INFERTING DEPARTMENT         276         979, DB         111, 622, CUT         31, 401, 201         5, 00           7.00         DOTOD OPERATION OF PLANT         74, 188         46, 965         1, 693, 734         0         13, 22, 007         7, 00           7.00         DOTOD OPERATION OF PLANT         74, 188         46, 965         1, 693, 734         0         13, 22, 007         7, 00           0.00         DOTOD OPERATION OF PLANT         5, 770         24, 777         868, 380         0, 1, 941, 728         10, 00           0.000         DETEMANT         1, 202, 007         2, 433, 340         0, 7, 225, 543         13, 00           10.00         DETEMANT         1, 208         CAS, 11         10, 00         7, 225, 543         13, 00           11.00         DETEMANT         2, 747         7, 202, 543         13, 00         7, 225, 726         16, 00           11.00         DETEMANT         2, 747, 726         10, 00         2, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         12, 747, 726         16, 00         1  |        | 00100 CAP REL COSTS-BLDG & FIXT            | 583, 084    |                      |                                       |                            |                       |        |
| 5.00         DOSON AVMINISTRATIVE & CENERAL         16.912         4.081, 72, 44         6.909, 808         -e3, 219, 711         314, 621, 261         5.00         0.0000           8.00         DOSON LARREY & LI NEN SERVICE         2.159         0         7.00         7.00         0.0000         0.0000         0.0000         13, 422, 00         0         933, 806         8.00         0.0000         1.4000         1.400         1.400   |        |  | 254         |                      |                                       | 7                          |                       |        |
| 7.00         00700         DPERATING 0F FLANT         74.188         46.965         1,957.73         0         13,422.091         7,00         033.586         8.00         9.00         09000         10004074         11.842.091         7,00         033.586         9.00  |        |  |             |                      |                                       |                            | 314 501 261           |        |
| 9.00         00000         00000         10100         CAL         2, 926, 007         0         5, 320, 552         9.00           11.00         001000         CAL         17, 977         583, 330         0         17, 900         17, 9   |        |  |             |                      |                                       |                            |                       |        |
| 10. 00 01000 D ETARY         5.970 21.797         ES8.380 F         1.941.730 10.00           11. 00 01000 DEFTERIA         12.989 642.513 1.328.77         0.101.711.10         0.101.00 01000 DEFTERIA         1.92.987         0.111.10         1.92.943 11.10         0.101.00 01000 DEFTERIA         1.92.943 11.10         0.101.00 01000 DEFTERIA         1.92.943 11.10         0.101.00 01000 DEFTERIA         1.92.943 11.10         0.101.00 DEFTERIA         1.92.943 11.10         0.101.00 DEFTERIA         0.101.01 DEFTERIA         1.92.943 11.10         0.101.01 DEFTERIA         0.001.010 DEFTERIA         0.00   |        |  |             |                      |                                       | -                          |                       |        |
| 11.00       01100       CARETERIA       12,989       62,513       1,993,277       0       2,110,311       11.00         13.00       01300       NEXSING ADMINISTRATION       992       25,087       2,433,340       0       6,637,150       14.00         14.00       01400       CHNIGAN, SERVICE S & SUPPLY       13,624       2,633,632       883,213       0       6,657,150       14.00         17.00       01700       SCIAL SERVICE - NAMESTHETISTS       0       0       0       0       0       17.00       00       0       0       0       17.00       17.00       00       0       0       0       0       0       0       17.00       17.00       17.00       17.00       0       0       0       0       0       17.00       17.00       17.00       0       0       0       0       0       17.00       17.00       17.00       17.00       17.00       17.01       17.01       17.01       18.01       18.02       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.01       17.  |        |  |             |                      |                                       |                            |                       |        |
| 14. 00       01400       CENTRAL SERVICES & SUPPLY       13.624       2.633.632       883.213       0       6.637,150       14.00         15. 00       01500       HERCARDS & LIBRARY       2.41       47       6.00       0       2.478,736       16.00         10. 00       01500       IDRATESTRITTS       0       0       0       2.478,736       16.00         10. 00       01500       IDRATESTRITS       0       0       0       1.012,473       22.00         10. 00       01500       IDRATESTRITS       0       0       0       1.012,473       22.00         00       01500       IDRATESTRITS       0       0       0       1.012,473       22.00         00       0000       00000       IDRATESTRITS       0.00       1.012,473       20.00       1.012,473       20.00       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473       20.01       1.012,473   |        |  |             |                      |                                       |                            |                       |        |
| 15:00         01500         PHAMMACY         6,748         87,022         5,634,448         0         8,78,271         15:00           17:00         01700         SOCIAL SERVICE         1,590         33         1,822,667         0         2,465,008         17:00           10:00         D1700         SOCIAL SERVICE         1,590         33         1,822,667         0         2,465,008         17:00           10:00         D1700         SOCIAL SERVICE         SOCIAL SERVICE         0         0         0         0         17:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00         18:00  |        |  | 1           |                      |                                       |                            |                       | •      |
| 16. 00         01600         MEDICAL SERVICE         241         47         0         0         2,478,732         15.00         017.01         017.01   |        |  |             |                      |                                       |                            |                       |        |
| 17.00       01700       SOCIAL SERVICE       1,996       33       1,822,67       0       2,405,008       17,00         21.00       02100       148 SERVICS-SALARY & FRINCES APPRV       0       0       0       17,00       0       0       0       17,00       0       0       0       17,00       0       0       0       17,00       0       0       0       17,00       0       0       0       0       0       17,00       0 <td< td=""><td></td><td></td><td></td><td></td><td>5, 054, 44</td><td></td><td></td><td></td></td<>   |        |  |             |                      | 5, 054, 44                            |                            |                       |        |
| 21. 00         02100 [AB SERVICES-SALARY & FRINCES APPRV         0         0         0         748, 193         21. 00         2200 [AB SERVICES-GST APPRV         0         0         0         0         748, 193         21. 00         2200 [AB SERVICES-GST APPRV         0<   | 17.00  | 01700 SOCIAL SERVICE                       | 1           |                      | 1, 822, 66                            | 7 0                        |                       |        |
| 22:00         00         0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td>   |        |  | 0           | 0                    |                                       | 0                          |                       |        |
| LINATI FRT ROUTINE SERVICE COST CENTERS         Image: Cost Centers         Image   |        |  | 0           | 0                    |                                       | 0                          |                       |        |
| 31.00       03100   INTENSI VE CARE UNIT       36.608       177.409       5.305,582       0       8.901,399       31.00         40.00       04000 SUBPROVIDER - IPF       6.412       7.997       8.644,889       0.0       3.13,22       43.00         40.00       04000 SUBPROVIDER - IPF       6.412       7.997       8.644,889       0.0       3.13,22       43.00         ANCILLARY SERVICE COST CENTERS       14.181       44.461       1.805,624       0       13.13,22       43.00         51.00       0500 OPERATING ROM       27.310       3.071,814       4.902,422       0       14.498,847       11.00         51.00       0500 DELVISER ROM       3.247,2401       15.12       47.486       7.587,006       52.00         52.00       05200 DELVISER ROM       3.346,224       0       5.64,788       84.00       5.64,788       84.00       5.65,558       2.503,558       0.253,558       0.0550       69.00       2.674,921       7.00       5.26       0.00       0.00       2.674,921       7.00       5.70       0.52,5258       0.03       0.10,25,526       8.00       0.50,558       2.50,558       0.73,55,526       1.262,526       6.00       6.05,65,526       0.00       0.00       6.00,56,52,526       0.0   | 22.00  |  |             |                      | · · · · · · · · · · · · · · · · · · · | <u> </u>                   | 1,012,110             | 22.00  |
| 35. 00     02060 NEONATAL INTENSIVE CARE UNIT     34, 665     160, 777     8, 664, 889     0     13, 884, 999     35, 00       43. 00     04300 NURSERVICE COST CENTERS     14, 181     44, 461     1, 805, 624     0     3, 313, 267     43, 00       ANCLLARY SERVICE COST CENTERS     0     55, 00     05000 (PERATI NG ROM     27, 310     3, 071, 814     4, 920, 490     0     19, 435, 171     50, 00       50, 00     05200 (PERATI NG ROM     14, 666     6, 565     2, 942, 295     0     4, 969, 847     51, 00       51, 00     05200 (PERATI NG ROM     13, 466     4, 33, 33     327, 194     3, 346, 224     0     56, 66, 826, 807       55, 00     05500 (RADI CLOY-THERAPUTI C     10, 436     405, 507     679, 493     2, 267, 421     57, 00       58, 00     05600 (RADI CLOY-THERAPUTI C     10, 364     21, 354     1, 282, 022     2, 674, 921     57, 00       50, 00     05600 (RADI CLOY-THERAPUTI C     10, 364     405, 507     679, 493     2, 267, 421     57, 00       50, 00     05600 (RADI CLOY-THERAPUTI C     10, 364     21, 527     0     18, 826, 826     00       60, 00     06000 (LABIGRACTINCHY     5, 128     2, 575     3, 510, 07     6, 426, 426     6, 436, 46, 00       60, 00     00  |        |  |             |                      |                                       |                            |                       |        |
| 40.00         04000 SUBFROVIDER - IPF         6.412         7.997         2.291,706         0         3.122,443         40.00           ANDILLARY SERVICE COST CENTERS         14.181         44.461         2.291,706         0         3.33,267         43.00           NOLLLARY SERVICE COST CENTERS         14.181         44.461         2.291,706         0         19,435,171         50.00           0.01         05000 PENATING ROM         27,310         3.07,1814         4,902,495         0         14,435,171         50.00           51.00         05000 RELIVERY ROM         A.468         7,587,008         52.00         55.07         679,493         0,2,474,21         51.00         56.47,88         54.00         55.65,80         0,2,674,921         57.00         58.00         58.00         58.00         58.00         59.00         90.00         1.364         233,554         1.222,022         0         2,674,921         57.00         58.65         58.073         0         18.48,30         99.00           59.00         05900 CARDI AC CHHERAPEVITON         0         1,527         0         0         12,625,257         3.510,073         0         1,002,665         4.00           64.00         06400 INIRARVENUS THERAPY         7,521 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |        |  |             |                      |                                       |                            |                       |        |
| 43. 00         04300 NURSERY         14. 181         44. 461         1, 805, 624         0         3. 313, 267         43. 00           ANCLULARY SERVICE COST CENTERS         50. 00         05000 [DPEATINC ROOM         27, 310         3, 071, 814         4, 920, 490         0         19, 435, 171         50. 00         05000 [DPEATINC ROOM         14, 660         6, 565         2, 942, 295         0         4, 698, 847         51. 00         51. 00         55. 00         05000 [DEL VERY ROOM         14, 1461         15. 00         51. 00         55. 00         05500 [RADI LOGY - HERAPEUTI C         10, 336         237, 249         3, 346, 224         0         2, 871, 440         55. 00         2, 871, 440         55. 00         0         2, 561, 286         54. 00         59. 00         5900 [CROID CAC) CARDI AC CATHETERI ZATI ON         0         1, 527         0         0         12, 655, 326         60. 00         6000 [LRORATORY         5, 778         252, 577         3, 510, 077         0         6, 045, 425         65. 00         00         00, 206, 65. 64. 00         600 [CRORATORY THERAPY         7, 521         2, 856         540, 073         0         10, 299, 542         66. 00         6600 [CRORATORY THERAPY         7, 521         2, 825         57. 00         0         7, 99, 542         66. 00         660  |        |  |             |                      |                                       |                            |                       |        |
| 50. 00         05000 (0 PERATING ROOM         27, 310         3, 071, 814         4, 920, 490         0         19, 435, 171         50. 00           51. 00         05000 (PECOVERY ROOM         14, 660         6, 565         2, 942, 295         0         4, 698, 847         51. 00           52. 00         05200 (PELIVERY ROOM         12, 016, 812         101, 812         1414, 488         0         7, 587, 086         52. 00         7, 587, 086         52. 00         7, 587, 086         52. 60, 788         54. 00         55. 00         05500 (RADI LOGY - THERAPEUTI C         10, 436         431, 354         1, 282, 022         2, 674, 921         57. 00         59. 00         59. 00         00         12, 653, 250         58. 00         2, 563, 250         58. 00         2, 563, 250         58. 00         2, 563, 250         58. 00         2, 563, 250         58. 00         0, 00         12, 653, 326         60. 00         600, 00         148, 830, 59. 00         12, 653, 326         60. 00         600, 00         12, 653, 326         60. 00         600, 00         12, 653, 326         60. 00         600, 00         12, 653, 326         60. 00         600, 00         12, 653, 326         60. 00         600, 00         12, 653, 326         60. 00         600         12, 653, 326         60. 00         6   | 43.00  | 04300 NURSERY                              |             |                      |                                       |                            |                       |        |
| 51.00       05100       PECOVERY ROOM       14.660       6.562       2.942.295       0       4.698.847       51.00         52.00       05200       DELIVERY ROOM & LABOR ROOM       32.742       101.812       4.134.688       0       7.587.008       52.00         55.00       DESIO (DELIVERY ROOM & LABOR ROOM       32.742       101.812       4.134.688       0       7.587.008       52.00         55.00       DESIO (DENIVERY ROOM & LABOR ROOM       1.364       231.346.224       0       2.674.921       57.00         58.00       DESION RAC CATHETERIZATION       0       1.577       0       0       12.665.326       60.00         69.00       DESION LABORATORY       5.342       0       0       12.665.326       60.00         60.00       DEADOR HESPIR ADROPY       5.778       52.577       3.510.077       0       6.484.217       65.00         65.00       DESIP ALTROPY HERAPY       5.778       572.00       7.929.542       65.00       67.00 <td>E0 00</td> <td></td> <td>27.210</td> <td>2 071 014</td> <td>4 020 40</td> <td></td> <td>10 425 171</td> <td></td>  | E0 00  |  | 27.210      | 2 071 014            | 4 020 40                              |                            | 10 425 171            |        |
| 52.00         DS200         DELLVERY         ROM         32, 472         101, 812         4, 134, 688         0         7, 587, 008         52, 008           54.00         DS500         RADI DLOGY-THERAPEUTIC         10, 436         405, 507         679, 493         0         2, 871, 440         55, 00           57.00         DS700         DS700         CT         CAM         1, 364         221, 354         1, 282, 022         0         2, 674, 921         58, 00         2, 673, 250         88, 00         0         18, 830         59, 00         0         12, 656, 326         68, 00         0         12, 656, 326         66, 00         0         12, 656, 326         64, 00         0         12, 656, 326         66, 00         0         12, 656, 326         66, 00         0         10, 02, 656         64, 00         0         1, 007, 69         5, 072, 008         7, 929, 542         66, 00           66, 00         G6600         PESPI RATORY THERAPY         9, 30         1, 07, 69         5, 079, 208         7, 292, 542         66, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00         67, 00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>   |        |  |             |                      |                                       | -                          |                       |        |
| 55.00         05500         RADIOLGCY-THERAPEUTIC         10,436         405.57         679,493         0         2,871,440         55.00           57.00         05700         TA         50.00         TA         2,63,250         58.00           58.00         OSB00         CARDIAC CATHETERIZATION         0         1,282,022         0,2,614,921         57.00           60.00         OADDOLABDATORY         5,342         0         0         1044,805         59.00           64.00         OADOU         INTRAVEMOUS THERAPY         5,3742         0         0         10,026,665         64.00           64.00         OADOU         INTRAVEMOUS THERAPY         7,521         2,856         540.077         0         6,045,452         65.00           67.00         OCCUPATIONAL THERAPY         0         57,520         1.422,915         0         2,200,056         7,000         7,002,535         69.00         67.00         525,538         69.00         67.00         52,538         69.00         67.00         52,538         69.00         67.00         52,538         69.00         67.00         52,538         69.00         67.00         52,538         69.00         67.00         52,538         69.00         0  |        |  |             |                      |                                       |                            |                       |        |
| 57.00       05700       CT SCAN       1.364       231.354       1.282.022       0       2.674.921       57.00         58.00       05900       MADI AC CATHETERIZATION       0       1.527       0       184.830       59.00         60.00       06000       LABORATORY       5.342       0       0       12.656.326       60.00         61.00       064000       INTRAVENUS THERAPY       7.521       2.856       540.073       0       1.002.656       64.00         65.00       06500       HESTI RATICKY THERAPY       7.521       2.857       3.510.077       0       6.045,452       65.00         66.00       06600       PHYSI CAL THERAPY       930       1.927.699       5.079       24.260.00       7.929.42       66.00         67.00       05700       DELECTROCARDI OLOGY       0       1.719       289.897       0       448.271       78.00         69.00       06000       ELECTROCARDI OLOGY       0       0       0       0       13.202.847       70.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       76.02       76.02       76.02<   |        |  |             |                      |                                       |                            |                       |        |
| 58         00         05800         MRI         5,012         498,9c2         675,568         0         2,503,250         58.00         59.00           60         0000         LABORATORY         5,342         0         0         0         0         1,002,656,326         60.00           64         00         0000         LABORATORY         7,521         2,856         540,073         0         1,002,656,452         65.00           65:00         065000         DCOND RESPI RATORY THERAPY         7,521         2,856         540,073         0         7,929,542         66.00           66:00         06600         PHYSI CAL THERAPY         930         1,077,699         5,079,208         7,929,542         66.00           68:00         0500 ELECTROCARDIOLOGY         0         0         39,205         552,385         69.00           70:00         07000 ELECTROCARDEPHALOGRAPHY         3,176         229,063         1,117,863         2,459,474         70.00           73:00         07300 IAPL JES CHARGED TO PATIENTS         0         0         0         13,020,384         72.00           74:00         07301 SPECI ALTY PHARMACY         0         0         0         0         0         76.01     <  |        |  |             |                      |                                       |                            |                       |        |
| 59.00       00       00       15.27       0       0       184,830       59.00         60.00       06000       LABORATORY       5,342       0       0       12,656,326       60.00         64.00       0400       INTRAVENOUS THERAPY       7,521       2,856       540,073       0       1,002,652       64.00         65.00       06500       PHYSI CAL THERAPY       5,778       252,577       3,510,077       0       6,045,52       66.00         66.00       06600       PHYSI CAL THERAPY       0       5,752       1,422,915       0       2,200,005       67.00         67.00       00       0000       11,779       289,897       0       488,217       68.00         68.00       068000       FECET ROCARD 10.LOGY       0       0       39,205       525,385       69.00         71.00       0100       DOID CAL SUPPLIES CHARGED TO PATIENT       0       0       0       117,064,271       71.00         73.00       DRUGO RENAL DARGED TO PATIENTS       0       0       0       16,547,768       73.00         73.00       OR300       DRUGO RENAL DARAGED TO PATIENTS       0       0       0       14,262,886       74.00  |        |  |             |                      |                                       |                            |                       |        |
| 64.00       INTRAVENOUS THERAPY       7, 521       2, 856       540, 073       0       1, 002, 665       64.00         65.00       06500 RESPI RATORY THERAPY       5, 778       252, 577       3, 510, 0077       0       6, 045, 645       65.00         66.00       06400 PHYSI CAL THERAPY       930       1, 097, 699       5, 079, 208       7, 929, 542       66.00         67.00       06700 OCCUPATI DNAL THERAPY       0       57, 520       1, 422, 915       0       2, 200, 005       67.00         68.00       06800 SPECEH PATHOLOGY       0       11, 719       289, 897       0       448, 217       70.00         00       0000 ELECTROCARDI OLOGY       0       0       39, 205       525, 385       69.00         0100       07000 MELCAL SUPPLIES CHARGED TO PATI ENT       0       0       0       11, 719, 863       02, 459, 674       70.00         0100       07300 INUC SCHARGED TO PATI ENTS       0       0       0       16, 547, 768       73.00         0310       07301 SPECI ALTY PHARMACY       0       0       0       1, 262, 886       74.00       73.00         73.00       07301 SPECI ALTY PHARMACY       0       0       0       0       74.01       00       0   |        |  | 0           |                      |                                       | 0 0                        | 184, 830              | 59.00  |
| 65:00       06500       PESPIRATORY THERAPY       5,778       252,577       3,510,077       0       6,045,452       65:00         66:00       06600       PHYSICAL THERAPY       930       1,097,699       5,079,208       7,929,542       66:00         67:00       06700       0CCUPATIONAL THERAPY       0       57,520       1,422,915       0       2,200,005       67:00         68:00       06900       ELECTROCARDIOLOGY       0       0       39,205       0       525,385       69:00         00       07000       ELECTROCARDIOLOGY       0       0       0       0       17,064,771       0.00         71:00       07100       MPL       DEV. CHARGED TO PATIENTS       0       0       0       13,020,384       72.00         73:01       07301       SPECI ALTY PHARMACY       0       0       0       0       73.00       73.00       73.00       73.00       74.00       0       0       0       0       76.01       76.02       76.01       76.02       76.01       76.02       76.01       76.02       76.01       76.02       76.01       76.02       76.01       76.02       76.02       76.02       76.02       76.02       76.02       76.0   |        |  |             | -                    | E40.07                                | -                          |                       |        |
| 66.00         06000         PHSI CAL THERAPY         930         1, 07, 699         5, 079, 208         0         7, 929, 542         66.00           67.00         067000         OCCUPATI ONAL THERAPY         0         1, 719         289, 897         0         448, 217         68.00           69.00         066000         SPECH PATHOLOGY         0         0         39, 205         0         525, 385         69.00           00.00         00000         ELECTROCARDI OLOGY         0         0         39, 205         0         2, 459, 674         70.00           01.00         071000         DEDICAL SUPPLIES CHARGED TO PATIENTS         0         0         0         0         11, 17, 863         0         12, 459, 674         70.00           73.01         07301         DRUS CHARGED TO PATIENTS         0         0         0         0         13, 020, 384         72.00           73.01         07301         DRUS CHARGED TO PATIENTS         0  |        |  |             |                      |                                       |                            |                       |        |
| 68:00         06800         SPECH         PATHOLOGY         0         11, 719         289, 897         0         448, 217         68.00           69:00         00900         ELECTROCARDIOLOGY         0         0         39, 205         525, 385         69.00           70:00         07000         ELECTROCARDIOLOGY         0         0         0         2459, 674         70.00           71:00         07100         MEDI CAL, SUPPLIES CHARGED TO PATIENTS         0         0         0         17, 054, 271         71.00           72:00         7020         DPV. CHARGED TO PATIENTS         0         0         0         16, 547, 768         73.00           73:01         07300         RECLAITY PHARMACY         0         0         0         0         73.00           76:00         03330         ENDOSCOPY         7, 453         386, 012         1, 431, 991         0         3, 225, 879         76.00           76:01         03950         OTHER ANCILLARY SERVICE COST CENTERS         0         0         0         0         0         76.02           76:04         03951         OTHER ANCILLARY SERVICE COST CENTERS         0         0         0         0         76.02           76:04 <td>66.00</td> <td>06600 PHYSI CAL THERAPY</td> <td></td> <td></td> <td>5, 079, 20</td> <td>3 0</td> <td></td> <td></td>  | 66.00  | 06600 PHYSI CAL THERAPY                    |             |                      | 5, 079, 20                            | 3 0                        |                       |        |
| 69:00       69:00       ELECTROCARDIOLOGY       0       0       39,205       0       525,385       69.00         70:00       07000       ELECTROENCEPHALOGRAPHY       3,176       229,063       1,117,863       0       2,459,674       70.00         71:00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT       0       0       0       13,202,384       72.00         73:00       07301       SPECIALTY PHARMACY       0   |        |  | 0           |                      |                                       |                            |                       |        |
| 70.00       07000       ELECTROENCEPHALOGRAPHY       3, 176       229, 063       1, 117, 863       0       2, 459, 674       70.00         71.00       MDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       17, 054, 271       71.00         72.00       07200       IMPL DEV. CHARGED TO PATIENTS       0       0       0       13, 020, 330, 00       73.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       73.00         74.00       07400       RENAL DI ALTY PHARMACY       0       0       0       1, 262, 886       74.00         76.00       03305       OTHOR ANCILLARY SERVICE COST CENTERS       0       0       0       3, 225, 879       76.00         76.01       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       0       76.00         76.02       03951       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       76.03       76.03         76.04       03953       WOUND CARE       0       152, 579       432, 787       0       1, 316, 945       76.06         76.06       03954       HAGI ING CENTER       0       950, 604       1, 886, 736       0   |        |  | 0           | 11, 719              |                                       |                            |                       |        |
| 71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       0       17,054,271       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       13,020,384       72.00         73.00       07301       DSECIALTY PHARMACY       0       0       0       16,547,768       73.00         74.00       07400       RENAL DI ALYSIS       104       0       0       1,262,867       74.00         76.01       03350       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       76.00         76.02       03950       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       76.00         76.04       03952       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       76.00         76.04       03952       OTHER ANCILLARY SERVICE COST CENTERS       0       0       0       76.01         76.04       03953       WOIND CARE       0       152,579       432,787       0       1,316,945       76.06         76.05       03954       IMAGI NG CENTER       0       999,165       0       12,015,693       76.07         76.06       03954       IMAGI NG CENTER   |        |  | 3, 176      | 229, 063             |                                       |                            |                       |        |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       16,547,768       73.00         73.01       07301       SPECIALTY PHARMACY       0       0       0       73.01         74.00       OTAOL REAL DI ALYSIS       104       0       0       12,262,866       74.00         76.00       03305       ENDOSCOPY       7,453       386,012       1,431,991       0       3,225,879       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.01         76.02       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.03         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.04         76.04       03953       WOUND CARE       0       152,579       432,787       1,316,945       76.04         76.05       03954       I MAGI NG CENTER       0       950,604       1,886,736       0       4,386,627       76.06         03955       BREAST DI AGNOSTIC CENTER       0       399,165       0       12,015,693       76.07         00.00       09000       INFUSION CENTER       0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td></td> <td></td>   |        |  | 0           | 0                    |                                       | 0 0                        |                       |        |
| 73.01       07301       SPECIALTY PHARMACY       0       0       0       73.01         74.00       07400       RENAL DIALYSIS       104       0       0       1, 262, 886       74.00         76.00       03305       ENDOSCOPY       7, 453       386, 012       1, 431, 991       0       3, 225, 879       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.01         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.02         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       76.03         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       152, 579       432, 787       1, 316, 945       76.04         76.04       03954       INAGING CENTER       0       950, 604       1, 886, 736       0       4, 386, 627       76.06         76.05       03955       BREAST DI AGNOSTI C CENTER       0       399, 165       0       12, 015, 693       70.01         70.01       04975       SINCE COST CENTER       0       24, 659       116, 093       233, 948       90.01         90.20  |        |  | 0           | 0                    |                                       |                            |                       |        |
| 76.00       03330       ENDOSCOPY       7,453       386,012       1,431,991       0       3,225,879       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.01         76.02       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.02         76.03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76.03         76.04       03953       OTHER ANCI LLARY SERVICE COST CENTERS       0       152,579       432,787       0       1,316,945       76.04         76.05       03954       I MAGI NG CENTER       0       950,604       1,886,736       0       4,386,627       76.06         70.00       09000       CLINIC       0   |        |  | 0           | 0                    |                                       | 0 0                        |                       |        |
| 76. 01       03950       0THER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76. 01         76. 02       03951       0THER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76. 02         76. 03       03952       0THER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76. 02         76. 04       03953       WOUND CARE       0       152, 579       432, 787       0       1, 316, 945       76. 04         76. 06       03954       I MAGI NG CENTER       0       950, 604       1, 886, 736       0       4, 386, 627       76. 06         76. 07       03955       BREAST DI AGNOSTI C CENTER       0       399, 165       0       0       12, 015, 693       76. 07         00.00       0       0       0       0       0       0       0       90. 00         01.01       0       0       0       0       0       0       0       90. 00       203, 948       90. 01         90. 00       04950       I NFUSION CENTER       0       0       0       233, 948       90. 01         91. 00       0900       ENEGENCY       25, 409       172, 034       6, 331, 455<  |        |  | 1           | 0                    |                                       | 0 0                        |                       |        |
| 76. 02       03951       0THER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76. 02         76. 03       03952       0THER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       76. 03         76. 04       03953       WOUND CARE       0       152, 579       432, 787       0       1, 316, 945       76. 06         76. 04       03954       I MAGI NG CENTER       0       950, 604       1, 886, 736       0       4, 386, 627       76. 06         76. 07       03955       BREAST DI AGNOSTI C CENTER       0       399, 165       0       0       12, 015, 693       76. 07         0017PATI ENT SERVICE COST CENTER       0       <  |        |  | 7,453       | 386, 012             | 1, 431, 99                            |                            |                       |        |
| 76. 03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0       0       76. 03         76. 04       03953       WOUND CARE       0       152, 579       432, 787       0       1, 316, 945       76. 04         76. 06       03954       IMAGI NG CENTER       0       950, 604       1, 886, 736       0       1, 316, 945       76. 06         76. 07       03955       BREAST DI AGNOSTIC CENTER       0       399, 165       0       0       12, 015, 693         70. 00       09000       CLI NI C       0       399, 165       0       0       233, 948       90. 01         90. 00       09000       CLI NI C       0       82, 659       116, 093       0       233, 948       90. 01         90. 00       09100       EMERGENCY       25, 409       172, 034       6, 331, 455       0       12, 049, 339       91. 00         91. 00       OBSERVATI ON BEDS (NON-DI STI NCT PART       25, 409       172, 034       6, 331, 455       0       12, 049, 339       91. 00         92. 00       OSECIAL PURPOSE COST CENTERS       113. 00       113.00       113.00       113.00       113.00       113.00         114. 00       I 142 OL   |        |  | 0           | 0                    |                                       |                            | -                     |        |
| 76. 06       03954       IMAGING CENTER       0       950, 604       1, 886, 736       0       4, 386, 627       76. 06         76. 07       03955       BREAST DI AGNOSTI C CENTER       0       399, 165       0       0       12, 015, 693       76. 07         0UIPATIENT SERVICE COST CENTERS       0       0       0       0       0       90. 00       04950       114,003       0       0       90. 00       04950       116,093       0       233,948       90. 01         90. 00       04950       INFUSI ON CENTER       0       82,659       116,093       0       233,948       90. 01         90. 26       04975       SPINE CENTER       0       82,659       116,093       0       269,160       90. 26         91. 00       09100       EMERGENCY       25,409       172,034       6,331,455       0       12,049,339       91.00       92.00         92. 00       DBSERVATI ON BEDS (NON-DI STINCT PART       25,409       172,034       6,331,455       0       12,049,339       91.00       92.00         91. 00       11300       INTRERST EXPENSE       113.00       11300       INTREST EXPENSE       114.00       311,737,151       118.00         118. 00  | 76.03  | 03952 OTHER ANCILLARY SERVICE COST CENTERS | 0           | 0                    |                                       | 0 0                        | 0                     |        |
| 76. 07       03955       BREAST DIAGNOSTIC CENTER       0       399, 165       0       0       12, 015, 693       76. 07         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       0       90. 00       0       0       0       0       0       90. 00       0       0       0       0       0       90. 00       0       0       0       0       0       90. 00       90. 01       04950       INFUSION CENTER       0       82, 659       116, 093       0       233, 948       90. 01       90. 26       91. 00       09100       EMERGENCY       25, 409       172, 034       6, 331, 455       0       12, 049, 339       91. 00       92. 00       92.00   |        |  | 0           |                      |                                       |                            |                       |        |
| OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         0 </td <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |        |  | 0           |                      |                                       |                            |                       |        |
| 90. 01       04950       INFUSION CENTER       0       82,659       116,093       0       233,948       90.01         90. 26       04975       SPINE CENTER       0       0       204,600       0       269,160       90.26         91. 00       09100       EMERGENCY       25,409       172,034       6,331,455       0       12,049,339       91.00         92. 00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       92.00   | 70.07  | OUTPATIENT SERVICE COST CENTERS            | ч<br>       | 077,100              | `                                     |                            | 12, 010, 070          | /0.0/  |
| 90. 26       04975       SPI NE CENTER       0       0       204,600       0       269,160       90. 26         91. 00       09100       EMERGENCY       25,409       172,034       6,331,455       0       12,049,339       91.00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       25,409       172,034       6,331,455       0       12,049,339       91.00       92.00         SPECI AL PURPOSE COST CENTERS         113. 00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVI EW-SNF       114.00       0       0       0       0       0       0       114.00       114.00       114.00       114.00       114.00       114.00       114.00       114.00       114.00       114.00       0       0       0       0   |        |  | 0           | 0                    |                                       | -                          |                       |        |
| 91.00       09100       EMERGENCY       25,409       172,034       6,331,455       0       12,049,339       91.00       92.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART       25,409       172,034       6,331,455       0       12,049,339       91.00       92.00         SPECIAL PURPOSE COST CENTERS         113.00       11400       UTI LI ZATI ON REVI EW-SNF       113.00       114.00       114.00       114.00       114.00       114.00       114.00       118.00       0       0.00, 82.4       -63,219,711       311,737,151       118.00         118.00       NORREI MBURSABLE COST CENTERS       116,902,824       -63,219,711       311,737,151       118.00         190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       3,514       0       0       0       0       191.00       191.00       191.00       191.00       191.00       0       0       0       191.00       192.00       87,916       192.00       87,916       192.00       87,916       192.00  |        |  | 0           | 82, 659              |                                       |                            |                       |        |
| SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         113.00           114.00         11400         UTI LI ZATI ON REVI EW-SNF         114.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         579,022         17,521,872         116,902,824         -63,219,711         311,737,151         118.00           118.00         NONREI MBURSABLE COST CENTERS         116,902,824         -63,219,711         311,737,151         118.00           190.00         GI FT, FLOWER, COFFEE SHOP & CANTEEN         3,514         0         0         0         86,368         190.00           191.00         19100         RESEARCH         0         0         0         0         191.00           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         0         0         0         87,916         192.00   |        |  | 25, 409     | 172, 034             |                                       |                            |                       |        |
| 113.00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       579,022       17,521,872       116,902,824       -63,219,711       311,737,151       118.00         119.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       3,514       0       0       0       86,368       190.00         191.00       PHYSI CLANS' PRI VATE OFFICES       0       0       0       87,916       192.00  |        | 09200 OBSERVATION BEDS (NON-DISTINCT PART  |             |                      |                                       |                            |                       |        |
| 114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00       114.00         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       579,022       17,521,872       116,902,824       -63,219,711       311,737,151       118.00         NONREI MBURSABLE COST CENTERS         190.00       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       3,514       0       0       0       86,368       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       0       0       0       87,916       192.00   | 112 04 |  | 1           |                      | E                                     | 1                          |                       | 112 00 |
| 118.00         SUBTOTALS (SUM OF LINES 1 through 117)         579,022         17,521,872         116,902,824         -63,219,711         311,737,151         118.00           NONREI MBURSABLE COST CENTERS   |        |  |             |                      |                                       |                            |                       |        |
| NONREI MBURSABLE COST CENTERS           190. 00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         3, 514         0         0         0         86, 368         190. 00           191. 00         19100         RESEARCH         0         0         0         0         191. 00           192. 00         19200         PHYSI CI ANS'         PRI VATE OFFICES         0         0         0         87, 916         192. 00   |        |  | 579, 022    | <u>17, 52</u> 1, 872 | <u>116, 9</u> 02, 82                  | 4 -63, 219, 711            | <u>311, 73</u> 7, 151 |        |
| 191.00         19100         RESEARCH         0         0         0         0         191.00           192.00         19200         PHYSI CLANS'         PRI VATE OFFICES         0         0         0         0         87,916         192.00   | 4.0-5  | NONREI MBURSABLE COST CENTERS              |             |                      |                                       |                            |                       |        |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFICES 0 0 0 0 87, 916 192. 00   |        |  | 3, 514      | 0                    |                                       |                            |                       |        |
|   |        |  | 0           | 0                    |                                       |                            |                       |        |
|   | 193.00 | 19300 NONPALD WORKERS                      | 0           | 0                    |                                       | 0 0                        | 0                     | 193.00 |
| 194. 00 07950 HOME_OFFICE 0  0  0  0 194. 00  | 194.00 | DIO 1950 HOME OFFI CE                      | 0           | 0                    |                                       | 0 10                       | 0                     | 194.00 |

| Health Financial Systems COMM                                   | UNI TY HOSPI TAL             | OF INDIANA, IN                | IC.  | In Lie                           | u of Form CMS-2                                 | 2552-10 |
|---|------------------------------|-------------------------------|--|----------------------------------|---|---------|
| COST ALLOCATION - STATISTICAL BASIS                             |                              | Provider CC                   |  | Period:                          | Worksheet B-1                                   |         |
|   |                              |                               |  | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3                  |         |
|   | CAPI TAL REI                 | _ATED COSTS                   |  |                                  |   |         |
| Cost Center Description   | BLDG & FIXT<br>(SQUARE FEET) | MVBLE EQUIP<br>(DOLLAR VALUE) | EMPLOYEE<br>BENEFITS<br>DEPARTMENT<br>(GROSS | Reconciliation                   | ADMI NI STRATI VE<br>& GENERAL<br>(ACCUM. COST) |         |
|   |                              |                               | SALARI ES)                                   |                                  |   |         |
|   | 1.00                         | 2.00                          | 4.00   | 5A                               | 5.00  |         |
| 194. 06 07956 PAVI LLI ONS                                      | 0                            | 91, 529                       | (  | 0 C                              | 119, 153  | 194.06  |
| 194.08 07958 OTHER NRCC   | 548                          | 85, 175                       | 1, 719, 21                                   | 3 0                              | 2, 470, 673                                     | 194.08  |
| 194.10 07960 COMMUNITY REHAB HOSPITAL                           | 0                            | 0                             | (  | 0 0                              | 0   | 194.10  |
| 200.00 Cross Foot Adjustments                                   |                              |                               |  |                                  |   | 200.00  |
| 201.00 Negative Cost Centers                                    |                              |                               |  |                                  |   | 201.00  |
| 202.00 Cost to be allocated (per Wkst. B, Part I)               | 14, 331, 271                 | 17, 656, 103                  | 6, 513, 54                                   | 2                                | 63, 219, 711                                    | 202.00  |
| 203.00 Unit cost multiplier (Wkst. B, Part I)                   | 24. 578399                   | 0. 997600                     | 0. 05491                                     | С                                | 0. 201016                                       | 203.00  |
| 204.00 Cost to be allocated (per Wkst. B, Part II)              |                              |                               | 101, 24                                      | 4                                | 4, 493, 585                                     | 204.00  |
| 205.00 Unit cost multiplier (Wkst. B, Part                      |                              |                               | 0.00085                                      | 4                                | 0. 014288                                       | 205.00  |
| 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)   |                              |                               |  |                                  |   | 206.00  |
| 207.00 NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |                              |                               |  |                                  |   | 207.00  |

| 5551 P   | ALLOCATION - STATISTICAL BASIS  |  | Provider C  | F   | Period:<br>From 01/01/2021<br>To 12/31/2021  | Worksheet B-1<br>Date/Time Pre  | pared:   |
|--|---|--|---|---|--|---|--|
|  | Cost Center Description   | OPERATION OF<br>PLANT<br>(SQUARE FEET)   | LAUNDRY &<br>LI NEN SERVI CE<br>(POUNDS OF<br>LAUNDRY)  | HOUSEKEEPI NG<br>(SQUARE FEET)  | DI ETARY<br>(PATI ENT DAYS)  | 5/30/2022 2: 3<br>CAFETERI A<br>(FTES)  | 9 pm   |
|  |   | 7.00   | 8.00  | 9.00  | 10.00  | 11.00   |  |
| 4 00   | GENERAL SERVICE COST CENTERS  | 1  |   |   | 1  |   | 1 1 00   |
| 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>19.00<br>21.00<br>22.00   | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINISTRATIVE & GENERAL<br>00700 OPERATION OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINISTRATION<br>01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY<br>01600 MEDICAL RECORDS & LIBRARY<br>01700 SOCIAL SERVICE<br>01900 NONPHYSICIAN ANESTHETISTS<br>02100 I & SERVICES-SALARY & FRINGES APPRV<br>02200 I & SERVICES-OTHER PRGM COSTS APPRV<br>INPATIENT ROUTINE SERVICE COST CENTERS   | 491, 728<br>2, 159<br>5, 377<br>5, 970<br>12, 989<br>892<br>13, 624<br>6, 748<br>241<br>1, 596<br>0<br>0   | 237, 529<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | 484, 192<br>5, 970<br>12, 989<br>13, 624<br>6, 748<br>241<br>1, 596<br>0<br>0<br>0  | 72,708       0       0       0       0       0       0       0       0       0       0       0       0       0 | 1, 168<br>30<br>16<br>59<br>0<br>20<br>0<br>0<br>0<br>0   | 13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>19.00<br>21.00<br>22.00   |
| 30.00  | 03000 ADULTS & PEDIATRICS   | 189, 707   | 123, 141  | 189, 707  |  | 414   | •  |
| 31.00<br>35.00<br>40.00<br>43.00   | 03100   NTENSI VE CARE UNI T<br>02060 NEONATAL I NTENSI VE CARE UNI T<br>04000 SUBPROVI DER - I PF<br>04300 NURSERY<br>ANCI LLARY SERVI CE COST CENTERS   | 36, 608<br>34, 865<br>6, 412<br>14, 181  | 10, 996<br>12, 305<br>1, 134<br>6, 288  | 34, 865<br>6, 412   | 5 0<br>2 4, 186  | 66<br>99<br>28<br>22  | 35.00<br>40.00   |
| 50.00  | 05000 OPERATI NG ROOM   | 27, 310  | 12, 239   | 27, 310   | 0 0  | 64  | •  |
| $\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 67.\ 00\\ 70.\ 00\\ 71.\ 00\\ 70.\ 00\\ 71.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 04\\ 76.\ 06\\ 76.\ 07\\ \end{array}$ | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC<br>05500 RADIOLOGY-THERAPEUTIC<br>05700 CT SCAN<br>05800 MRI<br>05900 CARDIAC CATHETERIZATION<br>06000 LABORATORY<br>06400 INTRAVENOUS THERAPY<br>06400 INTRAVENOUS THERAPY<br>06600 PHYSICAL THERAPY<br>06600 SPEECH PATHOLOGY<br>06900 ELECTROCARDIOLOGY<br>06900 ELECTROCARDIOLOGY<br>07000 ELECTROENCEPHALOGRAPHY<br>07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS<br>07300 DRUGS CHARGED TO PATIENTS<br>07300 SPECIALTY PHARMACY<br>07400 RENAL DIALYSIS<br>03330 ENDOSCOPY<br>03950 OTHER ANCILLARY SERVICE COST CENTERS<br>03951 OTHER ANCILLARY SERVICE COST CENTERS<br>03952 OTHER ANCILLARY SERVICE COST CENTERS<br>03953 WOUND CARE<br>03954 IMAGING CENTER<br>03955 BREAST DIAGNOSTIC CENTER<br>0400 RENAL DIALSIS CONTER<br>03955 BREAST DIAGNOSTIC CENTER | 27, 310<br>14, 660<br>32, 472<br>9, 330<br>10, 436<br>1, 364<br>5, 012<br>7, 521<br>5, 342<br>7, 521<br>5, 778<br>930<br>0<br>0<br>0<br>0<br>3, 176<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>14, 399<br>17, 343<br>3, 150<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 14, 660<br>32, 472<br>9, 330<br>10, 436<br>1, 364<br>5, 012<br>0<br>5, 342<br>7, 521<br>5, 778<br>930<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |  | 34<br>51<br>38<br>7<br>14<br>8<br>0<br>0<br>5<br>37<br>14<br>16<br>3<br>1<br>1<br>3<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | $\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 52.\ 00\\ 55.\ 00\\ 55.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 71.\ 00\\ 73.\ 01\\ 74.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 03\\ 76.\ 04\\ 76.\ 06\\ 76.\ 07\\ \end{array}$ |
| 90. 01<br>90. 26<br>91. 00   | 04975 SPINE CENTER<br>09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART  | 0<br>0<br>0<br>25, 409   | 0<br>0<br>30, 472   | 25, 409   |  | 0<br>2<br>0<br>83   | 90. 01<br>90. 26   |
|  | SPECIAL PURPOSE COST CENTERS<br>11300 INTEREST EXPENSE<br>11400 UTILIZATION REVIEW-SNF<br>SUBTOTALS (SUM OF LINES 1 through 117)<br>NONREI MBURSABLE COST CENTERS   | 487, 666   | 237, 529  | 480, 130  | 72, 708  | 1, 168  | 113. 00<br>114. 00<br>118. 00  |
| 191.00<br>192.00<br>193.00<br>194.00<br>194.06<br>194.08   | 1900KEI MOURSABLE COST CENTERS<br>19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19200 PHYSI CI ANS' PRI VATE OFFI CES<br>19300 NONPAI D WORKERS<br>07950 HOME OFFI CE<br>07956 PAVI LLI ONS<br>07958 OTHER NRCC<br>07960 COMMUNI TY REHAB HOSPI TAL  | 3, 514<br>0<br>0<br>0<br>0<br>0<br>548<br>0  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0  | 3, 514<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(<br>(   | 0 0<br>0 0<br>0 0<br>0 0   | 0<br>0<br>0<br>0<br>0<br>0<br>0   | 190. 00<br>191. 00<br>192. 00<br>193. 00<br>194. 00<br>194. 06<br>194. 08<br>194. 10   |

| Heal th F | -inancial Systems COMM                                   | UNI TY HOSPI TAL | OF INDIANA, IN | IC.           | In Lie                           | u of Form CMS-                 | 2552-10        |
|-----------|--|------------------|----------------|---------------|----------------------------------|--------------------------------|----------------|
| COST AL   | LOCATION - STATISTICAL BASIS                             |                  | Provider CO    |               | Period:                          | Worksheet B-1                  |                |
|           |  |                  |                |               | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm |
|           | Cost Center Description                                  | OPERATION OF     | LAUNDRY &      | HOUSEKEEPI NG | DI ETARY                         | CAFETERI A                     |                |
|           |  | PLANT            | LINEN SERVICE  | (SQUARE FEET) | (PATIENT DAYS)                   | (FTES)                         |                |
|           |  | (SQUARE FEET)    | (POUNDS OF     |               |                                  |                                |                |
|           |  |                  | LAUNDRY)       |               |                                  |                                |                |
|           |  | 7.00             | 8.00           | 9.00          | 10.00                            | 11.00                          |                |
| 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)               | 16, 120, 146     | 1, 192, 030    | 6, 566, 34    | 2, 608, 723                      | 3, 136, 481                    | 202.00         |
| 203.00    | Unit cost multiplier (Wkst. B, Part I)                   | 32. 782648       | 5. 018461      | 13. 56143     | B 35. 879449                     | 2,685.343322                   | 203.00         |
| 204.00    | Cost to be allocated (per Wkst. B, Part II)              | 2, 063, 495      | 75, 531        | 257, 22       | 5 225, 179                       | 474, 788                       | 204.00         |
| 205.00    | Unit cost multiplier (Wkst. B, Part                      | 4. 196415        | 0. 317986      | 0. 53124      | 6 3. 097032                      | 406. 496575                    | 205.00         |
| 206.00    | NAHE adjustment amount to be allocated (per Wkst. B-2)   |                  |                |               |                                  |                                | 206. 00        |
| 207.00    | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |                  |                |               |                                  |                                | 207.00         |

|                | Financial Systems COMM<br>ALLOCATION - STATISTICAL BASIS                                 | IUNI TY HOSPI TAL | Provider C                   |                     | Period:                                       | u of Form CMS-2<br>Worksheet B-1 | 2552-11          |
|----------------|--|-------------------|------------------------------|---------------------|---|----------------------------------|------------------|
|                |  |                   |                              |                     | From 01/01/2021<br>To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3   |                  |
|                | Cost Center Description  | NURSI NG          | CENTRAL                      | PHARMACY            | MEDI CAL                                      | SOCI AL SERVI CE                 |                  |
|                |  | ADMI NI STRATI ON | SERVICES &<br>SUPPLY         | (COSTED<br>REQUIS.) | RECORDS &<br>LI BRARY                         | (TIME SPENT)                     |                  |
|                |  | (DI RECT NRSI NG  | (COSTED                      |                     | (GROSS CHAR                                   | . ,                              |                  |
|                |  | HRS)<br>13.00     | REQUIS.)<br>14.00            | 15.00               | GES)<br>16.00                                 | 17.00                            |                  |
|                | GENERAL SERVICE COST CENTERS   |                   |                              | 1                   |   |                                  |                  |
| . 00<br>2. 00  | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUIP                       |                   |                              |                     |   |                                  | 1.00             |
| 1. 00<br>1. 00 | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                   |                              |                     |   |                                  | 4.00             |
| 5.00           | 00500 ADMI NI STRATI VE & GENERAL  |                   |                              |                     |   |                                  | 5.00             |
| . 00           | 00700 OPERATION OF PLANT   |                   |                              |                     |   |                                  | 7.00             |
| 3.00<br>9.00   | 00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING                                      |                   |                              |                     |   |                                  | 8.00<br>9.00     |
| 0.00           | 01000 DI ETARY   |                   |                              |                     |   |                                  | 10.00            |
| 1.00           | 01100 CAFETERI A   |                   |                              |                     |   |                                  | 11.00            |
| 3.00           | 01300 NURSI NG ADMI NI STRATI ON   | 827               | 47 000 004                   |                     |   |                                  | 13.00            |
| 4.00<br>5.00   | 01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY  | 0                 | 47, 889, 836<br>0            | 16, 349, 47         | 12  |                                  | 14.00<br>15.00   |
| 6.00           | 01600 MEDICAL RECORDS & LIBRARY  | 0                 | 0                            | 10, 347, 4          | 0 1, 692, 627, 380                            |                                  | 16.00            |
| 7.00           | 01700 SOCIAL SERVICE   | 0                 | 426                          |                     | 0 0   | 95, 509                          | 17.00            |
| 9.00           | 01900 NONPHYSI CLAN ANESTHETI STS  | 0                 | 0                            |                     | 0 0   | 0                                | 19.00            |
| 21.00<br>22.00 | 02100 I &R SERVICES-SALARY & FRINGES APPRV<br>02200 I &R SERVICES-OTHER PRGM COSTS APPRV | 0                 | 0                            |                     | 0 0<br>0 0                                    | 0                                | 21.00            |
| 2.00           | I NPATI ENT ROUTI NE SERVI CE COST CENTERS   | <u> </u>          | 0                            |                     | 0 0   | 0                                | 22.00            |
| 30.00          | 03000 ADULTS & PEDIATRICS  | 414               | 2, 984, 943                  |                     | 0 235, 107, 685                               | 62, 610                          | 30.00            |
| 31.00          | 03100 INTENSIVE CARE UNIT  | 66                | 518, 660                     |                     | 0 32, 434, 256                                | 6, 930                           |                  |
| 35.00<br>40.00 | 02060 NEONATAL INTENSIVE CARE UNIT<br>04000 SUBPROVIDER - IPF                            | 99                | 866, 998<br>71, 089          |                     | 0 119, 906, 626<br>0 10, 065, 015             | 13, 920<br>4, 186                | 35.00<br>40.00   |
| 13.00          | 04300 NURSERY  | 20                | 161, 601                     |                     | 0 11, 154, 973                                | 7, 863                           | 40.00            |
|                | ANCI LLARY SERVICE COST CENTERS  |                   |                              |                     |   | .,                               |                  |
| 60.00          | 05000 OPERATING ROOM   | 64                | 7,060,217                    |                     | 0 241, 411, 841                               | 0                                | 50.00            |
| 51.00<br>52.00 | 05100 RECOVERY ROOM<br>05200 DELIVERY ROOM & LABOR ROOM                                  | 0<br>51           | 271, 239<br>370, 049         |                     | 0 41, 078, 473<br>0 25, 543, 697              | 0                                | 51.00<br>52.00   |
| 54.00          | 05400 RADI OLOGY-DI AGNOSTI C  | 0                 | 190, 393                     |                     | 0 23, 543, 897                                | 0                                | 52.00            |
| 5.00           | 05500 RADI OLOGY-THERAPEUTI C  | 0                 | 323, 410                     |                     | 0 42, 843, 104                                | 0                                | 55.00            |
| 7.00           | 05700 CT SCAN  | 0                 | 191, 160                     |                     | 0 80, 377, 004                                | 0                                | 57.00            |
| 58.00<br>59.00 | 05800 MRI<br>05900 CARDI AC CATHETERI ZATI ON  | 0                 | 39, 824<br>3, 509            |                     | 0 28, 984, 229<br>0 4, 526, 842               | 0                                | 58.00<br>59.00   |
| b0.00          | 06000 LABORATORY   | 0                 | 2, 020, 455                  |                     | 0 135, 435, 346                               | 0                                | 60.00            |
| 4.00           | 06400 INTRAVENOUS THERAPY  | 0                 | 21, 852                      |                     | 0 1, 313, 965                                 | 0                                | 64.00            |
| 5.00           | 06500 RESPI RATORY THERAPY   | 0                 | 559, 110                     |                     | 0 36, 633, 886                                | 0                                | 65.00            |
| 6.00<br>7.00   | 06600 PHYSI CAL THERAPY<br>06700 OCCUPATI ONAL THERAPY                                   | 0                 | 148, 122<br>34, 505          |                     | 0 25, 033, 802<br>0 7, 469, 870               | 0                                | 66.00<br>67.00   |
| 8.00           | 06800 SPEECH PATHOLOGY   | 0                 | 7, 030                       |                     | 0 2, 305, 044                                 | 0                                | 68.0             |
| 9.00           | 06900 ELECTROCARDI OLOGY   | 0                 | 1, 085                       |                     | 0 9, 585, 209                                 | 0                                | 69.0             |
| 0.00           |  | 0                 | 149, 287                     |                     | 0 14, 758, 041                                | 0                                |                  |
|                | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT<br>07200 IMPL. DEV. CHARGED TO PATIENTS        | 0                 | 17, 054, 271<br>13, 020, 384 |                     | 0 65, 355, 984<br>0 44, 136, 795              | 0                                | 71.00            |
|                | 07300 DRUGS CHARGED TO PATIENTS  | 0                 | 020, 004                     |                     |   | 0                                | 73.0             |
| 3. 01          | 07301 SPECIALTY PHARMACY   | 0                 | 0                            |                     | 0 0   | 0                                | 73.0             |
|                | 07400 RENAL DI ALYSI S   | 0                 | 21, 591                      |                     | 0 6, 064, 046                                 | 0                                | 74.0             |
| 6.00<br>6.01   | 03330 ENDOSCOPY<br>03950 OTHER ANCILLARY SERVICE COST CENTERS                            | 0                 | 409, 335                     |                     | 0 30, 058, 909                                | 0                                | 76. 0<br>76. 0   |
|                | 03951 OTHER ANCI LLARY SERVICE COST CENTERS  | 0                 | 0                            |                     | 0 0   | 0                                | 76.0             |
|                | 03952 OTHER ANCILLARY SERVICE COST CENTERS   | 0                 | 0                            |                     | 0 0   | 0                                | 76.0             |
| 6.04           |  | 0                 | 138, 824                     |                     | 0 4, 704, 161                                 | 0                                | 76.04            |
|                | 03954 I MAGI NG CENTER<br>03955 BREAST DI AGNOSTI C CENTER                               | 0                 | 155, 296<br>10, 616          |                     | 0 58, 112, 435<br>0 29, 811, 164              |                                  | 76.00<br>76.0    |
| 0.07           | OUTPATIENT SERVICE COST CENTERS  |                   | 10,010                       |                     | 27,011,101                                    |                                  | /0.0             |
|                | 09000 CLI NI C   | 0                 | 0                            |                     | 0 0   | 0                                | 90.00            |
|                | 04950 INFUSION CENTER  | 0                 | 1, 343                       |                     | 0 3, 302, 119                                 | 0                                | 90.0             |
| 1.00           | 04975 SPI NE CENTER<br>09100 EMERGENCY   | 83                | 3, 959<br>1, 046, 208        |                     | 0 485, 887<br>0 181, 995, 890                 | 0                                | 90.20<br>91.00   |
|                | 09200 OBSERVATION BEDS (NON-DISTINCT PART  |                   | ., 5.0, 200                  |                     |   |                                  | 92.00            |
|                | SPECIAL PURPOSE COST CENTERS   | 1                 |                              |                     |   |                                  |                  |
|                | 11300 INTEREST EXPENSE   |                   |                              |                     |   |                                  | 113.0            |
| 14.00<br>18.00 | ) 11400 UTILIZATION REVIEW-SNF<br>) SUBTOTALS (SUM OF LINES 1 through 117)               | 827               | 47, 856, 791                 | 16 349 4            | 72 1, 692, 627, 380                           | 95, 509                          | 114.00<br>118.00 |
| 10.00          | NONREIMBURSABLE COST CENTERS   | 027               | -1,030,791                   | 10, 347, 4          | , <u>, , , , , , , , , , , , , , , , , , </u> | 70, 009                          | 1.10.00          |
|                | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 0                 | 0                            |                     | 0 0   |                                  | 190. 0           |
|                | 19100 RESEARCH   | 0                 | 0                            |                     | 0 0   |                                  | 191.0            |
|                | 19200 PHYSICIANS' PRIVATE OFFICES<br>19300 NONPAID WORKERS                               | 0                 | 7, 616                       |                     | 0 0   |                                  | 192.0            |
|                | 07950 HOME OFFICE  | 0                 | 0                            |                     | 0 0   |                                  | 193. 0<br>194. 0 |
| 94.06          | 07956 PAVI LLI ONS   | 0                 | 10, 356                      |                     | 0 0   |                                  | 194.0            |
|                | 07958 OTHER NRCC   | 1 1               | 15, 073                      |                     | 0 0   |                                  | 194.0            |

| Health Fina | uncial Systems COMM                                      | UNI TY HOSPI TAL  | OF INDIANA, IN | IC.         | In Lie                           | eu of Form CMS-                | 2552-10        |
|-------------|--|-------------------|----------------|-------------|----------------------------------|--------------------------------|----------------|
| COST ALLOCA | ATION - STATISTICAL BASIS                                |                   | Provider C     |             | Period:                          | Worksheet B-1                  |                |
|             |  |                   |                |             | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm |
|             | Cost Center Description                                  | NURSI NG          | CENTRAL        | PHARMACY    | MEDI CAL                         | SOCI AL SERVICE                |                |
|             |  | ADMI NI STRATI ON | SERVICES &     | (COSTED     | RECORDS &                        |                                |                |
|             |  |                   | SUPPLY         | REQUIS.)    | LI BRARY                         | (TIME SPENT)                   |                |
|             |  | (DI RECT NRSI NG  | (COSTED        |             | (GROSS CHAR                      |                                |                |
|             |  | HRS)              | REQUIS.)       |             | GES)                             |                                |                |
|             |  | 13.00             | 14.00          | 15.00       | 16.00                            | 17.00                          |                |
|             | O COMMUNI TY REHAB HOSPI TAL                             | 0                 | 0              |             | 0 0                              | 0                              | 194.10         |
| 200.00      | Cross Foot Adjustments                                   |                   |                |             |                                  |                                | 200.00         |
| 201.00      | Negative Cost Centers                                    |                   |                |             |                                  |                                | 201.00         |
| 202.00      | Cost to be allocated (per Wkst. B,<br>Part I)            | 8, 988, 451       | 8, 645, 680    | 10, 989, 98 | 9 2, 988, 171                    | 3, 088, 984                    | 202.00         |
| 203.00      | Unit cost multiplier (Wkst. B, Part I)                   | 10, 868. 743652   | 0. 180533      | 0. 67219    | 2 0.001765                       | 32. 342334                     | 203.00         |
| 204.00      | Cost to be allocated (per Wkst. B,<br>Part II)           | 170, 923          | 3, 128, 667    | 1, 224, 61  | 6 42, 525                        | 91, 749                        | 204.00         |
| 205.00      | Unit cost multiplier (Wkst. B, Part                      | 206. 678356       | 0. 065331      | 0. 07490    | 2 0. 000025                      | 0. 960632                      | 205.00         |
| 206.00      | NAHE adjustment amount to be allocated (per Wkst. B-2)   |                   |                |             |                                  |                                | 206. 00        |
| 207.00      | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |                   |                |             |                                  |                                | 207.00         |

|  | Financial Systems COMM<br>LLOCATION - STATISTICAL BASIS   | IUNI TY HOSPI TAL                                       | OF INDIANA, IN<br>Provider CO   | CN: 15-0169 F                               | Period:                        | u of Form CMS-2552-1<br>Worksheet B-1  | <u>10</u>   |
|--|---|---|---|---|--------------------------------|--|---|
|  |   |   |   |   | rom 01/01/2021<br>o 12/31/2021 | Date/Time Prepared:  | :   |
|  |   |   | I NTERNS &  | RESI DENTS                                  |                                | 5/30/2022 2:39 pm  | _   |
|  | Cost Center Description   | NONPHYSI CI AN<br>ANESTHETI STS<br>(ASSI GNED<br>TI ME) | SERVI CES-SALAR<br>Y & FRI NGES<br>APPRV<br>(ASSI GNED<br>TI ME)                            | PRGM COSTS<br>APPRV<br>(ASSI GNED<br>TI ME) | -                              |  |   |
|  | GENERAL SERVICE COST CENTERS  | 19.00   | 21.00   | 22.00                                       |                                |  | -   |
| 13.00<br>14.00<br>15.00  | 00100 CAP REL COSTS-BLDG & FIXT<br>00200 CAP REL COSTS-MVBLE EQUI P<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00500 ADMINI STRATI VE & GENERAL<br>00700 OPERATI ON OF PLANT<br>00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING<br>01000 DI ETARY<br>01100 CAFETERIA<br>01300 NURSING ADMINI STRATI ON<br>01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY<br>01600 MEDI CAL RECORDS & LI BRARY  |   |   |   |                                | 1.00<br>2.00<br>4.00<br>5.00<br>7.00<br>8.00<br>9.00<br>10.00<br>11.00<br>13.00<br>14.00<br>15.00<br>16.00   |   |
| 19. 00<br>21. 00   | 01700 SOCIAL SERVICE<br>01900 NONPHYSICIAN ANESTHETISTS<br>02100 I&R SERVICES-SALARY & FRINGES APPRV<br>02200 I&R SERVICES-OTHER PRGM COSTS APPRV   | C   | 73, 389   | 73, 389                                     | ,                              | 17. 00<br>19. 00<br>21. 00<br>22. 00   | )0<br>)0  |
| 30, 00   | I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>03000 ADULTS & PEDI ATRI CS   |   | 33, 173   | 33, 173                                     | •                              | 30.00  | 0   |
| 31.00<br>35.00<br>40.00  | 03100 INTENSI VE CARE UNI T<br>02060 NEONATAL INTENSI VE CARE UNI T<br>04000 SUBPROVI DER - I PF<br>04300 NURSERY   |   | 0<br>0<br>33, 890   | C<br>C<br>33, 890                           |                                | 30.00<br>31.00<br>35.00<br>40.00<br>43.00  | 00<br>00<br>00  |
| 50.00  |   |   |   | 650   | )<br>)                         | FO_0(  | 0   |
| 51.00<br>52.00<br>54.00<br>55.00<br>57.00<br>59.00<br>60.00<br>64.00<br>65.00<br>66.00<br>67.00<br>68.00<br>69.00<br>70.00<br>71.00<br>72.00<br>73.01<br>74.00<br>76.01<br>76.02<br>76.03<br>76.04<br>76.07<br>90.00 | ANCI LLARY SERVI CE COST CENTERS<br>05000 OPERATI NG ROOM<br>05100 RECOVERY ROOM<br>05200 DELI VERY ROOM & LABOR ROOM<br>05400 RADI OLOGY-DI AGNOSTI C<br>05500 RADI OLOGY-THERAPEUTI C<br>05700 CT SCAN<br>05800 MRI<br>05900 CARDI AC CATHETERI ZATI ON<br>06000 LABORATORY<br>06400 INTRAVENOUS THERAPY<br>06600 PHYSI CAL THERAPY<br>06600 PHYSI CAL THERAPY<br>06600 SPEECH PATHOLOGY<br>06900 ELECTROCARDI OLOGY<br>07000 ELECTROCARDI OLOGY<br>07000 ELECTROCARDI OLOGY<br>07000 MEDI CAL SUPPLI ES CHARGED TO PATI ENT<br>07200 IMPL. DEV. CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS<br>07300 DRUGS CHARGED TO PATI ENTS<br>07301 SPECI ALTY PHARMACY<br>07400 RENAL DI ALYSI S<br>03330 ENDOSCOPY<br>03950 OTHER ANCI LLARY SERVI CE COST CENTERS<br>03951 OTHER ANCI LLARY SERVI CE COST CENTERS<br>03953 WOUND CARE<br>03955 BREAST DI AGNOSTI C CENTER<br>04950 INFUSI ON CENTER |   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |   |                                | 50.00<br>51.00<br>52.00<br>54.00<br>55.00<br>57.00<br>58.00<br>59.00<br>60.00<br>64.00<br>65.00<br>64.00<br>66.00<br>66.00<br>67.00<br>68.00<br>69.00<br>70.00<br>71.00<br>72.00<br>73.00<br>74.00<br>74.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76.00<br>76 | 00         00 |
| 90. 26<br>91. 00   | 04950 INFUSION CENTER<br>04975 SPINE CENTER<br>09100 EMERGENCY<br>09200 OBSERVATION BEDS (NON-DISTINCT PART<br>SPECIAL PURPOSE COST CENTERS   |   | 0 0<br>0 3, 175   | C   |                                | 90. 0 <sup>2</sup><br>90. 26<br>91. 00<br>92. 00   | 26<br>00  |
|  | 11300 I NTEREST EXPENSE<br>11400 UTI LI ZATI ON REVI EW-SNF   | C   | 73, 389   | 73, 389                                     |                                | 113. 00<br>114. 00<br>118. 00  | 00  |
| 191.00<br>192.00<br>193.00   | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN<br>19100 RESEARCH<br>19200 PHYSI CLANS' PRI VATE OFFI CES<br>19300 NONPALD WORKERS<br>07950 HOME OFFI CE  |   |   |   |                                | 190.00<br>191.00<br>192.00<br>193.00<br>194.00   | 00<br>00<br>00  |

| Health Financial Systems COM                  | UNITY HOSPITAL | OF INDIANA, IN  | IC.        | In Lie                           | u of Form CMS-2552-10                    |
|---|----------------|-----------------|------------|----------------------------------|--|
| COST ALLOCATION - STATISTICAL BASIS           |                | Provider CO     |            | Peri od:                         | Worksheet B-1                            |
|   |                |                 |            | From 01/01/2021<br>To 12/31/2021 | Date/Time Prepared:<br>5/30/2022 2:39 pm |
|   |                | INTERNS &       | RESI DENTS |                                  |  |
|   |                |                 |            | _                                |  |
| Cost Center Description                       |                | SERVI CES-SALAR |            | R                                |  |
|   | ANESTHETI STS  | Y & FRINGES     | PRGM COSTS |                                  |  |
|   | (ASSI GNED     | APPRV           | APPRV      |                                  |  |
|   | TIME)          | (ASSI GNED      | (ASSI GNED |                                  |  |
|   |                | TIME)           | TIME)      | _                                |  |
|   | 19.00          | 21.00           | 22.00      |                                  |  |
| 194. 06 07956 PAVI LLI ONS                    | 0              | 0               |            | 0                                | 194.06                                   |
| 194.08079580THER NRCC                         | 0              | 0               |            | 0                                | 194.08                                   |
| 194. 10 07960 COMMUNI TY REHAB HOSPI TAL      | 0              | 0               |            | 0                                | 194.10                                   |
| 200.00 Cross Foot Adjustments                 |                |                 |            |                                  | 200.00                                   |
| 201.00 Negative Cost Centers                  |                |                 |            |                                  | 201.00                                   |
| 202.00 Cost to be allocated (per Wkst. B,     | 0              | 898, 592        | 1, 215, 99 | 6                                | 202.00                                   |
| Part I)                                       |                |                 |            |                                  |  |
| 203.00 Unit cost multiplier (Wkst. B, Part I) | 0. 000000      | 12. 244233      | 16. 56918  | 6                                | 203.00                                   |
| 204.00 Cost to be allocated (per Wkst. B,     | 0              | 10, 690         | 14, 46     | 6                                | 204.00                                   |
| Part II)                                      |                |                 |            |                                  |  |
| 205.00 Unit cost multiplier (Wkst. B, Part    | 0. 000000      | 0. 145662       | 0. 19711   | 4                                | 205.00                                   |
|   |                |                 |            |                                  |  |
| 206.00 NAHE adjustment amount to be allocated |                |                 |            |                                  | 206.00                                   |
| (per Wkst. B-2)                               |                |                 |            |                                  |  |
| 207.00 NAHE unit cost multiplier (Wkst. D,    |                |                 |            |                                  | 207.00                                   |
| Parts III and IV)                             |                |                 |            |                                  |  |
|   |                |                 |            |                                  | ·  |

|        |   | UNITE HUSPITAL |               |              |   | u or Form CM3-  | 2552-10 |
|--------|---|----------------|---------------|--------------|---|---|---------|
| COMPUT | ATION OF RATIO OF COSTS TO CHARGES          |                | Provider C    |              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | epared: |
|        |   |                |               |              |   | 5/30/2022 2:3   | 39 pm   |
|        |   |                | Title         | XVIII        | Hospi tal                                   | PPS   |         |
|        |   |                |               |              | 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 & PEDIATRICS                   | 103, 131, 979  |               | 103, 131, 97 | 9 0   | 103, 131, 979   | 30.00   |
| 31.00  | 03100 I NTENSI VE CARE UNI T                | 13, 960, 698   |               | 13, 960, 69  | 8 0   | 13, 960, 698  | 31.00   |
| 35.00  | 02060 NEONATAL INTENSIVE CARE UNIT          | 20, 513, 861   |               | 20, 513, 86  | 1 0   | 20, 513, 861  | 35.00   |
| 40.00  | 04000 SUBPROVIDER - IPF                     | 4, 748, 643    |               | 4, 748, 64   |   |   |         |
| 43.00  | 04300 NURSERY                               | 5, 269, 410    |               | 5, 269, 41   | o o   | 5, 269, 410   | 43.00   |
|        | ANCI LLARY SERVI CE COST CENTERS            |                |               |              |   |   |         |
| 50.00  | 05000 OPERATI NG ROOM                       | 27, 237, 869   |               | 27, 237, 86  | 9 0   | 27, 237, 869  | 50.00   |
| 51.00  | 05100 RECOVERY ROOM                         | 6, 535, 569    |               | 6, 535, 56   |   |   |         |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM            | 11, 492, 414   |               | 11, 492, 41  |   |   |         |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C               | 7, 520, 984    |               | 7, 520, 98   |   |   |         |
| 55.00  | 05500 RADI OLOGY-THERAPEUTI C               | 4, 100, 901    |               | 4, 100, 90   |   |   |         |
| 57.00  | 05700 CT SCAN                               | 3, 489, 808    |               | 3, 489, 80   |   |   |         |
| 58.00  | 05800 MRI                                   | 3, 318, 550    |               | 3, 318, 55   |   |   |         |
| 59.00  | 05900 CARDI AC CATHETERI ZATI ON            | 230, 607       |               | 230, 60      |   |   |         |
| 60.00  | 06000 LABORATORY                            | 16, 051, 822   |               | 16, 051, 82  |   |   |         |
| 64.00  | 06400 I NTRAVENOUS THERAPY                  | 1, 572, 462    |               | 1, 572, 46   |   |   |         |
| 65.00  | 06500 RESPIRATORY THERAPY                   | 7, 793, 416    |               |              |   |   |         |
| 66.00  | 06600 PHYSI CAL THERAPY                     | 9, 675, 128    |               |              |   |   |         |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                 | 2, 704, 619    |               |              |   |   |         |
| 68.00  | 06800 SPEECH PATHOLOGY                      | 551, 709       |               | 551, 70      |   |   |         |
| 69.00  | 06900 ELECTROCARDI OLOGY                    | 650, 795       |               | 650, 79      |   |   |         |
| 70.00  | 07000 ELECTROCARDIOLOGI                     | 3, 189, 205    |               | 3, 189, 20   |   |   |         |
|        | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   |                |               |              |   |   |         |
|        |   | 23, 676, 648   |               | 23, 676, 64  |   |   |         |
|        | 07200 I MPL. DEV. CHARGED TO PATIENTS       | 18, 066, 200   |               | 18, 066, 20  |   |   |         |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS             | 31, 077, 514   |               | 31, 077, 51  |   |   |         |
|        | 07301 SPECIALTY PHARMACY                    | 0              |               |              | 0 0   | -   |         |
|        | 07400 RENAL DI ALYSI S                      | 1, 536, 166    |               | 1, 536, 16   |   | .,  |         |
|        | 03330 ENDOSCOPY                             | 4, 425, 444    |               | 4, 425, 44   |   |   |         |
| 76.01  | 03950 OTHER ANCI LLARY SERVICE COST CENTERS | 0              |               |              | 0 0   |   |         |
|        | 03951 OTHER ANCI LLARY SERVICE COST CENTERS | 0              |               |              | 0 0   |   |         |
|        | 03952 OTHER ANCILLARY SERVICE COST CENTERS  | 0              |               | 1 (01 11     | 0 0   | -   |         |
| 76.04  | 03953 WOUND CARE                            | 1, 631, 149    |               | 1, 631, 14   |   |   |         |
|        | 03954 I MAGI NG CENTER                      | 5, 399, 013    |               | 5, 399, 01   |   |   |         |
| 76.07  | 03955 BREAST DI AGNOSTI C CENTER            | 14, 485, 574   |               | 14, 485, 57  | 4 0   | 14, 485, 574  | 76.07   |
| 00.05  | OUTPATIENT SERVICE COST CENTERS             | -              |               |              | -   | -   | 00.00   |
|        | 09000 CLINIC                                | 0              |               |              | 0 0   |   |         |
| 90.01  | 04950 I NFUSI ON CENTER                     | 292, 416       |               | 292, 41      |   | /   |         |
|        | 04975 SPI NE CENTER                         | 324, 838       |               | 324, 83      |   |   | •       |
|        | 09100 EMERGENCY                             | 17, 437, 016   |               | 17, 437, 01  |   |   |         |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 10, 157, 263   |               | 10, 157, 26  | 3   | 10, 157, 263  | 92.00   |
| 440 63 | SPECIAL PURPOSE COST CENTERS                | 1              |               |              |   | 1   | 110.00  |
|        | 11300 INTEREST EXPENSE                      |                |               |              |   |   | 113.00  |
|        | 11400 UTI LI ZATI ON REVI EW-SNF            |                | -             |              | -   |   | 114.00  |
| 200.00 |   | 382, 249, 690  |               |              |   |   |         |
| 201.00 |   | 10, 157, 263   |               | 10, 157, 26  |   | 10, 157, 263  |         |
| 202.00 | Total (see instructions)                    | 372, 092, 427  | 0             | 372, 092, 42 | 7 0   | 372, 092, 427   | 202.00  |
|        |   |                |               |              |   |   |         |

| OMPUTAT | ION OF RATIO OF COSTS TO CHARGES           |                  | Provider C                              |                                     | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 |        |
|---------|--|------------------|---|-------------------------------------|---|---|--------|
|         |  |                  |   | XVIII                               | Hospi tal                                   | PPS   |        |
|         | Cost Center Description                    | I npati ent      | Charges<br>Outpati ent                  | + col. 7)                           | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o                          |        |
|         |  | 6.00             | 7.00                                    | 8.00                                | 9.00  | 10.00   |        |
|         | IPATI ENT ROUTI NE SERVI CE COST CENTERS   | 202 140 274      |   | 222 140 2                           | 7.4   |   | 1 20 ( |
|         | 3000 ADULTS & PEDIATRICS                   | 223, 149, 374    |   | 223, 149, 3                         |   |   | 30.0   |
|         | 3100 I NTENSI VE CARE UNI T                | 32, 434, 256     |   | 32, 434, 25                         |   |   |        |
|         | 2060 NEONATAL INTENSIVE CARE UNIT          | 119, 906, 626    |   | 119, 906, 62                        |   |   | 35.    |
|         | 1000 SUBPROVIDER - IPF                     | 10,065,015       |   | 10, 065, 01                         |   |   | 40.    |
|         |  | 11, 154, 973     |   | 11, 154, 97                         | /3  |   | 43.    |
|         | ICI LLARY SERVICE COST CENTERS             | 142 424 417      | 07 005 404                              | 241 411 0                           | 0 110007                                    | 0,00000   | 1 50   |
|         | 5000 OPERATING ROOM                        | 143, 426, 417    | 97, 985, 424                            |                                     |   | 0.00000   |        |
|         | 5100 RECOVERY ROOM                         | 20, 772, 557     | 20, 305, 916                            |                                     |   | 0.00000   |        |
|         | 5200 DELIVERY ROOM & LABOR ROOM            | 25, 543, 697     | 0                                       | 25, 543, 69                         |   | 0.00000   |        |
|         | 5400 RADI OLOGY-DI AGNOSTI C               | 12, 536, 072     | 29, 193, 712                            |                                     |   | 0.00000   |        |
|         | 5500 RADI OLOGY-THERAPEUTI C               | 14, 897, 893     | 27, 945, 211                            | 42, 843, 10                         |   | 0.00000   |        |
|         | 5700 CT_SCAN                               | 27, 483, 098     | 52, 893, 906                            |                                     |   | 0.00000   |        |
|         | 5800 MRI                                   | 5, 868, 933      | 23, 115, 296                            |                                     |   | 0.00000   |        |
|         | 5900 CARDI AC CATHETERI ZATI ON            | 4, 526, 842      | 0                                       | 4, 526, 84                          |   | 0.00000   |        |
|         | 5000 LABORATORY                            | 89, 019, 418     | 46, 415, 928                            |                                     |   | 0.00000   |        |
|         | 5400 INTRAVENOUS THERAPY                   | 1, 282, 401      | 31, 564                                 | 1, 313, 96                          |   | 0.00000   |        |
|         | 5500 RESPI RATORY THERAPY                  | 34, 493, 841     | 2, 140, 045                             |                                     |   | 0.00000   |        |
|         | 5600 PHYSI CAL THERAPY                     | 4, 423, 965      | 20, 609, 837                            | 25, 033, 80                         | 0. 386483                                   | 0.00000   |        |
|         | 5700 OCCUPATI ONAL THERAPY                 | 4, 210, 145      | 3, 259, 725                             | 7, 469, 87                          |   | 0.00000   |        |
| 8.00 06 | 5800 SPEECH PATHOLOGY                      | 1, 543, 137      | 761, 907                                | 2, 305, 04                          | 0. 239349                                   | 0.00000   | 68.    |
| 9.00 06 | 5900 ELECTROCARDI OLOGY                    | 8, 097, 727      | 1, 487, 482                             | 9, 585, 20                          | 0. 067896                                   | 0.00000   | 69.    |
| 0.00 07 | 7000 ELECTROENCEPHALOGRAPHY                | 1, 170, 706      | 13, 587, 335                            | 14, 758, 04                         | 0. 216099                                   | 0.00000   | 70.    |
| 1.00 07 | 100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 40, 986, 907     | 24, 369, 077                            | 65, 355, 98                         | 0. 362272                                   | 0.00000   | 71.    |
| 2.00 07 | 7200 IMPL. DEV. CHARGED TO PATIENTS        | 24, 739, 260     | 19, 397, 535                            | 44, 136, 79                         | 0. 409323                                   | 0.00000   | 72.    |
| 3.00 07 | 7300 DRUGS CHARGED TO PATIENTS             | 94, 573, 572     | 26, 327, 726                            | 120, 901, 29                        | 0. 257049                                   | 0.00000   | 73.    |
| 3.01 07 | 7301 SPECIALTY PHARMACY                    | 0                | 0                                       |                                     | 0 0.000000                                  | 0.00000   | 73.    |
| 4.00 07 | 7400 RENAL DIALYSIS                        | 6,064,046        | 0                                       | 6, 064, 04                          | 0. 253324                                   | 0.00000   | 74.    |
|         | 3330 ENDOSCOPY                             | 6, 794, 215      | 23, 264, 694                            | 30, 058, 90                         |   | 0.00000   |        |
|         | 3950 OTHER ANCILLARY SERVICE COST CENTERS  | 0                | 0                                       |                                     | 0 0.000000                                  | 0.00000   |        |
|         | 3951 OTHER ANCI LLARY SERVICE COST CENTERS | 0                | 0                                       |                                     | 0 0.000000                                  | 0.000000  |        |
|         | 3952 OTHER ANCI LLARY SERVICE COST CENTERS | 0                | 0                                       |                                     | 0 0.000000                                  | 0.000000  |        |
|         | 3953 WOUND CARE                            | 950, 815         | 3, 753, 346                             | 4, 704, 16                          |   | 0.000000  |        |
|         | 3954 I MAGI NG CENTER                      | 418, 599         | 57, 693, 836                            |                                     |   | 0.000000  |        |
|         | 3955 BREAST DI AGNOSTI C CENTER            | 22, 484          | 29, 788, 680                            | 29, 811, 16                         |   | 0.000000  |        |
|         | JTPATIENT SERVICE COST CENTERS             |                  |   |                                     |   |   | 1      |
|         | 2000 CLINIC                                | 0                | 0                                       |                                     | 0 0.000000                                  | 0.00000   | 90.    |
|         | 1950 INFUSION CENTER                       | 144              | 3, 301, 975                             |                                     |   | 0.000000  |        |
|         | 1975 SPI NE CENTER                         | 0                | 485, 887                                | 485, 88                             |   | 0.000000  |        |
|         | P100 EMERGENCY                             | 43, 557, 868     | 138, 438, 022                           |                                     |   | 0.000000  |        |
|         | 2200 OBSERVATION BEDS (NON-DISTINCT PART   | 2, 730, 215      | 9, 228, 096                             |                                     |   | 0.000000  |        |
|         | PECIAL PURPOSE COST CENTERS                | 2,700,210        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , | 0.0.7007                                    | 0.00000   | 1      |
|         | 1300 INTEREST EXPENSE                      |                  |   |                                     |   |   | 113.   |
|         | 1400 UTI LI ZATI ON REVI EW-SNF            |                  |   |                                     |   |   | 114.   |
| 00.00   | Subtotal (see instructions)                | 1, 016, 845, 218 | 675 782 162                             | 1, 692, 627, 38                     | 30  |   | 200.   |
| 00.00   | Less Observation Beds                      | 1,010,040,210    | 015,102,102                             | 1,072,027,30                        |   |   | 200.   |
| 01.00   | Total (see instructions)                   | 1, 016, 845, 218 |   | 1, 692, 627, 38                     |   |   | 201.   |

| Health Financial Systems (  | COMMUNI TY HOSPI TAL | OF INDIANA, INC.   | In Lie          | u of Form CMS-2552-10                    |
|---|----------------------|--------------------|-----------------|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES                            |                      | Provider CCN: 15-0 |                 | Worksheet C                              |
|   |                      |                    | From 01/01/2021 | Part I                                   |
|   |                      |                    | To 12/31/2021   | Date/Time Prepared:<br>5/30/2022 2:39 pm |
|   |                      | Title XVIII        | Hospi tal       | PPS                                      |
| Cost Center Description   | PPS Inpatient        |                    |                 |  |
|   | Ratio                |                    |                 |  |
|   | 11.00                |                    |                 |  |
| INPATIENT ROUTINE SERVICE COST CENTERS                              |                      |                    |                 |  |
| 30. 00 03000 ADULTS & PEDIATRICS                                    |                      |                    |                 | 30.00                                    |
| 31.00 03100 INTENSIVE CARE UNIT                                     |                      |                    |                 | 31.00                                    |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT                            |                      |                    |                 | 35.00                                    |
| 40. 00 04000 SUBPROVIDER - IPF                                      |                      |                    |                 | 40.00                                    |
| 43. 00 04300 NURSERY  |                      |                    |                 | 43.00                                    |
| ANCILLARY SERVICE COST CENTERS                                      |                      |                    |                 |  |
| 50. 00 05000 OPERATI NG ROOM  | 0. 112827            |                    |                 | 50.00                                    |
| 51.00 05100 RECOVERY ROOM   | 0. 159100            |                    |                 | 51.00                                    |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                              | 0. 449912            |                    |                 | 52.00                                    |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                                 | 0. 180231            |                    |                 | 54.00                                    |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C                              | 0. 095719            |                    |                 | 55.00                                    |
| 57. 00 05700 CT SCAN  | 0. 043418            |                    |                 | 57.00                                    |
| 58. 00 05800 MRI  | 0. 114495            |                    |                 | 58.00                                    |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                             | 0. 050942            |                    |                 | 59.00                                    |
| 60. 00 06000 LABORATORY   | 0. 118520            |                    |                 | 60.00                                    |
| 64. 00 06400 I NTRAVENOUS THERAPY                                   | 1. 196731            |                    |                 | 64.00                                    |
| 65. 00 06500 RESPIRATORY THERAPY                                    | 0. 212738            |                    |                 | 65.00                                    |
| 66. 00 06600 PHYSI CAL THERAPY                                      | 0. 212738            |                    |                 | 66.00                                    |
|   |                      |                    |                 |  |
| 67. 00 06700 OCCUPATI ONAL THERAPY<br>68. 00 06800 SPEECH PATHOLOGY | 0. 362070            |                    |                 | 67.00                                    |
|   | 0. 239349            |                    |                 | 68.00                                    |
| 69. 00 06900 ELECTROCARDI OLOGY                                     | 0.067896             |                    |                 | 69.00                                    |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                                 | 0. 216099            |                    |                 | 70.00                                    |
| 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT                  | 0. 362272            |                    |                 | 71.00                                    |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS                         | 0. 409323            |                    |                 | 72.00                                    |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                              | 0. 257049            |                    |                 | 73.00                                    |
| 73. 01 07301 SPECIALTY PHARMACY                                     | 0. 000000            |                    |                 | 73.01                                    |
| 74. 00 07400 RENAL DI ALYSI S                                       | 0. 253324            |                    |                 | 74.00                                    |
| 76.00 03330 ENDOSCOPY   | 0. 147226            |                    |                 | 76.00                                    |
| 76. 01 03950 OTHER ANCI LLARY SERVICE COST CENTERS                  |                      |                    |                 | 76.01                                    |
| 76. 02 03951 OTHER ANCILLARY SERVICE COST CENTERS                   |                      |                    |                 | 76.02                                    |
| 76. 03 03952 OTHER ANCILLARY SERVICE COST CENTERS                   |                      |                    |                 | 76.03                                    |
| 76. 04 03953 WOUND CARE   | 0. 346746            |                    |                 | 76.04                                    |
| 76. 06 03954 I MAGI NG CENTER                                       | 0. 092906            |                    |                 | 76.06                                    |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER                             | 0. 485911            |                    |                 | 76. 07                                   |
| OUTPATIENT SERVICE COST CENTERS                                     |                      |                    |                 |  |
| 90. 00 09000 CLINIC   | 0. 000000            |                    |                 | 90.00                                    |
| 90. 01 04950 INFUSION CENTER  | 0. 088554            |                    |                 | 90.01                                    |
| 90. 26 04975 SPI NE CENTER  | 0. 668546            |                    |                 | 90.26                                    |
| 91. 00 09100 EMERGENCY  | 0. 095810            |                    |                 | 91.00                                    |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                     | 0. 849389            |                    |                 | 92.00                                    |
| SPECIAL PURPOSE COST CENTERS  |                      |                    |                 |  |
| 113.00 11300 INTEREST EXPENSE                                       |                      |                    |                 | 113.00                                   |
| 114.00 11400 UTI LI ZATI ON REVIEW-SNF                              |                      |                    |                 | 114.00                                   |
| 200.00 Subtotal (see instructions)                                  |                      |                    |                 | 200.00                                   |
| 201.00 Less Observation Beds  |                      |                    |                 | 201.00                                   |
| 202.00 Total (see instructions)                                     |                      |                    |                 | 202.00                                   |
|   |                      |                    |                 |  |

|   | UNITE HUSPITAL |               |              |   | u or Form CM3-  | 2002-10 |
|---|----------------|---------------|--------------|---|---|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES                                |                | Provider C    |              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | epared: |
|   |                |               |              |   | 5/30/2022 2:3   | 39 pm   |
|   |                | Titl          | e XIX        | Hospi tal                                   | PPS   |         |
|   |                |               |              | 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                                      | 104, 087, 807  | ,             | 104, 087, 80 | 7 0   | 104, 087, 807   | 30.00   |
| 31. 00 03100 I NTENSI VE CARE UNI T                                     | 13, 960, 698   |               | 13, 960, 69  |   |   |         |
| 35. 00 02060 NEONATAL INTENSIVE CARE UNIT                               | 20, 513, 861   |               | 20, 513, 86  |   |   |         |
| 40. 00 04000 SUBPROVIDER - IPF  | 5, 725, 129    |               | 5, 725, 12   |   |   |         |
| 43. 00 04300 NURSERY  | 5, 269, 410    |               | 5, 269, 41   |   |   |         |
| ANCI LLARY SERVI CE COST CENTERS  | 0,207,110      | 1             | 0,207,11     | 0   | 0,207,110   | 10.00   |
| 50. 00 05000 0PERATI NG ROOM  | 27, 256, 829   |               | 27, 256, 82  | 9 0   | 27, 256, 829  | 50.00   |
| 51. 00 05100 RECOVERY ROOM  | 6, 535, 569    |               | 6, 535, 56   |   |   |         |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                                 | 11, 492, 414   |               | 11, 492, 41  |   |   |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C                                    | 7, 520, 984    |               | 7, 520, 98   |   |   |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                                    | 4, 100, 901    |               | 4, 100, 90   |   |   |         |
| 57. 00 05700 CT SCAN  | 3, 489, 808    |               | 3, 489, 80   |   | 3, 489, 808   |         |
| 58. 00 05800 MRI  | 3, 318, 550    |               | 3, 318, 55   |   |   |         |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                                 | 230, 607       |               | 230, 60      |   |   |         |
| 60. 00 06000 LABORATORY   | 16, 051, 822   |               | 16, 051, 82  |   |   |         |
| 64. 00 06400 INTRAVENOUS THERAPY  | 1, 572, 462    |               | 1, 572, 46   |   |   |         |
|   |                |               |              |   |   |         |
| 65. 00  06500  RESPI RATORY THERAPY<br>66. 00  06600  PHYSI CAL THERAPY | 7, 793, 416    |               |              |   |   |         |
|   | 2, 704, 619    |               |              |   | .,  |         |
|   |                |               | 2, 704, 61   |   |   |         |
| 68. 00 06800 SPEECH PATHOLOGY   | 551, 709       |               | 551, 70      |   |   |         |
| 69. 00 06900 ELECTROCARDI OLOGY   | 650, 795       |               | 650, 79      |   |   |         |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                                     | 3, 189, 205    |               | 3, 189, 20   |   |   |         |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT                       | 23, 676, 648   |               | 23, 676, 64  |   |   |         |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS                             | 18, 066, 200   |               | 18, 066, 20  |   |   |         |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS                                  | 31, 077, 514   |               | 31, 077, 51  |   |   |         |
| 73. 01 07301 SPECIALTY PHARMACY   | 0              |               |              | 0 0   | 0   |         |
| 74. 00 07400 RENAL DI ALYSI S   | 1, 536, 166    |               | 1, 536, 16   |   | .,  |         |
| 76.00 03330 ENDOSCOPY   | 4, 425, 444    |               | 4, 425, 44   |   |   |         |
| 76. 01 03950 OTHER ANCI LLARY SERVICE COST CENTERS                      | 0              |               |              | 0 0   | 0   |         |
| 76. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                      | 0              |               |              | 0 0   | 0   |         |
| 76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS                      | 0              |               |              | 0 0   | 0   | 1       |
| 76. 04 03953 WOUND CARE   | 1, 631, 149    |               | 1, 631, 14   |   |   |         |
| 76. 06 03954 I MAGI NG CENTER   | 5, 399, 013    |               | 5, 399, 01   |   |   |         |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER                                 | 14, 485, 574   |               | 14, 485, 57  | 4 0   | 14, 485, 574  | 76.07   |
| OUTPATIENT SERVICE COST CENTERS   |                | 1             | 1            |   |   |         |
| 90. 00 09000 CLINIC   | 0              |               |              | 0 0   |   |         |
| 90. 01 04950 I NFUSI ON CENTER  | 292, 416       |               | 292, 41      |   | 2,2,110   |         |
| 90. 26 04975 SPI NE CENTER  | 324, 838       |               | 324, 83      |   |   |         |
| 91. 00 09100 EMERGENCY  | 17, 528, 498   |               | 17, 528, 49  |   |   |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                         | 10, 157, 263   |               | 10, 157, 26  | 3   | 10, 157, 263  | 92.00   |
| SPECIAL PURPOSE COST CENTERS  |                | -             | 1            | -   | 1   |         |
| 113.00 11300 INTEREST EXPENSE   |                |               |              |   |   | 113.00  |
| 114.00 11400 UTI LI ZATI ON REVI EW-SNF                                 |                |               |              |   |   | 114.00  |
| 200.00 Subtotal (see instructions)                                      | 384, 364, 278  |               |              |   |   |         |
| 201.00 Less Observation Beds  | 10, 157, 263   |               | 10, 157, 26  |   | 10, 157, 263  |         |
| 202.00  Total (see instructions)  | 374, 207, 015  | 0             | 374, 207, 01 | 5 0   | 374, 207, 015   | 202.00  |
|   |                |               |              |   |   |         |

| MPUTATI ON | OF RATIO OF COSTS TO CHARGES   |                              |                              | CN: 15-0169              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/30/2022 2:3 | epare<br>39 pm |
|------------|--|------------------------------|------------------------------|--------------------------|---|---|----------------|
|            |  |                              |                              | e XIX                    | Hospi tal                                   | PPS   |                |
|            | Cost Center Description  | I npati ent                  | Charges<br>Outpati ent       | Total (col.<br>+ col. 7) | 6 Cost or Other<br>Ratio                    | TEFRA<br>I npati ent<br>Rati o                          |                |
|            |  | 6.00                         | 7.00                         | 8.00                     | 9.00  | 10.00   |                |
|            | I ENT ROUTI NE SERVI CE COST CENTERS   |                              |                              | 000 110 0                |   |   |                |
|            | ADULTS & PEDIATRICS  | 223, 149, 374                |                              | 223, 149, 3              |   |   | 30.            |
|            |  | 32, 434, 256                 |                              | 32, 434, 2               |   |   | 31.            |
|            | NEONATAL INTENSIVE CARE UNIT   | 119, 906, 626                |                              | 119, 906, 6              |   |   | 35.            |
|            | SUBPROVIDER - IPF  | 10,065,015                   |                              | 10, 065, 0               |   |   | 40.            |
|            | D NURSERY<br>LLARY SERVICE COST CENTERS                                      | 11, 154, 973                 |                              | 11, 154, 9               | /3  |   | 43.            |
|            | OPERATING ROOM   | 143, 426, 417                | 97, 985, 424                 | 241, 411, 8              | 0. 112906                                   | 0.00000   | 50.            |
|            | RECOVERY ROOM  | 20, 772, 557                 | 20, 305, 916                 |                          |   | 0.00000   |                |
|            | DELIVERY ROOM & LABOR ROOM   | 25, 543, 697                 | 20, 303, 910                 |                          |   | 0.000000  |                |
|            | RADIOLOGY-DIAGNOSTIC   |                              | -                            |                          |   |   |                |
|            | RADI OLOGY-DI AGNOSTI C  | 12, 536, 072<br>14, 897, 893 | 29, 193, 712<br>27, 945, 211 |                          |   | 0. 000000<br>0. 000000                                  |                |
|            | CT SCAN  | 27, 483, 098                 | 52, 893, 906                 |                          |   | 0.000000  |                |
| 00 05800   |  |                              |                              |                          |   | 0.000000  |                |
|            | CARDIAC CATHETERIZATION  | 5, 868, 933                  | 23, 115, 296                 |                          |   |   |                |
|            | LABORATORY   | 4, 526, 842<br>89, 019, 418  | 0                            | 1, 020, 0                |   | 0. 000000<br>0. 000000                                  |                |
|            | INTRAVENOUS THERAPY  |                              | 46, 415, 928                 |                          |   | 0.000000  |                |
|            | RESPIRATORY THERAPY  | 1, 282, 401                  | 31, 564                      |                          |   | 0.000000  |                |
|            | PHYSICAL THERAPY   | 34, 493, 841                 | 2, 140, 045<br>20, 609, 837  |                          |   | 0.000000  |                |
|            | OCCUPATIONAL THERAPY   | 4, 423, 965<br>4, 210, 145   | 3, 259, 725                  |                          |   | 0.000000  |                |
|            | SPEECH PATHOLOGY   |                              |                              |                          |   | 0.000000  |                |
|            | ELECTROCARDI OLOGY   | 1, 543, 137                  | 761, 907                     |                          |   | 0.000000  |                |
|            |  | 8, 097, 727<br>1, 170, 706   | 1, 487, 482<br>13, 587, 335  |                          |   | 0.000000  |                |
|            | MEDICAL SUPPLIES CHARGED TO PATIENT  | 40, 986, 907                 | 24, 369, 077                 |                          |   | 0.000000  |                |
|            | IMPL. DEV. CHARGED TO PATIENTS   |                              |                              |                          |   | 0.000000  |                |
|            | D DRUGS CHARGED TO PATIENTS  | 24, 739, 260                 | 19, 397, 535                 |                          |   |   |                |
|            |  | 94, 573, 572                 | 26, 327, 726                 |                          |   | 0.00000   |                |
|            |  | -                            | 0                            |                          | 0.000000                                    | 0.00000   |                |
|            | RENAL DIALYSIS   | 6,064,046                    | 0                            | -,, -                    |   | 0.00000   |                |
|            |  | 6, 794, 215                  | 23, 264, 694                 |                          |   | 0.00000   |                |
|            | OTHER ANCI LLARY SERVICE COST CENTERS  | 0                            | 0                            |                          | 0 0.000000                                  | 0.00000   |                |
|            | OTHER ANCILLARY SERVICE COST CENTERS<br>OTHER ANCILLARY SERVICE COST CENTERS | 0                            | 0                            |                          | 0 0.000000                                  | 0.00000   |                |
|            | WOUND CARE   | -                            | -                            |                          |   | 0.00000   |                |
|            | I MAGI NG CENTER   | 950, 815                     | 3, 753, 346                  |                          |   | 0.00000   |                |
|            |  | 418, 599                     | 57, 693, 836                 |                          |   | 0.00000   |                |
|            | BREAST DIAGNOSTIC CENTER   | 22, 484                      | 29, 788, 680                 | 29, 811, 1               | 64 0. 485911                                | 0.00000   | 0 76           |
|            | ATIENT SERVICE COST CENTERS  | 0                            | 0                            |                          | 0 0.00000                                   | 0.00000   | 90             |
|            |  | -                            |                              |                          |   |   |                |
|            | INFUSION CENTER<br>SPINE CENTER  | 144                          | 3, 301, 975                  |                          |   | 0. 000000<br>0. 000000                                  |                |
|            | DEMERGENCY   | -                            | 485, 887                     |                          |   |   |                |
|            |  | 43, 557, 868                 | 138, 438, 022                |                          |   | 0.00000   |                |
|            | OBSERVATION BEDS (NON-DISTINCT PART  | 2, 730, 215                  | 9, 228, 096                  | 11, 958, 3               | 0. 849389                                   | 0.00000   | 92             |
|            | AL PURPOSE COST CENTERS  | 1                            |                              |                          |   |   | 1110           |
|            | INTEREST EXPENSE   |                              |                              |                          |   |   | 113            |
|            | UTILIZATION REVIEW-SNF   | 1 014 045 010                | 47E 700 1/0                  | 1 402 407 2              | 90  |   |                |
| 0.00       | Subtotal (see instructions)  | 1, 016, 845, 218             | 0/5, /82, 162                | 1, 692, 627, 3           | 80  |   | 200            |
| 1.00       | Less Observation Beds  | 1                            |                              | 1                        |   |   | 201            |

In Lieu of Form CMS-2552-10 Worksheet C

| COMPUTATION OF RATIO OF COSTS TO CHARGES   |                        | Provider CCN: 15-0169 | Period:<br>From 01/01/2021 | Worksheet C<br>Part I                    |
|--|------------------------|-----------------------|----------------------------|--|
|  |                        |                       | To 12/31/2021              | Date/Time Prepared:<br>5/30/2022 2:39 pm |
|  | _                      | Title XIX             | Hospi tal                  | PPS                                      |
| Cost Center Description  | PPS Inpatient          |                       |                            |  |
|  | Ratio                  |                       |                            |  |
|  | 11.00                  |                       |                            |  |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS   |                        |                       |                            |  |
| 30. 00 03000 ADULTS & PEDI ATRI CS   |                        |                       |                            | 30.00                                    |
| 31.00 03100 INTENSIVE CARE UNIT  |                        |                       |                            | 31.00                                    |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT   |                        |                       |                            | 35.00                                    |
| 40. 00 04000 SUBPROVIDER - IPF   |                        |                       |                            | 40.00                                    |
| 43. 00 04300 NURSERY   |                        |                       |                            | 43.00                                    |
| ANCI LLARY SERVI CE COST CENTERS   | 0.11000/               |                       |                            | F0.00                                    |
| 50. 00 05000 OPERATING ROOM  | 0. 112906              |                       |                            | 50.00                                    |
| 51.00 O5100 RECOVERY ROOM  | 0. 159100              |                       |                            | 51.00                                    |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM  | 0. 449912              |                       |                            | 52.00                                    |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 0. 180231              |                       |                            | 54.00                                    |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 0.095719               |                       |                            | 55.00                                    |
| 57. 00 05700 CT SCAN   | 0.043418               |                       |                            | 57.00                                    |
| 58.00 05800 MRI  | 0. 114495              |                       |                            | 58.00                                    |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON  | 0. 050942              |                       |                            | 59.00                                    |
| 60. 00 06000 LABORATORY  | 0. 118520              |                       |                            | 60.00                                    |
| 64. 00 06400 I NTRAVENOUS THERAPY  | 1. 196731              |                       |                            | 64.00                                    |
| 65. 00 06500 RESPI RATORY THERAPY  | 0. 212738              |                       |                            | 65.00                                    |
| 66. 00 06600 PHYSI CAL THERAPY   | 0. 389352              |                       |                            | 66.00                                    |
| 67.00 06700 OCCUPATIONAL THERAPY   | 0. 362070              |                       |                            | 67.00                                    |
| 68. 00 06800 SPEECH PATHOLOGY  | 0. 239349              |                       |                            | 68.00                                    |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0.067896               |                       |                            | 69.00                                    |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0. 216099              |                       |                            | 70.00                                    |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT  | 0. 362272              |                       |                            | 71.00                                    |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0. 409323              |                       |                            | 72.00                                    |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 0. 257049              |                       |                            | 73.00                                    |
| 73. 01 07301 SPECIALTY PHARMACY  | 0.000000               |                       |                            | 73.01                                    |
| 74. 00 07400 RENAL DI ALYSI S  | 0. 253324              |                       |                            | 74.00                                    |
| 76.00 03330 ENDOSCOPY  | 0. 147226              |                       |                            | 76.00                                    |
| 76. 01 03950 OTHER ANCILLARY SERVICE COST CENTERS  | 0. 000000              |                       |                            | 76.01                                    |
| 76. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS<br>76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS | 0.000000               |                       |                            | 76.02                                    |
|  | 0.00000                |                       |                            | 76.03                                    |
| 76. 04 03953 WOUND CARE<br>76. 06 03954 I MAGI NG CENTER   | 0. 346746<br>0. 092906 |                       |                            | 76. 04<br>76. 06                         |
|  |                        |                       |                            | 76.07                                    |
|  | 0. 485911              |                       |                            | /0.0/                                    |
| 0UTPATI ENT SERVICE COST CENTERS<br>90. 00 09000 CLINIC  | 0. 000000              |                       |                            |  |
| 90. 00 109000 CLINIC<br>90. 01 104950 INFUSION CENTER  | 0. 000000              |                       |                            | 90. 00<br>90. 01                         |
| 90. 26 04975 SPI NE CENTER   | 0. 668546              |                       |                            | 90.01                                    |
| 90. 20 004975 SPINE CENTER<br>91. 00 09100 EMERGENCY   | 0. 096313              |                       |                            | 90.20                                    |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 0. 849389              |                       |                            | 91.00                                    |
| SPECIAL PURPOSE COST CENTERS   | 0. 049309              |                       |                            | 92.00                                    |
| 113. 00 11300 INTEREST EXPENSE   |                        |                       |                            | 113.00                                   |
| 114. 00 11400 UTI LI ZATI ON REVI EW-SNF   |                        |                       |                            | 114.00                                   |
| 200.00 Subtotal (see instructions)   |                        |                       |                            | 200.00                                   |
| 201.00 Less Observation Beds   |                        |                       |                            | 200.00                                   |
| 202.00 Total (see instructions)  |                        |                       |                            | 201.00                                   |
|  |                        |                       |                            | 1202.00                                  |

| Health Financial Systems CON   | IMUNI TY HOSPI TAL | OF INDIANA, IN | IC.                   | In Lie    | u of Form CMS-2  | 2552-10 |
|--|--------------------|----------------|-----------------------|-----------|--|---------|
| CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF<br>REDUCTIONS FOR MEDICAID ONLY |                    | Provider CC    | Provider CCN: 15-0169 |           | Worksheet C<br>Part II<br>Date/Time Prepared:<br>5/30/2022 2:39 pm |         |
|  | _                  |                | e XIX                 | Hospi tal | PPS  |         |
| Cost Center Description  | Total Cost         | Capital Cost   |                       |           | Operating Cost   |         |
|  |                    | (Wkst. B, Part |                       |           | Reducti on   |         |
|  | I, col. 26)        | II col. 26)    | Cost (col. 1          | -         | Amount   |         |
|  |                    |                | col. 2)               |           |  |         |
|  | 1.00               | 2.00           | 3.00                  | 4.00      | 5.00   |         |
| ANCI LLARY SERVI CE COST CENTERS   | 1                  |                |                       | -         | -  |         |
| 50. 00 05000 OPERATI NG ROOM   | 27, 256, 829       |                | 22, 599, 52           |           | 0  | 50.00   |
| 51.00 05100 RECOVERY ROOM  | 6, 535, 569        |                | 5, 997, 17            |           | 0  | 51.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   | 11, 492, 414       |                | 10, 266, 61           |           | 0  | 52.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C  | 7, 520, 984        |                | 6, 802, 29            |           | 0  | 54.00   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 4, 100, 901        | 778, 026       | 3, 322, 87            |           | 0  | 55.00   |
| 57.00 05700 CT SCAN  | 3, 489, 808        |                | 3, 159, 53            |           | 0  | 57.00   |
| 58. 00 05800 MRI   | 3, 318, 550        | 687, 568       | 2, 630, 98            | 2 0       | 0  | 58.00   |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON  | 230, 607           | 4, 506         | 226, 10               | 0 0       | 0  | 59.00   |
| 60. 00 06000 LABORATORY  | 16, 051, 822       | 472, 771       | 15, 579, 05           | 1 0       | 0  | 60.00   |
| 64.00 06400 INTRAVENOUS THERAPY  | 1, 572, 462        | 241, 540       | 1, 330, 92            | 2 0       | 0  | 64.00   |
| 65. 00 06500 RESPI RATORY THERAPY  | 7, 793, 416        |                | 7, 230, 25            | 6 0       | 0  | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY   | 9, 746, 960        | 1, 255, 949    | 8, 491, 01            | 1 0       | 0  | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 2, 704, 619        |                | 2, 605, 64            |           | 0  | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 551, 709           |                | 531, 63               |           | 0  | 68.00   |
| 69.00 06900 ELECTROCARDI OLOGY   | 650, 795           |                | 642, 53               |           | 0  | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 3, 189, 205        |                | 2, 816, 11            |           | 0  | 70.00   |
| 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT   | 23, 676, 648       |                | 22, 317, 19           |           | 0  | 71.00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 18, 066, 200       |                | 17, 028, 42           |           | 0  | 72.00   |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 31, 077, 514       |                | 29, 613, 44           |           | 0  | 73.00   |
| 73. 01 07301 SPECIALTY PHARMACY  | 0                  | 1, 404, 074    | 27,013,44             | 0 0       | 0  | 73.00   |
| 74. 00 07400 RENAL DI ALYSI S  | 1, 536, 166        | Ű              | 1, 513, 51            | -         | 0  | 74.00   |
| 76. 00 03330 ENDOSCOPY   | 4, 425, 444        | 687, 556       | 3, 737, 88            | -         | 0  | 76.00   |
| 76. 01 03950 OTHER ANCILLARY SERVICE COST CENTERS  | 4, 425, 444        | 087, 550       |                       | 0 0       | 0  | 76.00   |
| 76. 02 03951 OTHER ANCILLARY SERVICE COST CENTERS  | 0                  | 0              |                       | 0 0       | 0  | 76.02   |
| 76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS   | 0                  | 0              |                       | 0 0       | 0  | 76.02   |
|  | 0                  | 0              |                       | 0         | 0  |         |
|  | 1, 631, 149        |                | 1, 448, 12            |           |  | 76.04   |
| 76. 06 03954 I MAGI NG CENTER  | 5, 399, 013        |                | 4, 374, 80            |           | 0  | 76.06   |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER  | 14, 485, 574       | 571, 326       | 13, 914, 24           | 8 0       | 0  | 76.07   |
| OUTPATIENT SERVICE COST CENTERS  | -                  |                |                       | 0         | 0  | 00.00   |
| 90. 00 09000 CLINIC  | 0                  |                |                       | 0 0       | 0  | 90.00   |
| 90. 01 04950 I NFUSI ON CENTER   | 292, 416           |                | 205, 52               |           | 0  | 90.01   |
| 90. 26 04975 SPI NE CENTER   | 324, 838           |                | 320, 54               |           | 0  | 90.26   |
| 91.00 09100 EMERGENCY  | 17, 528, 498       |                | 16, 301, 18           |           | 0  | 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART   | 10, 157, 263       | 801, 926       | 9, 355, 33            | 7 0       | 0  | 92.00   |
| SPECIAL PURPOSE COST CENTERS   |                    |                |                       |           |  | 110.00  |
| 113.00 11300 INTEREST EXPENSE  |                    |                |                       |           |  | 113.00  |
| 114.00 11400 UTI LI ZATI ON REVIEW-SNF   | 004 007 070        | 00 444 646     | 044 0/0 50            |           | _  | 114.00  |
| 200.00 Subtotal (sum of lines 50 thru 199)   | 234, 807, 373      |                |                       |           |  | 200.00  |
| 201.00 Less Observation Beds   | 10, 157, 263       |                |                       |           |  | 201.00  |
| 202.00   Total (line 200 minus line 201)   | 224, 650, 110      | 19, 642, 942   | 205, 007, 16          | 0 8       | 0  | 202.00  |

| ALCULATION OF OUTPATIENT SERVICE COST TO CHARGE F<br>EDUCTIONS FOR MEDICAID ONLY | ATIOS NET OF                 | Provider C       |             | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet C<br>Part II<br>Date/Time Prepa<br>5/30/2022 2:39 |                |
|--|------------------------------|------------------|-------------|---|---|----------------|
|  |                              |                  | e XIX       | Hospi tal                                   | PPS   |                |
| Cost Center Description  | Cost Net of                  | Total Charges    | Outpati ent |   |   |                |
|  | Capital and                  | (Worksheet C,    |             |   |   |                |
|  |                              | Part I, column   |             | 6   |   |                |
|  | Reduction                    | 8)               | / col. 7)   |   |   |                |
|  | 6.00                         | 7.00             | 8.00        |   |   |                |
| ANCI LLARY SERVI CE COST CENTERS   | - 1                          |                  |             |   |   |                |
| 0.00 05000 OPERATING ROOM  | 27, 256, 829                 |                  |             |   |   | 50.0           |
| 1.00 05100 RECOVERY ROOM   | 6, 535, 569                  |                  |             |   |   | 51.0           |
| 2.00 05200 DELIVERY ROOM & LABOR ROOM  | 11, 492, 414                 | 25, 543, 697     | 0. 4499     | 12  |   | 52.0           |
| 4. 00 05400 RADI OLOGY-DI AGNOSTI C  | 7, 520, 984                  | 41, 729, 784     | 0. 1802     | 31  |   | 54.0           |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C  | 4, 100, 901                  | 42, 843, 104     | 0. 0957     | 19  | 5   | 55.0           |
| 7. 00 05700 CT SCAN  | 3, 489, 808                  | 80, 377, 004     | 0. 0434     | 18  | 5   | 57.0           |
| 8. 00 05800 MRI  | 3, 318, 550                  | 28, 984, 229     | 0. 1144     | 95  | 5   | 58.0           |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON   | 230, 607                     | 4, 526, 842      | 0. 05094    | 42  | 5   | 59.0           |
| 0. 00 06000 LABORATORY   | 16, 051, 822                 | 135, 435, 346    | 0. 1185     | 20  | 6   | 60.0           |
| 4.00 06400 INTRAVENOUS THERAPY   | 1, 572, 462                  | 1, 313, 965      | 1. 1967:    | 31  | 6   | 64.0           |
| 5. 00 06500 RESPI RATORY THERAPY   | 7, 793, 416                  |                  | 0. 2127     | 38  | 6   | 65.0           |
| 6. 00 06600 PHYSI CAL THERAPY  | 9, 746, 960                  |                  |             | 52  | 6   | 66. C          |
| 7.00 06700 OCCUPATIONAL THERAPY  | 2, 704, 619                  |                  |             |   |   | 67.0           |
| 8.00 06800 SPEECH PATHOLOGY  | 551, 709                     |                  |             |   |   | 68.0           |
| 9.00 06900 ELECTROCARDI OLOGY  | 650, 795                     |                  |             |   |   | 69.0           |
| 0. 00 07000 ELECTROENCEPHALOGRAPHY   | 3, 189, 205                  |                  |             |   |   | 70.0           |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                   | 23, 676, 648                 |                  |             |   |   | 71.0           |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS  | 18, 066, 200                 |                  |             |   |   | 72.0           |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS  | 31, 077, 514                 |                  |             |   |   | 73.0           |
| 3. 01 07301 SPECI ALTY PHARMACY  | 0                            |                  |             |   |   | 73. C          |
| 4. 00 07400 RENAL DIALYSIS   | 1, 536, 166                  |                  |             |   |   | 74. C          |
| 6. 00 03330 ENDOSCOPY  | 4, 425, 444                  |                  |             |   |   | 76. C          |
| 6. 01 03950 OTHER ANCILLARY SERVICE COST CENTERS                                 | 1, 123, 111                  |                  | 0.0000      |   |   | 76. C          |
| 6. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                                | 0                            | -                |             |   |   | 76. C          |
| 6. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS                                | 0                            | -                |             |   |   | 76. C          |
| 6. 04 03953 WOUND CARE   | 1, 631, 149                  | -                |             |   |   | 76. C          |
| 6. 06 03954 I MAGI NG CENTER   | 5, 399, 013                  |                  |             |   |   | 76. C          |
| 6. 07 03955 BREAST DIAGNOSTIC CENTER   | 14, 485, 574                 |                  |             |   |   | 76. C          |
| OUTPATIENT SERVICE COST CENTERS  | 14, 405, 574                 | 27,011,104       | 0.4039      |   | /   | 70. C          |
| 0. 00 09000 CLINIC   | 0                            | 0                | 0.0000      | 20  |   | 90. C          |
| 0. 01 04950 INFUSION CENTER  | 292, 416                     |                  |             |   |   | 90. 0<br>90. 0 |
| 0. 26 04975 SPINE CENTER   | 324, 838                     |                  |             |   |   | 90. 0<br>90. 2 |
|  |                              |                  |             |   |   | 90. 2<br>91. 0 |
| 1.00 09100 EMERGENCY<br>2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART           | 17, 528, 498<br>10, 157, 263 |                  |             |   |   | 91.0<br>92.0   |
| SPECIAL PURPOSE COST CENTERS   | 10, 137, 203                 | 11, 900, 311     | 0. 6493     | 70  | 9   | 7Z. U          |
| 13. 00 11300 INTEREST EXPENSE  |                              |                  | 1           |   | 11  | 13. 0          |
| 14. 00 11400 UTILIZATION REVIEW-SNF  |                              |                  |             |   |   | 13.0<br>14.0   |
|  | 224 007 220                  | 1 205 017 124    |             |   |   |                |
| 00.00 Subtotal (sum of lines 50 thru 199)  |                              | 1, 295, 917, 136 |             |   |   | 00.0           |
| 01.00 Less Observation Beds  | 10, 157, 263                 |                  |             |   |   | 01. 0<br>02. 0 |
| 02.00  Total (line 200 minus line 201)   | 224, 000, 110                | 1, 295, 917, 136 | 1           | 1   | 20  | JZ.            |

| Health Financial Systems                        | COMMUNI TY HOSPI TAL | OF INDIANA, IN | NC.            | In Lie                                      | u of Form CMS- | 2552-10        |
|---|----------------------|----------------|----------------|---|----------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPI | TAL COSTS            | Provider C     |                | Period:<br>From 01/01/2021<br>To 12/31/2021 |                | pared:<br>9 pm |
|   |                      | Title          | XVIII          | Hospi tal                                   | PPS            |                |
| Cost Center Description                         | Capi tal             | Swing Bed      | Reduced        | Total Patient                               | Per Diem (col. |                |
|   | Related Cost         | Adjustment     | Capi tal       | Days  | 3 / col. 4)    |                |
|   | (from Wkst. B,       |                | Related Cost   |   |                |                |
|   | Part II, col.        |                | (col. 1 - col. |   |                |                |
|   | 26)                  |                | 2)             |   |                |                |
|   | 1.00                 | 2.00           | 3.00           | 4.00  | 5.00           |                |
| INPATIENT ROUTINE SERVICE COST CENTERS          |                      |                |                |   |                |                |
| 30. 00 ADULTS & PEDI ATRI CS                    | 8, 142, 381          | 0              | 8, 142, 38     |   |                | 30.00          |
| 31.00 INTENSIVE CARE UNIT                       | 1, 488, 315          |                | 1, 488, 31     | 5 6, 930                                    | 214.76         | 31.00          |
| 35.00 NEONATAL INTENSIVE CARE UNIT              | 1, 525, 565          |                | 1, 525, 56     | 5 13, 920                                   | 109.60         | 35.00          |
| 40. 00 SUBPROVIDER - IPF                        | 281, 869             | 0              | 281, 86        | 9 4, 172                                    | 67.56          | 40.00          |
| 43.00 NURSERY                                   | 542, 704             |                | 542, 70        | 4 7, 863                                    | 69.02          | 43.00          |
| 200.00 Total (lines 30 through 199)             | 11, 980, 834         |                | 11, 980, 83    | 4 102, 335                                  |                | 200.00         |
| Cost Center Description                         | I npati ent          | I npati ent    |                |   |                |                |
|   | Program days         | Program        |                |   |                |                |
|   |                      | Capital Cost   |                |   |                |                |
|   |                      | (col. 5 x col. |                |   |                |                |
|   |                      | 6)             |                |   |                |                |
|   | 6.00                 | 7.00           |                |   |                |                |
| INPATIENT ROUTINE SERVICE COST CENTERS          |                      |                |                |   |                |                |
| 30. 00 ADULTS & PEDIATRICS                      | 15, 502              |                |                |   |                | 30.00          |
| 31.00 INTENSIVE CARE UNIT                       | 1, 771               | 380, 340       |                |   |                | 31.00          |
| 35.00 NEONATAL INTENSIVE CARE UNIT              | 0                    | -              |                |   |                | 35.00          |
| 40. 00 SUBPROVIDER – IPF                        | 1, 866               | 126, 067       | 1              |   |                | 40.00          |
| 43. 00 NURSERY                                  | 0                    | 0              |                |   |                | 43.00          |
| 200.00 Total (lines 30 through 199)             | 19, 139              | 2, 323, 861    |                |   |                | 200.00         |

| ealth Financial Systems COM PPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT |                | OF INDIANA, IN<br>Provider CO |               | Peri od:        | u of Form CMS-:<br>Worksheet D | 2002-   |
|---|----------------|-------------------------------|---------------|-----------------|--------------------------------|---------|
| PORTIONMENT OF INPATIENT ANGILLARY SERVICE CAPIT                              | AL CUSIS       | Provider Co                   | JN: 12-0109   | From 01/01/2021 | Part II                        |         |
|   |                |                               |               | To 12/31/2021   | Date/Time Pre                  | nared   |
|   |                |                               |               | 10 12/01/2021   | 5/30/2022 2:3                  | 9 pm    |
|   |                | Title                         | XVIII         | Hospi tal       | PPS                            |         |
| Cost Center Description   | Capi tal       | Total Charges                 |               |                 | Capital Costs                  |         |
| · ·   | Related Cost   | (from Wkst. C,                |               | Program         | (column 3 x                    |         |
|   | (from Wkst. B, |                               | (col. 1 ÷ col |                 | column 4)                      |         |
|   | Part II, col.  | 8)                            | 2)            | 5               | í í                            |         |
|   | 26)            | , í                           | í í           |                 |                                |         |
|   | 1.00           | 2.00                          | 3.00          | 4.00            | 5.00                           |         |
| ANCI LLARY SERVI CE COST CENTERS  |                |                               |               |                 |                                |         |
| D. 00 05000 OPERATING ROOM  | 4, 657, 309    | 241, 411, 841                 | 0.01929       | 40, 193, 967    | 775, 422                       | 1 50. C |
| 1. 00 05100 RECOVERY ROOM   | 538, 393       |                               |               |                 |                                |         |
| 2. 00 05200 DELIVERY ROOM & LABOR ROOM  | 1, 225, 795    |                               |               |                 |                                |         |
| 4. 00 05400 RADI OLOGY-DI AGNOSTI C   | 718, 686       |                               |               |                 |                                |         |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C   | 778, 026       |                               |               |                 |                                |         |
| 7. 00 05700 CT SCAN   | 330, 276       |                               |               |                 |                                |         |
|   |                |                               |               |                 |                                |         |
| 3. 00 05800 MRI   | 687, 568       |                               |               |                 |                                |         |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON  | 4, 506         |                               |               |                 |                                |         |
| D. 00 06000 LABORATORY  | 472, 771       |                               |               |                 |                                |         |
| 4. 00 06400 I NTRAVENOUS THERAPY  | 241, 540       |                               |               |                 |                                |         |
| 5. 00 06500 RESPI RATORY THERAPY  | 563, 160       |                               |               |                 | 104, 871                       | 65.0    |
| 5. 00 06600 PHYSI CAL THERAPY   | 1, 255, 949    | 25, 033, 802                  |               |                 | 81, 685                        | 66. (   |
| 7.00 06700 OCCUPATI ONAL THERAPY  | 98, 976        | 7, 469, 870                   | 0. 01325      | 1, 253, 402     | 16, 608                        | 67.0    |
| 3. 00 06800 SPEECH PATHOLOGY  | 20, 079        | 2, 305, 044                   | 0. 00871      | 1 392, 098      | 3, 416                         | 68.0    |
| 9. 00 06900 ELECTROCARDI OLOGY  | 8, 257         | 9, 585, 209                   | 0.00086       | 3, 977, 104     | 3, 424                         | 69.0    |
| D. 00 07000 ELECTROENCEPHALOGRAPHY  | 373,094        |                               |               |                 |                                | 70.0    |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                | 1, 359, 449    |                               |               |                 |                                |         |
| 2.00 07200 I MPL. DEV. CHARGED TO PATIENTS                                    | 1,037,773      |                               |               |                 |                                |         |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS   | 1, 464, 074    |                               |               |                 |                                |         |
| 3. 01 07301 SPECIALTY PHARMACY  | 0              |                               |               |                 |                                |         |
| 4. 00 07400 RENAL DIALYSIS  | 22, 654        | -                             |               |                 | -                              |         |
| 5. 00 03330 ENDOSCOPY   | 687, 556       |                               |               |                 |                                |         |
| 5. 01 03350 OTHER ANCI LLARY SERVICE COST CENTERS                             | 087, 550       |                               |               |                 |                                |         |
| 5. UT US950 UTHER ANGULLARY SERVICE COST CENTERS                              | -              | -                             |               |                 |                                |         |
| 5. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                             | 0              | -                             | 0100000       |                 | 0                              |         |
| 5. 03 03952 OTHER ANCILLARY SERVICE COST CENTERS                              | 0              | -                             | 01.00000      |                 | •                              |         |
| 5. 04 03953 WOUND CARE  | 183, 027       |                               | 0. 03890      |                 | 11, 539                        |         |
| 5. 06 03954 I MAGI NG CENTER  | 1, 024, 209    |                               |               |                 |                                |         |
| 5. 07 03955 BREAST DI AGNOSTI C CENTER  | 571, 326       | 29, 811, 164                  | 0. 01916      | 05 0            | 0                              | 76. (   |
| OUTPATIENT SERVICE COST CENTERS   | -              | 1                             |               | - 1             |                                |         |
| D. 00 09000 CLINIC  | 0              |                               |               |                 | -                              |         |
| D. 01 04950 INFUSION CENTER   | 86, 887        | 3, 302, 119                   |               |                 | 0                              | 90. (   |
| D. 26 04975 SPINE CENTER  | 4, 292         | 485, 887                      | 0. 00883      | 3 0             | 0                              | 90. :   |
| 1.00 09100 EMERGENCY  | 1, 227, 310    | 181, 995, 890                 | 0. 00674      | 4 12, 609, 617  | 85, 039                        | 91. (   |
| 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                | 801, 926       |                               |               |                 | 82, 238                        | 92. (   |
| DO. 00 Total (lines 50 through 199)   |                | 1, 295, 917, 136              |               | 157, 966, 543   |                                |         |

| Health Financial Systems CC                      | MMUNI TY HOSPI TAL           | OF INDIANA, II     | NC.                            | In Lie                                      | eu of Form CMS-      | 2552-10 |
|--|------------------------------|--------------------|--------------------------------|---|----------------------|---------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER | PASS THROUGH COST            |                    | F                              | Period:<br>From 01/01/2021<br>Fo 12/31/2021 | 5/30/2022 2:3        |         |
|  |                              | Title              | XVIII                          | Hospi tal                                   | PPS                  |         |
| Cost Center Description                          | Nursing<br>Program           | Nursing<br>Program | Allied Health<br>Post-Stepdown | Allied Health<br>Cost                       | All Other<br>Medical |         |
|  | Post-Stepdown<br>Adjustments | 5                  | Adjustments                    |   | Education Cost       |         |
|  | 1A                           | 1.00               | 2A                             | 2.00  | 3.00                 |         |
| INPATIENT ROUTINE SERVICE COST CENTERS           |                              |                    |                                |   | •                    |         |
| 30. 00 03000 ADULTS & PEDIATRICS                 | 0                            | 0                  | ) (                            | 0 0   | 0                    | 30.00   |
| 31.00 03100 INTENSIVE CARE UNIT                  | 0                            | 0                  | ) (                            | 0 0   | 0                    | 31.00   |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT         | 0                            | 0                  |                                | 0 0   | 0                    | 35.00   |
| 40. 00 04000 SUBPROVIDER - IPF                   | 0                            | C                  |                                | 0 0   | 0                    | 40.00   |
| 43. 00 04300 NURSERY                             | 0                            | C                  |                                | 0 0   | 0                    | 43.00   |
| 200.00 Total (lines 30 through 199)              | 0                            | C                  | ) (                            | 0 0   | 0                    | 200.00  |
| Cost Center Description                          | Swing-Bed                    | Total Costs        | Total Patient                  | Per Diem (col.                              | I npati ent          |         |
|  | Adj ustment                  | (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           |                              |                    |                                | т   |                      |         |
| 30. 00 03000 ADULTS & PEDI ATRI CS               | 0                            | C                  | 077100                         |   |                      |         |
| 31.00 03100 INTENSIVE CARE UNIT                  |                              | C                  | 6, 930                         |   |                      |         |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT         |                              | C                  | 13, 920                        |   |                      |         |
| 40. 00 04000 SUBPROVI DER – I PF                 | 0                            | 0                  | 4, 172                         |   |                      |         |
| 43.00 04300 NURSERY                              |                              | 0                  | 7, 863                         |   |                      |         |
| 200.00 Total (lines 30 through 199)              |                              | 0                  | 102, 335                       | 5   | 19, 139              | 200.00  |
| Cost Center Description                          | I npati ent                  |                    |                                |   |                      |         |
|  | Program                      |                    |                                |   |                      |         |
|  | Pass-Through                 |                    |                                |   |                      |         |
|  | Cost (col. 7 x               |                    |                                |   |                      |         |
|  | col. 8)                      |                    |                                |   |                      |         |
|  | 9.00                         |                    | -                              |   |                      |         |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS       |                              |                    |                                |   |                      | 0.0.00  |
| 30. 00 03000 ADULTS & PEDI ATRI CS               | 0                            |                    |                                |   |                      | 30.00   |
| 31.00 03100 I NTENSI VE CARE UNI T               | 0                            |                    |                                |   |                      | 31.00   |
| 35. 00 02060 NEONATAL INTENSIVE CARE UNIT        | 0                            |                    |                                |   |                      | 35.00   |
| 40. 00 04000 SUBPROVIDER - IPF                   | 0                            |                    |                                |   |                      | 40.00   |
| 43.00 04300 NURSERY                              | 0                            |                    |                                |   |                      | 43.00   |
| 200.00   Total (lines 30 through 199)            | 0                            |                    |                                |   |                      | 200. 00 |

|              | Financial Systems COMM<br>IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF | <u>/UNITY_HOSPITAL</u><br>RVICE_OTHER_PASS |               |          | Peri od:        | wof Form CMS-2<br>Worksheet D  |              |
|--------------|---|--|---------------|----------|-----------------|--------------------------------|--------------|
| HROUG        | H COSTS   |  |               |          | From 01/01/2021 | Part IV                        |              |
|              |   |  |               |          | To 12/31/2021   | Date/Time Pre<br>5/30/2022 2:3 | pare<br>9 nm |
|              |   |  | Title         | XVIII    | Hospi tal       | PPS                            | 7 piii       |
|              | Cost Center Description   | Non Physician                              | Nursi ng      | Nursi ng |                 | Allied Health                  |              |
|              | '   | Anesthetist                                | Program       | Program  | Post-Stepdown   |                                |              |
|              |   | Cost                                       | Post-Stepdown |          | Adjustments     |                                |              |
|              |   |  | Adjustments   |          |                 |                                |              |
|              |   | 1.00                                       | 2A            | 2.00     | 3A              | 3.00                           |              |
|              | ANCI LLARY SERVICE COST CENTERS   |  |               |          |                 |                                | 1 50         |
| 0.00         | 05000 OPERATI NG ROOM   | 0  | 0             |          | 0 0             | 0                              | 50.          |
| 1.00         | 05100 RECOVERY ROOM   | 0  | 0             |          | 0 0             | -                              | 51.          |
| 2.00         | 05200 DELIVERY ROOM & LABOR ROOM  | 0  | 0             |          | 0 0             | 0                              | 52.          |
| 4.00         | 05400 RADI OLOGY-DI AGNOSTI C   | 0  | 0             |          | 0 0             | 0                              | 54.          |
| 5.00         | 05500 RADI OLOGY-THERAPEUTI C   | 0  | 0             |          |                 | 0                              | 55.          |
| 7.00         | 05700 CT SCAN<br>05800 MRI  | 0  | 0             |          | 0 0             | 0                              | 57.          |
| 8.00<br>9.00 | 05900 CARDI AC CATHETERI ZATI ON  | 0  | 0             |          |                 |                                | 58           |
| . 00         | 06000 LABORATORY  | 0  | 0             |          | 0 0             | 0                              | 60           |
| . 00         | 06400 I NTRAVENOUS THERAPY  | 0  | 0             |          |                 |                                | 64           |
| . 00         | 06500 RESPIRATORY THERAPY   | 0  | 0             |          |                 | 0                              | 65           |
| . 00         | 06600 PHYSI CAL THERAPY   | 0  | 0             |          | 0 0             |                                | 66           |
| . 00         | 06700 OCCUPATI ONAL THERAPY   | 0  | 0             |          | 0 0             | 0                              | 67           |
| . 00         | 06800 SPEECH PATHOLOGY  | 0  | 0             |          |                 |                                | 68           |
| 9.00         | 06900 ELECTROCARDI OLOGY  | 0  | 0             |          | 0 0             | 0                              | 69           |
| . 00         | 07000 ELECTROENCEPHALOGRAPHY  | 0  | 0             |          |                 | 0                              | 70           |
| . 00         | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                               | 0  | 0             |          | 0 0             | 0                              | 71           |
| . 00         | 07200 I MPL. DEV. CHARGED TO PATIENTS                                   | 0  | 0             |          | 0 0             | 0                              | 72           |
| . 00         | 07300 DRUGS CHARGED TO PATIENTS   | 0  | 0             |          | 0 0             | 0                              | 73           |
| . 01         | 07301 SPECIALTY PHARMACY  | 0  | 0             |          | 0 0             | 0                              | 73           |
| . 00         | 07400 RENAL DIALYSIS  | 0  | 0             |          | 0 0             | 0                              | 74           |
| . 00         | 03330 ENDOSCOPY   | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 01         | 03950 OTHER ANCILLARY SERVICE COST CENTERS                              | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 02         | 03951 OTHER ANCI LLARY SERVICE COST CENTERS                             | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 03         | 03952 OTHER ANCI LLARY SERVICE COST CENTERS                             | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 04         | 03953 WOUND CARE  | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 06         | 03954 I MAGI NG CENTER  | 0  | 0             |          | 0 0             | 0                              | 76           |
| . 07         | 03955 BREAST DI AGNOSTI C CENTER  | 0  | 0             |          | 0 0             | 0                              | 76           |
|              | OUTPATIENT SERVICE COST CENTERS   |  |               |          |                 |                                |              |
| . 00         | 09000 CLINIC  | 0  | 0             |          | 0 0             | 0                              | 90           |
| . 01         | 04950 INFUSION CENTER   | 0  | 0             |          | 0 0             | 0                              | 90           |
| . 26         | 04975 SPINE CENTER  | 0  | 0             |          | 0 0             | 0                              | 90           |
| . 00         | 09100 EMERGENCY   | 0  | 0             |          | 0 0             | 0                              | 91           |
| . 00         | 09200 OBSERVATION BEDS (NON-DISTINCT PART                               | 0  | -             |          | 0               | 0                              | 92           |
| 0.00         |   | 0  | 0             |          | 0 0             | 0                              | 200          |

| APPORT IO MILING OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS         Provider CCN: 15-0169         Period:<br>To 12/31/2021         Worksheet D<br>Part IV<br>Date/Time Prepared<br>5/0/2027           THROUGH COSTS         TITLE XVIII         Hospital         For 10/11/2021         Worksheet D<br>Part IV<br>Date/Time Prepared<br>5/0/2027         Worksheet D<br>Part IV<br>Date/Time Prepared<br>5/0/2027         Worksheet D<br>Part IV<br>Date/Time Prepared<br>Cost Center Description         Not Interview<br>Add call         For 10/11/2021         For 10/11/2021         For 00/10/2021           Madi call<br>four of cost Center Description         All Other<br>Education Cost<br>1, 2, 3, and<br>4)         TITLE XVIII         Hospital         For 00/10/2021         For 00/10/2021 <td< th=""><th>Health Financial Systems COM</th><th>MUNITY HOSPITAL</th><th>OF INDIANA, IN</th><th>NC.</th><th>In Lie</th><th>eu of Form CMS-:</th><th>2552-10</th></td<>   | Health Financial Systems COM                     | MUNITY HOSPITAL  | OF INDIANA, IN | NC.    | In Lie             | eu of Form CMS-: | 2552-10 |
|---|--|------------------|----------------|--------|--------------------|------------------|---------|
| Interview         To         12/31/2021         Date/Time Prepared:<br>5/30/2022 2:39 pm           Cost Center Description         All Other<br>Medical         Total Cost<br>(sum of cols.         Ratio of Cost<br>(sum of cols.         Ratio Sum of cols.         Ratio of Cost<br>(sum of   |  | RVICE OTHER PASS | S Provider C   |        |                    |                  |         |
| Little         XIII of XIIII         Horization         First Octation         First Octation         First Octation         First Octation         First Octation         PPS           Cost Center Description         AII Other<br>Medication Cost         Total Cost<br>(sum of Cost<br>Education Cost         Total Cost<br>(sum of Cost<br>(sum of Cost<br>(sum of Cost), and 4)         Total Charges<br>(col. 5 + col.<br>9)         Ratio of Cost<br>(sol (sum of<br>Cost  | THROUGH COSTS                                    |                  |                |        |                    | Date/Time Pre    | pared:  |
| Cost Center Description         All Other<br>Medication Cost<br>Education Cost<br>(sum of cols.<br>education Cost<br>(see<br>(see<br>(see<br>(see<br>(see<br>(see<br>(see<br>(s  |  |                  |                |        |                    | 5/30/2022 2:3    | 9 pm    |
| Medical<br>Education Cost<br>4)         (sum of cols.<br>4)         Outpatient<br>Cols. 2, 3,<br>and 4)         (from Wkst, C,<br>elistructions)         (b Cols. 5 + col.<br>7)           MCILLARY SERVICE COST CENTERS         -  |  |                  |                |        |                    |                  |         |
| Education Cost         1, 2, 3, and<br>(4)         Cost (sum of<br>(sum of) | Cost Center Description                          |                  |                |        |                    |                  |         |
| And Li LARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000 DPERATINE ROOM         0         0         0.211, 111, 841         0.0000000         50.00         50.00           51.00         05100 RECOVERY ROOM         0         0         0         241, 411, 841         0.0000000         50.00           52.00         05200 DELIVERY ROOM & LABOR ROOM         0         0         25, 543, 667         0.000000         51.00           52.00         05200 RADI LOGY-IN LARKYSTIC         0         0         0         41, 729, 784         0.000000         52.00           55.00         05500 RADI LOGY-IN LARKYSTIC         0         0         0         42, 843, 104         0.000000         57.00           57.00         05500 CARDI LACY-INERAPUTIC         0         0         0         8.00         0.000000         57.00           58.00         05600 MRI         0         0         0         1.33, 965         0.000000         59.00           59.00         05900 LHRAVENUS THERAPY         0         0         1.33, 965         0.000000         59.00           60.00         06600 LABDRATORY         0         0         2.65, 33.802         0.00000   |  |                  |                |        |                    |                  |         |
| ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         OFERATI NG ROM         0         0         0.241, 411, 841         0.000000         51.00         0.5100 REQVERY ROM         0         0         0         241, 411, 841         0.000000         51.00         0.5100 REQVERY ROM & LABOR ROM         0         0         0         241, 411, 841         0.000000         52.00         55.00         55.00         55.00         55.00         0.00000         52.00         50.00 <td< td=""><td></td><td>Education Cost</td><td></td><td></td><td></td><td></td><td></td></td<>   |  | Education Cost   |                |        |                    |                  |         |
| ANCI LLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           ANCI LLARY SERVICE COST CENTERS         0  |  |                  | 4)             |        | 8)                 |                  |         |
| ANCILLARY SERVICE COST CENTERS           50.00         05000 (PERATI NG ROOM         0         0         041,078,473         0.000000         51.00           51.00         05100 (RECOVERY ROOM         0         0         0         1.078,473         0.000000         51.00           52.00         05200 (RELOVERY ROOM         0         0         0         1.078,473         0.000000         51.00           54.00         05400 (RADI OLOCY-DI AGNOSTI C         0         0         0         42,843,104         0.000000         55.00           55.00         05500 (RADI OLOCY-DI AGNOSTI C         0         0         0         42,843,104         0.000000         55.00           55.00         05500 (RADI OLOCY-DI REAPEUTI C         0         0         0         28,942,29         0.000000         56.00           59.00         05900 (LABORATORY         0         0         135,453,464         0.000000         66.00         66.00         66.00         135,453,464         0.000000         65.00         66.00         66.00         66.00         67.00         0         136,453,346         0.000000         66.00         66.00         66.00         66.00         66.00         67.00         0         25.033,802         0.0000000 <td></td> <td></td> <td></td> <td>and 4)</td> <td></td> <td></td> <td></td>  |  |                  |                | and 4) |                    |                  |         |
| ANCI LLARY SERVICE COST CENTERS         Image: Control of Contrel C  |  | 4.00             | 5.00           | 6.00   | 7 00               |                  |         |
| 50. 00         050.00         050.00         0241, 411, 841         0.00000         50. 00           51. 00         05100         RECOVERY ROM         0         0         41, 779, 784         0.000000         51. 00           52. 00         05200         RELIVERY ROM & LABOR ROM         0         0         25, 543, 697         0.000000         52. 00           53. 00         RADI OLOGY - THERAPEUTI C         0         0         41, 779, 784         0.000000         55. 00           50. 00         DS500         RADI OLOGY - THERAPEUTI C         0         0         42, 843, 104         0.000000         56. 00           50. 00         DS500         CATHETERI ZATI ON         0         0         28, 984, 229         0.000000         56. 00           50. 00         DS500         CREDI & CATHETERI ZATI ON         0         0         135, 345         0.000000         56. 00           60. 00         D6000         RESPI RATORY         0         0         0         35, 346         0.000000         67. 00           64. 00         D6400         INTRAVENDUS THERAPY         0         0         0         25, 033, 802         0.000000         67. 00           65. 00         D6600         RESPI RATORY THERAPY <td>ANCILLARY SERVICE COST CENTERS</td> <td>4.00</td> <td>5.00</td> <td>0.00</td> <td>7.00</td> <td>0.00</td> <td></td>  | ANCILLARY SERVICE COST CENTERS                   | 4.00             | 5.00           | 0.00   | 7.00               | 0.00             |         |
| 51.00         Ist on         Ist on </td <td></td> <td>0</td> <td>0</td> <td></td> <td>0 241 411 841</td> <td>0,00000</td> <td>50 00</td>   |  | 0                | 0              |        | 0 241 411 841      | 0,00000          | 50 00   |
| 52.00         OS200         DELIVERY ROM & LABOR ROM         0         0         25.00  |  |                  |                | 1      |                    |                  |         |
| 54.00         OS400         RADIOLOGY-DIASNOSTIC         0         11, 729, 784         0.000000         54.00           55.00         05500         RADIOLOGY-THERAPEUTIC         0         0         042, 843, 104         0.000000         55.00           57.00         05700         CT SCAN         0         0         0.800         RAI         0.000000         57.00           58.00         05800         MRI         0         0         0.8, 984, 229         0.000000         59.00           69.00         05000         CARDIAC CATHETERIZATION         0         0         135, 435, 346         0.000000         69.00           60.00         06000         LABORATORY         0         0         1,313, 965         0.000000         64.00           65.00         06500         RESPI RATORY THERAPY         0         0         0         25,033, 802         0.000000         67.00           66.00         06600         RPSI RATORY THERAPY         0         0         0         2,05,044         0.000000         68.00           68.00         068000         SPEECH PATHOLOGY         0         0         0         4,4,00         0.00000         70.00           70.00         ORDOO ELECTROCARDI   |  |                  | -              |        |                    |                  |         |
| 55.00       R5500       R5101 LOCY-THERAPEUTIC       0       0       42.843, 104       0.000000       55.00         57.00       05700 CT SCAN       0       0       0       0       28,984,229       0.000000       58.00         59.00       05900 CARDIAC CATHETERIZATION       0       0       0       4,526,842       0.000000       59.00         60.00       0000 LABORATORY       0       0       0       135,435,346       0.000000       64.00         64.00       0400 INTRAVENUS THERAPY       0       0       0       36,633,886       0.000000       65.00         65.00       06500 RESPI RATORY THERAPY       0       0       0       25,033,802       0.000000       66.00         66.00       06500 PHYSI CAL THERAPY       0       0       0       2,305,44       0.000000       67.00         67.00       0.00000 SPECH PATHOLOGY       0       0       0       2,305,44       0.000000       67.00         69.00       06900 ELECTROCARDI LOGRAPHY       0       0       0       2,305,44       0.000000       71.00         71.00       07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       0       0       2,991,298       0.000000       73.00   |  | -                | -              |        |                    |                  |         |
| 57.00       OS000       TS SCAN       0       0       80.377,004       0.000000       57.00         58.00       OSB000       MRI       0       0       28,984,229       0.000000       58.00         60.00       OS000       CARDIA C CATHETERI ZATI ON       0       0       4,526,842       0.000000       69.00         60.00       OS000       IABGRATORY       0       0       0       135,435,346       0.000000       64.00         64.00       O6400       INTRAVENUIS THERAPY       0       0       0       36,633,886       0.000000       65.00         65.00       OS00       CRESPI RATORY THERAPY       0       0       0       7,469,870       0.00000       66.00         66.00       OS00       CELECTROCARDI OLOGY       0       0       7,469,870       0.000000       67.00         69.00       ELECTROCARDI OLOGY       0       0       0       14,758,041       0.000000       70.00         71.00       OT000       ELECTROCARDI OLOGRAPHY       0       0       14,758,041       0.000000       71.00         73.00       OT300       RUISS CHARGED TO PATI ENTS       0       0       0       0.000000       74.00      1  |  | 0                | 0              |        |                    |                  |         |
| 58.00       05900       CATPLE CATHERIZATION       0       0       28, 984, 229       0.000000       58.00         59.00       05900       CARDIAC CATHETERIZATION       0       0       4, 526, 842       0.000000       59.00         64.00       06400       INTRAVENOUS THERAPY       0       0       0       135, 435, 346       0.000000       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       36, 633, 886       0.000000       65.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       25, 033, 802       0.000000       67.00         0       0       0       0       0       0       2, 305, 044       0.000000       68.00         68.00       6600       SPECET PATHOLOGY       0       0       0       2, 305, 044       0.000000       69.00         70.00       0700       ELECTROCARDI OLOGY       0       0       0       44, 136, 795       0.000000       71.00         71.00       07100       MELCTROCARPHALOGRAPHY       0       0       0       24, 136, 795       0.000000       73.00         73.00       07300       DRUSC CHAREGD TO PATIENTS       0       <   |  | 0                | 0              |        |                    |                  |         |
| 59.00       05900       CARDI AC CATHETERI ZATI ON       0       0       4, 526, 842       0.000000       59.00         60.00       06000       LABORATORY       0       0       0       135, 435, 346       0.000000       64.00         64.00       06400       INTRAVENUS THERAPY       0       0       0       135, 435, 346       0.000000       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       0       36, 633, 886       0.000000       65.00         66.00       06600       PUSI CAL THERAPY       0       0       0       25, 033, 802       0.000000       67.00         68.00       06600       ELCETROEACEPI DALLOGY       0       0       0       2, 305, 044       0.000000       68.00         69.00       69.00       6000       LECTROEACEPIALOGRAPHY       0       0       0       14, 758, 041       0.000000       71.00         71.00       07100       IELCTROEACEPIALOGRAPHY       0       0       0       44, 136, 795       0.000000       72.00       73.00         73.01       07300       INUS CALARGED TO PATI ENTS       0       0       0       0.000000       73.00       73.00       73.00       73.00 </td <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>•</td>   |  | 0                |                |        |                    |                  | •       |
| 60.00       06000       LABORATORY       0       0       135, 435, 346       0.000000       60.00         64.00       0400       INTRAVENOUS THERAPY       0       0       1, 313, 965       0.000000       64.00         65.00       06500       RSSP RATORY THERAPY       0       0       0       36, 633, 886       0.000000       65.00         66.00       06600       PHYSI CAL. THERAPY       0       0       0       7, 469, 870       0.000000       66.00         67.00       06700       OCUPATI ONAL THERAPY       0       0       0       7, 469, 870       0.000000       68.00         69.00       06800       SPEECH PATHOLOGY       0       0       9, 385, 209       0.000000       69.00         70.00       07000       ELECTROCARDI OLOGY       0       0       14, 758, 041       0.000000       71.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       13.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00   |  | 0                |                |        |                    |                  |         |
| 64.00       06400       INTRAVENOUS THERAPY       0       0       1, 313, 965       0.000000       64.00         65.00       06500       RESPI RATORY THERAPY       0       0       36, 633, 886       0.000000       65.00         67.00       06700       OCCUPATI ONAL THERAPY       0       0       0       7, 469, 870       0.000000       67.00         68.00       06800       SPECH PATHOLOGY       0       0       2, 305, 044       0.000000       68.00         69.00       66900       LECTROENCERHALOGRAPHY       0       0       0       9, 585, 209       0.000000       68.00         70.00       TOLO       ELCTROENCEPHALOGRAPHY       0       0       0       14, 758, 041       0.000000       70.00         71.00       OTOLO       ELCTROENCEPHALOGRAPHY       0       0       0       65, 355, 984       0.000000       71.00         73.00       07300       DRUSC CHARGED TO PATI ENTS       0       0       0       14, 136, 795       0.000000       73.00         73.01       DRUSC CHARGED TO PATI ENTS       0       0       0       0.000000       73.00         73.00       07301       DRUSC CHARGED TO PATI ENTS       0       0       0.0   |  | 0                |                |        |                    |                  |         |
| 65.00         06500         RESPI RATORY THERAPY         0         0         36, 633, 886         0.000000         65.00           66.00         06600         PHYSI CAL THERAPY         0         0         0         25, 033, 802         0.000000         66.00           67.00         06700         0C0700         0CUPATIONAL THERAPY         0         0         0         7, 469, 870         0.000000         68.00           68.00         06800         SPEECH PATHOLOGY         0         0         0         2, 305, 044         0.000000         68.00           69.00         CHORONCEPHALOGRAPHY         0         0         0         14, 758, 041         0.000000         70.00           71.00         O7100         ELECTROCARDI D PATI ENTS         0         0         0         44, 136, 795         0.000000         73.00           73.00         07301         DREAL DT PATI ENTS         0         0         0         0.000000         73.00           73.00         07301         DRAL DI ALYSI S         0         0         0         0.000000         73.00           73.00         07305         ENAL TARY SERVICE COST CENTERS         0         0         0         0.000000         74.00      <   |  | 0                | ,              |        |                    |                  |         |
| 66.00       06600       PHYSI CAL THERAPY       0       0       25, 033, 802       0.000000       66.00         67.00       0CCUPATI ONAL THERAPY       0       0       7.469, 870       0.000000       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       25, 033, 802       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       2, 305, 044       0.000000       69.00         70.00       OTOOD       ELECTROEACEPHALOGRAPHY       0       0       14, 758, 041       0.000000       71.00         71.00       OT200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       44, 136, 795       0.000000       73.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0.000000       73.00         73.01       07301       SPECI ALTY PHARMACY       0       0       0       0       0.000000       74.00         76.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       74.00       76.01       0.000000       76.01         76.01       03305       DIHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0   |  | 0                | ,              |        |                    |                  |         |
| 67.00         06700         OCCUPATIONAL THERAPY         0         0         7,469,870         0.000000         67.00           68.00         06800         SPECH PATHOLOGY         0         0         2,305,044         0.000000         68.00           69.00         06900         ELECTROCARDIOLOGY         0         0         9,585,209         0.000000         69.00           71.00         07100         REDICAL SUPPLIES CHARGED TO PATIENT         0         0         14,758,041         0.000000         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         0         0         44,136,795         0.000000         73.01           73.00         07300         RENAL DI ALYSIS         0         0         0         0.000000         73.01           74.00         7400         RENAL DI ALYSIS         0         0         0         0.000000         73.01           74.00         07400         RENAL DI ALYSIS         0         0         0         0         0.000000         74.00           76.01         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.01           76.04         03953         OUND CARE   |  | Ű,               | ,              |        |                    |                  |         |
| 68.00       06800       SPEECH PATHOLOGY       0       0       2, 305, 044       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       9, 585, 209       0.000000       69.00         70.00       07100       LECTROENCEPHALAGRAPHY       0       0       14, 758, 041       0.000000       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       65, 355, 984       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       120, 901, 298       0.000000       73.00         73.01       07301       SPECI ALTY PHARMACY       0       0       0       0.000000       74.00         74.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       74.00         76.01       033950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       7   |  | 0                | 0              |        |                    |                  |         |
| 69.00       06900       ELECTROCARDI OLOGY       0       0       9,585,209       0.000000       69.00         70.00       07000       ELECTROCARDI OLOGY       0       0       14,758,041       0.000000       70.00         71.00       OTOOD       ELECTROCARDI OLOGRAPHY       0       0       0       14,758,041       0.000000       71.00         72.00       OTZOD       IMPL. DEV. CHARGED TO PATI ENTS       0       0       64,136,795       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0.000000       73.00         73.01       07301       SPECI ALTY PHARMACY       0       0       0       0.000000       74.00         74.00       ORANO       RENAL DI ALYSI S       0       0       0       0.000000       74.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.01         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02   |  | 0                | 0              |        |                    |                  | 1       |
| 70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       14, 758, 041       0.000000       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       65, 355, 984       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       44, 136, 795       0.000000       73.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       120, 901, 298       0.000000       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       73.00         76.00       03303       ENDOSCOPY       0       0       0       0.000000       76.00         76.00       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.00         76.02       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.03         76.04       03953       WUND CARE       0       0       0       0.000000       76.04  |  | 0                | 0              |        |                    |                  |         |
| 71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       0       65, 355, 984       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       44, 136, 795       0.000000       72.00         73.00       07301       SPECI ALTY PHARMACY       0       0       120, 901, 298       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       74.00         76.00       03305       ENDOSCOPY       0       0       0       0.000000       76.00         76.01       03950       OTHER ANCI LLARY SERVI CE COST CENTERS       0       0       0       0.000000       76.02         76.02       03951       OTHER ANCI LLARY SERVI CE COST CENTERS       0       0       0       0.000000       76.02         76.02       03952       OTHER ANCI LLARY SERVI CE COST CENTERS       0       0       0       0.000000       76.02         76.02       03953       WOUND CARE       0       0       0       0.000000       76.04         76.04       03953       WOUND CARE       0       0       0       0       0.000000       76.04 <t< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></t<>   |  | 0                | 0              |        |                    |                  |         |
| 72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       44, 136, 795       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       120, 901, 298       0.000000       73.00         73.01       07301       SPECI ALTY PHARMACY       0       0       0       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       74.00         76.00       03330       ENDOSCOPY       0       0       0       0.000000       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.03         76.04       03953       WOUD CARE       0       0       0       0.000000       76.04         76.04       03953       WAGE INCARE       0       0       0       0.000000       76.06         76.05       03954  |  | 0                | 0              |        |                    |                  |         |
| 73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       120, 901, 298       0.000000       73.00         73.01       07301       SPECIALTY PHARMACY       0       0       0       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       6, 064, 046       0.000000       74.00         76.00       0330       ENDOSCOPY       0       0       0       30, 058, 909       0.000000       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.03         76.04       03953       WOUND CARE       0       0       0       0.000000       76.04         76.04       03954       IMAGI NG CENTER       0       0       0       0.000000       76.07         76.04       03955       BREAST DI AGNOSTIC CENTER       0       0       0       0.000000       76.07  |  | 0                | 0              |        |                    |                  |         |
| 74.00       07400       RENAL DI ALYSI S       0       0       6,064,046       0.00000       74.00         76.00       0330       ENDOSCOPY       0       0       0       30,058,909       0.000000       76.00         76.01       03950       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.01         76.02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.04       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76.02         76.04       03953       WOUND CARE       0       0       0       0.000000       76.03         76.04       03953       WOUND CARE       0       0       0       0.000000       76.03         76.04       03954       IMAGING CENTER       0       0       0       29,811,164       0.000000       76.03         76.04       03955       BREAST DI AGNOSTI C CENTER       0       0       0       29,811,164       0.000000       76.04         76.07       03955       BREAST DI AGNOSTI C CENTER       0       0       0       0.000000       76.07 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>  |  | 0                | 0              |        |                    |                  |         |
| 76.00         03330         ENDOSCOPY         0         0         30,058,909         0.000000         76.00           76.01         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.01           76.02         03951         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.02           76.03         03952         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.03           76.04         03953         WOUND CARE         0         0         0         0.000000         76.04           76.06         03954         I MAGI NG CENTER         0         0         0         0.000000         76.04           76.06         03955         BREAST DI AGNOSTI C CENTER         0         0         0         58, 112, 435         0.000000         76.04           76.07         03955         BREAST DI AGNOSTI C CENTER         0         0         0         29, 811, 164         0.000000         76.07           70.00         09000         CLI NI C         0         0         0         0         0.000000         90.00           90.00         09000  | 73.01 07301 SPECIALTY PHARMACY                   | 0                | 0              |        | 0 0                | 0. 000000        | 73.01   |
| 76.01         03950         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.01           76.02         03951         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.02           76.03         03952         OTHER ANCI LLARY SERVICE COST CENTERS         0         0         0         0.000000         76.03           76.04         03953         WOUND CARE         0         0         0         0.000000         76.04           76.04         03953         WOUND CARE         0         0         0         0.000000         76.04           76.04         03953         WOUND CARE         0         0         0         4.704.161         0.000000         76.04           76.05         03955         BREAST DI AGNOSTI C CENTER         0         0         0         29.811.164         0.000000         76.06           76.06         03954         I MAGI NG CENTER         0         0         0         0         0.000000         76.06           76.07         04900         CLINIC         0         0         0         0.000000         90.00           90.01         04950         I NFUSI ON CE   | 74.00 07400 RENAL DIALYSIS                       | 0                | 0              | )      | 0 6, 064, 046      | 0.000000         | 74.00   |
| 76. 02       03951       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76. 02         76. 03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.000000       76. 03         76. 04       03953       WOUND CARE       0       0       0       0.000000       76. 04         76. 04       03953       WOUND CARE       0       0       0       0.000000       76. 04         76. 06       03954       I MAGI NG CENTER       0       0       0       0.000000       76. 06         76. 07       03955       BREAST DI AGNOSTI C CENTER       0       0       0       29, 811, 164       0.000000       76. 07         00       OTHET ENT SERVI CE COST CENTER       0       0       0       29, 811, 164       0.000000       76. 07         01       OHTHET ENT SERVI CE COST CENTER       0       0       0       0.000000       76. 07         00       09000       CLINIC       0       0       0       0.000000       90. 01         90. 01       04950       INFUSION CENTER       0       0       0       3. 302, 119       0. 000000       90. 02         90. 02   | 76.00 03330 ENDOSCOPY                            | 0                | 0              | )      | 0 30, 058, 909     | 0. 000000        | 76.00   |
| 76.03       03952       OTHER ANCI LLARY SERVICE COST CENTERS       0       0       0       0.00000       76.03         76.04       03953       WOUND CARE       0       0       0       0       4,704,161       0.00000       76.04         76.06       03954       I MAGI NG CENTER       0       0       0       58,112,435       0.00000       76.06         76.07       03955       BREAST DI AGNOSTI C CENTER       0       0       0       29,811,164       0.000000       76.07         0UTPATIENT SERVICE COST CENTER       0       0       0       29,811,164       0.000000       76.07         90.00       09000       CLINIC       0       0       0       0.00000       90.00         90.10       09000       CLINIC       0       0       0       0.00000       90.01         90.26       04975       SPI NE CENTER       0       0       0       485,887       0.000000       90.26         91.00       09100       EMERGENCY       0       0       0       181,995,890       0.000000       91.00         92.00       09200       DBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       11,958,311       0.000000<  | 76.01 03950 OTHER ANCILLARY SERVICE COST CENTERS | 0                | 0              |        | 0 0                | 0.000000         | 76.01   |
| 76. 04       03953       WOUND CARE       0       0       4, 704, 161       0.00000       76. 04         76. 06       03954       I MAGI NG CENTER       0       0       0       58, 112, 435       0.000000       76. 06         76. 07       03955       BREAST DI AGNOSTI C CENTER       0       0       0       29, 811, 164       0.000000       76. 07         OUTPATIENT SERVICE COST CENTER         O       0       0       0       0.00000       90. 00         90. 00       09000       CLI NI C       0       0       0       0.000000       90. 01         90. 01       04950       I NFUSI ON CENTER       0       0       0       0.000000       90. 01         90. 02       04950       I NEUSI ON CENTER       0       0       0       0.000000       90. 01         90. 04       04950       I NEUSI ON CENTER       0       0       0       485, 887       0.000000       90. 26         91. 00       09100       EMERGENCY       0       0       0       181, 995, 890       0.000000       91. 00         92. 00       09200       DBSERVATI ON BEDS (NON-DI STI NCT PART       0       0       0       11, 958,  | 76.02 03951 OTHER ANCILLARY SERVICE COST CENTERS | 0                | 0              |        | 0 0                | 0. 000000        | 76.02   |
| 76.06         03954         I MAGI NG CENTER         0         0         58, 112, 435         0.00000         76.06           76.07         03955         BREAST DI AGNOSTI C CENTER         0         0         0         29, 811, 164         0.00000         76.06           76.07         01794TI ENT SERVICE COST CENTER         0         0         0         29, 811, 164         0.00000         76.07           90.00         09000         CLI NI C         0         0         0         0.00000         90.00           90.10         04950         I NFUSI ON CENTER         0         0         0         0.00000         90.01           90.26         04975         SPI NE CENTER         0         0         0         485, 887         0.00000         90.26           91.00         09100         EMERGENCY         0         0         181, 995, 890         0.000000         91.00           92.00         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         0         11, 958, 311         0.000000         92.00  | 76.03 03952 OTHER ANCILLARY SERVICE COST CENTERS | 0                | 0              | )      | 0 0                | 0.000000         | 76.03   |
| 76. 07         03955         BREAST DI AGNOSTI C CENTER         0         0         29, 811, 164         0.000000         76. 07           OUTPATI ENT SERVI CE COST CENTERS         0         0         0         0         0.00000         90. 00         90. 00         0.000000         90. 00         90. 00         90. 00         90. 00         90. 00         0.000000         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 01         90. 00         90. 01         90. 02         90. 01         90. 02         90. 02         90. 02         90. 00         0         181, 995, 890         0. 000000         91. 00           92. 00         09200         0BSERVATI 0N BEDS (NON-DI STI NCT PART         0         0         0         11, 958, 311         0. 000000         92. 00   | 76.04 03953 WOUND CARE                           | 0                | 0              | )      | 0 4, 704, 161      | 0.000000         | 76.04   |
| OUTPATI ENT SERVICE COST CENTERS           90. 00         09000         CLI NI C         0         0         0.00         90.00           90. 01         04950         INFUSION CENTER         0         0         0         3, 302, 119         0.000000         90.01           90. 26         04975         SPI NE CENTER         0         0         0         485, 887         0.000000         90.26           91. 00         09100         EMERGENCY         0         0         0         181, 995, 890         0.000000         91.00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         0         0         11, 958, 311         0.000000         92.00  | 76.06 03954 I MAGI NG CENTER                     | 0                | 0              |        | 0 58, 112, 435     | 0.000000         | 76.06   |
| 90. 00         09000         CLINIC         0         0         0         0.00         90. 00           90. 01         04950         INFUSION CENTER         0         0         0         3, 302, 119         0.000000         90. 01           90. 26         04975         SPINE CENTER         0         0         0         485, 887         0.000000         90. 26           91. 00         09100         EMERGENCY         0         0         0         181, 995, 890         0.000000         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0         0         0         11, 958, 311         0.000000         92. 00  | 76.07 03955 BREAST DIAGNOSTIC CENTER             | 0                | 0              |        | 0 29, 811, 164     | 0.000000         | 76.07   |
| 90. 01         04950         I NFUSI ON CENTER         0         0         3, 302, 119         0. 00000         90. 01           90. 26         04975         SPI NE CENTER         0         0         0         485, 887         0. 00000         90. 26           91. 00         09100         EMERGENCY         0         0         0         181, 995, 890         0. 00000         91. 00           92. 00         09200         DSERVATI ON BEDS (NON-DI STI NCT PART         0         0         0         11, 958, 311         0. 000000         92. 00  | OUTPATIENT SERVICE COST CENTERS                  |                  |                |        |                    |                  |         |
| 90. 26         04975         SPI NE CENTER         0         0         485, 887         0.00000         90. 26           91. 00         09100         EMERGENCY         0         0         0         181, 995, 890         0.000000         91. 00           92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART         0         0         0         11, 958, 311         0.000000         92. 00   |  |                  |                |        |                    |                  |         |
| 91.00         09100         EMERGENCY         0         0         181,995,890         0.00000         91.00           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0         0         0         11,958,311         0.000000         92.00   |  |                  |                |        | 0 3, 302, 119      | 0. 000000        | 90.01   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 0 0 11, 958, 311 0. 000000 92. 00  |  | 0                | 0              |        |                    |                  |         |
|   |  | -                | -              |        |                    |                  |         |
| 200.00           Total         (lines 50 through 199)         0         0         0         1,295,917,136         200.00  |  |                  |                |        |                    |                  |         |
|   | 200.00   Total (lines 50 through 199)            | 0                | 0              |        | 0 1, 295, 917, 136 |                  | 200. 00 |

| Health Financial Systems COM                                 | MUNITY HOSPITAL (      | OF INDIANA, IN | VC.          | In Lie                          | eu of Form CMS-2               | 2552-10 |
|--|------------------------|----------------|--------------|---------------------------------|--------------------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF          | RVICE OTHER PASS       | Provider C     | CN: 15-0169  | Peri od:                        | Worksheet D                    |         |
| THROUGH COSTS  |                        |                |              | From 01/01/2021                 | Part IV                        |         |
|  |                        |                |              | To 12/31/2021                   | Date/Time Pre<br>5/30/2022 2:3 |         |
|  |                        | Title          | × XVIII      | Hospi tal                       | PPS                            | 9 pili  |
| Cost Center Description                                      | Outpatient             | Inpatient      | Inpati ent   | Outpati ent                     | Outpatient                     |         |
| bost benter bescription                                      | Ratio of Cost          | Program        | Program      | Program                         | Program                        |         |
|  | to Charges             | Charges        | Pass-Through |                                 | Pass-Through                   |         |
|  | (col. 6 ÷ col.         | J              | Costs (col.  |                                 | Costs (col. 9                  |         |
|  | 7)                     |                | x col. 10)   |                                 | x col. 12)                     |         |
|  | 9.00                   | 10.00          | 11.00        | 12.00                           | 13.00                          |         |
| ANCI LLARY SERVI CE COST CENTERS                             |                        |                | •            |                                 | -                              |         |
| 50. 00 05000 OPERATI NG ROOM                                 | 0. 000000              | 40, 193, 967   |              | 0 18, 546, 696                  | 0                              | 50.00   |
| 51.00 05100 RECOVERY ROOM                                    | 0. 000000              | 5, 118, 114    |              | 0 3, 186, 179                   | 0                              | 51.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                       | 0.000000               | 46, 798        |              | 0 0                             | 0                              | 52.00   |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                          | 0.000000               | 3, 057, 293    |              | 0 4, 239, 977                   | 0                              | 54.00   |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                         | 0.000000               | 4, 915, 807    |              | 0 9, 321, 581                   |                                | 55.00   |
| 57. 00 05700 CT SCAN   | 0.000000               | 8, 488, 678    |              | 0 7, 790, 625                   |                                | 57.00   |
| 58. 00 05800 MRI   | 0. 000000              | 1, 515, 129    |              | 0 7, 895, 151                   | 0                              | 58.00   |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                      | 0. 000000              | 204, 456       |              | 0 0                             | -                              | 59.00   |
| 60. 00 06000 LABORATORY                                      | 0. 000000              | 23, 717, 235   |              | 0 6, 729, 131                   |                                | 60.00   |
| 64.00 06400 I NTRAVENOUS THERAPY                             | 0. 000000              | 257, 903       |              | 0 0                             | -                              | 64.00   |
| 65. 00 06500 RESPI RATORY THERAPY                            | 0. 000000              | 6, 821, 761    |              | 0 232, 053                      |                                | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                               | 0. 000000              | 1, 628, 163    |              | 0 88, 578                       |                                | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY                            | 0. 000000              | 1, 253, 402    |              | 0 18, 440                       |                                | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                                 | 0. 000000              | 392, 098       |              | 0 4, 164                        |                                | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                              | 0. 000000              | 3, 977, 104    |              | 0 218, 270                      |                                | 69.00   |
| 70.00 07000 ELECTROENCEPHALOGRAPHY                           | 0. 000000              | 276, 651       |              | 0 2, 429, 287                   |                                | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT              | 0. 000000              | 7, 759, 087    |              | 0 4, 787, 292                   |                                | 71.00   |
| 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS                  | 0. 000000              | 9, 432, 560    |              | 0 5, 360, 559                   |                                | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS                        | 0. 000000              | 20, 894, 365   |              | 0 8, 700, 689                   |                                | 73.00   |
| 73. 01 07301 SPECIALTY PHARMACY                              | 0.000000               | 0              |              | 0 0                             | -                              | 73.01   |
| 74. 00 07400 RENAL DI ALYSI S                                | 0.000000               | 1, 652, 735    |              | 0 0                             | 0                              | 74.00   |
| 76.00 03330 ENDOSCOPY  | 0.00000                | 2, 198, 555    |              | 0 5, 862, 350                   |                                | 76.00   |
| 76. 01 03950 OTHER ANCI LLARY SERVICE COST CENTERS           | 0.00000                | 0              |              | 0 0                             | -                              | 76.01   |
| 76. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS           | 0.000000               | 0              |              | 0 0                             |                                | 76.02   |
| 76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS           | 0.00000                | 0              |              | 0 1 0 0 0 0                     | 0                              | 76.03   |
| 76.04 03953 WOUND CARE                                       | 0.00000                | 296, 587       |              | 0 1, 048, 890                   |                                | 76.04   |
| 76.06 03954 I MAGI NG CENTER                                 | 0. 000000<br>0. 000000 | 32, 139        |              | 0 13, 547, 682<br>0 2, 737, 631 |                                | 76.06   |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER                      | 0.000000               | 0              |              | 0 2, 737, 631                   | 0                              | 76.07   |
| OUTPATI ENT SERVICE COST CENTERS<br>90. 00 09000 CLINIC      | 0.000000               | 0              |              | 0 0                             | 0                              | 90.00   |
| 90. 00   09000   CEINIC<br>90. 01   04950   INFUSI ON CENTER | 0.000000               | 0              |              | 0 220, 024                      |                                | 90.00   |
| 90. 26 04975 SPINE CENTER                                    | 0.000000               | 0              |              | 0 220, 024                      |                                | 90.01   |
| 90. 28 04975 SPINE CENTER<br>91. 00 09100 EMERGENCY          | 0.000000               | 12, 609, 617   |              | 0 13, 851, 809                  |                                | 90.28   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART             | 0.000000               | 1, 226, 339    |              | 0 3, 787, 588                   |                                | 91.00   |
| 200.00 Total (lines 50 through 199)                          | 0.000000               | 157, 966, 543  |              | 0 120, 604, 646                 |                                | 200.00  |
|  | 1                      | 137, 700, 343  | I            | 0 120, 004, 040                 | 1 0                            | 200.00  |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN | ID VACCI NE COST | Provider C     |              | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm |
|--|------------------|----------------|--------------|---|---|----------------|
|  |                  | Title          | XVIII        | Hospi tal                                   | PPS   |                |
|  |                  |                | Charges      |   | Costs   |                |
| Cost Center Description                            | Cost to Charge   | PPS Reimbursed | Cost         | Cost  | PPS Services  |                |
|  | Ratio From       | Services (see  | Reimbursed   | Reimbursed                                  | (see inst.)   |                |
|  | Worksheet C,     | inst.)         | Servi ces    | Services Not                                |   |                |
|  | Part I, col. 9   |                | Subject To   | Subject To                                  |   |                |
|  |                  |                | Ded. & Coins |   |   |                |
|  |                  |                | (see inst.)  | (see inst.)                                 |   |                |
|  | 1.00             | 2.00           | 3.00         | 4.00  | 5.00  |                |
| ANCI LLARY SERVICE COST CENTERS                    |                  |                |              | -   |   |                |
| 50. 00 05000 OPERATING ROOM                        | 0. 112827        |                |              | 0 0   |   | 1              |
| 51.00 05100 RECOVERY ROOM                          | 0. 159100        |                |              | 0 0   | 506, 921  |                |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM             | 0. 449912        |                |              | 0 0   | 0   | 52.00          |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C               | 0. 180231        |                |              | 0 0   | 764, 175  |                |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C               | 0. 095719        |                |              | 0 0   | 892, 252  |                |
| 57.00 05700 CT SCAN                                | 0. 043418        |                |              | 0 0   | 338, 253  |                |
| 58. 00 05800 MRI                                   | 0. 114495        |                |              | 0 0   | 903, 955  |                |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON            | 0. 050942        |                |              | 0 0   | 0   | 59.00          |
| 50. 00 06000 LABORATORY                            | 0. 118520        | 6, 729, 131    |              | 0 0   | 797, 537  |                |
| 54. 00 06400 INTRAVENOUS THERAPY                   | 1. 196731        | 0              |              | 0 0   | 0   | 64.00          |
| 55. 00 06500 RESPI RATORY THERAPY                  | 0. 212738        | 232, 053       |              | 0 0   | 49, 366   | 65.00          |
| 56. 00 06600 PHYSI CAL THERAPY                     | 0. 386483        | 88, 578        |              | 0 0   | 34, 234   | 66.00          |
| 57.00 06700 OCCUPATI ONAL THERAPY                  | 0. 362070        |                |              | 0 0   | 6, 677  | 67.00          |
| 58.00 06800 SPEECH PATHOLOGY                       | 0. 239349        | 4, 164         |              | 0 0   | 997   | 68.00          |
| 59. 00 06900 ELECTROCARDI OLOGY                    | 0. 067896        | 218, 270       |              | 0 0   | 14, 820   | 69.00          |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                | 0. 216099        | 2, 429, 287    |              | 0 0   | 524, 966  | 70.00          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 0. 362272        | 4, 787, 292    |              | 0 0   | 1, 734, 302   | 71.00          |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS         | 0. 409323        | 5, 360, 559    |              | 0 0   | 2, 194, 200   | 72.00          |
| 73.00 07300 DRUGS CHARGED TO PATIENTS              | 0. 257049        | 8, 700, 689    |              | 0 40, 791                                   | 2, 236, 503   | 73.00          |
| 73. 01 07301 SPECIALTY PHARMACY                    | 0. 000000        | 0              |              | 0 0   | 0   | 73.01          |
| 74. 00 07400 RENAL DIALYSIS                        | 0. 253324        | 0              |              | 0 0   | 0   | 74.00          |
| 76. 00 03330 ENDOSCOPY                             | 0. 147226        | 5, 862, 350    |              | 0 0   | 863, 090  | 76.00          |
| 76.01 03950 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000        | 0              |              | 0 0   | 0   | 76.01          |
| 76.02 03951 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000        | 0              |              | 0 0   | 0   | 76.02          |
| 76.03 03952 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000        | 0              |              | 0 0   | 0   | 76.03          |
| 76.04 03953 WOUND CARE                             | 0. 346746        | 1, 048, 890    |              | 0 0   | 363, 698  | 76.04          |
| 76.06 03954 I MAGI NG CENTER                       | 0. 092906        | 13, 547, 682   |              | 0 0   | 1, 258, 661   | 76.06          |
| 76.07 03955 BREAST DIAGNOSTIC CENTER               | 0. 485911        | 2, 737, 631    |              | 0 0   | 1, 330, 245   | 76.07          |
| OUTPATIENT SERVICE COST CENTERS                    |                  |                |              |   |   |                |
| 90. 00 09000 CLINIC                                | 0. 000000        | 0              |              | 0 0   | 0   | 90.00          |
| PO. 01 04950 INFUSION CENTER                       | 0. 088554        | 220, 024       |              | 0 0   | 19, 484   | 90.01          |
| 20. 26 04975 SPINE CENTER                          | 0. 668546        | 0              |              | 0 0   | 0   | 90.26          |
| 91.00 09100 EMERGENCY                              | 0. 095810        | 13, 851, 809   |              | 0 0   | 1, 327, 142   | 91.00          |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART    | 0. 849389        | 3, 787, 588    |              | 0 0   | 3, 217, 136   |                |
| 200.00 Subtotal (see instructions)                 |                  | 120, 604, 646  |              | 0 40, 791                                   | 21, 471, 182  | 200.00         |
| 201.00 Less PBP Clinic Lab. Services-Program       |                  |                |              | 0 0   |   | 201.00         |
| Only Charges                                       |                  |                |              |   |   |                |
| 202.00 Net Charges (line 200 - line 201)           |                  | 120, 604, 646  |              | 0 40, 791                                   | 21, 471, 182  | 1202 00        |

| APPORTIONMENT OF MEDICAL                           | ., OTHER HEALTH SERVICES AND | VACCINE COST                   | Provider C                         | CN: 15-0169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/30/2022 2:3 | epared:<br>39 pm |
|--|------------------------------|--------------------------------|------------------------------------|-------------|---|---|------------------|
|  |                              |                                | Title                              | XVIII       | Hospi tal                                   | PPS   |                  |
|  |                              | Cos                            | ts                                 |             |   |   |                  |
| Cost Center  | Description                  | Cost<br>Reimbursed<br>Services | Cost<br>Reimbursed<br>Services Not |             |   |   |                  |
|  |                              | Subject To                     | Subject To<br>Ded. & Coins.        |             |   |   |                  |
|  |                              | (see inst.)                    | (see inst.)                        | -           |   |   |                  |
| ANCI LLARY SERVI CE                                | COST CENTERS                 | 6.00                           | 7.00                               |             |   |   |                  |
| 50. 00 05000 OPERATING R                           |                              | 0                              | 0                                  |             |   |   | 50.00            |
| 51.00 05100 RECOVERY ROO                           |                              | 0                              | 0                                  | 1           |   |   | 51.00            |
| 52.00 05200 DELIVERY ROO                           |                              | 0                              | 0                                  | •           |   |   | 52.00            |
| 54. 00 05400 RADI OLOGY-DI                         |                              | 0                              | 0                                  | •           |   |   | 54.00            |
| 55. 00 05500 RADI OLOGY-TH                         |                              | 0                              | 0                                  |             |   |   | 55.00            |
| 57. 00 05700 CT SCAN                               |                              | 0                              | 0                                  |             |   |   | 57.00            |
| 58. 00 05800 MRI                                   |                              | 0                              | 0                                  |             |   |   | 58.00            |
| 59. 00 05900 CARDI AC CATH                         | IETERI ZATI ON               | 0                              | 0                                  |             |   |   | 59.00            |
| 60. 00 06000 LABORATORY                            |                              | 0                              | 0                                  | •           |   |   | 60,00            |
| 64.00 06400 I NTRAVENOUS                           | THERAPY                      | 0                              | 0                                  |             |   |   | 64.00            |
| 65. 00 06500 RESPI RATORY                          |                              | 0                              | 0                                  |             |   |   | 65.00            |
| 66. 00 06600 PHYSI CAL THE                         |                              | 0                              | 0                                  |             |   |   | 66.00            |
| 67.00 06700 0CCUPATI ONAL                          | _ THERAPY                    | 0                              | 0                                  |             |   |   | 67.00            |
| 68.00 06800 SPEECH PATH                            | DLOGY                        | 0                              | 0                                  |             |   |   | 68.00            |
| 69. 00 06900 ELECTROCARDI                          | OLOGY                        | 0                              | 0                                  |             |   |   | 69.00            |
| 70. 00 07000 ELECTROENCE                           | PHALOGRAPHY                  | 0                              | 0                                  |             |   |   | 70.00            |
|  | PLIES CHARGED TO PATIENT     | 0                              | 0                                  |             |   |   | 71.00            |
|  | CHARGED TO PATIENTS          | 0                              | 0                                  |             |   |   | 72.00            |
| 73.00 07300 DRUGS CHARGE                           |                              | 0                              | 10, 485                            |             |   |   | 73.00            |
| 73. 01 07301 SPECIALTY PH                          |                              | 0                              | 0                                  |             |   |   | 73.01            |
| 74.00 07400 RENAL DIALYS                           | SES                          | 0                              | 0                                  | •           |   |   | 74.00            |
| 76.00 03330 ENDOSCOPY                              |                              | 0                              | 0                                  |             |   |   | 76.00            |
|  | ARY SERVICE COST CENTERS     | 0                              | 0                                  |             |   |   | 76.01            |
|  | ARY SERVICE COST CENTERS     | 0                              | 0                                  |             |   |   | 76.02            |
| 76.03 03952 OTHER ANCILI<br>76.04 03953 WOUND CARE | ARY SERVICE COST CENTERS     | 0                              | 0                                  | •           |   |   | 76.03            |
| 76.06 03954 I MAGI NG CENT                         | re D                         | 0                              | 0                                  |             |   |   | 76.04            |
| 76.07 03955 BREAST DI AG                           |                              | 0                              | 0                                  |             |   |   | 76.07            |
| OUTPATIENT SERVIC                                  |                              | 0                              | 0                                  |             |   |   | - /0.0/          |
| 90. 00 09000 CLINIC                                |                              | 0                              | 0                                  |             |   |   | 90.00            |
| 90.01 04950 INFUSION CEN                           | ITER                         | 0                              | 0                                  | 1           |   |   | 90.01            |
| 90. 26 04975 SPI NE CENTER                         |                              | 0                              | 0                                  | •           |   |   | 90.26            |
| 91.00 09100 EMERGENCY                              |                              | 0                              | 0                                  |             |   |   | 91.00            |
|  | BEDS (NON-DISTINCT PART      | 0                              | 0                                  |             |   |   | 92.00            |
|  | e instructions)              | 0                              | 10, 485                            |             |   |   | 200.00           |
|  | nic Lab. Services-Program    | 0                              |                                    |             |   |   | 201.00           |
|  | (line 200 - line 201)        | 0                              | 10, 485                            |             |   |   | 202.00           |

|                |   |                | OF INDIANA, IN |               |                                  | u of Form CMS-2          | 2552-1 |
|----------------|---|----------------|----------------|---------------|----------------------------------|--------------------------|--------|
| APPORTI ONMENT | F OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS       | Provider C     | CN: 15-0169   | Peri od:                         | Worksheet D              |        |
|                |   |                | Component      | CCN: 15-S169  | From 01/01/2021<br>To 12/31/2021 | Part II<br>Date/Time Pre | narodi |
|                |   |                | component      | CCN. 15-5109  | 10 12/31/2021                    | 5/30/2022 2:3            |        |
|                |   |                | Title          | × XVIII       | Subprovider -                    | PPS                      |        |
|                |   |                |                |               | ' I PF                           |                          |        |
| (              | Cost Center Description                 | Capi tal       | Total Charges  | Ratio of Cos  | t Inpatient                      | Capital Costs            |        |
|                |   | Related Cost   | (from Wkst. C, | to Charges    | Program                          | (column 3 x              |        |
|                |   | (from Wkst. B, | Part I, col.   | (col. 1 ÷ col | . Charges                        | column 4)                |        |
|                |   | Part II, col.  | 8)             | 2)            |                                  |                          |        |
|                |   | 26)            |                |               |                                  |                          |        |
|                |   | 1.00           | 2.00           | 3.00          | 4.00                             | 5.00                     |        |
|                | ARY SERVICE COST CENTERS                |                |                |               |                                  |                          |        |
|                | OPERATING ROOM                          | 4, 657, 309    |                |               |                                  | 89                       | •      |
|                | RECOVERY ROOM                           | 538, 393       |                |               |                                  | 0                        | 51.0   |
|                | DELIVERY ROOM & LABOR ROOM              | 1, 225, 795    |                |               |                                  | 0                        | 52.0   |
|                | RADI OLOGY-DI AGNOSTI C                 | 718, 686       |                |               |                                  | 366                      | 54.0   |
|                | RADI OLOGY-THERAPEUTI C                 | 778, 026       |                |               |                                  | 0                        | 55.0   |
|                | CT SCAN                                 | 330, 276       |                |               |                                  | 242                      | 57.0   |
| 58.00 05800 1  |   | 687, 568       |                |               |                                  | 269                      | 58.0   |
|                | CARDI AC CATHETERI ZATI ON              | 4, 506         | 4, 526, 842    | 0.00099       | 95 0                             | 0                        | 59.0   |
| 50.00 06000 I  | LABORATORY                              | 472, 771       | 135, 435, 346  | 0.00349       | 596, 721                         | 2, 083                   | 60.0   |
|                | INTRAVENOUS THERAPY                     | 241, 540       | 1, 313, 965    | 0. 18382      | 25 3, 255                        | 598                      | 64.0   |
|                | RESPI RATORY THERAPY                    | 563, 160       | 36, 633, 886   |               |                                  | 86                       | 65.0   |
|                | PHYSI CAL THERAPY                       | 1, 255, 949    | 25, 033, 802   | 0. 05017      | 27, 835                          | 1, 396                   | 66.0   |
| 57.00 06700 0  | OCCUPATIONAL THERAPY                    | 98, 976        | 7, 469, 870    | 0. 01325      | 50 24, 417                       | 324                      | 67.0   |
| 58.00 06800 \$ | SPEECH PATHOLOGY                        | 20, 079        | 2, 305, 044    |               |                                  | 45                       | 68.0   |
| 59.00 06900 I  | ELECTROCARDI OLOGY                      | 8, 257         | 9, 585, 209    |               |                                  | 19                       | 69.0   |
| 70.00 07000 I  | ELECTROENCEPHALOGRAPHY                  | 373, 094       | 14, 758, 041   |               |                                  | 142                      | 70.0   |
| 1.00 07100     | MEDICAL SUPPLIES CHARGED TO PATIENT     | 1, 359, 449    | 65, 355, 984   | 0. 02080      | 01 511                           | 11                       | 71.0   |
| 2.00 07200     | IMPL. DEV. CHARGED TO PATIENTS          | 1,037,773      | 44, 136, 795   | 0. 02351      | 13 0                             | 0                        | 72.0   |
|                | DRUGS CHARGED TO PATIENTS               | 1, 464, 074    | 120, 901, 298  | 0. 01211      | 10 384, 857                      | 4, 661                   | 73.0   |
| 3.01 07301     | SPECIALTY PHARMACY                      | 0              | 0              | 0.0000        | 0 0                              | 0                        | 73.0   |
| 4.00 07400 I   | RENAL DIALYSIS                          | 22, 654        |                |               | 36 0                             | 0                        | 74.0   |
|                | ENDOSCOPY                               | 687, 556       | 30, 058, 909   | 0. 02287      | 74 0                             | 0                        | 76. C  |
| 6.01 03950     | OTHER ANCILLARY SERVICE COST CENTERS    | 0              | 0              | 0.0000        | 0 0                              | 0                        | 76. C  |
| 6. 02 03951 0  | OTHER ANCILLARY SERVICE COST CENTERS    | 0              | 0              | 0.0000        | 0 0                              | 0                        | 76. C  |
| 6.03 03952 0   | OTHER ANCILLARY SERVICE COST CENTERS    | 0              | 0              | 0.0000        | 0 0                              | 0                        | 76.0   |
|                | NOUND CARE                              | 183, 027       | 4, 704, 161    | 0. 03890      | 07 0                             | 0                        | 76. C  |
| 6.06 03954     | I MAGI NG CENTER                        | 1,024,209      | 58, 112, 435   | 0. 01762      | 25 0                             | 0                        | 76. C  |
| 6. 07 03955    | BREAST DIAGNOSTIC CENTER                | 571, 326       | 29, 811, 164   | 0. 01916      | 5 0                              | 0                        | 76. C  |
| OUTPAT         | IENT SERVICE COST CENTERS               |                |                | •             | !                                |                          |        |
| 0.00 09000     |   | 0              | 0              | 0.0000        | 0 00                             | 0                        | 90.0   |
|                | INFUSION CENTER                         | 86, 887        | 3, 302, 119    |               |                                  | 0                        | 90.0   |
|                | SPINE CENTER                            | 4, 292         |                |               |                                  | 0                        | 90.2   |
|                | EMERGENCY                               | 1, 227, 310    |                |               |                                  |                          |        |
|                | OBSERVATION BEDS (NON-DISTINCT PART     | 0              |                |               |                                  | 0                        | 92.0   |
| 92.00 09200    |   |                |                |               |                                  |                          |        |

| PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE<br>IROUGH COSTS   | RVICE OTHER PASS                     |  | CN: 15-0169<br>CCN: 15-S169 |        | d:<br>01/01/2021<br>12/31/2021        | Worksheet D<br>Part IV<br>Date/Time Pre<br>5/30/2022 2:3 |        |
|---|--------------------------------------|--|-----------------------------|--------|---------------------------------------|--|--------|
|   |                                      | Title  | XVIII                       | Subp   | rovider -<br>IPF                      | PPS  |        |
| Cost Center Description   | Non Physician<br>Anesthetist<br>Cost | Nursing<br>Program<br>Post-Stepdown<br>Adjustments | Nursing<br>Program          | Pos    | ied Health<br>t-Stepdown<br>justments | Allied Health  |        |
|   | 1.00                                 | 2A   | 2.00                        |        | 3A                                    | 3.00   |        |
| ANCI LLARY SERVI CE COST CENTERS  | 0                                    |  |                             | 0      |                                       |  | 1 50 0 |
| 0. 00 05000 OPERATING ROOM<br>1. 00 05100 RECOVERY ROOM   | 0                                    | 0  |                             | 0<br>0 | 0                                     |  |        |
| 2. 00 05200 DELIVERY ROOM & LABOR ROOM  | 0                                    | 0  |                             | 0      | 0                                     |  |        |
| 4. 00 05200 DELIVERT ROOM & LABOR ROOM  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 00 05500 RADI OLOGY-THERAPEUTI C   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 7. 00 05700 CT SCAN   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 3. 00 05800 MRI   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 9. 00 05900 CARDI AC CATHETERI ZATI ON  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 0. 00 06000 LABORATORY  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 4. 00 06400 I NTRAVENOUS THERAPY  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 00 06500 RESPI RATORY THERAPY  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 00 06600 PHYSI CAL THERAPY   | 0                                    | 0  |                             | 0      | 0                                     | 0  | 66.0   |
| 7.00 06700 OCCUPATIONAL THERAPY   | 0                                    | 0  |                             | 0      | 0                                     | 0  | 67.0   |
| 3. 00 06800 SPEECH PATHOLOGY  | 0                                    | 0  |                             | 0      | 0                                     | 0  | 68.0   |
| P. 00 06900 ELECTROCARDI OLOGY  | 0                                    | 0  |                             | 0      | 0                                     | 0  | 69.0   |
| 0. 00 07000 ELECTROENCEPHALOGRAPHY  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| I. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   | 0                                    | 0  |                             | 0      | 0                                     | 0  | 1      |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 3. 00 07300 DRUGS CHARGED TO PATIENTS   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 3. 01 07301 SPECIALTY PHARMACY  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 4. 00 07400 RENAL DIALYSIS  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 00 03330 ENDOSCOPY   | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 01       03950       OTHER ANCILLARY SERVICE COST CENTERS         5. 02       03951       OTHER ANCILLARY SERVICE COST CENTERS | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 03 03952 OTHER ANCILLARY SERVICE COST CENTERS  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 04 03953 WOUND CARE  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 06 03954 I MAGI NG CENTER  | 0                                    | 0  |                             | 0      | 0                                     | 0  |        |
| 5. 07 03955 BREAST DI AGNOSTI C CENTER  | 0                                    | 0  |                             | 0      | 0                                     |  |        |
| OUTPATIENT SERVICE COST CENTERS   |                                      |  |                             |        |                                       | <u> </u>   |        |
| 0. 00 09000 CLINIC  | 0                                    | 0  |                             | 0      | 0                                     | 0  | 90.    |
| 0. 01 04950 INFUSION CENTER   | 0                                    | 0  |                             | 0      | 0                                     |  |        |
| 0. 26 04975 SPINE CENTER  | 0                                    | 0  |                             | 0      | 0                                     | 0  | 90.    |
| I. 00 09100 EMERGENCY   | 0                                    | 0  |                             | 0      | 0                                     | 0  | 91.    |
| 2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART  | 0                                    |  |                             | 0      |                                       | 0  | 92.0   |
| 00.00 Total (lines 50 through 199)  | 0                                    | 0  |                             | 0      | 0                                     | 0  | 200. 0 |

|        |   | UNI TY HOSPI TAL |               |              |                            | eu of Form CMS-        | 2552-10 |
|--------|---|------------------|---------------|--------------|----------------------------|------------------------|---------|
|        | FIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEP                        | RVICE OTHER PASS | S Provider C  |              | Period:<br>From 01/01/2021 | Worksheet D<br>Part IV |         |
| THROUG | GH COSTS  |                  | Component     |              | To 12/31/2021              |                        |         |
|        |   |                  | Title         | XVIII        | Subprovider -<br>IPF       | PPS                    |         |
|        | Cost Center Description   | All Other        | Total Cost    | Total        |                            | Ratio of Cost          |         |
|        |   | Medi cal         | (sum of cols. | Outpati ent  | (from Wkst. C,             |                        |         |
|        |   | Education Cost   | 1, 2, 3, and  | Cost (sum of |                            | (col. 5 ÷ col.         |         |
|        |   |                  | 4)            | cols. 2, 3,  | 8)                         | 7)                     |         |
|        |   |                  |               | and 4)       |                            | (see                   |         |
|        |   |                  | 5.00          | (            | 7.00                       | instructions)          |         |
|        |   | 4.00             | 5.00          | 6.00         | 7.00                       | 8.00                   |         |
| -0 00  | ANCI LLARY SERVICE COST CENTERS                                       | -                | ~             | 1            | 0 041 411 044              | 0.000000               | 50.00   |
| 50.00  | 05000 OPERATING ROOM  | 0                | 0             |              | 0 241, 411, 841            |                        |         |
| 51.00  | 05100 RECOVERY ROOM   | 0                | 0             |              | 0 41, 078, 473             |                        |         |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM                                      | 0                | 0             |              | 0 25, 543, 697             |                        |         |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C   | 0                | 0             |              | 0 41, 729, 784             |                        |         |
| 55.00  | 05500 RADI OLOGY-THERAPEUTI C   | 0                | 0             |              | 0 42, 843, 104             |                        |         |
| 57.00  | 05700 CT SCAN   | 0                | 0             |              | 0 80, 377, 004             |                        |         |
| 58.00  | 05800 MRI   | 0                | 0             |              | 0 28, 984, 229             |                        |         |
| 59.00  | 05900 CARDI AC CATHETERI ZATI ON                                      | 0                | 0             |              | 0 4, 526, 842              |                        |         |
| 0.00   | 06000 LABORATORY  | 0                | 0             |              | 0 135, 435, 346            |                        |         |
| 54.00  | 06400 I NTRAVENOUS THERAPY  | 0                | 0             |              | 0 1, 313, 965              |                        |         |
| 55.00  | 06500 RESPI RATORY THERAPY  | 0                | 0             |              | 0 36, 633, 886             |                        |         |
| 56.00  | 06600 PHYSI CAL THERAPY   | 0                | 0             |              | 0 25, 033, 802             |                        |         |
| 57.00  | 06700 OCCUPATI ONAL THERAPY   | 0                | 0             |              | 0 7, 469, 870              |                        |         |
| 58.00  | 06800 SPEECH PATHOLOGY  | 0                | 0             |              | 0 2, 305, 044              |                        |         |
| 59.00  | 06900 ELECTROCARDI OLOGY  | 0                | 0             |              | 0 9, 585, 209              |                        |         |
| 0.00   | 07000 ELECTROENCEPHALOGRAPHY  | 0                | 0             |              | 0 14, 758, 041             | 0.000000               |         |
| 1.00   | 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT                            | 0                | 0             |              | 0 65, 355, 984             |                        |         |
| 2.00   | 07200 I MPL. DEV. CHARGED TO PATIENTS                                 | 0                | 0             |              | 0 44, 136, 795             |                        |         |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS                                       | 0                | 0             |              | 0 120, 901, 298            |                        |         |
| 73.01  | 07301 SPECIALTY PHARMACY  | 0                | 0             |              | 0 0                        | 0.00000                |         |
| 4.00   | 07400 RENAL DI ALYSI S  | 0                | 0             |              | 0 6, 064, 046              |                        |         |
| 6.00   | 03330 ENDOSCOPY   | 0                | 0             |              | 0 30, 058, 909             |                        |         |
| 6.01   | 03950 OTHER ANCI LLARY SERVICE COST CENTERS                           | 0                | 0             |              | 0 0                        | 0.00000                |         |
| 6. 02  | 03951 OTHER ANCILLARY SERVICE COST CENTERS                            | 0                | 0             |              | 0 0                        | 0.00000                |         |
| 6.03   | 03952 OTHER ANCILLARY SERVICE COST CENTERS                            | 0                | 0             |              | 0 0                        | 0.00000                |         |
| 6.04   | 03953 WOUND CARE  | 0                | 0             |              | 0 4, 704, 161              |                        |         |
| 6.06   | 03954 I MAGI NG CENTER  | 0                | 0             |              | 0 58, 112, 435             |                        |         |
| 76.07  | 03955 BREAST DI AGNOSTI C CENTER<br>OUTPATI ENT SERVI CE COST CENTERS | 0                | 0             |              | 0 29, 811, 164             | 0.000000               | 76.0    |
| 0. 00  | 09000 CLI NI C  | 0                | 0             |              | 0 0                        | 0.00000                | 90.00   |
| 0.01   | 04950 INFUSION CENTER   | 0                | 0             |              | 0 3, 302, 119              |                        |         |
| 90.26  |   | 0                | 0             |              | 0 485, 887                 |                        |         |
| 91.00  | 09100 EMERGENCY   | 0                | 0             |              | 0 181, 995, 890            |                        |         |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART                             | 0                | 0             |              | 0 11, 958, 311             |                        |         |
| 200.00 |   | 0                | 0             |              | 0 1, 295, 917, 136         |                        | 200.00  |

|  | MMUNITY HOSPITAL O | F_INDIANA, IN    | IC.          | In Lie          | u of Form CMS-2                | 2552-10         |
|--|--------------------|------------------|--------------|-----------------|--------------------------------|-----------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI                                     | ERVICE OTHER PASS  | Provider C       | CN: 15-0169  | Peri od:        | Worksheet D                    |                 |
| THROUGH COSTS  |                    | Comment          | 20N 1E 01/0  | From 01/01/2021 | Part IV                        |                 |
|  |                    | Component        | CCN: 15-S169 | To 12/31/2021   | Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm  |
|  |                    | Title            | XVIII        | Subprovider -   | PPS                            | •               |
|  | Outrationt         |                  | 1            | I PF            |                                |                 |
| Cost Center Description  | Outpatient         | Inpati ent       | Inpatient    | Outpati ent     | Outpati ent                    |                 |
|  | Ratio of Cost      | Program          | Program      | Program         | Program                        |                 |
|  | to Charges         | Charges          | Pass-Throug  |                 | Pass-Through                   |                 |
|  | (col. 6 ÷ col.     |                  | Costs (col.  | 8               | Costs (col. 9                  |                 |
|  | 7)                 | 10.00            | x col. 10)   | 10.00           | x col. 12)                     |                 |
|  | 9.00               | 10.00            | 11.00        | 12.00           | 13.00                          |                 |
| ANCI LLARY SERVI CE COST CENTERS   | 0.000000           | 4 500            | 1            | 0               | 0                              | 1 50 00         |
| 50. 00 05000 OPERATI NG ROOM   | 0.000000           | 4, 590           |              | 0 0             | 0                              | 50.00           |
| 51.00 05100 RECOVERY ROOM  | 0.00000            | 0                |              | 0 0             | 0                              | 51.00           |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   | 0. 000000          | 0                |              | 0 0             | 0                              | 52.00           |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C  | 0. 000000          | 21, 259          |              | 0 267           | 0                              | 54.00           |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 0. 000000          | 0                |              | 0 0             | 0                              | 55.00           |
| 57.00 05700 CT SCAN  | 0. 000000          | 58, 939          |              | 0 1, 534        | 0                              | 57.00           |
| 58. 00 05800 MRI   | 0. 000000          | 11, 329          |              | 0 0             | 0                              | 58.00           |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON  | 0. 000000          | 0                |              | 0 0             | 0                              | 59.00           |
| 60. 00 06000 LABORATORY  | 0. 000000          | 596, 721         |              | 0 0             | 0                              | 60.00           |
| 64.00 06400 INTRAVENOUS THERAPY  | 0. 000000          | 3, 255           | 1            | 0 0             | 0                              | 64.00           |
| 65. 00 06500 RESPI RATORY THERAPY  | 0. 000000          | 5, 568           | 1            | 0 0             | 0                              | 65.00           |
| 66. 00 06600 PHYSI CAL THERAPY   | 0. 000000          | 27, 835          |              | 0 0             | 0                              | 66.00           |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 0. 000000          | 24, 417          |              | 0 0             | 0                              | 67.00           |
| 68.00 06800 SPEECH PATHOLOGY   | 0. 000000          | 5, 184           |              | 0 0             | 0                              | 68.00           |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0.000000           | 21, 525          |              | 0 0             | 0                              | 69.00           |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0. 000000          | 5, 614           |              | 0 0             | 0                              | 70.00           |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  | 0. 000000          | 511              |              | 0 0             | 0                              | 71.00           |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS   | 0, 000000          | 0                |              | 0 0             | 0                              | 72.00           |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 0. 000000          | 384, 857         |              | 0 979           |                                | 73.00           |
| 73. 01 07301 SPECIALTY PHARMACY  | 0. 000000          | 001,007          |              | 0 0             | 0                              | 73.01           |
| 74. 00 07400 RENAL DI ALYSI S  | 0. 000000          | 0                |              | 0 0             | 0                              | 74.00           |
| 76. 00 03330 ENDOSCOPY   | 0. 000000          | 0                |              | 0 0             | 0                              | 76.00           |
| 76. 01 03950 OTHER ANCILLARY SERVICE COST CENTERS                                      | 0. 000000          | 0                |              | 0 0             | 0                              | 76.01           |
| 76. 02 03951 OTHER ANCILLARY SERVICE COST CENTERS                                      | 0. 000000          | 0                |              | 0 0             | 0                              | 76.02           |
| 76. 03   03952   OTHER ANCI LLARY SERVICE COST CENTERS                                 | 0.000000           | 0                |              |                 | 0                              | 76.02           |
| 76. 04 03953 WOUND CARE  | 0.000000           | 0                |              | 0 0             | 0                              | 76.03           |
|  |                    | -                |              |                 | -                              |                 |
| 76. 06 03954 I MAGI NG CENTER  | 0. 000000          | 0                |              | 0 0             | 0                              | 76.06           |
| 76. 07 03955  BREAST DI AGNOSTI C CENTER   | 0. 000000          | 0                | I            | 0 0             | 0                              | 76.07           |
|  | 0.000000           |                  | 1            | 0               | ~                              | 00.00           |
| 90. 00 09000 CLINIC  | 0. 000000          | 0                |              | 0 0             |                                | 90.00           |
| 90. 01 04950 I NFUSI ON CENTER   | 0. 000000          | 0                |              | 0 0             | 0                              | 90.01           |
| 90. 26 04975 SPI NE CENTER   | 0.00000            | 0                |              | 0 0             | 0                              | 90.26           |
| 91.00 09100 EMERGENCY  | 0. 000000          | 234, 029         |              | 0 624           | 0                              | 91.00           |
|  |                    |                  |              |                 |                                |                 |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART<br>200.00 Total (lines 50 through 199) | 0. 000000          | 0<br>1, 405, 633 |              | 0 0<br>0 3,404  | 0                              | 92.00<br>200.00 |

|              |   | UNI TY HOSPI TAL       |               |                            |                                  | u of Form CMS-          | 2552-10  |
|--------------|---|------------------------|---------------|----------------------------|----------------------------------|-------------------------|----------|
| APPORTI ONME | INT OF MEDICAL, OTHER HEALTH SERVICES AND | VACCINE COST           | Provider C    |                            | Peri od:                         | Worksheet D             |          |
|              |   |                        | Component     |                            | From 01/01/2021<br>To 12/31/2021 | Part V<br>Date/Time Pre | nared    |
|              |   |                        | component     | CON. 13 5107               | 10 12/31/2021                    | 5/30/2022 2:3           | 9 pm     |
|              |   |                        | Title         | e XVIII                    | Subprovider -                    | PPS                     |          |
|              |   |                        |               |                            | I PF                             |                         |          |
|              |   |                        |               | Charges                    |                                  | Costs                   |          |
|              | Cost Center Description                   | Cost to Charge         |               |                            | Cost                             | PPS Services            |          |
|              |   | Ratio From             | Services (see | Reimbursed                 | Reimbursed                       | (see inst.)             |          |
|              |   | Worksheet C,           | inst.)        | Services                   | Services Not                     |                         |          |
|              |   | Part I, col. 9         |               | Subject To<br>Ded. & Coins | Subject To<br>Ded. & Coins.      |                         |          |
|              |   |                        |               | (see inst.)                | (see inst.)                      |                         |          |
|              |   | 1.00                   | 2.00          | 3.00                       | 4.00                             | 5.00                    |          |
| ANCI L       | LLARY SERVICE COST CENTERS                |                        |               |                            |                                  |                         |          |
|              | O OPERATING ROOM                          | 0. 112827              | 0             |                            | 0 0                              | 0                       | 50.00    |
| 51.00 05100  | RECOVERY ROOM                             | 0. 159100              | 0             |                            | 0 0                              | 0                       | 51.00    |
| 52.00 05200  | O DELIVERY ROOM & LABOR ROOM              | 0. 449912              | 0             |                            | 0 0                              | 0                       | 52.00    |
| 54.00 05400  | 0 RADI OLOGY-DI AGNOSTI C                 | 0. 180231              | 267           |                            | 0 0                              | 48                      | 54.00    |
| 55.00 05500  | 0 RADI OLOGY-THERAPEUTI C                 | 0. 095719              | 0             |                            | 0 0                              | 0                       | 55.00    |
| 57.00 05700  | O CT SCAN                                 | 0. 043418              | 1, 534        |                            | 0 0                              | 67                      | 57.00    |
| 58.00 05800  | 0 MRI                                     | 0. 114495              | 0             |                            | 0 0                              | 0                       | 58.00    |
| 59.00 05900  | O CARDI AC CATHETERI ZATI ON              | 0. 050942              | 0             |                            | 0 0                              | 0                       | 59.00    |
|              | 0 LABORATORY                              | 0. 118520              | 0             |                            | 0 0                              | 0                       | 60.00    |
|              | O I NTRAVENOUS THERAPY                    | 1. 196731              | 0             |                            | 0 0                              | 0                       | 64.00    |
|              | 0 RESPI RATORY THERAPY                    | 0. 212738              | 0             |                            | 0 0                              | 0                       | 65.00    |
|              | O PHYSI CAL THERAPY                       | 0. 386483              | 0             |                            | 0 0                              | 0                       | 66.00    |
|              | 0 OCCUPATIONAL THERAPY                    | 0. 362070              | 0             |                            | 0 0                              | 0                       | 67.00    |
|              | O SPEECH PATHOLOGY                        | 0. 239349              | 0             |                            | 0 0                              | 0                       | 68.00    |
|              | 0 ELECTROCARDI OLOGY                      | 0. 067896              | 0             |                            | 0 0                              | 0                       | 69.00    |
|              | O ELECTROENCEPHALOGRAPHY                  | 0. 216099              | 0             |                            | 0 0                              | 0                       | 70.00    |
|              | O MEDI CAL SUPPLIES CHARGED TO PATIENT    | 0.362272               | 0             |                            | 0 0                              | 0                       | 71.00    |
|              | O IMPL. DEV. CHARGED TO PATIENTS          | 0. 409323              | 0             |                            | 0 0                              | 0                       | 72.00    |
|              | O DRUGS CHARGED TO PATIENTS               | 0. 257049              | 979           |                            | 0 570                            | 252                     | 73.00    |
|              | 1 SPECIALTY PHARMACY                      | 0.000000               | 0             |                            | 0 0                              | 0                       |          |
|              | 0 RENAL DI ALYSI S<br>0 ENDOSCOPY         | 0. 253324<br>0. 147226 | 0             |                            | 0 0                              | 0                       | 74.00    |
|              | O OTHER ANCILLARY SERVICE COST CENTERS    | 0. 147228              |               |                            | 0 0                              | 0                       | 76.00    |
|              | 1 OTHER ANCILLARY SERVICE COST CENTERS    | 0. 000000              | 0             |                            | 0 0                              | 0                       | 76.02    |
|              | 2 OTHER ANCI LLARY SERVICE COST CENTERS   | 0. 000000              | 0             |                            | 0 0                              | 0                       | 76.02    |
|              | 3 WOUND CARE                              | 0. 346746              | 0             |                            | 0 0                              | 0                       | 76.04    |
|              | 4 I MAGI NG CENTER                        | 0. 092906              | 0             |                            | 0 0                              | 0                       | 76.06    |
|              | 5 BREAST DI AGNOSTI C CENTER              | 0. 485911              | 0             |                            | 0 0                              | 0                       | •        |
|              | ATIENT SERVICE COST CENTERS               | 01100711               |               |                            | <u> </u>                         |                         | 1 101 07 |
|              |   | 0.000000               | 0             |                            | 0 0                              | 0                       | 90.00    |
|              | O INFUSION CENTER                         | 0. 088554              | 0             |                            | 0 0                              | 0                       |          |
|              | 5 SPINE CENTER                            | 0. 668546              | 0             |                            | 0 0                              | 0                       | 90.26    |
|              | O EMERGENCY                               | 0. 095810              | 624           |                            | 0 0                              | 60                      | 91.00    |
|              | O OBSERVATION BEDS (NON-DISTINCT PART     | 0.849389               |               |                            | 0 0                              | 0                       | 92.00    |
| 200.00       | Subtotal (see instructions)               |                        | 3, 404        |                            | 0 570                            | 427                     | 200.00   |
| 201.00       | Less PBP Clinic Lab. Services-Program     |                        |               |                            | 0 0                              |                         | 201.00   |
|              | Only Charges                              |                        |               |                            |                                  |                         |          |
| 202.00       | Net Charges (line 200 - line 201)         |                        | 3, 404        |                            | 0 570                            | 427                     | 202.00   |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN                           | D VACCINE COST | Provider C    | CN: 15-0169  | Peri od:             | Worksheet D                  | -2552-10          |
|--|----------------|---------------|--------------|----------------------|------------------------------|-------------------|
|  |                |               |              | From 01/01/2021      | Part V                       |                   |
|  |                | Component     | CCN: 15-S169 | To 12/31/2021        | Date/Time Pr<br>5/30/2022 2: | 'epared:<br>39 pm |
|  |                | Title         | e XVIII      | Subprovider -<br>IPF | PPS                          | •                 |
|  | Cos            | sts           |              |                      |                              |                   |
| Cost Center Description  | Cost           | Cost          | 1            |                      |                              |                   |
|  | Reimbursed     | Reimbursed    |              |                      |                              |                   |
|  | Servi ces      | Services Not  |              |                      |                              |                   |
|  | Subject To     | Subject To    |              |                      |                              |                   |
|  | Ded. & Coins.  | Ded. & Coins. |              |                      |                              |                   |
|  | (see inst.)    | (see inst.)   | -            |                      |                              |                   |
| ANCI LLARY SERVI CE COST CENTERS   | 6.00           | 7.00          |              |                      |                              | _                 |
| 50. 00 05000 OPERATING ROOM  | 0              | C             |              |                      |                              | 50.00             |
| 51. 00 05100 RECOVERY ROOM   | 0              |               |              |                      |                              | 51.00             |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM                                      | 0              |               | •            |                      |                              | 52.00             |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 0              |               | 1            |                      |                              | 54.00             |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 0              | -             |              |                      |                              | 55.00             |
| 57. 00 05700 CT SCAN   | 0              |               |              |                      |                              | 57.00             |
| 58. 00 05800 MRI   | 0              |               |              |                      |                              | 58.00             |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                                      | 0              | l c           | )            |                      |                              | 59.00             |
| 0. 00 06000 LABORATORY   | 0              | c c           | )            |                      |                              | 60.00             |
| 54.00 06400 INTRAVENOUS THERAPY  | 0              | c c           |              |                      |                              | 64.00             |
| 55. 00 06500 RESPI RATORY THERAPY  | 0              | c c           |              |                      |                              | 65.00             |
| 66. 00 06600 PHYSI CAL THERAPY   | 0              | c c           |              |                      |                              | 66.00             |
| 57. 00 06700 OCCUPATI ONAL THERAPY   | 0              | C             |              |                      |                              | 67.00             |
| 58.00 06800 SPEECH PATHOLOGY   | 0              | C             |              |                      |                              | 68.00             |
| 59. 00 06900 ELECTROCARDI OLOGY  | 0              | C             |              |                      |                              | 69.00             |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0              | -             |              |                      |                              | 70.00             |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                              | 0              | C             |              |                      |                              | 71.0              |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                   | 0              | C             |              |                      |                              | 72.0              |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0              | 147           | 1            |                      |                              | 73.0              |
| 73. 01 07301 SPECI ALTY PHARMACY   | 0              | C             | 1            |                      |                              | 73.0              |
| 4.00 07400 RENAL DIALYSIS  | 0              | -             |              |                      |                              | 74.0              |
| 76.00 03330 ENDOSCOPY  | 0              | C             | 1            |                      |                              | 76.0              |
| 76.01 03950 OTHER ANCI LLARY SERVICE COST CENTERS                            | 0              | C             |              |                      |                              | 76.0              |
| 76.02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                            | 0              |               |              |                      |                              | 76.0              |
| 76.03 03952 OTHER ANCI LLARY SERVICE COST CENTERS                            | 0              | C             |              |                      |                              | 76.0              |
| 76.04 03953 WOUND CARE<br>76.06 03954 I MAGI NG CENTER                       | 0              |               |              |                      |                              | 76.04             |
|  | 0              |               |              |                      |                              | 76.0              |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER<br>OUTPATI ENT SERVI CE COST CENTERS | 0              | C             | 1            |                      |                              | /0.0              |
| 20. 00 09000 CLINIC  | 0              | C             |              |                      |                              | 90.00             |
| 20. 00 09900 CEINIC<br>20. 01 04950 INFUSION CENTER                          | 0              |               |              |                      |                              | 90.0              |
| 20. 26 04975 SPINE CENTER  | 0              |               |              |                      |                              | 90.20             |
| 91. 00 09100 EMERGENCY   | 0              | -             | 1            |                      |                              | 91.00             |
| 22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                              | 0              |               |              |                      |                              | 92.00             |
| 200.00 Subtotal (see instructions)   | 0              |               | 1            |                      |                              | 200.00            |
| 201.00 Less PBP Clinic Lab. Services-Program                                 | 0              |               |              |                      |                              | 201.00            |
| Only Charges   |                |               |              |                      |                              |                   |
| 202.00 Net Charges (line 200 - line 201)                                     | 0              | 147           |              |                      |                              | 202.00            |

| Health Financial Systems                      | COMMUNI TY HOSPI TAL |                |                |   | u of Form CMS-2 | 2552-10        |
|---|----------------------|----------------|----------------|---|-----------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CA | PITAL COSTS          | Provider CO    |                | Period:<br>From 01/01/2021<br>To 12/31/2021 |                 | pared:<br>9 pm |
|   |                      | Titl           | e XIX          | Hospital PPS                                |                 |                |
| Cost Center Description                       | Capi tal             | Swing Bed      | Reduced        | Total Patient                               | Per Diem (col.  |                |
|   | Related Cost         | Adjustment     | Capi tal       | Days  | 3 / col. 4)     |                |
|   | (from Wkst. B,       | -              | Related Cost   |   |                 |                |
|   | Part II, col.        |                | (col. 1 - col. |   |                 |                |
|   | 26)                  |                | 2)             |   |                 |                |
|   | 1.00                 | 2.00           | 3.00           | 4.00  | 5.00            |                |
| INPATIENT ROUTINE SERVICE COST CENTERS        |                      |                |                |   |                 |                |
| 30. 00 ADULTS & PEDIATRICS                    | 8, 142, 381          | 0              | 8, 142, 38     | 1 69, 450                                   | 117.24          | 30.00          |
| 31.00 INTENSIVE CARE UNIT                     | 1, 488, 315          |                | 1, 488, 31     | 5 6, 930                                    | 214.76          | 31.00          |
| 35.00 NEONATAL INTENSIVE CARE UNIT            | 1, 525, 565          |                | 1, 525, 56     | 5 13, 920                                   | 109.60          | 35.00          |
| 40.00 SUBPROVIDER - IPF                       | 281, 869             | 0              | 281, 86        | 9 4, 172                                    | 67.56           | 40.00          |
| 43.00 NURSERY                                 | 542, 70              |                | 542, 70        | 4 7, 863                                    | 69.02           | 43.00          |
| 200.00 Total (lines 30 through 199)           | 11, 980, 834         |                | 11, 980, 83    | 4 102, 335                                  |                 | 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                    | 2, 232               | 261, 680       |                |   |                 | 30.00          |
| 31.00 INTENSIVE CARE UNIT                     | 2,067                | 443, 909       |                |   |                 | 31.00          |
| 35.00 NEONATAL INTENSIVE CARE UNIT            | 0                    | 0              |                |   |                 | 35.00          |
| 40. 00 SUBPROVIDER - IPF                      | 0                    | 0              |                |   |                 | 40.00          |
| 43.00 NURSERY                                 | 3, 254               | 224, 591       |                |   |                 | 43.00          |
|   | 7, 553               |                |                |   |                 | 200.00         |

| leal th Financial Systems COM<br>APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT | MUNITY HOSPITAL | Provider C       |               | Period:         | u of Form CMS-:<br>Worksheet D | 2002-1  |
|---|-----------------|------------------|---------------|-----------------|--------------------------------|---------|
| AT OKTIONMENT OF THEATENT ANOTEEANT SERVICE CALL                                    | AL 00313        | TTOVICET C       | GN. 13-0107   | From 01/01/2021 | Part II                        |         |
|   |                 |                  |               | To 12/31/2021   | Date/Time Pre                  | pared:  |
|   |                 |                  |               |                 | 5/30/2022 2:3                  | 9 pm    |
|   |                 | Titl             | e XIX         | Hospi tal       | PPS                            |         |
| Cost Center Description   | Capi tal        | Total Charges    | Ratio of Cos  | t Inpatient     | Capital Costs                  |         |
|   | Related Cost    | (from Wkst. C,   | to Charges    | Program         | (column 3 x                    |         |
|   | (from Wkst. B,  | Part I, col.     | (col. 1 ÷ col | . Charges       | column 4)                      |         |
|   | Part II, col.   | 8)               | 2)            |                 |                                |         |
|   | 26)             |                  |               |                 |                                |         |
|   | 1.00            | 2.00             | 3.00          | 4.00            | 5.00                           |         |
| ANCILLARY SERVICE COST CENTERS  |                 |                  |               |                 |                                |         |
| 50.00 05000 OPERATING ROOM  | 4, 657, 309     | 241, 411, 841    | 0.01929       | 3, 286, 839     | 63, 410                        | 50.00   |
| 51.00 05100 RECOVERY ROOM   | 538, 393        | 41, 078, 473     | 0. 01310      | 542,668         | 7, 112                         | 51.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 1, 225, 795     |                  | 0. 04798      | 525, 112        | 25, 199                        | 52.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 718, 686        |                  |               |                 |                                |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 778, 026        |                  |               |                 |                                |         |
| 57. 00 05700 CT SCAN  | 330, 276        |                  |               |                 |                                |         |
| 58. 00 05800 MRI  | 687, 568        |                  |               |                 |                                |         |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 4, 506          |                  |               |                 |                                | •       |
| 50. 00 06000 LABORATORY   | 472, 771        |                  |               |                 |                                |         |
|   |                 |                  |               |                 |                                |         |
|   | 241, 540        |                  |               |                 |                                |         |
| 55. 00 06500 RESPI RATORY THERAPY   | 563, 160        |                  |               |                 |                                |         |
| 56. 00 06600 PHYSI CAL THERAPY  | 1, 255, 949     |                  |               |                 |                                |         |
| 57.00 06700 OCCUPATI ONAL THERAPY   | 98, 976         |                  |               |                 | 3, 028                         | •       |
| 58.00 06800 SPEECH PATHOLOGY  | 20, 079         |                  |               |                 |                                |         |
| 59. 00 06900 ELECTROCARDI OLOGY   | 8, 257          |                  |               |                 |                                |         |
| 0.00 07000 ELECTROENCEPHALOGRAPHY   | 373, 094        |                  |               |                 |                                |         |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                                      | 1, 359, 449     |                  |               |                 | 30, 664                        |         |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS   | 1, 037, 773     |                  |               |                 | 0                              |         |
| 3.00 07300 DRUGS CHARGED TO PATIENTS  | 1, 464, 074     | 120, 901, 298    | 0. 01211      | 0 4, 228, 651   | 51, 209                        | 73.0    |
| 3.01 07301 SPECIALTY PHARMACY   | 0               | 0                | 0.0000        | 0 0             | 0                              | 73.0    |
| 4.00 07400 RENAL DIALYSIS   | 22, 654         | 6, 064, 046      | 0.00373       | 6 144, 696      | 541                            | 74.0    |
| 6. 00 03330 ENDOSCOPY   | 687, 556        | 30, 058, 909     | 0. 02287      | 264, 639        | 6, 053                         | 76.0    |
| 6.01 03950 OTHER ANCILLARY SERVICE COST CENTERS                                     | 0               | 0                | 0.00000       | 0 0             | 0                              | 76.0    |
| 6. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                                   | 0               | 0                | 0. 00000      | 0 0             | 0                              | 76.0    |
| 6.03 03952 OTHER ANCI LLARY SERVICE COST CENTERS                                    | 0               | 0                |               |                 | 0                              |         |
| 26. 04 03953 WOUND CARE   | 183, 027        | 4, 704, 161      | 0. 03890      |                 | 2,409                          |         |
| 6. 06 03954 I MAGI NG CENTER  | 1,024,209       |                  |               |                 |                                |         |
| 6. 07 03955 BREAST DIAGNOSTIC CENTER  | 571, 326        |                  |               |                 |                                |         |
| OUTPATIENT SERVICE COST CENTERS   | 571, 520        | 27,011,104       | 0.01710       | 0               | 0                              | /0.0    |
| 0. 00 09000 CLINIC  | 0               | 0                | 0.00000       | 0 0             | 0                              | 90.0    |
| 0. 01 04950 INFUSION CENTER   | 86, 887         | -                |               |                 | -                              |         |
|   |                 |                  |               |                 | -                              |         |
|   | 4, 292          |                  |               |                 | 0                              |         |
| 91.00 09100 EMERGENCY   | 1, 227, 310     |                  |               |                 |                                |         |
| 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART                                 | 801, 926        |                  |               |                 |                                |         |
| 200.00  Total (lines 50 through 199)  | 20, 444, 868    | 1, 295, 917, 136 | 1             | 24, 662, 742    | 344, 821                       | 1200. O |

| Health Financial Systems CO   | MMUNI TY HOSPI TAL             | OF INDIANA. I                | NC.                   | In Lie                                      | eu of Form CMS-   | 2552-10  |
|---|--------------------------------|------------------------------|-----------------------|---|---|----------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER  |                                | TS Provider C                | CN: 15-0169           | Period:<br>From 01/01/2021<br>Fo 12/31/2021 | Worksheet D<br>Part III<br>Date/Time Pre<br>5/30/2022 2:3 | pared:   |
|   |                                |                              | e XIX                 | Hospi tal                                   | PPS   |          |
| Cost Center Description   | Nursing<br>Program             | Nursing<br>Program           | Post-Stepdown         | Allied Health<br>Cost                       | Medi cal  |          |
|   | Post-Stepdown<br>Adjustments   | 1.00                         | Adj ustments          |   | Education Cost  |          |
|   | 1A                             | 1.00                         | 2A                    | 2.00  | 3.00  |          |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         O30000         ADULTS & PEDI ATRI CS | 0                              |                              |                       |   | 0   | 30.00    |
| 31. 00 03100 I NTENSI VE CARE UNI T   | 0                              |                              |                       |   | 0   |          |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT  | 0                              | C                            |                       | 0 0   | 0   | 1        |
| 40. 00 04000 SUBPROVI DER - I PF  | 0                              | C                            |                       | 0 0   | 0   |          |
| 43. 00 04300 NURSERY  | 0                              | C                            |                       | 0 0   | 0   | 1 101 00 |
| 200.00 Total (lines 30 through 199)   | 0<br>Curi na Dad               | (                            |                       | 0   |   | 200.00   |
| Cost Center Description   | Swing-Bed<br>Adjustment        | Total Costs<br>(sum of cols. | Days                  | Per Diem (col.<br>5 ÷ col. 6)               | Inpatient<br>Program Days                                 |          |
|   | Amount (see                    | 1 through 3,                 | Days                  | 5 ÷ cor. 0)                                 |   |          |
|   |                                | minus col. 4)                |                       |   |   |          |
|   | 4.00                           | 5.00                         | 6.00                  | 7.00  | 8.00  |          |
| INPATIENT ROUTINE SERVICE COST CENTERS  |                                |                              | 1                     | 1   | 1   |          |
| 30. 00 03000 ADULTS & PEDI ATRI CS  | 0                              | 0                            | 69,450                |   |   |          |
| 31.00 03100 INTENSIVE CARE UNIT<br>35.00 02060 NEONATAL INTENSIVE CARE UNIT                             |                                |                              | ) 6, 93(<br>) 13, 92( |   |   | 1        |
| 40. 00 04000 SUBPROVI DER – I PF  | 0                              |                              | 4, 17                 |   |   |          |
| 43. 00 04300 NURSERY  |                                |                              | 7,86                  |   |   |          |
| 200.00 Total (lines 30 through 199)   |                                | C                            | 102, 33               |   |   | 200.00   |
| Cost Center Description   | I npati ent                    |                              |                       |   |   |          |
|   | Program                        |                              |                       |   |   |          |
|   | Pass-Through<br>Cost (col. 7 x |                              |                       |   |   |          |
|   | cost (col. 7 x                 |                              |                       |   |   |          |
|   | 9.00                           |                              |                       |   |   |          |
| INPATIENT ROUTINE SERVICE COST CENTERS  |                                |                              |                       |   |   |          |
| 30. 00 03000 ADULTS & PEDI ATRI CS  | 0                              |                              |                       |   |   | 30.00    |
| 31. 00 03100 I NTENSI VE CARE UNI T   | 0                              |                              |                       |   |   | 31.00    |
| 35. 00 02060 NEONATAL INTENSIVE CARE UNIT   | 0                              |                              |                       |   |   | 35.00    |
| 40. 00 04000 SUBPROVIDER - TPF<br>43. 00 04300 NURSERY  | 0                              |                              |                       |   |   | 40.00    |
| 200.00 Total (lines 30 through 199)   | 0                              |                              |                       |   |   | 200.00   |
|   |                                | 1                            |                       |   |   | 1        |

| ealth Financial Sy<br>PPORTIONMENT OF IN | PATIENT/OUTPATIENT ANCILLARY SE | MUNITY HOSPITAL<br>RVICE OTHER PASS |               |          | Peri od:        | eu of Form CMS-:<br>Worksheet D |              |
|--|---------------------------------|-------------------------------------|---------------|----------|-----------------|---------------------------------|--------------|
| HROUGH COSTS                             |                                 |                                     |               |          | From 01/01/2021 | Part IV                         |              |
|  |                                 |                                     |               |          | To 12/31/2021   | Date/Time Pre<br>5/30/2022 2:3  | pare<br>9 nm |
|  |                                 |                                     | Titl          | e XIX    | Hospi tal       | PPS                             | <i>y</i> pm  |
| Cost Ce                                  | nter Description                | Non Physician                       | Nursing       | Nursi ng | Allied Health   | Allied Health                   |              |
|  |                                 | Anestheti st                        | Program       | Program  | Post-Stepdown   |                                 |              |
|  |                                 | Cost                                | Post-Stepdown |          | Adjustments     |                                 |              |
|  |                                 |                                     | Adjustments   |          |                 |                                 |              |
|  |                                 | 1.00                                | 2A            | 2.00     | 3A              | 3.00                            |              |
|  | RVICE COST CENTERS              |                                     |               |          |                 |                                 | 1 50         |
| 0.00 05000 0PERATI<br>1.00 05100 RECOVER |                                 | 0                                   | 0             |          |                 | -                               | 50.<br>51.   |
|  | Y ROOM & LABOR ROOM             | 0                                   | 0             |          |                 |                                 | 51.          |
|  | IGY-DIAGNOSTIC                  | 0                                   | 0             |          |                 |                                 | 52.<br>54.   |
|  | IGY-THERAPEUTI C                | 0                                   | 0             |          |                 |                                 | 55.          |
| 7. 00 05700 CT SCAN                      |                                 | 0                                   | 0             |          |                 | -                               | 55.          |
| 3. 00 05800 MRI                          |                                 | 0                                   | 0             |          |                 |                                 | 57.          |
|  | CATHETERI ZATI ON               | 0                                   | 0             |          |                 |                                 | 59           |
| 0.00 06000 LABORAT                       |                                 | 0                                   | 0             |          |                 |                                 | 60.          |
| . 00 06400 I NTRAVE                      |                                 | 0                                   | 0             |          |                 |                                 | 64           |
| . 00 06500 RESPI RA                      |                                 | 0                                   | 0             |          | 0 0             |                                 | 65           |
| 00 06600 PHYSI CA                        |                                 | 0                                   | 0             |          | 0 0             |                                 | 66           |
|  | IONAL THERAPY                   | 0                                   | 0             |          | 0 0             | -                               | 67           |
| 3. 00 06800 SPEECH                       |                                 | 0                                   | 0             |          | 0 0             | -                               | 68.          |
| 2. 00 06900 ELECTRO                      |                                 | 0                                   | 0             |          | 0 0             |                                 | 69           |
|  | ENCEPHALOGRAPHY                 | 0                                   | 0             |          | 0 0             | o o                             | 70           |
|  | SUPPLIES CHARGED TO PATIENT     | 0                                   | 0             |          | 0 0             |                                 | 71           |
|  | EV. CHARGED TO PATIENTS         | 0                                   | 0             |          | 0 0             |                                 | 72           |
|  | HARGED TO PATIENTS              | 0                                   | 0             |          | 0 0             |                                 | 73           |
| . 01 07301 SPECI AL                      |                                 | 0                                   | 0             |          | 0 0             | 0                               | 73           |
| . 00 07400 RENAL D                       | I ALYSI S                       | 0                                   | 0             |          | 0 0             | 0                               | 74           |
| . 00 03330 ENDOSCO                       |                                 | 0                                   | 0             |          | 0 0             | 0                               | 76           |
| 0. 01 03950 OTHER A                      | NCILLARY SERVICE COST CENTERS   | 0                                   | 0             |          | 0 0             | 0 0                             | 76           |
| . 02 03951 OTHER A                       | NCILLARY SERVICE COST CENTERS   | 0                                   | 0             |          | 0 0             | 0                               | 76           |
| . 03 03952 OTHER A                       | NCILLARY SERVICE COST CENTERS   | 0                                   | 0             |          | 0 0             | 0                               | 76           |
| . 04 03953 WOUND (                       | ARE                             | 0                                   | 0             |          | 0 0             | 0                               | 76           |
| 5. 06 03954 I MAGI NO                    | CENTER                          | 0                                   | 0             |          | 0 0             | 0                               | 76           |
| . 07 03955 BREAST                        | DIAGNOSTIC CENTER               | 0                                   | 0             |          | 0 0             | 0 0                             | 76           |
|  | ERVICE COST CENTERS             |                                     |               |          |                 |                                 |              |
| 0.00 09000 CLINIC                        |                                 | 0                                   | 0             |          | 0 0             |                                 | 90.          |
| 0.01 04950 INFUSI 0                      |                                 | 0                                   | 0             |          | 0 0             | -                               | 90.          |
| 0. 26 04975 SPI NE 0                     |                                 | 0                                   | 0             |          | 0 0             |                                 | 90           |
| . 00 09100 EMERGEN                       |                                 | 0                                   | 0             |          | 0 0             | 0                               | 91.          |
|  | TION BEDS (NON-DISTINCT PART    | 0                                   |               |          | 0               | 0                               | 92           |
| 00.00  Total (                           | lines 50 through 199)           | 0                                   | 0             |          | 0 0             | 0 0                             | 200.         |

| Health Financial Systems COMM  | NUNITY HOSPITAL  | OF INDIANA, IN | VC.          | In Lie                            | eu of Form CMS-:      | 2552-10 |
|--|------------------|----------------|--------------|-----------------------------------|-----------------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF                          | RVICE OTHER PASS | S Provider C   |              | Period:                           | Worksheet D           |         |
| THROUGH COSTS  |                  |                |              | From 01/01/2021<br>To 12/31/2021  |                       | pared:  |
|  |                  |                |              |                                   | 5/30/2022 2:3         | 9 pm    |
|  | 1                |                | e XIX        | Hospi tal                         | PPS                   |         |
| Cost Center Description  | All Other        | Total Cost     | Total        | Total Charges                     |                       |         |
|  | Medi cal         | (sum of cols.  | Outpatient   | (from Wkst. C,                    |                       |         |
|  | Education Cost   |                | Cost (sum of |                                   | (col. 5 ÷ col.        |         |
|  |                  | 4)             | col s. 2, 3, | 8)                                | 7)                    |         |
|  |                  |                | and 4)       |                                   | (see                  |         |
|  | 4.00             | 5.00           | 6.00         | 7.00                              | instructions)<br>8.00 |         |
| ANCI LLARY SERVI CE COST CENTERS   | 4.00             | 5.00           | 0.00         | 7.00                              | 0.00                  |         |
| 50. 00 05000 OPERATING ROOM  | 0                | 0              |              | 0 241, 411, 841                   | 0.000000              | 50.00   |
| 51.00 05100 RECOVERY ROOM  | 0                |                |              | 41, 078, 473                      |                       |         |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM                                       | 0                | 0              |              | 0 25, 543, 697                    |                       |         |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 0                | 0              |              | 41, 729, 784                      |                       |         |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   | 0                | 0              |              | 42, 843, 104                      |                       |         |
| 57. 00 05700 CT SCAN   | 0                | 0              |              | 0 80, 377, 004                    |                       |         |
| 58. 00 05800 MRI   | 0                | 0              |              | 0 28, 984, 229                    |                       | •       |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON                                      | 0                | 0              |              | 0 4, 526, 842                     |                       | 59.00   |
| 60. 00 06000 LABORATORY  | 0                | 0              |              | 0 135, 435, 346                   | 0.000000              | 60.00   |
| 64.00 06400 INTRAVENOUS THERAPY  | 0                | 0              |              | 0 1, 313, 965                     |                       | 64.00   |
| 65. 00 06500 RESPI RATORY THERAPY  | 0                | 0              |              | 0 36, 633, 886                    | 0.000000              | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY   | 0                | 0              |              | 0 25, 033, 802                    | 0. 000000             | 66.00   |
| 67.00 06700 OCCUPATI ONAL THERAPY  | 0                | 0              |              | 0 7, 469, 870                     | 0.000000              | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY   | 0                | 0              |              | 0 2, 305, 044                     | 0. 000000             | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0                | 0              |              | 0 9, 585, 209                     | 0.000000              | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0                | 0              |              | 0 14, 758, 041                    | 0.000000              | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                              | 0                | 0              |              | 0 65, 355, 984                    | 0.000000              | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS                                   | 0                | 0              |              | 0 44, 136, 795                    | 0.000000              | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0                | 0              |              | 0 120, 901, 298                   |                       |         |
| 73.01 07301 SPECIALTY PHARMACY   | 0                | 0              |              | 0 0                               | 0.000000              |         |
| 74.00 07400 RENAL DIALYSIS   | 0                | 0              |              | 0 6, 064, 046                     |                       |         |
| 76. 00 03330 ENDOSCOPY   | 0                | 0              |              | 0 30, 058, 909                    |                       |         |
| 76.01 03950 OTHER ANCILLARY SERVICE COST CENTERS                             | 0                | 0              |              | 0 0                               | 0. 000000             |         |
| 76. 02 03951 OTHER ANCILLARY SERVICE COST CENTERS                            | 0                | 0              |              | 0 0                               | 0.000000              |         |
| 76.03 03952 OTHER ANCILLARY SERVICE COST CENTERS                             | 0                | 0              |              | 0 0                               | 0.000000              |         |
| 76.04 03953 WOUND CARE   | 0                | 0              |              | 0 4, 704, 161                     |                       |         |
| 76.06 03954 I MAGI NG CENTER   | 0                |                |              | 0 58, 112, 435                    |                       | 1       |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER                                      | 0                | 0              |              | 0 29, 811, 164                    | 0.000000              | 76.07   |
|  | 0                | 0              | 1            |                                   | 0.000000              | 00.00   |
| 90. 00 09000 CLINIC<br>90. 01 04950 INFUSION CENTER                          | 0                |                |              | 0 0<br>0 3, 302, 119              |                       |         |
|  | 0                |                |              |                                   |                       |         |
|  | 0                | -              |              |                                   |                       |         |
| 91. 00 09100 EMERGENCY<br>92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART | 0                | -              |              | 0 181, 995, 890<br>0 11, 958, 311 |                       |         |
| 200.00 Total (lines 50 through 199)  | 0                |                |              | 0 1, 295, 917, 136                |                       | 200.00  |
|  | 0                | 0              | 1            | 0 1,275,717,150                   | I                     | 200.00  |

| Health Financial Systems COM                        | MUNITY HOSPITAL C | )FINDIANA, IN | NC.         | In Lie               | eu of Form CMS-:               | 2552-10           |
|---|-------------------|---------------|-------------|----------------------|--------------------------------|-------------------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF | RVICE OTHER PASS  | Provider C    | CN: 15-0169 | Peri od:             | Worksheet D                    |                   |
| THROUGH COSTS                                       |                   |               |             | From 01/01/2021      | Part IV                        |                   |
|   |                   |               |             | To 12/31/2021        | Date/Time Pre<br>5/30/2022 2:3 |                   |
|   |                   | Ti †I         | e XIX       | Hospi tal            | PPS                            | <sup>7</sup> piii |
| Cost Center Description                             | Outpati ent       | Inpati ent    | Inpati ent  | Outpatient Outpatien |                                |                   |
|   | Ratio of Cost     | Program       | Program     | Program              | Program                        |                   |
|   | to Charges        | Charges       | Pass-Throug |                      | Pass-Through                   |                   |
|   | (col. 6 ÷ col.    | 5             | Costs (col. |                      | Costs (col. 9                  |                   |
|   | 7)                |               | x col. 10)  |                      | x col. 12)                     |                   |
|   | 9.00              | 10.00         | 11.00       | 12.00                | 13.00                          |                   |
| ANCI LLARY SERVI CE COST CENTERS                    |                   |               |             |                      |                                |                   |
| 50.00 05000 OPERATING ROOM                          | 0. 000000         | 3, 286, 839   |             | 0 0                  | 0                              | 50.00             |
| 51.00 05100 RECOVERY ROOM                           | 0. 000000         | 542, 668      |             | 0 0                  | 0                              | 51.00             |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM              | 0. 000000         | 525, 112      |             | 0 0                  | 0                              | 52.00             |
| 54.00 05400 RADI OLOGY-DI AGNOSTI C                 | 0. 000000         | 733, 241      |             | 0 0                  | 0                              | 54.00             |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C                | 0.000000          | 493, 072      |             | 0 0                  | 0                              | 55.00             |
| 57.00 05700 CT SCAN                                 | 0.000000          | 1, 353, 120   | )           | 0 0                  | 0                              | 57.00             |
| 58. 00 05800 MRI                                    | 0. 000000         | 344, 863      |             | 0 0                  | 0                              | 58.00             |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON             | 0. 000000         | 269, 424      |             | 0 0                  | 0                              | 59.00             |
| 60. 00 06000 LABORATORY                             | 0. 000000         | 4, 695, 577   |             | 0 0                  | 0                              | 60.00             |
| 64. 00 06400 I NTRAVENOUS THERAPY                   | 0. 000000         | 53, 667       |             | 0 0                  | 0                              | 64.00             |
| 65. 00 06500 RESPI RATORY THERAPY                   | 0.000000          | 2, 919, 084   |             | 0 0                  | 0                              | 65.00             |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0.000000          | 143, 105      |             | 0 0                  | 0                              | 66.00             |
| 67.00 06700 OCCUPATI ONAL THERAPY                   | 0.000000          | 228, 561      |             | 0 0                  | 0                              | 67.00             |
| 68.00 06800 SPEECH PATHOLOGY                        | 0.000000          | 106, 529      | ,           | 0 0                  | 0                              | 68.00             |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 000000         | 385, 297      |             | 0 0                  | -                              | 69.00             |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                 | 0. 000000         | 71, 695       |             | 0 0                  | -                              | 70.00             |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 0. 000000         | 1, 474, 141   |             | 0 0                  |                                | 71.00             |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS        | 0. 000000         | 0             | 1           | 0 0                  |                                | 72.00             |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS              | 0. 000000         | 4, 228, 651   |             | 0 0                  |                                | 73.00             |
| 73. 01 07301 SPECIALTY PHARMACY                     | 0. 000000         | 0             | 1           | 0 0                  | -                              | 73.01             |
| 74. 00 07400 RENAL DI ALYSI S                       | 0. 000000         | 144, 696      |             | 0 0                  | -                              | 74.00             |
| 76. 00 03330 ENDOSCOPY                              | 0. 000000         | 264, 639      |             | 0 0                  | -                              | 76.00             |
| 76. 01 03950 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000         | 201,007       | 1           | 0 0                  | -                              | 76.01             |
| 76. 02 03951 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000         | 0             |             | 0 0                  | -                              | 76.02             |
| 76. 03 03952 OTHER ANCILLARY SERVICE COST CENTERS   | 0. 000000         | 0             |             | 0 0                  | -                              | 76.03             |
| 76. 04 03953 WOUND CARE                             | 0. 000000         | 61, 917       |             | 0 0                  | 0                              | 76.04             |
| 76. 06 03954 I MAGI NG CENTER                       | 0. 000000         | 01,717        |             | 0 0                  |                                | 76.06             |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER             | 0. 000000         | 0             |             | 0 0                  |                                | 76.07             |
| OUTPATIENT SERVICE COST CENTERS                     | 0.000000          | 0             |             | 0                    |                                | , 0. 0,           |
| 90. 00 09000 CLINIC                                 | 0.000000          | 0             |             | 0 0                  | 0                              | 90.00             |
| 90. 01 04950 I NFUSI ON CENTER                      | 0. 000000         | 0             | 1           | 0 0                  |                                | 90.01             |
| 90. 26 04975 SPINE CENTER                           | 0. 000000         | 0             |             | 0 0                  |                                | 90.26             |
| 91. 00 09100 EMERGENCY                              | 0. 000000         | 1, 964, 462   |             | 0 0                  |                                | 91.00             |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART    | 0. 000000         | 372, 382      |             | 0 0                  |                                | 92.00             |
| 200.00 Total (lines 50 through 199)                 | 0.000000          | 24, 662, 742  |             | 0 0                  |                                | 200.00            |
|   | i I               | 21,002,742    | 1           |                      |                                | 1-00.00           |

| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN | D VACCINE COST | Provider C     | CN: 15-0169  | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D<br>Part V<br>Date/Time Pre<br>5/30/2022 2:3 | pared:<br>9 pm |
|--|----------------|----------------|--------------|---|---|----------------|
|  |                | Titl           | e XIX        | Hospi tal                                   | PPS   |                |
|  |                |                | Charges      |   | Costs   |                |
| Cost Center Description                            | Cost to Charge | PPS Reimbursed | Cost         | Cost  | PPS Services  |                |
|  | Ratio From     | Services (see  | Reimbursed   | Reimbursed                                  | (see inst.)   |                |
|  | Worksheet C,   | inst.)         | Servi ces    | Services Not                                |   |                |
|  | Part I, col. 9 |                | Subject To   | Subject To                                  |   |                |
|  |                |                | Ded. & Coins | . Ded. & Coins.                             |   |                |
|  |                |                | (see inst.)  | (see inst.)                                 |   |                |
|  | 1.00           | 2.00           | 3.00         | 4.00  | 5.00  |                |
| ANCI LLARY SERVI CE COST CENTERS                   |                |                |              |   |   |                |
| 50. 00 05000 OPERATI NG ROOM                       | 0. 112906      |                |              |   | 0   |                |
| 51.00 05100 RECOVERY ROOM                          | 0. 159100      | 0              | 315, 35      | 57 0  | 0   | 51.00          |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM             | 0. 449912      | 0              |              | 0 0   | 0   | 52.00          |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C               | 0. 180231      | 0              | 790, 93      | 30 0  | 0   | 54.00          |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C               | 0. 095719      | 0              | 366, 44      | 10 0  | 0   | 55.00          |
| 57. 00 05700 CT SCAN                               | 0. 043418      | 0              | 2, 220, 43   | 33 0  | 0   | 57.00          |
| 58. 00 05800 MRI                                   | 0. 114495      | 0              | 232, 24      | 14 0  | 0   | 58.00          |
| 59. 00 05900 CARDIAC CATHETERIZATION               | 0. 050942      | 0              |              | 0 0   | 0   | 59.00          |
| 50. 00 06000 LABORATORY                            | 0. 118520      | 0              | 1, 663, 28   | 36 0  | 0   |                |
| 4. 00 06400 I NTRAVENOUS THERAPY                   | 1. 196731      | 0              |              | 54 0  | 0   |                |
| 55. 00 06500 RESPI RATORY THERAPY                  | 0. 212738      | 0              |              |   | 0   |                |
| 66.00 06600 PHYSI CAL THERAPY                      | 0. 389352      |                |              | -   | 0   |                |
| 57.00 06700 OCCUPATI ONAL THERAPY                  | 0. 362070      |                |              |   | 0   |                |
| 58. 00 06800 SPEECH PATHOLOGY                      | 0. 239349      |                |              |   | 0   |                |
| 59. 00 06900 ELECTROCARDI OLOGY                    | 0. 067896      |                |              | -   | 0   |                |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                | 0. 216099      |                |              |   | 0   |                |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT    | 0. 362272      |                |              |   | 0   |                |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS       | 0. 409323      |                |              | 0 0   | 0   |                |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS             | 0. 257049      |                |              | -   | 0   |                |
| 73. 01 07301 SPECIALTY PHARMACY                    | 0. 000000      |                |              | 0 0   | 0   |                |
| 74. 00 07400 RENAL DI ALYSI S                      | 0. 253324      |                |              | 0 0   | 0   |                |
| 76. 00 03330 ENDOSCOPY                             | 0. 147226      |                |              |   | 0   |                |
| 76.01 03950 OTHER ANCI LLARY SERVICE COST CENTERS  | 0. 000000      |                |              | 0 0   | 0   |                |
| 76.02 03951 OTHER ANCI LLARY SERVICE COST CENTERS  | 0. 000000      |                |              | 0 0   | 0   |                |
| 76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS | 0. 000000      |                |              |   | 0   |                |
| 76.04 03953 WOUND CARE                             | 0. 346746      |                |              | 0   | 0   |                |
|  |                |                |              |   | 0   |                |
| 76.06 03954 I MAGI NG CENTER                       | 0. 092906      |                |              |   |   |                |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER            | 0. 485911      | 0              | 194, 18      | 37 0  | 0   | 76.07          |
| OUTPATIENT SERVICE COST CENTERS                    | 0.00000        | 0              |              |   |   | 00.00          |
| 20. 00 09000 CLINIC                                | 0. 000000      | -              |              | 0 0   | 0   |                |
| 20. 01 04950 I NFUSI ON CENTER                     | 0. 088554      |                |              |   | 0   |                |
| 20. 26 04975 SPI NE CENTER                         | 0. 668546      |                |              | 0 0   | 0   |                |
| 91.00 09100 EMERGENCY                              | 0. 096313      |                | .,           |   | 0   |                |
| 22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART    | 0. 849389      |                |              |   | 0   |                |
| 200.00 Subtotal (see instructions)                 |                | 0              | 17, 034, 21  |   | 0   | 200.00         |
| 201.00 Less PBP Clinic Lab. Services-Program       |                |                |              | 0 0   |   | 201.00         |
| Only Charges                                       |                | -              | 47.004       | -   | -   | 000 07         |
| 202.00 Net Charges (line 200 - line 201)           | 1              | 0              | 17, 034, 21  | 17 0  | 0   | 202.00         |

| Health Financial Systems COM<br>APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN  |  | OF INDIANA, IN<br>Provider CC  |       | Peri od:<br>From 01/01/2021<br>To 12/31/2021 | u of Form CMS-25<br>Worksheet D<br>Part V<br>Date/Time Prepa<br>5/30/2022 2:39 | ared:          |
|---|--|--|-------|--|--|----------------|
|   |  | Ti tl  | e XIX | Hospi tal                                    | PPS  |                |
|   | Cos  | sts  |       |  |  |                |
| Cost Center Description   | Cost<br>Reimbursed<br>Services<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>6.00 | Cost<br>Reimbursed<br>Services Not<br>Subject To<br>Ded. & Coins.<br>(see inst.)<br>7.00 |       |  |  |                |
| ANCI LLARY SERVICE COST CENTERS   |  |  |       |  |  |                |
| 50. 00 05000 OPERATI NG ROOM  | 160, 893   | 0  |       |  | !  | 50.00          |
| 51.00 05100 RECOVERY ROOM   | 50, 173  | 0  |       |  |  | 51.00          |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 0  | 0  |       |  | !  | 52.00          |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 142, 550   | 0  |       |  |  | 54.00          |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C  | 35, 075  | 0  |       |  | !  | 55.00          |
| 57.00 05700 CT SCAN   | 96, 407  | 0  |       |  |  | 57.00          |
| 58. 00 05800 MRI  | 26, 591  | 0  |       |  |  | 58.00          |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON   | 0  | 0  |       |  |  | 59.00          |
| 60. 00 06000 LABORATORY   | 197, 133   | 0  |       |  |  | 60.00          |
| 64.00 06400 I NTRAVENOUS THERAPY  | 65   | 0  |       |  |  | 64.00          |
| 65. 00 06500 RESPI RATORY THERAPY   | 12, 002  | 0  |       |  |  | 65.00          |
| 66. 00 06600 PHYSI CAL THERAPY  | 56, 147  | 0  |       |  |  | 66.00          |
| 67.00 06700 OCCUPATI ONAL THERAPY   | 20, 195  | 0  |       |  |  | 67.00          |
| 68. 00 06800 SPEECH PATHOLOGY   | 9, 505   | 0  |       |  |  | 68.00          |
| 69. 00 06900 ELECTROCARDI OLOGY   | 1,444  | 0  |       |  |  | 69.00          |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 31, 783  | 0  |       |  |  | 70.00          |
| 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT                                  | 99, 148  | 0  |       |  |  | 71.00<br>72.00 |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS<br>73.00 07300 DRUGS CHARGED TO PATIENTS | 102 744  | 0  |       |  |  | 73.00          |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS<br>73. 01 07301 SPECIALTY PHARMACY           | 182, 746   | 0  |       |  |  | 73.00          |
| 74. 00 07400 RENAL DIALYSIS   | 0  | 0  |       |  |  | 74.00          |
| 76. 00 03330 ENDOSCOPY  | 45, 825  | 0  |       |  |  | 76.00          |
| 76. 01 03950 OTHER ANCI LLARY SERVICE COST CENTERS                                  | 43, 023  | 0  |       |  |  | 76.01          |
| 76. 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS                                  | 0  | 0  |       |  |  | 76.02          |
| 76. 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS                                  | 0  | 0  |       |  |  | 76.03          |
| 76. 04 03953 WOUND CARE   | 20, 966  | 0  |       |  |  | 76.04          |
| 76. 06 03954 I MAGI NG CENTER   | 37,833   | 0  |       |  |  | 76.06          |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER   | 94, 358  | 0  |       |  |  | 76.07          |
| OUTPATIENT SERVICE COST CENTERS   |  |  |       |  |  |                |
| 90. 00 09000 CLINIC   | 0  | 0  |       |  |  | 90.00          |
| 90. 01 04950 INFUSION CENTER  | 44   | 0  |       |  |  | 90. 01         |
| 90. 26 04975 SPINE CENTER   | 0  | 0  |       |  |  | 90.26          |
| 91. 00 09100 EMERGENCY  | 731, 232   | 0  |       |  |  | 91.00          |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART                                     | 4, 681   | 0  |       |  |  | 92.00          |
| 200.00 Subtotal (see instructions)  | 2, 056, 796  | 0  |       |  | 20   | 200.00         |
| 201.00 Less PBP Clinic Lab. Services-Program  | 0  |  |       |  | 20   | 201.00         |
| Only Charges  |  |  |       |  |  |                |
| 202.00 Net Charges (line 200 - line 201)  | 2, 056, 796  | 0  |       |  | 20   | 202.00         |

| COMMUNI TY | HOSPI TAL | 0F | I NDI ANA, | INC.    |      |      |
|------------|-----------|----|------------|---------|------|------|
|            |           |    | Drovi dor  | CCNI 1E | 0140 | Doni |

In Lieu of Form CMS-2552-10

|                            | Financial Systems COMMUNITY HOSPITAL OF<br>ATION OF INPATIENT OPERATING COST   | F INDIANA, INC.<br>Provider CCN: 15-0169 | Period:                          | u of Form CMS-2<br>Worksheet D-1         |              |
|----------------------------|--|--|----------------------------------|--|--------------|
| COMPUT                     | ATTON OF THPATTENT OPERATING COST  |  | From 01/01/2021<br>To 12/31/2021 | Date/Time Prej<br>5/30/2022 2:30         | pared:       |
|                            |  | Title XVIII                              | Hospi tal                        | PPS                                      |              |
|                            | Cost Center Description  |  |                                  | 1.00                                     |              |
|                            | PART I - ALL PROVIDER COMPONENTS   |  |                                  | 1.00                                     |              |
|                            | INPATIENT DAYS   |  |                                  |  | 1            |
| I. 00                      | Inpatient days (including private room days and swing-bed day  | ys, excluding newborn)                   |                                  | 69, 450                                  | 1.0          |
| 2.00                       | Inpatient days (including private room days, excluding swing-  |  |                                  | 69, 450                                  |              |
| 3.00                       | Private room days (excluding swing-bed and observation bed da  | ays). If you have only p                 | rivate room days,                | 0  | 3.0          |
| 4.00                       | do not complete this line.<br>Semi-private room days (excluding swing-bed and observation b                                    | and dave)                                |                                  | 62, 610                                  | 4.0          |
| 5. 00                      | Total swing-bed SNF type inpatient days (including private ro  | 5 /                                      | er 31 of the cost                | 02,010                                   |              |
|                            | reporting period   |  |                                  | J. J |              |
| o. 00                      | Total swing-bed SNF type inpatient days (including private ro  | oom days) after December                 | 31 of the cost                   | 0  | 6. C         |
|                            | reporting period (if calendar year, enter 0 on this line)  |  | - 01 -6                          | 0  | 1 7 0        |
| . 00                       | Total swing-bed NF type inpatient days (including private roc<br>reporting period  | Sin days) through beceinde               | 31 OF the COST                   | 0  | 7.0          |
| 3. 00                      | Total swing-bed NF type inpatient days (including private roc  | om days) after December :                | 31 of the cost                   | 0  | 8.0          |
|                            | reporting period (if calendar year, enter 0 on this line)  |  |                                  |  |              |
| 9.00                       | Total inpatient days including private room days applicable t  | to the Program (excluding                | g swing-bed and                  | 15, 502                                  | 9.0          |
| 10.00                      | newborn days) (see instructions)<br>Swing-bed SNF type inpatient days applicable to title XVIII c                              | only (including private)                 | room dave)                       | 0  | 10.0         |
| 10.00                      | through December 31 of the cost reporting period (see instruc  |  | i oom aays)                      | 0  | 10.0         |
| 11.00                      | Swing-bed SNF type inpatient days applicable to title XVIII c  | only (including private                  | room days) after                 | 0  | 11.0         |
| 10.00                      | December 31 of the cost reporting period (if calendar year, e  |  | ••• ·••• ·•• ·•• ·               | 0  | 10.0         |
| 12.00                      | Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period                 | x only (including priva                  | te room days)                    | 0  | 12.0         |
| 13.00                      | Swing-bed NF type inpatient days applicable to titles V or XI  | X only (including priva                  | te room davs)                    | 0  | 13.0         |
|                            | after December 31 of the cost reporting period (if calendar y  | year, enter O on this li                 | ne)                              |  |              |
| 4.00                       | Medically necessary private room days applicable to the Progr  | ram (excluding swing-bed                 | days)                            | 0  |              |
| 5.00<br>6.00               | Total nursery days (title V or XIX only)<br>Nursery days (title V or XIX only)   |  |                                  | 0  |              |
| 10.00                      | SWING BED ADJUSTMENT   |  |                                  | 0  | 1 10. 0      |
| 17.00                      | Medicare rate for swing-bed SNF services applicable to servic  | ces through December 31 (                | of the cost                      | 0.00                                     | 17.0         |
|                            | reporting period   |  |                                  |  |              |
| 18.00                      | Medicare rate for swing-bed SNF services applicable to servic<br>reporting period  | ces after December 31 of                 | the cost                         | 0.00                                     | 18.0         |
| 19.00                      | Medicaid rate for swing-bed NF services applicable to service  | es through December 31 o                 | f the cost                       | 0.00                                     | 19.0         |
|                            | reporting period   | 0  |                                  |  |              |
| 20.00                      | Medicaid rate for swing-bed NF services applicable to service<br>reporting period  | es after December 31 of                  | the cost                         | 0.00                                     | 20.0         |
| 21.00                      | Total general inpatient routine service cost (see instruction  | าร)                                      |                                  | 103, 131, 979                            | 21.0         |
| 22.00                      | Swing-bed cost applicable to SNF type services through Decemb  |  | ting period (line                | 0  |              |
|                            | 5 x line 17)   |  |                                  |  |              |
| 23.00                      | Swing-bed cost applicable to SNF type services after December x line 18)   | r 31 of the cost reportio                | ng period (line 6                | 0  | 23.0         |
| 24.00                      | Swing-bed cost applicable to NF type services through Decembe  | er 31 of the cost report                 | ing period (line                 | 0  | 24.0         |
| 00                         | 7 x line 19)   |  | ing porrou (rriio                | Ũ  | 20           |
| 25.00                      | Swing-bed cost applicable to NF type services after December   | 31 of the cost reporting                 | g period (line 8                 | 0  | 25.0         |
| 26.00                      | x line 20)<br>Total swing-bed cost (see instructions)  |  |                                  | 0  | 26.0         |
| 27.00                      | General inpatient routine service cost net of swing-bed cost   | (line 21 minus line 26)                  |                                  | 103, 131, 979                            |              |
|                            | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   |  |                                  |  |              |
| 28.00                      | General inpatient routine service charges (excluding swing-be  | ed and observation bed cl                | harges)                          | 0  |              |
| 9.00<br>0.00               | Private room charges (excluding swing-bed charges)<br>Semi-private room charges (excluding swing-bed charges)                  |  |                                  | 0  | 29. C        |
| 1.00                       | General inpatient routine service cost/charge ratio (line 27   | ÷line 28)                                |                                  | 0.000000                                 |              |
| 2.00                       | Average private room per diem charge (line 29 ÷ line 3)  |  |                                  | 0.00                                     |              |
| 3.00                       | Average semi-private room per diem charge (line 30 ÷ line 4)   |  |                                  | 0.00                                     |              |
| 4.00                       | Average per diem private room charge differential (line 32 mi<br>Average per diem private room cost differential (line 34 x li | , ,                                      | CTIONS)                          | 0.00                                     |              |
| 35.00<br>36.00             | Private room cost differential adjustment (line 3 x line 35)   | 110 ST)                                  |                                  | 0. 00<br>0                               | 35.0<br>36.0 |
| 37.00                      | General inpatient routine service cost net of swing-bed cost   | and private room cost d                  | ifferential (line                | 103, 131, 979                            |              |
|                            | 27 minus line 36)  |  |                                  |  |              |
|                            | PART II - HOSPITAL AND SUBPROVIDERS ONLY   | UCTMENTS                                 |                                  |  | -            |
|                            | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ<br>Adjusted general inpatient routine service cost per diem (see |  |                                  | 1, 484. 98                               | 38.0         |
| 38 00                      |  |  |                                  |  |              |
|                            | Program general inpatient routine service cost (line 9 x line  | e 38)                                    |                                  | 23, 020, 160                             | 39.0         |
| 38. 00<br>39. 00<br>40. 00 |  | ram (line 14 x line 35)                  |                                  | 23, 020, 160<br>0<br>23, 020, 160        | 40.0         |

| WPUI         | ATION OF INPATIENT OPERATING COST  |                          | Provider C              |  | Period:<br>From 01/01/2021 | Worksheet D-1                        | 1       |
|--------------|--|--------------------------|-------------------------|--|----------------------------|--------------------------------------|---------|
|              |  |                          |                         |  | To 12/31/2021              |                                      |         |
|              |  |                          | Title                   | XVIII                                  | Hospi tal                  | PPS                                  | o / pii |
|              | Cost Center Description  | Total<br>Inpatient Costl | Total<br>Inpatient Days | Average Per<br>Diem (col. 1<br>col. 2) | Program Days               | Program Cost<br>(col. 3 x col.<br>4) |         |
|              |  | 1.00                     | 2.00                    | 3.00                                   | 4.00                       | 5.00                                 | +       |
| . 00         | NURSERY (title V & XIX only)   | 0                        | 0                       | 0.0                                    | 0 0                        | C                                    | ) 42.   |
|              | Intensive Care Type Inpatient Hospital Units   |                          |                         |  |                            | 1                                    |         |
| . 00         | I NTENSI VE CARE UNI T   | 13, 960, 698             | 6, 930                  | 2,014.5                                | 3 1, 771                   | 3, 567, 733                          |         |
| 00           | CORONARY CARE UNIT   |                          |                         |  |                            |                                      | 44.     |
| . 00<br>. 00 | BURN INTENSIVE CARE UNIT<br>SURGICAL INTENSIVE CARE UNIT                                       |                          |                         |  |                            |                                      | 45.     |
|              | NEONATAL INTENSIVE CARE UNIT   | 20, 513, 861             | 13, 920                 | 1, 473. 7                              | 0 0                        | , c                                  | 40      |
| 00           | Cost Center Description  | 20,010,001               | 10,720                  | 1, 170.7                               |                            |                                      |         |
|              | ·  |                          |                         |  |                            | 1.00                                 |         |
| 00           | Program inpatient ancillary service cost (Wks  |                          |                         |  |                            | 28, 162, 604                         |         |
| 00           | Total Program inpatient costs (sum of lines 4  | 41 through 48)(:         | see instructio          | ns)                                    |                            | 54, 750, 497                         | 7 49    |
| . 00         | PASS THROUGH COST ADJUSTMENTS<br>Pass through costs applicable to Program inpa                 | ationt routing           | convious (from          | Wkct D cum                             | of Dorte L and             | 2, 197, 794                          | 4 50    |
| . 00         |  |                          | Services (IIUII         | WKST. D, SUM                           |                            | 2, 177, 774                          | + 50    |
| . 00         | Pass through costs applicable to Program inpa  | atient ancillar          | y services (fr          | om Wkst. D, s                          | um of Parts II             | 2, 276, 962                          | 2 51    |
|              | and IV)  |                          | -                       |  |                            |                                      |         |
| . 00         | Total Program excludable cost (sum of lines 5  |                          |                         |  |                            | 4, 474, 756                          |         |
| . 00         | Total Program inpatient operating cost exclud  |                          | lated, non-phy          | sician anesth                          | etist, and                 | 50, 275, 741                         | 1 53    |
|              | medical education costs (line 49 minus line 5<br>TARGET AMOUNT AND LIMIT COMPUTATION           | 52)                      |                         |  |                            |                                      | -       |
| . 00         | Program di scharges  |                          |                         |  |                            | C                                    | 54      |
| 00           | Target amount per discharge  |                          |                         |  |                            | 0.00                                 |         |
| . 00         | Target amount (line 54 x line 55)  |                          |                         |  |                            | C                                    |         |
| 00           | Difference between adjusted inpatient operati  | ing cost and ta          | rget amount (I          | ine 56 minus                           | line 53)                   | C                                    | 57 57   |
| . 00         | Bonus payment (see instructions)   |                          |                         |  |                            | C                                    |         |
| . 00         | Lesser of lines 53/54 or 55 from the cost rep  | porting period           | endi ng 1996, u         | pdated and co                          | mpounded by the            | 0.00                                 | 59      |
| 00           | market basket<br>Lesser of lines 53/54 or 55 from prior year of                                | post report up           | datad by the m          | arkat backat                           |                            | 0.00                                 | 0 60    |
| . 00<br>. 00 | If line 53/54 is less than the lower of lines  |                          |                         |  | the amount by              | 0.00                                 |         |
| . 00         | which operating costs (line 53) are less than  |                          |                         |  |                            |                                      |         |
|              | amount (line 56), otherwise enter zero (see i  |                          |                         | 00), 0. 1.0 01                         | the target                 |                                      |         |
| . 00         | Relief payment (see instructions)  |                          |                         |  |                            | C                                    | ) 62    |
| . 00         | Allowable Inpatient cost plus incentive payme  | ent (see instru          | ctions)                 |  |                            | C                                    | 0 63    |
| 00           | PROGRAM INPATIENT ROUTINE SWING BED COST   | to through Dooo          | mbor 21 of the          |  | ng paried (See             |                                      | 0 64    |
| . 00         | Medicare swing-bed SNF inpatient routine cost<br>instructions)(title XVIII only)               | ts through becei         | liber 31 01 the         | cost reporti                           | ng period (see             |                                      | 64      |
| . 00         | Medicare swing-bed SNF inpatient routine cost  | ts after Decemb          | er 31 of the c          | ost reportina                          | period (See                | c c                                  | 0 65    |
|              | instructions)(title XVIII only)  |                          |                         | 1 3                                    |                            |                                      |         |
| . 00         | Total Medicare swing-bed SNF inpatient routir  | ne costs (line d         | 64 plus line 6          | 5)(title XVII                          | l only). For               | C                                    | ) 66    |
|              | CAH (see instructions)   |                          |                         | <b>C</b> 11                            |                            |                                      |         |
| . 00         | Title V or XIX swing-bed NF inpatient routine<br>(line 12 x line 19)                           | e costs through          | December 31 o           | r the cost re                          | porting period             | C                                    | 67      |
| . 00         | Title V or XIX swing-bed NF inpatient routine  | e costs after De         | ecember 31 of           | the cost repo                          | rting period               | (                                    | 68 (    |
|              | (line 13 x line 20)  |                          |                         |  |                            |                                      |         |
| . 00         | Total title V or XIX swing-bed NF inpatient r  |                          |                         |  |                            | C                                    | ) 69    |
| ~ ~          | PART III - SKILLED NURSING FACILITY, OTHER NU  |                          |                         |  |                            | 1                                    |         |
| . 00         | Skilled nursing facility/other nursing facili  |                          |                         |  |                            |                                      | 70      |
| . 00<br>. 00 | Adjusted general inpatient routine service co<br>Program routine service cost (line 9 x line 7 |                          | ine /0 ÷ line           | 2)                                     |                            |                                      | 71      |
| . 00         | Medically necessary private room cost applica  |                          | (line 14 x li           | ne 35)                                 |                            |                                      | 73      |
| . 00         | Total Program general inpatient routine servi  |                          |                         |  |                            |                                      | 74      |
| . 00         | Capital-related cost allocated to inpatient r  |                          |                         |  | art II, column             |                                      | 75      |
|              | 26, line 45)   |                          |                         |  |                            |                                      |         |
| . 00         | Per diem capital -related costs (line 75 ÷ lin   |                          |                         |  |                            |                                      | 76      |
| 00           | Program capital-related costs (line 9 x line<br>Inpatient routine service cost (line 74 minus  |                          |                         |  |                            |                                      | 77      |
| 00           | Aggregate charges to beneficiaries for excess  | ,                        | rovider record          | s)                                     |                            |                                      | 79      |
| 00           | Total Program routine service costs for compa  | • •                      |                         | · · · ·                                | us line 79)                |                                      | 80      |
| 00           | Inpatient routine service cost per diem limit  |                          |                         |  |                            |                                      | 81      |
| 00           | Inpatient routine service cost limitation (li  |                          | )                       |  |                            |                                      | 82      |
| . 00         | Reasonable inpatient routine service costs (s  |                          | s)                      |  |                            |                                      | 83      |
| . 00         | Program inpatient ancillary services (see ins  |                          |                         |  |                            |                                      | 84      |
| . 00         | Utilization review - physician compensation (  |                          |                         |  |                            |                                      | 85      |
|              | Total Program inpatient operating costs (sum<br>PART IV - COMPUTATION OF OBSERVATION BED PASS  |                          | rougn 85)               |  |                            | l                                    | 86      |
| . 00         |  | I TROUGH CUSI            |                         |  |                            |                                      |         |
|              |  | )                        |                         |  |                            | 6 840                                | 1 87    |
| . 00         | Total observation bed days (see instructions)<br>Adjusted general inpatient routine cost per c |                          | line 2)                 |  |                            | 6, 840<br>1, 484. 98                 |         |

| Health Financial Systems COMM               | IUNI TY HOSPI TAL | OF INDIANA, IN | IC.        | In Lie                     | u of Form CMS-2                | 2552-10 |
|---|-------------------|----------------|------------|----------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST     |                   | Provider CC    |            | Period:<br>From 01/01/2021 | Worksheet D-1                  |         |
|   |                   |                |            | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3 |         |
|   |                   | Title          | XVIII      | Hospi tal                  | PPS                            |         |
| Cost Center Description                     | Cost              | Routine Cost   | column 1 ÷ | Total                      | Observati on                   |         |
|   |                   | (from line 21) | column 2   | Observati on               | Bed Pass                       |         |
|   |                   |                |            | Bed Cost (from             | Through Cost                   |         |
|   |                   |                |            | line 89)                   | (col. 3 x col.                 |         |
|   |                   |                |            |                            | 4) (see                        |         |
|   |                   |                |            |                            | instructions)                  |         |
|   | 1.00              | 2.00           | 3.00       | 4.00                       | 5.00                           |         |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST              |                |            |                            |                                |         |
| 90.00 Capital-related cost                  | 8, 142, 381       | 103, 131, 979  | 0. 07895   | 1 10, 157, 263             | 801, 926                       | 90.00   |
| 91.00 Nursing Program cost                  | 0                 | 103, 131, 979  | 0.00000    | 0 10, 157, 263             | 0                              | 91.00   |
| 92.00 Allied health cost                    | 0                 | 103, 131, 979  | 0.00000    | 0 10, 157, 263             | 0                              | 92.00   |
| 93.00 All other Medical Education           | 0                 | 103, 131, 979  | 0.00000    | 0 10, 157, 263             | 0                              | 93.00   |

| UNPUT        | ATION OF INPATIENT OPERATING COST  | Provider CCN: 15-0169     | Period:<br>From 01/01/2021 | Worksheet D-1                   |          |
|--------------|--|---------------------------|----------------------------|---------------------------------|----------|
|              |  | Component CCN: 15-S169    | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:30 |          |
|              |  | Title XVIII               | Subprovider -              | PPS                             |          |
|              | Cost Center Description  |                           |                            | 1.00                            |          |
|              | PART I - ALL PROVIDER COMPONENTS<br>INPATIENT DAYS   |                           |                            |                                 |          |
| . 00         | Inpatient days (including private room days and swing-bed days   | s. excluding newborn)     |                            | 4, 172                          | 1 1.     |
| . 00         | Inpatient days (including private room days, excluding swing-l   |                           |                            | 4, 172                          | 2.       |
| . 00         | Private room days (excluding swing-bed and observation bed day   | ys). If you have only pr  | ivate room days,           | 0                               | 3.       |
| 00           | do not complete this line.   |                           |                            | 4 170                           |          |
| . 00<br>. 00 | Semi-private room days (excluding swing-bed and observation be<br>Total swing-bed SNF type inpatient days (including private roo   |                           | r 31 of the cost           | 4, 172<br>0                     | 4.<br>5. |
| . 00         | reporting period   |                           |                            | 0                               | 0.       |
| . 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)  |                           | 21 - 6 + +                 |                                 | -        |
| . 00         | Total swing-bed NF type inpatient days (including private room reporting period  | m days) through December  | 31 OF the cost             | 0                               | 7.       |
| . 00         | Total swing-bed NF type inpatient days (including private room   | m days) after December 3  | 1 of the cost              | 0                               | 8.       |
|              | reporting period (if calendar year, enter 0 on this line)  |                           |                            |                                 |          |
| . 00         | Total inpatient days including private room days applicable to   | o the Program (excluding  | swing-bed and              | 1, 866                          | 9.       |
| 0. 00        | newborn days) (see instructions)<br>Swing-bed SNF type inpatient days applicable to title XVIII or   | nlv (including private r  | oom days)                  | 0                               | 10       |
| 0.00         | through December 31 of the cost reporting period (see instruc-   |                           | com dage)                  | C C                             |          |
| 1.00         | Swing-bed SNF type inpatient days applicable to title XVIII on   |                           | oom days) after            | 0                               | 11       |
| 2.00         | December 31 of the cost reporting period (if calendar year, en<br>Swing-bed NF type inpatient days applicable to titles V or XI)   |                           | o room dave)               | 0                               | 12       |
| 2.00         | through December 31 of the cost reporting period   |                           | e room days)               | 0                               | '2       |
| 3.00         | Swing-bed NF type inpatient days applicable to titles V or XIX   | X only (including privat  | e room days)               | 0                               | 13       |
|              | after December 31 of the cost reporting period (if calendar ye   |                           |                            |                                 |          |
|              | Medically necessary private room days applicable to the Progra<br>Total nursery days (title V or XIX only)   | am (excluding swing-bed   | days)                      | 0                               |          |
|              | Nursery days (title V or XIX only)   |                           |                            | 0                               |          |
|              | SWING BED ADJUSTMENT   |                           |                            |                                 |          |
| 7.00         | Medicare rate for swing-bed SNF services applicable to service   | es through December 31 o  | f the cost                 | 0.00                            | 17       |
| 8.00         | reporting period<br>Medicare rate for swing-bed SNF services applicable to service   | es after December 31 of   | the cost                   | 0.00                            | 18       |
| 0.00         | reporting period   |                           |                            | 0.00                            |          |
| 9.00         | Medicaid rate for swing-bed NF services applicable to services   | s through December 31 of  | the cost                   | 0.00                            | 19       |
| 0 00         | reporting period   | a after December 21 of t  | ha aaat                    | 0.00                            | 20       |
| 0. 00        | Medicaid rate for swing-bed NF services applicable to services reporting period  | s al tel becember 31 01 t | ne cost                    | 0.00                            | 20.      |
| 1.00         | Total general inpatient routine service cost (see instructions   | s)                        |                            | 4, 748, 643                     | 21.      |
| 2.00         | Swing-bed cost applicable to SNF type services through December  | er 31 of the cost report  | ing period (line           | 0                               | 22.      |
| 2 00         | 5 x line 17)<br>Swing-bed cost applicable to SNF type services after December  | 21 of the east reporting  | a pariod (line (           | 0                               | 22       |
| 3.00         | x line 18)   | 31 of the cost reportin   | g period (inne o           | 0                               | 23       |
| 4.00         | Swing-bed cost applicable to NF type services through December   | r 31 of the cost reporti  | ng period (line            | 0                               | 24.      |
|              | 7 x line 19)   |                           |                            |                                 |          |
| 5.00         | Swing-bed cost applicable to NF type services after December 3 x line 20)  | 31 of the cost reporting  | period (line 8             | 0                               | 25.      |
| 6.00         | Total swing-bed cost (see instructions)  |                           |                            | 0                               | 26.      |
| 7.00         | General inpatient routine service cost net of swing-bed cost   | (line 21 minus line 26)   |                            | 4, 748, 643                     | 27.      |
| 0 00         | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT   |                           |                            |                                 | 1 20     |
|              | General inpatient routine service charges (excluding swing-bed<br>Private room charges (excluding swing-bed charges)   | d and observation bed ch  | arges)                     | 0                               | 28<br>29 |
|              | Semi-private room charges (excluding swing-bed charges)  |                           |                            | 0                               | 30       |
| 1.00         | General inpatient routine service cost/charge ratio (line 27 -   | ÷line 28)                 |                            | 0.00000                         | 31       |
|              | Average private room per diem charge (line 29 ÷ line 3)  |                           |                            | 0.00                            |          |
|              | Average semi-private room per diem charge (line 30 ÷ line 4)   | nus lino 22)(soo instruc  | tions)                     | 0.00<br>0.00                    |          |
|              | Average per diem private room charge differential (line 32 min<br>Average per diem private room cost differential (line 34 x lin   |                           | (1 0113 <i>)</i>           | 0.00                            |          |
|              | Private room cost differential adjustment (line 3 x line 35)   | - /                       |                            | 0.00                            |          |
|              | General inpatient routine service cost net of swing-bed cost a   | and private room cost di  | fferential (line           | 4, 748, 643                     |          |
|              | 27 minus line 36)<br>PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                           |                            |                                 |          |
|              | PART IT - HOSPITAL AND SUBPROVIDERS ONLY<br>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU   | JSTMENTS                  |                            |                                 | -        |
|              |  |                           |                            | 1 1 20 22                       | 38       |
| 8. 00        | Adjusted general inpatient routine service cost per diem (see  | instructions)             |                            | 1, 138. 22                      | 30       |
| 9.00         | Adjusted general inpatient routine service cost per diem (see<br>Program general inpatient routine service cost (line 9 x line<br>Medically necessary private room cost applicable to the Progra | 38)                       |                            | 2, 123, 919<br>0                | 39.      |

|                  |  |                         |          | oviuei c         | CN: 15-0169                            | Perio   |                        | Worksheet D                         | -1               |
|------------------|--|-------------------------|----------|------------------|--|---------|------------------------|-------------------------------------|------------------|
|                  |  |                         | Со       | mponent          | CCN: 15-S169                           |         | 01/01/202<br>12/31/202 | 1 Date/Time P                       |                  |
|                  |  |                         |          | Ti tl e          | × XVIII                                | Sub     | provider -             | 5/30/2022 2<br>PPS                  |                  |
|                  | Cost Center Description  | Total<br>Inpatient Cost |          | otal<br>ent Days | Average Per<br>Diem (col. 1<br>col. 2) |         | IPF<br>ogram Days      | Program Cost<br>(col. 3 x col<br>4) |                  |
| 42.00            | NURSERY (title V & XIX only)   | 1.00                    |          | . 00<br>C        | 3.00                                   | 00      | 4.00                   | 5.00                                | 0 42.            |
| 42.00            | Intensive Care Type Inpatient Hospital Units   | 0                       | /        | 0                | 0.                                     | 00      |                        | 0                                   | 0 42.            |
| 43.00            | INTENSIVE CARE UNIT  | 0                       | )        | C                | 0.                                     | 00      | (                      | 0                                   | 0 43.            |
| 44.00<br>45.00   | CORONARY CARE UNI T<br>BURN INTENSIVE CARE UNI T   |                         |          |                  |  |         |                        |                                     | 44.              |
| 46.00            | SURGI CAL I NTENSI VE CARE UNI T   |                         |          |                  |  |         |                        |                                     | 46.              |
| 47.00            | NEONATAL INTENSIVE CARE UNIT<br>Cost Center Description  | 0                       |          | 0                | 0.                                     | 00      |                        | 0                                   | 0 47.            |
| 10.00            |  |                         |          |                  |  |         |                        | 1.00                                |                  |
| 48. 00<br>49. 00 | Program inpatient ancillary service cost (Wks<br>Total Program inpatient costs (sum of lines 4<br>PASS THROUGH COST ADJUSTMENTS  |                         |          |                  | ins)                                   |         |                        | 229, 05<br>2, 352, 95               |                  |
| 50. 00           | Pass through costs applicable to Program inpa  | atient routine          | servio   | es (from         | Wkst. D, su                            | um of F | Parts I and            | 126, 00                             | 67 50.           |
| 51.00            | <pre>III) Pass through costs applicable to Program inpa</pre>  | atient ancillar         | rv serv  | vices (fr        | om Wkst. D.                            | sum of  | <sup>-</sup> Parts II  | 11, 90                              | 09 51.           |
|                  | and IV)  |                         | <b>J</b> |                  | . ,                                    |         |                        |                                     |                  |
| 52.00<br>53.00   | Total Program excludable cost (sum of lines 5<br>Total Program inpatient operating cost exclud<br>medical education costs (line 49 minus line 5<br>TARGET AMOUNT AND LIMIT COMPUTATION | ling capital re         | el ated, | non-phy          | sician anest                           | hetist  | , and                  | 2, 215, 00                          | 76 52.<br>00 53. |
| 54.00            | Program di scharges  |                         |          |                  |  |         |                        |                                     | 0 54.            |
| 55.00            | Target amount per discharge  |                         |          |                  |  |         |                        | 0.0                                 |                  |
| 56.00<br>57.00   | Target amount (line 54 x line 55)<br>Difference between adjusted inpatient operati   | ng cost and ta          | arget a  | imount (l        | ine 56 minus                           | sline   | 53)                    |                                     | 0 56.<br>0 57.   |
| 58.00            | Bonus payment (see instructions)   | 0                       | 0        |                  |  |         | -                      |                                     | 0 58.            |
| 59.00            | Lesser of lines 53/54 or 55 from the cost rep<br>market basket   | porting period          | endi ng  | μ1996, ι         | pdated and c                           | compour | nded by the            | 0.0                                 | 59.              |
| 60.00            | Lesser of lines 53/54 or 55 from prior year of   |                         |          |                  |  |         |                        | 0.0                                 |                  |
| 61.00            | If line 53/54 is less than the lower of lines<br>which operating costs (line 53) are less than<br>amount (line 56), otherwise enter zero (see i  | n expected cost         |          |                  |  |         |                        |                                     | 0 61.            |
| 62. 00<br>63. 00 | Relief payment (see instructions)<br>Allowable Inpatient cost plus incentive payme   |                         | uctions  | 5)               |  |         |                        |                                     | 0 62.<br>0 63.   |
| 64.00            | PROGRAM INPATIENT ROUTINE SWING BED COST<br>Medicare swing-bed SNF inpatient routine cost  | s through Dece          | ember 3  | 1 of the         | e cost report                          | ing pe  | eriod (See             |                                     | 0 64.            |
| 65.00            | instructions)(title XVIII only)<br>Medicare swing-bed SNF inpatient routine cost   | s after Decemb          | ber 31   | of the c         | ost reportin                           | na peri | od (See                |                                     | 0 65.            |
|                  | instructions)(title XVIII only)  |                         |          |                  |  |         |                        |                                     |                  |
| 66. 00           | Total Medicare swing-bed SNF inpatient routin<br>CAH (see instructions)  |                         |          |                  |  |         | 5                      |                                     | 0 66.            |
| 57.00            | Title V or XIX swing-bed NF inpatient routine<br>(line 12 x line 19)   | e costs through         | n Decen  | iber 31 c        | of the cost r                          | reporti | ng period              |                                     | 0 67.            |
| 68. 00           | Title V or XIX swing-bed NF inpatient routine<br>(line 13 x line 20)   | e costs after [         | Decembe  | er 31 of         | the cost rep                           | portinę | g period               |                                     | 0 68.            |
| 69.00            | Total title V or XIX swing-bed NF inpatient n<br>PART III - SKILLED NURSING FACILITY, OTHER NU   |                         | •        |                  |  |         |                        |                                     | 0 69.            |
| 70.00            | Skilled nursing facility/other nursing facili  | ty/ICF/IID rou          | utine s  | ervice c         | ost (line 37                           | ')      |                        |                                     | 70.              |
| 71.00<br>72.00   | Adjusted general inpatient routine service co<br>Program routine service cost (line 9 x line 7   |                         | line 70  | )÷line           | 2)                                     |         |                        |                                     | 71.              |
| 73.00            | Medically necessary private room cost application  |                         | m (line  | e 14 x li        | ne 35)                                 |         |                        |                                     | 73.              |
| 74.00            | Total Program general inpatient routine servi  |                         |          |                  |  | Davet 1 | 1                      |                                     | 74.              |
| 75.00<br>76.00   | Capital-related cost allocated to inpatient r<br>26, line 45)<br>Per diem capital-related costs (line 75 ÷ lin   |                         | e costs  | G (Trom W        | юrкsneet В,                            | Part I  | I, COLUMN              |                                     | 75.              |
| 77.00            | Program capital -related costs (line 9 x line  |                         |          |                  |  |         |                        |                                     | 77.              |
| 78.00<br>79.00   | Inpatient routine service cost (line 74 minus  |                         | arovi da | r rocord         | le)                                    |         |                        |                                     | 78.              |
| 30.00            | Aggregate charges to beneficiaries for excess<br>Total Program routine service costs for compa   |                         |          |                  |  | nus li  | ne 79)                 |                                     | 80.              |
| 31.00            | Inpatient routine service cost per diem limit  | ation                   |          |                  |  |         | ,                      |                                     | 81.              |
| 32.00<br>33.00   | Inpatient routine service cost limitation (li<br>Reasonable inpatient routine service costs (s   |                         |          |                  |  |         |                        |                                     | 82.<br>83.       |
| 33.00<br>34.00   | Program inpatient ancillary services (see ins  |                         | 13)      |                  |  |         |                        |                                     | 83.              |
| 85.00            | Utilization review - physician compensation  | see instructio          |          | 05)              |  |         |                        |                                     | 85.              |
| 86.00            | Total Program inpatient operating costs (sum<br>PART IV - COMPUTATION OF OBSERVATION BED PASS  |                         | nrough   | 85)              |  |         |                        |                                     | 86.              |
|                  | Total observation bed days (see instructions)  |                         |          |                  |  |         |                        |                                     | 0 87.            |
| 87.00            |  |                         |          |                  |  |         |                        |                                     | 00 88.           |

| Health Financial Systems COMM               | NUNI TY HOSPI TAL | OF INDIANA, IN | IC.        | In Lie                     | u of Form CMS-2                  | 2552-10 |
|---|-------------------|----------------|------------|----------------------------|----------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST     |                   | Provider CO    |            | Period:<br>From 01/01/2021 | Worksheet D-1                    |         |
|   |                   | Component (    |            | To 12/31/2021              | Date/Time Prep<br>5/30/2022 2:39 |         |
|   |                   | Title          | XVIII      | Subprovider -<br>IPF       | 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                  | 281, 869          | 4, 748, 643    | 0. 05935   | 68 0                       | 0                                | 90.00   |
| 91.00 Nursing Program cost                  | 0                 | 4, 748, 643    | 0.00000    | 0 0                        | o                                | 91.00   |
| 92.00 Allied health cost                    | 0                 | 4, 748, 643    | 0.00000    | 0 0                        | 0                                | 92.00   |
| 93.00 All other Medical Education           | 0                 | 4, 748, 643    | 0.00000    | 0 0                        | o                                | 93.00   |

In Lieu of Form CMS-2552-10

| Heal th Financia  | I Systems COMMUNITY HOSPITAL OF  | F_INDIANA, INC.            | In Lie            | u of Form CMS-2                               | 2552-1         |
|---|--|----------------------------|-------------------|---|----------------|
| COMPUTATION OF  | INPATIENT OPERATING COST   | Provider CCN: 15-0169      | Peri od:          | Worksheet D-1                                 |                |
|   |  |                            | From 01/01/2021   | Data /Tima Dray                               | norod.         |
|   |  |                            | To 12/31/2021     | Date/Time Prep<br>5/30/2022 2:30              |                |
|   |  | Title XIX                  | Hospi tal         | PPS   | <i>y</i> pm    |
| Со  | st Center Description  |                            |                   |   |                |
|   |  |                            |                   | 1.00  |                |
| PART I -  | ALL PROVIDER COMPONENTS  |                            |                   |   |                |
| I NPATI EN  |  |                            |                   |   |                |
|   | t days (including private room days and swing-bed day  |                            |                   | 69, 450                                       |                |
|   | t days (including private room days, excluding swing-  |                            |                   | 69, 450                                       |                |
|   | room days (excluding swing-bed and observation bed da  | ays). If you have only pr  | rivate room days, | 0   | 3.0            |
|   | complete this line.<br>vate room days (excluding swing-bed and observation b                                     | (ave)                      |                   | 62, 610                                       | 4.0            |
|   | ring-bed SNF type inpatient days (including private ro   |                            | er 31 of the cost | 02,010  | 5.0            |
|   | ig period  |                            |                   | 0   | 0.0            |
|   | ing-bed SNF type inpatient days (including private ro  | oom days) after December   | 31 of the cost    | 0   | 6.0            |
| reportir  | g period (if calendar year, enter 0 on this line)  | 5.                         |                   |   |                |
| .00 Total sv  | ing-bed NF type inpatient days (including private roo  | om days) through December  | r 31 of the cost  | 0   | 7.0            |
|   | g period   |                            |                   |   |                |
|   | ing-bed NF type inpatient days (including private roo  | om days) after December (  | 31 of the cost    | 0   | 8.0            |
|   | g period (if calendar year, enter 0 on this line)  |                            |                   | 2 222   |                |
|   | <pre>patient days including private room days applicable t<br/>days) (see instructions)</pre>                    | the Program (excluding     | g swing-bed and   | 2, 232  | 9.0            |
|   | days) (see fistractions)<br>d SNF type inpatient days applicable to title XVIII o                                | only (including private u  | coom days)        | 0   | 10.0           |
|   | December 31 of the cost reporting period (see instruc  |                            | com days)         | 0   | 10.0           |
|   | d SNF type inpatient days applicable to title XVIII o  |                            | room days) after  | 0   | 11.0           |
|   | 31 of the cost reporting period (if calendar year, e   |                            | 5 .               |   |                |
|   | d NF type inpatient days applicable to titles V or XI  | X only (including privat   | te room days)     | 0   | 12.0           |
|   | December 31 of the cost reporting period   |                            |                   |   | 10.0           |
|   | ed NF type inpatient days applicable to titles V or XI<br>ecember 31 of the cost reporting period (if calendar y |                            |                   | 0   | 13.0           |
|   | y necessary private room days applicable to the Progr  |                            |                   | 0   | 14.0           |
|   | rsery days (title V or XIX only)   | am (exer during swring bed | uays)             | 7, 863  |                |
|   | days (title V or XIX only)   |                            |                   | 3, 254  |                |
|   | D ADJUSTMENT   |                            |                   |   |                |
| 7.00 Medicare   | rate for swing-bed SNF services applicable to servic   | es through December 31 d   | of the cost       | 0.00  | 17.0           |
|   | g period   |                            |                   |   |                |
|   | e rate for swing-bed SNF services applicable to servic   | ces after December 31 of   | the cost          | 0.00  | 18.0           |
|   | g period<br>I rate for swing-bed NF services applicable to service   | s through December 21 of   | F the cost        | 0.00  | 19.0           |
|   | in a central swing-bed will services appricable to service   | es thi ough becember 31 of | the cost          | 0.00  | 19.0           |
|   | l rate for swing-bed NF services applicable to service   | es after December 31 of t  | the cost          | 0.00  | 20.0           |
| reportir  | g period   |                            |                   |   |                |
|   | neral inpatient routine service cost (see instruction  |                            |                   | 104, 087, 807                                 |                |
|   | d cost applicable to SNF type services through Decemb  | per 31 of the cost report  | ting period (line | 0   | 22.0           |
| 5 x line  | ,  | 21 of the east report.     | a ported (line (  | 0   | 22.0           |
| 23.00 Swing-be<br>x line 1  | d cost applicable to SNF type services after December  | 31 Of the cost reportin    | ig period (The o  | 0   | 23.0           |
|   | d cost applicable to NF type services through Decembe  | or 31 of the cost reporti  | na period (line   | 0   | 24.0           |
| 7 x line  |  |                            |                   | 0   | 21.0           |
|   | d cost applicable to NF type services after December   | 31 of the cost reporting   | g period (line 8  | 0   | 25.0           |
| x line 2  |  |                            |                   |   |                |
|   | ing-bed cost (see instructions)  |                            |                   | 0   |                |
|   | inpatient routine service cost net of swing-bed cost   | (line 21 minus line 26)    |                   | 104, 087, 807                                 | 27.0           |
|   | ROOM DIFFERENTIAL ADJUSTMENT<br>inpatient routine service charges (excluding swing-be                            | d and obsorpution had a    | pargos)           | 0   | 28.0           |
|   | room charges (excluding swing-bed charges)   |                            | iai yes)          | 0   |                |
|   | vate room charges (excluding swing-bed charges)  |                            |                   | 0   |                |
|   | inpatient routine service cost/charge ratio (line 27   | ÷line 28)                  |                   | 0.000000                                      |                |
|   | private room per diem charge (line 29 ÷ line 3)  | <i>,</i>                   |                   | 0.00  |                |
|   | semi-private room per diem charge (line 30 ÷ line 4)   |                            |                   | 0.00  |                |
|   | per diem private room charge differential (line 32 mi  |                            | ctions)           | 0.00  |                |
|   | per diem private room cost differential (line 34 x li  | ne 31)                     |                   | 0.00  |                |
|   | room cost differential adjustment (line 3 x line 35)   |                            |                   | 0   |                |
|   | inpatient routine service cost net of swing-bed cost   | and private room cost di   | tterential (line  | 104, 087, 807                                 | 37.0           |
|   | iline 36)  |                            |                   |   |                |
| 27 minus  | HOCDITAL AND SUBDOOVEDEDS ONLY   |                            |                   |   | ł              |
| 27 minus<br>PART II   | - HOSPITAL AND SUBPROVIDERS ONLY   | USTMENTS                   |                   |   |                |
| 27 minus<br>PART II<br>PROGRAM                                    | INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ  |                            |                   | 1 498 74                                      | 38 0           |
| 27 minus<br>PART II<br>PROGRAM<br>88.00 Adjusted                  | INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ<br>general inpatient routine service cost per diem (see    | e instructions)            |                   | 1, 498. 74<br>3, 345, 188                     |                |
| 27 minus<br>PART II<br>PROGRAM<br>38.00 Adjusted<br>39.00 Program | INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ  | e instructions)<br>e 38)   |                   | 1, 498. 74<br>3, 345, 188<br>0<br>3, 345, 188 | 39. 0<br>40. 0 |

|          | ATION OF INPATIENT OPERATING COST  |                         | Provider C             | JN: 15-0169       | Period:<br>From 01/01/2021 | Worksheet D-1                  |       |
|----------|--|-------------------------|------------------------|-------------------|----------------------------|--------------------------------|-------|
|          |  |                         |                        |                   | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3 |       |
|          |  |                         |                        | e XIX             | Hospi tal                  | PPS                            |       |
|          | Cost Center Description  | Total<br>Inpatient Cost | Total<br>npatient Days |                   |                            | Program Cost<br>(col. 3 x col. |       |
|          |  | 1.00                    | 2.00                   | col. 2)<br>3.00   | 4.00                       | 4) 5.00                        | +     |
| 00       | NURSERY (title V & XIX only)   | 5, 269, 410             | 7, 863                 | 670. <sup>-</sup> |                            |                                | 3 42. |
|          | Intensive Care Type Inpatient Hospital Units   |                         |                        |                   |                            |                                |       |
| 00<br>00 | INTENSIVE CARE UNIT<br>CORONARY CARE UNIT  | 13, 960, 698            | 6, 930                 | 2,014.5           | 53 2, 067                  | 4, 164, 034                    |       |
| 00       | BURN INTENSIVE CARE UNIT   |                         |                        |                   |                            |                                | 44    |
| 00       | SURGI CAL I NTENSI VE CARE UNI T   |                         |                        |                   |                            |                                | 46    |
| 00       |  | 20, 513, 861            | 13, 920                | 1, 473.           | 70 0                       | C                              |       |
|          | Cost Center Description  |                         |                        |                   |                            | 1.00                           |       |
| 00       | Program inpatient ancillary service cost (Wk   | st D-3 col 3            | line 200)              |                   |                            | 1.00<br>4,655,971              | 48    |
| 00       | Total Program inpatient costs (sum of lines  |                         |                        | ns)               |                            | 14, 345, 861                   |       |
|          | PASS THROUGH COST ADJUSTMENTS  | j di k                  |                        |                   |                            |                                |       |
| 00       | Pass through costs applicable to Program inp   | atient routine s        | services (from         | Wkst. D, sur      | n of Parts I and           | 930, 180                       | 50    |
| 00       | III)<br>Pass through costs applicable to Program inp   | ationt ancillar         | , convioor (fr         | om Wkat D         | sum of Dorte II            | 344, 821                       | 51    |
| 00       | and IV)  | attent and that         | Services (II           | UNI WKSt. D, 3    |                            | 544, 021                       | 1 51  |
| 00       | Total Program excludable cost (sum of lines  | 50 and 51)              |                        |                   |                            | 1, 275, 001                    | 52    |
| 00       | Total Program inpatient operating cost exclu   |                         | ated, non-phy          | sician anesth     | netist, and                | 13, 070, 860                   | 53    |
|          | medical education costs (line 49 minus line<br>TARGET AMOUNT AND LIMIT COMPUTATION           | 52)                     |                        |                   |                            |                                | 1.1   |
| 00       | Program di scharges  |                         |                        |                   |                            | C                              | 54    |
| 00       | Target amount per discharge  |                         |                        |                   |                            | 0.00                           |       |
| 00       | Target amount (line 54 x line 55)  |                         |                        |                   |                            | C                              |       |
| 00       | Difference between adjusted inpatient operat   | ing cost and tar        | get amount (I          | ine 56 minus      | line 53)                   | 0                              |       |
| 00<br>00 | Bonus payment (see instructions)<br>Lesser of lines 53/54 or 55 from the cost re             | porting period (        | nding 1006 u           | ndated and co     | mounded by the             | 0.00                           |       |
| 00       | market basket  | porting period e        | anut ng 1990, u        |                   | inpounded by the           | 0.00                           | 57    |
| 00       | Lesser of lines 53/54 or 55 from prior year  |                         |                        |                   |                            | 0.00                           | 60    |
| 00       | If line 53/54 is less than the lower of line   |                         |                        |                   |                            | 0                              | 61    |
|          | which operating costs (line 53) are less that<br>amount (line 56), otherwise enter zero (see |                         | s (lines 54 x          | 60), or 1% of     | the target                 |                                |       |
| 00       | Relief payment (see instructions)  |                         |                        |                   |                            | C                              | 62    |
| 00       | Allowable Inpatient cost plus incentive paym   | nent (see instruc       | ctions)                |                   |                            | 0                              | 63    |
| ~~       | PROGRAM INPATIENT ROUTINE SWING BED COST   |                         |                        |                   | ·                          |                                |       |
| 00       | Medicare swing-bed SNF inpatient routine cos<br>instructions)(title XVIII only)              | sts through Decen       | nber 31 of the         | cost reporti      | ng period (See             | C                              | 64    |
| 00       | Medicare swing-bed SNF inpatient routine cos   | sts after Decembe       | er 31 of the c         | ost reportino     | period (See                | c c                            | 65    |
|          | instructions)(title XVIII only)  |                         |                        |                   |                            |                                |       |
| 00       | Total Medicare swing-bed SNF inpatient routi   | ne costs (line é        | 54 plus line 6         | 5)(title XVII     | l only). For               | 0                              | 66    |
| 00       | CAH (see instructions)<br>Title V or XIX swing-bed NF inpatient routir                       | e costs through         | December 31 o          | f the cost re     | porting period             | 0                              | 67    |
| 00       | (line 12 x line 19)  | le costs through        | December 51 0          | i the cost ite    | sporting period            |                                | 1 07  |
| 00       | Title V or XIX swing-bed NF inpatient routir   | ne costs after De       | ecember 31 of          | the cost repo     | orting period              | 0                              | 68    |
| ~~       | (line 13 x line 20)  |                         |                        | (0)               |                            |                                |       |
| 00       | Total title V or XIX swing-bed NF inpatient<br>PART III - SKILLED NURSING FACILITY, OTHER N  |                         |                        | ,                 |                            | C                              | ) 69  |
| 00       | Skilled nursing facility/other nursing facil   |                         |                        |                   |                            |                                | 70    |
| 00       | Adjusted general inpatient routine service of  | ost per diem (li        |                        | • •               |                            |                                | 71    |
| 00       | Program routine service cost (line 9 x line  |                         | (1)                    | 25)               |                            |                                | 72    |
| 00<br>00 | Medically necessary private room cost applic<br>Total Program general inpatient routine serv | 5                       | •                      | ne 35)            |                            |                                | 73    |
| 00       | Capital -related cost allocated to inpatient   |                         |                        | orksheet B. F     | Part II, column            |                                | 75    |
|          | 26, line 45)   |                         |                        |                   |                            |                                |       |
| 00       | Per diem capital-related costs (line 75 ÷ li   |                         |                        |                   |                            |                                | 76    |
| 00<br>00 | Program capital-related costs (line 9 x line<br>Inpatient routine service cost (line 74 minu |                         |                        |                   |                            |                                | 77    |
| 00       | Aggregate charges to beneficiaries for exces   |                         | rovi der record        | s)                |                            |                                | 79    |
| 00       | Total Program routine service costs for comp   |                         |                        | •                 | nus line 79)               |                                | 80    |
| 00       | Inpatient routine service cost per diem limi   |                         |                        |                   |                            |                                | 81    |
| 00       | Inpatient routine service cost limitation (I   |                         |                        |                   |                            |                                | 82    |
| 00<br>00 | Reasonable inpatient routine service costs (<br>Program inpatient ancillary services (see in |                         | s)                     |                   |                            |                                | 83    |
| 00       | Utilization review - physician compensation  |                         | ıs)                    |                   |                            |                                | 85    |
| 00       | Total Program inpatient operating costs (sum   | of lines 83 thr         |                        |                   |                            |                                | 86    |
|          | PART IV - COMPUTATION OF OBSERVATION BED PAS   |                         |                        |                   |                            |                                |       |
|          | Total observation bed days (see instructions   | 5)                      |                        |                   |                            | 6, 840                         | 87    |
| 00<br>00 | Adjusted general inpatient routine cost per  |                         | ling 2                 |                   |                            | 1, 498. 74                     | 88    |

| Health Financial Systems COM                | MUNI TY HOSPI TAL | OF INDIANA, IN | IC.        | In Lie                           | u of Form CMS-2                | 2552-10 |
|---|-------------------|----------------|------------|----------------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST     |                   | Provider CO    |            | Period:                          | Worksheet D-1                  |         |
|   |                   |                |            | From 01/01/2021<br>To 12/31/2021 | Date/Time Pre<br>5/30/2022 2:3 |         |
|   |                   | Titl           | e XIX      | Hospi tal                        | PPS                            |         |
| Cost Center Description                     | Cost              | Routine Cost   | column 1 ÷ | Total                            | Observati on                   |         |
|   |                   | (from line 21) | column 2   | Observati on                     | Bed Pass                       |         |
|   |                   |                |            | Bed Cost (from                   | Through Cost                   |         |
|   |                   |                |            | line 89)                         | (col. 3 x col.                 |         |
|   |                   |                |            |                                  | 4) (see                        |         |
|   |                   |                |            |                                  | instructions)                  |         |
|   | 1.00              | 2.00           | 3.00       | 4.00                             | 5.00                           |         |
| COMPUTATION OF OBSERVATION BED PASS THROUGH | COST              |                |            |                                  |                                |         |
| 90.00 Capital-related cost                  | 8, 142, 381       | 104, 087, 807  | 0. 07822   | 6 10, 251, 382                   | 801, 925                       | 90.00   |
| 91.00 Nursing Program cost                  | 0                 | 104, 087, 807  | 0.00000    | 0 10, 251, 382                   | 0                              | 91.00   |
| 92.00 Allied health cost                    | 0                 | 104, 087, 807  | 0.00000    | 0 10, 251, 382                   | 0                              | 92.00   |
| 93.00 All other Medical Education           | 0                 | 104, 087, 807  | 0.00000    | 0 10, 251, 382                   | 0                              | 93.00   |

| eal th Financial Systems COMMUNITY HOSP<br>NPATIENT ANCILLARY SERVICE COST APPORTIONMENT | ITAL OF INDIANA, I |              |   | u of Form CMS-                                  |        |
|--|--------------------|--------------|---|---|--------|
| NPATTENT ANCILLARY SERVICE COST APPORTIONMENT  | Provi der C        | CN: 15-0169  | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D-3<br>Date/Time Pre<br>5/30/2022 2:3 | pared: |
|  | Title              | e XVIII      | Hospi tal                                   | PPS   |        |
| Cost Center Description  |                    | Ratio of Cos |   | Inpati ent                                      |        |
|  |                    | To Charges   | Program<br>Charges                          | Program Costs<br>(col. 1 x col.<br>2)           |        |
|  |                    | 1.00         | 2.00  | 3.00  |        |
| INPATIENT ROUTINE SERVICE COST CENTERS   |                    |              |   |   |        |
| 30. 00 03000 ADULTS & PEDI ATRI CS   |                    |              | 35, 567, 759                                |   | 30.00  |
| 31. 00 03100 I NTENSI VE CARE UNI T  |                    |              | 8, 277, 234                                 |   | 31.00  |
| 35.00 02060 NEONATAL INTENSIVE CARE UNIT   |                    | 1            | 0   |   | 35.00  |
| 0. 00 04000 SUBPROVIDER - IPF  |                    | 1            | 0   |   | 40.00  |
| 3.00 04300 NURSERY   |                    | 1            |   |   | 43.00  |
| ANCI LLARY SERVI CE COST CENTERS   |                    |              |   |   |        |
| 50. 00 05000 OPERATI NG ROOM   |                    | 0. 1128      |   | 4, 534, 965                                     |        |
| 51.00 05100 RECOVERY ROOM  |                    | 0. 15910     |   | 814, 292  | 51.00  |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   |                    | 0. 4499      | 12 46, 798                                  | 21, 055   | 52.00  |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   |                    | 0. 1802      | 31 3, 057, 293                              | 551, 019  | 54.00  |
| 55. 00 05500 RADI OLOGY-THERAPEUTI C   |                    | 0.0957       | 19 4, 915, 807                              | 470, 536  | 55.00  |
| 57.00 05700 CT SCAN  |                    | 0. 0434      | 18 8, 488, 678                              | 368, 561  | 57.00  |
| 58. 00 05800 MRI   |                    | 0. 1144      | 95 1, 515, 129                              | 173, 475  | 58.00  |
| 59. 00 05900 CARDI AC CATHETERI ZATI ON  |                    | 0.05094      | 42 204, 456                                 | 10, 415   | 59.00  |
| 0. 00 06000 LABORATORY   |                    | 0. 1185      |   | 2, 810, 967                                     | 60.00  |
| 04.00 06400 INTRAVENOUS THERAPY  |                    | 1. 1967:     | 31 257, 903                                 | 308, 641  | 64.00  |
| 5. 00 06500 RESPI RATORY THERAPY   |                    | 0. 21273     |   | 1, 451, 248                                     |        |
| 6. 00 06600 PHYSI CAL THERAPY  |                    | 0. 3864      |   | 629, 257  |        |
| 57.00 06700 OCCUPATI ONAL THERAPY  |                    | 0. 3620      |   | 453, 819  |        |
| 8.00 06800 SPEECH PATHOLOGY  |                    | 0. 2393      |   |   |        |
| 9. 00 06900 ELECTROCARDI OLOGY   |                    | 0.0678       |   | 270, 029  |        |
| 0.00 07000 ELECTROENCEPHALOGRAPHY  |                    | 0. 2160      |   | 59, 784   |        |
| 1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT   |                    | 0. 3622      |   | 2, 810, 900                                     |        |
| 2.00 07200 IMPL. DEV. CHARGED TO PATIENTS  |                    | 0. 4093      |   | 3, 860, 964                                     |        |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  |                    | 0. 2570      |   | 5, 370, 876                                     |        |
| 23.01 07301 SPECIALTY PHARMACY   |                    | 0.0000       |   | 0   |        |
| 74.00 07400 RENAL DIALYSIS   |                    | 0. 2533      |   | 418, 677  |        |
| 76.00 03330 ENDOSCOPY  |                    | 0. 1472      |   | 323, 684  |        |
| 76.01 03950 OTHER ANCILLARY SERVICE COST CENTERS   |                    | 0.0000       |   | 0   |        |
| 6.02 03951 OTHER ANCILLARY SERVICE COST CENTERS  |                    | 0.0000       |   | 0   |        |
| 6.03 03952 OTHER ANCI LLARY SERVICE COST CENTERS   |                    | 0.0000       |   | 0   |        |
| 76.04 03953 WOUND CARE   |                    | 0. 3467      |   | 102, 840  |        |
| 6.06 03954 I MAGI NG CENTER  |                    | 0. 09290     |   | 2, 986  |        |
| 76. 07 03955 BREAST DI AGNOSTI C CENTER  |                    | 0. 4859      | 11 0  | 0   | 76.07  |
|  |                    | 0.0000       |   |   | 00.00  |
| 20. 00 09000 CLINIC  |                    | 0.0000       |   | 0   |        |
| 20. 01 04950 I NFUSI ON CENTER   |                    | 0.0885       |   | 0   |        |
| 20. 26 04975 SPINE CENTER  |                    | 0.6685       |   | 0   |        |
| 01.00 09100 EMERGENCY  |                    | 0.0958       |   | 1, 208, 127                                     |        |
| 22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART  | 00)                | 0. 8493      |   |   |        |
| 200.00 Total (sum of lines 50 through 94 and 96 through                                  |                    |              | 157, 966, 543                               | 28, 162, 604                                    |        |
| 201.00 Less PBP Clinic Laboratory Services-Program only                                  | cnarges (line 61)  |              | 0   |   | 201.00 |
| 202.00 Net charges (line 200 minus line 201)   |                    | 1            | 157, 966, 543                               |   | 202.00 |

| ATIENT ANCILLARY SERVICE COST APPORTIONMENT   | Provider C    | NC.<br>CN: 15-0169 | Peri od:             | Worksheet D-3                  | ;              |
|---|---------------|--------------------|----------------------|--------------------------------|----------------|
|   |               |                    | From 01/01/2021      |                                |                |
|   | Component     | CCN: 15-S169       | To 12/31/2021        | Date/Time Pre<br>5/30/2022 2:3 | epare<br>19 pr |
|   | Title         | e XVIII            | Subprovider -<br>IPF | PPS                            |                |
| Cost Center Description   | 1             | Ratio of Cos       |                      | Inpati ent                     |                |
|   |               | To Charges         | Program              | Program Costs                  |                |
|   |               |                    | Charges              | (col. 1 x col.                 |                |
|   |               |                    |                      | 2)                             |                |
|   |               | 1.00               | 2.00                 | 3.00                           | -              |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS<br>00 03000 ADULTS & PEDI ATRI CS                              |               | T                  |                      |                                | 30             |
| 00 03100 INTENSIVE CARE UNIT  |               |                    |                      |                                | 31             |
| 00 02060 NEONATAL INTENSIVE CARE UNIT   |               |                    |                      |                                | 35             |
| 00 04000 SUBPROVI DER - I PF  |               |                    | 4, 474, 923          |                                | 40             |
| 00 04300 NURSERY  |               |                    | 7, 777, 723          |                                | 43             |
| ANCI LLARY SERVI CE COST CENTERS  |               | 1                  |                      |                                |                |
| 00 05000 OPERATI NG ROOM  |               | 0. 1128            | 27 4, 590            | 518                            | 50             |
| 00 05100 RECOVERY ROOM  |               | 0. 15910           |                      |                                |                |
| 00 05200 DELIVERY ROOM & LABOR ROOM   |               | 0. 4499            |                      |                                |                |
| 00 05400 RADI OLOGY-DI AGNOSTI C  |               | 0. 1802            |                      | 3, 832                         |                |
| 00 05500 RADI OLOGY-THERAPEUTI C  |               | 0.0957             |                      | 0                              |                |
| 00 05700 CT SCAN  |               | 0.0434             |                      |                                |                |
| 00 05800 MRI  |               | 0. 1144            |                      |                                |                |
| 00 05900 CARDI AC CATHETERI ZATI ON   |               | 0.0509             |                      |                                |                |
| 00 06000 LABORATORY   |               | 0. 1185            | 20 596, 721          | 70, 723                        | 60             |
| 00 06400 I NTRAVENOUS THERAPY   |               | 1. 1967:           |                      |                                | 64             |
| 00 06500 RESPI RATORY THERAPY   |               | 0. 2127            | 38 5, 568            | 1, 185                         | 65             |
| 00 06600 PHYSI CAL THERAPY  |               | 0. 3864            | 33 27, 835           | 10, 758                        | 66             |
| 00 06700 OCCUPATIONAL THERAPY   |               | 0. 3620            | 70 24, 417           | 8, 841                         | 6              |
| 00 06800 SPEECH PATHOLOGY   |               | 0. 2393            | 49 5, 184            | 1, 241                         | 68             |
| 00 06900 ELECTROCARDI OLOGY   |               | 0.0678             | 96 21, 525           | 1, 461                         | 69             |
| 00 07000 ELECTROENCEPHALOGRAPHY   |               | 0. 2160            | 99 5, 614            | 1, 213                         | 70             |
| 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT  |               | 0. 3622            | 72 511               | 185                            | 7              |
| 00 07200 IMPL. DEV. CHARGED TO PATIENTS   |               | 0. 4093            | 23 0                 | , v                            |                |
| 00 07300 DRUGS CHARGED TO PATIENTS  |               | 0. 25704           | 49 384, 857          | 98, 927                        | 73             |
| 01 07301 SPECI ALTY PHARMACY  |               | 0.0000             |                      |                                |                |
| 00 07400 RENAL DIALYSIS   |               | 0. 2533            |                      |                                |                |
| 00 03330 ENDOSCOPY  |               | 0. 1472            |                      | -                              | 1              |
| 01 03950 OTHER ANCILLARY SERVICE COST CENTERS   |               | 0.0000             |                      | , s                            | 1              |
| 02 03951 OTHER ANCI LLARY SERVICE COST CENTERS  |               | 0.0000             |                      |                                |                |
| 03 03952 OTHER ANCI LLARY SERVICE COST CENTERS  |               | 0.0000             |                      |                                |                |
| 04 03953 WOUND CARE   |               | 0. 3467            |                      |                                |                |
| 06 03954 I MAGI NG CENTER   |               | 0.09290            |                      |                                |                |
| 07 03955 BREAST DI AGNOSTI C CENTER   |               | 0. 4859            | 11 0                 | 0                              | 76             |
| OUTPATIENT SERVICE COST CENTERS<br>00 09000 CLINIC  |               | 0.0000             |                      | 0                              |                |
| 00  09000  CLINIC<br>01  04950  INFUSION CENTER   |               | 0.0000             |                      |                                |                |
| 26 04975 SPINE CENTER   |               | 0.0885             |                      | 0                              |                |
| 00 09100 EMERGENCY  |               | 0. 66854           |                      |                                |                |
| 00 09200 OBSERVATION BEDS (NON-DISTINCT PART  |               | 0. 0958            |                      | 22, 422                        |                |
| 00 09200 063ERVATION BEDS (NON-DISTINCT PART<br>0.00 Total (sum of lines 50 through 94 and 96 through 98) |               | 0.04930            | 1, 405, 633          |                                |                |
| .00 Less PBP Clinic Laboratory Services-Program only charg  | nes (line 61) |                    | 1, 403, 033          | 227,037                        | 200            |
| 2.00 Net charges (line 200 minus line 201)  | JC3 (IIIE UI) |                    | 1, 405, 633          | 1                              | 201            |

| Health Financial Systems COMMUNITY HOSPITAL OF |  |                       |                    |   | u of Form CMS-2552-10                           |        |
|--|--|-----------------------|--------------------|---|---|--------|
| INPAILE  | ENT ANCILLARY SERVICE COST APPORTIONMENT                       | Provider CCN: 15-0169 |                    | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet D-3<br>Date/Time Pre<br>5/30/2022 2:3 | pared: |
|  |  | Ti †I                 | e XIX              | Hospi tal                                   | PPS   | 7 piii |
|  | Cost Center Description  |                       | Ratio of Cos       |   | Inpati ent                                      |        |
|  |  |                       | To Charges         |   | Program Costs                                   |        |
|  |  |                       |                    | Charges                                     | (col. 1 x col.                                  |        |
|  |  |                       |                    |   | 2)  |        |
|  |  |                       | 1.00               | 2.00  | 3.00  |        |
|  | INPATIENT ROUTINE SERVICE COST CENTERS                         |                       | 1                  |   |   |        |
|  | 03000 ADULTS & PEDI ATRI CS                                    |                       |                    | 9, 999, 009                                 |   | 30.00  |
|  | 03100 I NTENSI VE CARE UNI T                                   |                       |                    | 2, 088, 162                                 |   | 31.00  |
|  | 02060 NEONATAL INTENSIVE CARE UNIT                             |                       |                    | 17, 273, 423                                |   | 35.00  |
|  | 04000 SUBPROVIDER - IPF  |                       |                    | 401, 594                                    |   | 40.00  |
|  | 04300 NURSERY  |                       |                    | 1, 817, 388                                 |   | 43.00  |
|  | ANCI LLARY SERVI CE COST CENTERS                               |                       | 0 1100             | 0/ 0.00/ 0.00                               | 271 104   |        |
|  | 05000 OPERATING ROOM<br>05100 RECOVERY ROOM                    |                       | 0. 1129<br>0. 1591 |   |   | 50.00  |
|  |  |                       |                    |   |   |        |
|  | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC |                       | 0. 4499<br>0. 1802 |   |   |        |
|  | 05500 RADI OLOGY - THERAPEUTI C                                |                       | 0. 1802            |   |   | •      |
|  | 0500 RADI OLOGY - THERAPEOTIC<br>05700 CT SCAN                 |                       | 0.0434             |   |   |        |
|  | 05700 CT SCAN  |                       | 0.0434             |   |   |        |
|  | 05900 CARDI AC CATHETERI ZATI ON                               |                       | 0. 0509            |   |   |        |
|  | 06000 LABORATORY   |                       | 0. 0309            |   |   |        |
|  | 06400 I NTRAVENOUS THERAPY                                     |                       | 1. 1967            |   |   |        |
|  | 06500 RESPI RATORY THERAPY                                     |                       | 0. 2127            |   |   |        |
|  | 06600 PHYSI CAL THERAPY  |                       | 0. 3893            |   |   |        |
|  | 06700 OCCUPATI ONAL THERAPY                                    |                       | 0.3620             |   |   |        |
|  | 06800 SPEECH PATHOLOGY   |                       | 0. 2393            |   |   |        |
|  | 06900 ELECTROCARDI OLOGY                                       |                       | 0.0678             |   |   |        |
|  | 07000 ELECTROENCEPHALOGRAPHY                                   |                       | 0. 2160            |   |   |        |
|  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENT                      |                       | 0. 3622            |   |   |        |
|  | 07200 IMPL. DEV. CHARGED TO PATIENTS                           |                       | 0. 4093            |   | 0   |        |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS                                |                       | 0. 2570            |   | 1, 086, 971                                     | 73.00  |
|  | 07301 SPECIALTY PHARMACY                                       |                       | 0.0000             |   | 0   | 73.01  |
| 74.00  | 07400 RENAL DI ALYSI S   |                       | 0. 2533            | 24 144, 696                                 | 36, 655   | 74.00  |
| 76.00  | 03330 ENDOSCOPY  |                       | 0. 1472            | 26 264, 639                                 | 38, 962   | 76.00  |
| 76.01  | 03950 OTHER ANCILLARY SERVICE COST CENTERS                     |                       | 0.0000             | 00 00                                       | 0   | 76.01  |
| 76.02  | 03951 OTHER ANCILLARY SERVICE COST CENTERS                     |                       | 0.0000             | 00 0  | 0   | 76.02  |
| 76.03  | 03952 OTHER ANCILLARY SERVICE COST CENTERS                     |                       | 0.0000             | 00 0  | 0   | 76.03  |
| 76.04  | 03953 WOUND CARE   |                       | 0. 3467            | 46 61, 917                                  | 21, 469   | 76.04  |
|  | 03954 I MAGI NG CENTER   |                       | 0.0929             |   |   | 76.06  |
|  | 03955 BREAST DIAGNOSTIC CENTER                                 |                       | 0. 4859            | 11 0  | 0   | 76.07  |
|  | OUTPATIENT SERVICE COST CENTERS                                |                       |                    |   | I   |        |
|  | 09000 CLINIC   |                       | 0.0000             |   |   | 90.00  |
|  | 04950 I NFUSI ON CENTER  |                       | 0.0885             |   |   | 90.01  |
|  | 04975 SPINE CENTER   |                       | 0.6685             |   | 0   | 90.26  |
|  | 09100 EMERGENCY  |                       | 0.0963             |   |   |        |
|  | 09200 OBSERVATION BEDS (NON-DISTINCT PART                      |                       | 0. 8493            |   |   | 92.00  |
| 200.00   | Total (sum of lines 50 through 94 and 96 through 98)           | (1) (1)               |                    | 24, 662, 742                                | 4, 655, 971                                     |        |
| 201.00   | Less PBP Clinic Laboratory Services-Program only charges       | (IINE 61)             |                    |   |   | 201.00 |
| 202.00   | Net charges (line 200 minus line 201)                          |                       |                    | 24, 662, 742                                |   | 202.00 |

| CALCUL                  | Financial Systems COMMUNITY HOSPITAL O<br>ATION OF REIMBURSEMENT SETTLEMENT  | Provi der CCN: 15-0169   | Peri od:<br>From 01/01/2021<br>To 12/31/2021 | u of Form CMS-2552-<br>Worksheet E<br>Part A<br>Date/Time Prepared<br>5/30/2022 2:39 pm |                |  |  |
|-------------------------|--|--|--|---|----------------|--|--|
|                         |  | Title XVIII Hospital   |  |   |                |  |  |
|                         |  |  |  | 1.00  |                |  |  |
|                         | PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS  |  |  | 1.00  |                |  |  |
| 1.00<br>1.01            | G Amounts Other than Outlier Payments<br>G amounts other than outlier payments for discharges occurring prior to October 1 (see  |  |  |   | 1.00<br>1.01   |  |  |
| 1. 02                   | instructions)<br>DRG amounts other than outlier payments for discharges occurring on or after October 1 (see   |  |  |   | 1. 02          |  |  |
| 1.03                    | instructions)<br>DRG for federal specific operating payment for Model 4 BPCI 1   | 0  | 1.03   |   |                |  |  |
| 1.04                    | 1 (see instructions)<br>DRG for federal specific operating payment for Model 4 BPCI 1<br>October 1 (see instructions)  | 0  | 1. 04  |   |                |  |  |
| 2. 00<br>2. 01          | Outlier payments for discharges. (see instructions)<br>Outlier reconciliation amount   | 0  | 2.00<br>2.01                                 |   |                |  |  |
| 2.01                    | Outlier payment for discharges for Model 4 BPCI (see instruct  | tions)   |  | 0   | 2.01           |  |  |
| 2.03                    | Outlier payments for discharges occurring prior to October 1   | -  |  | 670, 313  | 2.03           |  |  |
| 2.04                    | Outlier payments for discharges occurring on or after October  | r 1 (see instructions)   |  | 204, 197  | 2.04           |  |  |
| 3.00                    | Managed Care Simulated Payments  | 27, 942, 123   | 3.00   |   |                |  |  |
| 4.00                    | Bed days available divided by number of days in the cost repo  | orting period (see instru  | uctions)                                     | 290.85  | 4.00           |  |  |
| 5.00                    |  | Indirect Medical Education Adjustment<br>FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on |  |   |                |  |  |
| 6.00                    | FTE count for allopathic and osteopathic programs that meet 1<br>new programs in accordance with 42 CFR 413.79(e)  | 0.00   | 6.00   |   |                |  |  |
| 7.00                    | MMA Section 422 reduction amount to the IME cap as specified   | under 42 CFR §412.105(f)   | (1)(iv)(B)(1)                                | 0.00  | 7.00           |  |  |
| 7.01                    | ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.             |  |  |   | 7.01           |  |  |
| 8.00                    | Adjustment (increase or decrease) to the FTE count for allopa<br>affiliated programs in accordance with 42 CFR 413.75(b), 413.<br>1998), and 67 FR 50069 (August 1, 2002). | 4. 76  | 8.00   |   |                |  |  |
| 8. 01                   | he amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.                      |  |  |   | 8. 01          |  |  |
| 8.02                    | he amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital nder § 5506 of ACA. (see instructions)                                     |  |  |   | 8. 02          |  |  |
| 9.00                    | Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  |  |  |   | 9.00           |  |  |
| 10.00<br>11.00          | FTE count for allopathic and osteopathic programs in the current year from your records<br>FTE count for residents in dental and podiatric programs.                       |  |  |   | 10.00          |  |  |
| 12.00                   | Current year allowable FTE (see instructions)  |  |  |   | 12.00          |  |  |
| 13.00                   | Total allowable FTE count for the prior year.  |  |  |   | 13.00          |  |  |
| 14.00                   | otal allowable FTE count for the penultimate year if that year ended on or after September 30, 1997,<br>otherwise enter zero.  |  |  |   | 14.00          |  |  |
| 15.00                   | Sum of lines 12 through 14 divided by 3.   |  |  | 6. 71   | 15.00          |  |  |
| 16.00                   | djustment for residents in initial years of the program  |  |  |   | 16.00          |  |  |
| 17.00                   | djustment for residents displaced by program or hospital closure   |  |  |   | 17.00          |  |  |
| 18.00                   | djusted rolling average FTE count  |  |  |   | 18.00          |  |  |
| 19.00                   | Current year resident to bed ratio (line 18 divided by line 4).  |  |  |   | 19.00<br>20.00 |  |  |
| 20.00<br>21.00          | Enter the lesser of lines 19 or 20 (see instructions)  | rior year resident to bed ratio (see instructions)   |  |   |                |  |  |
| 22.00                   | IME payment adjustment (see instructions)  |  |  | 0. 023070<br>444, 313   |                |  |  |
| 22.01                   | IME payment adjustment - Managed Care (see instructions)   |  |  | 350, 059  |                |  |  |
| 23.00                   | Indirect Medical Education Adjustment for the Add-on for § 42<br>Number of additional allopathic and osteopathic IME FTE resid   | 0.00   | ]  |   |                |  |  |
| 24. 00                  | (f)(1)(iv)(C).<br>ME FTE Resident Count Over Cap (see instructions)  |  |  |   | 24.00          |  |  |
| 25.00                   | If the amount on line 24 is greater than -O-, then enter the lower of line 23 or line 24 (see instructions)  |  |  |   | 25.00          |  |  |
| 26.00                   | Resident to bed ratio (divide line 25 by line 4)   |  |  | 0.000000  |                |  |  |
| 27.00<br>28.00          | IME payments adjustment factor. (see instructions)   |  |  | 0. 000000<br>0  |                |  |  |
| 28.00                   | IME add-on adjustment amount (see instructions)<br>IME add-on adjustment amount - Managed Care (see instructions)  |  |  |   | •              |  |  |
| 29.00<br>29.00<br>29.01 | Total IME payment ( sum of lines 22 and 28)<br>Total IME payment - Managed Care (sum of lines 22.01 and 28.0   | 0<br>444, 313<br>350, 059  | 29.00  |   |                |  |  |
|                         | Di sproporti onate Share Adjustment  | ,  |  | 220,007   | 1              |  |  |
| 30.00                   | Percentage of SSI recipient patient days to Medicare Part A p  | patient days (see instruc  | ctions)                                      | 4.37  | 30.00          |  |  |
| 31.00                   | Percentage of Medicaid patient days (see instructions)   |  |  | 36.12   | 31.00          |  |  |
| 32.00                   | Sum of Lines 30 and 31   |  |  | 40.49   |                |  |  |
| 33.00                   | Allowable disproportionate share percentage (see instructions  | 5)   |  |   | 33.00          |  |  |
| 21 00                   | Disproportionate share adjustment (see instructions)   |  |  | 2, 005, 581   | 1 34.00        |  |  |

| ALCUL  | ATION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-0169      | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E<br>Part A<br>Date/Time Pre<br>5/30/2022 2:34 |       |
|--|--|----------------------------|---|--|-------|
|  |  | Title XVIII                | Hospi tal                                   | PPS  |       |
|  |  |                            |   | On/After 10/1  |       |
|  | Uncompensated Care Adjustment  |                            | 1.00  | 2.00   |       |
| 5.00   | Total uncompensated care amount (see instructions)   |                            | 8 290 014 521                               | 7, 192, 008, 710   | 35. ( |
| 5. 01  | Factor 3 (see instructions)  |                            | 0. 000145077                                | 0. 000277862   |       |
| 5. 02  | Hospital uncompensated care payment (If line 34 is zero, ent   | er zero on this line) (se  |   | 1, 998, 388  |       |
|  | instructions)  | (                          | ,,  | ., ,   |       |
| 5.03   | Pro rata share of the hospital uncompensated care payment am   | nount (see instructions)   | 899, 549                                    | 503, 704   | 35.0  |
| 6.00   | Total uncompensated care (sum of columns 1 and 2 on line 35.   |                            | 1, 403, 253                                 |  | 36. ( |
|  | Additional payment for high percentage of ESRD beneficiary d   | lischarges (lines 40 throu | ugh 46)                                     |  |       |
| 0.00   | Total Medicare discharges (see instructions)   |                            | 0   |  | 40.0  |
| 1.00   | Total ESRD Medicare discharges (see instructions)  |                            | 0   |  | 41.   |
| 1.01   | Total ESRD Medicare covered and paid discharges (see instruc   |                            | 0   |  | 41.   |
| 2.00   | Divide line 41 by line 40 (if less than 10%, you do not qual   | ify for adjustment)        | 0.00  |  | 42.   |
| 3.00   | Total Medicare ESRD inpatient days (see instructions)  |                            | 0   |  | 43.   |
| 4.00   | Ratio of average length of stay to one week (line 43 divided   | by line 41 divided by 7    | 0. 000000                                   |  | 44.   |
| 5.00   | days)<br>Average weekly cost for dialysis treatments (see instruction  |                            | 0.00  |  | 45.   |
| 6.00   | Total additional payment (line 45 times line 44 times line 4   | -                          | 0.00  |  | 45.   |
| 7.00   | Subtotal (see instructions)  | ii. 01)                    | 40, 193, 279                                |  | 40.   |
| 8.00   | Hospital specific payments (to be completed by SCH and MDH,  | small rural bosnitals      | 40, 193, 279                                |  | 48.   |
| 0.00   | only. (see instructions)   |                            | 0   |  |       |
|  |  |                            |   | Amount   |       |
|  |  |                            |   | 1.00   |       |
| 9.00   | Total payment for inpatient operating costs (see instruction   |                            |   | 40, 543, 338   |       |
| 0.00   | Payment for inpatient program capital (from Wkst. L, Pt. I a   |                            | )   | 3, 105, 624  |       |
| 1.00   | Exception payment for inpatient program capital (Wkst. L, Pt   |                            |   | 0  |       |
| 2.00   | Direct graduate medical education payment (from Wkst. E-4, I   | ine 49 see instructions).  |   | 187, 388   |       |
| 3.00   | Nursing and Allied Health Managed Care payment   |                            |   | 0<br>499, 429  |       |
| 4.00<br>4.01                                 | Special add-on payments for new technologies<br>Islet isolation add-on payment                                   |                            |   | 499, 429   |       |
| 5.00   | Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line  | 60)                        |   | 0  |       |
| 6.00   | Cost of physicians' services in a teaching hospital (see int   |                            |   | 0  |       |
| 7.00   | Routine service other pass through costs (from Wkst. D, Pt.  | -                          | through 35)                                 | 0  |       |
| 8.00   | Ancillary service other pass through costs from Wkst. D, Pt.   |                            | thi bugh boyr                               | 0  |       |
| 9.00   | Total (sum of amounts on lines 49 through 58)  | ,                          |   | 44, 335, 779   |       |
| 0.00   | Primary payer payments   |                            |   | 4, 192   |       |
| 1.00   | Total amount payable for program beneficiaries (line 59 minu   | ıs line 60)                |   | 44, 331, 587   | 61.   |
| 2.00   | Deductibles billed to program beneficiaries  |                            |   | 3, 393, 000  | 62.   |
| 3.00   | Coinsurance billed to program beneficiaries  |                            |   | 155, 021   |       |
| 4.00   | Allowable bad debts (see instructions)   |                            |   | 114, 512   |       |
| 5.00   | Adjusted reimbursable bad debts (see instructions)   |                            |   | 74, 433  |       |
| 6.00   | Allowable bad debts for dual eligible beneficiaries (see ins   | structions)                |   | 13, 956  |       |
| 7.00   | Subtotal (line 61 plus line 65 minus lines 62 and 63)  |                            |   | 40, 857, 999   |       |
| 8.00   | Credits received from manufacturers for replaced devices for   |                            |   | 0  |       |
| 9.00   | Outlier payments reconciliation (sum of lines 93, 95 and 96)<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   | CENT SCH SEE INSTRUCTION   | 15)   | 0  |       |
| 0.00<br>0.50                                 | Rural Community Hospital Demonstration Project (§410A Demons   | tration) adjustment (coo   | instructions)                               | 0  |       |
| 0. 30  | Demonstration payment adjustment amount before sequestration   | , ,                        |   | 0  |       |
|  | SCH or MDH volume decrease adjustment (contractor use only)  | 1                          |   | 0  |       |
|  | Pioneer ACO demonstration payment adjustment amount (see ins   | structions)                |   | 0  | 70.   |
| 0. 88  | HSP bonus payment HVBP adjustment amount (see instructions)  |                            |   | 0  |       |
| 0. 88<br>0. 89                               |  |                            |   | 0  |       |
| 0. 88<br>0. 89<br>0. 90                      |  |                            |   | 0  |       |
| 0. 88<br>0. 89<br>0. 90<br>0. 91             | HSP bonus payment HRR adjustment amount (see instructions)   |                            |   | 0  | 70.   |
| 0.88<br>0.89<br>0.90<br>0.91<br>0.92<br>0.93 | HSP bonus payment HRR adjustment amount (see instructions)<br>Bundled Model 1 discount amount (see instructions) |                            |   | 0<br>-94, 656  |       |
| 0. 88<br>0. 89<br>0. 90<br>0. 91<br>0. 92    | HSP bonus payment HRR adjustment amount (see instructions)   |                            |   |  | 70.   |

|   | Financial Systems COMMUNITY HOSPITAL OF<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provider C                    |               | Peri od:                         | u of Form CMS-2<br>Worksheet E           |  |
|---|--|-------------------------------|---------------|----------------------------------|--|--|
|   |  |                               |               | From 01/01/2021<br>To 12/31/2021 | Part A<br>Date/Time Pre<br>5/30/2022 2:3 |  |
|   |  | Title                         | XVIII         | Hospi tal                        | PPS                                      | 7 piii   |
|   |  |                               |               | (уууу)                           | Amount                                   |  |
|   |  |                               |               | 0                                | 1.00                                     |  |
| 0. 96   | Low volume adjustment for federal fiscal year (yyyy) (Enter in   | n column O                    |               | 0                                | 0  | 70.  |
| 0. 97   | the corresponding federal year for the period prior to 10/1)<br>Low volume adjustment for federal fiscal year (yyyy) (Enter in   | n column O                    |               | 0                                | 0  | 70.  |
| 0. 77   | the corresponding federal year for the period ending on or after   |                               |               | Ű                                | 0  | /0.  |
| 0. 98   | Low Volume Payment-3   | -                             |               |                                  | 0  | 70.  |
|   | HAC adjustment amount (see instructions)   |                               |               |                                  | 425, 159                                 |  |
|   | Amount due provider (line 67 minus lines 68 plus/minus lines 6   | 69 & 70)                      |               |                                  | 40, 108, 332                             |  |
| 1. 01<br>1. 02  | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration   |                               |               |                                  | 0  |  |
|   | Sequestration adjustment-PARHM pass-throughs   |                               |               |                                  | 0  | 71.  |
|   | Interim payments   |                               |               |                                  | 39, 210, 310                             |  |
| 2. 01   | Interim payments-PARHM   |                               |               |                                  |  | 72.  |
|   | Tentative settlement (for contractor use only)   |                               |               |                                  | 0  |  |
|   | Tentative settlement-PARHM (for contractor use only)   | 0 70                          |               |                                  | 000 000                                  | 73.  |
| 4.00  | Balance due provider/program (line 71 minus lines 71.01, 71.02<br>73)  | 2, 72, and                    |               |                                  | 898, 022                                 | 74.0   |
| 4.01  | Balance due provider/program-PARHM (see instructions)  |                               |               |                                  |  | 74.  |
| 5.00  | Protested amounts (nonallowable cost report items) in accordar   | nce with                      |               |                                  | 792, 420                                 | 75.0   |
|   | CMS Pub. 15-2, chapter 1, §115.2   |                               |               |                                  |  |  |
|   | TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)<br>Operating outlier amount from Wkst. E, Pt. A, line 2, or sum (  | of 2.02                       |               |                                  | 0  | 90.0   |
| 0.00  | plus 2.04 (see instructions)   | JI 2.03                       |               |                                  | 0  | 90.  |
| 1.00  | Capital outlier from Wkst. L, Pt. I, line 2  |                               |               |                                  | 0  | 91.  |
|   | Operating outlier reconciliation adjustment amount (see instru   |                               |               |                                  | 0  | 92.  |
|   | Capital outlier reconciliation adjustment amount (see instruct   | · ·                           |               |                                  | 0  |  |
|   | The rate used to calculate the time value of money (see instru<br>Time value of money for operating expenses (see instructions)  | uctions)                      |               |                                  | 0.00                                     |  |
|   | Time value of money for capital related expenses (see instructions)  | tions)                        |               |                                  | 0  |  |
| · · · ·   |  |                               | •             | Prior to 10/1                    |  |  |
|   |  |                               |               | 1.00                             | 2.00                                     |  |
|   | HSP Bonus Payment Amount<br>HSP bonus amount (see instructions)  |                               |               | 0                                | 0  | 100.   |
|   | HVBP Adjustment for HSP Bonus Payment  |                               |               | V                                | 0  |  |
|   | HVBP adjustment factor (see instructions)  |                               |               | 0.000000000                      | 0.000000000                              | 101.   |
| 02.00   | HVBP adjustment amount for HSP bonus payment (see instructions   | s)                            |               | 0                                | 0  | 102.   |
|   | HRR Adjustment for HSP Bonus Payment   |                               |               | 0.0000                           |  | 1100   |
|   | HRR adjustment factor (see instructions)<br>HRR adjustment amount for HSP bonus payment (see instructions)   | N N                           |               | 0. 0000<br>0                     | 0.0000                                   | 103.0  |
|   | Rural Community Hospital Demonstration Project (§410A Demonstr   |                               | stment        | V                                | 0  | 104.   |
|   | Is this the first year of the current 5-year demonstration per   |                               |               |                                  |  | 200.   |
|   | Century Cures Act? Enter "Y" for yes or "N" for no.  |                               |               |                                  |  |  |
|   | Cost Reimbursement<br>Madiaara innatiant aaruiga aasta (fram Wkat D 1 Dt. II. Ling   | a 40)                         |               |                                  |  | 1201   |
|   | Medicare inpatient service costs (from Wkst. D-1, Pt. II, line   | 2 49)                         |               |                                  |  | 201.<br>202.   |
| 01.00   | Medicare discharges (see instructions)   |                               |               |                                  |  | 202.   |
| 01. 00<br>02. 00  | Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)  |                               |               |                                  | ration                                   |  |
| 01.00<br>02.00<br>03.00   | Medicare discharges (see instructions)<br>Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in   | first year                    | of the currer | nt 5-year demonst                | lation                                   |  |
| 01.00<br>02.00<br>03.00   | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)  | first year                    | of the currer | nt 5-year demonst                |  |  |
| 01.00<br>02.00<br>03.00<br>04.00  | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount  | first year                    | of the currer | nt 5-year demonst                |  |  |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00   | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)   | first year                    | of the currer | nt 5-year demonst                |  | 205.   |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00<br>06.00  | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount  | first year                    | of the currer | nt 5-year demonst                |  | 205.   |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00<br>06.00  | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see insti   | ructions)                     | of the currer | nt 5-year demonst                |  | 205.<br>206.<br>207.                                 |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00<br>06.00<br>07.00<br>08.00  | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see insti<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,  | ructions)                     | of the currer | nt 5-year demonst                |  | 204.<br>205.<br>206.<br>207.<br>208.                 |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00<br>06.00<br>07.00<br>08.00<br>09.00                                     | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see instructions)<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)   | ructions)                     | of the currer | nt 5-year demonst                |  | 205.<br>206.<br>207.<br>208.<br>209.                 |
| 01.00<br>02.00<br>03.00<br>05.00<br>05.00<br>06.00<br>07.00<br>08.00<br>09.00<br>10.00                            | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see instructions)<br>Medicare IPPS payments (see instructions)<br>Reserved for future use   | ructions)                     | of the currer | nt 5-year demonst                |  | 205.<br>206.<br>207.<br>208.<br>209.<br>210.         |
| 01.00<br>02.00<br>03.00<br>05.00<br>05.00<br>06.00<br>07.00<br>08.00<br>09.00<br>10.00<br>11.00                   | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see instr<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)<br>Reserved for future use<br>Total adjustment to Medicare IPPS payments (see instructions)   | ructions)                     | of the currer | nt 5-year demonst                |  | 205.<br>206.<br>207.<br>208.                         |
| 01.00<br>02.00<br>03.00<br>05.00<br>06.00<br>07.00<br>08.00<br>09.00<br>10.00<br>11.00                            | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see instructions)<br>Medicare IPPS payments (see instructions)<br>Reserved for future use   | ructions)<br>line 59)         | of the currer | nt 5-year demonst                |  | 205.<br>206.<br>207.<br>208.<br>209.<br>210.         |
| 01.00<br>02.00<br>03.00<br>04.00<br>05.00<br>06.00<br>07.00<br>08.00<br>09.00<br>10.00<br>11.00<br>11.00<br>11.00 | Case-mix adjustment factor (see instructions)<br>Computation of Demonstration Target Amount Limitation (N/A in<br>period)<br>Medicare target amount<br>Case-mix adjusted target amount (line 203 times line 204)<br>Medicare inpatient routine cost cap (line 202 times line 205)<br>Adjustment to Medicare Part A Inpatient Reimbursement<br>Program reimbursement under the §410A Demonstration (see instructions)<br>Medicare Part A inpatient service costs (from Wkst. E, Pt. A,<br>Adjustment to Medicare IPPS payments (see instructions)<br>Reserved for future use<br>Total adjustment to Medicare IPPS payments (see instructions)<br>Comparision of PPS versus Cost Reimbursement | ructions)<br>line 59)<br>211) |               | nt 5-year demonst                |  | 205.<br>206.<br>207.<br>208.<br>209.<br>210.<br>211. |

|       | Financial Systems COMMUNITY HOSPITAL OF<br>TION OF REIMBURSEMENT SETTLEMENT   | Provider CCN: 15-0169    | Period:<br>From 01/01/2021 | eu of Form CMS-:<br>Worksheet E<br>Part B | 2002-      |
|-------|---|--------------------------|----------------------------|---|------------|
|       |   |                          | To 12/31/2021              | Date/Time Pre                             |            |
|       |   | Title XVIII              | Hospi tal                  | 5/30/2022 2:3<br>PPS                      | 9 pm       |
|       |   |                          | поѕргта                    | PP3                                       |            |
|       |   |                          |                            | 1.00                                      |            |
|       | PART B - MEDICAL AND OTHER HEALTH SERVICES<br>Medical and other services (see instructions)                                   |                          |                            | 10, 485                                   | <br>  1. C |
| 1     | Medical and other services (see instructions)<br>Medical and other services reimbursed under OPPS (see instruc                | tions)                   |                            | 21, 471, 182                              |            |
|       | OPPS payments   |                          |                            | 16, 144, 882                              |            |
|       | Outlier payment (see instructions)  |                          |                            | 240, 502                                  |            |
| 1     | Outlier reconciliation amount (see instructions)  | uctions)                 |                            | 0   |            |
|       | Enter the hospital specific payment to cost ratio (see instru<br>Line 2 times line 5  |                          |                            | 0.000                                     |            |
|       | Sum of lines 3, 4, and 4.01, divided by line 6  |                          |                            | 0.00                                      |            |
|       | Transitional corridor payment (see instructions)  |                          |                            | 0   |            |
|       | Ancillary service other pass through costs from Wkst. D, Pt.  | IV, col. 13, line 200    |                            | 0   |            |
|       | Organ acquisitions<br>Total cost (sum of lines 1 and 10) (see instructions)   |                          |                            | 0 10, 485                                 |            |
|       | COMPUTATION OF LESSER OF COST OR CHARGES  |                          |                            | 10, 100                                   |            |
|       | Reasonabl e charges   |                          |                            | 1   |            |
|       | Ancillary service charges   | ing (0)                  |                            | 40, 791                                   |            |
|       | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I<br>Total reasonable charges (sum of lines 12 and 13)            | The 69)                  |                            | 0<br>40, 791                              |            |
|       | Customary charges   |                          |                            | 10,771                                    | 1 1.0      |
|       | Aggregate amount actually collected from patients liable for  |                          |                            | 0   | 15. C      |
|       | Amounts that would have been realized from patients liable fo   |                          | on a chargebasis           | 0   | 16. C      |
|       | had such payment been made in accordance with 42 CFR §413.13(<br>Ratio of line 15 to line 16 (not to exceed 1.000000)         | .e)                      |                            | 0. 000000                                 | 17 (       |
| 1     | Total customary charges (see instructions)  |                          |                            | 40, 791                                   |            |
| 9.00  | Excess of customary charges over reasonable cost (complete on   | ly if line 18 exceeds l  | ine 11) (see               | 30, 306                                   | 19. (      |
| 1     | instructions)   |                          | ing 10) (                  |   | 000        |
|       | Excess of reasonable cost over customary charges (complete on<br>instructions)  | ify if line if exceeds i | The T8) (See               | 0   | 20.0       |
|       | Lesser of cost or charges (see instructions)  |                          |                            | 10, 485                                   | 21. (      |
|       | Interns and residents (see instructions)  |                          |                            | 0   |            |
|       | Cost of physicians' services in a teaching hospital (see inst   | ructions)                |                            | 0   |            |
|       | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)<br>COMPUTATION OF REIMBURSEMENT SETTLEMENT                       |                          |                            | 16, 385, 384                              | 24.0       |
|       | Deductibles and coinsurance amounts (for CAH, see instruction   | is)                      |                            | 0   | 25.0       |
|       | Deductibles and Coinsurance amounts relating to amount on lin   |                          | ,                          | 2, 847, 741                               |            |
|       | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)  | plus the sum of lines 2  | 2 and 23] (see             | 13, 548, 128                              | 27.0       |
|       | Direct graduate medical education payments (from Wkst. E-4, I   | ine 50)                  |                            | 70, 484                                   | 28.0       |
| 29.00 | ESRD direct medical education costs (from Wkst. E-4, line 36)   |                          |                            | 0   | 29.0       |
|       | Subtotal (sum of lines 27 through 29)   |                          |                            | 13, 618, 612                              | 1          |
|       | Primary payer payments<br>Subtotal (line 30 minus line 31)  |                          |                            | 4, 784<br>13, 613, 828                    |            |
|       | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI   | CES)                     |                            | 10,010,020                                | 02.0       |
|       | Composite rate ESRD (from Wkst. I-5, line 11)   |                          |                            |   | 33.0       |
|       | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)                                  |                          |                            | 203, 065<br>131, 992                      |            |
|       | Allowable bad debts for dual eligible beneficiaries (see inst   | ructions)                |                            | 149, 579                                  |            |
|       | Subtotal (see instructions)   | ,                        |                            | 13, 745, 820                              |            |
|       | MSP-LCC reconciliation amount from PS&R   |                          |                            | 41  |            |
|       | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |                          |                            | 0   |            |
|       | Pioneer ACO demonstration payment adjustment (see instruction<br>Demonstration payment adjustment amount before sequestration | IS)                      |                            | 0   | 39.5       |
|       | Partial or full credits received from manufacturers for repla   | nced devices (see instru | ictions)                   | 0   |            |
| 39.99 | RECOVERY OF ACCELERATED DEPRECIATION  | ,                        |                            | 0   | 39.9       |
| 1     | Subtotal (see instructions)   |                          |                            | 13, 745, 779                              |            |
|       | Sequestration adjustment (see instructions)<br>Demonstration payment adjustment amount after sequestration                    |                          |                            | 0   |            |
|       | Sequestration adjustment-PARHM pass-throughs  |                          |                            |   | 40.        |
|       | Interim payments  |                          |                            | 13, 927, 960                              |            |
|       | Interim payments-PARHM  |                          |                            |   | 41.        |
|       | Tentative settlement (for contractors use only)<br>Tentative settlement-PARHM (for contractor use only)                       |                          |                            | 0   | 42.<br>42. |
|       | Balance due provider/program (see instructions)   |                          |                            | - 182, 181                                |            |
|       | Balance due provider/program-PARHM (see instructions)   |                          |                            |   | 43.        |
| 14.00 | Protested amounts (nonallowable cost report items) in accorda   | nce with CMS Pub. 15-2,  | chapter 1,                 | 11, 198                                   | 44.        |
|       | §115.2  |                          |                            |   | -          |
|       | TO BE COMPLETED BY CONTRACTOR<br>Original outlier amount (see instructions)   |                          |                            | 0   | 90.        |
|       | Outlier reconciliation adjustment amount (see instructions)   |                          |                            |   | 90.        |
|       | The rate used to calculate the Time Value of Money  |                          |                            | 0.00                                      |            |
|       | Time Value of Money (see instructions)  |                          |                            |   | 93.        |
| 4.00  | Total (sum of lines 91 and 93)  |                          |                            | 0   | 94.        |

|                | Financial Systems COMMUNITY HOSPITAL OF<br>ATION OF REIMBURSEMENT SETTLEMENT   | Provi der CCN: 15-0169    | Period:<br>From 01/01/2021 | u of Form CMS-:<br>Worksheet E<br>Part B |              |
|----------------|--|---------------------------|----------------------------|--|--------------|
|                |  | Component CCN: 15-S169    | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3           |              |
|                |  | Title XVIII               | Subprovider -<br>IPF       | PPS                                      | <u>, bui</u> |
|                |  |                           |                            | 1.00                                     |              |
| 00             | PART B - MEDICAL AND OTHER HEALTH SERVICES<br>Medical and other services (see instructions)                                      |                           |                            | 147                                      | 1.           |
| 00             | Medical and other services (see fistilations)<br>Medical and other services reimbursed under OPPS (see instruc                   | ctions)                   |                            | 427                                      | 2.           |
| 00             | OPPS payments  |                           |                            | 428                                      |              |
| 00             | Outlier payment (see instructions)<br>Outlier reconciliation amount (see instructions)   |                           |                            | 0  | 4.<br>4.     |
| 00             | Enter the hospital specific payment to cost ratio (see instru  | uctions)                  |                            | 0.000                                    |              |
| 00             | Line 2 times line 5  |                           |                            | 0  | 6.           |
| 00             | Sum of lines 3, 4, and 4.01, divided by line 6   |                           |                            | 0.00                                     |              |
| 00             | Transitional corridor payment (see instructions)<br>Ancillary service other pass through costs from Wkst. D, Pt.                 | LV col 13 line 200        |                            | 0  | 8.<br>9.     |
| D. 00          | Organ acqui si ti ons  | 1V, col. 13, 111c 200     |                            | 0  | 10.          |
| 1.00           | Total cost (sum of lines 1 and 10) (see instructions)  |                           |                            | 147                                      | 11.          |
|                | COMPUTATION OF LESSER OF COST OR CHARGES<br>Reasonable charges   |                           |                            |  | -            |
| 2. 00          | Ancillary service charges  |                           |                            | 570                                      | 12.          |
| 3.00           | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I  | ine 69)                   |                            | 0  |              |
| 4. 00          | Total reasonable charges (sum of lines 12 and 13)  |                           |                            | 570                                      | 14.          |
| 5. 00          | Customary charges<br>Aggregate amount actually collected from patients liable for  | payment for services on   | a charge basis             | 0  | 15.          |
| 5.00           | Amounts that would have been realized from patients liable for   |                           |                            | 0  | 16.          |
| 7 00           | had such payment been made in accordance with 42 CFR §413.13(  | (e)                       |                            | 0,000000                                 | 17           |
| 7.00<br>3.00   | Ratio of line 15 to line 16 (not to exceed 1.000000)<br>Total customary charges (see instructions)                               |                           |                            | 0. 000000<br>570                         |              |
| 7. 00          | Excess of customary charges over reasonable cost (complete or  | nly if line 18 exceeds li | ne 11) (see                | 423                                      |              |
|                | instructions)  |                           |                            |  |              |
| 0. 00          | Excess of reasonable cost over customary charges (complete or instructions)  | nly if line 11 exceeds li | ne 18) (see                | 0  | 20           |
| 1.00           | Lesser of cost or charges (see instructions)   |                           |                            | 147                                      | 21.          |
| 2. 00          | Interns and residents (see instructions)   |                           |                            | 0  |              |
| 3.00           | Cost of physicians' services in a teaching hospital (see inst  | tructions)                |                            | 0  |              |
| 4. 00          | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)<br>COMPUTATION OF REIMBURSEMENT SETTLEMENT                          |                           |                            | 428                                      | 24           |
| 5.00           | Deductibles and coinsurance amounts (for CAH, see instruction  |                           |                            | 0  | 25.          |
| 5.00           | Deductibles and Coinsurance amounts relating to amount on lin  |                           |                            | 38                                       |              |
| 7.00           | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)   | plus the sum of lines 22  | and 23] (see               | 537                                      | 27           |
| 3. 00          | Direct graduate medical education payments (from Wkst. E-4, I  | ine 50)                   |                            | 0  | 28           |
| 9.00           | ESRD direct medical education costs (from Wkst. E-4, line 36)  | 1                         |                            | 0  | 29.          |
| 0. 00<br>1. 00 | Subtotal (sum of lines 27 through 29)<br>Primary payer payments  |                           |                            | 537<br>0                                 | 30.<br>31.   |
| 2.00           | Subtotal (line 30 minus line 31)   |                           |                            | 537                                      |              |
|                | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI  | CES)                      |                            |  |              |
| 3.00           | Composite rate ESRD (from Wkst. I-5, line 11)  |                           |                            | 0  |              |
| 4.00<br>5.00   | Allowable bad debts (see instructions)<br>Adjusted reimbursable bad debts (see instructions)                                     |                           |                            | 0  | 34.<br>35.   |
| 5.00           | Allowable bad debts for dual eligible beneficiaries (see inst  | tructions)                |                            | 0  | 36           |
| 7.00           | Subtotal (see instructions)  |                           |                            | 537                                      | 37           |
| 3.00<br>9.00   | MSP-LCC reconciliation amount from PS&R<br>OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |                           |                            | 0  | 38           |
| 7.00<br>7.50   | Pioneer ACO demonstration payment adjustment (see instruction  | าร)                       |                            | 0  | 39           |
| 9. 97          | Demonstration payment adjustment amount before sequestration   |                           |                            | 0  |              |
| 9. 98          | Partial or full credits received from manufacturers for repla  | aced devices (see instruc | ctions)                    | 0  | 39           |
| 9.99<br>).00   | RECOVERY OF ACCELERATED DEPRECIATION<br>Subtotal (see instructions)  |                           |                            | 0<br>537                                 | 39<br>40     |
| ). 00<br>). 01 | Sequestration adjustment (see instructions)  |                           |                            | 537                                      |              |
| 0. 02          | Demonstration payment adjustment amount after sequestration  |                           |                            | 0  | 40           |
| 0.03           | Sequestration adjustment-PARHM pass-throughs   |                           |                            | F00                                      | 40           |
| . 00<br>. 01   | Interim payments<br>Interim payments-PARHM   |                           |                            | 528                                      | 41           |
| . 00           | Tentative settlement (for contractors use only)  |                           |                            | 0  |              |
| 2. 01          | Tentative settlement-PARHM (for contractor use only)   |                           |                            |  | 42           |
| B. 00          | Balance due provider/program (see instructions)  |                           |                            | 9  |              |
| 8. 01<br>4. 00 | Balance due provider/program-PARHM (see instructions)<br>Protested amounts (nonallowable cost report items) in accorda<br>§115.2 | ance with CMS Pub. 15-2,  | chapter 1,                 | 0  | 43<br>44     |
|                | TO BE COMPLETED BY CONTRACTOR  |                           |                            |  |              |
|                | Original outlier amount (see instructions)   |                           |                            | 0  |              |
| 2.00           | Outlier reconciliation adjustment amount (see instructions)<br>The rate used to calculate the Time Value of Money                |                           |                            | 0<br>0.00                                |              |
| 3.00           | Time Value of Money (see instructions)   |                           |                            | 0.00                                     |              |
| 1 00           | Total (sum of lines 91 and 93)   |                           |                            | 0  | 94.          |

| ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED |   | Provider CO | CN: 15-0169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E-1<br>Part I<br>Date/Time Prep<br>5/30/2022 2:30 | pared:               |
|---|---|-------------|-------------|---|---|----------------------|
|   |   | Title       | XVIII       | Hospi tal                                   | PPS   |                      |
|   |   | I npati en  | t Part A    |   | tВ  |                      |
|   |   | mm/dd/yyyy  | Amount      | mm/dd/yyyy                                  | Amount  |                      |
|   |   | 1.00        | 2.00        | 3.00  | 4.00  |                      |
| 1.00<br>2.00<br>3.00                                    | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero<br>List separately each retroactive lump sum adjustment |             | 39, 210, 31 | 0   | 13, 927, 960<br>0   | 1.00<br>2.00<br>3.00 |
| 0.00  | amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider  |             |             |   |   |                      |
| 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  | Provider to Program   |             |             | 0   | 0   | 3.05                 |
| 3.50  | ADJUSTMENTS TO PROGRAM  |             |             | 0   | 0   | 3.50                 |
| 3.51  |   |             |             | 0   | 0   |                      |
| 3.52  |   |             |             | 0   | 0   | 3. 52                |
| 3.53  |   |             |             | 0   | 0   | 3.53                 |
| 3.54  |   |             |             | 0   | 0   | 3.54                 |
| 3.99  | Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)  |             |             | 0   | 0   | 3.99                 |
| 4.00  | Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)   |             | 39, 210, 31 | 0   | 13, 927, 960  | 4.00                 |
| 5.00  | TO BE COMPLETED BY CONTRACTOR<br>List separately each tentative settlement payment after  |             |             |   |   | 5.00                 |
| 5.00  | desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)<br>Program to Provider   |             |             |   |   | 5.00                 |
| 5.01  | TENTATI VE TO PROVIDER  |             |             | 0   | 0   | 5.01                 |
| 5.02  |   |             |             | 0   | 0   | 5.02                 |
| 5.03  |   |             |             | 0   | 0   | 5.03                 |
|   | Provider to Program   |             |             | _   |   | _                    |
| 5.50  | TENTATI VE TO PROGRAM   |             |             | 0   | 0   | 5.50<br>5.51         |
| 5.51<br>5.52  |   |             |             | 0   | 0   | 5.5<br>5.52          |
| 5.92<br>5.99  | Subtotal (sum of lines 5.01–5.49 minus sum of lines   |             |             | 0   | 0   | 5.9                  |
|   | 5. 50-5. 98)  |             |             |   | Ĵ   |                      |
| 6.00  | Determined net settlement amount (balance due) based on<br>the cost report. (1)   |             |             |   |   | 6.00                 |
| 6. 01   | SETTLEMENT TO PROVIDER  |             | 898, 02     | 22  | 0   | 6. 0 <sup>2</sup>    |
| 6. 02   | SETTLEMENT TO PROGRAM   |             |             | 0   | 182, 181  | 6. 02                |
| 7.00  | Total Medicare program liability (see instructions)   |             | 40, 108, 33 |   | 13, 745, 779  | 7.00                 |
|   |   |             |             | Contractor<br>Number                        | NPR Date<br>(Mo/Day/Yr)                                     |                      |
|   |   | (           | )           | 1.00  | 2.00  |                      |

| ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED |  | Provider CO | CN: 15-0169<br>CCN: 15-S169 | Period:<br>From 01/01/2021<br>To 12/31/2021 |   | pared                            |
|---|--|-------------|-----------------------------|---|---|----------------------------------|
|   |  | Title       | XVIII                       | Subprovider -<br>IPF                        | PPS                                     | <u>, bui</u>                     |
|   |  | I npati en  | t Part A                    |   | rt B                                    |                                  |
|   |  | mm/dd/yyyy  | Amount                      | mm/dd/yyyy                                  | Amount                                  |                                  |
|   |  | 1.00        | 2.00                        | 3.00  | 4.00                                    |                                  |
| 00<br>00  | Total interim payments paid to provider<br>Interim payments payable on individual bills, either<br>submitted or to be submitted to the contractor for<br>services rendered in the cost reporting period. If none,<br>write "NONE" or enter a zero      |             | 1, 671, 5                   | 04<br>0                                     | 528<br>0                                | 1. (<br>2. (                     |
| 00  | List separately each retroactive lump sum adjustment<br>amount based on subsequent revision of the interim rate<br>for the cost reporting period. Also show date of each<br>payment. If none, write "NONE" or enter a zero. (1)<br>Program to Provider |             |                             |   |   | 3. (                             |
| 01  | ADJUSTMENTS TO PROVIDER  |             |                             | 0   | 0                                       | 3.0                              |
| 02<br>03<br>04<br>05                                    |  |             |                             | 0<br>0<br>0<br>0                            | 000000000000000000000000000000000000000 | 3. (<br>3. (<br>3. (<br>3. (     |
| 05  | Provider to Program  |             |                             | 0   | 0                                       | 3.                               |
| 50  | ADJUSTMENTS TO PROGRAM   |             |                             | 0   | 0                                       | 3.                               |
| 51<br>52<br>53<br>54<br>99                              | Subtotal (sum of lines 3.01-3.49 minus sum of lines  |             |                             | 0<br>0<br>0<br>0<br>0                       | 0<br>0<br>0<br>0                        | 3.<br>3.<br>3.<br>3.<br>3.<br>3. |
| 00  | 3.50-3.98)<br>Total interim payments (sum of lines 1, 2, and 3.99)<br>(transfer to Wkst. E or Wkst. E-3, line and column as<br>appropriate)<br>TO BE COMPLETED BY CONTRACTOR   |             | 1, 671, 5                   | 04  | 528                                     | 4.                               |
| 00  | List separately each tentative settlement payment after<br>desk review. Also show date of each payment. If none,<br>write "NONE" or enter a zero. (1)<br>Program to Provider   |             |                             |   |   | 5.                               |
| 01  | TENTATI VE TO PROVI DER  |             |                             | 0   | 0                                       | 5.                               |
| 02  |  |             |                             | 0   | 0                                       | 5.                               |
| )3  |  |             |                             | 0   | 0                                       | 5.                               |
| 50  | Provider to Program TENTATIVE TO PROGRAM   |             |                             | 0   | 0                                       | 5                                |
| 50<br>51  |  |             |                             | 0   | 0                                       | 5                                |
| 52  |  |             |                             | 0   | 0                                       | 5                                |
| 9   | Subtotal (sum of lines 5.01–5.49 minus sum of lines<br>5.50–5.98)  |             |                             | 0   | 0                                       | 5                                |
| 00  | Determined net settlement amount (balance due) based on<br>the cost report. (1)  |             |                             |   |   | 6                                |
| 01  | SETTLEMENT TO PROVIDER   |             | 2,7                         | 54  | 9                                       | 6                                |
| 02  | SETTLEMENT TO PROGRAM  |             |                             | 0   | 0                                       | 6.                               |
| 00  | Total Medicare program liability (see instructions)  |             | 1, 674, 2                   |   | 537                                     | 7.                               |
|   |  |             |                             | Contractor<br>Number                        | NPR Date<br>(Mo/Day/Yr)                 |                                  |

| Heal th | Financial Systems COMMUNITY HOSPITAL C                                  | OF INDIANA, INC.          | In Lie           | u of Form CMS-                 | 2552-10 |
|---------|---|---------------------------|------------------|--------------------------------|---------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT                               | Provider CCN: 15-0169     | Period:          | Worksheet E-1                  |         |
|         |   |                           | From 01/01/2021  |                                | nored.  |
|         |   |                           | To 12/31/2021    | Date/Time Pre<br>5/30/2022 2:3 |         |
|         |   | Title XVIII               | Hospi tal        | PPS                            |         |
|         |   |                           |                  |                                |         |
|         |   |                           |                  | 1.00                           |         |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS              |                           |                  |                                |         |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATIO            |                           |                  |                                |         |
| 1.00    | Total hospital discharges as defined in AARA §4102 from Wkst            |                           |                  |                                | 1.00    |
| 2.00    |   |                           |                  |                                |         |
|         | reporting periods beginning on or after 10/01/2013, line 32)            |                           |                  |                                |         |
| 3.00    | Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2                 |                           |                  |                                | 3.00    |
| 4.00    | Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines            |                           | plus for cost    |                                | 4.00    |
|         | reporting periods beginning on or after 10/01/2013, line 32)            |                           |                  |                                |         |
| 5.00    | Total hospital charges from Wkst C, Pt. I, col. 8 line 200              |                           |                  |                                | 5.00    |
| 6.00    | Total hospital charity care charges from Wkst. S-10, col. 3             |                           |                  |                                | 6.00    |
| 7.00    | CAH only - The reasonable cost incurred for the purchase of<br>line 168 | certified HIT technology  | Wkst. S-2, Pt. I |                                | 7.00    |
| 8.00    | Calculation of the HIT incentive payment (see instructions)             |                           |                  |                                | 8.00    |
|         | Sequestration adjustment amount (see instructions)                      |                           |                  |                                | 9.00    |
| 10.00   | Calculation of the HIT incentive payment after sequestration            | (see instructions)        |                  |                                | 10.00   |
|         | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH                        |                           |                  |                                |         |
| 30.00   | Initial/interim HIT payment adjustment (see instructions)               |                           |                  |                                | 30.00   |
| 31.00   | Other Adjustment (specify)  |                           |                  |                                | 31.00   |
| 32.00   | Balance due provider (line 8 (or line 10) minus line 30 and             | line 31) (see instruction | s)               |                                | 32.00   |

| LCULA | TION OF REIMBURSEMENT SETTLEMENT  | Provider CCN: 15-0169<br>Component CCN: 15-S169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet E-3<br>Part II<br>Date/Time Pre |      |
|-------|---|---|---|---|------|
|       |   | Title XVIII                                     | Subprovi der –<br>I PF                      | 5/30/2022 2: 3<br>PPS                     | 9 pm |
|       |   | <u> </u>  | IPF   | 1.00                                      |      |
| F     | PART II - MEDICARE PART A SERVICES - IPF PPS  |   |   | 1.00                                      |      |
|       | Net Federal IPF PPS Payments (excluding outlier, ECT, and medi  | cal education payments)                         |   | 1, 859, 592                               | 1.   |
|       | Net IPF PPS Outlier Payments  |   |   | 0   |      |
|       | Net IPF PPS ECT Payments  |   |   | 0   | 3    |
|       | Unweighted intern and resident FTE count in the most recent co  | ost report filed on or b                        | efore November                              | 0.00                                      | 4    |
|       | 15, 2004. (see instructions)<br>Cap increases for the unweighted intern and resident FTE count                          | t for residents that wer                        | e displaced by                              | 0.00                                      | 4    |
|       | program or hospital closure, that would not be counted without  |   |   | 0.00                                      | 4    |
|       | CFR   |   |   |   |      |
|       | New Teaching program adjustment. (see instructions)   |   |   | 0.00                                      | 5    |
| 00    | Current year's unweighted FTE count of I&R excluding FTEs in t  | the new program growth p                        | eriod of a "new                             | 0.00                                      | 6    |
|       | teaching program" (see instuctions)   |   |   |   |      |
|       | Current year's unweighted I&R FTE count for residents within t  | the new program growth p                        | eriod of a "new                             | 0.00                                      | 7    |
|       | teaching program" (see instuctions)   | tmont (coo instructions)                        |   | 0.00                                      | 8    |
|       | Intern and resident count for IPF PPS medical education adjus <sup>:</sup><br>Average Daily Census (see instructions)   |   |   | 11. 430137                                |      |
|       | Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to t  | the power of 5150 -1}                           |   | 0. 000000                                 |      |
|       | Teaching Adjustment (line 1 multiplied by line 10).   |   |   | 0   | 11   |
|       | Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)   |   |   | 1, 859, 592                               | 12   |
| 00    | Nursing and Allied Health Managed Care payment (see instruction   | on)   |   | 0   | 13   |
|       | Organ acquisition (DO NOT USE THIS LINE)  |   |   |   | 14   |
|       | Cost of physicians' services in a teaching hospital (see inst   | ructions)                                       |   | 0   |      |
|       | Subtotal (see instructions)   |   |   | 1, 859, 592                               |      |
|       | Primary payer payments<br>Subtotal (line 16 less line 17).  |   |   | 0<br>1, 859, 592                          |      |
|       | Deducti bl es   |   |   | 136, 148                                  |      |
|       | Subtotal (line 18 minus line 19)  |   |   | 1, 723, 444                               |      |
| 00    | Coinsurance   |   |   | 51, 940                                   | 21   |
|       | Subtotal (line 20 minus line 21)  |   |   | 1, 671, 504                               |      |
|       | Allowable bad debts (exclude bad debts for professional servic  | ces) (see instructions)                         |   | 4, 237                                    |      |
|       | Adjusted reimbursable bad debts (see instructions)  | suctions)                                       |   | 2,754                                     |      |
|       | Allowable bad debts for dual eligible beneficiaries (see inst<br>Subtotal (sum of lines 22 and 24)                      | uctions)  |   | 2, 892<br>1, 674, 258                     |      |
|       | Direct graduate medical education payments (see instructions)   |   |   | 1, 074, 238                               | 2    |
|       | Other pass through costs (see instructions)   |   |   | 0   | 28   |
|       | Outlier payments reconciliation   |   |   | 0   |      |
| 00    | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  |   |   | 0   | 30   |
|       | Pioneer ACO demonstration payment adjustment (see instructions  | 5)  |   | 0   |      |
|       | Recovery of accel erated depreciation.  |   |   | 0   |      |
|       | Demonstration payment adjustment amount before sequestration<br>Total amount payable to the provider (see instructions) |   |   | 0   |      |
|       | Sequestration adjustment (see instructions)   |   |   | 1, 674, 258<br>0                          |      |
|       | Demonstration payment adjustment amount after sequestration   |   |   | 0   |      |
|       | Interim payments  |   |   | 1, 671, 504                               |      |
| 00    | Tentative settlement (for contractor use only)  |   |   | 0   | 33   |
|       | Balance due provider/program (line 31 minus lines 31.01, 31.02  |   |   | 2, 754                                    |      |
|       | Protested amounts (nonallowable cost report items) in accordar<br>§115.2  | nce with CMS Pub. 15-2,                         | chapter 1,                                  | 2, 013                                    | 35   |
|       | TO BE COMPLETED BY CONTRACTOR   |   |   |   |      |
|       | Original outlier amount from Worksheet E-3, Part II, line 2   |   |   | 0   | 50   |
|       | Outlier reconciliation adjustment amount (see instructions)   |   |   | 0   |      |
|       | The rate used to calculate the Time Value of Money  |   |   | 0.00                                      |      |
|       | Time Value of Money (see instructions)<br>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND                 | BEGINNING BEFORE THE EN                         | D OF THE COVID-19                           | 0<br>PHF                                  | 53   |
|       | Teaching Adjustment Factor for the cost reporting period immed  |   |   | 0. 000000                                 | 99   |
|       | Calculated Teaching Adjustment Factor for the current year. (s  | 3 1   | ,,  | 0. 000000                                 |      |

|          | GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT<br>L EDUCATION COSTS  | Provider CO    | CN: 15-0169            | Period:<br>From 01/01/2021 | Worksheet E-4                  |            |
|----------|---|----------------|------------------------|----------------------------|--------------------------------|------------|
| DICA     | L EDUCATION COSTS   |                |                        | To 12/31/2021              | Date/Time Pre<br>5/30/2022 2:3 |            |
|          |   | Title          | XVIII                  | Hospi tal                  | PPS                            |            |
|          |   |                |                        |                            | 1.00                           |            |
| 00       | COMPUTATION OF TOTAL DIRECT GME AMOUNT<br>Unweighted resident FTE count for allopathic and osteopathic  | programs for   | cost reporti           | na periods                 | 0.00                           | 1 1.0      |
|          | ending on or before December 31, 1996.  |                |                        | 0.1                        |                                |            |
| 00<br>00 | Unweighted FTE resident cap add-on for new programs per 42 CF<br>Amount of reduction to Direct GME cap under section 422 of MM                                  |                | 1) (see instr          | ructions)                  | 0.00                           |            |
| 01       | Direct GME cap reduction amount under ACA §5503 in accordance   |                | §413.79 (m).           | (see                       | 0.00                           |            |
| 00       | instructions for cost reporting periods straddling 7/1/2011)<br>Adjustment (plus or minus) to the FTE cap for allopathic and                                    | osteopathi c   |                        |                            | 4.76                           | 4. (       |
| 01       | GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)<br>ACA Section 5503 increase to the Direct GME FTE Cap (see inst                                  |                | cost reporti           | ng periods                 | 0.00                           | 4.         |
| 02       | straddling 7/1/2011)<br>ACA Section 5506 number of additional direct GME FTE cap slot<br>periods straddling 7/1/2011)   | s (see inst    | ructions for           | cost reporting             | 0.00                           | 4.         |
| 00       | FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl<br>4.02 plus applicable subscripts  | us or minus    | line 4 plus l          | ines 4.01 and              | 4.76                           | 5.         |
| 00       | Unweighted resident FTE count for allopathic and osteopathic records (see instructions)   | programs for   | the current            | year from your             | 4. 29                          | 6.         |
| 00       | Enter the lesser of line 5 or line 6  |                |                        | 0.11                       | 4.29                           | 7.         |
|          |   |                | Primary Care<br>1.00   | e Other<br>2.00            | <u>Total</u><br>3. 00          |            |
| 00       | Weighted FTE count for physicians in an allopathic and osteop   | athi c         | 1.3                    |                            | 4. 29                          | 8.         |
| 00       | program for the current year.<br>If line 6 is less than 5 enter the amount from line 8, otherw<br>multiply line 8 times the result of line 5 divided by the amo |                | 1.3                    | 30 2.99                    | 4.29                           | 9.         |
| ~~       | 6.  |                |                        | 0.77                       |                                | 10         |
| 00<br>01 | Weighted dental and podiatric resident FTE count for the curr<br>Unweighted dental and podiatric resident FTE count for the cu                                  |                |                        | 2.77                       |                                | 10.<br>10. |
| 00       | Total weighted FTE count  | in one your    | 1.3                    |                            |                                | 11.        |
| 00       | Total weighted resident FTE count for the prior cost reportin instructions)   | ıg year (see   | 0.8                    | 6.06                       |                                | 12         |
| 00       | Total weighted resident FTE count for the penultimate cost re<br>year (see instructions)  |                | 1.4                    |                            |                                | 13.        |
| 00<br>00 | Rolling average FTE count (sum of lines 11 through 13 divided<br>Adjustment for residents in initial years of new programs                                      | by 3).         | 1.2                    |                            |                                | 14         |
| 01       | Unweighted adjustment for residents in initial years of new programs  | rograms        | 0.0                    |                            |                                | 15         |
| 00       | Adjustment for residents displaced by program or hospital clo   |                | 0. (                   |                            |                                | 16         |
| 01       | Unweighted adjustment for residents displaced by program or h<br>closure  |                | 0.0                    |                            |                                | 16         |
| 00       | Adjusted rolling average FTE count  |                | 1.2                    |                            |                                | 17.        |
| 00<br>00 | Per resident amount<br>Approved amount for resident costs   |                | 101, 580. 2<br>123, 92 |                            | 681, 604                       | 18<br>19   |
| 00       |   |                | 120, 72                |                            |                                |            |
| 00       | Additional unweighted allopathic and osteopathic direct GME F   | TE resident    | cap slots red          | eived under 42             | 1.00                           | 20         |
|          | Sec. 413.79(c)(4)   |                |                        |                            |                                |            |
| 00       | Direct GME FTE unweighted resident count over cap (see instru   |                |                        |                            | 0.00                           |            |
| 00<br>00 | Allowable additional direct GME FTE Resident Count (see instr<br>Enter the locality adjustment national average per resident a                                  |                | nctructionc)           |                            | 0.00<br>0.00                   |            |
|          | Multiply line 22 time line 23   | iniount (see i | iisti ucti olis)       |                            | 0.00                           |            |
| 00       |   |                |                        |                            | 681, 604                       |            |
|          |   |                |                        | rt Managed Care            | Total                          |            |
|          |   |                | A<br>1.00              | 2.00                       | 3.00                           |            |
| 00       | COMPUTATION OF PROGRAM PATIENT LOAD<br>Inpatient Days (see instructions) (Title XIX - see S-2 Part I  | X, line        | 19, 13                 | 39 15, 280                 |                                | 26.        |
| 00       | 3.02, column 2)<br>Total Inpatient Days (see instructions)  |                | 89, 33                 | 82 89, 332                 |                                | 27.        |
| 00       | Ratio of inpatient days to total inpatient days   |                | 0. 21424               |                            |                                | 27.        |
| 00       | Program direct GME amount   |                | 146, 03                |                            | 262, 617                       |            |
| . 01     | Percent reduction for MA DGME   |                |                        | 4.07                       |                                | 29.        |
| . 00     | Reduction for direct GME payments for Medicare Advantage  |                |                        | 4, 745                     | 4, 745                         | 30.        |
| 00       | Net Program direct GME amount   |                | 1                      |                            | 257, 872                       | 1 21       |

| Health Financial Systems COMMUNITY HOSPITAL OF INDIANA, INC. In Lieu  | u of Form CMS-2 | 2552-10 |
|---|-----------------|---------|
|   | Worksheet E-4   |         |
| MEDICAL EDUCATION COSTS From 01/01/2021<br>To 12/31/2021  | Date/Time Prep  | arad    |
|   | 5/30/2022 2:39  |         |
| Ti tl e XVI I Hospi tal   | PPS             |         |
|   |                 |         |
|   | 1.00            |         |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDI   | CAL             |         |
| EDUCATI ON COSTS)   |                 |         |
| 32.00 Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 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)   | 6, 064, 046     |         |
| 34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)  | 0.000000        |         |
| 35.00 Medicare outpatient ESRD charges (see instructions)   | 0               | 35.00   |
| 36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)<br>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | 0               | 36.00   |
| Part A Reasonable Cost  |                 |         |
| 37.00 Reasonable cost (see instructions)  | 57, 103, 473    | 37.00   |
| 38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   | 0               | 38.00   |
| 39.00 Cost of physicians' services in a teaching hospital (see instructions)  | 0               | 39.00   |
| 40.00 Primary payer payments (see instructions)   | 4, 192          | 40.00   |
| 41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   | 57, 099, 281    | 41.00   |
| Part B Reasonable Cost  | 01/01/1201      |         |
| 42.00 Reasonable cost (see instructions)  | 21, 482, 241    | 42.00   |
| 43.00 Primary payer payments (see instructions)   | 4, 784          | 43.00   |
| 44.00 Total Part B reasonable cost (line 42 minus line 43)  | 21, 477, 457    | 44.00   |
| 45.00 Total reasonable cost (sum of lines 41 and 44)  | 78, 576, 738    | 45.00   |
| 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  | 0. 726669       | 46.00   |
| 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  | 0. 273331       | 47.00   |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B   |                 |         |
| 48.00 Total program GME payment (line 31)   | 257, 872        | 48.00   |
| 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  | 187, 388        | 49.00   |
| 50.00  Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)   | 70, 484         | 50.00   |

|          | Financial Systems COMMUNITY HOSPITAL<br>E SHEET (If you are nonproprietary and do not maintain<br>ype accounting records, complete the General Fund column | Provider C                           |                          | Period:<br>From 01/01/2021              | Worksheet G                    |      |
|----------|--|--------------------------------------|--------------------------|---|--------------------------------|------|
| ly)      |  |                                      | 1                        | o 12/31/2021                            | Date/Time Pre<br>5/30/2022 2:3 |      |
|          |  | General Fund                         | Specific<br>Purpose Fund | Endowment Fund                          | Plant Fund                     |      |
|          | CURRENT ASSETS   | 1.00                                 | 2.00                     | 3.00                                    | 4.00                           |      |
| 00       | Cash on hand in banks  | 8, 600                               | (                        | 0 0                                     | 0                              | 1.   |
| 00       | Temporary investments  | 0                                    | (                        | -                                       | 0                              | 2    |
| 00       | Notes receivable   | 0                                    | (                        | -                                       | 0                              | 3    |
| 00<br>00 | Accounts receivable<br>Other receivable  | 334, 992, 826                        |                          |   | 0                              |      |
| 00       | Allowances for uncollectible notes and accounts receivable   | 245, 455, 908-<br>1, 222, 378-       |                          | -                                       | 0                              |      |
| 00       | Inventory  | 5, 379, 398                          | (                        |   | 0                              |      |
| 00       | Prepaid expenses   | 0                                    | (                        | 0                                       | 0                              | 8    |
| 00       | Other current assets   | 4, 200                               | (                        | -                                       | 0                              | 9    |
| 00       | Due from other funds   | 0                                    | (                        | -                                       | 0                              | 10   |
| 00       | Total current assets (sum of lines 1-10)   | 96, 151, 494                         | (                        | 0 0                                     | 0                              | 11   |
| 00       | FIXED ASSETS<br>Land   | 2, 705, 851                          |                          | 0                                       | 0                              | 12   |
| . 00     | Land improvements  | 4, 358, 832                          |                          |   | 0                              |      |
| 00       | Accumulated depreciation   | 0                                    | (                        |   | 0                              | 14   |
| 00       | Bui I di ngs   | 326, 057, 951                        | (                        | 0 0                                     | 0                              | 15   |
| 00       | Accumulated depreciation   | 0                                    | (                        | 0 0                                     | 0                              | 16   |
| . 00     | Leasehold improvements   | 3, 525, 194                          | (                        | , i                                     | 0                              | 17   |
| 00       | Accumulated depreciation   |                                      | (                        | ,                                       | 0                              | 18   |
| . 00     | Fixed equipment<br>Accumulated depreciation  | 125, 865, 939                        |                          | , i i i i i i i i i i i i i i i i i i i | 0                              | 19   |
|          | Automobiles and trucks   | 19, 930                              |                          | -                                       | 0                              |      |
| . 00     | Accumulated depreciation   | 0                                    |                          | , i i i i i i i i i i i i i i i i i i i | 0                              | 22   |
|          | Major movable equipment  | 0                                    | (                        | 0                                       | 0                              | 23   |
| 00       | Accumulated depreciation   | -263, 390, 909                       | (                        | 0 0                                     | 0                              | 24   |
| 00       | Minor equipment depreciable  | 0                                    | 0                        | ,<br>,                                  | 0                              | 25   |
| 00       | Accumulated depreciation   | 0                                    | (                        | ,<br>,                                  | 0                              | 26   |
| . 00     | HIT designated Assets  | 0                                    |                          | -                                       | 0                              | 27   |
| . 00     | Accumulated depreciation<br>Minor equipment-nondepreciable   | 316, 270                             |                          | -                                       | 0                              | 28   |
| . 00     | Total fixed assets (sum of lines 12-29)  | 199, 459, 058                        | (                        |   | 0                              |      |
|          | OTHER ASSETS   |                                      |                          |   |                                |      |
| . 00     | Investments  | 0                                    | (                        | 0 0                                     | 0                              | 31   |
| . 00     | Deposits on Leases   | 0                                    | (                        | -                                       | 0                              | 32   |
| . 00     | Due from owners/officers   | 0                                    | (                        | , i i i i i i i i i i i i i i i i i i i | 0                              | 33   |
| 00       | Other assets<br>Total other assets (sum of lines 31-34)  | 1, 234, 960, 268<br>1, 234, 960, 268 |                          | -                                       | 0                              | 34   |
| 00       | Total assets (sum of lines 11, 30, and 35)   | 1, 234, 960, 268                     |                          |   | 0                              |      |
| 00       | CURRENT LI ABI LI TI ES  | 1, 330, 370, 820                     |                          | <u> </u>                                | 0                              | 1 50 |
| 00       | Accounts payable   | 1, 267, 479                          | (                        | ) 0                                     | 0                              | 37   |
| 00       | Salaries, wages, and fees payable  | 0                                    | (                        | 0 0                                     | 0                              | 38   |
| 00       | Payroll taxes payable  | 0                                    | (                        | 0                                       | 0                              |      |
|          | Notes and loans payable (short term)   | 0                                    | (                        | 0                                       | 0                              |      |
| . 00     | Deferred income<br>Accelerated payments  | 0                                    | (                        | 0 0                                     | 0                              | 41   |
| 00       | Due to other funds   |                                      | (                        |   | 0                              |      |
| . 00     | Other current liabilities  | 29, 492, 970                         | (                        | -                                       | 0                              |      |
| . 00     | Total current liabilities (sum of lines 37 thru 44)  | 30, 760, 449                         | (                        |   | 0                              |      |
|          | LONG TERM LIABILITIES  |                                      |                          |   |                                |      |
| 00       | Mortgage payable   | 0                                    | (                        |   | 0                              |      |
| 00       | Notes payable  | 0                                    | (                        | -                                       | 0                              | 47   |
| 00<br>00 | Unsecured Loans<br>Other Long term Liabilities   | 0<br>3, 700, 336                     |                          | -                                       | 0                              | 48   |
| 00       | Other long term liabilities<br>Total long term liabilities (sum of lines 46 thru 49)   | 3, 700, 336                          |                          | -                                       | 0                              |      |
| 00       | Total liabilities (sum of lines 45 and 50)   | 34, 460, 785                         |                          |   | 0                              |      |
|          | CAPITAL ACCOUNTS   |                                      |                          | ·, -)                                   |                                |      |
| 00       | General fund balance   | 1, 496, 110, 035                     |                          |   |                                | 52   |
| 00       | Specific purpose fund  |                                      | C                        |   |                                | 53   |
| 00       | Donor created - endowment fund balance - restricted  |                                      |                          | 0                                       |                                | 54   |
| 00       | Donor created - endowment fund balance - unrestricted  |                                      |                          | 0                                       |                                | 55   |
| . 00     | Governing body created - endowment fund balance<br>Plant fund balance - invested in plant  |                                      |                          | 0                                       | 0                              | 56   |
| 00       | Plant fund balance - reserve for plant improvement,  |                                      |                          |   | 0                              |      |
|          | replacement, and expansion   |                                      |                          |   | 0                              | "    |
| . 00     | Total fund balances (sum of lines 52 thru 58)  | 1, 496, 110, 035                     | 0                        | 0 0                                     | 0                              | 59   |
|          | Total liabilities and fund balances (sum of lines 51 and   |                                      | (                        | 0 0                                     | 0                              | 60   |

| Special Purpose Fund   | Worksheet G-1<br>Date/Time Prepa<br>5/30/2022 2:39 |   |
|--|--|---|
|  |  |   |
| 200 2.00 4.00  | ndowment Fund                                      |   |
| 00 2 00 4 00   |  |   |
| .00 3.00 4.00  | 5.00   | 1 00  |
| 840, 494       0         269, 541       0         , 110, 035       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0 | 0<br>0<br>0<br>0<br>0<br>0                         | $\begin{array}{c} 1, 00\\ 2, 00\\ 3, 00\\ 4, 00\\ 5, 00\\ 6, 00\\ 7, 00\\ 8, 00\\ 9, 00\\ 10, 00\\ 11, 00\\ 12, 00\\ 13, 00\\ 14, 00\\ 15, 00\\ 16, 00\\ 17, 00\\ 18, 00\\ \end{array}$ |
| , 110, 035 0   |  | 19.00   |
| Plant Fund   |  |   |
| . 00 8. 00   |  |   |
|  |  | 1.00<br>2.00<br>3.00<br>4.00<br>5.00<br>6.00<br>7.00<br>8.00<br>9.00  |
|  |  | 10.00<br>11.00<br>12.00<br>13.00<br>14.00<br>15.00<br>16.00<br>17.00<br>18.00<br>19.00  |
|  |  |   |

| STATEN         |   | B ( ) (     |             |   |   | 2552-10 |
|----------------|---|-------------|-------------|---|---|---------|
|                | IENT OF PATIENT REVENUES AND OPERATING EXPENSES               | Provider C  | CN: 15-0169 | Period:<br>From 01/01/2021<br>To 12/31/2021 | Worksheet G-2<br>Parts I & II<br>Date/Time Pre<br>5/30/2022 2:3 | pared:  |
|                | Cost Center Description                                       |             | I npati ent | Outpati ent                                 | Total   |         |
|                |   |             | 1.00        | 2.00  | 3.00  |         |
|                | PART I - PATIENT REVENUES                                     |             |             |   |   | -       |
| 4 00           | General Inpatient Routine Services                            |             | 105 001 0   | 47  | 405 004 047   | 1 1 00  |
| 1.00           | Hospi tal   |             | 195, 901, 8 |   | 195, 901, 847   | 1.00    |
| 2.00<br>3.00   | SUBPROVIDER - IPF<br>SUBPROVIDER - IRF                        |             | 10, 032, 5  | 32  | 10, 032, 532  | 2.00    |
| 3.00<br>4.00   | SUBPROVIDER - TRF   |             |             |   |   | 4.00    |
| 4.00<br>5.00   | Swing bed - SNF   |             |             | 0   | 0   |         |
| 6.00           | Swing bed - NF  |             |             | 0   | 0   |         |
| 7.00           | SKILLED NURSING FACILITY                                      |             |             | 0   |   | 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)      |             | 205, 934, 3 | 79  | 205, 934, 379   | •       |
|                | Intensive Care Type Inpatient Hospital Services               |             |             |   | · · · ·   | 1       |
| 11.00          | INTENSIVE CARE UNIT   |             | 32, 529, 1  | 83  | 32, 529, 183  | 11.00   |
| 12.00          | CORONARY CARE UNIT  |             | 1           |   |   | 12.00   |
| 13.00          | BURN INTENSIVE CARE UNIT                                      |             |             |   |   | 13.00   |
| 14.00          | SURGI CAL I NTENSI VE CARE UNI T                              |             |             |   |   | 14.00   |
| 15.00          | NEONATAL INTENSIVE CARE UNIT                                  |             | 126, 941, 3 | 49  | 126, 941, 349   | 15.00   |
| 16.00          | Total intensive care type inpatient hospital services (sum of | lines       | 159, 470, 5 | 32  | 159, 470, 532   | 16.00   |
|                | 11-15)  |             |             |   |   |         |
| 17.00          | Total inpatient routine care services (sum of lines 10 and 16 | )           | 365, 404, 9 |   | 365, 404, 911   |         |
| 18.00          | Ancillary services  |             | 644, 083, 6 |   |   |         |
| 19.00          | Outpatient services   |             |             | 0 0   | -   |         |
| 20.00          | RURAL HEALTH CLINIC   |             |             | 0 0   |   | •       |
| 21.00<br>22.00 | FEDERALLY QUALIFIED HEALTH CENTER<br>HOME HEALTH AGENCY       |             |             | 0 0   | 0   | 21.00   |
| 22.00          | AMBULANCE SERVICES  |             |             |   |   | 22.00   |
| 23.00          | CMHC  |             |             |   |   | 23.00   |
| 24.00          | AMBULATORY SURGICAL CENTER (D. P. )                           |             |             |   |   | 24.00   |
| 26.00          | HOSPICE   |             |             |   |   | 26.00   |
| 27.00          | OTHER (SPECI FY)  |             |             | 0 787, 608                                  | 787, 608  |         |
| 28.00          | Total patient revenues (sum of lines 17-27)(transfer column 3 | to Wkst.    | 1,009,488,5 |   | 1, 742, 611, 433  |         |
|                | G-3, line 1)  |             |             |   |   |         |
|                | PART II - OPERATING EXPENSES                                  |             |             |   |   | 1       |
| 29.00          | Operating expenses (per Wkst. A, column 3, line 200)          |             |             | 431, 915, 799                               |   | 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 (SPECI FY)   |             |             | 0   |   | 37.00   |
| 38.00          |   |             |             | 0   |   | 38.00   |
| 39.00          |   |             |             | 0   |   | 39.00   |
| 40.00<br>41.00 |   |             |             | 0   |   | 40.00   |
|                | Total deductions (sum of lines 37-41)                         |             |             | 0   |   | 41.00   |
|                |   |             | 1           | 0   | 1   | 1 42.00 |
| 42.00<br>43.00 | Total operating expenses (sum of lines 29 and 36 minus line 4 | 2)(transfer |             | 431, 915, 799                               |   | 43.00   |

| From 01/01/2021<br>To 12/31/2021 Dat  | orksheet G-3<br>ate/Time Prep.<br>/30/2022 2: 39<br>1.00<br>.742,611,433 |       |
|---|--|-------|
| To 12/31/2021 Dat   | /30/2022 2:39<br>1.00  |       |
|   | /30/2022 2:39<br>1.00  |       |
|   |  |       |
|   |  |       |
|   | 742 611 433  |       |
|   |  | 1.00  |
|   | 195, 636, 474  | 2.00  |
|   | 546, 974, 959  | 3.00  |
|   | 431, 915, 799  | 4.00  |
|   | 115, 059, 160  | 5.00  |
| OTHER INCOME  |  |       |
| 6.00 Contributions, donations, bequests, etc                                    | 769, 776   | 6.00  |
| 7.00 Income from investments  | 0  | 7.00  |
| 8.00 Revenues from telephone and other miscellaneous communication services     | 0  | 8.00  |
| 9.00 Revenue from television and radio service                                  | 0  | 9.00  |
| 10.00 Purchase di scounts   |  | 10.00 |
| 11.00 Rebates and refunds of expenses   |  | 11.00 |
| 12.00 Parking lot receipts  |  | 12.00 |
| 13.00 Revenue from Laundry and Linen service                                    |  | 13.00 |
| 14.00 Revenue from meals sold to employees and guests                           | 2, 088, 419  |       |
| 15.00 Revenue from rental of living quarters                                    |  | 15.00 |
| 16.00 Revenue from sale of medical and surgical supplies to other than patients |  | 16.00 |
| 17.00 Revenue from sale of drugs to other than patients                         |  | 17.00 |
| 18.00 Revenue from sale of medical records and abstracts                        |  | 18.00 |
| 19.00 Tuition (fees, sale of textbooks, uniforms, etc.)                         |  | 19.00 |
| 20.00 Revenue from gifts, flowers, coffee shops, and canteen                    | -  | 20.00 |
| 21.00 Rental of vending machines  | -  | 21.00 |
| 22.00 Rental of hospital space  | 24,000   |       |
| 23.00 Governmental appropriations   |  | 23.00 |
| 24. 00 MISC ALL OTHER   |  | 24.00 |
| 24. 50 COVI D-19 PHE Funding  |  | 24.50 |
| 25.00 Total other income (sum of lines 6-24)                                    |  | 25.00 |
|   |  | 26.00 |
| 27. 00 OTHER EXPENSES (SPECIFY)   |  | 27.00 |
| 28.00 Total other expenses (sum of line 27 and subscripts)                      |  | 28.00 |
| 29.00 Net income (or loss) for the period (line 26 minus line 28)               | 119, 269, 541  | 29.00 |

| CALCULATION OF CAPITAL PAYMENT Pro                                     |  | Provider CCN: 15-0169   | Peri od:                          | Worksheet L                                   |  |
|--|--|---|-----------------------------------|---|--|
|  |  |   | From 01/01/2021<br>To 12/31/2021  | Parts I-III<br>Date/Time Pre<br>5/30/2022 2:3 |  |
|  |  | Title XVIII   | Hospi tal                         | PPS   | 9 piii   |
|  |  |   | 10301 tu                          | 115   |  |
|  |  |   |                                   | 1.00  |  |
|  | PART I - FULLY PROSPECTIVE METHOD  |   |                                   |   |  |
|  | CAPITAL FEDERAL AMOUNT   |   |                                   |   | 1  |
| . 00   | Capital DRG other than outlier   |   |                                   | 2, 722, 803                                   | 1.0  |
| . 01   | Model 4 BPCI Capital DRG other than outlier  |   |                                   | 0   | 1. (   |
| . 00   | Capital DRG outlier payments   |   |                                   | 128, 511                                      | 2.   |
| . 01   | Model 4 BPCI Capital DRG outlier payments  |   |                                   | 0   | 2.   |
| . 00   | Total inpatient days divided by number of days in the cost reporting period (see instructions)   |   |                                   | 239.73  | 3.0  |
| . 00   | Number of interns & residents (see instructions)   |   |                                   | 6.71  | 4.0  |
| . 00   | Indirect medical education percentage (see instructions)   |   |                                   |   | 5.   |
| . 00   | Indirect medical education adjustment (multiply line 5 by the  | e sum of lines 1 and 1.01   | , columns 1 and                   | 21, 510                                       | 6.   |
|  | 1.01) (see instructions)   |   |                                   |   |  |
| . 00   | Percentage of SSI recipient patient days to Medicare Part A p  | oatient days (Worksheet E   | , part A line                     | 4.37  | 7.   |
|  | 30) (see instructions)   |   |                                   |   |  |
| . 00   | Percentage of Medicaid patient days to total days (see instru  | uctions)  |                                   | 36.12   |  |
| . 00   | Sum of lines 7 and 8   |   |                                   | 40.49   |  |
| 0. 00  | Allowable disproportionate share percentage (see instructions  | 5)  |                                   | 8.55  |  |
| 1.00   | Disproportionate share adjustment (see instructions)   |   |                                   | 232, 800                                      |  |
| 2.00   | Total prospective capital payments (see instructions)  |   |                                   | 3, 105, 624                                   | 12.  |
|  |  |   |                                   | 1.00  |  |
|  | PART II – PAYMENT UNDER REASONABLE COST  |   |                                   |   |  |
| . 00   | Program inpatient routine capital cost (see instructions)  |   |                                   | 0   | 1.   |
| . 00   | Program inpatient ancillary capital cost (see instructions)  |   |                                   | 0   | · ···  |
| . 00   | Total inpatient program capital cost (line 1 plus line 2)  |   |                                   | 0   | 3.   |
| . 00   | Capital cost payment factor (see instructions)   |   |                                   | 0   | 4.   |
| . 00   | Total inpatient program capital cost (line 3 x line 4)   |   |                                   | 0   | 5.   |
|  |  |   |                                   | 1.00  |  |
|  | PART III - COMPUTATION OF EXCEPTION PAYMENTS   |   |                                   |   |  |
|  | Program inpatient capital costs (see instructions)   |   |                                   | 0   |  |
|  |  | and (and impermentions)   |                                   | 0   |  |
| 00   | Program inpatient capital costs for extraordinary circumstand  | ces (see instructions)  |                                   | -   |  |
| 00   | Net program inpatient capital costs (line 1 minus line 2)  | ces (see fristructions)   |                                   | 0   |  |
| 00<br>00<br>00   | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)  | ces (see first uctions)   |                                   | 0.00  | 4.   |
| 00<br>00<br>00<br>00   | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)   |   |                                   | 0. 00<br>0                                    | 4.<br>5.                                       |
| 00<br>00<br>00<br>00<br>00   | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in  | nstructions)  |                                   | 0. 00<br>0<br>0. 00                           | 4.<br>5.<br>6.                                 |
| 00<br>00<br>00<br>00<br>00   | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary   | nstructions)  | (line 6)                          | 0.00<br>0<br>0.00<br>0                        | 4.<br>5.<br>6.<br>7.                           |
| 00<br>00<br>00<br>00<br>00<br>00<br>00                                 | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)   | nstructions)<br>y circumstances (line 2 x   | line 6)                           | 0.00<br>0<br>0.00<br>0<br>0                   | 4.<br>5.<br>6.<br>7.<br>8.                     |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00           | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part I, line 12, as appli  | nstructions)<br>y circumstances (line 2 x<br>cable)   | ,                                 | 0.00<br>0.00<br>0<br>0<br>0                   | 4.<br>5.<br>6.<br>7.<br>8.<br>9.               |
| 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00<br>00         | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part 1, line 12, as appli<br>Current year comparison of capital minimum payment level to c   | nstructions)<br>y circumstances (line 2 x<br>cable)<br>capital payments (line 8   | less line 9)                      | 0.00<br>0.00<br>0<br>0<br>0<br>0<br>0         | 4.<br>5.<br>6.<br>7.<br>8.<br>9.               |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00           | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part I, line 12, as appli  | nstructions)<br>y circumstances (line 2 x<br>cable)<br>capital payments (line 8   | less line 9)                      | 0.00<br>0.00<br>0<br>0<br>0                   | 4.<br>5.<br>6.<br>7.<br>8.<br>9.               |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>0. 00<br>1. 00 | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part I, line 12, as appli<br>Current year comparison of capital minimum payment level to co<br>Carryover of accumulated capital minimum payment level over co                                  | nstructions)<br>y circumstances (line 2 x<br>cable)<br>capital payments (line 8<br>capital payment (from pri                              | less line 9)<br>or year           | 0.00<br>0.00<br>0<br>0<br>0<br>0<br>0         | 4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>10.<br>11. |
| . 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00           | Net program inpatient capital costs (line 1 minus line 2)<br>Applicable exception percentage (see instructions)<br>Capital cost for comparison to payments (line 3 x line 4)<br>Percentage adjustment for extraordinary circumstances (see in<br>Adjustment to capital minimum payment level for extraordinary<br>Capital minimum payment level (line 5 plus line 7)<br>Current year capital payments (from Part I, line 12, as appli<br>Current year comparison of capital minimum payment level to c<br>Carryover of accumulated capital minimum payment level over c<br>Worksheet L, Part III, line 14) | nstructions)<br>y circumstances (line 2 x<br>cable)<br>capital payments (line 8<br>capital payment (from pri<br>ayments (line 10 plus lir | less line 9)<br>or year<br>ne 11) | 0.00<br>0.00<br>0<br>0<br>0<br>0<br>0<br>0    | 4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>10.<br>11. |

14.00 Carryover of accumulated capital minimum payment reverse capital payment (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 15.00 0 16.00 0 17.00