Heal th Financi		COMMUNI TY HOWARD REG			u of Form CMS-2552-10		
	s required by law (42 USC 1395g; since the beginning of the cost				FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022		
HOSPITAL AND H AND SETTLEMENT	HOSPITAL HEALTH CARE COMPLEX COS SUMMARY	ST REPORT CERTIFICATION	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 3:00 pm		
PART I - COST	REPORT STATUS						
Provi der	1. [X] Electronically prepared	d cost report		Date: 5/30/20	22 Time: 3:00 pm		
use only	2. [] Manually prepared cost						
	3. [0] If this is an amended r 4. [F] Medicare Utilization. E	report enter the number Enter "F" for full or "L	of times the provider re " for low.	esubmitted this co	ost report		
Contractor use only	 (1) As Submitted (2) Settled without Audit 	. Date Received: . Contractor No. . [N]Initial Report fo . [N]Final Report for	r this Provider CCN 12.[or Code: 4 Iumn 1 is 4: Enter wes reopened = 0-9.		
PART LL - CERT	IFICATION BY A CHIEF FINANCIAL	OFFLCER OR ADMINISTRATO	R OR PROVIDER(S)				
MI SREPRESENTAT ADMI NI STRATI VE PROVI DED OR PR	ION OR FALSIFICATION OF ANY INF ACTION, FINE AND/OR IMPRISONME ROCURED THROUGH THE PAYMENT DIRE ACTION, FINES AND/OR IMPRISONM	FORMATION CONTAINED IN TH ENT UNDER FEDERAL LAW. ECTLY OR INDIRECTLY OF A	HIS COST REPORT MAY BE F FURTHERMORE, IF SERVICES	S IDENTIFIED IN TH	IIS REPORT WERE		
CERTI F	FICATION BY CHIEF FINANCIAL OFFI	CER OR ADMINISTRATOR OF	PROVI DER(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 HOWARD REGIONAL HEALTH (15-0007) 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 GNATUR	E OF CHIEF FINANCIAL OFFICER OR			ELECTRONIC			
	1	2					
1	Holly Millar	d Y	I have read and agree statement. I certify signature on this ce	y that I intend my	/ el ectroni c		

	HUI	iy iviiriaru	signature on this certification be the legally 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	HI T	Title XIX	
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	156, 577	-137, 612	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200. 00 Total	0	156, 577	-137, 612	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.

1.00 2.00 3.00 4.00 Hospital and Hospital Health Care Complex Address: 00 0.00 5treet: IN Zip Code: 46902 County: HOMAD 00 City: KOKMO State: IN Zip Code: 46902 County: HOMAD Pament Syst 1.00 2.00 3.00 4.00 5.00 6.00 7.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 00 htospital Indentification: 150007 29020 1 07/01/1966 N P 00 Subprovider - IFF Subprovider - General SWE 0.00 4.00 5.00 6.00 7.00 00 Subprovider - IFF Subprovider - General SWE 0.00 1 07/01/1966 N P 00 Subprovider - General SWE 0.00 1 07/01/1966 N P 1.00 2.00 1 07/01/1966 N P 00 Subprovider - IFF Subprovider - General SWE 0.00 1.00 0.01 0.01 0.01 0.01 0.01 0.01 0.01 0.01	2 3:00 pn 1 2 m (P,	
Incort Land Hospit Land Haalth Car Complex Address: Use State Land Hospit Land Haalth Car Complex Address: Use Complex Address:	1 2 m (P, I)	nt System (F
D0 Effective: 3500 SUDTH LAFOUNTAIN PO Box: State: IN Zip Code: 46902 County: HOWARD 00 City: KOKOMO State: IN Number Provider Date Payment System 00 City: KOKOMO Component Name CCM CBSA Provider Certified Payment System 00 Hospital 0.0 4.00 3.00 4.00 5.00 6.00 7.00 00 Hospital CCMUNINTY HOWARD 150007 29020 1 07/01/1966 N P 00 Subprovider - 1RF COMUNINTY HOWARD 150007 29020 1 07/01/1966 N P 00 Subprovider - 1RF COMUNITY HOWARD 150007 29020 1 07/01/1966 N P 00 Subprovider - 1RF COMUNITY HOWARD 150007 29020 1 07/01/1966 N P 00 Hospital-Based MH Colinic - RHC Comunity Howard 1 00 1 07/01/1966 N P <th>2 m (P, I)</th> <th></th>	2 m (P, I)	
D0 City: KOKOMO State: IN Component Name CCM CessA Provide Description Number Number Rest Number Rest Provide Description T, 0, or Number Number Rest Rest Number Provide A 0.00 5.00 6.00 7.00 No Subprovider - 1PF Subprovider - 1PF Subprovider - 1PF Subprovider - 1Qther N P 00 Subprovider - 1Qther REGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Subprovider - 1Qther Resider N P N P N P 00 Subprovider - 1Qther Resider N P N P N P 00 Subprovider - 1Gther N N N N N N N 00 Hospital Based MF O No N N N N N	2 m (P, I)	
Component Name CCN Number CBSA Provider Number CDSA Provider Provider Provider Deste Certified Peyment Syst Cortified 1.00 2.00 3.00 4.00 5.00 6.00 7.0.0 Mospital Hospital Mospital CoMMUNT MV HOWARD 150007 29020 1 07/01/1966 N P 05 Subprovider - 1RF COMMUNT MV HOWARD 150007 29020 1 07/01/1966 N P 05 Subprovider - 1RF COMMUNT MV HOWARD 150007 29020 1 07/01/1966 N P 05 Subprovider - 1RF COMMUNT MV HOWARD 150007 29020 1 07/01/1966 N P 05 Subprovider - 1RF Component Name EEGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Hospital - Based NF Component Name N N N N N 00 Hospital - Based HospitCe N N N N N N N	m (P, J)	
Hospital and Hospital -Based Component Identification: V		0, or N)
Hospital and Hospital -Based Component Lident If Cation 1.00 2.00 3.00 4.00 5.00 6.00 7.00 Nospital COMMUNITY HOWARD REGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Subprovider - IPF 00 Subprovider - IPF 00 COMMUNITY HOWARD REGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Subprovider - IPF 00 Subprovider - IPF 00 Community Communi	XIX	
Hespital and Hospital Based Component Ident Floation: 00 Hospital 000 Subprovider - 1PF 01 Subprovider - 1RF 00 Hospital Based SNF 00 Hospital Based SNF 00 Hospital Based SNF 00 Hospital Based HAR 00 Hospital Based HOLIC 00 Hospital Based Hospice 00 Hospital Based Holicic C 00 Hospital		
00 Hospital COMMUNITY HOWARD REGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Subprovider - IPF REGIONAL HEALTH 150007 29020 1 07/01/1966 N P 00 Subprovider - 0(ther) Swing Beds - SNF 0 Swing Beds - NF N P 00 Hospital - Based OLTC 00 Hospital - Based HOSPice N P N P 00 Hospital - Based HOSPice N P N P N P 00 Hospital - Based HoSPice N P N N N N N N 00 Hospital - Based HoSPice N P N	8.00	7.00 8.0
00 Subprovider - IPF 00 Subprovider - (Other) 00 Subprovider - (Other) 00 Subprovider - (Other) 00 Swing Beds - SNF 00 Subprovider - IPF 00 Hospital -Based SNF 00 Hospital -Based NF 00 Hospital -Based NF 00 Hospital -Based HAA 00 Hospital -Based Health Clinic - RHC 00 Hospital -Based Hospice 00 Nengital -Based (MHC) I 00 Read ID alysis 00 Iter - Form: 01 Digt of Control (see instructions) 2 1.00 2.00 1.00 00 Dese this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR g421.06(2) (2) (Pickle amendment hospital) - In colum 1, enter "" for yes or "N" for no. Y 01 Did this hospital receive Interim uncompensated care payments for this facility subject to 42 CFR Section S412.106(2) (2) (Pickle amendment hospital?) - In colum 2, enter "" for yes or "N" for no. Y 10 10 the portion of the cost reporting period occurring prior to 0 Cother 1. Enter in colum 1, "Y" for ye	0 3	P 0
No Subprovider - (Other) 00 Swing Beds - SNF 00 Swing Beds - NF 00 Hospital-Based SNF 00 Hospital-Based SNF 00 Hospital-Based NF 00 Hospital-Based NF 00 Hospital-Based OLTC 00 Hospital-Based HA 00 Hospital-Based HA 00 Hospital-Based Health Clinic - RHC 00 Hospital-Based Health Clinic - FGHC 00 Hospital-Based Health Clinic - FGHC 00 Hospital-Based Health Clinic - FGHC 00 Hospital-Based CMHC) I 00 Renal Dialysis 01 Dither From: To To 0 Other Information Control (see instructions) 2 Information Incolumn 1, enter "Y" for yes or "N" for no. Is this A control (see instructions) Y N Other	4	
D0 Swing Beds - SWF D0 Swing Beds - NF D0 Mospital-Based SWF D0 Mospital-Based SWF D0 Hospital-Based SWF D0 Hospital-Based NF D0 Hospital-Based NF D0 Hospital-Based HAC D0 Separately Certified ASC D0 Hospital-Based Hath Clinic - RHC D0 Nospital-Based Hath Clinic - FOHC D0 Renal Dialysis D0 Inpatient PPS D0 Cost Reporting Period (mm/dd/yyyy) D0 Cost Reporting Period (mm/dd/yyyy) D0 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CR S412:062 In column 1, enter "Y for yes or "N" for no. 1s this facility subject to 42 CR Section \$412:106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y for yes or "N" for no. D1 Did this hospital receive interim uncompensated care payments for this facility subject to 42 CR Section \$412:06(c)(2)(Pickle amendment hospital?) In column 2, "Y" for yes or "N" for no. D1 Did this hospital that requires final uncompensated care payments for this reporting period? Enter in column 1, "Y" for yes or "N" for no. D1 Did this hospital treceive interport settlement? (see instructions)	5	
D0 Swing Beds - NF D0 Hospital-Based SWF D0 Hospital-Based VF D0 Hospital-Based VF D0 Hospital-Based VF D0 Hospital-Based UTC D0 Hospital-Based HA D0 Hospital-Based HA D0 Hospital-Based HA D0 Hospital-Based HA D0 Hospital-Based HC D0 Hospital-Based HC D0 Hospital-Based Health Clinic - RHC D0 Hospital-Based Health Clinic - FOHC D0 Hospital-Based Health Clinic - RHC D0 Renal Dialysis D0 Tore D0 Hospital-Based Health Clinic - RHC D0 Renal Dialysis D0 Tore D0 Decesthis facility dualify and is it currently receiving payments for D1 Did this hospital receive interin uncompensated care payments for this facility subjec	6	
No Hospital-Based SNF 00 Hospital-Based NF 00 Hospital-Based NF 00 Hospital-Based OLTC 00 Hospital-Based OLTC 00 Hospital-Based HAC 00 Separately Certified ASC 00 Hospital-Based Hath Clinic - RHC 00 Hospital-Based Health Clinic - FOHC 00 Hospital-Based (DMHC) I 00 Renal Dialysis 00 There From: Information The set of control (see instructions) Inpatient PPS Information O Cost Reporting Period (mm/dd/yyyy) 00 Does this facility qualify and is it currently receiving payments for dl sproportionate share hospital adjustment, in accordance with 42 CFR S412.1067 In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(C) (2) (C) (c) kel amediment hospital ?) In columa 2, enter "Y" for yes or "N" for no. for the portion of the cost reporting period occurring prior to October 1. Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period cocurring on or offer US Cotober 1. Enter in colum 1, "Y" for yes or "N" for no of the cost reporting period cocurring on or after October 1. Enter in colum 2, "Y" for yes or "N" for no for the portion of the cost reporting period cocurring prior to October 1. Enter in colum 2, "Y" for yes or "N" for no for the por	8	
00 Hospital-Based NF 00 Hospital-Based OLTC 00 Hospital-Based OLTC 00 Hospital-Based OLTC 00 Hospital-Based OLTC 00 Hospital-Based HAA 00 Hospital-Based Heal th Clinic - RHC 00 Hospital-Based Heal th Clinic - FQHC 00 Hospital-Based (CMHC) I 00 Hospital-Based (CMHC) I 00 Renal Dialysis 00 Other 100 2.1 01 Cost Reporting Period (mm/dd/yyyy) 01 Does this Facility qualify and is it currently receiving payments for disproportionate share hospital algustment, in accordance with 42 CfR §412: 106(C) (2) (Pickle amendment hospital?) In column 1, enter "Y" for yes or "N" for no for the portion of the cost reporting period occurring priot doccurring priot Colteber 1. Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring priot colteber 1.	9	
00 Hospital-Based HHA 00 Separatel y Certi fi ed ASC 00 Hospital-Based Hospice 00 Hospital-Based Heal th Clinic - RHC 00 Hospital-Based Heal th Clinic - FOHC 00 Hospital-Based Heal th Clinic - FOHC 00 Hospital-Based (CMHC) I 00 Renal Dialysis 00 Otter 100 Zentro 100 Cost Reporting Period (mm/dd/yyyy) 01 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adj ustment, in accondance wit h42 CFR §412.1067 Incolumn 1, enter "Y" for yes or "N" for no. 01 Does this facility qualify and is it currently receiving payments for this facility subject to 42 CFR Section §412.106(c)(2)(2)(Pickle amendment hospital?) In column 1, "Y" for yes or "N" for no for the portion of the cost reporting period coccurring priot doccurring priot 0 Cottober 1. 01 Did this hospital receive interim uncompensated care payments for the cost reporting period occurring priot occurring priot occurring period occurring priot occurring period occurring priot ococtober 1. 02 Is	10	
00 Separately Certified ASC 00 Hospital-Based Hospice 00 Hospital-Based Health Clinic - RHC 00 Hospital-Based (CMHC) I 00 Renal Dialysis 00 Other Image: Construction of the construction	11	
00 Hospital-Based Hospice Image: Construction of the cost reporting period of the cost	12	
00 Hospital -Based Health Clinic - RHC 00 Hospital -Based (CMHC) I 00 Renal Dialysis 00 Other From: To To 00 Cost Reporting Period (mm/dd/yyyy) 00 Iter in column/dd/yyyy) 0 Iter in column/dd/yyyy) 0 Iter in column/dd/yyyy) 0 Iter in column/dd/yyyy) 1.00 2.00 3.0 Inpatient PPS Information Iter in column in the report on for the form the period for the start in accordance with 42 CFR §412.1067 In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section 65412.06(C)(2) (Pickkel amendment hospital ? In column 1, "Y" for yes or "N" for no for the portion of the cost reporting period a	13	
00 Hospital -Based Health Clinic - F0HC Image: CMHC) I	14	
00 Hospital-Based (CMHC) I Image: Second Secon	16	
OO Other From: To 00 Cost Reporting Period (mm/dd/yyyy) 01/01/2021 12/31. 00 Cost Reporting Period (see instructions) 2 01/01/2021 12/31. 00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Y N 01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Y Y 02 Is this a newly merged hospital that requires final uncompensated care N N N 03 Did this hospital receive on the cost report settlement? (see instructions) N N 04 In column 2, "Y" for yes or "N" for no for the portion of the cost report ing period occurring period on or after october 1. N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for no for no for no for the portion of the cost reporting period prior to October 1. N N </td <td> 17</td> <td></td>	17	
From: To 00 Cost Reporting Period (mm/dd/yyyy) 01/01/2021 2.0 00 Type of Control (see instructions) 01/01/2021 12/31. 00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR \$412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section \$412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Y N 01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to 0ctober 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period at cost report settlement? (see instructions) N N 02 Is a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to 0ctober 1. Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period occurring on or after 0ctober 1. N 01 Ind this hospital receive a geographic reclassification from urban to fural as a result of the OMB standards for delineating	18	
00 Cost Reporting Period (mm/dd/yyyy) 01/01/2021 12/31. 00 Type of Control (see instructions) 2 12/31. 01 Inpatient PPS Information 2 1.00 2.00 3.0 00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c) (2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Y N 01 Did this hospital receive Interim uncompensated care payments for the portion of the cost reporting period occurring prior to 0ctober 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost report speriod occurring on or after October 1. (see instructions) N N 02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to 0ctober 1. Enter N N	19	To:
00 Type of Control (see instructions) 2 Inpati ent PPS Information 1.00 2.00 00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR \$412.067 Y N 641 1.062 2.00 3.0 00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR \$412.1067 Y N 641 1.00 2.00 3.0 01 Did this hospital receive intermin uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no. Y Y 02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) N N 03 Is this a newly merged hospital that requires final uncompensated care N N N 03 Did this hospital receive a geographic reclassification from urban to rW" for no, for the portion of the cost reporting period of the cost reporting period on or after october 1. N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the 0MB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for hor por no for the portion o	,	2.00
Inpatient PPS Information1.002.003.000Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c) (2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.YN01Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period pocurring on or after October 1. (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for ges or "N" for no, for the portion of the cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no for the portion of the cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.NN03Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. EnterNN		12/31/2021
Inpatient PPS Information00Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c) (2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.YN01Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)N02Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no after October 1.03Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter	21	
00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c) (2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. Y N 01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) N N 02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter N N		3.00
disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. O1 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for the portion of the cost reporting period occurring on or after October 1. (see instructions) O2 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. O3 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter	22	
 facility subject to 42 CFR Section §412.106(c) (2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. O1 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) O2 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no after October 1. O3 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for no for the portion of the cost reportion of the cost reporting period prior to October 1. Enter 		
 hospital?) In column 2, enter "Y" for yes or "N" for no. .01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) .02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. .03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reportion of the cost reporting period prior to October 1. Enter 		
01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Y Y 02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) N N 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for no for he portion of the cost reportion of the cost reporting period prior to October 1. Enter N N		
the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)02Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.03Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter	22	
Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)N02Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.N03Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter		
 reporting period occurring on or after October 1. (see instructions) 1s this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter 		
 1s this a newly merged hospital that requires final uncompensated care N N N payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. 03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter 		
payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. .03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter	22	
cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.02.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. EnterN		
or "N" for no, for the portion of the cost reporting period on or after October 1.NN03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. EnterNN		
October 103Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter		
.03Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. EnterNNN		
adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter	22	Ν
for the portion of the cost reporting period prior to October 1. Enter		
in column 2, "Y" for yes or "N" for no for the portion of the cost		
reporting period occurring on or after October 1. (see instructions)		
Does this hospital contain at least 100 but not more than 499 beds (as		
counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.		
	22	Ν
rural as a result of the revised OMB delineations for statistical areas		
adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no		
for the portion of the cost reporting period prior to October 1. Enter		
in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)		
Does this hospital contain at least 100 but not more than 499 beds (as		
counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for		
yes or "N" for no.		
.00 Which method is used to determine Medicaid days on lines 24 and/or 25 3 N		
below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost	23	
reporting period different from the method used in the prior cost		

Health Financial Systems COMMUNITY	HOWARD REGI	ONAL HEALTH	4		In Lie	eu of Fo	orm CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provider CC	CN: 15-0007	Period: From 01/0		Part		
	In State	In State	Out of		31/2021	5/30/2	Time Pre 2022 3:0	
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medi cai d el i gi bl e unpai d	Medica HMO da		Other edi cai d days	
24.00 If this provider is an LDDS bespital optor the	1.00	2.00	3.00	4.00	5.0		6.00	24.00
 24.00 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 in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state Medicaid eligible unpaid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 4, Medicaid days in column 4, Medicaid 	0			6		, 066 0	12	2 24.00
HMO paid and eligible but unpaid days in column 5.						Data	£ (
					on s		of Geogr .00	
26.00 Enter your standard geographic classification (not was cost reporting period. Enter "1" for urban or "2" for		at the beg	jinning of t	:he	1	I		26.00
 27.00 Enter your standard geographic classification (not wareporting period. Enter in column 1, "1" for urban oi enter the effective date of the geographic reclassification (SCH), enter the solution of the second statement of the second	age) status r "2" for r ication in	ural. If ap column 2.	pplicable,		1	D		27.00
effect in the cost reporting period.				Begi n	ni na:	Enc	ding:	
				1.	00		. 00	
36.00 Enter applicable beginning and ending dates of SCH s of periods in excess of one and enter subsequent date	es.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.37.01 Is this hospital a former MDH that is eligible for the second seco	ne MDH tran	sitional pa	ayment in	IS	C			37.00 37.01
 accordance with FY 2016 OPPS final rule? Enter "Y" for instructions) 38.00 If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number or enter subsequent dates. 	s of MDH st	atus. Ifli	ne 37 is					38.00
				Y,		-	//N	
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii) or "N" for no. (see instructions)), (ii), or the mileage	(iii)? Ent requiremen	er in colum nts in	ıme f	<u>00</u> N		<u>. 00</u> N	39.00
40.00 Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1.	per 1. Ente	r"Y" for y			N		Ν	40.00
					V 1.0			-
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital paymen	at for dis-	roporti anct	o share in	accordance				45.00
with 42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exce	eption for	extraordi na	ary circumst	ances	N N	Y N	N N	45.00 46.00
pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PPS of				0	N	N	N	47.00
48.00 Is the facility electing full federal capital paymen Teaching Hospitals	t? Enter "	Y" for yes	or "N" for	no.	N	N	N	48.00
56.00 Is this a hospital involved in training residents in "N" for no in column 1. For column 2, if the response was involved in training residents in approved GME pi year, and are you are impacted by CR 11642 (or applic Enter "Y" for yes; otherwise, enter "N" for no in col	e to column rograms in cable CRs)	1 is "Y", the prior y	or if this /ear or penu	hospital Itimate				56.00
57.00 If line 56 is yes, is this the first cost reporting GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mon for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. I	period duri r yes or "N th of this Y", complet	" for no ir cost report e Worksheet	n column 1. ing period?	If column P Enter "Y				57.00
58.00 If line 56 is yes, did this facility elect cost reim	oursement f	or physicia	ans' service	es as	N			58.00
defined in CMS Pub. 15-1, chapter 21, §2148? If yes, 59.00 Are costs claimed on line 100 of Worksheet A? If yes			Pt. I.		N			59.00
,					•	•		

IOSPI TAL	nancial Systems COMMUNITY H AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		Provider C	CN: 15-0007 P	Period: From 01/01/2021	u of Form CMS-: Worksheet S-2 Part I	
					o 12/31/2021	Date/Time Pre 5/30/2022 3:0	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	-
any i ns i s	e you claiming nursing and allied health education / programs that meet the criteria under 42 CFR 413. structions) Enter "Y" for yes or "N" for no in col "Y", are you impacted by CR 11642 (or subsequent C ustement? Enter "Y" for yes or "N" for no in colu	85? (s umn 1. R) NAHE	ee If column 1	N			60.0
		Y/N	IME	Direct GME	IME	Direct GME	
	d your hospital receive FTE slots under ACA ction 5503? Enter "Y" for yes or "N" for no in	1.00 N	2.00	3.00	4.00	5.00 0.00	61.0
1.01 Ent FTE end	umn 1. (see instructions) ter the average number of unweighted primary care as from the hospital's 3 most recent cost reports ding and submitted before March 23, 2010. (see						61.0
1.02 Ent FTE and	structions) ter the current year total unweighted primary care E count (excluding OB/GYN, general surgery FTEs, d primary care FTEs added under section 5503 of A). (see instructions)						61. C
1.03 Ent and det i ns	for the base line FTE count for primary care d/or general surgery residents, which is used for termining compliance with the 75% test. (see structions)						61.0
sur cur	ter the number of unweighted primary care/or rgery allopathic and/or osteopathic FTEs in the rrent cost reporting period. (see instructions). ter the difference between the baseline primary						61.0
and pri 61.	J/or general surgery FTEs and the current year's mary care and/or general surgery FTE counts (line 04 minus line 61.03). (see instructions) ter the amount of ACA §5503 award that is being						61.0
use	ed for cap relief and/or FTEs that are nonprimary e or general surgery. (see instructions)						01.0
		Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
spe for col pro unw	the FTEs in line 61.05, specify each new program ecialty, if any, and the number of FTE residents each new program. (see instructions) Enter in umn 1, the program name. Enter in column 2, the ogram code. Enter in column 3, the IME FTE weighted count. Enter in column 4, the direct GME unweighted count.		1.00	2.00	3.00	4.00	61.1
1.20 Of pro res i ns Ent 3,	the FTEs in line 61.05, specify each expanded bgram specialty, if any, and the number of FTE sidents for each expanded program. (see structions) Enter in column 1, the program name. ter in column 2, the program code. Enter in column the IME FTE unweighted count. Enter in column 4, e direct GME FTE unweighted count.				0.00	0.00	61.2
						1.00	
2.00 Ent you	A Provisions Affecting the Health Resources and Ser ter the number of FTE residents that your hospital ur hospital received HRSA PCRE funding (see instruc	trai ned ti ons)	lin this cost	reporting per			62.0
dur Tea	ter the number of FTE residents that rotated from a ring in this cost reporting period of HRSA THC prog aching Hospitals that Claim Residents in Nonprovide s your facility trained residents in nonprovider se	ram. (s r Setti	ee instruction ngs	ns)		N 0. 00	62. (63. (
	for yes or "N" for no in column 1. If yes, comple					Ratio (col. 1/ (col. 1 + col.	
				Nonprovider Site 1.00	Hospi tal	2))	-
per	ction 5504 of the ACA Base Year FTE Residents in No riod that begins on or after July 1, 2009 and befor	e June	30, 2010.	This base year	is your cost r	reporting	
4.00 Ent in res set	er in column 1, if line 63 is yes, or your facilit the base year period, the number of unweighted non sident FTEs attributable to rotations occurring in ttings. Enter in column 2 the number of unweighted sident FTEs that trained in your hospital. Enter in	y train -primar all non non-pr	ed residents y care provider imary care	0.00	0.00	0. 000000	64. (

		ATA Provi der	Fr	eriod: rom 01/01/2021	Workshee Part I		
			To	12/31/2021	Date/Tim 5/30/202	ne Prepa 2 3:00	ared pm
	Program Name	Program Code	Unweighted	Unweighted	Ratio (co	ol. 3/	
			FTEs Nonprovider	FTEs in Hospital	(col. 3 + 4))		
			Si te	nospi tai			
	1.00	2.00	3.00	4.00	5.00		
00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in			0.00	0. 00	J U. (000000	03.1
column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unweighted FTEs	Unweighted FTEs in	Ratio (cc (col. 1 +		_
			Nonprovi der	Hospi tal	2))		
			Site				
Section 5504 of the ACA Current Y	/oor ETE Docidonte i	n Nonnrovidor Sottin	1.00	2.00	3.00		
00 Enter in column 1 the number of u FTEs attributable to rotations oc Enter in column 2 the number of u FTEs that trained in your hospita (column 1 divided by (column 1 +	ccurring in all nonp unweighted non-prima al. Enter in column	rovider settings. ry care resident 3 the ratio of	0.00	0.00	0.0	000000	00.
	Program Name	Program Code	Unweighted FTEs	Unweighted FTEs in	Ratio (co		
	Program Name	Program Code	FTËs Nonprovider Site	FTES in Hospital	(col. 3 4 4))	⊢ col.	
00 Enter in column 1, the program		-	FTĔs Nonprovi der	FTEsin	(col. 3 + 4))	⊢ col.	67. (
	Program Name	Program Code	FTĔs Nonprovider Site 3.00	FTES in Hospital	(col. 3 + 4))	- col .	67. (
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 5, the ratio of (column 3 divided by (column 3 + column	Program Name	Program Code	FTĔs Nonprovider Site 3.00	FTES in Hospital	(col. 3 + 4)) 5.00 0 0.0	- col .	67.0
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 5, the ratio of (column 3 divided by (column 3 + column	Program Name 1.00 2S	Program Code 2.00	FTĚs Nonprovi der Si te 3.00 0.00	FTES in Hospi tal 4.00 0.00 1.0	(col . 3 + 4)) 5.00 0 0.0	- col .)))))))))))))	
 O0 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) Inpatient Psychiatric Facility PF 00 Is this facility an Inpatient Psy Enter "Y" for yes or "N" for no. 00 If line 70 is yes: Column 1: Did recent cost report filed on or be 42 CFR 412.424(d)(1)(iii)(c)) Col program in accordance with 42 CFR Column 3: If column 2 is Y, indic (see instructions) 	Program Name 1.00 2S /chiatric Facility (the facility have a 2fore November 15, 2 umn 2: Did this fac 2 412.424 (d)(1)(iii :ate which program y	Program Code 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for	FTĚs Nonprovi der Si te 3.00 0.00 tain an IPF subp ing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col. 3 + 4)) 5.00 0 0.0	3.00	70.
 O0 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, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Inpatient Psychiatric Facility PF 00 Is this facility an Inpatient Psychiatric Psy Enter "Y" for yes or "N" for no. 00 If line 70 is yes: Column 1: Did recent cost report filed on or be 42 CFR 412.424(d)(1)(iii)(c)) Col program in accordance with 42 CFR Column 3: If column 2 is Y, indic 	Program Name 1.00 1.00 2S /chiatric Facility (the facility have a efore November 15, 2 umn 2: Did this fac 2 412.424 (d)(1)(iii ate which program y / PPS habilitation Facilit	Program Code 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for ear began during thi	FTĚs Nonprovi der Si te 3.00 0.00 intain an IPF subp sing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col. 3 + 4)) 5.00 0 0.0	3.00 0 0 0 0 0	67. (70. (71. (

Health Financial Systems COMMUNITY HOW	ARD RE	EGIONAL HEALTH	Н	In Lie	u of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CC	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S- Part I Date/Time Pro 5/30/2022 3:0	epared:
					1.00	-
Long Term Care Hospital PPS 80.00 Is this a long term care hospital (LTCH)? Enter "Y" fo 81.00 Is this a LTCH co-located within another hospital for p "Y" for yes and "N" for no.				g period? Enter	N N	80. 00 81. 00
TEFRA Providers 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(2		N	85.00
86.00 Did this facility establish a new Other subprovider (ex §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N	86.00			
87.00 Is this hospital an extended neoplastic disease care ho 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	ispi tai				N	87.00
				V 1.00	XI X 2.00	
90.00 Does this facility have title V and/or XIX inpatient ho	spi tal	servi ces? Er	nter "Y" for	N	Y	90.00
yes or "N" for no in the applicable column. 91.00 Is this hospital reimbursed for title V and/or XIX thro				Ν	Ν	91.00
full or in part? Enter "Y" for yes or "N" for no in the 92.00 Are title XIX NF patients occupying title XVIII SNF bed	ls (dua	al certificati			Ν	92.00
93.00 Does this facility operate an ICF/IID facility for purp			d XIX? Enter	Ν	Ν	93.00
"Y" for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for applicable column.	yes, a	and "N" for no	o in the	Ν	Ν	94.00
95.00 If line 94 is "Y", enter the reduction percentage in th 96.00 Does title V or XLX reduce operating cost? Enter "Y" fo				0. 00 N	0. 00 N	95.00 96.00
 applicable column. 97.00 If line 96 is "Y", enter the reduction percentage in th 98.00 Does title V or XIX follow Medicare (title XVIII) for t stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 	he int	terns and resi	dents post	0. 00 Y	0. 00 N	97.00 98.00
 column 1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for t C, Pt. I? Enter "Y" for yes or "N" for no in column 1 f 					Y	98.01
 98.02 98.02 bes title V or XIX follow Medicare (title XVIII) for t bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for 				Y	Y	98. 02
 for title V, and in column 2 for title XIX. 98.03 Does title V or XIX follow Medicare (title XVIII) for a reimbursed 101% of inpatient services cost? Enter "Y" f 					Ν	98.03
 for title V, and in column 2 for title XIX. 98.04 Does title V or XIX follow Medicare (title XVIII) for a outpatient services cost? Enter "Y" for yes or "N" for 				Ν	Ν	98.04
 in column 2 for title XIX. 98.05 Does title V or XIX follow Medicare (title XVIII) and a Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no 	idd bac	ck the RCE dis	sallowance on	Y	Y	98.05
 column 2 for title XIX. 98.06 Does title V or XIX follow Medicare (title XVIII) when Pts. I through IV? Enter "Y" for yes or "N" for no in c column 2 for title XIX. 				Y	Y	98.06
Rural Providers 105.00 Does this hospital qualify as a CAH?				N		105.00
106.00 f this facility qualifies as a CAH, has it elected the for outpatient services? (see instructions)	all-i	nclusive meth	nod of paymen			106.00
107.00 Column 1: If line 105 is Y, is this facility eligible f training programs? Enter "Y" for yes or "N" for no in c Column 2: If column 1 is Y and line 70 or line 75 is Y approved medical education program in the CAH's exclude	olumn ′, do y	1. (see inst you train I&Rs	tructions) s in an	N		107.00
Enter "Y" for yes or "N" for no in column 2. (see inst 108.00 Is this a rural hospital qualifying for an exception to CFR Section §412.113(c). Enter "Y" for yes or "N" for n	ructic the C	ons)		N		108.00
	-	Physi cal 1.00	Occupationa 2.00	I Speech 3.00	Respiratory 4.00	_
109.00 If this hospital qualifies as a CAH or a cost provider, therapy services provided by outside supplier? Enter "Y for yes or "N" for no for each therapy.		N	N	N	N N	109.00
					1.00	_
110.00 Did this hospital participate in the Rural Community Ho Demonstration)for the current cost reporting period? En complete Worksheet E, Part A, lines 200 through 218, an applicable.	iter "Y	/" for yes or	"N" for no.	lf yes,	Ν	110.00

alth Financial Systems COMMUNITY HOWARD RE	Provi der CC		Peri od:	Lieu of Form CMS Worksheet S	
			From 01/01/20 To 12/31/20		repareo 00 pm
			1.00	2.00	_
1.00 If this facility qualifies as a CAH, did it participate in th Health Integration Project (FCHIP) demonstration for this cos "Y" for yes or "N" for no in column 1. If the response to col integration prong of the FCHIP demo in which this CAH is part Enter all that apply: "A" for Ambulance services; "B" for add for tele-health services.	st reporting p umn 1 is Y, e ticipating in	eriod? Enter enter the column 2.	N	2.00	111.
		1.00	2.00	3.00	_
2.00 Did this hospital participate in the Pennsylvania Rural Healt demonstration for any portion of the current cost reporting p Enter "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 ceas participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information	oeriod? "Y", enter e	N			112.
5.00 Is this an all-inclusive rate provider? Enter "Y" for yes or in column 1. If column 1 is yes, enter the method used (A, B, in column 2. If column 2 is "E", enter in column 3 either "93 for short term hospital or "98" percent for long term care (i psychiatric, rehabilitation and long term hospitals providers the definition in CMS Pub. 15-1, chapter 22, §2208.1.	or E only) 3" percent ncludes s) based on	N			0115.
6.00 Is this facility classified as a referral center? Enter "Y" f "N" for no.	for yes or	N			116.
 7.00 Is this facility legally-required to carry malpractice insura "Y" for yes or "N" for no. 8.00 Is the malpractice insurance a claims-made or occurrence poli 		Y	1		117.
if the policy is claim-made. Enter 2 if the policy is occurre		Premiums	Losses	Insurance	
8.01 List amounts of malpractice premiums and paid losses:		1.00 883,6	2.00	3.00	0 118.
			1.00	2.00	
 8. 02 Are mal practice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting schedu and amounts contained therein. 9. 00 D0 NOT USE THIS LINE 0. 00 Is this a SCH or EACH that qualifies for the Outpatient Hold S211 and employed a predment? (acc instructions) Enter in 	ule listing co Harmless prov	ost centers vision in ACA	N N	N	118. 119. 120.
<pre>\$3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qua Hold Harmless provision in ACA \$3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no.</pre>	alifies for th ts? (see instr	e Outpatient ructions)			
 00 Did this facility incur and report costs for high cost implar patients? Enter "Y" for yes or "N" for no. 	ntable devices	charged to	Y		121.
2.00 Does the cost report contain healthcare related taxes as defi Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included. Transplant Center Information					122
5.00 Does this facility operate a transplant center? Enter "Y" for	yes and "N"	for no. If	N		125
yes, enter certification date(s) (mm/dd/yyyy) below. 5.00[f this is a Medicare certified kidney transplant center, ent		ication date			126
in column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified heart transplant center, enter	er the certifi	cation date			127.
in column 1 and termination date, if applicable, in column 2. 3.00 f this is a Medicare certified liver transplant center, enter	er the certifi	cation date			128.
in column 1 and termination date, if applicable, in column 2. 9.00 If this is a Medicare certified lung transplant center, enter		ation date i	n		129.
column 1 and termination date, if applicable, in column 2. 0.00 If this is a Medicare certified pancreas transplant center, e	enter the cert	i fi cati on			130.
date in column 1 and termination date, if applicable, in colu 0.00 If this is a Medicare certified intestinal transplant center,	umn 2.				131.
date in column 1 and termination date, if applicable, in colu 2.00 If this is a Medicare certified islet transplant center, enter	umn 2. er the certifi				132.
in column 1 and termination date, if applicable, in column 2. 3.00 Removed and reserved		n column 1			133 134
				1	1
4.00 If this is an organ procurement organization (OPO), enter the and termination date, if applicable, in column 2. All Providers					

Health Financial Systems	COMMUNITY HO	WARD REG	IONAL HEALTH				In Lieu	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA	ł	Provider CCN	N: 15-C			/01/2021 2/31/2021	Worksheet S-2 Part I Date/Time Pre	
								5/30/2022 3:0	DO pm
1.00 If this facility is part of a chain of					3 the na	ne and	3.00 address	of the	
home office and enter the home office 141.00 Name: COMMUNITY HEALTH NETWORK	<u>contractor name</u> Contractor's Nai				ntractor	's Nur	mber: 0810	1	141.00
142.00 Street: 1500 NORTH RITTER	PO Box:	SERVI	CES						142.00
143.00City: INDIANAPOLIS	State:	IN		Zi	p Code:		4621	9-3095	143.00
								1.00	
144.00 Are provider based physicians' costs	included in Works	heet A?						Y	144.00
							1.00	2.00	
145.00 If costs for renal services are claim inpatient services only? Enter "Y" fo no, does the dialysis facility includ period? Enter "Y" for yes or "N" for	or yes or "N" for i le Medicare utiliza no in column 2.	no in col ation foi	umn 1. lfco rthis cost r	olumn report	i ng		Y		145.00
146.00 Has the cost allocation methodology of Enter "Y" for yes or "N" for no in co yes, enter the approval date (mm/dd/y	olumn 1. (See CMS I						N		146.00
								1.00	-
147.00 Was there a change in the statistical 148.00 Was there a change in the order of al								N	147.00 148.00
149.00 Was there a change to the simplified			r "Y" for yes	s or "				N	149.00
		-	Part A 1.00	-	<u>rt B</u> 00		tle V 3.00	Title XIX 4.00	-
Does this facility contain a provider or charges? Enter "Y" for yes or "N"			emption from for Part A	the a	applicat art B. (1	ion of	the lowe CFR §413	r of costs .13)	
155.00Hospital 156.00Subprovider – IPF			N N		N N		N N	N N	155.00 156.00
157.00 Subprovi der – IRF			N		N		N	N	157.00
158. 00 SUBPROVI DER 159. 00 SNF			N		N		N	Ν	158.00 159.00
160.00HOME HEALTH AGENCY 161.00CMHC			N		N N		N N	N N	160.00 161.00
		N	ł					1.00	
Multicampus									
165.00 Is this hospital part of a Multicampu Enter "Y" for yes or "N" for no.	is hospital that h	as one oi	r more campus	ses in	differe	ent CB	SAs?	Ν	165.00
	Name O	(County 1.00	Stat 2.0		Code 00	CBSA 4.00	FTE/Campus 5.00	-
166.00 If line 165 is yes, for each			1.00	2.0	.0 3.	00	4.00		0166.00
campus enter the name in column O, county in column 1, state in									
column 2, zip code in column 3, CBSA in column 4, FTE/Campus in									
column 5 (see instructions)									
								1.00	
Health Information Technology (HIT) i 167.00 Is this provider a meaningful user ur	ncentive in the A	merican ter "Y" 1	Recovery and for ves or "N	Reinv N" for	estment	Act		Y	167.00
168.00 If this provider is a CAH (line 105 i reasonable cost incurred for the HIT	s "Y") and is a me	eani ngful				enter	the	•	168.00
168.01 If this provider is a CAH and is not	a meaningful user	, does th				a hard	shi p		168. 01
exception under §413.70(a)(6)(ii)? Er 169.00 If this provider is a meaningful user transition factor. (see instructions)	- (line 167 is "Y")					√"), e	nter the	0.0	0169.00
							gi nni ng	Endi ng	
170.00 Enter in columns 1 and 2 the EHR begi	nning date and end	ding date	e for the rep	portin	g		1.00	2.00	170.00
period respectively (mm/dd/yyyy)									
171 COLF Line 167 is "V" does this provide	n have any dave f	or Indivi	dual s oprol	Lod in			1.00 N	2.00	0171.00
171.00 If line 167 is "Y", does this provide section 1876 Medicare cost plans repo "Y" for yes and "N" for no in column 1876 Medicare days in column 2. (see	orted on Wkst. S-3 1. If column 1 is	, Pt. I,	line 2, col.	. 6? E	nter		IN		

JSPI I	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021 Y/N	5/30/2022 3:0	epared:
				1.00	Date 2.00	-
	General Instruction: Enter Y for all YES responses. Enter N f	or all NO re	sponses. Ente			
	mm/dd/yyyy format.					-
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					-
00	Has the provider changed ownership immediately prior to the b	peainning of	the cost	N		1.0
	reporting period? If yes, enter the date of the change in col	umn 2. (see	instructions)		
			Y/N	Date	V/I	
00	Has the provider terminated participation in the Medicare Pro	arom2 lf	1.00 N	2.00	3.00	2.0
00	yes, enter in column 2 the date of termination and in column voluntary or "I" for involuntary. Is the provider involved in business transactions, including	3, "V" for	N			2.00
	contracts, with individuals or entities (e.g., chain home off or medical supply companies) that are related to the provider officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	fices, drug or its the board				
			Y/N	Туре	Date	
	Financial Data and Daparts		1.00	2.00	3.00	-
00	Financial Data and Reports Column 1: Were the financial statements prepared by a Certif Accountant? Column 2: If yes, enter "A" for Audited, "C" for or "R" for Reviewed. Submit complete copy or enter date avail column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues differe	⁻ Compiled, able in	Y	A	03/31/2022	4.00
	those on the filed financial statements? If yes, submit recor					
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities			1.00	2.00	
00	Column 1: Are costs claimed for a nursing program? Column 2: is the legal operator of the program?	5	the provide			6.00
00 00	Are costs claimed for Allied Health Programs? If "Y" see inst Were nursing programs and/or allied health programs approved cost reporting period? If yes, see instructions.		ed during the	e N		7.00 8.00
00	Are costs claimed for Interns and Residents in an approved gr		al education	Ν		9.0
0. 00	program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or cost reporting period? If yes, see instructions.		he current	Ν		10.00
1.00	Are GME cost directly assigned to cost centers other than I & Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N	Y/N	11.0
					1.00	
	Bad Debts					
2.00 3.00	Is the provider seeking reimbursement for bad debts? If yes, If line 12 is yes, did the provider's bad debt collection pol period? If yes, submit copy.			ost reporting	Y N	12. 0 13. 0
4. 00	If line 12 is yes, were patient deductibles and/or co-payment	ts waived? If	yes, see in:	structions.	N	14.0
5.00	Bed Complement Did total beds available change from the prior cost reporting	<i>/</i> /	<u>yes, see ins</u> t A		Y T B	15.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data		1	N		144.00
5. 00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Ν		N		16.0
7.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Y	05/02/2022	Y	05/02/2022	17.00
. 00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18.0
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		N		19. 0

Health Financial Systems

COMMUNITY HOWARD REGIONAL HEALTH

In Lieu of Form CMS-2552-10

<u>Heal th</u>	Financial Systems COMMUNITY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form Cl	<u>MS-2552-10</u>	
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet Part II Date/Time 5/30/2022	Prepared:	
		Descri	ption	Y/N	Y/N	3:00 pili	
)	1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R 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		Ν		21.00	
					1.00		
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)				
	Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see				N	22.00	
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.			0	Ν	23.00	
24.00	Were new leases and/or amendments to existing leases entered If yes, see instructions	N	24.00				
25.00	Have there been new capitalized leases entered into during instructions.		0.1	5	N	25.00	
26.00	00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						
27.00	Has the provider's capitalization policy changed during the copy.	e cost reportin	g period? If	yes, submit	Ν	27.00	
28.00	Interest Expense Were new Loans, mortgage agreements or letters of credit en	ntered into dur	ing the cost	reporting	N	28.00	
29.00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or		-		N	29.00	
30.00	treated as a funded depreciation account? If yes, see inst Has existing debt been replaced prior to its scheduled matu	ructions			N	30, 00	
31.00	Has debt been recalled before scheduled maturity without is	-	-		N	31.00	
	instructions. Purchased Services						
32.00	Have changes or new agreements occurred in patient care set arrangements with suppliers of services? If yes, see instru		d through con	tractual	Ν	32.00	
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		g to competit	ive bidding? If	Ν	33.00	
	Provi der-Based Physi ci ans						
34.00	Are services furnished at the provider facility under an a	rrangement with	provi der-bas	ed physi ci ans?	Y	34.00	
35.00			ts with the p	rovi der-based	Ν	35.00	
	physicians during the cost reporting period? If yes, see in	nstructions.		Y/N	Dete		
				1.00	Date 2.00		
	Home Office Costs			1.00	2.00		
	Were home office costs claimed on the cost report? If line 36 is yes, has a home office cost statement been pu	repared by the	home office?	Y Y		36.00 37.00	
	If yes, see instructions. If line 36 is yes, was the fiscal year end of the home of			N		38.00	
39.00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to othe	d of the home o	ffi ce.	N		39.00	
40.00	see instructions. If line 36 is yes, did the provider render services to the		5			40.00	
	instructions.					10.00	
	Cast Bapart Branarar Contact Information	1.	00	2.	00		
41.00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	SHI RLEY		BI SHOP		41.00	
42.00	respectively. Enter the employer/company name of the cost report propagor	COMMUNI TY HEAL	TH NETWORK			42.00	
43.00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMU	NI TY. COM	43.00	

Heal th	Financial Systems COMMUNITY HOWAR	D REGIONAL HEALTH	In Lie	In Lieu of Form CMS-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0007	Period: From 01/01/2021	Worksheet S-2 Part II		
				Date/Time Pre 5/30/2022 3:0	pared: 0 pm	
		3.00				
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position	DI RECTOR REI MBURSEMENT			41.00	
	held by the cost report preparer in columns 1, 2, and 3,					
	respectively.					
42.00	Enter the employer/company name of the cost report				42.00	
	preparer.					
43.00	Enter the telephone number and email address of the cost				43.00	
	report preparer in columns 1 and 2, respectively.					

	Financial Systems COM AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	MUNITY HOWARD R AL DATA	Provi der CC		Period:	worksheet S-3	
					From 01/01/2021 To 12/31/2021	Part I Date/Time Pre 5/30/2022 3:00	
						I/P Days / O/P Visits / Trips	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30. 00	105	38, 3	25 0.00	0	1.00
2.00 3.00 4.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider						2.00 3.00 4.00
5.00 6.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF					0 0	5. 00 6. 00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		105	38, 3	25 0.00	0	7.00
8.00 9.00 10.00 11.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T BURN I NTENSI VE CARE UNI T SURGI CAL I NTENSI VE CARE UNI T	31. 00	8	2, 9:	20 0.00	0	8.00 9.00 10.00 11.00
12.00 13.00 14.00 15.00 16.00	OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF	43.00	113	41, 24	45 0.00	0 0 0	12.0 13.0 14.0 15.0 16.0
17.00 18.00 19.00	SUBPROVI DER – I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY						17.0 18.0 19.0
20.00 21.00 22.00 23.00	NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.)						20.0 21.0 22.0 23.0
4.00 4.10 5.00	HOSPICE HOSPICE (non-distinct part) CMHC - CMHC	30. 00					24. 0 24. 1 25. 0
26.00 26.25 27.00 28.00	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Red Days	89.00	113			0	26.0 26.2 27.0 28.0
8.00 9.00 0.00 1.00 2.00	Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room		0		0	0	28.0 29.0 30.0 31.0 32.0
3. 00	LTCH non-covered days LTCH site neutral days and discharges						33. 0 33. 0

OSPI I	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre 5/30/2022 3:0	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3, 380	752	17, 05	4		1.0
. 00	HMO and other (see instructions)	4, 498	4, 806				2.0
. 00	HMO IPF Subprovider	0	0				3.0
. 00	HMO IRF Subprovider	0	0				4.0
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.0
. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.0
. 00	Total Adults and Peds. (exclude observation	3, 380	752	17, 05	4		7.0
00	beds) (see instructions)	2,000	0	2 01	1		
. 00 . 00	INTENSIVE CARE UNIT	2, 009	0	2, 01	1		8.C
0.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						10. 0
1.00	SURGICAL INTENSIVE CARE UNIT						111. (
2.00							12.0
3.00	OTHER SPECIAL CARE (SPECIFY) NURSERY		476	69	5		13. (
4.00	Total (see instructions)	5, 389	1, 228	19, 76	-	635.10	
5.00	CAH visits	3, 307	1, 220		0.00	033.10	15.0
6.00	SUBPROVIDER - IPF	0	0		0		16.
7.00	SUBPROVIDER - IRF						17. (
8.00	SUBPROVIDER						18.
9.00	SKILLED NURSING FACILITY						19.0
0. 00	NURSING FACILITY						20.
1.00	OTHER LONG TERM CARE						21.
2.00	HOME HEALTH AGENCY						22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.
1.00	HOSPI CE						24.
I. 10	HOSPICE (non-distinct part)			3	9		24.
5.00	CMHC - CMHC						25.
5.00	RURAL HEALTH CLINIC						26.
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	26.
7.00	Total (sum of lines 14-26)				0.00	635.10	27.
3.00	Observation Bed Days		377	1, 83	7		28.
9.00	Ambul ance Trips	0					29.
0.00	Employee discount days (see instruction)			9			30.
I. 00	Employee discount days - IRF				0		31.
2.00	Labor & delivery days (see instructions)	0	12	12			32.
2. 01	Total ancillary labor & delivery room				0		32.
0 00	outpatient days (see instructions)						
3.00	LTCH non-covered days	0					33.

10SPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Pre 5/30/2022 3:0	pared:
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d Workers	Title V	Title XVIII		Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
2.00 3.00 4.00 5.00 5.00 7.00 3.00 9.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed SNF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT		0	1, 2 [,] 9:	49 154 34 1, 050 0 0	4, 631	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	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY	0, 00		1.0	10 15 1	4 (21	10.00 11.00 12.00 13.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 26.25 27.00 28.00 29.00 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	Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction)	0. 00 0. 00 0. 00	0	1, 24	49 154	4, 631	14. 00 15. 00 16. 00 17. 00 20. 00 21. 00 22. 00 23. 00 24. 00 24. 00 24. 00 24. 00 25. 00 26. 29 27. 00 28. 00 28. 00 29. 00 30. 00 21. 00 21. 00 21. 00 21. 00 20. 00 21. 00 20. 00 21. 00 20. 00 21. 00 20. 00 21. 00 22. 00 23. 00 24. 00 24. 00 24. 00 25. 00 26. 00 27. 00 26. 00 27. 00 27. 00 28. 00 29. 00 20. 00 21. 00 24. 00 24. 00 24. 00 26. 00 26. 00 27. 00 28. 00 29. 00 20. 00 21. 00 22. 00 24. 00 24. 00 26. 00 26. 00 27. 00 27. 00 28. 00 29. 00 20. 00 21. 00 20. 00 24. 00 26. 00 26. 00 27. 00 28. 00 29. 00 20. 00 20. 00 24. 00 26. 00 26. 00 27. 00 28. 00 29. 00 29. 00 29. 00 29. 00 20. 00 29. 00 20. 00 20
 31.00 32.00 32.01 33.00 33.00 	Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges				0		31.0 32.0 32.0 33.0 33.0

PITAL WAGE	INDEX INFORMATION			Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part II Date/Time Pre 5/30/2022 3:00	par
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
	WACE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
SALARI E	- WAGE DATA							1
) Total s	salaries (see	200.00	48, 545, 727	-249, 993	48, 295, 73	4 1, 321, 014. 00	36. 56	· [
instruc Non-phy	ctions) ysician anesthetist Part		C	0		0.00	0.00	
			C	0		0.00	0.00	<u>ו</u>
) Non-phy	ysician anesthetist Part		C	0		0.00	0.00)
) Physici	an-Part A -		136, 638	0	136, 63	B 653.00	209. 25	
	strative ans - Part A - Teaching		C	0		0.00	0.00	
	an and Non		778, 307	-	778, 30			
	an-Part B							
	ysician-Part B for al-based RHC and FQHC		C	0		0.00	0.00	2
servi ce	es							
	s & residents (in an ed program)	21.00	C	0		0.00	0.00)
	cted interns and		C	0		0. 00	0. 00	
	nts (in an approved							
program D Home of	ns) ffice and/or related		C	0		0.00	0.00	
	zation personnel							
) SNF 00 Exclude	ed area salaries (see	44.00	5, 878, 482	0 369, 035	6, 247, 51	0.00 7 206,091.00		
instruc	ctions)		0,0,0,102		0/21//01	200,071100		<u> </u>
	AGES & RELATED COSTS		2, 903, 999	0	2, 903, 99	9 36, 187. 00	80. 25	1
Care	LI TADOL. DITECT PATIENT		2,903,999	0	2, 903, 99	9 30, 187.00	00.23	"
	ct labor: Top level		C	0		0.00	0.00	1
	nent and other nent and administrative							
service	es							
	ct labor: Physician-Part ninistrative		236, 224	. 0	236, 22	4 2, 047. 00	115. 40	1
00 Home of	fice and/or related		C	0		0.00	0.00	1
	zation salaries and elated costs							
01 Home of	fice salaries		12, 761, 894	0	12, 761, 89	4 285, 085. 00	44. 77	1
	d organization salaries		C	0		0.00		
	[°] fice: Physician Part A histrative		Ĺ	0		0.00	0.00	ין
	fice and Contract		C	0		0.00	0.00	1
	ans Part A - Teaching fice Physicians Part A		C	0		0.00	0.00	1
- Teach	ni ng							
	fice contract ans Part A - Teaching		C	0		0.00	0.00	1
WAGE-RE	LATED COSTS			I				1
00 Wage-re instruc	elated costs (core) (see		10, 485, 484	. 0	10, 485, 48	4		1
	elated costs (other)							1
	nstructions)		1 700 0/0		1 700 04	2		,
	ed areas /sician anesthetist Part		1, 720, 262 C	0	1, 720, 26			1
A								
00 Non-phy B	ysician anesthetist Part		C	0				2
	an Part A -		7, 705	0	7, 70	5		2
1	strative an Part A - Teaching		ſ	0		0		2
	an Part B		28, 886	0	28, 88	6		2
	elated costs (RHC/FQHC)		C	0				2
	s & residents (in an ed program)		C	0				2
50 Home of	fice wage-related		3, 156, 987	0	3, 156, 98	7		2
(core) 51 Related	d organization		C	_		0		2
wage-re	elated (core)		C					[2
52 Home of	fice: Physician Part A		C	0		D		2
	nistrative – elated (core)							

	Financial Systems	COIVI	MUNITY HOWARD	REGIONAL HEALT	H	In Lie	eu of Form CMS-2	2552-10
	AL WAGE INDEX INFORMATION			Provider CO		Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part II Date/Time Pre 5/30/2022 3:00	pared: 0 pm
		Wkst. A Line		Reclassi fi cati			Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	$(col.2 \pm col.$		col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0	(C		25.53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARIE							
26.00	Employee Benefits Department	4.00	1,000			0.00		26.00
27.00	Administrative & General	5.00	4, 810, 888	-180, 052				27.00
28.00	Administrative & General under		2, 880, 819	0	2, 880, 81	9 23, 235. 00	123. 99	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0		0.00		29.00
30.00	Operation of Plant	7.00	736, 640	0	736, 64	27, 010. 00	27.27	30.00
31.00	Laundry & Linen Service	8.00	0	0	(0.00	0.00	31.00
32.00	Housekeepi ng	9.00	1, 184, 148	-12, 495	1, 171, 65	3 61, 935. 00	18. 92	32.00
33.00	Housekeeping under contract (see instructions)		298, 481	0	298, 48	1 6, 864.00	43. 48	33.00
34.00	Dietary	10.00	974, 534	-616, 893	357, 64	1 20, 413. 00	17.52	34.00
35.00	Dietary under contract (see instructions)		137, 984	0	137, 98	4 2, 080. 00	66. 34	35.00
36.00	Cafeteri a	11.00	0	613, 956	613, 95	6 32, 941. 00	18.64	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	718, 172	-351	717, 82	1 17, 905. 00	40.09	38.00
39.00	Central Services and Supply	14.00	0	0		0.00		39.00
40.00	Pharmacy	15.00	0	0	(0.00		40.00
41.00	Medical Records & Medical	16.00	0	0		0.00		41.00
	Records Library		0	0			5.00	
42.00	Social Service	17.00	611, 647	-208	611, 43	9 14, 372. 00	42.54	42.00
43.00	Other General Service	18.00	0	0		0.00		43.00

Heal th	Financial Systems	COM	MUNITY HOWARD	REGIONAL HEALT	Н	In Lie	eu of Form CMS-2	2552-10
HOSPI	FAL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	
							5/30/2022 3:00	-
		Worksheet A		Recl assi fi cati	5		Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es		Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		51, 084, 704	-249, 993	50, 834, 71	1 1, 350, 745. 00	37.63	1. 00
2.00	instructions) Excluded area salaries (see		5, 878, 482	369, 035	6, 247, 51	7 206, 091. 00	30, 31	2.00
2.00	i nstructi ons)		0,070,102		0, 217, 01	200,071.00	00.01	2.00
3.00	Subtotal salaries (line 1		45, 206, 222	-619, 028	44, 587, 19	4 1, 144, 654. 00	38.95	3.00
	minus line 2)							
4.00	Subtotal other wages & related costs (see inst.)		15, 902, 117	0	15, 902, 11	7 323, 319. 00	49. 18	4.00
5.00	Subtotal wage-related costs		13, 650, 176	0	13, 650, 17	6 0.00	30. 61	5.00
(00	(see inst.)			(10,000	74 100 40			(00
6.00	Total (sum of lines 3 thru 5)		74, 758, 515					
7.00	Total overhead cost (see		12, 354, 313	-197, 043	12, 157, 27	292, 847.00	41.51	7.00
	instructions)							

al th SPI T	AL WAGE RELATED COSTS	EGIONAL HEALTH Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	parec
				5/30/2022 3:00	0 pm
				Amount	
				Reported 1.00	
	PART IV - WAGE RELATED COSTS			1.00	
	Part A - Core List				
	RETIREMENT COST				
00	401K Employer Contributions			1, 834, 248	1 1.
00	Tax Sheltered Annuity (TSA) Employer Contribution			1,001,210	2.
00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	
00	Qualified Defined Benefit Plan Cost (see instructions)			0	4.
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
00	401K/TSA Plan Administration fees			0	5.
00	Legal/Accounting/Management Fees-Pension Plan			0	6.
00	Employee Managed Care Program Administration Fees			0	7.
	HEALTH AND INSURANCE COST				1
00	Health Insurance (Purchased or Self Funded)			0	8.
)1	Health Insurance (Self Funded without a Third Party Administr	rator)		0	8.
)2	Health Insurance (Self Funded with a Third Party Administrate	or)		4, 816, 993	8.
)3	Health Insurance (Purchased)			0	
00	Prescription Drug Plan			1, 504, 085	9.
00	Dental, Hearing and Vision Plan			51, 940	10.
00	Life Insurance (If employee is owner or beneficiary)			28, 199	11.
00	Accident Insurance (If employee is owner or beneficiary)				12.
00	Disability Insurance (If employee is owner or beneficiary)			401, 435	13.
00	Long-Term Care Insurance (If employee is owner or beneficiary	y)		0	
00	'Workers' Compensation Insurance			118, 702	15.
00	Retirement Health Care Cost (Only current year, not the extra	aordinary accrual require	ed by FASB 106.	0	16.
	Non cumulative portion)				
~ ~	TAXES			0.444.040	
	FICA-Employers Portion Only			3, 441, 010	
	Medicare Taxes - Employers Portion Only			0	
00	Unemployment Insurance			0	
00	State or Federal Unemployment Taxes OTHER			0	20.
00	Executive Deferred Compensation (Other Than Retirement Cost F	Departed on Lince 1 three	in t about (aca	0	1 21
00	instructions))	Reported on Times I through	ign 4 above. (See	0	21.
00	Day Care Cost and Allowances			0	22.
00	Tuition Reimbursement			45, 723	
	Total Wage Related cost (Sum of Lines 1 -23)			43, 723	
50	Part B - Other than Core Related Cost			12, 272, 333	27.
	OTHER WAGE RELATED COSTS (SPECIFY)				25.

Heal th	Financial Systems	COMMUNITY HOWARD REGIONAL HEALTH		In Lie	u of Form CMS-2	2552-10
H0SPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-C		eri od:	Worksheet S-3	
				rom 01/01/2021	Part V	
				o 12/31/2021	Date/Time Pre	
	Cost Center Description			Contract Labor	5/30/2022 3:00 Benefit Cost	0 pili
	cost center bescription			1.00	2.00	
	PART V - Contract Labor and Benefit Cos	+		1.00	2.00	
	Hospital and Hospital-Based Component I					
1.00	Total facility's contract labor and ben			2, 903, 999	12, 242, 335	1.00
2.00	Hospi tal			2,903,999		
3.00	Subprovi der – IPF			2,700,777	12, 212, 000	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	Hospi tal -Based OLTC					10.00
11.00	Hospi tal -Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospi tal -Based Hospi ce					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospi tal -Based-CMHC					16.00
17.00	Renal Dialysis			0	0	17.00
18.00	Other			0	0	18.00
						•

Heal th	alth Financial Systems COMMUNITY HOWARD REGIONAL HEALTH In Lieu of Form CMS-2552-10							
		Provider CC		Peri od:	Worksheet S-1			
				From 01/01/2021				
				To 12/31/2021				
					5/30/2022 3:0	0 pili		
					1.00			
	Uncompensated and indigent care cost computation				1.00			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	vided by lin	e 202 column	8)	0. 201214	1.00		
	Medicaid (see instructions for each line)	· · · · · · · · · · · · · · · · · · ·		- /				
2.00	Net revenue from Medicaid				29, 823, 813	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	al payments	from Medica	id?	N	4.00		
5.00	If line 4 is no, then enter DSH and/or supplemental payments fr	om Medicaid	l		-4, 860, 771	5.00		
6.00	Medi cai d charges				127, 342, 717	6.00		
7.00	Medicaid cost (line 1 times line 6)				25, 623, 137 660, 095	7.00 8.00		
8.00								
	< zero then enter zero)							
	Children's Health Insurance Program (CHIP) (see instructions fo	r each line	:)					
9.00	Net revenue from stand-al one CHIP				0			
10.00 11.00	Stand-alone CHIP charges				0			
12.00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP (lino 11 min	uc lino 0, i	F . Joro thon	0	12.00		
12.00	enter zero)		ius IIIle 9, I		0	12.00		
	Other state or local government indigent care program (see inst	ructions fo	r each line)		1			
13.00	Net revenue from state or local indigent care program (Not incl)	0	13.00		
14.00	Charges for patients covered under state or local indigent care				0			
	10)	1 3 (
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00		
16.00	Difference between net revenue and costs for state or local ind	ligent care	program (lin	e 15 minus line	0	16.00		
	13; if < zero then enter zero)							
	Grants, donations and total unreimbursed cost for Medicaid, CHI	P and state	/local indig	ent care progra	ms (see			
17.00	instructions for each line) Private grants, donations, or endowment income restricted to fu	nding chari	ty caro		0	17.00		
18.00	Government grants, appropriations or transfers for support of h				0			
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local			(sum of lines	660, 095			
	8, 12 and 16)	riidi goirt e	ar o programo		000,070			
			Uni nsured	Insured	Total (col. 1			
			patients	pati ents	+ col. 2)			
			1.00	2.00	3.00			
~~ ~~	Uncompensated Care (see instructions for each line)	· · · · T	0.000.70	740.040	0.05(.700	00.00		
20.00	Charity care charges and uninsured discounts for the entire fac	iiity	3, 208, 78	8 748, 010	3, 956, 798	20.00		
21.00	(see instructions) Cost of patients approved for charity care and uninsured discou	ints (soo	645, 65	3 748, 010	1, 393, 663	21.00		
21.00	instructions)		045,05	3 740,010	1, 373, 003	21.00		
22.00	Payments received from patients for amounts previously written	off as		o c	0	22.00		
22.00	charity care					22.00		
23.00	Cost of charity care (line 21 minus line 22)		645, 65	3 748, 010	1, 393, 663	23.00		
					1.00			
24.00	Does the amount on line 20 column 2, include charges for patien		nd 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 th	ie indigent	care program	s length of	0	25.00		
26.00	stay limit Total bad debt expense for the entire hospital complex (see ins	tructions)			5, 632, 438	26.00		
28.00	Medicare reimbursable bad debts for the entire hospital complex (see his		uctions)		132, 405			
27.00	Medicare allowable bad debts for the entire hospital complex (s		203, 700					
28.00								
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	ense (see i	nstructions)		5, 428, 738 1, 163, 633			
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	(2, 557, 296			
31.00	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			3, 217, 391			

	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	F EXPENSES	Provider CC		eriod: rom 01/01/2021	Worksheet A	
					o 12/31/2021	Date/Time Pre 5/30/2022 3:0	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	
	GENERAL SERVICE COST CENTERS	I					
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP		0	0		4, 104, 828 5, 807, 113	1.00 2.00
3.00	00300 OTHER CAP REL COSTS		0	0		0,007,113	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,000	110, 776	111, 776		105, 338	4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	4, 810, 888	43, 762, 197	48, 573, 085		43, 698, 837	5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	736, 640	5, 424, 936 346, 534	6, 161, 576 346, 534		5, 488, 471 346, 534	7.00 8.00
9.00	00900 HOUSEKEEPING	1, 184, 148	887, 041	2, 071, 189		2, 038, 568	9.00
10.00	01000 DI ETARY	974, 534	976, 309	1, 950, 843		620, 746	
11.00	01100 CAFETERI A	0	120	120		1, 229, 030	
13.00 16.00	01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY	718, 172	268, 225 0	986, 397	-99, 836 0	886, 561 0	13.00 16.00
17.00	01700 SOCIAL SERVICE	611, 647	184, 371	796, 018	0	796, 018	
19.00	01900 NONPHYSI CLAN ANESTHETI STS	0	0	0		0	19.00
23.00	02300 PASTORAL CARE	0	0	0	0	0	23.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	11 (40 400	0 000 010	10 744 710	0 151 101	17 505 501	20.00
30.00 31.00	03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T	11, 648, 499 1, 642, 397	8, 098, 213 948, 732	19, 746, 712 2, 591, 129		17, 595, 581 2, 392, 228	30.00 31.00
43.00	04300 NURSERY	0	0	0		335, 595	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	3, 311, 855	9, 878, 346	13, 190, 201		6, 418, 298	
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	0	0	1, 062, 357	1, 062, 357 0	52.00 53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 789, 716	2,068,142	3, 857, 858	-675, 712	3, 182, 146	
54.01	03480 ONCOLOGY	1, 602, 033	1, 914, 079	3, 516, 112		2, 853, 341	54.01
57.00	05700 CT_SCAN	553, 909	595, 902	1, 149, 811		849, 812	
58.00		359, 236	986, 731	1, 345, 967		467, 745	
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	745, 744 0	3, 737, 473 5, 763, 995	4, 483, 217 5, 763, 995		1, 467, 831 5, 758, 846	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0,700,770	0,700,770		0,700,010	63.00
65.00	06500 RESPI RATORY THERAPY	1, 341, 457	682, 667	2, 024, 124		1, 882, 011	65.00
66.00	06600 PHYSI CAL THERAPY	976, 866	346, 867	1, 323, 733		711, 152	66.00
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0 -893	-893	463, 200 144, 617	463, 200 143, 724	67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	1, 116, 556	582, 946	1, 699, 502		1, 549, 527	
70.00	07000 ELECTROENCEPHALOGRAPHY	13, 128	27, 045	40, 173	-9, 340	30, 833	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	373, 082	728, 412	1, 101, 494		5, 372, 474	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0 2, 396, 879	0 18, 383, 162	0 20, 780, 041	-,,	5, 888, 596 20, 542, 246	
	07400 RENAL DIALYSIS	2, 390, 879	239, 735	20, 780, 041		20, 342, 240	
	07500 ASC (NON-DI STINCT PART)	0	0			0	
	03950 WOUND CARE CENTER	401, 080	361, 890				
76.00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	180, 041	43, 263	223, 304	-2, 146	221, 158	76.00
91.00	09100 EMERGENCY	2, 742, 250	2, 213, 068	4, 955, 318	-356, 869	4, 598, 449	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	_,,	_, ,	., ,	,	., ,	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
93.00 93.01	04950 OTHER OUTPATIENT SERVICES	1 402 402	610 021		722 150	0	93.00
93. 01 93. 02	04951 GENESIS 04952 WOMEN'S CENTER	1, 403, 683 0	610, 831 0	2, 014, 514 0	722, 158 0	2, 736, 672 0	93.01 93.02
	04953 RESIDENTIAL HOMES	0	0	0	0	0	93.02
93.04	04954 DR. STEELE	О	0	0	0	0	93.04
		0	0	0	0	0	93.05
93.06 93.07	04956 HOWARD COUNTY CSS 04957 OTHER	451, 668 0	249, 692 0	701, 360	120, 706 0	822, 066 0	93.06 93.07
	04968 PSYCH MEDICATION	580, 137	163, 632	743, 769	-743, 769	0	
	OTHER REIMBURSABLE COST CENTERS					-	1
95.00	09500 AMBULANCE SERVICES	1, 357, 228	809, 293	2, 166, 521	-183, 314	1, 983, 207	95.00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	I	0	0	0	0	113.00
	11400 UTILIZATION REVIEW - SNF	0 44, 024, 473	0 111, 393, 732	0 155, 418, 205	-70, 031		114.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
	19001 COMMUNITY HOWARD FOUNDATION	73, 431	48, 811	122, 242		121, 875	
	19200 PHYSI CLANS' PRI VATE OFFI CES	580, 397	557, 529	1, 137, 926	-208, 504	929, 422	
	19300 NONPALD WORKERS 07951 MISC BH NRCC		1 202 E12		0 	0 3, 586, 903	193.00
	07951 MISC BH NRCC 07958 SOUTH BERKLEY BLDG	2, 005, 958 0	1, 292, 512 0	3, 298, 470 0	288, 433 0		194.00
	07959 MOBILE CLINIC	40, 414	15, 969	56, 383	-6, 798	49, 585	194.09
	07960 PLASTIC SURGERY		2, 733				194.10

Health Financial Systems CO	MMUNITY HOWARD	REGIONAL HEALT	H	In Lie	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provider C		eriod:	Worksheet A	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre 5/30/2022 3:0	
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	
194.11 07961 KOKOMO SCHOOL BASED	1, 821, 054	425, 980	2, 247, 034	0	2, 247, 034	194.11
194. 15 07965 I NDI ANA SURGERY CENTER	0	60	60	0	60	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	C	0	0	194.16
200.00 TOTAL (SUM OF LINES 118 through 199)	48, 545, 727	113, 737, 326	162, 283, 053	0	162, 283, 053	200. 00

LLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EAMENDED	Provider CCN: 15-00	From 01/01/2021	heet A Time Prepare
	Cost Conton Description		Net European		2022 3:00 pm
	Cost Center Description		Net Expenses For Allocation		
	GENERAL SERVICE COST CENTERS	6.00	7.00		
00	00100 CAP REL COSTS-BLDG & FIXT	0	.,		1.
00	00200 CAP REL COSTS-MVBLE EQUIP	0			2.
00	00300 OTHER CAP REL COSTS	0	0		3.
00 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	2, 292, 758 -17, 951, 317			4.
00	00700 OPERATION OF PLANT	1, 170, 430			5.
00	00800 LAUNDRY & LINEN SERVICE	0			8.
00	00900 HOUSEKEEPI NG	0			9.
	01000 DI ETARY	-3, 740			10.
	01100 CAFETERIA	-495, 146			11.
	01300 NURSI NG ADMI NI STRATI ON	1, 129, 505			13.
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	957, 256 0	957, 256 796, 018		16.
	01900 NONPHYSI CI AN ANESTHETI STS	0	0		19.
. 00	02300 PASTORAL CARE	0	0		23.
	INPATIENT ROUTINE SERVICE COST CENTERS				
. 00	03000 ADULTS & PEDI ATRI CS	-2, 945, 924			30.
	03100 I NTENSI VE CARE UNI T	0			31.
. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	335, 595		43.
0. 00	05000 OPERATI NG ROOM	0	6, 418, 298		50.
	05200 DELIVERY ROOM & LABOR ROOM	0			52.
3.00	05300 ANESTHESI OLOGY	0	0		53.
	05400 RADI OLOGY-DI AGNOSTI C	63, 143			54.
	03480 ONCOLOGY	0			54.
	05700 CT SCAN	0	849, 812		57.
. 00 . 00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	467, 745 1, 467, 831		58. 59.
	06000 LABORATORY	0	5, 758, 846		60.
. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.
. 00	06500 RESPI RATORY THERAPY	0	1, 882, 011		65.
6.00	06600 PHYSI CAL THERAPY	0	711, 152		66.
7.00	06700 OCCUPATIONAL THERAPY	0	463, 200		67.
3.00	06800 SPEECH PATHOLOGY	0	110/721		68.
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-2, 641	1, 546, 886 30, 833		69. 70.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	952, 237			70.
	07200 I MPL. DEV. CHARGED TO PATIENTS	0			72.
	07300 DRUGS CHARGED TO PATIENTS	325, 148	20, 867, 394		73.
	07400 RENAL DI ALYSI S	0			74.
	07500 ASC (NON-DI STINCT PART)	0	0		75.
	03950 WOUND CARE CENTER	-3, 191			75.
5. 00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	0	221, 158		
I. 00	09100 EMERGENCY	541, 496	5, 139, 945		91.
	09200 OBSERVATION BEDS (NON-DISTINCT PART				92.
2. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.
	04950 OTHER OUTPATIENT SERVICES	0	0		93.
	04951 GENESI S	-984, 514	1, 752, 158		93
	04952 WOMEN' S CENTER 04953 RESI DENTIAL HOMES	0	0		93
	04954 DR. STEELE	0	0		93.
	04955 DI ABETI C EDUCATI ON	0	o		93.
. 06	04956 HOWARD COUNTY CSS	-317, 081	504, 985		93.
	04957 OTHER	0	0		93.
8. 18	04968 PSYCH MEDICATION	0	0		93.
5. 00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	-17, 694	1 045 512		95.
. 00	SPECIAL PURPOSE COST CENTERS	-17,094	1, 965, 513		
3.00	11300 I NTEREST EXPENSE	0	0		113
	11400 UTILIZATION REVIEW - SNF	0	0		114.
8.00	SUBTOTALS (SUM OF LINES 1 through 117)	-15, 289, 275	140, 058, 899		118.
	NONREIMBURSABLE COST CENTERS				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.
	19001 COMMUNITY HOWARD FOUNDATION 19200 PHYSICIANS' PRIVATE OFFICES	0	121, 875 929, 422		190. 192.
	19200 PHYSICIANS PRIVATE OFFICES		929, 422		192.
	07951 MI SC BH NRCC	0	3, 586, 903		194
	07958 SOUTH BERKLEY BLDG	0	0		194.
	07959 MOBILE CLINIC	0	49, 585		194.
	07960 PLASTIC SURGERY				194
	07961 KOKOMO SCHOOL BASED		2, 247, 034		194.

Health Financial Systems COM	MMUNITY HOWARD F	REGIONAL HEALTH	In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15-0007	Period: From 01/01/2021	Worksheet A
				Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0		194. 16
200.00 TOTAL (SUM OF LINES 118 through 199)	-15, 289, 275	146, 993, 778		200. 00

	Financial Systems SIFICATIONS			REGIONAL HEALTH Provider CCN: 15-0007	Period: From 01/01/2021	u of Form CMS-2552-10 Worksheet A-6
					To 12/31/2021	Date/Time Prepared: 5/30/2022 3:00 pm
	Cost Center	I ncreases Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	A - Chargeable Medical Supplic MEDICAL SUPPLIES CHARGED TO	es 71.00	0	4, 353, 643		1.00
2.00	PATI ENT	0.00				
2.00 3.00		0.00	0 0	0 0		2.00 3.00
4.00 5.00		0. 00 0. 00	0 0	0 0		4.00 5.00
6.00		0.00	0	0		6.00
7.00 8.00		0.00 0.00	0	0		7.00 8.00
9.00		0.00	0	0		9.00
10. 00 11. 00		0.00 0.00	0 0	0 0		10.00 11.00
12.00		0.00	О	0		12.00
13.00 14.00		0. 00 0. 00	0 0	0 0		13.00 14.00
15.00 16.00		0.00 0.00	0 0	0 0		15.00 16.00
17.00		0.00	О	0		17.00
18.00 19.00		0.00 0.00	0	0		18.00 19.00
20. 00		0.00	0	0		20.00
21.00 22.00		0.00 0.00	0 0	0		21.00 22.00
23.00	TOTALS	0.00	<u>0</u> 0	<u> </u>		23.00
	B - Implantable Device Reclass	5	U	4, 353, 643		
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		5, 888, 596		1.00
2.00						2.00
3.00		+		5, 888, 596		3.00
1 00	C - Drugs Charges to Pat	(0.00				1.00
1.00 2.00	ELECTROCARDI OLOGY DRUGS CHARGED TO PATI ENTS	69.00 73.00	0 0	5, 085 217, 194		1.00 2.00
3.00 4.00		0. 00 0. 00	0 0	0 0		3.00 4.00
5.00		0.00	О	0		5. 00
6.00 7.00		0. 00 0. 00	0 0	0		6.00 7.00
8.00		0.00	О	0		8.00
9.00 10.00		0.00 0.00	0	0		9.00 10.00
11.00		0.00	О	0		11.00
12.00 13.00		0. 00 0. 00	0 0	0 0		12.00 13.00
14.00 15.00		0. 00 0. 00	0 0	0		14.00 15.00
16.00		0.00	0	0		16.00
17.00 18.00		0.00 0.00	0 0	0		17.00 18.00
101 00	TOTALS		0	222, 279		
1.00	D - Depreciation Expense CAP REL COSTS-MVBLE EQUIP	2.00	0	8, 480, 897		1.00
2.00 3.00		0.00 0.00	0	0 0		2.00 3.00
4.00		0.00	0 0	0		4. 00
5.00 6.00		0. 00 0. 00	0 0	0 0		5.00 6.00
7.00		0.00	0	0		7.00
8.00 9.00		0.00 0.00	0	0		8.00 9.00
10.00		0.00	О	0		10.00
11. 00 12. 00		0. 00 0. 00	0 0	0 0		11. 00 12. 00
13.00		0.00	О	0 0		13.00
14.00 15.00		0.00 0.00	0 0	0		14.00 15.00
16.00 17.00		0.00 0.00	0 0	0 0		16.00 17.00
18.00		0.00	0	0		18.00
19.00 20.00		0. 00 0. 00	0 0	0 0		19.00 20.00
21.00		0.00	0	0		21.00

COMMUNITY HOWARD REGIONAL HEALTH Provider CCN: 15-0007 Period:

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

RECLAS	SIFICATIONS			Provider CCN	: 15-0007	Period: From 01/01/2021	Worksheet A-	-6
						To 12/31/2021	Date/Time Pr 5/30/2022 3:	repared: 00 pm
	Cost Center	I ncreases Li ne #	Colory	Other			0,00,2022 01	
	2.00	3.00	Salary 4.00	5.00				
22.00		0.00	0	0				22.00
23.00 24.00		0.00 0.00	0	0 0				23.00
25.00		0.00	0	0				25.00
26.00		0.00	О	0				26.00
27.00		0.00	0	0				27.00
28.00 29.00		0.00 0.00	0	0 0				28.00 29.00
30.00		0.00	Ő	Ő				30.00
31.00		0.00	0	0				31.00
32.00	TOTALS			<u>0</u> 0 8, 480, 897				32.00
	E - Interest Expense	<u> </u>	U	0,400,077				-
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35, 663				1.00
2.00			<u>0</u>	<u>0</u> 35, 663				2.00
	F - Other Capital Rental		Ч	35, 005				-
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1, 311, 766				1.00
2.00		0.00	0	0				2.00
3.00 4.00		0.00 0.00	0	0 0				3.00
5.00		0.00	0	0				5.00
6.00		0.00	0	0				6.00
7.00 8.00		0.00 0.00	0	0 0				7.00
8.00 9.00		0.00	0	0				9.00
10.00		0.00	0	0				10.00
11.00		0.00	0	0				11.00
12.00 13.00		0.00 0.00	0	0 0				12.00
14.00		0.00	0	0				14.00
15.00		0.00	О	0				15.00
16.00 17.00		0.00 0.00	0	0				16.00
18.00		0.00		0				18.00
	TOTALS		0	1, 311, 766				
1.00	G - STD BENEFIT RECLASS ADMINISTRATIVE & GENERAL	5.00	0	10, 727				1.00
2.00	HOUSEKEEPI NG	9.00	0	12, 495				2.00
3.00	DI ETARY	10.00	О	2, 937				3.00
4.00	NURSING ADMINISTRATION	13.00	0	351				4.00
5.00 6.00	SOCIAL SERVICE ADULTS & PEDIATRICS	17.00 30.00	0	208 81, 611				5.00
7.00	INTENSIVE CARE UNIT	31.00	Ő	9, 921				7.00
8.00	OPERATING ROOM	50.00	0	6, 067				8.00
9.00 10.00	RADI OLOGY-DI AGNOSTI C ONCOLOGY	54.00 54.01	0	3, 035 10, 680				9.00 10.00
11.00	MRI	58.00	0	5, 882				11.00
12.00	CARDI AC CATHETERI ZATI ON	59.00	О	6, 588				12.00
13.00		65.00	0	16, 823				13.00
14.00 15.00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	0	13, 409 3, 766				14.00 15.00
16.00	MEDI CAL SUPPLIES CHARGED TO	71.00	0	763				16.00
47 00	PATIENT	70.00						17.00
17.00 18.00	DRUGS CHARGED TO PATIENTS CARDI OPULMONARY	73.00 76.00	0	2, 410 3, 009				17.00 18.00
18.00 19.00	EMERGENCY	78.00 91.00	0	3,009 24,357				18.00
20.00	GENESI S	93.01	0	14, 649				20.00
21.00	HOWARD COUNTY CSS	93.06	0	4,687				21.00
22.00 23.00	MI SC BH NRCC PSYCH MEDI CATI ON	194.00 93.18	0	3, 573 1, 418				22.00 23.00
24.00	MISC BH NRCC	194.00	ŏ	228				24.00
25.00	AMBULANCE SERVICES	95.00	0	2, 704				25.00
26.00 27.00	PHYSICIANS' PRIVATE OFFICES KOKOMO SCHOOL BASED	192.00 194.11	0	1, 970 1, 045				26.00 27.00
27.00	MI SC BH NRCC	194. 11	0	3, 680				27.00
				248, 993				
	TOTALS							
1 00	H - Labor and Delivery	40.00	202 502					1
1.00	H - Labor and Delivery NURSERY	43.00 52.00	202, 592 641, 324	0				
1.00 2.00 3.00	H - Labor and Delivery NURSERY DELIVERY ROOM & LABOR ROOM NURSERY	52.00 43.00	202, 592 641, 324 0	0 0 133, 003				2.00
2.00	H - Labor and Delivery NURSERY DELIVERY ROOM & LABOR ROOM	52.00	641, 324	0				1.00 2.00 3.00 4.00

	Financial Systems	CON	MUNITY HOWARD F	Provider CCN: 15-0007	In Lieu of For Period: Workshe	
LOLA					From 01/01/2021 To 12/31/2021 Date/Ti	me Prepared: 022 3:00 pm
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - Cafeteria Salary					
. 00	CAFETERI A	11.00	613, 956	0		1.0
2.00	CAFETERI A	11.00	0	615, 074		2.0
	TOTALS		613, 956	615, 074		
	J - Therapy Reclass					
1.00	OCCUPATI ONAL THERAPY	67.00	342, 914	0		1.00
2.00	SPEECH PATHOLOGY	68.00	107, 062	0		2.00
3.00	OCCUPATI ONAL THERAPY	67.00	o	120, 286		3.00
4.00	SPEECH PATHOLOGY	68.00	0	37, 555		4.00
	TOTALS		449, 976	157, 841		
	K - Depreciation Expense	· · · · ·				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3, 985, 550		1.00
	TOTALS			3, 985, 550		
	L - Capital Insurance Costs			· · · · · · · · · · · · · · · · · · ·		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	83, 615		1.0
	TOTALS		o	83, 615		
	M - PSYCH ADMIN					
1.00	GENESI S	93.01	139, 709	0		1.00
2.00	HOWARD COUNTY CSS	93.06	11, 452	0		2.0
3.00	MISC BH NRCC	194.00	12, 283	0		3.0
4.00	MISC BH NRCC	194.00	5, 881	0		4.00
5.00	GENESI S	93.01	0	386, 862		5.0
5.00	HOWARD COUNTY CSS	93.06	0	31, 713		6.00
7.00	MISC BH NRCC	194.00	0	34, 012		7.00
3.00	MISC_BH_NRCC	194.00	0	1 <u>6, 2</u> 85		8.0
	TOTALS		169, 325	468, 872		
	0 - Psych Medicine Clinic Rec					
I. 00	GENESI S	93.01	152, 373	0		1.0
2.00	HOWARD COUNTY CSS	93.06	62, 275	0		2.0
3.00	MISC BH NRCC	194.00	239, 520	0		3.0
1.00	MISC BH NRCC	194.00	124, 551	0		4.0
5.00	GENESI S	93.01	0	43, 214		5.0
o. 00	HOWARD COUNTY CSS	93.06	0	17, 662		6.0
7.00	MISC BH NRCC	194.00	0	67, 930		7.0
8.00	MISC_BH_NRCC	194.00	0	3 <u>5, 3</u> 24		8.0
	TOTALS		578, 719	164, 130		
	P - REWARD & RECOGNITION					
I. 00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	<u> </u>		1.0
	TOTALS		0	1,000		
500 00) Grand Total: Increases		2, 655, 892	26, 571, 955		500.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	IS

COMMUNITY HOWARD REGIONAL HEALTH Provider CCN: 15-0007

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

 Period:
 Worksheet A-6

 From 01/01/2021
 Date/Time Prepared:

 To
 12/31/2021
 Date/Time Prepared:

					·	5/30/2022 3	
		Decreases		0.11			
	Cost Center 6.00	Li ne # 7.00	Sal ary	Other	Wkst. A-7 Ref. 10.00		
	A - Chargeable Medical Suppli		8.00	9.00	10.00		
1.00	ADMI NI STRATI VE & GENERAL	5.00	C	15, 015	0		1.00
2.00	OPERATION OF PLANT	7.00	C	6, 533	0		2.00
3.00	DI ETARY	10.00	C	131	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	C				4.00
5.00	INTENSIVE CARE UNIT	31.00	C				5.00
6.00	OPERATING ROOM	50.00	C	1, 491, 445			6.00
7.00	RADI OLOGY-DI AGNOSTI C	54.00		232, 015			7.00
8.00 9.00	ONCOLOGY CT SCAN	54.01 57.00		24, 242 108, 895			8.00 9.00
10.00	MRI	58.00					10.00
11.00	CARDI AC CATHETERI ZATI ON	59.00	C	1, 428, 115			11.00
12.00	LABORATORY	60.00	C	785	0		12.00
13.00	RESPI RATORY THERAPY	65.00	C	80, 934	0		13.00
14.00	PHYSICAL THERAPY	66.00	C	558			14.00
15.00	ELECTROCARDI OLOGY	69.00	C	568			15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	C	96			16.00
17.00 18.00	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	73.00 74.00		14, 309 854			17.00 18.00
19.00	WOUND CARE CENTER	74.00		7, 371	0		19.00
20.00	CARDI OPULMONARY	76.00	C C	2, 146	-		20.00
21.00	EMERGENCY	91.00	C				21.00
22.00	PSYCH MEDICATION	93.18	C	685			22.00
23.00	AMBULANCE_SERVICES	95.00	C	45, 731	0		23.00
	TOTALS		C	4, 353, 643			
	B - Implantable Device Reclas			1	,		_
1.00	OPERATING ROOM	50.00		4, 671, 833			1.00
2.00	CARDIAC CATHETERIZATION	59.00		1, 177, 458			2.00
3.00	WOUND CARE CENTER	<u>75.</u> 01		3 <u>9, 3</u> 05 5, 888, 596			3.00
	C - Drugs Charges to Pat		U	J, 000, 390			-
1.00	ADMI NI STRATI VE & GENERAL	5.00	C	429	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	C				2.00
3.00	INTENSIVE CARE UNIT	31.00	C				3.00
4.00	OPERATING ROOM	50.00	C	4, 240	0		4.00
5.00	RADI OLOGY-DI AGNOSTI C	54.00	C	1, 101	0		5.00
6.00	ONCOLOGY	54.01	C	2, 554			6.00
7.00	CT SCAN	57.00	C	02/121	0		7.00
8.00 9.00	MRI CARDI AC CATHETERI ZATI ON	58.00 59.00		28, 678 24, 429			8.00 9.00
10.00	RESPIRATORY THERAPY	65.00		5, 969			10.00
11.00	MEDI CAL SUPPLIES CHARGED TO	71.00	C	339			11.00
	PATIENT						
12.00	RENAL DI ALYSI S	74.00	C	838	0		12.00
13.00	WOUND CARE CENTER	75.01	C	211170			13.00
14.00	EMERGENCY	91.00	C	6, 387			14.00
15.00	PSYCH MEDICATION	93.18	C	235			15.00
16.00 17.00	AMBULANCE SERVICES	95.00		0.2			16.00
17.00	PHYSICIANS' PRIVATE OFFICES MOBILE CLINIC	192.00 194.09		4, 091 6, 798			17.00 18.00
10.00	TOTALS			222, 279			10.00
	D - Depreciation Expense			, ,			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	C	6, 367	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	C				2.00
3.00	OPERATION OF PLANT	7.00	C				3.00
4.00	HOUSEKEEPING	9.00	C				4.00
5.00	DIETARY	10.00	C	100///2			5.00
6.00 7.00	CAFETERI A NURSI NG ADMI NI STRATI ON	11. 00 13. 00		120 99, 836			6.00 7.00
8.00	ADULTS & PEDIATRICS	30.00		272, 582			8.00
9.00	INTENSIVE CARE UNIT	31.00	C	84, 203			9.00
10.00	OPERATING ROOM	50.00	C	516, 686			10.00
11.00	RADI OLOGY-DI AGNOSTI C	54.00	C				11.00
12.00	ONCOLOGY	54.01	C	635, 975	0		12.00
13.00	CT SCAN	57.00	C	27, 731			13.00
14.00	MRI	58.00	C	352, 257			14.00
15.00	CARDIAC CATHETERIZATION	59.00	C	385, 384			15.00
16.00	LABORATORY	60.00	C	4,364			16.00
17.00		65.00		55, 210			17.00
18. 00 19. 00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00		4, 206 34, 644			18.00 19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00					20.00
21.00	MEDI CAL SUPPLIES CHARGED TO	70.00	C	53, 133			21.00
'	PATI ENT						

Heal th	Fi nanci al	Systems					
RECLASSI FI CATI ONS							

COMMUNITY HOWARD REGIONAL HEALTH Provider CCN: 15-0007

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2021 To 12/21/2021 Det /T: 5

Decrement Decrement <thdecrement< th=""> <thdecrement< th=""> <thd< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>From 01/01/2021 To 12/31/2021</th><th>Date/Time Pr 5/30/2022 3:</th><th></th></thd<></thdecrement<></thdecrement<>							From 01/01/2021 To 12/31/2021	Date/Time Pr 5/30/2022 3:	
Image: Construction Construction Find Find <t< th=""><th></th><th></th><th>Decreases</th><th></th><th></th><th></th><th></th><th>_ 57 507 2022 - 3.</th><th></th></t<>			Decreases					_ 57 507 2022 - 3.	
27.00 DBMUSE CLARGEDT TO PATTERTS 73.00 0 156.919 0 27.00 20.00 DBMUSE CLARGE CHILLE 73.00 0 157.00 25.00 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>_</th><th></th><th></th></t<>							_		
21.00 MUSLIM CARF CATTR 75.01 0 6.111 0 23.01 23.00 MUSLIM FY WIND BAY WIND BAY 44.00 24.00 24.00 23.00 MUSLIM FY WIND BAY WIND BAY 27.00<	22 00)		22 00
2:00 MSC BH NNCC 194.00 0 2,6/2 0 25.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 27.00 2				-					
20.00 AMBULANCE SERVICES 95.00 0 136.941 0 26.00 27.00	24.00	EMERGENCY	91.00	0	117, 375	0			24.00
27 00 COMMUNITY HOMOR FOUNDATION 190.01 0 367 0 27.00 28.00 PARSIC LAWS FORVATE OFFEES 122.00 192.02 0 192.02 0 22.00 23.00 20.00 23.00 20.00 23.00 20.00 20.00 20.00 20.00				-					1
28 00 PMYSICIANS: PRIVATE OFFICES 192,00 0 195,816 0 28,00 33,00 34,00				-		0)		1
29.00 MSC. BH NBCC 194.00 0 92.02 0 30.00 <td< td=""><td></td><td></td><td></td><td>°,</td><td></td><td></td><td></td><td></td><td></td></td<>				°,					
30. 00 PLASTIC SURGERY 194.10 0 2, 733 0 30. 00 31. 00 31. 00 32. 00 11. 00 32. 00 11. 00 32. 00 31. 00 32. 00 32. 00 31. 00 32. 00 33. 00 32. 00 33. 00 30. 00 33. 00 30. 00 </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>(</td> <td></td> <td></td> <td></td>				-		(
32.00 HISC BH NRCC 194.00 0 3.528 0 32.00 11.00 EL-Interest Expense 0 0.400 HP7 0 2.00 1.				0		(
TOTALS		HOWARD COUNTY CSS	93.06	0		(
E - Inderest Expense	32.00		194.00				<u>)</u>		32.00
1.00 ADMI NI STRATU & GENERAL 5.00 0 7.022 11 1.00 2.00 MISS CHINKC: 194_00 0 35,663 0 7.00 CONSTICUTION CAPTURE NUM 4.00 0 33,477 10 9.00 DEMAIN STRATUP & GENERAL 7.00 0 7.8,338 0 3.00 9.00 DEMAIN STRATUP & GENERAL 7.00 0 7.8,338 0 3.00 9.00 DEMAIN STRATUP & GENERAL 7.00 0 7.788 0 4.00 9.00 DEMAIN STRATUP & GENERAL 5.00 0 7.00 6.00 7.00 6.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 9.00 10.00 10.00				0	8, 480, 897				-
2.00 MISC BIL NRCC 194.00 0 28, 643 0 1 0 Differ Capit Lall Rental - - - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 <t< td=""><td>1 00</td><td></td><td>5.00</td><td>0</td><td>7 202</td><td>11</td><td>1</td><td></td><td>1 00</td></t<>	1 00		5.00	0	7 202	11	1		1 00
F - Other Capital Rental 1.00 DRFNCPE BERFITS DENATMENT 4.00 0 71 10 2.00 ADMINISTRATIVE & CENERAL 5.00 0 38.422 0 2.00 3.00 OPERATION OF PLANT 7.00 0 78.338 0 4.00 4.00 HUBSEN 0.00 0 7.01 0 4.00 0.00 DENATION OF PLANT 7.00 0 7.01 6.00 0.00 DENATION OF PLANT 58.00 0 7.00 8.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 10.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
1.00 EMPLOYEE BENEFIT'S DEPARTMENT 4.00 0 71 10 1.00 2.00 AUM INSTRATIVE & GENERAL 5.00 0 3.3, 627 0 2.00 3.00 DEFERATION OF PLANT 7.00 0 7.705 0 3.00 4.00 ODEEXEPING 9.00 0 7.705 0 4.00 5.00 DIETARY 10.00 0 16.4 0 5.00 6.00 DIETARY 10.00 0 17.70 0 81.222 0 7.00 7.00 0 81.222 0 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 9.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00							1		
2.00 ADMINISTRATUP & ACRIERAL 5.00 0 33.627 0 2.00 3.00 OPERATION OF PLANT 7.00 0 7.838 0 3.00 4.00 HUDSERGEPING 9.00 0 7.708 0 4.00 5.00 DETARY 10.00 0 164 0 5.00 0.01 CENTARY 10.00 0 17.700 0 7.00 0.01 CENTARY 50.00 0 8.00 7.00 8.00 10.00 1.00 DEDICAL SUPPLIES CHARGED TO 71.00 0 27.11 0 10.00 1.00 NUMAR COUNTY CSS 93.06 0 414.00 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 14.00 14.00 14.00 15.00 15.00 10.721 0 0 17.00 10.70 15.00 10.70 15.00 10.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>							1		
3.00 DFERATION OF PLANT 7.00 78.338 0 3.00 4.00 HUBSERPER NG 9.00 0 7.708 0 4.00 5.00 DETARY 10.00 0 164 0 5.00 6.00 AULTS & PEDIATRICS 30.00 0 7.73 0 6.00 7.00 DELACTING FROM 50.00 0 87.99 0 7.00 0.00 ELECTROCAPID LOLGY 69.00 0 119.648 0 10.00 1.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 73.00 0 313.761 0 12.00 13.00 WOUND CARE CENTER 75.01 0 21.396 0 13.00 13.00 MUSC LINKTS FRUNCE 194.00 0 64.00 14.00									
4.00 HOUSEKEEPI NG 9.00 0 7.708 0 4.00 0.00 DIFTAY 10.00 0 16.4 0 5.00 0.00 ADULTS & PEDIATRICS 30.00 0 73 0 7.00 0.00 GERATING ROW 50.00 0 7.00 7.00 7.00 0.00 GERATING ROW 50.00 0 7.00 7.00 8.00 9.00 1.00 GERATING ROW 50.00 0 119.44 0 10.00 1.00 RUSS CHARGED TO PATIENTS 73.00 0 313.761 0 12.00 1.00 RUS CHARCE TO PATIENTS 73.00 0 34.00 14.00									
5.00 DIETARY 10.00 0 164 0 6.00 ADURTS A FEDLATRICS 30.00 0 73 0 7.00 DEFRATING ROM 50.00 0 81.252 0 8.00 9.00 NRI SS.00 0 49.09 9.00 81.252 0 8.00 9.00 NRI SS.00 0 409.798 0 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 10.00 11.00 0 2.07 9.00 9.00 9.00 10.00 11.00 11.00 11.00 11.00 11.00 11.00 12.00 11.00 12.00 11.00 13.07 10 12.00 13.07 10 12.00 13.07 10 12.00 13.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 10.00 2.00 3.00 10.00 2.00<									
6.00 ADULTS & PEDIATRICS 30.00 0 7.3 0 6.00 0.00 OPERATING ROOM 50.00 0 87.69 0 8.00 7.00 8.00 9.00 8.00 9.00 8.00 9.00 8.00 9.00 10.00 9.00 11.00 9.00 11.00 9.00 11.00 12.00 13.00 9.00 13.00 13.00 13.00 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 14.00 14.00 14.00 14.00 14				-	,	(
B. 00 CT SCAN 57.00 0 81.252 0 8.00 0.00 ELECTROCARDIOLOGY 69.00 0 119.848 0 10.00 9.00 10.00 ELECTROCARDIOLOGY 69.00 0 119.848 0 11.00 11.00 MEDICAL SUPPLIES CHARGED TO PATIENT 73.00 0 213.761 0 12.00 12				0		(
9.00 MRI 58.00 0 409, 798 0 9.00 11.00 MEDICAL, SUPPLIES CHARGED TO 71.00 0 29, 191 0 12.00 DRUGS CHARGED TO PATIENTS 73.00 0 313, 751 0 12.00 13.00 MOUNC CARE CENTER 75.01 0 21.396 0 14.00 14.00 MARD COUNTY CSS 93.06 0 476 0 14.00 15.00 MISC BH NRCC 194.00 0 66.000 0 170.00 16.00 MISC HARS PRI VATE OFFICES 192.00 0 1.31.766 18.00 10.227 0 0 18.00 2.00 1.01.727 0 0 1.00 2.00	7.00	OPERATING ROOM	50.00	0	87, 699	0			7.00
10.00 ELECTROCARDIOLOGY 69.00 0 119.848 0 110.00 10.00 ELECTROCARDIOLOGY 69.00 0 29.191 0 11.00 11.00 MEDICAL SUPPLIES CHARGED TO PATIENTS 73.00 0 213.761 0 12.00 13.00 MUND CARE CENTER 75.01 0 213.761 0 13.00 14.00 MOMR COUNTY CSS 93.06 0 476 0 14.00 15.00 MISC BH NRCC 194.00 0 46.00 15.00 15.00 16.00 MISC BH NRCC 194.00 0 1.317.766 0 17.00 0 1.317.766 0 1.317.766 0 18.00 15.00 17.00 2.00 0 1.317.766 0 0 2.00 0 ADMIN STRATIVE & GENERAL 5.00 10.727 0 0 2.00 0 ADMIN STRATIVE & GENERAL 5.00 10.00 2.00 3.00 3.00 3.00				-		(
11.00 NEDICAL SUPPLIES CHARGED TO 71.00 29.191 0 11.00 12.00 DRUGS CHARGED TO PATIENTS 73.00 0 313.761 0 13.00 13.00 MOUNC CARE CENTER 75.01 0 21.396 0 14.00 13.00 MOUNC CARE CENTER 75.01 0 21.396 0 14.00 15.00 MISC BH NRCC 194.00 0 34.121 0 16.00 17.00 MISC BH NRCC 194.00 0 1.311.766 17.00 18.00 18.00 MISC BH NRCC 194.00 1.2493 0 0 2.00 10.00 ADMIN STRATI VE & GENERAL 5.00 10.727 0 0 2.00 2.00 ADSC HARCC 100.0 2.637 0 0 4.00 2.01 ADMIN STRATI VE & GENERAL 5.00 10.727 0 0 2.00 2.00 SCI AL SERVI E C MARIN MI STRATI NON 10.00 2.637 0 0 2.00 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>(</td> <td>0</td> <td></td> <td>1</td>				-		(0		1
PATLENT PATLENT <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>(</td><td></td><td></td><td>1</td></t<>				-		(1
12.00 PRUES CHARGED TO PATLENTS 73.00 0 313.761 0 12.00 13.00 WOUND CARE CENTRY 75.01 0 21.376 0 13.00 13.00 WOUND CARE CENTRY 194.00 0 476 0 14.00 15.00 MISC BH NRCC 194.00 0 34.121 0 16.00 17.00 PMSIC LASS' PRIVATE OFFICES 192.00 0 8.597 0 17.00 18.00 MISC BH NRCC 194.00 0 19.646 0 18.00 10.0 ADMIN STRATI VE & GENERAL 5.00 10.727 0 0 2.00 2.00 ADUSKKEEPING 9.00 12.495 0 0 3.00 2.00 ADUSKKEEPING 9.00 12.495 0 0 3.00 2.00 ADUSKKEEPING 5.00 0.0 2.00 3.00 3.00 3.00 3.00 0 1.00 3.00 3.00 0 1.00 3.00 3.00 0 1.00 0 1.00 0 1.00 0 1.00	11.00		71.00	0	29, 191	l l			11.00
14.00 HOWARD COUNTY CSS 93.06 0 476 0 14.00 15.00 MISC BH NRCC 194.00 0 34.121 0 15.00 17.00 PHSICIANS' PRIVATE OFFICES 192.00 0 8.597 0 17.00 18.00 MISC BH NRCC 194.00 0 17.17.66 0 18.00 0 TOTALS 0 1.311.766 0 1.00 1.00 0.00 ADMINISTRATIVE & GENERAL 5.00 10.727 0 0 1.00 0.00 OLETARY 0.00 12.495 0 0 3.00 0.00 OLETARY 10.00 2.937 0 0 4.00 4.00 NUSING ADMINISTRATION 13.00 351 0 0 6.00 0.00 REATING ROM 50.00 6.67 0 0 6.00 0.00 NEASTING ROM 50.00 6.67 0 0 7.00 0.00 REATING ROM	12.00		73.00	0	313, 761	(12.00
15.00 MISC BH NRCC 194.00 0 66.00 15.00 16.00 15.00 16.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 16.00 15.00 16.00 15.00 16.00 15.00 16.00	13.00	WOUND CARE CENTER	75.01	0	21, 396	0			13.00
16.00 MISC BH NRCC 194.00 0 34.121 0 17.00 PHYSICIANS' PRIVATE OFFICES 192.00 0 8.597 0 17.00 18.00 MISC BH NRCC 194.00 0 19.666 0 18.00 17.00 PHYSICIANS' PRIVATE OFFICES 192.00 0 19.646 0 18.00 18.00 MISC BH NRCC 194.00 0 19.646 0 0 19.06 0 ADMISTRATIVE & GENERAL 5.00 10.727 0 0 1.00 2.00 3.00 DIFTARY 10.00 2.937 0 0 3.00 3.00 0.00 SOCIAL SERVICE 17.00 2.08 0 0 6.00 7.00 0.00 OPEATING ROM 50.00 6.067 0 0 8.00 9.00 8.00 9.00 10.00 2.00 3.03 0 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<				-		(
17.000 PHYSICIANS' PRIVATE OFFICES 192.00 0 1.9.646 0 19.00 19.046 0 19.00 19.046 0 18.00 18.00 18.00 15.00 19.046 0 1.017.06 18.00 18.00 19.064 0 1.017.06 18.00 18.00 18.00 19.02 0 1.017.00 0 0 1.00 2.00 0 1.017.00 2.00 0 1.00 2.00 0 1.00 2.00 0 1.00 2.00 0 1.00 2.00 0 0 1.00 2.00 0 0 1.00 2.00 0 0 1.00 2.00 0 0 3.00 0 0 1.00 2.00 0 0 0.00 <td></td> <td></td> <td></td> <td>°,</td> <td></td> <td>(</td> <td>0</td> <td></td> <td></td>				°,		(0		
18.00 MISC BH, NRCC 194.00 0 194.60 0 194.00 0 194.64 0 1 111.766 0 1 10 AMIN STRATI VE & GENERAL 5.00 10.727 0 0 1 0 1 111.766 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 3.00 0 1 0 0 0 3.00 2.00 3.00 2.00 3.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>							-		
TOTALS				-		(
1.00 ADMIN ISTRATIVE & GENERAL 5.00 10.727 0 0 2.00 HOUSEKEEPING 9.00 12.495 0 0 2.00 NURSI NG ADMINI STRATION 13.00 351 0 0 4.00 0.00 NURSI NG ADMINI STRATION 13.00 351 0 0 4.00 0.00 ADULTS & PEDI ATRICS 30.00 81,611 0 0 6.00 0.00 ADULTS & PEDI ATRICS 30.00 6.067 0 0 7.00 0.00 OPERATING ROOM 50.00 6.067 0 0 8.00 0.00 ONCOLOGY 54.01 10.680 0 0 10.00 11.00 MRI S8.00 5.822 0 0 11.00 12.00 CARDI AC CATHETERIZATION 59.00 6.582 0 11.00 13.00 RESPI RATORY THERAPY 65.00 16.823 0 11.00 13.00 RESPI RATORY THERAPY 65.00 16.823									
2.00 HOUSEKEEPING 9.00 12.495 0 2.00 3.00 DI ETARY 10.00 2.937 0 3.00 5.00 SOCIAL SERVICE 17.00 2.06 0 5.00 5.00 SOCIAL SERVICE 17.00 2.06 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 81.611 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 9.921 0 0 7.00 8.00 RADIOLOCY-DIAGNOSTIC 54.01 10.680 0 7.00 10.00 0.00 PRATING ROM 55.00 5.882 0 0 10.00 0.00 MRIDIAC CATHETERIZATION 59.00 6.588 0 0 12.00 13.00 RESPIRATORY THERAPY 66.00 13.409 0 14.00 14.00 14.00 PHYSICAL THERAPY 66.00 3.009 0 16.00 16.00 11.00 RESPIRATORY THERAPY 66.00 3.009 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td> <td></td>						1	1		
3.00 DIETARY 10.00 2.937 0 0 3.00 4.00 NURSING ADMINISTRATION 13.00 351 0 0 4.00 5.00 SOCIAL SERVICE 17.00 208 0 0 6.00 7.00 8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 8.00 0.00 9.00 0.00									1
4.00 NURSING ADMINISTRATION 13.00 351 0 0 4.00 5.00 SOCIAL SERVICE 17.00 208 0 0 6.00 6.00 ADULTS & PEDIATRICS 30.00 81.611 0 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 9.921 0 0 7.00 8.00 OPERATING ROOM 50.00 6.067 0 0 8.00 9.00 RADIOLOCY-DIAGNOSTIC 54.00 3.035 0 0 9.00 10.00 ONCOLOGY 54.01 10.680 0 0 11.00 11.00 MRI 58.00 5.882 0 0 13.00 12.00 CARDIAC CATHETERIZATION 59.00 6.588 0 0 13.00 13.00 PESPIRATORY THERAPY 66.00 13.409 0 0 14.00 15.00 LECTROCARDIOLOGY 69.00 3.766 0 0 15.00 10.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
5.00 SOCIAL SERVICE 17.00 208 0 5.00 6.00 ADULTS & PEDIATRICS 30.00 81,611 0 6.00 7.00 INTENIVE CARE UNIT 31.00 9.921 0 0 8.00 OPERATING ROOM 50.00 6.067 0 8.00 9.00 RADIOLOCY-DIAGNOSTIC 54.00 3.035 0 9.00 10.00 ONCOLOGY 54.01 10.680 0 0 10.00 11.00 MRI 58.00 5.882 0 0 12.00 12.00 CARDIAC CATHETERIZATION 59.00 16.823 0 13.00 14.00 13.00 RESPIRATORY THERAPY 65.00 16.823 0 0 14.00 16.00 PATIENT 71.00 763 0 0 15.00 16.00 MRISCALTREAPY 76.00 3.099 0 0 18.00 17.00 CARDIOPULMONARY 76.00 3.099 0 21.00									1
6.00 ADULTS & PEDIATRICS 30.00 81.611 0 0 6.00 7.00 INTENSIVE CARE UNIT 31.00 9.921 0 0 7.00 8.00 OPENATING ROM 50.00 6.067 0 0 8.00 9.00 RADIOLOGY-DIAGNOSTIC 54.00 3.035 0 0 9.00 10.00 NICOLOGY 54.01 10.680 0 0 11.00 11.00 MRI 58.00 5.882 0 0 12.00 13.00 RESPIRATORY THERAPY 65.00 16.823 0 13.00 14.00 PHYSICAL THERAPY 66.00 3.766 0 0 15.00 16.00 MEDICAL SUPPLIES CHARGED TO 71.00 763 0 16.00 17.00 17.00 DRUGS CHARGED TO PATIENTS 73.00 2.410 0 0 17.00 18.00 ORUGS CHARGED TO PATIENTS 73.00 2.410 0 0 2.00 10.00					0	(
8.00 OPERATING ROOM 50.00 6,067 0 8.00 9.00 RADIOLOGY-DIAGNOSTIC 54.00 3.035 0 0 01.00 ONCOLOGY 54.01 10.680 0 11.00 12.00 CARDIAC.CATHETERIZATION 59.00 6,588 0 0 12.00 13.00 RESPIRATORY THERAPY 65.00 16,823 0 0 13.00 14.00 PHYSICAL THERAPY 66.00 13,409 0 0 14.00 15.00 ELECTROCARDIOLOGY 69.00 3,766 0 0 15.00 16.00 MEDI CAL SUPPLIES CHARGED TO 71.00 763 0 0 17.00 17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 18.00 22.00 19.00 EMERGENCY 91.00 24.357 0 0 21.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22	6.00	ADULTS & PEDIATRICS	30.00	81, 611	0	0			6.00
9.00 RADI OLOGY-DI AGNOSTI C 54.00 3.035 0 0 9.00 10.00 ONCOLOGY 54.01 10.680 0 0 10.00 11.00 MRI 58.00 5.882 0 0 11.00 12.00 CARDI AC CATHETERI ZATI ON 59.00 6.588 0 0 12.00 13.00 RESPI RATORY HERAPY 65.00 16.823 0 0 13.00 14.00 PHYSI CAL THERAPY 66.00 13.409 0 0 14.00 15.00 ELECTROCARDI OLOGY 69.00 3.766 0 0 16.00 PATI ENT 73.00 2,410 0 0 17.00 18.00 18.00 CARDI OPULMONARY 76.00 3.009 0 18.00 21.00 19.00 EMERGENCY 91.00 24.357 0 0 23.00 21.00 HWRD COUNTY CSS 93.06 4.687 0 0 23.00 22.00 23.00					0	(1
10.00 ONCOLOGY 54.01 10.680 0 0 10.00 11.00 MRI 58.00 5,882 0 0 11.00 12.00 CARDI AC CATHETERI ZATI ON 59.00 6,588 0 0 12.00 13.00 RESPI RATORY THERAPY 65.00 16,823 0 0 13.00 14.00 PHYSI CAL THERAPY 66.00 13,409 0 0 14.00 15.00 ELECTROCARDI OLOGY 69.00 3,766 0 0 15.00 16.00 MEDI CAL SUPPLIES CHARGED TO 71.00 763 0 0 16.00 PATI ENT 73.00 2,410 0 0 17.00 18.00 18.00 20.00 18.00 20.00 18.00 20.00 21.00 18.00 20.00 21.00 22.00 20.00 21.00 22.00 20.00 21.00 22.00 21.00 22.00 21.00 22.00 22.00 23.00 24.00 23.00 24.00 23.00 24.00 24.00 25.00 26.00 27.00 26.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>(</td> <td>0</td> <td></td> <td>1</td>						(0		1
11.00 MRI 58.00 5,882 0 0 11.00 12.00 CARDIAC CATHETERIZATION 59.00 6,588 0 0 12.00 13.00 RESPI RATORY THERAPY 65.00 16,823 0 0 13.00 14.00 PHYSI CAL THERAPY 66.00 13,409 0 0 14.00 15.00 ELECTROCARDI OLOGY 69.00 3,766 0 0 16.00 PATI ENT 73.00 2,410 0 0 16.00 16.00 17.00 DRUGS CHARGED TO PATI ENTS 73.00 2,410 0 0 18.00 18.00 CARDI OPLIMONARY 76.00 3,009 0 0 18.00 19.00 EMERGENCY 91.00 24,357 0 0 20.00 20.00 21.00 MaxRC 194.00 3,573 0 0 21.00 22.00 22.00 23.00 24.00 23.00 24.00 23.00 24.00 23.00 24.00 25.00 24.00 25.00 24.00 23.00 24.00 <t< td=""><td></td><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td></t<>					0				
12.00 CARDIAC CATHETERIZATION 59.00 6,588 0 0 12.00 13.00 RESPIRATORY THERAPY 65.00 16,823 0 0 13.00 14.00 PHYSICAL THERAPY 66.00 13,409 0 0 14.00 15.00 ELECTROCARDIOLOGY 69.00 3,766 0 0 15.00 16.00 MEDICAL SUPPLIES CHARGED TO 71.00 763 0 0 16.00 00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 17.00 17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 18.00 19.00 EMERGENCY 91.00 24,357 0 0 18.00 20.00 GENESIS 93.01 14,649 0 0 21.00 21.00 Howard Country CSS 93.06 4,687 0 0 22.00 21.00 MSC BH NRCC 194.00 3,573 0 0 23.00 24.00 25.00 AMBULANCE SERVICES 95.00 2,704 0									
13.00 RESPIRATORY THERAPY 65.00 16,823 0 0 13.00 14.00 PHYSI CAL THERAPY 66.00 13,409 0 0 14.00 15.00 ELECTROCARDIOLOGY 69.00 3,766 0 0 16.00 16.00 MEDI CAL SUPPLIES CHARGED TO 71.00 763 0 0 16.00 PATI ENT 73.00 2,410 0 0 18.00 18.00 19.00 EMERGENCY 91.00 24,357 0 0 19.00 20.00 GENESI S 93.01 14,649 0 21.00 22.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 22.00 22.00 23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 24.00 25.00 26.00 25.00 24.00 MISC BH NRCC 194.00 2,704 0 0 27.00 26.00 27.00 27.00 27.00 27.00 28.00 27.00 28.00 27.00 27.00 27.00 27.00 27.00 27.0									
15.00 ELECTROCARDIOLOGY 69.00 3,766 0 0 15.00 16.00 MEDICAL SUPPLIES CHARGED TO 71.00 763 0 0 16.00 17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 17.00 18.00 CARDIOPULMONARY 76.00 3,009 0 0 18.00 19.00 EMERGENCY 91.00 24,357 0 0 20.00 20.00 GENESIS 93.01 14,649 0 0 21.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 0 22.00 23.00 PSYCH MEDICATION 93.18 1,418 0 0 22.00 24.00 25.00 25.00 25.00					0	(
16.00 MEDI CAL SUPPLI ES CHARGED TO 71.00 763 0 0 16.00 17.00 DRUGS CHARGED TO PATI ENTS 73.00 2,410 0 0 17.00 17.00 17.00 17.00 0 0 17.00 17.00 17.00 0 0 0 17.00 17.00 17.00 0 0 0 17.00 17.00 0 0 17.00 17.00 0 0 0 17.00 17.00 17.00 0 0 0 17.00 17.00 17.00 0 0 0 17.00 17.00 17.00 17.00 0 0 17.00 17.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 20.00 19.00 20.00 20.00 20.00 20.00 21.00 22.00 0 22.00 0 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.					0	(
PATIENT 17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 17.00 17.00 17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 0 17.00 17.00 17.00 17.00 17.00 17.00 17.00 0 17.00 17.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 20.00 GENESIS 93.01 14,649 0 0 20.00 19.00 22.00 12.00 20.00 21.00 22.00 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>(</td> <td>0</td> <td></td> <td></td>					0	(0		
17.00 DRUGS CHARGED TO PATIENTS 73.00 2,410 0 0 17.00 18.00 CARDI OPULMONARY 76.00 3,009 0 0 18.00 19.00 EMERGENCY 91.00 24,357 0 0 19.00 20.00 GENESIS 93.01 14,649 0 0 21.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 0 22.00 22.00 MI SC BH NRCC 194.00 3,573 0 0 23.00 22.00 24.00 MI SC BH NRCC 194.00 228 0 0 25.00 24.00 25.00 AMBULANCE SERVICES 95.00 2,704 0 0 26.00 26.00 PHYSICIANS' PRIVATE OFFICES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 28.00 28.00 MI SC BH NRCC 194.00 3,680 0 0 28.00 27.00 28.00 MI SC BH NRCC 194.00 3,680	16.00		71.00	763	0	(ו		16.00
18.00 CARDI OPULMONARY 76.00 3,009 0 0 18.00 19.00 EMERGENCY 91.00 24,357 0 0 19.00 20.00 GENESIS 93.01 14,649 0 0 20.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 0 22.00 22.00 MISC BH NRCC 194.00 3,573 0 0 22.00 23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 23.00 24.00 MI SC BH NRCC 194.00 228 0 0 23.00 25.00 AMBULANCE SERVI CES 95.00 2,704 0 0 25.00 26.00 PHYSI CI ANS' PRI VATE OFFI CES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 28.00 27.00 28.00 MI SC BH NRCC 194.00 3,680 0 0 28.00 20.00 24.00 26.00 28.00 MI SC BH NRCC 194.00 <	17 00		73 00	2 410	Ω	ſ			17 00
19.00 EMERGENCY 91.00 24,357 0 0 19.00 20.00 GENESIS 93.01 14,649 0 0 20.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 0 21.00 22.00 MISC BH NRCC 194.00 3,573 0 0 22.00 23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 23.00 24.00 MISC BH NRCC 194.00 228 0 0 24.00 25.00 AMBULANCE SERVICES 95.00 2,704 0 0 26.00 26.00 PHYSI CI ANS' PRI VATE OFFI CES 192.00 1,970 0 0 27.00 28.00 MISC BH NRCC 194.00 3,680 0 0 28.00 27.00 28.00 MISC BH NRCC 194.00 3,680 0 0 28.00 27.00 28.00 MISC BH NRCC 194.00 3,680 0 0 28.00 27.00 29.00 H - Labor and Del i very 1.00 0 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>(</td> <td></td> <td></td> <td></td>					0	(
20.00 GENESIS 93.01 14,649 0 0 20.00 21.00 HOWARD COUNTY CSS 93.06 4,687 0 0 21.00 22.00 MISC BH NRCC 194.00 3,573 0 0 22.00 23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 23.00 24.00 MISC BH NRCC 194.00 228 0 0 24.00 25.00 AMBULANCE SERVI CES 95.00 2,704 0 0 26.00 26.00 PHYSI CI ANS' PRI VATE OFFICES 192.00 1,970 0 0 26.00 27.00 28.00 MISC BH NRCC 194.00 3,680 0 0 27.00 28.00 28.00 MISC BH NRCC 194.00 3,680 0 0 28.00 1.00 ADULTS & PEDI ATRI CS 30.00 843,916 0 0 20.00 2.00 0.00 0 0 0 0 20.00 20.00 20.00 2.00 ADULTS & PEDI ATRI CS 30.00 0					0		b		
22.00 MI SC BH NRCC 194.00 3,573 0 0 22.00 23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 23.00 24.00 MI SC BH NRCC 194.00 228 0 0 24.00 25.00 AMBULANCE SERVI CES 95.00 2,704 0 0 25.00 26.00 PHYSI CI ANS' PRI VATE OFFI CES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 27.00 28.00 MI SC BH NRCC 194.00 3,680 0 0 28.00 H - Labor and Del i very 248,993 0 0 28.00 2.00 2.00 1.00 ADULTS & PEDI ATRI CS 30.00 843,916 0 0 2.00 2.00 0 0 0 0 0 2.00 2.00 4.00 0.00 0 0 0 0 2.00 2.00 4.00 0.00 0 0 0 0 0 2.00 <td>20.00</td> <td></td> <td></td> <td>14, 649</td> <td>0</td> <td>(</td> <td>0</td> <td></td> <td>20.00</td>	20.00			14, 649	0	(0		20.00
23.00 PSYCH MEDI CATI ON 93.18 1,418 0 0 23.00 24.00 MI SC BH NRCC 194.00 228 0 0 24.00 25.00 AMBULANCE SERVI CES 95.00 2,704 0 0 25.00 26.00 PHYSI CI ANS' PRI VATE OFFI CES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 27.00 28.00 28.00 MI SC BH NRCC 194.00 3,680 0 0 28.00 28.00 7.00 KOKOMO SCHOOL BASED 194.00 3,680 0 0 28.00 70.01 H - Labor and Del i very 248,993 0 0 28.00 28.00 1.00 ADULTS & PEDI ATRI CS 30.00 843,916 0 0 20.00 20.00 2.00 3.00 0.00 0 0 0 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 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>					0	0			
24.00 MI SC BH NRCC 194.00 228 0 0 24.00 25.00 AMBULANCE SERVICES 95.00 2,704 0 0 25.00 26.00 PHYSICIANS' PRIVATE OFFICES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 27.00 28.00 MI SC BH NRCC 194.00 3,680 0 0 28.00 TOTALS 194.00 3,680 0 0 0 28.00 H - Labor and Del i very 194.00 3,680 0 0 28.00 1.00 ADULTS & PEDIATRICS 30.00 843,916 0 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 554,036 0 3.00 4.00					0	()		
25.00 AMBULANCE SERVICES 95.00 2,704 0 0 25.00 26.00 PHYSICIANS' PRIVATE OFFICES 192.00 1,970 0 0 26.00 27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 27.00 28.00 MISC BH NRCC 194.00 3,680 0 0 28.00 TOTALS 248,993 0 0 0 28.00 H - Labor and Del i very 248,993 0 1.00 2.00 3.00 ADULTS & PEDIATRICS 30.00 843,916 0 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 554,036 0 3.00 4.00 0 0 0 0 0 4.00 3.00					0				
26.00 PHYSI CI ANS' PRI VATE OFFICES 192.00 1,970 0 0 26.00 26.00 26.00 27.00 26.00 27.00 26.00 27.00 27.00 28.00 0 0 0 27.00 28.00 0 0 27.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 29.3 0 1.00 20.00 0 0 0 28.00 29.3 0 1.00 20.00 1.00 20.00 1.00 2.00 1.00 2.00 3.00 0 0 0 2.00 3.00 4.0					0				
27.00 KOKOMO SCHOOL BASED 194.11 1,045 0 0 0 27.00 28.00 0 0 0 28.00 27.00 28.00 28.00 28.00 28.00 0 0 0 0 28.00 28.00 248.993 0 0 0 28.00 100 248.993 0 0 0 28.00 29.00 1.00 20.00 1.00 2.00 0 0 0 2.00 3.00 4.00 0 0 0 0 0 3.00 4.00 4.00 4.00 4.00 0					0	(
28.00 MISC BH NRCC 194.00 3,680 0 0 0 28.00 TOTALS 248,993 0 0 0 0 0 28.00 H - Labor and Delivery 0 0					0		b		
H - Labor and Delivery 1.00 ADULTS & PEDIATRICS 30.00 843,916 0 0 1.00 2.00 0.00 0 0 0 2.00 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 0 2.00 2.00 4.00 0 0 0 0 0 2.00 3.00		MISC_BH_NRCC		3, 680	0	<u> </u>	<u>)</u>		
1.00 ADULTS & PEDIATRICS 30.00 843,916 0 0 1.00 2.00 0.00 0 0 0 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 0 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 554,036 0 3.00 4.00				248, 993	0				-
2.00 0.00 0 0 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 554,036 0 3.00 4.00	1 00		20.00	0/2 01/	0				1 00
3. 00 ADULTS & PEDIATRICS 30. 00 0 554, 036 0 3. 00 4. 00		AUULIS & FEULAIRIUS							
4.00 0 0 0 0 4.00		ADULTS & PEDIATRICS		-	-	(
TOTALS 843, 916 554, 036				0	0				
		TOTALS		843, 916	554,036				

LAS	Financial Systems SIFICATIONS			Provi der	CCN: 15-0007	Peri od:	u of Form CMS-25 Worksheet A-6
						From 01/01/2021 To 12/31/2021	Date/Time Prepa 5/30/2022 3:00
		Decreases		1		- · · ·	0,00,2022 0.00
	Cost Center	Line #	Sal ary	Other	Wkst. A-7 Re	f.	
	6.00	7.00	8.00	9.00	10.00		
	I - Cafeteria Salary						
0	DI ETARY	10.00	613, 956		C	0	
0	DI ETARY	10.00	0	615, 074	4	0	
	TOTALS		613, 956	615, 07	4		
	J - Therapy Reclass						
0	PHYSI CAL THERAPY	66.00	449, 976	(C	0	
0		0.00	0	(C	0	
0	PHYSI CAL THERAPY	66.00	0	157, 841	1	0	
0		0.00	o	(C	0	
	TOTALS		449, 976	157, 84	1	1	
	K - Depreciation Expense		· · ·			· ·	
00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3, 985, 550	C	9	
	TOTALS		0	3, 985, 550	<u> </u>	7	
	L - Capital Insurance Costs					· ·	
0	ADMI NI STRATI VE & GENERAL	5.00	0	83, 61	5	12	
	TOTALS		0	83, 61	5	1	
	M - PSYCH ADMIN		· · · · · · · · · · · · · · · · · · ·			· ·	
0	ADMINISTRATIVE & GENERAL	5.00	169, 325	(C	0	
0		0.00	0	(C	0	
00		0.00	0	(C	0	
00		0.00	0	(C	0	
00	ADMINISTRATIVE & GENERAL	5.00	0	468, 872	2	0	
0		0.00	О	(D	0	
0		0.00	О	(D	0	
0		0.00	0	(D	0	
	TOTALS		169, 325	468, 872	2	1	
	0 - Psych Medicine Clinic Rec	lass	· · · · · ·			· ·	
0	PSYCH MEDICATION	93.18	578, 719	(C	0	
0		0.00	0	(C	0	1
0		0.00	o	(C	0	
0		0.00	o	(C	0	
0	PSYCH MEDICATION	93.18	О	164, 130	C	0	
0		0.00	О	(C	0	
0		0.00	О	(C	0	
00		0.00	О	(D	0	
	TOTALS	†	578, 719	164, 130	D	7	
	P - REWARD & RECOGNITION				•		
0	EMPLOYEE BENEFITS DEPARTMENT	4.00	1, 000	(C	0	
	TOTALS		1,000	(DC	7	
00	Grand Total: Decreases		2, 905, 885	26, 321, 962	2		50

RECONC	Financial Systems COI		Provider CC		Pe	In Lie eriod:	Worksheet A-7	
RECONC	A EIAITON OF CALLINE COSTS CENTERS			M. 15 0007		rom 01/01/2021	Part I	
					To	12/31/2021		pared:
		1					5/30/2022 3:0	0 pm
				Acqui si ti on	s			
		Begi nni ng	Purchases	Donati on		Total	Disposals and	
		Bal ances	0.00	0.00	_	4.00	Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE				_			
1.00	Land	1, 821, 632	0		0	0	0	1.00
2.00	Land Improvements	2, 722, 362	139, 620		0	139, 620		
3.00	Buildings and Fixtures	185, 616, 539	5, 527, 984		0	5, 527, 984	208, 845	
4.00	Building Improvements	1, 737, 035	0		0	0	0	
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	84, 055, 268	3, 075, 097		0	3, 075, 097	838, 958	
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	275, 952, 836	8, 742, 701		0	8, 742, 701	887, 423	
9.00	Reconciling Items	0	0		0	0	0	
10.00	Total (line 8 minus line 9)	275, 952, 836	8, 742, 701		0	8, 742, 701	887, 423	10.00
		Endi ng Bal ance	Fully					
			Depreci ated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE							
1.00	Land	1, 821, 632	0					1.00
2.00	Land Improvements	3, 022, 362	0					2.00
3.00	Buildings and Fixtures	190, 935, 678	0					3.00
4.00	Building Improvements	1, 737, 035	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	86, 291, 407	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	283, 808, 114	0					8.00
9.00	Reconciling Items	0	o					9.00
10.00	Total (line 8 minus line 9)	283, 808, 114	0					10.00

Health Financial Systems CC	MMUNITY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0007	Peri od:	Worksheet A-7	
				From 01/01/2021	Part II	
				To 12/31/2021	Date/Time Pre 5/30/2022 3:0	pared:
			JMMARY OF CAP		575072022 5.0	
		50		TIME		
Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
				instructions)	instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUN	IN 2, LINES 1 a	nd 2			
1.00 CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2.00
3.00 Total (sum of lines 1-2)	0	0		0 0	0	3.00
	SUMMARY O	F CAPITAL				
		L				
Cost Center Description		Total (1) (sum				
	Capital - Relate					
	d Costs (see	through 14)				
	instructions)	15.00				
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, CULUN	IN Z, LINES I A				1 00
1.00 CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00 Total (sum of lines 1-2)	0	0				3.00

ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL Cost Center Description Taxes Other Capital-Relate d Costs Total (sum of cols. 5 through 7) Depreciation Lease PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 3.00 9.00 10.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3.985,550 0 1.00 3.00 Total (sum of lines 1-2) 0 0 0 3.480,897 1.311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 8.480,897 1.311,766 3.00 SUMMARY OF CAPITAL Interest Insurance (see instructions) Taxes (see instructions) Other costs (see instructions) Total (2) (sum of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 35,663 83,615 0 0 4,104,828 1.00	Heal th	n Financial Systems CO	MMUNITY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form CMS-2	2552-10
Cost Center Description Gross Assets Capitalized Leases Gross Assets for Ratio (col. 1 - col. 2) Retic (see instructions) Insurance 1.00 2.00 3.00 4.00 5.00 1.00 CAP REL COSTS-BLDG & FIXT 197, 516, 707 0 197, 516, 707 0.695952 0 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 86, 291, 407 0 86, 291, 407 0.304048 0 2.00 3.00 Total (sum of Lines 1-2) 283, 808, 114 0 283, 808, 114 1.000000 0 3.00 4.00 5.00 ALLOCATION OF OTHER CAPI TAL Cost Center Description Taxes Other Capital-Relate Total (sum of col s. 5 through 7) Depreciation Lease Other CAPI TAL COSTS CENTERS 0 Q 0 0 0 3.985, 550 0 0 1.00 Cost Center Description Interest Insurance (see instructions) 1.00 0 0 0 0 0 1.00 2.00 2.00 0 </td <td>RECON</td> <td>CILIATION OF CAPITAL COSTS CENTERS</td> <td></td> <td>Provider C</td> <td>F</td> <td>rom 01/01/2021</td> <td>Part III Date/Time Prep</td> <td></td>	RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider C	F	rom 01/01/2021	Part III Date/Time Prep	
PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS for Ratio (col. 1 - col. 2) instructions) 1.00 2.00 3.00 4.00 5.00 1.00 CAP REL COSTS-BLDG & FIXT 197, 516, 707 0 197, 516, 707 0.695952 0 1.00 2.00 CAP REL COSTS-BLDG & FIXT 197, 516, 707 0 197, 516, 707 0.695952 0 1.00 3.00 Total (sum of lines 1-2) 283, 808, 114 0 283, 808, 114 0 283, 808, 114 0 2.00 3.00 4LLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL SUMMARY OF CAPITAL Cost Center Description Lease 1.00 2.00 3.00 1.00 0 <td< td=""><td></td><td></td><td>COM</td><td>PUTATION OF RAT</td><td>FI OS</td><td>ALLOCATION OF</td><td>OTHER CAPITAL</td><td></td></td<>			COM	PUTATION OF RAT	FI OS	ALLOCATION OF	OTHER CAPITAL	
PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 100 CAP REL COSTS-BLDG & FIXT 197, 516, 707 0 197, 516, 707 0.695952 0 1.00 2.00 CAP REL COSTS-MUBLE EQUIP 86, 291, 407 0 86, 291, 407 0.304048 0 2.00 3.00 Total (sum of lines 1-2) 283, 808, 114 0 283, 808, 114 1.000000 0 3.00 Cost Center Description Total (sum of Lines 1-2) Cost Center Description Taxes Other Cost Center Description Taxes 0 0 0 9.00 10.00 Other Total (sum of Lines 1-2) 0		Cost Center Description		Leases	for Ratio (col. 1 - col. 2)	instructions)		
1.00 CAP REL COSTS-BLDG & FIXT 197, 516, 707 0 197, 516, 707 0.695952 0 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 86, 291, 407 0 86, 291, 407 0.304048 0 2.00 3.00 Total (sum of lines 1-2) 283, 808, 114 0 283, 808, 114 1.000000 0 3.00 ALLOCATION OF OTHER CAPITAL Cost Center Description Taxes Other Total (sum of colspan="4">Cost S Depreciation Lease Lease Other Total (sum of colspan="4">Cost Center Description Lease 0 0 0 0 10.00 Other Total (sum of colspan="4">Cost Center Description CAP REL COSTS-MVBLE EQUIP 0 0 0 3.985, 550 0 0 1.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see of cost see instructions) 0 0 0 0 0 0 0 0 1.00 1.00 12.00 14.00 15.00 15.00 0 1.00 </td <td></td> <td></td> <td></td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td>				2.00	3.00	4.00	5.00	
2.00 CAP REL COSTS-MVBLE EQUIP 86, 291, 407 283, 808, 114 0 86, 291, 407 283, 808, 114 0 2.00 0.304048 0 2.00 0 0 0.304048 0 2.00 0 0 0 0 283, 808, 114 0	1 00				107 516 707		0	1 00
3.00 Total (sum of lines 1-2) 283,808,114 0 283,808,114 1.000000 0 3.00 ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL SUMMARY OF CAPITAL SUMMARY OF CAPITAL Image: constraint of cold state o							Ű	
PART III - RECONCILIATION OF CAPITAL SUMMARY OF CAPITAL Cost Center Description Taxes Other Capital -Relate d Costs Total (sum of cols. 5 through 7) Depreciation Lease 1.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 3.00 9.00 10.00 2.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3.985,550 0 1.00 3.00 Total (sum of lines 1-2) 0 0 0 3.480,897 1.311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 8.480,897 1.311,766 3.00 3.00 Total (sum of lines 1-2) 0 0 0 1.00 1.00 12.00 13.00 14-Relate d Costs (see instructions) of cols. 9 through 14) instructions) 11.00 12.00 13.00 14.00 15.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 35,663 83,615 0 0 4,104,828 1.00								3.00
Cost Center Description Taxes Other Total (sum of cols. 5 Depreciation Lease Cost Center Description Taxes Other Total (sum of cols. 5 Depreciation Lease PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT O O O 1.00 SUMMARY OF CAPITAL Cost Center Description Interest Taxes (see Other Total (2) (sum of cols. 9 SUMMARY OF CAPITAL Cost Center Description Interest Taxes (see Other Total (2) (sum of cols. 9 Interest Insurance (see Taxes (see Other Total (2) (sum of cols. 9 Interest Insurance (see Taxes (see Other Total (2) (sum of cols. 9 Interest Instructions) Cap Rel COSTS-BLDG & FIXT I.00 I2.00	5.00							3.00
Capi tal -Rel ate d Costs col s. 5 through 7) col s. 5 through 7) col s. 5 through 7) PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 6.00 7.00 8.00 9.00 10.00 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3.985,550 0 1.00 2.00 CAP REL COSTS-BLDG & FIXT 0 0 0 0 4,495,347 1,311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 8,480,897 1,311,766 3.00 Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other d Costs (see instructions) Total (2) (sum of col s. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 4,104,828 1.00			1220011					
PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 9.00 10.00 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3,985,550 0 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 4,495,347 1,311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 8,480,897 1,311,766 3.00 V Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Of col s. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00		Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
6.00 7.00 8.00 9.00 10.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 3,985,550 0 1.00 2.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3,985,550 0 1.00 3.00 Total (sum of lines 1-2) 0 0 0 0 8,480,897 1,311,766 3.00 Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other d Costs (see instructions) Total (2) (sum of col s. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00				Capi tal -Rel ate	cols. 5			
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3, 985, 550 0 1.00 2.00 CAP REL COSTS-BLDG & FIXT 0 0 0 0 4, 495, 347 1, 311, 766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 8, 480, 897 1, 311, 766 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other Total (2) (sum of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35, 663 83, 615 0 0 4, 104, 828 1.00								
1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 3,985,550 0 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 0 4,495,347 1,311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 8,480,897 1,311,766 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Of cols.9 11.00 12.00 13.00 14.00 15.00 PART 111 - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00		T		7.00	8.00	9.00	10.00	
2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 4,495,347 1,311,766 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 8,480,897 1,311,766 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other of cols.9 Oth			ENTERS	-			-	
3.00 Total (sum of lines 1-2) 0 0 0 8,480,897 1,311,766 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other Capital -Relate d Costs (see instructions) Total (2) (sum of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 O 0 4,104,828 1.00			0	0	(
SUMMARY OF CAPITAL SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see Other Total (2) (sum of cols. 9 Interest Instructions) Instructions) Capital - Relate of cols. 9 of cols. 9 11.00 12.00 13.00 14.00 15.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00			0	0	(
Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other Total (2) (sum of col s. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 23,663 83,615 0 0 4,104,828 1.00	3.00	Iotal (sum of lines I-2)	0				1, 311, 766	3.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00				SU	JIMIMARY OF CAPI	IAL		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00		Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 11.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00		····						
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 11.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 35,663 83,615 0 0 4,104,828 1.00				· · · ·		d Costs (see	through 14)	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 35, 663 83, 615 0 0 4, 104, 828 1.00						instructions)		
1. 00 CAP REL COSTS-BLDG & FIXT 35, 663 83, 615 0 0 4, 104, 828 1. 0				12.00	13.00	14.00	15.00	
						1		
2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 0 5.807.113 2.0					(0		1.00
			0		0	0		2.00
3.00 Total (sum of lines 1-2) 35,663 83,615 0 0 9,911,941 3.00	3.00	lotal (sum of lines 1-2)	35, 663	83, 615	(0 0	9, 911, 941	3.00

DJUSTM	IENTS TO EXPENSES			Provider CCN: 15-0007	In Lie Period: From 01/01/2021	Worksheet A-8	
					To 12/31/2021	Date/Time Pre 5/30/2022 3:00	
				Expense Classification of To/From Which the Amount i		373072022 3.0	
					s to be Adjusted		
	Cost Center Description	· · · · ·	Amount	Cost Center		Wkst. A-7 Ref.	
. 00	Investment income - CAP REL	1.00	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.
	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL			CAP REL COSTS-MVBLE EQUIP	2.00	0	
	COSTS-MVBLE EQUIP (chapter 2)						
	Investment income - other (chapter 2)	В	-1/5	ADMINISTRATIVE & GENERAL	5.00	0	3
	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4
00	Refunds and rebates of	В	0	ADMI NI STRATI VE & GENERAL	5.00	0	5
	expenses (chapter 8) Rental of provider space by		0		0.00	0	6
	suppliers (chapter 8) Telephone services (pay		0		0.00	0	7
:	stations excluded) (chapter		0		0.00	0	
00	21) Television and radio service		0		0.00	0	6
	(chapter 21) Parking Lot (chapter 21)		0		0.00	0	Ģ
. 00	Provider-based physician	A-8-2	-3, 368, 210			0	
. 00	adjustment Sale of scrap, waste, etc.		0		0.00	0	11
	(chapter 23) Related organization	A-8-1	5, 872, 990			0	12
	transactions (chapter 10) Laundry and linen service		0		0.00	0	13
. 00	Cafeteria-employees and guests		-492, 662	CAFETERI A	11.00	0	14
	Rental of quarters to employee and others		0		0.00	0	15
. 00	Sale of medical and surgical supplies to other than		0		0.00	0	16
	patients						
	Sale of drugs to other than patients		0		0.00	0	17
	Sale of medical records and abstracts		0		0.00	0	18
. 00	Nursing and allied health		0		0.00	0	19
	education (tuition, fees, books, etc.)						
	Vending machines Income from imposition of		0		0. 00 0. 00	0	
i	interest, finance or penalty		0		0.00	0	
	charges (chapter 21) Interest expense on Medicare		0		0.00	0	22
	overpayments and borrowings to repay Medicare overpayments						
. 00	Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65.00		23
	therapy costs in excess of limitation (chapter 14)						
	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24
	limitation (chapter 14)				111.00		
	Utilization review - physicians' compensation		0	UTILIZATION REVIEW - SNF	114.00		25
	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26
	COSTS-BLDG & FIXT						
	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00		27
	Non-physician Anesthetist Physicians' assistant		0	NONPHYSICIAN ANESTHETISTS	19.00 0.00		28
. 00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30
	therapy costs in excess of limitation (chapter 14)						
	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30
1.00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31
	pathology costs in excess of limitation (chapter 14)						
	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32

Health Financial Systems	COM	MUNITY HOWARD	REGIONAL HEALTH	In Lie	eu of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0007	Peri od:	Worksheet A-8	
				From 01/01/2021		
				To 12/31/2021		pared:
				- Weisliele et A	5/30/2022 3:0	0 pm
			Expense Classification			
			To/From Which the Amount	is to be Adjusted		
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
cost center bescription	1.00	2.00	3.00	4,00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY)	1.00	2.00	3.00	0,00		33.00
(3)		0		0.00	0	55.00
33. 02 Mi sc Revenue	В	_10 189	ADMI NI STRATI VE & GENERAL	5.00	0	33. 02
33. 03 Mi sc Revenue	B		ADULTS & PEDIATRICS	30.00		33.03
33. 04 Mi sc Revenue	B		ELECTROCARDI OLOGY	69.00		33.04
33. 05 Mi sc Revenue	B		AMBULANCE SERVICES	95.00		33.05
33.06 Misc Revenue Rental Lease	B		CAFETERI A	11.00		33.06
33. 07 Investment Income	B		ADMI NI STRATI VE & GENERAL	5.00		33.00
34.00 HAF Tax Offset	A		ADMI NI STRATI VE & GENERAL	5.00		34.00
34.00 Bad Debt	A		ADMI NI STRATI VE & GENERAL	5.00		
34.02 Bad Debt	A		WOUND CARE CENTER	75.01		
34.02 Bad Debt 34.03 Bad Debt	A	-3, 191 -120, 718		75.01 93.01		
34.04 Bad Debt	A		HOWARD COUNTY CSS	93.01		
			ADMINI STRATI VE & GENERAL	93.06 5.00		34.04
a construction of the second sec	A		ADMINISTRATIVE & GENERAL ADULTS & PEDIATRICS			34.08
	A			30.00 5.00		
	B		ADMI NI STRATI VE & GENERAL			34.10
34.11 Vending Revenue			DI ETARY ADMI NI STRATI VE & GENERAL	10.00 5.00		0
34.12 Non-Allow Interest Expense 34.14 Charitable	A		ADMINISTRATIVE & GENERAL			34.12
34.14 Charitable Contributions-Offset	A	-50, 880	ADMINISTRATIVE & GENERAL	5.00	0	34.14
	А	40.024	ADMI NI STRATI VE & GENERAL	5.00		34, 15
· · · · · · · · · · · · · · · · · · ·	A		ADMINI STRATI VE & GENERAL	5.00		34.15
	A	-3, 421 -863, 796		93.01	0	34.10
34.17 BH Professional Billing Expense	A	-803, 796	GENESI S	93.01	0	34.1/
	•	215 475	HOWARD COUNTY CSS	02.04	0	24 10
34.18 BH Professional Billing Expense	A	-315,4/5	HOWARD COUNTY CSS	93.06	0	34. 18
34.21 Hospitalist Loss	А	-2 152 612	ADULTS & PEDIATRICS	30, 00	0	34. 21
50.00 TOTAL (sum of lines 1 thru 49)		-15, 289, 275		30.00		50.00
(Transfer to Worksheet A,		-10,207,270	1			30.00
column 6, line 200.)						
(1) Deceription of the shorten refere				I	1	L

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

Health Financial Systems COMMUNITY HOWARD REGIONAL HEALTH In Lieu of Form CMS-25							
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0007 Period: Worksheet A-8-							
0FFICE COSTS From 01/01/2021 To 12/31/2021 Date/Time							
-					5/30/2022 3:0	0 pm	
	Line 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 HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED C	ORGANIZATIONS OR	CLAIMED		
1.00		EMERGENCY	CPN ON CALL	541, 496	0	1.00	
2.00		ADMINISTRATIVE & GENERAL	HOME OFFICE DAC	991,661	0	2.00	
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2, 292, 758	0	3.00	
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	18, 753, 877	21, 312, 885	3.01	
3.02	7.00	OPERATION OF PLANT	HOME OFFICE	1, 170, 430	0	3. 02	
3.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	1, 129, 505	0	3.03	
3.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	952, 237	0	3.04	
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	957, 256	0	3.05	
3.06	30.00	ADULTS & PEDIATRICS	HOME OFFICE	8, 364	0	3.06	
3.07	54.00	RADI OLOGY-DI AGNOSTI C	HOME OFFICE	63, 143	0	3.07	
3.08	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	325, 148	0	3.08	
4.00	0.00			0	0	4.00	
5.00	TOTALS (sum of lines 1-4).			27, 185, 875	21, 312, 885	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	no	been posted to Worksheet A,	columns 1 and/or 2, the am	ount allowable sh	nould be indicated in column 4	of this part.	
					Related Organization(s) and/	or Home Office	
		Symbol (1)	Name	Percentage of	Name	Percentage of	
		Symbol (1)	Name	Ű	Name	Ŭ,	
				Ownership		Ownership	
		1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:							

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

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

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

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

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

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 HOWARD REG	IONAL HEALTH	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES F OFFICE COSTS	ROM RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0007	From 01/01/2021	Worksheet A-8-1 Date/Time Prepared: 5/30/2022 3:00 pm

	Net	Wkst. A-7 Ref.		
	Adjustments			
	(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	541, 496	0		1.00
2.00	991, 661	0		2.00
3.00	2, 292, 758	0		3.00
3.01	-2, 559, 008	0		3. 01
3.02	1, 170, 430	0		3. 02
3.03	1, 129, 505	0		3.03
3.04	952, 237	0		3.04
3.05	957, 256	0		3.05
3.06	8, 364	0		3.06
3.07	63, 143	0		3.07
3.08	325, 148	0		3.08
4.00	0	0		4.00
5.00	5, 872, 990			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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Rel ated Organi zati on(s)		
and/or Home Office		
Type of Business		
6.00		
 B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6.00	6.00
7.00	7.00
8.00	8.00
9.00	9.00
10.00	10.00
6.00 7.00 8.00 9.00 10.00 100.00	100.00

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

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

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

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

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

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

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

PROVIDE	R BASED PHYSIC	I AN ADJUSTMENT		Provider C		Peri od:	Worksheet A-8	3-2
						From 01/01/2021 To 12/31/2021	Date/Time Pre 5/30/2022 3:0	epared:)0 pm
1	Wkst. A Line #		Total	Professi onal	Provi der		Physi ci an/Prov	
		Identi fi er	Remuneration	Component	Component		ider Component	
	1.00		0.00			(Hours	
1 00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	1.00
1.00	5.00	AGGREGATE-ADMI NI STRATI VE &	2, 983, 789	2, 912, 190	71, 599	211, 500	560	1.00
2.00	30.00	GENERAL AGGREGATE - ADULTS & PEDI ATRI CS	441, 363	441, 363	(0 0	0	2.00
3.00	0.00		0	0	(0 0	0	3.00
4.00	0.00		0	0	(0	4.00
5.00	0.00		0	0	(0	5.00
6.00	0.00		0	0	(-	0	6.00
7.00	0.00		0	0	(-	0	7.00
8.00	0.00		0	0	(° °	0	8.00
9.00	0.00		0	0	(°	0	9.00
10.00	0.00		0	0	(° °	0	10.00
200.00	0.00		3, 425, 152	3, 353, 553	71, 599	1 VI	-	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of		Physician Cost	200.00
	intot. A Erno #	I denti fi er		Unadjusted RCE			of Malpractice	
			2	Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE - ADMI NI STRATI VE &	56, 942	2, 847	(0 0	0	1.00
2.00	30. 00	GENERAL AGGREGATE-ADULTS &	0	0	(0 0	0	2.00
2 00	0.00	PEDI ATRI CS		0				2 00
3.00 4.00	0.00		0	0	(0	3.00
	0.00 0.00		0	0	(0	4.00 5.00
5.00 6.00	0.00		0	0	(-	0	5.00 6.00
7.00	0.00		0	0	(-	0	7.00
8.00	0.00		0	0	(°,	0	
9.00	0.00		0	0	(-	0	9.00
10.00	0.00		0	0	(0	
200.00	0.00		56, 942	2, 847	(0	
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE - ADMI NI STRATI VE &	0	56, 942	14,65	2, 926, 847		1.00
2.00	30. 00	GENERAL AGGREGATE-ADULTS &	0	0	(441, 363		2.00
2 00	0.00	PEDI ATRI CS		~				2.00
3.00	0.00		0	0	(-		3.00
4.00	0.00		0	0	(-		4.00
5.00	0.00		0	0	(5.00
6.00	0.00		0	0	(-		6.00
7.00	0.00 0.00		0	0	(-		7.00 8.00
	U. UU		0	-				
8.00	0.00			<u>^</u>	(
8.00 9.00 10.00	0. 00 0. 00	4	0	0	(9.00 10.00

Cost Center Description Net Expenses (From Mat X PUC Gr FXT (From Mat X WREE EXDIP (From Mat X) EMPC/VFE (From Mat X) Subtotal 1 0 0 2.00 4.10 2.00 4.00 4.1 1 0 0 1.00 2.00 4.00 4.1 <		Financial Systems COM ALLOCATION - GENERAL SERVICE COSTS	IMUNITY HOWARD	Provider CC	CN: 15-0007 P F	In Lie Period: From 01/01/2021 To 12/31/2021	u of Form CMS- Worksheet B Part I Date/Time Pre 5/30/2022 3:0	epared:
For Cost in All Cost on All Cos				CAPI TAL REL	ATED COSTS		0,00,2022 0.0	
Deleter Service Cost Centers 0 1.00 2.2 00 4.00 4.4 1.00 COTOR FLC COST CENTERS 4.104, 820 4.104, 820 5.007, 113 5.007,		Cost Center Description	for Cost Allocation (from Wkst A	BLDG & FIXT	MVBLE EQUIP	BENEFI TS	Subtotal	
1.00 DOTOR CAP REL COSTS MURG & FIXT 4. 104.429 4. 104.828 5. BUT, 113 5. BUT, 113 7. 4.00 CAROLOGUE, PLEL COSTS MURG & FIXT 2. 398,000 37, 217 152,031 2. 487,044 2. 487,044 4.00 CAROLOGUE, PLEL COSTS MURG & FIXT 2. 398,000 37, 217 152,031 2. 487,044				1.00	2.00	4.00	4A	
2.00 DOUGO CAP REL COSTS-MVBLE EDUIP 5.807, 113 5.807, 113 7.817, 52, 651 7.817, 644 7.807, 645 5.00 DOSON HUNT TERPART WER 25.777, 220 1,017, 301 1,439, 322 238, 556 28, 442, 771 7.01, 649								
IMPATE TENT ROUTINE SERVICE COST CENTERS 10 00 00 552,400 16,603,225 33 31.00 03100 INTERS VE CARE UNIT 2,392,228 518,855 73,360 84,007 2,601,540 381,572 42 AUXILLARY SERVICE COST CENTERS 0 03000 INTERS VE CARE UNIT 2,382,199 14,718 20,822 170,298 7,063,145 55 0.0 05000 DELLORY SERVICE COST CENTERS 46,605 65,933 33.0.8 1,207,933 55 40,20 3,097,476 55 54,010 04800 (MCLORY - LARMOSTIC 2,245,299 190,555 8,424 28,553 892,726 55 58,000 05800 (MRI 467,745 0	2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00 16.00 17.00 19.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVICE 01900 NONPHYSICI AN ANESTHETI STS	5, 807, 113 2, 398, 096 25, 747, 520 6, 658, 901 346, 534 2, 038, 568 617, 006 733, 884 2, 016, 066 957, 256 796, 018 0	37, 217 1, 017, 391 416, 104 21, 516 23, 243 41, 871 67, 566 7, 215 29, 525 0 0	5, 807, 113 52, 651 1, 439, 302 588, 664 30, 439 32, 882 59, 236 95, 586 10, 207 41, 770 0	2, 487, 964 238, 558 37, 948 0 60, 358 18, 424 31, 628 36, 979 0 31, 498 0	7, 701, 617 398, 489 2, 155, 051 736, 537 928, 664 2, 070, 467 1, 028, 551 827, 516 0	7.00 8.00 9.00 10.00 11.00 13.00 16.00 17.00 19.00
31:00 03100 NTERSING CARE UNIT 2, 392, 228 51, 855 73, 360 944, 007 2, 601, 560 335, 595 14, 718 20, 822 10, 437 331, 572 43 ANCILLARY SERVICE COST CENTERS	201 00			0	v			20100
50.00 05000 0FERATING ROOM 6,418,298 196,523 278,024 170,298 7,063,145 55 53.00 05200 MESTRESI LOGY 0 <td>31.00</td> <td>03100 I NTENSI VE CARE UNI T 04300 NURSERY</td> <td>2, 392, 228</td> <td>51, 855</td> <td>73, 360</td> <td>84, 097</td> <td>2, 601, 540</td> <td>31.00</td>	31.00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	2, 392, 228	51, 855	73, 360	84, 097	2, 601, 540	31.00
71:00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 6, 324, 711 63, 904 90, 405 19, 180 6, 498, 200 77 72:00 07300 IMPL. DEV. CHARGED TO PATIENTS 5, 888, 596 0 0 0 5, 888, 596 72 73:00 07300 DRUGS CHARGED TO PATIENTS 20, 867, 394 33, 932 48, 003 123, 351 21, 072, 680 72 74:00 07300 DRUGS CHARGED TO PATIENTS 238, 043 0 0 0 238, 043 73 75:00 7500 0500 ASC (NON-DI STINCT PART) 0 0 0 0 0 0 0 0 72, 680 72 00 03160 (CARDI OPLIMONARY 221, 158 0 0 9, 120 230, 27 75 75 91.00 OPTORE MERGENCY 5, 139, 945 226, 904 321, 001 140, 012 5, 827, 862 91 92.01 09201 OBSERVATION BEDS (NON-DI STINCT PART) 0 0 0 0 0 92 93.02 04951 GENESI S 1, 752, 158 0 0 0 0 92	$\begin{array}{c} 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 69.\ 00\\ \end{array}$	05000 OPERATI NG ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 03480 ONCOLOGY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	1, 062, 357 0 3, 245, 289 2, 853, 341 849, 812 467, 745 1, 467, 831 5, 758, 846 0 1, 882, 011 711, 152 463, 200 143, 724 1, 546, 886	46, 605 0 190, 560 203, 789 5, 955 0 41, 683 48, 680 0 43, 608 6, 113 10, 957 4, 734 1, 032	65, 933 0 269, 586 288, 302 8, 424 0 58, 969 68, 867 0 61, 693 8, 649 15, 500 6, 697 1, 460	33, 038 0 92, 041 81, 979 28, 535 18, 203 38, 078 0 68, 239 26, 452 17, 665 5, 515 57, 325	1, 207, 933 0 3, 797, 476 3, 427, 411 892, 726 485, 948 1, 606, 561 5, 876, 393 0 2, 055, 551 752, 366 507, 322 160, 670	$ \begin{array}{c} 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 54.\ 01\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ \end{array} $
91.00 09100 EMERGENCY 5, 139, 945 226, 904 321, 001 140, 012 5, 827, 862 91 92.00 092001 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 92 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 0 0 93 93.01 04951 GENESIS 1, 752, 158 0 0 0 0 93 93.02 04952 WOMEN'S CENTER 0 0 0 0 93 93.03 04953 RESI DENTI AL HOMES 0 0 0 0 93 93.04 04954 DR. STEELE 0 0 0 0 93 93 94 9455 DI ABETI C EDUCATI ON 0 0 0 93 93 93 04955 DI ABETI C EDUCATI ON 0 0 0 93 93 93 93 94 94954 924, 290 69, 778 2, 076, 750 93 93 93 0 0 0 0 93 93 9	72.00 73.00 74.00 75.00 75.01	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 03950 WOUND CARE CENTER 03160 CARDI OPULMONARY	6, 324, 711 5, 888, 596 20, 867, 394 238, 043 0 655, 801	63, 904 0 33, 932 0 0	90, 405 0 48, 003 0 0 29, 007	19, 180 0 123, 351 0 0 20, 662	6, 498, 200 5, 888, 596 21, 072, 680 238, 043 0 725, 974	71.00 72.00 73.00 74.00 75.00 75.01
93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93.06 04956 HOWARD COUNTY CSS 504,985 0 0 26,824 531,809 93.07 93.07 04957 OTHER 0 0 0 0 0 0 93.07 04957 OTHER 0 <	92.00 92.01 93.00 93.01 93.02 93.03	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART) 04950 OTHER OUTPATIENT SERVICES 04951 GENESIS 04952 WOMEN'S CENTER 04953 RESIDENTIAL HOMES	0	226, 904 0 0 0 0 0 0 0		0	0 0 0 1, 838, 761 0 0	92.00 92.01 93.00 93.01 93.02 93.03
95.00 09500 AMBULANCE SERVICES 1,965,513 17,169 24,290 69,778 2,076,750 95 SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 113.00 INTEREST EXPENSE 114.00 11400 UTILIZATION REVIEW - SNF 114.00 114.00 114.00 114.00 114.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 140,058,899 3,474,306 4,915,111 2,235,901 138,284,312 116.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.01 190.00 19001 COMMUNITY HOWARD FOUNDATION 121,875 0 0 3,783 125,658 190.02 192.00 19200 19200 NONPAID WORKERS 0 0 0 0 0 193.00 0 0 0 193.00 0 0 0 193.00 0 0 0 193.00 193.00 193.00 193.00 0 0 0 0 193.00 193.00 193.00	93. 05 93. 06 93. 07	04955 DI ABETI C EDUCATI ON 04956 HOWARD COUNTY CSS 04957 OTHER 04968 PSYCH MEDI CATI ON	0 0 504, 985 0 0	0 0 0 0	0 0 0 0	0	0 531, 809 0	93.05 93.06 93.07
113.00 11300 INTEREST EXPENSE 11300 INTEREST EXPENSE 11300 114.00 11400 UTI LI ZATI ON REVIEW - SNF 1140 11400 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 140,058,899 3,474,306 4,915,111 2,235,901 138,284,312 116 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 1900 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 121,875 0 0 3,783 1125,658 190 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 929,422 298,965 422,947 29,798 1,681,132 192 193.00 19300 NONPAI D WORKERS 0 0 0 0 0 19300	95.00		1, 965, 513	17, 169	24, 290	69, 778	2, 076, 750	95.00
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190 190 190. 01 19001 COMMUNI TY HOWARD FOUNDATI ON 121, 875 0 0 3, 783 125, 658 190 192. 00 19200 PHYSI CLANS' PRI VATE OFFICES 929, 422 298, 965 422, 947 29, 798 1, 681, 132 192 193. 00 19300 NONPAI D WORKERS 0 0 0 0 0 0	114.00	11300 INTEREST EXPENSE 11400 UTILIZATION REVIEW - SNF SUBTOTALS (SUM OF LINES 1 through 117)	140, 058, 899	3, 474, 306	4, 915, 111	2, 235, 901	138, 284, 312	113. 00 114. 00 118. 00
194. 00 07951 MISC BH NRCC 3, 586, 903 0 122, 642 3, 709, 545 194	190. 01 192. 00 193. 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19001 COMMUNITY HOWARD FOUNDATION 19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS		0 0 298, 965 0 0	0 0 422, 947 0 0	29, 798 0	125, 658 1, 681, 132	192.00 193.00

Health Financial Systems	COMMUNITY HOWARD	REGIONAL HEALT	H	In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre	
					5/30/2022 3:0	0 pm
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	col. 7)					
	0	1.00	2.00	4.00	4A	
194.0907959 MOBILE CLINIC	49, 585	0		0 2, 082	51, 667	194.09
194. 10 07960 PLASTI C SURGERY	0	0		0 0		194. 10
194.11 07961 KOKOMO_SCHOOL_BASED	2, 247, 034			0 93, 758	2, 340, 792	194. 11
194.1507965 INDIANA SURGERY CENTER	60	331, 557	469, 05	5 0	800, 672	194. 15
194. 16 07966 PASTORAL CARE ALLIED HEALTH	0	0		0 0	0	194. 16
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)	146, 993, 778	4, 104, 828	5, 807, 11	3 2, 487, 964	146, 993, 778	202.00

2 00 00000 (AP EFI COSTS JUND E FOULP 4 26 422 77 4 5 0 00000 (ADM IN SIGNET AND E FOULP 4 10 1 28 422 77 1 5 0 00000 (ADM IN SIGNET AND		Financial Systems CO LLLOCATION - GENERAL SERVICE COSTS	MMUNITY HOWARD	Provider CO	CN: 15-0007 F F 1	Period: From 01/01/2021 Fo 12/31/2021	u of Form CMS- Worksheet B Part I Date/Time Pre 5/30/2022 3:0	pared:
PREFAUL STANLET COT CONTRACT 5.00 7.00 8.00 9.00 10.00 1.00 DODOLOGIA DEL COTT SUDEL PENTIP 1		Cost Center Description					DI ETARY	
1.00 DOTOD CAP HEL COSTS-HELPS & FIXI 28, 427,77 28, 427,77 28, 427,77 28, 427,77 570, 389 551,783 57,774 57,774							10.00	
2.00 00000 CAP SET CORTS_WARE FOUR 2.4 2.5 1.5 0.5 2.5 1.5 0.5 2.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 1.5 0.5 0.5 0	1 00							1.00
5.00 DODGO JAMM IN STATU VE & CHERAL 28, 442, 771 7, 549, 389 551, 783 7, 714, 410 5, 645 56 8.00 DODGO JAMENY & LIVER SERVICE 92, 605 57, 689 57, 783 7, 714, 410 5, 615 56 57 57, 589 7, 714, 410 5, 615 57 5								2.00
7.00 00700								4.00
B.CO. CORRECT LARGENY A LINE STAYLC: 9.5. ALP 5.7. ALP 5.7. ALP 5.7. TAL 10 B.CO. CORRECT LINES XTP1 NG 177. 710 112. 244 0 2.7. TAL 410 0 2.7. TAL 410 0 2.5. TAL 410 410 411 410 411 410 411 410 411 410 411 410 411 410 411 410 411 410 411 410 411				0 540 200				5.00
9, 00 00H00 00H000 00H0000 00H0000 00H0000 00H0000 00H0000 00H0000 00H0000 00H0000 00H0000 00H00000 00H00000 0H00000 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td></td> <td>8.00</td>						3		8.00
11.00 01100 CAFETERIA 222,005 161,156 0 52,533 0 11.0 10.00 01000 CAFETERIA 446,770 19,345 0								9.00
13.00 01300 UNRSING ADMINISTRATION 496, 746 10.345 0 5.610 0 16.00 16.00 01700 SXX1AL SERVICE 0								
16.00 001400 NEICAL RECORDS A. LIBARY 246,770 79,162 0 22,956 0 16.00 17.00 01700 01700 01700 0 0000 01700 0 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 000000 00000000 0000000 000000					-			
17.00 01700 SCOLAL SERVICE 198.58 0								1
23 00 0 2300 PASTORAL CARE 0 <td></td> <td>01700 SOCIAL SERVICE</td> <td></td> <td></td> <td>(</td> <td></td> <td>0</td> <td>1</td>		01700 SOCIAL SERVICE			(0	1
Infract ENT_ROUT RE SERVICE COST CENTERS			-	-	-	-		19.00
30. 00 03000_ARULTS & PEDIATRICS 3.883,446 1,555,789 476,222 451,160 913,171 30.0 43. 00 0300_UNERSIFY 91,547 39,461 19,407 11,443 37,214 43.0 43. 00 0300_UNERSIFY 001,547 39,461 19,407 11,443 37,214 43.0 43. 00 0300_UNERSIFY 001,480,800 1,644,690 52.6 67.6 0 155,799 67.6 54.00 57.6	23.00		0	0	(0	0	23.00
31.00 03100 NTERSIN C CARE UNIT 624.161 139.03 56.154 40.318 107.681 37.214 43 MCRULARMY SERVICE COST CENTERS -	30.00		3, 983, 446	1, 555, 789	476, 220	451, 160	913, 171	30.00
MICULARY SERVICE COST CENTERS 1 1 1 52.00 05200 (PERATINE ROM 1, 694, 597 0 132, 799 0 50.00 53.00 05200 (PERATINE ROM & LABOR ROM 289, 807 124, 957 0 36, 236 55.0 54.00 05400 (RADICLOCY 0 0 0 55.0 0 55.0 0 55.0 0 56.0<	31.00							1
DD. DD DSCOD (DEFEATING FROM 1, 694, 590 526, 916 0 152, 799 D DSCO 53. 00 DSCOD (LIVERY ROMOSTIC 0	43.00		91, 547	39, 461	19, 407	7 11, 443	37, 214	43.00
52.00 05200 DELLIVERY ROUM & LABOR ROUM 2289, 807 124, 957 0 36, 236 0550 53.00 05300 RADILOCY 0 0 0 53.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0	50 00		1 694 590	526 916	(152 799	0	50.00
53. 00 00 00 0 0 0 0 0 0 0 0 54. 01 54. 00 03400 0MOLOCY 622, 304 546, 394 0 158, 463 0 57. 0 57. 00 057.00 057.00 057.00 057.00 0 0 0 0 0 0 58. 00 08800 MRI 0 110.09 110.490, 664 111, 759 0 32, 649 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
54. 01 03480 ORCOUNCY 522, 304 546, 394 0 158, 448 0 54. 63 57. 00 05700 CTS CAN 214, 183 15, 996 0 0 0 55. 00 58. 00 05800 MRI 116, 589 0				•				
57.00 05700 CT SCAN 214,183 15,966 0 4.630 57.00 59.00 05900 CARDIAC CATHETERIZATION 385,446 111,759 0 32,409 58.0 60.00 06000 CARDIAC CATHETERIZATION 385,446 130,518 0 37.849 0 60.0 65.00 06500 ESTORING, PROCESSING & TRANS. 0 0 0 0 0 0 66.00 66.00 06600 PHYSICAL THERAPY 120,717 29,377 0 8,519 0 67.0 67.00 67.00 68.00 06600 ELECTROCARDIAL THERAPY 9,374 8,488 2,767 0 80.30 0 64.00 0							-	
58. 00 0 65800 MRI 116,599 0 0 0 0 0 0 55. 00 60. 00 0000 CARDI AC CATHETERI ZATION 385,444 113,759 0 37. 849 0 60. 00 6000 50. 0 55. 0 55. 0 67. 00 0 0 0 63. 0 65. 00 66.00 66.00 66.00 71. 00 8, 519 0 67. 00 67. 00 0 0 67. 00 0.00 0 66. 00 66.00 67.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00							-	
60.00 06000 LABORATORY 1,409,864 130,518 0 37,849 0 60.00 65.00 06500 RESPIRATORY THERAPY 493,166 116,921 0 33,906 0 65.00 66.00 06600 PHYSICAL THERAPY 180,506 16,391 0 4,753 0 65.00 66.00 06600 DEFECH PATHORY THERAPY 121,717 29,337 0 8,519 0 67.00 60.00 06900 ELECTROCARDIOLOGY 385,480 2,767 0 803 0 69.00 0.00 07000 DELECTROCARDIOLOGY 385,480 2,767 0 00 0 70.00 0.010 OTOD IMPL. DEV. CHARGED TO PATIENTS 5,055,770 0,977 26,382 0<7.0							-	
63.00 0.06300 BLODD STORING, PROCESSI NG & TRANS. 0 0 0 6.3.0 65.00 06500 PESPIRATORY THERAPY 180,508 16,391 0 4,753 0 6.6.0 66.00 00 COUPATIONAL THERAPY 121,171 29,377 0 8,519 0 6.6.0 70.00 00 COUPATIONAL THERAPY 121,171 29,377 0 8,519 0 6.6.0 70.00 00 COUPATIONAL THERAPY 121,717 29,377 0 8,509 0 660 70.00 000 000 <							0	
65.00 bc500 bc700 bc700 <td< td=""><td></td><td></td><td>1, 409, 864</td><td></td><td></td><td></td><td>-</td><td>60.00</td></td<>			1, 409, 864				-	60.00
66 00 06600 PHYSI CAL THERAPY 180, 508 16, 391 0 4, 753 0 66, 70 67 00 06700 OCCUPATIONAL THERAPY 121, 171 29, 377 0 8, 519 0 67.00 68 00 06800 SPEECH PATHOLOGY 38, 548 2, 767 0 803 0 69.00 70 00 07000 ELCTENCENCEPHAL ORAPHY 9, 394 8, 488 0 2, 462 0 70.00 71 00 OT2000 IMPL. DEVICAL STRAED TO PATIENTS 1, 412, 792 0 0 0 72.00 73.00 0 0 0 0 74.00 74.00 0 0 0 74.00 74.00 74.00 75.00 0 0 0 75.00 0 0 0 75.00 0 0 0 75.00 0 0 0 75.00 0 0 0 75.00 0 0 0 0 0 75.00 0 0 0			493 168	•				63.00
66. 00 06800 SPEECH PATHOLOGY 38. 548 12. 693 0 3. 681 0 66. 00 06. 00 0000 ELECTROCADULOGY 385. 480 2. 767 0 803 60 670 00 000 MEDICAL SUGRAPHY 9. 394 8. 488 0 2. 462 0 70. 71. 00 0100 MEDICAL SURVECED TO PATIENT 1. 550. 043 171. 337 0 0 66 0 72. 00 0 0 0 73. 00 0 0 0 73. 00 0 0 0 0 73. 00 0 0 0 0 73. 00 0 0 0 73. 00 0 0 0 73. 00 0 0 0 0 73. 00 0 0 0 73. 00 0 0 0 0 73. 00 73. 00 73. 00 73. 00 0 0 0 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>66.00</td></td<>								66.00
64:00 0e900 ELECTROCARDIOLOGY 385,480 2,767 0 803 0 670 70:00 07000 ELECTROCARDIOLAL SUPPLIES CHARGED TO PATIENT 1,559,043 171,337 0 49,686 0 71.0 72:00 07300 DRUGS CHARGED TO PATIENTS 1,559,043 171,337 0 49,686 0 72.0 73:00 DRUGS CHARGED TO PATIENTS 5,051,770 90,977 0 26,382 0 73.0 74:00 DRUGS CHARGED TO PATIENTS 5,051,770 90,977 0 26,382 0 74.00 0 0 0 74.00 0 0 0 74.00 0 0 0 0 0 0 75.01 59,942 0 0 0 75.01 75.01 75.02 176,942 0							-	
70:00 07000 ELECTROENCEPHALOGRAPHY 9, 394 8, 488 0 2, 462 0 70 71:00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 1, 412, 792 0 0 0 0 0 0 0 0 0 0 73:00 073:00 DRUGS CHARGED TO PATIENTS 1, 412, 792 0 0 0 0 0 73:00 0 0 0 0 0 0 0 0 0 0 73:00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 73:00 0 0 0 0 73:00 0								
171.00 07100 MEDICAL_SUPPLIES CHARGED TO PATIENTS 1.559.048 171.237 0 49.666 0 71.0 72.00 072000 INPL_DEV CHARGED TO PATIENTS 1.412.792 0 0 0 73.00 0 0 0 73.00 0 0 0 73.00 0 0 0 73.0 0 0 0 0 73.0								
73:00 DRUGS CHARGED TO PATLENTS 5.055,770 90,977 0 26,382 0 73.0 74:00 ORDOR REMAL DIALYSIS 57,111 0 0 0 0 74.0 75:00 OT500A SC (NON-DISTINCT PART) 0								1
74.00 CPA4.00 IALYSIS 57,111 0 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 75.00 0 0 0 0 75.00 0 0 0 0 75.00 0 0 0 0 0 0 0 0 75.00 0 0 0 0 0 75.00 0 0 0 0 0 0 75.00 0 0 0 0 75.00 00				0	-	-		
75.00 07500 ASC (MON-DI STINCT PART) 0 0 0 0 75.01 03950 MOUND CARE CENTERT 174,176 54,975 0 15,942 0 75.01 0.00 00100 LMERGENCY 55,248 0				90, 977		26, 382		
75. 01 03950 WOUND CARE_CENTER 174,176 54,975 0 15,942 0 75. 0 00 03160 CARD OPULMONARY 55,248 0				0				
OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 1, 398, 221 608, 367 0 176, 419 0 91.00 92.00 09200 DBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 92.00 09200 005ERVATI ON BEDS (DI STI NCT PART) 0 0 0 0 93.00 04950 OTHER OUTPATIENT SERVICES 0 0 0 0 93.02 04955 OTHER NOT SERVICES 441, 156 821, 134 0 238, 119 0 93.02 04953 RESI DENTI AL HOMES 0 0 0 0 0 0 93.02 04955 DI ABETI C EDUCATION 0			174, 176	54, 975				1
91.00 09100 DURRCENCY 1, 398, 221 608, 367 0 176, 419 92.0 92.00 09200 DOSERVATI ON BEDS (DN-DI STINCT PART) 0 0 0 0 92.0 92.01 09201 DOSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 92.0 93.01 04951 GERESIS 441, 156 821, 134 0 238, 119 0 93.02 93.02 04952 WMEN'S CENTER 0 0 0 0 0 0 93.02 93.02 04953 IRENEIS 441, 156 821, 134 0 238, 119 0 93.02 93.04 04954 DR. STELLE 0 0 0 0 0 93.02 93.06 04955 JABETI C EDUCATION 0 0 0 0 0 93.02 93.06 04956 HOWARD COUNTY CSS 127, 592 276, 018 0 0 0 93.02 93.07 04957 OTHER EDUCATI ON 0 0 0 </td <td>76.00</td> <td></td> <td>55, 248</td> <td>0</td> <td>(</td> <td>0 0</td> <td>0</td> <td>76.00</td>	76.00		55, 248	0	(0 0	0	76.00
92.00 09200 0BSERVATION BEDS (NON-DI STINCT PART) 0 <td< td=""><td>01 00</td><td></td><td>1 200 221</td><td>609 267</td><td></td><td>176 /10</td><td>0</td><td>01 00</td></td<>	01 00		1 200 221	609 267		176 /10	0	01 00
92.01 09201 0SSERVATION BEDS (DISTINCT PART) 0			1, 370, 221	000, 307		170, 419	0	92.00
93. 01 04951 GENESIS 441, 156 821, 134 0 238, 119 0 93. 02 93. 02 04952 WOMEN'S CENTER 0 0 0 0 93. 02 93. 03 04953 RESIDENTIAL HOMES 0 0 0 0 0 93. 02 93. 04 04953 RESIDENTIAL HOMES 0 0 0 0 0 93. 02 93. 04 04954 DR. STEELE 0 0 0 0 0 93. 02 93. 05 04956 HORM D COUNTY CSS 127, 592 276, 018 0 0 0 93. 02 93. 07 04957 OTHER 0 0 0 0 0 0 93. 02 949.01 MIRSABLE COST CENTERS 95.00 0500 AMBULANCE SERVICES 498, 254 46, 034 0 13. 349 0 95. 02 95.00 OPSOL AMBULANCE SERVICES 498, 254 46, 034 0 13. 349 0 14. 02 113.00 ITERST EXPENSE 1 13. 03. 133. 03 1.841, 171 <td></td> <td></td> <td>0</td> <td>0</td> <td>(</td> <td>0 0</td> <td></td> <td></td>			0	0	(0 0		
93. 02 04952 WOMEN'S CENTER 0 0 0 0 93. 02 93. 04 04954 DR. STEELE 0 0 0 0 93. 02 93. 04 04954 DR. STEELE 0 0 0 0 0 0 93. 02 93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 0 0 93. 02 93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93. 02 93. 07 04957 OTHER 0 0 0 0 93. 02 04956 PSCH MEDI CATI ON 0 0 0 93. 02 93. 02 04956 PSCH MEDI CATI ON 0 0 0 93. 02 04956 PSCH MEDI CATI ON 0 0 0 0 93. 02 093. 02 04956 PSCH MEDI CATI ON 0			0	0	(0		93.00
93. 03 04953 RESI DENTI AL HOMES 0 <td< td=""><td></td><td></td><td>441, 156</td><td>821, 134</td><td></td><td>238, 119</td><td></td><td>1</td></td<>			441, 156	821, 134		238, 119		1
93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93. 00 93. 06 04956 HOWARD COUNTY CSS 127, 592 276, 018 0 80, 042 0 93. 00 93. 07 04957 OTHER 0 0 0 0 0 93. 00 0 0 0 0 93. 00 0 0 0 0 0 0 93. 00 0 0 0 0 0 0 0 93. 00 0			0	0	(0 0		1
93. 06 04956 HOWARD COUNTY CSS 127, 592 276, 018 0 80, 042 0 93. 0 93. 07 04957 OTHER 0 0 0 0 0 93. 0 93. 18 04968 PSYCH MEDI CATION 0 0 0 0 0 93. 0 95. 00 09500 AMBULANCE SERVI CES 498, 254 46, 034 0 13, 349 0 95. 0 95. 00 09500 AMBULANCE SERVI CES 498, 254 46, 034 0 13, 349 0 95. 0 95. 00 113.00 I NTEREST EXPENSE 113. 00 114. 00 114. 100 114. 100 114. 100 114. 100 114. 10 1.841, 171 1. 058, 066 114. 0 114. 00 11400 UTI LI ZATI ON REVIEW - SNF 114. 00 114. 00 114. 00 114. 00 19000 GIGMUNI TY HOWARD FOUNDATION 30, 148 0 0 0 190. 0 190. 0 190. 0 0 0 0 190. 0 193. 0 190. 0 190. 0 0 0 0 190. 0 0 0			0	0	C	0 0		
93. 07 04957 OTHER 0 0 0 0 0 93. 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 0 0 93. 0 95. 00 09500 AMBULANCE SERVI CES 498, 254 46, 034 0 13, 349 0 95. 0 95. 00 09500 C AMBULANCE SERVI CES 498, 254 46, 034 0 13, 349 0 95. 0 95. 01 09500 C AMBULANCE SERVI CES 498, 254 46, 034 0 13, 349 0 95. 0 95. 01 011400 UTI LI ZATI ON REVIEW - SNF 113. 00 114. 00 114. 01 114. 05 114. 01 114. 05 114. 01 114. 05 114. 01 114. 05 114. 01 114. 05 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 02 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114. 01 114.			107 500	0	(-	93.05
93.18 04968 PSYCH MEDICATION 0 <td></td> <td></td> <td>127, 592</td> <td>276, 018</td> <td></td> <td>0 80,042</td> <td></td> <td>1</td>			127, 592	276, 018		0 80,042		1
95.00 09500 AMBULANCE SERVICES 498,254 46,034 0 13,349 0 95.00 SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 113.00 11400 UTI LI ZATI ON REVIEW - SNF 113.00 11400 11400 UTI LI ZATI ON REVIEW - SNF 114.00 114.00 11400 UTI LI ZATI ON REVIEW - SNF 114.00 114.00 11.00 1.058,066 114.00 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 0 114.00 118.00 019000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 30,148 0 0 0 190.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 403,337 2,117,643 0 614,092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 193.00 193.00 193.00 194.00 0 0 0 194.00 0 0 0 0 194.00 0 0 <td< td=""><td></td><td></td><td>0</td><td>0</td><td>(</td><td>0 0</td><td></td><td></td></td<>			0	0	(0 0		
SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 114.00 UTI LI ZATI ON REVI EW - SNF SUBTOTALS (SUM OF LINES 1 through 117) 26, 353, 196 6, 469, 131 551, 783 1, 841, 171 1, 058, 066 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 26, 353, 196 6, 469, 131 551, 783 1, 841, 171 1, 058, 066 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 26, 353, 196 6, 469, 131 551, 783 1, 841, 171 1, 058, 066 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 26, 353, 196 6, 469, 131 551, 783 1, 841, 171 1, 058, 066 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 0 190.01 190.01 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 403, 337 2, 117, 643 0 614, 092 0 192.00 193.00 19300 NONREI BURCE 889, 994 73, 654 0 21, 359 0							_	
113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTI LI ZATI ON REVI EW - SNF SUBTOTALS (SUM OF LINES 1 through 117) 26,353,196 6,469,131 551,783 1,841,171 1,058,066 114.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 26,353,196 6,469,131 551,783 1,841,171 1,058,066 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 0 0 190.00 190.00 19001 COMMUNI TY HOWARD FOUNDATI ON 30,148 0 0 0 190.00 192.00 PHYSI CI ANS' PRI VATE OFFICES 403,337 2,117,643 0 614,092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 889,994 73,654 0 21,359 0 194.00 194.09 07958 SOUTH BERKLEY BLDG 0 0 0 0 0 194.00 194.10 07960 PLASTIC SURGERY 0 <t< td=""><td>95.00</td><td></td><td>498, 254</td><td>46, 034</td><td>(</td><td>0 13, 349</td><td>0</td><td>95.00</td></t<>	95.00		498, 254	46, 034	(0 13, 349	0	95.00
114.00 11400 UTILIZATION REVIEW - SNF 114.00 11400 UTILIZATION REVIEW - SNF 114.00 114.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 26,353,196 6,469,131 551,783 1,841,171 1,058,066 118.00 NONREL MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATION 30,148 0 0 0 192.00 192.00 P4YSI CLANS' PRI VATE OFFICES 403,337 2,117,643 0 614,092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MIS C BH NRCC 889,994 73,654 0 21,359 0 194.00 194.09 07958 SOUTH BERKLEY BLDG 0 0 0 0 0 194.00 194.10 07960 PLASTIC SURGERY 12,396 0 0 0 194.00 194.11 07966 INDIANA SURGERY CENTER <td< td=""><td>113.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>113.00</td></td<>	113.00							113.00
NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 190.01 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 30, 148 0 0 0 190.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 403, 337 2, 117, 643 0 614, 092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 889, 994 73, 654 0 21, 359 0 194.00 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0 0 0 194.00 194.09 07959 MOBI LE CLI NI C 12, 396 0 0 0								114.00
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATION 30, 148 0 0 0 0 190.00 192.00 19200 PHYSI CLANS' PRI VATE OFFICES 403, 337 2, 117, 643 0 614, 092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 889, 994 73, 654 0 21, 359 0 194.00 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0 0 194.00 194.09 07958 SOUTH BERKLEY BLDG 0 0 0 0 0 194.00 194.09 07958 NOIL E CLINIC 12, 396 0 0 0 194.00 0 0 0 194.00 0 0 194.00 194.00 0 0 194.00 0 0 0 194.00 0 0 0 194.00 0 0 0 <	118.00		26, 353, 196	6, 469, 131	551, 783	3 1, 841, 171	1, 058, 066	118.00
190.01 19001 COMMUNITY HOWARD FOUNDATION 30,148 0 0 0 190.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 403,337 2,117,643 0 614,092 0 192.00 193.00 19300 NONPAID WORKERS 0 0 0 0 193.00 194.00 07951 MISC BH NRCC 889,994 73,654 0 21,359 0 194.00 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0 194.00 0 0 0 194.00 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 0 194.00 0 0 0 <t< td=""><td>100.00</td><td></td><td></td><td>0</td><td></td><td></td><td>0</td><td>100 00</td></t<>	100.00			0			0	100 00
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 403, 337 2, 117, 643 0 614, 092 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 889, 994 73, 654 0 21, 359 0 194.00 194.09 07958 SOUTH BERKLEY BLDG 0 0 0 0 194.00 194.09 07959 MOBI LE CLI NI C 12, 396 0 0 0 194.00 194.10 07960 PLASTI C SURGERY 0 0 0 0 194.10 194.11 07961 KOKOMO SCHOOL BASED 561, 603 0 0 0 194.11 194.15 07965 INDI ANA SURGERY CENTER 192, 097 888, 961 0 257, 788 0 194.1			30, 148	0				
194.00 07951 MI SC BH NRCC 889,994 73,654 0 21,359 0 194.02 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0 194.02 194.09 07959 MOBILE CLINIC 12,396 0 0 0 194.02 194.10 07960 PLASTIC SURGERY 0 0 0 194.12 194.11 07961 KOKOMO SCHOOL BASED 561,603 0 0 0 194.12 194.15 07965 INDIANA SURGERY CENTER 192,097 888,961 0 257,788 0 194.12	192.00	19200 PHYSI CLANS' PRI VATE OFFI CES		2, 117, 643	0	614, 092	0	192.00
194. 08 07958 SOUTH BERKLEY BLDG 0 0 0 194. 02 194. 09 07959 MOBILE CLINIC 12, 396 0 0 0 194. 02 194. 10 07960 PLASTIC SURGERY 0 0 0 194. 12 194. 11 07961 KOKOMO SCHOOL BASED 561, 603 0 0 0 194. 12 194. 15 07965 INDIANA SURGERY CENTER 192, 097 888, 961 0 257, 788 0 194. 12			0	0	(0		193.00
194.09 07959 MOBILE CLINIC 12,396 0 0 0 194.0 194.10 07960 PLASTIC SURGERY 0 0 0 194.1 194.11 07961 KOKOMO SCHOOL BASED 561,603 0 0 0 194.1 194.15 07965 INDIANA SURGERY CENTER 192,097 888,961 0 257,788 0 194.1			889, 994	73, 654		ע 21, 359 ע		
194. 10 07960 PLASTI C SURGERY 0 0 0 194. 1 194. 11 07961 KOKOMO SCHOOL BASED 561, 603 0 0 0 194. 1 194. 15 07965 I NDI ANA SURGERY CENTER 192, 097 888, 961 0 257, 788 0 194. 1			12.396	0	(0	194.00
194. 15 07965 I NDI ANA SURGERY CENTER 192, 097 888, 961 0 257, 788 0 194. 1	194.10	07960 PLASTIC SURGERY	0	0	0	o o	0	194.10
				0	(194.11
		07965 INDIANA SURGERY CENTER 07966 PASTORAL CARE ALLIED HEALTH	192, 097	888, 961 റ		257,788 מ		194.15

Health Finar	ncial Systems (COMMUNITY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form CMS-	2552-10
COST ALLOCA	TION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2021	Worksheet B Part I	
					To 12/31/2021		
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE			
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0		0 0	(201.00
202.00	TOTAL (sum lines 118 through 201)	28, 442, 771	9, 549, 389	551, 78	3 2, 734, 410	1, 058, 066	202.00

		MUNITY HOWARD	REGIONAL HEALTH			u of Form CMS-	2552-10
CUST A	LLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Pre	pared:
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	MEDI CAL RECORDS &	SOCIAL SERVICE	5/30/2022 3:0 NONPHYSI CI AN ANESTHETI STS	0 pm
		11.00	13.00	LI BRARY 16.00	17.00	19.00	
	GENERAL SERVICE COST CENTERS	11.00	13.00	10.00	17.00	19.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 7.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A	1, 385, 158					11.00
	01300 NURSI NG ADMI NI STRATI ON	30, 866	2, 623, 034	1 077 40			13.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0 26, 288	55, 789	1, 377, 43	7 0 1, 108, 131		16.00 17.00
	01900 NONPHYSI CI AN ANESTHETI STS	20, 200	0,707			0	•
	02300 PASTORAL CARE	0	0	(0 0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS	Γ	г – Г		1		
30.00	03000 ADULTS & PEDIATRICS	464, 373	1, 229, 444	118, 10		0	
31.00 43.00	03100 I NTENSI VE CARE UNI T 04300 NURSERY	70, 589 8, 707	198, 664 28, 825	22, 04 2, 24		0	
43.00	ANCI LLARY SERVICE COST CENTERS	8,707	20, 025	2, 24	4 30, 775	0	43.00
50.00	05000 OPERATING ROOM	142, 340	424, 295	165, 12	8 0	0	50.00
	05200 DELIVERY ROOM & LABOR ROOM	27, 563	91, 249	7, 10		0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	== 10		0	53.00
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 03480 ONCOLOGY	76, 920	102 426	55, 12		0	54.00 54.01
54. 01 57. 00	05700 CT SCAN	68, 854 23, 806	103, 426 0	63, 070 81, 530		0	54.01
58.00	05800 MRI	2,726	0	26, 92		0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	32, 051	89, 826	114, 50		0	59.00
60.00	06000 LABORATORY	0	0	130, 63		0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		u u u u u u u u u u u u u u u u u u u	0	63.00
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	57, 654 22, 645	0	27, 16 3, 31		0	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	14, 738	0	2, 17		0	67.00
68.00	06800 SPEECH PATHOLOGY	4, 601	0	67		0	68.00
69.00	06900 ELECTROCARDI OLOGY	47, 988	46, 622	28, 80	5 0	0	69.00
	07000 ELECTROENCEPHALOGRAPHY	564	0	00.40	u u u u u u u u u u u u u u u u u u u	0	70.00
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	16, 035 0	0	23, 48 39, 77		0	71.00
	07300 DRUGS CHARGED TO PATIENTS	103, 015	0	261, 593		0	1
	07400 RENAL DI ALYSI S	0	0	1, 29		0	74.00
	07500 ASC (NON-DI STI NCT PART)	0	0	(o o	0	75.00
	03950 WOUND CARE CENTER	17, 238	50, 012	7,47		0	
76.00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	7, 738	17, 073	2, 83	/ 0	0	76.00
91.00	09100 EMERGENCY	117, 859	287, 809	166, 95	1 0	0	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	,		,			92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(o o	0	
	04950 OTHER OUTPATIENT SERVICES	0	0	11.00	0 0	0	
	04951 GENESIS 04952 WOMEN'S CENTER	0	0	11, 29		0	93.01 93.02
	04953 RESIDENTIAL HOMES	0	0			0	93.02
	04954 DR. STEELE	0	0	(0 0	0	93.04
	04955 DIABETIC EDUCATION	0	0	(0 0	0	93.05
	04956 HOWARD COUNTY CSS	0	0	92	6 0	0	
	04957 OTHER	0	0	(0 0	0	•
93.18	04968 PSYCH MEDICATION OTHER REIMBURSABLE COST CENTERS	0	<u> </u>		<u> </u>	0	93.18
95.00	09500 AMBULANCE SERVICES	0	0	13, 24	o c	0	95.00
	SPECIAL PURPOSE COST CENTERS						
	11300 I NTEREST EXPENSE						113.00
114.00 118.00	11400 UTI LI ZATI ON REVI EW - SNF	1 205 150	2 (22 024	1 277 420	1 100 101	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	1, 385, 158	2, 623, 034	1, 377, 43	9 1, 108, 131	0	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(0 0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	(o o	0	190. 01
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	(0 0		192.00
	19300 NONPALD WORKERS	0	0	(0 0		193.00
	07951 MISC BH NRCC 07958 SOUTH BERKLEY BLDG	0	0	(194.00 194.08
	07958 SOUTH BERKLEY BLDG 07959 MOBILE CLINIC		0				194.08
	07960 PLASTIC SURGERY	0	0				194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	(0 0	0	194. 11
194.15	07965 INDIANA SURGERY CENTER	0	0	(0 0	0	194. 15

Health Financial Systems C	OMMUNI TY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	CN: 15-0007	Peri od:	Worksheet B	
				From 01/01/2021 To 12/31/2021	Part I Date/Time Pre	pared:
					5/30/2022 3:0	
Cost Center Description	CAFETERI A	NURSI NG	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	
		ADMI NI STRATI ON	RECORDS &		ANESTHETI STS	
			LI BRARY			
	11.00	13.00	16.00	17.00	19.00	
194.16 07966 PASTORAL CARE ALLIED HEALTH	C	0 0		0 0	0	194.16
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	C	0 0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1, 385, 158	2, 623, 034	1, 377, 43	39 1, 108, 131	0	202.00

Cost Center Description PASIMAL CARE Substration Substration Intern 4 stepsion Intern 4 stepsion Intern 4 stepsion 10 OUTO Cost Center Description 23.00 24.00 30.00 20.00 20.00 10 OUTO Cost Center Description 23.00 24.00 30.00 20.00 20.00 10 OUTO Cost Center Description 23.00 24.00 30.00 20.00 20.00 10 OUTO Cost Center Description 23.00 24.00 30.00 20.00 10 OUTO Cost Center Description 23.00 24.00 30.00 20.00 10 OUTO Cost Center Description 20.00 24.00 30.00 20.00 10 OUTO Cost Center Description 0.00	Heal th Financial Systems CC COST ALLOCATION - GENERAL SERVICE COSTS	MMUNITY HOWARD	REGIONAL HEALT Provider C		In Lie eriod:	u of Form CMS-255 Worksheet B	52-10
Desit Center Prescription PASTORAL CARE Subtotal Tattern & Prescription Value AL Setter & Cost Centrus 70.00 24.00 25.00 26.00 Value AL Setter & Cost Centrus 70.00 24.00 25.00 26.00 Value AL Setter & Cost Centrus 70.00 26.00 26.00 26.00 Value AL Setter & Cost Centrus 70.00 70.00 70.00 70.00 Value AL Setter & Cost Centrus 70.00 70.00 70.00 70.00 Value AL Setter & Cost Centrus 70.00 70.00 70.00 70.00 70.00 Value AL Setter & Cost Centrus 70.00	COST ALLOCATION - GENERAL SERVICE COSTS		FIOVICEI C	F	rom 01/01/2021	Part I Date/Time Prepa	ired:
Loc A Pists Strendom 100 00000 GAP RELOSS-RUDG & FINT 23.00 24.00 20.00 100 00000 GAP RELOSS-RUDG & FINT 20.00 20.00 20.00 100 00000 GAP RELOSS-RUDG & FINT 20.00 20.00 20.00 100 00000 GAP RELOSS-RUDG & FINT 20.00 20.00 20.00 100 00000 GAP RELOSS-RUDG & FINT 20.00 20.00 20.00 100 00000 GAP RELOSS-RUDG & FINT 20.00 20.00 20.00 10000 GADI INSTANT VI A GIRERAL 0 00000 GADI INSTANT VI A GIRERAL 0 10000 GADI INSTANT VI A GIRERAL 0 00000 GADI INSTANT VI A GIRERAL 0 10000 GADI INSTANT VI A GIRERAL 0 0 20.01 20.01 10000 GADI INSTANT VI A GIRERAL 0 0 20.01 20.01 20.01 10000 GADI INSTANT VI A GIRERAL 0 0 10.72.73 0 10.72.73 0 10000 GADI INSTANT VI A GIRERAL 0 10.72.74 0 10.72.74 0 10.72.74 0<	Cost Center Description	PASTORAL CARE	Subtotal	Intern &	Total	5/30/2022 3:00	pm
Image: service cost centres: 23.00 24.00 25.00 26.00 0.000 (20, PET, COST, IAN, F FOULP 2.00 24.00 25.00 26.00 2.00 0.000 (20, PET, COST, IAN, F FOULP 2.00 2.00 2.00 2.00 0.000 (20, PET, COST, IAN, F FOULP 2.00 2.00 2.00 2.00 2.00 0.000 (20, PET, COST, IAN, F FOULP 2.00 2.00 2.00 2.00 2.00 0.000 (20, CAR, COST, IAN, F FOULP 2.00 2.00 2.00 2.00 2.00 0.000 (20, CAR, COST, IAN, F FOULP 0.00 2.00 2.00 2.00 2.00 0.000 (20, CAR, COST, IAN, FERT, TAT, TON 0.00 0.000 0.000 2.00 2.00 2.00 1.000 (20, CAR, COST, IAN, HET, TAT, TON 0.00 0.000 0							
CALL CALL <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>							
CHINEND STRATE COST CATE DRIVERS 0.000000 CAP REL COSTS-MARLE EQUIPART 2.000000000000000000000000000000000000		23.00	24.00		26.00		
2 00 00200 CAP RIL COSTS JAWIE FOULP 4 0025 JAWIE FOULP 4 0025 JAWIE FOULP 4 0025 JAWIE FOULP 2 CAPERAL 4 00550 JAWIE 7 CAPERA 4 00550 JAWIE 7 CAP	GENERAL SERVICE COST CENTERS	23.00	24.00	25.00	20.00		
4.00 00400 ENPLOYEE BENEFITS DEPARTMENT 7.00 00700 OPERATION OF PLANT 7.00 00700 OPERATION OF PLANT 7.00 00700 DEPART 7.00 00700 DEPART 7.00 00700 DEFERST 7.00 DEFERST DEFERST 7.00							1.00
5.00 00000 CAUMIN ISTARTIVE & CENERAL.							2.00 4.00
8. 00 0000 LANDOY A LINEN SERVICE 9. 00 0000 DUETARY 10. 00 1000 DUETARY 10. 00 0000 DUETA							5.00
9.00 00900 0005EVERPING 11.00 01100 CATELER A 11.00 01100 CATELER A 10.00 01000 OWENSIG ALL ARESTRET ISTS 20.00 02000 AULTS & PEDI ATRICE COST CENTERS 30.00 0200 AULTS & PEDI ATRICE COST CENTERS 30.							7.00
10.00 01000 HETARY Image: Constraint of the second sec							8.00 9.00
13.00 01300 WURSH KG ADMI MI STRATION							10.00
16.00 01600 HED (CAL, RECORDS & LUBARY 17.00 01700 NORMEN'SI CLAN ARESTHET ISTS 18.00 01900 NORMEN'SI CLAN ARESTHET ISTS 18.00 01900 NORTINE / CRAFT 18.00 01900 NITES REVICE COST CENTERS 19.00 01900 NITES REVICE COST CENTERS 10.00 05300 OFFARTINE ROOM 0 10.01 010.169, 213 0 10.169, 213 10.01 10.0149, 213 0 1.784, 850 10.01 05300 ARTINE ROOM 0 1.784, 850 10.01 02480 ORCONOVERSTINE 0 1.232, 847 10.01 02480 ORCONOVERSTINE 0 1.232, 847 10.01 02480 ORCONOVERSTINE 0 1.232, 847 10.01 02480 ORCONOVERST							11.00
17.00 01700 SOCIAL SERVICE 0 00 01700 ORDMPYSICIAL MARESTHETISTS 0 10000 02300 PASTDRAIL CARF 0 100001 010000 ANULTS & FEDIATRICS 0 26, 751, 311 0 100001 010000 ANULTS & FEDIATRICS 0 26, 751, 311 0 26, 751, 311 100001 010000 PENATURE STRUCE COST CENTERS 0 669, 395 0 669, 395 00000 DEDUCID ARY SERVICE COST CENTERS 0 0 10, 109, 213 10, 109, 213 22.000 DESCOD PELATINE NORM ALAROSE ROOM 0 1, 784, 850 0 7, 84, 850 000 DESCOD DELIVERY NOM & LABOR ROOM 0 1, 232, 847 0 1, 232, 847 23.000 DESCOD ORKETHES INDORY 0 5, 499, 902 0 6, 499, 902 24.000 DESCOD ORKETHES INDORY 0 2, 272, 557 0 2, 272, 557 0 2, 272, 557 0 2, 272, 557 0 2, 274, 380 0 6, 60, 62 6, 60, 60, 60 0 0, 60, 60 0 0, 60, 60, 62							13.00 16.00
19. 00 01 900 (MOMPHYSI CLAR AMESTHET ISTS 0 10. 02 300 (PLASI NAL CARE) 0 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 311 26, 751, 3							17.00
INPART FERT ROUTINE SERVICE COST CENTERS	19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
30.00 3000 ADULTS & PEDIATRICS 0 26, 751, 311 0 26, 751, 311 30.00 03300 (INTENSIV CARE UNIT 0 659, 395 659, 395 ARCILLARY SERVICE COST CENTERS 0 10, 169, 213 0 10, 169, 213 50.00 05000 (PERATING ROOM 0 1, 764, 450 0 1, 764, 450 53.00 05300 (PERATING ROOM 0 1, 764, 450 0 1, 764, 450 53.00 05300 (PERATING ROOM 0 1, 764, 450 0 1, 784, 450 53.00 05300 (PERATING ROOM 0 1, 784, 450 0 1, 784, 450 53.00 05300 (ANESTHESTOLOCY 0 5, 499, 692 0 5, 499, 692 54.01 03400 (MCLLOCY 1, 232, 464 0 1, 232, 457 59.00 05500 (CARDIAC, CATHETER ZATION 2, 272, 557 0 2, 272, 557 63.00 06500 (CARDIAC, CATHETER ZATION 2, 274, 360 0 2, 784, 360 63.00 05000 (CARDIAC, CATHETER ZATION 2, 274, 360 0 7, 555, 280 0 </td <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>2</td> <td>23.00</td>		0				2	23.00
31. 00 03100 INTERSING CARE UNIT 0 3, 972, 965 AND ULARY SERVICE COST CENTERS		0	26 751 311	0	26 751 311	3	30. 00
ANCILIARY SERVICE COST CENTRES Image: Control of PRATING ROM 0 10.169, 213 0 10.169, 213 52.00 05200 DELLVERY ROM & LABOR ROM 0 1.784, 850 0 1.784, 850 53.00 05300 RADIOLOGY 0 5,499, 692 5,499, 692 5,499, 692 54.00 05700 CT SCAN 0 1.232, 847 0 1.232, 947 59.00 05900 CARDIA CATHETRIZATION 0 6.32, 192 0 6.32, 192 00 05600 BLODD STORING, PROCESSING & TRANS. 0 7, 585, 260 7, 585, 260 7, 585, 260 00 06300 BLODD STORING, PROCESSING & TRANS. 0 0 0 0 0 0 00 06400 DELPATIONAL THERAPY 0 973, 981 0 77, 985, 260 2, 784, 360 0 77, 983, 979, 981 0 77, 983, 260 0 220, 972 0 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 683, 20 797, 981 0 77, 983, 793							31.00
50. 00 05000 0FECHATING ROOM 0 10. 169, 213 0 10. 169, 213 52. 00 05200 AMESTHESI CLOGY 0 0 0 0 0 53. 00 05300 AMESTHESI CLOGY 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 5, 499, 692 0 6, 32, 192 0 6, 33, 192 0 7, 355, 260 0 7, 585, 260 0 7, 585, 260 0 7, 585, 260 0 7, 585, 260 0 7, 585, 260 0 7, 381, 360 66, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 660, 00 60 0		0	659, 395	j 0	659, 395	4	43.00
52.00 05200 DELLETRY ROUM & LABOR ROOM 0 1.784.850 53.00 0540.00 0540.00 0 0 0 54.00 0540.00 0540.00 5.189.907 0.5.499.692 0.5.499.692 57.00 05700.01 05700.01 5.189.907 0.5.189.907 0.5.189.907 57.00 05700.01 05700.01 7.5.85.260 0.7.322.847 0.7.355.260 50.00 05600.01 ARO CARDIA.C. CATHETERIZATION 0 2.372.557 0.2.372.557 60.00 06600.01 RESPI RATION THERAPY 0 7.7.855.260 0.7.585.260 0.6300.01 DECODERSPI RATION THERAPY 0 2.7.84.300 0.2.7.84.300 0.60 000.01 CLETROKARDATI HERAPY 0 638.851 0 68.3.851 68.00 06400.02 PERIATION THERAPY 0 22.0.872 2.20.872 72.00 07200.01 LECTROKARDATI HERAPY 0 60.0.602 60.0.62 70.00 0700.01 DECONTONICONTONICONTONICONTONICONTONICONTONICONTONICON		0	10 160 212		10 160 212		50.00
53. 00 OS300 ANESTHESI OLGGY 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>52.00</td>							52.00
54.01 03480 NOLOGY 0 5, 189, 907 0 5, 189, 907 57.00 05700 CTSCAN 0 1, 232, 847 0 432, 192 58.00 OSBOO MRI 0 6, 32, 192 0 632, 192 0 632, 192 0 6332, 192 0 6332, 192 0 6332, 192 0 6332, 192 0 6332, 192 0 6332, 192 0 6300 0							53.00
57.00 05700 CT SCAN 0 1,232,847 0 1,232,847 59.00 05900 CARU AC CATHETERIZATION 0 2,372,557 0,2372,557 63.00 05900 CARU AC CATHETERIZATION 0 2,372,557 0,2372,557 63.00 05000 STORING, PROCESSING & TRANS. 0 0 0 65.00 06500 RESPIRATORY THERAPY 0 2,784,360 0 2,784,360 66.00 06600 RESPIRATORO UCLUPATIONAL THERAPY 0 263,851 0 663,851 67.00 06700 0CUCUPATIONAL THERAPY 0 20,872 0 220,872 67.00 06600 RELECTROCARDIOLOGY 0 2,119,168 0 3,317,793 71.00 07100 IEECTROCARDIOLOGY 0 3,317,793 0 3,317,793 72.00 07200 IPMC EXCLARAPED TO PATIENTS 0 2,6,417 0 26,610,417 74.00 07400 REMANDIALINERTS 0 313,174 0 <		-					54.00
58. 00 OSBOD MRI 0 632.192 0 652.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 632.192 0 7.585.260 0 660 0 660 0 660 0 2.784.360 0 2.784.360 0 2.784.360 0 2.784.360 0 2.784.360 0 663.851 0 663.851 0 663.851 0 663.851 0 663.851 0 663.851 0 663.851 0 67.00 0 </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>54.01 57.00</td>		-					54.01 57.00
60.000 0 0 7, 585, 260 0 7, 585, 260 63.00 0 0 0 0 0 0 0 65.00 0 0 0 2, 784, 360 0 2, 784, 360 0 799, 981 66.00 0.6500 0 0 0 799, 981 0 799, 981 67.00 0.6500 0 0 0 220, 872 0 220, 872 68.00 0.6600 SPEECH PATHOLOGY 0 2, 119, 168 0 1, 119, 168 70.00 0.7000 ELCGTROCARD (0L0GGAPHY 0 60, 062 0 60, 062 71.00 0.7100 MEDCIA DEVELSC HARGED TO PATI ENTS 0 2,6, 610, 417 0 2,6, 610, 417 74.00 0.7400 REMAL DI ALYSIS 0 2,6, 610, 417 0 2,6, 610, 417 74.00 0.7500 0.3500 0.5200 0.0 0 0 0 75.01 75000 0.5200							58.00
63:00 b6300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 65:00 06600 PRSPI ACTORY THERAPY 0 2,784,360 0 2,784,360 66:00 06600 PRSPI ACTORY THERAPY 0 683,851 0 683,851 67:00 06600 SPECH PATHOLOGY 0 2,20,872 0 220,072 69:00 FECH PATHOLOGY 0 2,119,168 0 60.062 0 60.062 00 07000 IECTOROCARDIOLOGY 0 2,119,168 0 61.062 00 07000 IECTOROCARDIOLAL SUPPLIES CHARGED TO PATI ENTS 0 7,341,166 7,341,166 73:00 07300 RUGS CHARGED TO PATI ENTS 0 26,614,47 0 296,447 75:00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 91:00 POTIOL ENERGENCY 0 1,045,795 0 1,045,795 0 1,045,795 76:00 03360 CARDI OPULHONARY 0 0 0 0 0 0 0	59. 00 05900 CARDI AC CATHETERI ZATI ON	0	2, 372, 557	0	2, 372, 557		59.00
65.00 06500 PESPI RATORY THERAPY 0 2,784,360 9 2,784,360 66.00 06700 0CUPATI ONAL THERAPY 0 633,851 0 683,851 67.00 05700 0CUPATI ONAL THERAPY 0 633,851 0 6630,851 68.00 06500 SEECE PATHOLOGY 0 220,872 0 220,872 69.00 05000 ELECTROCARDIOLOGY 0 2,119,168 0 60,062 70.00 07000 ELECTROCARDIPLIES CHARGED TO PATIENT 0 60,062 0 60,062 70.00 07100 MEDICAL SURGED TO PATIENTS 0 2,6,610,417 0 2,6,610,417 74.00 07400 RENAL DIALYSIS 0 2,6,410,417 0 2,6,417,417 75.01 03950 MOUND CARE CENTER 0 1,045,795 0 1,045,795 10.00 0 0 0 0 0 0 0 10.00 0 0 0 0 0							60.00
66 00 0 66000 PHYSICAL THERAPY 0 979, 981 0 979, 981 67 00 0 6700 OCCUPATIONAL THERAPY 0 683, 851 0 683, 851 68 00 0 6800 SPECH PATHOLOGY 0 220, 872 0 220, 872 69 00 0 6900 ELECTROCARDIOLOGY 0 2, 119, 168 0 2, 119, 168 70 00 OTODO ELECTROCARDIOLOGY 0 60, 062 0 60, 062 71 00 OTODO IELECTROCARDIO PATIENTS 0 7, 341, 166 0 7, 341, 166 73 00 RS.177, 793 0 8, 317, 793 0 6, 610, 417 75 00 07500 RSC (NON-DISTINCT PART 0 0 0 0 75 00 03260 VOUND CARE CENTER 0 1, 045, 795 0 1, 045, 795 76 00 032100 CARDIO PULMOMARY 0 313, 174 0 313, 174 91 00 0 0 0 0 0 0 92 010 SERVATION BEDS (INON-DISTINCT PART <t< td=""><td></td><td>0</td><td>0</td><td></td><td>0</td><td></td><td>63.00 65.00</td></t<>		0	0		0		63.00 65.00
66:00 Obseque Speech PATHOLOGY 0 220, 872 0 200, 872 69:00 06000 ELECTROPARDIGLOGY 0 2, 119, 168 0 2, 119, 168 71:00 07000 ELECTROPARDIGLOGY 0 60, 062 60, 062 60, 062 71:00 07000 ELECTROPARDIGLOGY 0 7, 341, 166 7, 341, 166 7, 341, 166 72:00 07200 IMPL, DeV. CHARGED TO PATIENTS 0 26, 610, 417 26, 641, 7 74:00 07400 RENAL DIALYSIS 0 296, 447 226, 447 0 75:01 03950 WOUND CARE CENTER 0 1, 045, 795 0 1, 045, 795 00 0100 EMERGENCY 0 313, 174 0 313, 174 0 313, 174 010 09100 EMERGENCY 0 8, 583, 488 0 8, 583, 488 0 0 92:00 092501 MSERVATION BEDS (NON-DI STINCT PART 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		-			66.00
69 00<		0					67.00
70:00 ICCTORO FLECTROENCEPHALOGRAPHY 0 60.062 0 60.062 71:00 OTIO0 MEDICAL SUPPLIES CHARGED TO PATIENT 0 8,317,793 0 8,317,793 72:00 OT200 IMPL. DEV. CHARGED TO PATIENTS 0 7,341,166 0 7,341,166 73:00 OT200 IMPL. DEV. CHARGED TO PATIENTS 0 26,610,417 0 26,417 74:00 OT300 RENAL DIALYSIS 0 296,447 0 296,447 75:00 OT500 ASC (NON-DISTINCT PART) 0 0 0 0 76:00 O3160 CARDI OPULMONARY 0 1,045,795 0 1,045,795 70:00 O9100 EMERGENCY 0 8,583,488 0 8,583,488 92:01 09200 IDSERVATION BEDS (INON-DISTINCT PART 0 0 0 0 93:02 04950 OTHER OUTPATIENT SERVICE 0 3,350,463 0 3,350,463 0 3,350,463 93:02 04952 WOMEN'S CENTER 0 0 0 0 0 0 0 0 93:02 04952 WOMEN'S CENTER 0 0 0		-					68.00 69.00
17.100 VOID VOID VOID VOID A, 317, 793 0 8, 317, 793 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 7, 341, 166 0 7, 341, 166 73.00 07300 DRUGS CHARGED TO PATIENTS 0 26, 610, 417 0 26, 610, 417 75.00 07500 ACCONDISTINCT PART) 0 0 0 0 75.00 07500 ASC (MON-DISTINCT PART) 0 1, 045, 795 0 1, 045, 795 76.00 03160 (CARDIOPULMONARY 0 313, 174 0 313, 174 00 0100 (EMERGENCY 0 8, 583, 488 0 8, 583, 488 92.00 09200 (DSERVATION BEDS (NON-DISTINCT PART) 0 0 0 0 93.01 04951 (EENESIS 0 3, 350, 463 3, 350, 463 3, 350, 463 93.02 04952 WOMEN'S CENTER 0 0 0 0 0 93.03 04954 OR STEELE 0 0 0 0 0 0 93.04 04954 OR STEELE 0 0 0 0							70.00
73:00 DRUGS CHARGED TO PATLENTS 0 26, 610, 417 0 26, 610, 417 74:00 O7400 RENAL DI ALYSI S 0 296, 447 0 296, 447 75:00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 75:01 03950 WOUND CARE CENTER 0 1, 045, 795 0 1, 045, 795 76:00 03100 CARDI OPULMONARY 0 313, 174 0 313, 174 0UTPATIENT SERVICE COST CENTERS 0 8, 583, 488 0 8, 583, 488 91:00 09200 DESERVATION BEDS (NON-DI STI NCT PART) 0 0 0 92:01 09201 DESERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 93:00 04950 OTHER OUTPATI ENT SERVI CES 0 0 0 0 93:01 04951 RESI ENTIAL HOMES 0 0 0 0 0 93:03 04954 RSI DENTIAL HOMES 0 0 0 0 0 0 93:04 04954 DWARD COUNTY CSS 0 1, 016, 387 0 1, 016, 387 0 1, 016, 387 93:06 04956 HOMARD	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			8, 317, 793		71. 00
74.00 07400 RENAL DIALYSIS 0 296,447 0 296,447 75.00 03500 ASC (NON-DISTINCT PART) 0 0 0 0 0 03501 03950 WOUND CARE CENTER 0 1,045,795 0 1,045,795 0100 09100 EMERCENCY 0 313,174 0 313,174 91.00 09100 EMERCENCY 0 8,583,488 0 8,583,488 92.01 09200 DSERVATI ON BEDS (INT PART) 0 0 0 0 92.01 09200 DSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 93.01 04950 OHTER OUTPATI ENT SERVICES 0 0 0 0 0 0 93.02 04952 WORN'S CENTER 0		0					72.00
75.00 07500 ASC (NON-DI STINCT PART) 0		0					73.00 74.00
76.00 03160[CARDI OPULMONARY 0 313, 174 0 313, 174 OUTPATI ENT SERVICE COST CENTERS		0					75.00
OUTPATIENT SERVICE COST CENTERS 91.00 OP100 [MERGENCY 92.00 OS2C00 OBSERVATION BEDS (NON-DISTINCT PART) O 8, 583, 488 O 8, 583, 488 92.00 Og2C00 OBSERVATION BEDS (DISTINCT PART) O 0 0 0 92.01 Og2C00 OBSERVATION BEDS (DISTINCT PART) O 0 0 0 93.01 Od951 GENESIS O 3, 350, 463 O 3, 350, 463 O 93.02 O4951 GENESIS O O O O O O 93.02 O4954 DR. STELE O O O O O O O 93.05 O4954 DR. STELE O						7	75. 01
91.00 09100 EMERGENCY 0 8, 583, 488 0 8, 583, 488 92.00 09200 DBSERVATI ON BEDS (NON-DI STI NCT PART 0 0 0 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 0 93.01 04951 GENESIS 0 3, 350, 463 0 3, 350, 463 93.02 04952 WORK''S CENTER 0 0 0 0 93.03 04953 RESI DENTI AL HOMES 0 0 0 0 93.04 04954 DR. STEELE 0 0 0 0 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93.06 04956 HOBARD COUNTY CSS 0 1,016, 387 0 1,016, 387 93.07 04968 PSYCH MEDI CATI ON 0 0 0 0 0 93.07 04968 PSYCH MEDI CATI ON 0 2,647,627 0 2,647,627 5 95.00 09500 AMBULANCE SERVI CES 0 2,647,627 0 2,647,627 </td <td></td> <td>0</td> <td>313, 174</td> <td>0</td> <td>313, 174</td> <td>7</td> <td>76.00</td>		0	313, 174	0	313, 174	7	76.00
92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 0 0 92.01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 93.01 04950 OTHER OUTPATI ENT SERVICES 0 0 0 93.02 04950 OTHER OUTPATI ENT SERVICES 0 0 0 93.02 04951 GENESIS 0 3, 350, 463 0 0 93.03 04953 RESI DENTIAL HOMES 0 0 0 0 93.04 04954 DR. STEELE 0 0 0 0 93.04 04954 DR. STEELE 0 0 0 0 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93.07 04957 OTHER 0 0 0 0 0 95.00 0500 AMBULANCE SERVI CES 0 2, 647, 627 0 2, 647, 627 0 2, 647, 627 9500 MOULANCE SERVI CES		0	8, 583, 488	3 0	8, 583, 488	9	91.00
93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 93.00 04951 GENESIS 0 3,350,463 0 3,350,463 93.02 04952 WOMEN'S CENTER 0 0 0 0 93.02 04953 RESIDENTI AL HOMES 0 0 0 0 93.03 04954 DR. STEELE 0 0 0 0 93.04 04955 DI ABETI C EDUCATI ON 0 0 0 0 93.05 04956 HOWARD COUNTY CSS 0 1,016,387 0 1,016,387 93.07 04956 HOWARD COUNTY CSS 0 1,016,387 0 0 0 93.06 04956 PSYCH MEDI CATI ON 0 0 0 0 0 0 0 93.07 04957 OTHER 0 2,647,627 0 2,647,627 0 2,647,627 0 2,647,627 0 2,647,627 0 132,221,240 0 132,221,240 132,221,240 132,221,240 132,221,240 132,221,240 13				0			92.00
93. 01 04951 GENESIS 0 3, 350, 463 0 3, 350, 463 93. 02 04952 WOMEN'S CENTER 0 0 0 0 93. 03 04953 RESI DENTI AL HOMES 0 0 0 0 93. 04 04954 DR. STEELE 0 0 0 0 93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 0 93. 06 04956 HOWARD COUNTY CSS 0 1, 016, 387 0 1, 016, 387 93. 07 04957 OTHER 0 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 0 0 95.00 09500 [AMBULANCE SERVI CES 0 2, 647, 627 0 2, 647, 627 2 647, 627 2 547, 627 5 95.00 OPSOO [AMBULANCE SERVI CES 0 132, 221, 240 0 132, 221, 240 132, 221, 240		0	0	0	0		92.01 93.00
93. 02 04952 WOMEN'S CENTER 0 0 0 93. 02 04953 RESI DENTI AL HOMES 0 0 0 93. 04 04954 DR. STEELE 0 0 0 93. 04 04954 DL ABETI C EDUCATI ON 0 0 0 93. 05 04955 DL ABETI C EDUCATI ON 0 0 0 93. 06 04956 HOWARD COUNTY CSS 0 1,016,387 0 1,016,387 93. 07 04956 PSYCH MEDI CATI ON 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 011400 DTHER REI MBURSABLE COST CENTERS 0 2,647,627 0 2,647,627 95. 00 OP500 AMBULANCE SERVICES 0 2,647,627 0 132,221,240 113.00 INTEREST EXPENSE 1 132,221,240 132,221,240 132,221,240 114.00 11400 UTI LIZATI ON REVIEW - SNF 1 1 132,221,240 132,221,240 132,221,240 114.00 19000		0	3 350 463		3 350 463		93.00 93.01
93. 04 04954 DR. STEELE 0 0 0 93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 93. 06 04957 OTHAR 0 1,016,387 0 1,016,387 93. 07 04957 OTHER 0 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 04968 PSYCH MEDI CATI ON 0 0 0 0 0 0 0700 AMBULANCE SERVI CES 0 2, 647, 627 0 2, 647, 627 0 2, 647, 627 95. 00 OP500 AMBULANCE SERVI CES 0 2, 647, 627 0 132, 221, 240 132, 221, 240 113. 00 11300 INTEREST EXPENSE 1 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240 132, 221, 240		0	0	0	0		93.02
93. 05 04955 DI ABETI C EDUCATI ON 0 0 0 93. 06 04956 HOWARD COUNTY CSS 0 1, 016, 387 0 1, 016, 387 93. 07 04957 OTHER 0 0 0 0 93. 08 PSYCH MEDI CATI ON 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 95. 00 04960 PSYCH MEDI CATI ON 0 0 0 0 0 95. 00 09500 AMBULANCE SERVI CES 0 2, 647, 627 0 2, 647, 627 SPECI AL PURPOSE COST CENTERS SPECI AL PURPOSE COST CENTERS 114. 00 11400 ITI LI ZATI ON REVIEW - SNF 1 1 11400 132, 221, 240 132, 221, 240 132, 221, 240 NOREL MBURSABLE COST CENTERS 118. 00 SUBTOTALS (SUM OF LI NES 1 through 117) 0 132, 221, 240 132, 221, 240 190. 01 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 192. 00 19200<		0	0	0	0		93.03
93. 06 04956 HOWARD COUNTY CSS 0 1, 016, 387 0 1, 016, 387 93. 07 04957 OTHER 0 0 0 0 93. 18 04968 PSYCH MEDICATION 0 0 0 0 01 04968 PSYCH MEDICATION 0 0 0 0 0 05. 00 09500 AMBULANCE SERVICES 0 2, 647, 627 0 2, 647, 627 SPECIAL PURPOSE COST CENTERS 0 1320, 221, 240 0 132, 221, 240 113.00 11400 UTI LI ZATI ON REVIEW - SNF 0 132, 221, 240 0 132, 221, 240 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 132, 221, 240 0 132, 221, 240 NONREL MBURSABLE COST CENTERS 0 0 0 0 0 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 155, 806 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 4, 816, 204 4, 816, 204 193.00 19300 NONPAI D WORKERS		0			0		93.04 93.05
93. 07 04957 OTHER 0 0 0 0 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 91. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 04968 PSYCH MEDI CATI ON 0 0 0 0 0 0 04957 OTHER REI MBURSABLE COST CENTERS 0 2, 647, 627 0 2, 647, 627 95. 00 O9500 AMBULANCE SERVI CES 0 2, 647, 627 0 2, 647, 627 95. 01 11300 INTEREST EXPENSE 0 132, 221, 240 0 132, 221, 240 114. 00 11400 UTI LI ZATI ON REVI EW - SNF 0 132, 221, 240 0 132, 221, 240 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 0 132, 221, 240 0 132, 221, 240 118. 00 IPO010 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190. 01 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 155, 806 155, 806		0	1, 016, 387	0	1, 016, 387		93.06
OTHER REI MBURSABLE COST CENTERS 95.00 O9500 AMBULANCE SERVICES 0 2, 647, 627 0 2, 647, 627 SPECIAL PURPOSE COST CENTERS 0 2, 647, 627 0 2, 647, 627 113.00 INTEREST EXPENSE 0 132, 221, 240 0 132, 221, 240 114.00 UTILIZATION REVIEW SNF 0 132, 221, 240 0 132, 221, 240 NONREI MBURSABLE COST CENTERS 0 0 0 0 0 0 132, 221, 240 0 132, 221, 240 NONREI MBURSABLE COST CENTERS 0 132, 221, 240 0 132, 221, 240 NONREI MBURSABLE COST CENTERS 0 0 132, 221, 240 0 132, 221, 240 NONREI MBURSABLE COST CENTERS 0 0 0 0 0 190.00 19000 GIFT, FLOWER,		0	C	0	0		93.07
95. 00 09500 AMBULANCE SERVICES 0 2, 647, 627 0 2, 647, 627 113. 00 11300 INTEREST EXPENSE		0	0	00	0	9	93. 18
SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 114.00 UTI LI ZATI ON REVIEW - SNF 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS 190.00 19000 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 0 192.00 19300 NONPAI D WORKERS 0 019300 NONPAI D WORKERS 0194.00 07951 MISC BH NRCC 0 194.08 07958 SOUTH BERKLEY BLDG 0		0	2, 647, 627	0	2, 647, 627	9	95.00
114.00 11400 UTI LI ZATI ON REVIEW - SNF 0 132, 221, 240 132, 221, 240 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 132, 221, 240 132, 221, 240 NONREL MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 0 155, 806 0 155, 806 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 4, 816, 204 0 4, 816, 204 193.00 19300 NONPAI D WORKERS 0 0 0 0 194.00 07951 MIS C BH NRCC 0 4, 694, 552 0 4, 694, 552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0	SPECIAL PURPOSE COST CENTERS	· · · · · ·					
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 0 132, 221, 240 0 132, 221, 240 NORREI MBURSABLE COST CENTERS NORREI MBURSABLE COST CENTERS 0 0 0 0 0 190.01 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190.01 19001 COMMUNITY HOWARD FOUNDATION 0 155, 806 0 155, 806 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 4, 816, 204 4, 816, 204 193.00 19300 NONPAI D WORKERS 0 0 0 0 194.00 07951 MIS C BH NRCC 0 4, 694, 552 0 4, 694, 552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0							13.00
NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.01 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 0 155, 806 0 155, 806 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 0 4, 816, 204 0 4, 816, 204 193.00 19300 NONPAI D WORKERS 0 0 0 0 0 194.00 07951 MI SC BH NRCC 0 4, 694, 552 0 4, 694, 552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0		0	132.221.240		132.221.240		14.00 18.00
190.00 I9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.01 19001 COMMUNI TY HOWARD FOUNDATION 0 155, 806 0 155, 806 192.00 19200 PHYSI CLANS' PRI VATE OFFICES 0 4, 816, 204 0 4, 816, 204 193.00 19300 NONPAI D WORKERS 0 0 0 0 194.00 07951 MI SC BH NRCC 0 4, 694, 552 0 4, 694, 552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0				- <u> </u>			. 5. 00
192.00 PHYSI CI ANS' PRI VATE OFFICES 0 4,816,204 0 4,816,204 193.00 19300 NONPAI D WORKERS 0 0 0 0 194.00 07951 MI SC BH NRCC 0 4,694,552 0 4,694,552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0	190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	C		-		90.00
193.00 19300 NONPAI D WORKERS 0 0 0 194.00 07951 MI SC BH NRCC 0 4, 694, 552 0 4, 694, 552 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0		0					90. 01 92. 00
194. 00 07951 MI SC BH NRCC 0 4, 694, 552 0 4, 694, 552 194. 08 07958 SOUTH BERKLEY BLDG 0 0 0 0		0	4,010,204		4, 010, 204 N		92.00 93.00
	194.0007951 MISC BH NRCC	0	4, 694, 552	2 0	4, 694, 552	19	94.00
		0	0	0	0		94.08
194.09 07959 MOBILE CLINIC 0 64,063 0 64,063 194.10 07960 PLASTIC SURGERY 0 0 0 0 0		0	64,063		1		94.09 94.10

Health Financial Systems	In Lie	u of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2021	Worksheet B Part I
				To 12/31/2021	Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center Description	PASTORAL CARE	Subtotal	Intern &	Total	
			Residents Cos	t	
			& Post		
			Stepdown		
			Adjustments		
	23.00	24.00	25.00	26.00	
194.11 07961 KOKOMO SCHOOL BASED	0	2, 902, 395		0 2, 902, 395	194. 11
194.1507965 INDIANA SURGERY CENTER	0	2, 139, 518		0 2, 139, 518	194.15
194.1607966 PASTORAL CARE ALLIED HEALTH	0	0		0 0	194.16
200.00 Cross Foot Adjustments	0	0		0 0	200.00
201.00 Negative Cost Centers	0	0		0 0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	146, 993, 778		0 146, 993, 778	202.00

ILTH FINANCIAL Systems LOCATION OF CAPITAL RE		MUNITY HOWARD	Provider C	CN: 15-0007 Pe	eriod: rom 01/01/2021	u of Form CMS-2 Worksheet B Part II Date/Time Pre 5/30/2022 3:00	pare
			CAPI TAL REI	ATED COSTS		37 307 2022 3. 0	
Cost Center	Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE CO							
00 00100 CAP REL COST							1.
00200 CAP REL COST		71	27 217	E0 (E1	00,020	00,000	2.
00400 EMPLOYEE BEN 00500 ADMINISTRATI		71 1, 025, 288	37, 217 1, 017, 391	52, 651 1, 439, 302	89, 939 3, 481, 981	89, 939 8, 623	4. 5.
00 00700 OPERATION OF		-670, 477	416, 104	588, 664	334, 291	1, 372	7.
00 00800 LAUNDRY & LI		0	21, 516		51, 955	0	8.
00 00900 HOUSEKEEPI NG		7, 708	23, 243		63, 833	2, 182	9.
00 01000 DI ETARY		164	41, 871	59, 236	101, 271	666	10.
00 01100 CAFETERIA		0	67, 566	95, 586	163, 152	1, 143	11.
00 01300 NURSING ADMI		0	7, 215	10, 207	17, 422	1, 337	13.
00 01600 MEDICAL RECO		0	29, 525	41, 770	71, 295	0	16.
00 01700 SOCIAL SERVI		0	0	0	0	1, 138	
00 01900 NONPHYSICIAN 00 02300 PASTORAL CAR		0	0	0	0	0	19.
	E SERVICE COST CENTERS	0	0	0	0	0	23.
00 03000 ADULTS & PED		73	580, 265	820, 903	1, 401, 241	19, 978	30.
00 03100 I NTENSI VE CA		0	51, 855		125, 215	3, 040	
00 04300 NURSERY		0	14, 718		35, 540	377	43.
ANCI LLARY SERVI CE				-			l
00 05000 OPERATING RO		87, 699	196, 525		562, 248	6, 155	50.
00 05200 DELIVERY ROO		0	46, 605	65, 933	112, 538	1, 194	52.
00 05300 ANESTHESI OLO		0	0		570.005	0	53.
00 05400 RADI 0L0GY-DI 01 03480 0NC0L0GY	AGNUSTIC	118, 939	190, 560	269, 586	579,085	3, 327	54. 54.
00 05700 CT SCAN		847, 994 81, 252	203, 789 5, 955	288, 302 8, 424	1, 340, 085 95, 631	2, 963 1, 031	54.
00 05800 MRI		409, 798	3, 933	0, 424	409, 798	658	58.
00 05900 CARDI AC CATH	ETERI ZATI ON	0	41, 683	58, 969	100, 652	1, 376	59.
00 06000 LABORATORY		0	48, 680	68, 867	117, 547	0	60.
00 06300 BLOOD STORIN	G, PROCESSING & TRANS.	0	0	0	0	0	63.
00 06500 RESPI RATORY	THERAPY	0	43, 608	61, 693	105, 301	2, 466	65.
00 06600 PHYSI CAL THE		0	6, 113	8, 649	14, 762	956	66.
00 06700 OCCUPATI ONAL		0	10, 957	15, 500	26, 457	639	67.
00 06800 SPEECH PATHO		0	4, 734		11, 431	199	68.
00 06900 ELECTROCARDI		119, 848	1, 032	1, 460	122, 340	2, 072	69.
00 07000 ELECTROENCEP 00 07100 MEDICAL SUPP	HALOGRAPHY LIES CHARGED TO PATIENT	29, 191	3, 166		7,645	24 693	70. 71.
00 07200 IMPL. DEV. C		29, 191	63, 904	90, 405	183, 500	093	72.
00 07300 DRUGS CHARGE		313, 761	33, 932	48, 003	395, 696	4, 459	
00 07400 RENAL DIALYS		0	00,702	0	0,0,0,0	0	
00 07500 ASC (NON-DIS		0	0	0	0	0	
01 03950 WOUND CARE C	ENTER	21, 396	20, 504	29, 007	70, 907	747	75.
00 03160 CARDI OPULMON		0	0	0	0	330	76.
OUTPATIENT SERVICE	COST CENTERS						
00 09100 EMERGENCY	NEDS (NON DISTINCT DADT	0	226, 904	321, 001	547, 905	5, 061	91.
	BEDS (NON-DISTINCT PART BEDS (DISTINCT PART)	0	0	0	0	0	92. 92.
00 04950 OTHER OUTPAT		0	0	0	0	0	92.
01 04951 GENESI S		0	0	0	0	3, 130	
02 04952 WOMEN' S CENT	ER	0	0	o o	0	0,100	93.
03 04953 RESIDENTIAL		0	0	0	0	0	93.
04 04954 DR. STEELE		0	0	0	0	0	93.
05 04955 DI ABETI C EDU		0	0	0	0	0	93.
06 04956 HOWARD COUNT	Y CSS	2, 396	0	0	2, 396	970	
07 04957 OTHER 18 04968 PSYCH MEDICA	TLON	0	0	0	0	0	93. 93.
OTHER REIMBURSABLE			0	0	0	0	73.
00 09500 AMBULANCE SE		0	17, 169	24, 290	41, 459	2, 522	95.
SPECIAL PURPOSE CO							
3.0011300 INTEREST EXP							113.
4. 00 11400 UTI LI ZATI ON							114.
	UM OF LINES 1 through 117)	2, 395, 101	3, 474, 306	4, 915, 111	10, 784, 518	80, 828	118.
NONREI MBURSABLE CO		1		1 1			
	, COFFEE SHOP & CANTEEN	0	0	0	0		190.
D. 01 19001 COMMUNI TY HO							190.
2. 00 19200 PHYSI CI ANS' 3. 00 19300 NONPAI D WORK		280, 073	298, 965	422, 947	1, 001, 985	1, 077	192. 193.
4. 00 07951 MISC BH NRCC		103, 889	0	0	103, 889	4, 433	
4. 08 07958 SOUTH BERKLE	Y BLDG	003,007	0	0	0		194.
	0	0	0	0	0	75	

Health Financial Systems CC	MMUNITY HOWARD	REGIONAL HEALT	H	In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Pre 5/30/2022 3:0	
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
194. 10 07960 PLASTIC SURGERY	2,733	0		2, 733	0	194.10
194.1107961 KOKOMO SCHOOL BASED	0	0		0 C	3, 389	194. 11
194. 15 07965 I NDI ANA SURGERY CENTER	0	331, 557	469, 05	5 800, 612	0	194.15
194. 16 07966 PASTORAL CARE ALLIED HEALTH	0	0		0 0	0	194. 16
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)	2, 781, 796	4, 104, 828	5, 807, 11	3 12, 693, 737	89, 939	202.00

Cost Center Description MOMINISTRATIUN X (SIM RM) PHANT LON OF PLANT LANDRYS X HIT RAW HOUSS RCT PIK (SI HIT RAW <thhouss (si<br="" pik="" rct="">HIT RAW HOUSS RCT PIK (SI HI</thhouss>		Financial Systems CO TION OF CAPITAL RELATED COSTS	MMUNITY HOWARD I	Provider C	CN: 15-0007 P F	eriod: rom 01/01/2021	u of Form CMS- Worksheet B Part II	
Cast Center Description DMIN STRVI 00 6 (00000) FLAUD FLAUD INUESERTPY INF 0.000 00 ITSMY 10 BERAL SERVICE COST CENTERS 0.000 7.00 0.000 9.00 10.00 9.00 10.00 2.00 GOOD (CLAP RELIDEST SHAUE EDU) FUND 0.000 0.000 9.00 10.00 10.00 10.00 2.00 GOOD (CLAP RELIDEST SHAUE EDU) FUND 0.0000 0.000 1.00 1.00 1.00 0.000 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 0.000 1.00 0.000 1.00 0.000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.00 0.0000 1.0000 0.0000 1.0000 0.0000 1.0000 0.0000 1.0000 0.0000 1.0000 0.00000 0.0000 0					T	o 12/31/2021		
BENERAL SUMPLICA USE CAPIT CALLENS 7.00 8.00 9.00 10.00 200 CODE OLD PEL COST SWALL TOUT P 1 0.00		Cost Center Description				HOUSEKEEPI NG		
Bellewick School Council Centres 1 0 001000 (JP RECEDENTION LODGY ENTRES) 1 10 001000 (JP RECEDENTION LODGY ENTRES) 2 10 001000 (JP RECEDENTION LODGY ENTRES) 3 10 001000 (JP RECEDENTION LODGY ENTRES) 3 10 001000 (JP RECEDENTION LODGY ENTRES) 3 10 0000 (JP REC						9.00	10.00	
2.00 COUNT OF RELECTS SHAPPLE EXTLIP 2.00 COUNT OF RELECTS DENATION 4.00 5.00 COUNT OF RELECTS DENATION 3.490.00 5.7.2.279 5.7.2.279 5.00 COUNT OF RELECTS DENATION 7.7.7.3 3.7.99 5.7.0.00 8.7.0.00 5.00 COUNT OF RELECTS DENATION 1.7.7.3 3.7.99 5.7.0.00 9.00 5.00 COUNT OF RELECTS DENATION 2.0.0.00 6.7.0.00 9.0.0 9.0.0 5.00 COUNT OF RELECTS DENATION 2.0.0.00 9.0.0 <td></td> <td>GENERAL SERVICE COST CENTERS</td> <td>0.00</td> <td>7.00</td> <td>0.00</td> <td>7.00</td> <td>10.00</td> <td></td>		GENERAL SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
4.00 DOUDO LARAUDELE BUSH ITS CUENTINENT 3, 490, 604 4, 00 4, 00 7.00 DOUDO OFFANTING ITALIVE, SCHNELL 3, 490, 604 63, 390 67, 086 9, 00 7.00 DOUDO OFFANTING ITALIVE, SCHNELL 12, 687 63, 390 67, 086 9, 00 0.00 DOUDO OFFANTING ITALIVE, SCHNELL 13, 138 9, 00 10, 00 11, 100 100 100 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.00</td>								1.00
5.00 00000 ADMINI ISTRATIVE & CENERAL. 3.490, 604 - - 5.00 7.00 <								
7.00 00700 (PERATION OF LANT 226, 766 62, 429 7.00 7.00 0.00 00000 (PURCER IN INC 17, 33 3, 59 67, 68 133, 158 <td< td=""><td></td><td></td><td>3 490 604</td><td></td><td></td><td></td><td></td><td>1</td></td<>			3 490 604					1
II.00 CONCOL LAURDRY A. LINEN STRVICE 11. 723 3. 348 6.7. 089 11. 08 0.00 OPERATION CONTRETER MANA 21. 687 61. 77 67. 089 133. 131 91. 00 0.00 OPERATION CONTRETER MANA 21. 687 61. 77 67. 089 133. 121 91. 00 0.00 OPERATION CONTRETATION 20. 69 277 01. 00 130. 02 130. 02 130. 02 130. 02 130. 02 130. 02 130. 02 130. 02 130. 02 140. 00				562, 429				7.00
10.00 DITIONOL ILTINAY 11.00 TIONOLOGY 11.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			11, 733	3, 398	67, 086			8.00
11.00 01100 CAFETERIA A 27, 344 10, 660 0 2, 558 0 11.00 10.00 01100 CAFETERIA A 30, 246 4, 662 0 1, 118 0<					-			9.00
13.00 DISSO NUMENING AND NI STRATION 60, 963 1, 139 0 273 0 1, 00 17.00 DISSO NUMENING AND NI STRATION 60, 963 1, 130 0 273 0 1, 00 17.00 DITAS SDLAL SERVICE SERVICE 0					0			
10.00 01000 MORPHYSIC LAL SERVICE 20.285 4.662 0 1,118 0 16.00 10.00 1000 MORPHYSIC LAL SERVICE 24.365 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>					0			
10.00 10.00 10.00 0.00 0					0			16.00
22.00 D2300 PASTORAL CARE 0				-	0	-		17.00
INPATI ENT ROUT R SERVICE COST CENTERS			-	-	-	-		1
30.00 COUCE ADDUCTS & PEDIATRICS 448, 865 91, 631 57, 699 21, 967 113, 169 30.00 43.00 OLSOOD AURESERY 11, 235 2, 324 2, 380 557 4, 583 43.00 43.00 OLSOOD OFELATI ING NEC ALL UNIT 11, 235 2, 324 2, 380 557 4, 583 43.00 50.00 DECODO OFELATI ING NEC ALL ON T 11, 235 2, 324 2, 380 57.7 4, 503 40.00 57.00 <t< td=""><td>23.00</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>23.00</td></t<>	23.00		0	0	0	0	0	23.00
43.00 0 4300 0 4300 0 4300 0 4300 4.630 4.630 4.630 ANCLLARY SERVICE COST CENTERS 0 0 7.440 5.00 5.00 5.00 5.00 5.00 0 0 0 5.00 5	30.00		488, 865	91, 631	57, 899	21, 967	113, 769	30.00
MACLILARY SERVICE COST CENTERS		03100 INTENSIVE CARE UNIT	76, 600					
50.00 65000 0PERATING RODU 207, 967 31, 034 0 7, 440 0 50.00 51.00 05000 DEVERY RODU & LABOR RODU 35, 566 7, 360 0 1, 764 0, 52, 00 51.00 05300 MRESTHESI OLGY 111, 813 30, 092 0 7, 214 0, 84, 00 54.01 03440 MOXOLOGY 100, 917 32, 181 0 7, 715 0, 57, 00 50.00 05900 CABDLA CATHETERIZATION 47, 304 6, 582 0 1, 578 0 97, 00 50.00 05900 CABDLA CATHETERIZATION 47, 304 6, 582 0 1, 578 0 98, 00 0	43.00		11, 235	2, 324	2, 360	557	4, 636	43.00
52.00 05200 DELIVERY BOOM & LABOR ROOM 35, 566 7, 360 0 1, 764 0 52, 00 54.00 D5300, MASTNERSILGSAY 0 0 0 7, 214 0 53, 00 54.00 D5300, OC, -DI ASNOSTI C 111, 1813 30, 092 0 7, 214 0 53, 00 57.00 D5700, CL SCAM 26, 285 940 0 0 0 58, 00 50.00 D5900, CARDIA C.ATHETERI ZATION 47, 304 6, 582 0 1, 578 0 57, 00 60.00 D6900, DESPI FAURY THERAPY 14, 938 0 0 0 65, 00 0 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 66, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 67, 00 68, 00 67, 00	F0 00		207.047	21 024	0	7 440	0	
53.00 05300 AMESTHESI OLDGY 0 0 0 0 53.00 054.00 53.00 054.00 53.00 054.00 53.00 054.00 53.00 057.00 66.00 67.00 <th< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></th<>					-			
54. 01 0.2480_0NCOLODY 100, 917 32, 181 0 7, 715 0 56. 00 57. 00 58. 00 05800_0R1 14, 308 0 0 0 57. 00 60. 00 05800_0R1 173, 025 7, 687 0 1, 573 0 59. 00 60. 00 06000_0R106_CRN ACCENTRESTING TRANS. 0 0 0 0 63. 00 63. 00 63. 00 63. 00 65. 00 0 0 0 0 64. 00 66. 00 60. 00 60. 00 71. 00 71. 00 71. 00 71. 00 71. 00 <td></td> <td></td> <td>0</td> <td></td> <td>-</td> <td></td> <td></td> <td></td>			0		-			
57. 00 05700 CT SCAN 26. 285 940 0 225 0 57. 00 05700 07. 00 0 0 58. 00 05800 0800 0800 0800 0800 0800 0 0 0 58. 00 0 0 0 58. 00 58. 00 0	54.00			30, 092	0	7, 214	0	54.00
58. 00 05800 08800 0880 0 0 0 59. 00 59. 00 05900 06000 CABNA ACTHETEN 2ATION 17.30 025 7.687 0 1.843 0 60. 00 63. 00 63. 00 0.000 0.000 1.843 0 60. 00 66. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 60. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 74. 00					-			
59. 00 05900 (ARDA CATHETERIZATION 47, 304 6, 562 0 1, 578 0 59, 00 63. 00 06300 (BLODD STORING, PROCESSING & TRANS. 0					-			
60.00 0e000 LABDATORY 173.025 7.667 0 1.843 0 6.00 6.00 6.00 6.600 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 6.700 7.00				0		U U		1
63.00 06300 BLODD STORING, PROCESSING & TRANS. 0					-		-	60.00
66.00 66000 PHYSICAL THERAPY 22,153 965 0 231 0 66.00 67.00 70.00 120 0 70.00 120 0 70.00 70.00 120 0 71.00 70.00 120 0 71.00 71.00 71.00 71.00 71.00 72.00 71.00 72.00 72.00 72.00 73.00 0 0 0 74.00 74.00 75.00 0 0 75.00 75.00 75.00 0 0 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 <td>63.00</td> <td>06300 BLOOD STORING, PROCESSING & TRANS.</td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td> <td>63.00</td>	63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0		0	63.00
67.00 06700 00CUPATIONAL THERAPY 14.938 1,730 0 415 0 67.00 70.00 70.00 70.00 72.00 72.00 72.00 72.00 72.00 70.00 0 74.00 74.00 74.00 74.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 76.00 75.00 75.00 72.00 70.00 0 76.00 75.00 72.00 76.00 75.00 76.00 75.00 76.00 75.00 76.00 75.00 76.00 75.00 76.00 76.00 72.00 76.00 7					-		0	65.00
68.00 06800 SPEECH PATHOLOGY 4,731 748 0 179 0 68.00 07000 DELECTROCANCEPHALOGRAPHY 1,153 500 0 120 0 70.00 07000 DELCATTOCANCEPHALOGRAPHY 1,153 500 0 2.019 0 70.00 70.00 0 0 0 70.00 70.00 70.00 70.00 70.00 0 0 0 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 0 0 73.00 73.00 73.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 76.00 0 0 0 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00 75.00					-			1
69:00 06900 ELECTROCARDIOLOGY 47,308 1a3 0 39 6.69.00 71:00 07000 ELECTROCARDIPALOGRAPHY 1,153 500 0 70.00 71:00 D7100 ELECTROCARDIPALOGRAPHY 1,153 500 0 2.01 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 72.00 73.00 73.00 73.00 73.00 73.00 70.00 0 0 74.00 75.00 75.00 75.00 75.00 75.00 76.00 75.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 91.00 92.00 0 0 0 91.00 92.00 92.00 92.00 92.00 92.00					-		-	
70.00 07000 LICETROENCEPHALOGRAPHY 1,153 500 0 120 07.00 70.00 07000 HPL DEV, CHARGED TO PATI ENTS 173,384 0 0 2,419 0 72.00 72.00 07300 HPL DEV, CHARGED TO PATI ENTS 620,450 5,358 0 1,225 0 73.00 73.00 07300 ASC (NON-D) STINCT PART) 0 0 0 0 74.00 75.00 0 0 0 75.00 75.00 75.00 0 0 0 75.00 75.00 75.00 75.00 76.00 75.00 76.00 75.00 76.00 75.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 91.00 92.01 92.90 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.01 92.92 93.01 94.04 93.02 93.02 93.02 93.02 93.02 93.02 93.02					-			1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 191, 333 10, 091 0 2.419 0 71, 00 72.00 07200 IMPL DEV. CHARGED TO PATIENTS 523, 384 0 0 0 73, 00 73.00 07300 RUGS CHARGED TO PATIENTS 620, 450 5, 358 0 1, 285 0 73, 00 74.00 07400 07500 ASC (NON-DISTINCT PART) 0 0 0 76, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 92, 00 93, 00 93, 00 93, 00 93, 00 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>1</td>					-			1
73. 00 O7300 RNUSC CHARGED TO PATIENTS 620, 450 5, 358 0 1, 285 0 73. 00 74. 00 O7400 RENAL DIALYSIS 7, 009 0 0 0 0 74. 00 75. 01 03950 WOLMD CARE CENTER 21, 376 3, 238 0 776 0 76. 00 00 000 0 0 0 0 0 76. 00 0100 0100 ENTER 21, 376 32, 238 0 776. 00 76. 00 000 000 ENTER 57. 00 0 0 0 91. 00 91. 00 91. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 92. 00 93. 00 94. 00 0 0 92. 00 93. 00 93. 00 94. 00 93. 00 93. 00 94. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00 93. 00	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10, 091	0	2, 419	0	71.00
74.00 074.00 RENLA DIALYSIS 7,009 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 75.01 75.01 03950 WOUND CARE CENTER 21,376 3,238 0 776 0 75.01 001760 02160 CARE CENTER 21,376 3,238 0 776 0 76.00 001760 DERGENCY 6,780 0 0 0 0 76.00 92.00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART 171,596 35,831 0 8,590 92.00 92.01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART 0 0 0 0 92.01 93.01 04950 OTHER OUTPATIE NT SERVICES 54,140 48,362 0 0 93.01 93.02 04952 WORN'S CENTER 0 0 0 0 93.05 93.04 04954 DR. STELE 0 0 0 0 93.05 93.06 04955 DIABETI C EDUCATION <				0	0	0		
75.00 00 00 0 0 0 75.00 03950 WOUND CARE CENTER 21,376 3,238 0 776.00 75.01 </td <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>					0			
75.01 03950 WOUND CARE CENTER 21,376 3,238 0 776 0 0 03160 CARDI OPULMONARY 6,780 0<			7,009	0		Ŭ		1
76.00 03160 (CARDIO PULMONARY 6,780 0 <t< td=""><td></td><td></td><td>21, 376</td><td>3, 238</td><td></td><td>Ŭ</td><td></td><td></td></t<>			21, 376	3, 238		Ŭ		
91.00 09100 ENREGENCY 171, 596 35, 831 0 8, 590 0 91.00 92.00 09201 OBSERVATION DEDS (NON-DI STINCT PART) 0 0 0 0 0 0 92.00 0 0 0 0 92.01 0 <td< td=""><td>76.00</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>76.00</td></td<>	76.00				0	0	0	76.00
92.00 09200 0SERVATION BEDS (NON-DISTINCT PART) 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
92.01 09201 09207 005527 (0142) 0 <td></td> <td></td> <td>171, 596</td> <td>35, 831</td> <td>0</td> <td>8, 590</td> <td>0</td> <td></td>			171, 596	35, 831	0	8, 590	0	
93.00 04950 OTHER OUTPATIENT SERVICES 0 0 0 93.00 93.00 93.01 04951 GENESIS 54,140 48,362 0 11,594 0 93.01 93.02 04953 RESIDENTIAL HOMES 0 0 0 0 93.03 93.02 04953 RESIDENTIAL HOMES 0 0 0 0 93.03 93.04 04954 DR. STEELE 0 0 0 0 93.03 93.05 04955 DIABETIC EDUCATION 0 0 0 0 93.06 93.07 04956 HOWARD COUNTY CSS 15,659 16,257 0 3,897 93.07 93.18 04968 PSYCH MEDI CATI ON 0 0 0 0 0 01140.00 UTILIZATION REVIEWS 61,148 2,711 0 650 95.00 SPECI AL PURPOSE COST CENTERS 113.00 113.00 113.00 113.00 114.00 114.00 114.00 114.00 114.00 114.00 0 0 0 0 0			0	0	0	0	0	
93.01 04951 [GENESI S 54, 140 48, 362 0 11, 594 0 93.01 93.02 04952 [WOMEN'S CENTER 0 0 0 0 93.03 04953 [RESI DENTI AL HOMES 0 0 0 0 93.03 93.04 04954 [DR. STEELE 0 0 0 0 0 0 93.04 93.04 04954 [DR. STEELE 0 0 0 0 0 0 93.04 93.06 04956 [DWARD COUNTY CSS 15,659 16,257 0 3,897 0 93.07 93.07 04957 [DTHER 0 0 0 0 0 93.07 94058 [PSYCH MEDI CATI ON 0 0 0 0 0 0 93.07 95.00 OP500 [AMBULANCE SERVI CES 61, 148 2, 711 0 650 0114.00 114.00 11400 UTI LI ZATI ON REVIEWS SNF 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114			0	0	0	0		1
93. 03 04953 RESIDENTIAL HOMES 0 0 0 93. 03 93. 04 04954 DR. STEELE 0 0 0 0 93. 04 93. 05 04955 DIABETI C EDUCATION 0 0 0 0 93. 05 93. 05 04955 DIABETI C EDUCATION 0 0 0 0 93. 06 93. 06 04956 HOWARD COUNTY CSS 15, 659 16, 257 0 3, 897 0 93. 06 93. 18 04968 PSYCH MEDI CATION 0 0 0 0 0 93. 07 95. 00 OPSOC AMBULANCE SERVI CES 61, 148 2, 711 0 650 0 95. 00 SPECIAL PURPOSE COST CENTERS 113.00 11400 UTI LI ZATI ON REVIEW - SNF 114. 00 114. 00 114. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 1140. 00 0 0 0 0 100. 01 190.00 IFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0		04951 GENESI S	54, 140	48, 362	0	11, 594	0	1
93. 04 04954 DR. STEELE 0 0 0 0 93. 04 93. 05 04955 DIABETI C EDUCATION 0 0 0 0 0 93. 05 93. 06 04956 HOWARD COUNTY CSS 15, 659 16, 257 0 3, 897 0 93. 06 93. 07 04957 OTHER 0 0 0 0 0 93. 07 93. 07 04957 OTHER 0 0 0 0 93. 07 93. 18 04968 PSYCH MEDI CATI ON 0 0 0 0 93. 08 07 00 0500 AMBURANCE SERVI CES 61, 148 2, 711 0 650 0 95. 00 SUBTOTALS (SUM OF LINES 1 through 117) 3, 234, 163 381, 010 67, 086 89, 646 131, 821 114. 00 114. 00 ITLI LATI ON REVIEW - SNF 114. 00 114. 00 114. 00 190. 01 100MUNARD FOUNDARD			0	0	0	0		
93.05 04955 DIABETI C EDUCATION 0 0 0 0 93.05 93.05 04956 HOWARD COUNTY CSS 15,659 16,257 0 3,897 0 93.07 93.07 04957 OTHER 0 0 0 0 0 93.07 93.07 04957 OTHER 0 0 0 0 0 93.07 93.07 04968 PSYCH MEDICATION 0 0 0 0 0 93.07 93.08 04968 PSYCH MEDICATION 0 0 0 0 0 93.07 05.00 OMBULANCE SERVICES 61.148 2.711 0 650 0 95.00 113.00 INTEREST EXPENSE 113.00 11400 IT400 IT410N REVIEW - SNF 113.00 114.00 11400 11400 11400 11400 114.00 114.00 114.00 114.00 114.00 114.00 11400 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 <			0	0	0	0	-	
93.06 04956 HOWARD COUNTY CSS 15,659 16,257 0 3,897 0 93.06 93.07 04957 OTHER 0 0 0 0 0 93.07 93.18 04968 PSYCH MEDICATION 0 0 0 0 0 0 93.07 93.18 04968 PSYCH MEDICATION 0 0 0 0 0 0 93.07 93.06 04950 MBURSABLE COST CENTERS 61,148 2,711 0 650 0 95.00 9500 AMBULANCE SERVICES 61,148 2,711 0 650 0 95.00 9501 114.00 UTLLZATION REVIEW SNF 113.00 114.00 114.10 114.00 <td< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td>0</td><td></td><td></td></td<>			0	0		0		
93.07 04957 OTHER 0 0 0 0 0 0 0 93.07 93.07 93.07 04968 PSYCH MEDI CATI ON 0 0 0 0 0 0 0 0 0 0 93.07 93.07 93.07 0 93.07 93.07 93.07 93.07 0 113.00 114.00 114.00 114.00 114.00 113.02 113.02 113.02 113.02 113.02 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00 114.00			15, 659	16, 257	0	3, 897	-	
OTHER REI MBURSABLE COST CENTERS 95.00 AMBULANCE SERVI CES 61, 148 2, 711 0 6500 95.00 SPECI AL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 114.00 119.00 100 100 100 10			0	0	0	0	0	1
95.00 O9500 AMBULANCE SERVICES 61,148 2,711 0 650 0 95.00 SPECIAL PURPOSE COST CENTERS I13.00 INTEREST EXPENSE I13.00 INTEREST EXPENSE 113.00 INTEREST EXPENSE 114.00 I14.00 I11 LI ZATI ON REVIEW - SNF 114.00 I14.00 I14.00 I14.00 IVILIZATI ON REVIEW - SNF 114.00 I14.00 I14.00 67,086 89,646 131,821 I14.00 I14.00 I14.00 104.00 67,086 89,646 131,821 I14.00 I14.00 I14.00 104.00 0 0 0 104.00 104.00 104.00 104.00 104.00 0 0 109.00 190.00 0 0 0 0 0 0 109.00 190.00 19	93. 18		0	0	0	0	0	93.18
SPECIAL PURPOSE COST CENTERS 113.00 INTEREST EXPENSE 114.00 11400 114.00 INTEREST EXPENSE 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 3,234,163 381,010 67,086 89,646 131,821 118.00 NONREI MBURSABLE COST CENTERS 114.00 190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190.01 COMMUNITY HOWARD FOUNDATION 3,700 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 49,499 192.00 19300 NONPAI D WORKERS 0 0 193.00 19300 NONPAI D WORKERS 0 0 0 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 194.09 194.08 07959 MOBI LE CLINI C 1,521 0 0 0 194.09 194.10 07960 PLASTIC SURGERY 0 0 0 0 194.09 194.10 07965 INDI ANA SURGERY CENTER 68,922 <td>05 00</td> <td></td> <td>(1 140</td> <td>0 711</td> <td>0</td> <td>(50</td> <td>0</td> <td></td>	05 00		(1 140	0 711	0	(50	0	
113.00 11300 INTEREST EXPENSE 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTI LI ZATI ON REVIEW - SNF 114.00 114.00 114.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 3,234,163 381,010 67,086 89,646 131,821 118.00 NONREI MBURSABLE COST CENTERS 0 0 0 190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 190.01 19000 19001 COMMUNI TY HOWARD FOUNDATION 3,700 0 0 0 190.01 190.00 190.01 190.00 190.00 190.01 190.00 190.00 190.01 190.00 0 0 190.00 190.00 190.00 190.00 190.00 190.00 190.00 190.00 190.00 190.00 190.00 190.00 0 0 190.00 19	95.00		01, 140	2,711	0	050	0	95.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 3,234,163 381,010 67,086 89,646 131,821 118.00 NONREI MBURSABLE COST CENTERS NONREI MBURSABLE COST CENTERS 0 0 0 0 0 190.00 1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.01 1900 0 190.01 0 0 0 0 190.01 1900 1900 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.01 190.01 1900 1900 1900 0 0 0 0 0 0 190.01 192.00 192.00 192.00 192.00 192.00 194.00 194.0	113.00							113.00
NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATION 3,700 0 0 0 190.01 192.00 19200 PHYSI CI ANS' PRI VATE OFFICES 49,499 124,724 0 29,900 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 7951 MI SC BH NRCC 109,224 4,338 0 1,040 0 194.00 194.08 7958 SOUTH BERKLEY BLDG 0 0 0 0 194.08 194.09 07959 MOBI LE CLI NI C 1,521 0 0 0 194.09 194.10 07960 PLASTIC SURGERY 0 0 0 0 194.09 194.11 07961 KOKMON SCHOOL BASED 68,922 0 0 0 0 194.11 1								114.00
190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 190.01 19001 COMMUNI TY HOWARD FOUNDATI ON 3,700 0 0 0 190.01 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 49,499 124,724 0 29,900 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 109,224 4,338 0 1,040 0 194.00 194.00 07955 SOUTH BERKLEY BLDG 0 0 0 0 194.00 194.09 07959 MOBI LE CLINI C 1,521 0 0 0 194.09 194.10 07960 PLASTI C SURGERY 0 0 0 0 194.09 194.11 07961 KOKOMO SCHOOL BASED 68,922 0 0 0 194.11 194.15 07965 INDI ANA SURGERY CENTER 23,575	118.00		3, 234, 163	381, 010	67, 086	89, 646	131, 821	118.00
190.01 19001 COMMUNITY HOWARD FOUNDATION 3,700 0 0 0 190.01 192.00 19200 PHYSICIANS' PRIVATE OFFICES 49,499 124,724 0 29,900 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 109,224 4,338 0 1,040 0 194.00 194.00 07955 SOUTH BERKLEY BLDG 0 0 0 194.09 194.09 07959 MOBILE CLINIC 1,521 0 0 0 194.09 194.10 07960 PLASTIC SURGERY 0 0 0 194.09 194.11 07961 KOKOMO SCHOOL BASED 68,922 0 0 0 194.10 194.15 07965 INDIANA SURGERY CENTER 23,575 52,357 0 12,552 0 194.15	100.00			0				100.00
192.00 192.00 PHYSI CI ANS' PRI VATE OFFICES 49, 499 124, 724 0 29, 900 0 192.00 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07951 MI SC BH NRCC 109, 224 4, 338 0 1, 040 0 194.00 194.08 07958 SOUTH BERKLEY BLDG 0 0 0 0 194.09 194.09 07959 MOBI LE CLINI C 1, 521 0 0 0 194.09 194.10 07960 PLASTI C SURGERY 0 0 0 0 194.00 194.10 07960 PLASTI C SURGERY 0 0 0 194.10 194.11 07961 INDI ANA SURGERY CENTER 68, 922 0 0 0 194.15			3 700	0		0		
193.00 19300 NONPAID WORKERS 0 0 0 193.00 193.00 194.00 07951 MISC BH NRCC 109,224 4,338 0 1,040 0 194.00 194.08 07958 SUTH BERKLEY BLDG 0 0 0 0 194.00 194.09 07959 MOBI LE CLINIC 1,521 0 0 0 194.00 194.10 07960 PLASTIC SURGERY 0 0 0 194.10 194.11 07961 KOKOMO SCHOOL BASED 68,922 0 0 0 194.11 194.15 07965 INDI ANA SURGERY CENTER 23,575 52,357 0 12,552 0 194.15				124, 724	0	29, 900		
194. 08 07958 SOUTH BERKLEY BLDG 0 0 0 194. 08 194. 09 07959 MOBILE CLINIC 1, 521 0 0 0 194. 09 194. 10 07960 PLASTIC SURGERY 0 0 0 194. 10 194. 11 07961 KOKOMO SCHOOL BASED 68, 922 0 0 0 194. 11 194. 15 07965 I NDI ANA SURGERY CENTER 23, 575 52, 357 0 12, 552 0 194. 15			0	0	0	0		
194. 09 07959 MOBILE CLINIC 1,521 0 0 194. 09 194. 10 07960 PLASTIC SURGERY 0 0 0 194. 10 194. 11 07961 KOKOMO SCHOOL BASED 68, 922 0 0 0 194. 11 194. 15 07965 I NDI ANA SURGERY CENTER 23, 575 52, 357 0 12, 552 0 194. 15			109, 224	4, 338	0	1, 040		
194. 10 07960 PLASTIC SURGERY 0 0 0 194. 10 194. 11 07961 KOKOMO SCHOOL BASED 68, 922 0 0 0 194. 11 194. 15 07965 I NDI ANA SURGERY CENTER 23, 575 52, 357 0 12, 552 0 194. 15			0	0	0	0		
194. 11 07961 KOKOMO_SCHOOL BASED 68, 922 0 0 0 194. 11 194. 15 07965 I NDI ANA_SURGERY_CENTER 23, 575 52, 357 0 12, 552 0 194. 15			1, 521	0	0	0		
194. 15 07965 I NDI ANA SURGERY CENTER 23, 575 52, 357 0 12, 552 0 194. 15			68.922	0	0	0		
				52, 357	0	12, 552		
	194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194. 16

Health Financial Systems	COMMUNI TY HOWARD	REGIONAL HEALT	In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2021	Worksheet B Part II	
				To 12/31/2021		
Cost Center Description	ADMI NI STRATI VE	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5.00	7.00	8.00	9.00	10.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3, 490, 604	562, 429	67, 08	6 133, 138	131, 821	202.00

	Financial Systems CON TION OF CAPITAL RELATED COSTS	MUNITY HOWARD	REGIONAL HEALTH Provider CCI	N: 15-0007 P F	In Lie Period: From 01/01/2021 To 12/31/2021	u of Form CMS- Worksheet B Part II Date/Time Pre 5/30/2022 3:0	pared:
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE		
		11.00	13.00	16.00	17.00	19.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ 19.\ 00\\ \end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	204, 866 4, 565 0 3, 888 0	85, 699 0 1, 823 0	107, 360 C	31, 214 0 0	0	
23.00	02300 PASTORAL CARE I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	C	0 0		23.00
30.00	03000 ADULTS & PEDI ATRI CS	68, 673	40, 170	9, 185	26, 939		30.00
31.00	03100 I NTENSI VE CARE UNI T	10, 441	6, 490	1, 715			31.00
43.00		1, 288	942	175	1, 098		43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	21,053	13, 861	12, 842	2 0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 077	2, 981	553			52.00
53.00	05300 ANESTHESI OLOGY	0	0	C	-		53.00
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 03480 ONCOLOGY	11, 377 10, 184	0 3, 379	4, 287 4, 905			54.00 54.01
57.00	05700 CT SCAN	3, 521	3, 374	6, 341			57.00
58.00	05800 MRI	403	0	2, 094			58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 741	2, 935	8, 905			59.00
60.00 63.00	06000 LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	10, 159			60.00 63.00
65.00	06500 RESPIRATORY THERAPY	8, 528	0	2, 112	, v		65.00
66.00	06600 PHYSI CAL THERAPY	3, 349	0	258			66.00
67.00	06700 OCCUPATIONAL THERAPY	2, 180	0	169			67.00
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	681 7, 098	0 1, 523	53 2, 240			68.00 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	83	0	2, 2.0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2, 372	0	1, 827			71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0 15, 237	0	3, 093 20, 580			72.00
74.00	07400 RENAL DI ALYSI S	0	0	20, 380			74.00
75.00	07500 ASC (NON-DI STI NCT PART)	0	0	C	0 0		75.00
	03950 WOUND CARE CENTER	2, 550		582			75.01
76.00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	1, 145	558	221	0		76.00
91.00	09100 EMERGENCY	17, 432	9, 403	12, 983	0		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	09201 OBSERVATI ON BEDS (DI STINCT PART) 04950 OTHER OUTPATI ENT SERVI CES	0	0	C	0		92.01 93.00
	04950 OTHER OUTPATIENT SERVICES	0	0	878			93.00
	04952 WOMEN'S CENTER	0	0	C	0		93.02
	04953 RESIDENTIAL HOMES	0	0	C	0		93.03
	04954 DR. STEELE 04955 DI ABETI C EDUCATI ON	0	0				93.04 93.05
	04956 HOWARD COUNTY CSS	0	0	72	0		93.06
	04957 OTHER	0	0	C	-		93.07
93. 18	04968 PSYCH MEDICATION OTHER REIMBURSABLE COST CENTERS	0	0	C	0 0		93. 18
95.00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	0	0	1, 030	0 0		95.00
113.00	11300 I NTEREST EXPENSE						113.00
114.00 118.00	11400 UTI LI ZATI ON REVI EW - SNF SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	204, 866	85, 699	107, 360	31, 214	0	114. 00 118. 00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	0		190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	C	0		190. 01
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	C	0		192.00
	19300 NONPALD WORKERS 07951 MISC BH NRCC						193.00 194.00
	07958 SOUTH BERKLEY BLDG	0	0	C	0		194.08
194.09	07959 MOBILE CLINIC	0	0	C	0		194.09
	07960 PLASTIC SURGERY 07961 KOKOMO SCHOOL BASED	0	0	C	0		194. 10 194. 11
	07961 NDI ANA SURGERY CENTER	0	0	0			194.11
	i I		-1		1		•

Health Financial Systems Co	OMMUNITY HOWARD	REGIONAL HEALT	H	In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Peri od:	Worksheet B	
				From 01/01/2021		
				To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
Cost Center Description	CAFETERI A	NURSI NG	MEDI CAL	SOCI AL SERVICE	NONPHYSI CI AN	
		ADMI NI STRATI ON	RECORDS &		ANESTHETI STS	
			LI BRARY			
	11.00	13.00	16.00	17.00	19.00	
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	(0 0		194.16
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	(0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	204, 866	85, 699	107, 360	31, 214	0	202.00

		MMUNITY HOWARD F				u of Form CMS-2552-
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider C	F	eriod: rom 01/01/2021 o 12/31/2021	Worksheet B Part II Date/Time Prepared
						5/30/2022 3:00 pm
	Cost Center Description	PASTORAL CARE	Subtotal	Intern & Residents Cost	Total	
				& Post		
				Stepdown		
		23.00	24.00	Adjustments 25.00	26.00	
	GENERAL SERVICE COST CENTERS	20100	21100	20100	20100	
1.00	00100 CAP REL COSTS-BLDG & FIXT					1. (
2.00	00200 CAP REL COSTS-MVBLE EQUIP					2.0
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL					4. (
7.00	00700 OPERATION OF PLANT					7.0
8.00	00800 LAUNDRY & LINEN SERVICE					8. (
9.00	00900 HOUSEKEEPI NG					9. (
	01000 DI ETARY					10. (
	01100 CAFETERIA 01300 NURSING ADMINISTRATION					11. (
	01600 MEDICAL RECORDS & LIBRARY					16.0
	01700 SOCIAL SERVICE					17. (
19.00	01900 NONPHYSICIAN ANESTHETISTS					19. (
23.00	02300 PASTORAL CARE	0				23.0
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1	2, 340, 317	0	2, 340, 317	30.0
	03100 I NTENSI VE CARE UNI T		2, 340, 317 257, 073			30.0
	04300 NURSERY		60, 532			43. (
	ANCI LLARY SERVI CE COST CENTERS	1 .		1		
	05000 OPERATING ROOM		862, 600			50. (
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY		166, 033 0			52.0
	05400 RADI OLOGY-DI AGNOSTI C		747, 195			53.0
	03480 ONCOLOGY		1, 502, 329		1, 502, 329	54.0
57.00	05700 CT SCAN		133, 974	0	133, 974	57.0
	05800 MRI		427, 261			58.0
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY		174, 073			59. (60. (
	06300 BLOOD STORING, PROCESSING & TRANS.		310, 261 0			63.0
	06500 RESPI RATORY THERAPY		187, 468			65.0
66.00	06600 PHYSI CAL THERAPY		42, 674		42, 674	66.0
	06700 OCCUPATI ONAL THERAPY		46, 528		46, 528	67.0
	06800 SPEECH PATHOLOGY		18, 022			68.0
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY		182, 783 9, 525			69. (70. (
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		392, 235			71.0
	07200 IMPL. DEV. CHARGED TO PATIENTS		176, 477	0	176, 477	72. (
	07300 DRUGS CHARGED TO PATIENTS		1,063,065			73. (
	07400 RENAL DI ALYSI S		7, 110		7, 110	74. (
	07500 ASC (NON-DI STI NCT PART) 03950 WOUND CARE CENTER		101, 810	η U	0	75.0
	03160 CARDI OPULMONARY		9, 034			76.0
	OUTPATIENT SERVICE COST CENTERS	· ·				
	09100 EMERGENCY		808, 801	0	808, 801	91. (
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.0
	04950 OTHER OUTPATIENT SERVICES		0		0	92.0
	04951 GENESI S		118, 104	0	118, 104	93. (
	04952 WOMEN'S CENTER		C	0	0	93. (
	04953 RESIDENTIAL HOMES		C	0	0	93. (
	04954 DR. STEELE		0	0	0	93. (
	04955 DIABETIC EDUCATION 04956 HOWARD COUNTY CSS		0 39, 251		0 39, 251	93. (
	04957 0THER		57, 201 0	0	07,231	93.0
	04968 PSYCH MEDICATION		0	0	0	93.
	OTHER REIMBURSABLE COST CENTERS			1		
95.00	09500 AMBULANCE SERVICES		109, 520	0	109, 520	95. (
112 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	1				113. (
	11400 UTILIZATION REVIEW - SNF					113. (
118.00		0	10, 294, 055	0	10, 294, 055	118. (
	NONREI MBURSABLE COST CENTERS					
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0			190. (
	19001 COMMUNITY HOWARD FOUNDATION 19200 PHYSICIANS' PRIVATE OFFICES		3, 837 1 207 185			190. (192. (
	19200 PHYSICIANS PRIVATE OFFICES		1, 207, 185 0		1, 207, 185 0	192.0
	07951 MI SC BH NRCC		222, 924	0	222, 924	193. (
	07958 SOUTH BERKLEY BLDG			0	0	194. (
		1			1 50/	
194.09	07959 MOBILE CLINIC 07960 PLASTIC SURGERY		1, 596 2, 733		1, 596 2, 733	194. (194

Health Financial Systems C	In Lie	u of Form CMS-2	2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0007	Period: From 01/01/2021	Worksheet B Part II	
				To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
Cost Center Description	PASTORAL CARE	Subtotal	Intern &	Total		
			Residents Cos	st		
			& Post			
			Stepdown			
			Adjustments			
	23.00	24.00	25.00	26.00		
194.11 07961 KOKOMO SCHOOL BASED		72, 311		0 72, 311		194.11
194.1507965 INDIANA SURGERY CENTER		889, 096		0 889, 096		194. 15
194.1607966 PASTORAL CARE ALLIED HEALTH		0		0 0		194. 16
200.00 Cross Foot Adjustments	0	0		0 0		200.00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	12, 693, 737		0 12, 693, 737		202.00

COMMUNITY HOWARD REGIONAL HEALTH Provider CCN: 15-0007 Period:

In Lieu of Form CMS-2552-10 Worksheet B-1

COST A	LLOCATION - STATISTICAL BASIS		Provider CO		Period: From 01/01/2021	Worksheet B-1	
					o 12/31/2021		
		CAPITAL REL	ATED COSTS			5/30/2022 3:0	0 pm
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFI TS	Reconciliation	ADMI NI STRATI VE & GENERAL	
		(SOUARE TEET)	(SUDARE TEET)	DEPARTMENT		(ACCUM. COST)	
				(GROSS			
		1.00	2.00	SALARIES) 4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	4.00	<u>5</u> A	0.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	413, 606					1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	3, 750	413, 606 3, 750				2.00 4.00
4.00 5.00	00500 ADMINISTRATIVE & GENERAL	102, 513	102, 513			118, 551, 007	
7.00	00700 OPERATION OF PLANT	41, 927	41, 927	736, 640			
8.00	00800 LAUNDRY & LINEN SERVICE	2, 168	2, 168		-		
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 342 4, 219	2, 342 4, 219			2, 155, 051 736, 537	1
11.00	01100 CAFETERI A	6, 808	6, 808			928, 664	
13.00	01300 NURSING ADMINISTRATION	727	727	717, 821		2, 070, 467	
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	2,975	2, 975 0	0 611, 439	-	1, 028, 551 827, 516	
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	011, 439		027, 510	1
23.00	02300 PASTORAL CARE	0	0	0	0	0	23.00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	50.440	F0_4/0	10 700 070		14 402 225	1 20 00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	58, 468 5, 225	58, 468 5, 225				
43.00	04300 NURSERY	1, 483	1, 483				
	ANCI LLARY SERVI CE COST CENTERS	10.000	10.000	0.005.700		7 0 (0 4 (5	
50.00 52.00	05000 OPERATING ROOM 05200 DELIVERY ROOM & LABOR ROOM	19, 802 4, 696	19, 802 4, 696				
53.00	05300 ANESTHESI OLOGY	4,070	4,090	041, 324		0	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	19, 201	19, 201	1, 786, 681		3, 797, 476	
54. 01 57. 00	03480 ONCOLOGY 05700 CT SCAN	20, 534	20, 534	1, 591, 353		3, 427, 411	
57.00	05800 MRI	600 0	600 0	553, 909 353, 354		892, 726 485, 948	
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 200	4, 200			1, 606, 561	
60.00	06000 LABORATORY	4, 905	4, 905	0	0	5, 876, 393	
63.00 65.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	0 4, 394	0 4, 394	1, 324, 634		0 2, 055, 551	
66.00	06600 PHYSI CAL THERAPY	616	616			752, 366	
67.00	06700 OCCUPATI ONAL THERAPY	1, 104	1, 104			507, 322	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	477 104	477 104	107, 062 1, 112, 790		160, 670 1, 606, 703	
70.00	07000 ELECTROENCEPHALOGRAPHY	319	319			39, 154	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6, 439	6, 439	372, 319	0	6, 498, 200	71.00
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0	0	0	0	5, 888, 596	1
	07400 RENAL DIALYSIS	3, 419	3, 419 0	2, 394, 469		21, 072, 680 238, 043	
	07500 ASC (NON-DI STINCT PART)	0	0	-	0	0	75.00
	03950 WOUND CARE CENTER	2,066	2, 066				
76.00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	0	0	177, 032	. U	230, 278	76.00
91.00	09100 EMERGENCY	22, 863	22, 863	2, 717, 893	0	5, 827, 862	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	_	-	-	-		92.00
92. 01 93. 00	09201 OBSERVATION BEDS (DISTINCT PART) 04950 OTHER OUTPATIENT SERVICES	0	0	0		0	
93.00 93.01	04951 GENESI S	0	0	1, 681, 116	0	1, 838, 761	
93.02	04952 WOMEN'S CENTER	0	0	0	0	0	
	04953 RESI DENTI AL HOMES 04954 DR. STEELE	0	0	0		0	
93. 04 93. 05	04955 DI ABETI C EDUCATI ON	0	0				1
93.06	04956 HOWARD COUNTY CSS	0	0	520, 708	0	531, 809	
93.07	04957 OTHER	0	0	0	0	0	
93.18	04968 PSYCH MEDICATION OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	93. 18
95.00	09500 AMBULANCE SERVICES	1, 730	1, 730	1, 354, 524	0	2, 076, 750	95.00
	SPECIAL PURPOSE COST CENTERS	1 1				1	
	11300 INTEREST EXPENSE 11400 UTILIZATION REVIEW - SNF						113.00 114.00
114.00		350, 074	350, 074	43, 402, 741	-28, 442, 771	109, 841, 541	
	NONREI MBURSABLE COST CENTERS	1			-,, , , , ,	1	
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	-			190.00
	19001 COMMUNI TY HOWARD FOUNDATION 19200 PHYSICIANS' PRIVATE OFFICES	0 30, 124	0 30, 124	73, 431 578, 427		125, 658 1, 681, 132	
	19300 NONPALD WORKERS	0	0	0, 427	0		192.00
			0	2, 380, 712		3, 709, 545	
	07951 MISC BH NRCC 07958 SOUTH BERKLEY BLDG	0	0	2, 300, 712			194.00

Health Financial Systems CO	MMUNITY HOWARD	REGIONAL HEALT	H	In Lie	eu of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period: From 01/01/2021 To 12/31/2021	Worksheet B-1	
				To 12/31/2021	Date/Time Pre 5/30/2022 3:0	opm
	CAPI TAL REI	LATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
	(SQUARE FEET)	(SQUARE FEET)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			
	1.00	0.00	SALARI ES)		5.00	
	1.00	2.00	4.00	5A	5.00	104.00
194.0907959 MOBILE CLINIC	0	0	40, 41	4 0		194.09
194. 10 07960 PLASTIC SURGERY	0	0	1 000 00	0 0		194.10
194. 11 07961 KOKOMO SCHOOL BASED	0	0	1, 820, 00	9 0	2, 340, 792	
194. 15 07965 I NDI ANA SURGERY CENTER 194. 16 07966 PASTORAL CARE ALLI ED HEALTH	33, 408	33, 408			800, 672	194.15
200.00 Cross Foot Adjustments	0	0		0 0	0	200.00
201.00 Negative Cost Centers						200.00
202.00 Cost to be allocated (per Wkst. B,	4, 104, 828	5, 807, 113	2, 487, 96	4	28, 442, 771	
Part I)	4, 104, 020	5,007,113	2,407,90	4	20, 442, 771	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9. 924489	14.040205	0. 05151	5	0. 239920	203.00
204.00 Cost to be allocated (per Wkst. B,			89, 93	9	3, 490, 604	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0. 00186	2	0. 029444	205.00
206.00 NAHE adjustment amount to be allocated	1					206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)	1	I		1	I	I

	Financial Systems CON LLOCATION - STATISTICAL BASIS	MUNITY HOWARD	REGIONAL HEALT		In Lieu eriod:	u of Form CMS-: Worksheet B-1	2552-10
					rom 01/01/2021	Date/Time Pre	
	Cost Center Description	OPERATI ON OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (TOTAL PATI	5/30/2022 3: 0 CAFETERI A (SALARI ES)	0 pm
		(SQUARE FEET)	(TOTAL PATI ENT DAYS)		ENT DAYS)		
		7.00	8.00	9.00	10.00	11.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00 5.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						2.00 4.00 5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	358, 875 2, 168	19, 760				7.00 8.00
9.00	00900 HOUSEKEEPI NG	2, 342	0	354, 365			9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	4, 219 6, 808	0	4, 219 6, 808	19, 760 0	32, 228, 727	10.00
13.00	01300 NURSI NG ADMI NI STRATI ON	727	0	727	0	718, 172	
16.00	01600 MEDICAL RECORDS & LIBRARY	2,975	0	2, 975	0	0	16.00
17.00 19.00	01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS	0		0	0	611, 647 0	17.00 19.00
23.00	02300 PASTORAL CARE	0	0	0	0	0	23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	58, 468	17, 054	58, 468	17, 054	10, 804, 583	30.00
31.00	03100 I NTENSI VE CARE UNI T	5, 225	2, 011	5, 225	2, 011	1, 642, 397	
43.00		1, 483	695	1, 483	695	202, 592	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	19, 802	0	19, 802	0	3, 311, 855	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 696	0	.,	0	641, 324	52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0 19, 201	0	0 19, 201	0	0 1, 789, 716	53.00 54.00
54.00 54.01	03480 ONCOLOGY	20, 534	0	20, 534	0	1, 602, 033	
57.00	05700 CT SCAN	600	0	600	0	553, 909	1
58.00 59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0 4, 200		0 4, 200	0	63, 416 745, 744	58.00 59.00
60.00	06000 LABORATORY	4, 200	0	4, 200	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	4, 394 616		4, 394 616	0	1, 341, 457 526, 890	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	1, 104	0	1, 104	0	342, 914	
68.00	06800 SPEECH PATHOLOGY	477	0	477	0	107, 062	
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	104	0	104 319	0	1, 116, 556 13, 128	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6, 439	0	6, 439	0	373, 082	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	3, 419		3, 419	0	2, 396, 879 0	73.00 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	03950 WOUND CARE CENTER	2,066	0	2,066	0	401, 080	
76.00	03160 CARDI OPULMONARY OUTPATI ENT SERVI CE COST CENTERS	0	0	0	0	180, 041	76.00
	09100 EMERGENCY	22, 863	0	22, 863	0	2, 742, 250	
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)				0	0	92.00 92.01
92.01 93.00	04950 OTHER OUTPATIENT SERVICES	0		0	0	0	92.01
	04951 GENESI S	30, 859	0	30, 859	0	0	93.01
	04952 WOMEN' S CENTER 04953 RESI DENTI AL HOMES	0	0	0	0	0	93.02 93.03
	04954 DR. STEELE	0	0	0	0	0	93.03
	04955 DI ABETI C EDUCATI ON	0	0	0	0	0	93.05
	04956 HOWARD COUNTY CSS 04957 OTHER	10, 373		10, 373	0	0	93.06 93.07
	04968 PSYCH MEDICATION	0	0	0	0	0	
05 00	OTHER REIMBURSABLE COST CENTERS	1 720		1 700	0		
95.00	09500 AMBULANCE SERVICES SPECIAL PURPOSE COST CENTERS	1, 730	0	1, 730	0	0	95.00
	11300 INTEREST EXPENSE						113.00
114.00 118.00	11400 UTI LI ZATI ON REVIEW - SNF	242 114	19, 760	229 404	19, 760	32, 228, 727	114.00
116.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	243, 116	19,700	238, 606	19,700	32, 220, 121	116.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
	19001 COMMUNITY HOWARD FOUNDATION 19200 PHYSICIANS' PRIVATE OFFICES	0 79, 583		0 79, 583	0		190. 01 192. 00
	19300 NONPAID WORKERS	0	0	0	0		192.00
194.00	07951 MISC BH NRCC	2, 768	0	2, 768	0	0	194.00
	07958 SOUTH BERKLEY BLDG 07959 MOBILE CLINIC	0		0	0		194. 08 194. 09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194. 10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194. 11

		MUNITY HOWARD				u of Form CMS-	2552-10
COST ALLOCAT	TION - STATISTICAL BASIS		Provider CO		Period: From 01/01/2021	Worksheet B-1	
					To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NO		CAFETERI A	
		PLANT	LINEN SERVICE	(SQUARE FEET	•	(SALARI ES)	
		(SQUARE FEET)	(TOTAL PATI		ENT DAYS)		
		7.00	ENT DAYS)		10.00	44.00	
		7.00	8.00	9.00	10.00	11.00	
	INDIANA SURGERY CENTER	33, 408	0	33, 40	8 0		194. 15
	PASTORAL CARE ALLIED HEALTH	0	0		0 0	0	194.16
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)	9, 549, 389	551, 783	2, 734, 41	0 1, 058, 066	1, 385, 158	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26. 609234	27. 924241	7. 71636	6 53. 545850	0. 042979	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	562, 429	67, 086	133, 13	8 131, 821	204, 866	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1. 567200	3. 395040	0. 37570	9 6. 671103	0. 006357	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

	Financial Systems COM LLOCATION - STATISTICAL BASIS	MUNITY HOWARD I		CN: 15-0007 P	eriod:	u of Form CMS- Worksheet B-1	
					rom 01/01/2021 o 12/31/2021		
	Cost Center Description	NURSI NG	MEDI CAL	SOCIAL SERVICE		5/30/2022 3:0 PASTORAL CARE	
		ADMI NI STRATI ON (NURSI NG SA	RECORDS & LI BRARY (GROSS CHAR	(TOTAL PATI ENT DAYS)	ANESTHETISTS (ASSIGNED TIME)	(ASSI GNED TI ME)	
		LARI ES) 13.00	GES) 16.00	17.00	19.00	23.00	
_	GENERAL SERVICE COST CENTERS	13.00	10.00	17.00	19.00	23.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00
4.00 5.00	00500 ADMINISTRATIVE & GENERAL						4.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A						10.00
13.00	01300 NURSI NG ADMI NI STRATI ON	14, 332, 379					13.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	657, 116, 245				16.00
17.00	01700 SOCIAL SERVICE	304, 835	0				17.00
19.00 23.00	01900 NONPHYSI CI AN ANESTHETI STS 02300 PASTORAL CARE	0	0			C	19.00 23.00
20100	INPATIENT ROUTINE SERVICE COST CENTERS			, <u> </u>	-		20100
30.00	03000 ADULTS & PEDIATRICS	6, 717, 757	56, 346, 940				
31.00	03100 I NTENSI VE CARE UNI T	1,085,504	10, 518, 542				
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	157, 501	1, 070, 842	2 695	0	C	43.00
50.00	05000 OPERATING ROOM	2, 318, 363	78, 782, 374	l 0	0	C	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	498, 585	3, 389, 851				
53.00	05300 ANESTHESI OLOGY	0	0	-	-	C	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 03480 ONCOLOGY	0 565, 123	26, 297, 679 30, 090, 663				
57.00	05700 CT SCAN	0	38, 900, 920		0		
58.00	05800 MRI	0	12, 847, 732		0	C	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	490, 811	54, 630, 050		-	C	
60.00 63.00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	0	62, 326, 403				
65.00	06500 RESPIRATORY THERAPY	0	12, 958, 068	-	-		
66.00	06600 PHYSI CAL THERAPY	0	1, 583, 055		0	C	
67.00	06700 OCCUPATIONAL THERAPY	0	1, 039, 041			C	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0 254, 744	323, 894 13, 742, 849		-		
70.00	07000 ELECTROENCEPHALOGRAPHY	234,744	13, 742, 849				
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11, 205, 772	2 0	0	C	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	18, 977, 969		0	C	
73.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	124, 746, 873 616, 795		0		
	07500 ASC (NON-DI STINCT PART)	0	010, 795		0		74.00
	03950 WOUND CARE CENTER	273, 268	3, 567, 659	o o	0		
76.00	03160 CARDI OPULMONARY	93, 289	1, 353, 489	0	0	C	76.00
01 00	OUTPATIENT SERVICE COST CENTERS	1, 572, 599	79, 652, 357	' O	0	c	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 372, 377	79,002,007		0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	C	0	0	C	
	04950 OTHER OUTPATIENT SERVICES	0	0	0	0	C	
	04951 GENESIS 04952 WOMEN'S CENTER	0	5, 387, 878		0		
	04953 RESIDENTIAL HOMES	0	0		0		
	04954 DR. STEELE	0	C	0	0	C	
	04955 DI ABETI C EDUCATI ON	0	0	0	0	C	
	04956 HOWARD COUNTY CSS 04957 OTHER	0	441, 666		0		
	04968 PSYCH MEDICATION	0	C		0		
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	6, 316, 884	l 0	0	C	95.00
113 00	SPECIAL PURPOSE COST CENTERS						113.00
	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	14, 332, 379	657, 116, 245	5 19, 760	0	C	118.00
100 07	NONREI MBURSABLE COST CENTERS	_1			-		100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19001 COMMUNITY HOWARD FOUNDATION	0	0		0) 190. 00) 190. 01
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0		192.00
193.00	19300 NONPAID WORKERS	0	C	0	0	C	193.00
	07951 MISC BH NRCC	0	0		0		194.00
	07958 SOUTH BERKLEY BLDG 07959 MOBILE CLINIC	0	0		0) 194.08) 194.09
	07960 PLASTIC SURGERY	0	0		0		194.10
	1	, º	6				

Health Financial Systems	COMMUNI TY HOWARD	COMMUNITY HOWARD REGIONAL HEALTH			u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		eriod:	Worksheet B-1	
				rom 01/01/2021 o 12/31/2021	Date/Time Pre	narod
			1	0 12/31/2021	5/30/2022 3:0	
Cost Center Description	NURSI NG	MEDI CAL	SOCIAL SERVICE	NONPHYSI CI AN	PASTORAL CARE	
	ADMI NI STRATI ON	RECORDS &		ANESTHETI STS	(ASSI GNED	
		LI BRARY	(TOTAL PATI	(ASSI GNED	TIME)	
	(NURSING SA	(GROSS CHAR	ENT DAYS)	TIME)		
	LARI ES)	GES)				
	13.00	16.00	17.00	19.00	23.00	
194.1107961 KOKOMO SCHOOL BASED) (0	0		194.11
194. 15 07965 I NDI ANA SURGERY CENTER) (0	0	0	194.15
194.1607966 PASTORAL CARE ALLIED HEALTH			0	0	0	194.16
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst.	B, 2, 623, 034	1, 377, 439	1, 108, 131	0	0	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B,	Part I) 0.183015	5 0. 00209 6	56. 079504	0.000000	0.00000	203.00
204.00 Cost to be allocated (per Wkst.	B, 85, 699	9 107, 360	31, 214	0	0	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B,	Part 0.005979	0. 000163	1. 579656	0.000000	0.00000	205.00
11)						
206.00 NAHE adjustment amount to be al	located				0	206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst	. D,				0. 000000	207.00
Parts III and IV)						

Heal th	Fi nar	ici a	I Syst	ems			
COMPLIT	ATLON	0F	RATIO	0F	COSTS	TO	CHA

COMMUNITY HOWARD REGIONAL HEALTH In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO			Provider C	CN: 15-0007	Period: From 01/01/2021 Fo 12/31/2021	Worksheet C Part I Date/Time Pre 5/30/2022 3:0	
			Title	XVIII	Hospi tal	PPS	
					Costs		
Cost Center Descripti	ion	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		26)					
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE	COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS		26, 751, 311		26, 751, 31	1 0	26, 751, 311	30.00
31.00 03100 INTENSIVE CARE UNIT		3, 972, 965		3, 972, 96	5 0	3, 972, 965	31.00
43.00 04300 NURSERY		659, 395		659, 39		659, 395	
ANCILLARY SERVICE COST CEN	TERS						1
50.00 05000 OPERATI NG ROOM		10, 169, 213		10, 169, 21	3 0	10, 169, 213	50.00
52.00 05200 DELIVERY ROOM & LABO	R ROOM	1, 784, 850		1, 784, 850		1, 784, 850	
53.00 05300 ANESTHESI OLOGY		0				0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C		5, 499, 692		5, 499, 69		5, 499, 692	
54. 01 03480 ONCOLOGY		5, 189, 907		5, 189, 90		5, 189, 907	
57. 00 05700 CT SCAN		1, 232, 847		1, 232, 84		1, 232, 847	
58. 00 05800 MRI		632, 192		632, 192		632, 192	
59. 00 05900 CARDI AC CATHETERI ZAT		2, 372, 557		2, 372, 55		2, 372, 557	
60. 00 06000 LABORATORY		7, 585, 260		7, 585, 26		7, 585, 260	
63. 00 06300 BLOOD STORING, PROCES	CLINC & TRANS	7, 585, 200					
	SSING & TRANS.	-	0			0	
65. 00 06500 RESPI RATORY THERAPY		2, 784, 360	0			2, 784, 360	
66. 00 06600 PHYSI CAL THERAPY		979, 981	0			979, 981	66.00
67.00 06700 OCCUPATIONAL THERAPY		683, 851	0			683, 851	67.00
68.00 06800 SPEECH PATHOLOGY		220, 872	0	220, 87		220, 872	
69.00 06900 ELECTROCARDI OLOGY		2, 119, 168		2, 119, 16		2, 119, 168	1
70.00 07000 ELECTROENCEPHALOGRAPI		60, 062		60, 06		60, 062	
71.00 07100 MEDICAL SUPPLIES CHAI	RGED TO PATIENT	8, 317, 793		8, 317, 79	3 0	8, 317, 793	71.00
72.00 07200 IMPL. DEV. CHARGED TO		7, 341, 166		7, 341, 16	6 0	7, 341, 166	72.00
73.00 07300 DRUGS CHARGED TO PAT	I ENTS	26, 610, 417		26, 610, 41	7 0	26, 610, 417	73.00
74.00 07400 RENAL DIALYSIS		296, 447		296, 44	7 0	296, 447	74.00
75.00 07500 ASC (NON-DISTINCT PAI	RT)	0			0 0	0	75.00
75.01 03950 WOUND CARE CENTER		1, 045, 795		1, 045, 79	5 0	1, 045, 795	75.01
76.00 03160 CARDI OPULMONARY		313, 174		313, 17		313, 174	
OUTPATIENT SERVICE COST CE	NTERS						1
91.00 09100 EMERGENCY		8, 583, 488		8, 583, 48	3 0	8, 583, 488	91.00
92.00 09200 OBSERVATION BEDS (NOI	N-DISTINCT PART	2, 601, 357		2, 601, 35		2, 601, 357	92.00
92.01 09201 OBSERVATION BEDS (DI		0			0 0	0	1
93.00 04950 OTHER OUTPATIENT SER		0			0 0	0	
93. 01 04951 GENESI S		3, 350, 463		3, 350, 46		3, 350, 463	1
93. 02 04952 WOMEN' S CENTER		0,000,100			0 0	0,000,100	1
93. 03 04953 RESIDENTIAL HOMES		0			0 0	0	1
93. 04 04954 DR. STEELE		0			0 0	0	1
93. 05 04955 DI ABETI C EDUCATI ON		0				0	
93. 06 04956 HOWARD COUNTY CSS		1 014 207		1 014 20	-	-	93.05
		1, 016, 387		1, 016, 38		1, 016, 387	
93. 07 04957 OTHER		0			0 0	0	
93. 18 04968 PSYCH MEDICATION	NTEDC	0		(0 0	0	93. 18
OTHER REIMBURSABLE COST CE	NTERS	0 (47 (67		0 (17 (0	7	0 (17 (07	05 00
95.00 09500 AMBULANCE SERVICES	PC	2, 647, 627		2, 647, 62	7 0	2, 647, 627	95.00
SPECIAL PURPOSE COST CENTE	кэ			1			112 00
113.00 11300 I NTEREST EXPENSE	ONE						113.00
114.00 11400 UTI LI ZATI ON REVIEW -		104 000	_			404 000	114.00
200.00 Subtotal (see instruc		134, 822, 597	0				
201.00 Less Observation Bed		2, 601, 357		2, 601, 35		2, 601, 357	
202.00 Total (see instructio	ons)	132, 221, 240	0	132, 221, 24	0 0	132, 221, 240	202.00

JUMPUTA	TION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Pre 5/30/2022 3:0	epared 0 pm
			Title	XVIII	Hospi tal	PPS	
			Charges				
	Cost Center Description	I npati ent	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpati ent	
						Rati o	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	50.001.000		50.001.00			
	03000 ADULTS & PEDIATRICS	53, 231, 930		53, 231, 93			30.0
	03100 INTENSIVE CARE UNIT	10, 518, 542		10, 518, 54			31.0
	04300 NURSERY	1, 070, 842		1, 070, 84	2		43. C
	ANCI LLARY SERVI CE COST CENTERS		50.044.004	70 700 07			
	05000 OPERATING ROOM	28, 438, 083	50, 344, 291	78, 782, 37		0.000000	
	05200 DELIVERY ROOM & LABOR ROOM	3, 389, 851	0	3, 389, 85		0.000000	
	05300 ANESTHESI OLOGY	0	0		0 0.00000	0.000000	
	05400 RADI OLOGY-DI AGNOSTI C	3, 786, 861	22, 510, 818	26, 297, 67		0.000000	
	03480 ONCOLOGY	279,009	29, 811, 654	30, 090, 66		0.000000	
	05700 CT SCAN	9, 100, 248	29, 800, 672	38, 900, 92		0.000000	
	05800 MRI	1, 089, 792	11, 757, 940	12, 847, 73		0.00000	
	05900 CARDI AC CATHETERI ZATI ON	21, 656, 121	32, 973, 929	54, 630, 05		0.00000	
	06000 LABORATORY	25, 658, 062	36, 668, 341	62, 326, 40		0.000000	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0.000000	0.00000	
	06500 RESPI RATORY THERAPY	9, 970, 170	2, 987, 898	12, 958, 06		0.00000	
	06600 PHYSI CAL THERAPY	1, 158, 267	424, 788	1, 583, 05		0.000000	
	06700 OCCUPATI ONAL THERAPY	871, 181	167, 860	1, 039, 04		0.000000	
	06800 SPEECH PATHOLOGY	248, 845	75, 049	323, 89		0.000000	
	06900 ELECTROCARDI OLOGY	3, 509, 043	10, 233, 806	13, 742, 84		0.000000	
	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0.000000	0.000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4, 653, 675	6, 552, 097	11, 205, 77		0.00000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	7, 360, 492	11, 617, 477	18, 977, 96		0.00000	
	07300 DRUGS CHARGED TO PATIENTS	25, 390, 728	99, 356, 145	124, 746, 87		0.000000	
	07400 RENAL DIALYSIS	616, 795	0	616, 79		0.000000	
	07500 ASC (NON-DI STINCT PART)	0	0		0 0.00000	0.000000	
	03950 WOUND CARE CENTER	251, 429	3, 316, 230	3, 567, 65		0.00000	
	03160 CARDI OPULMONARY	2,064	1, 351, 425	1, 353, 48	0. 231383	0.000000	76. (
	DUTPATIENT SERVICE COST CENTERS	10,100,000	(1 4(4 0/5	70 (50 25	7 0 1077/0	0.00000	1 01 /
	09100 EMERGENCY	18, 188, 292	61, 464, 065	79, 652, 35		0.000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	879, 461	2, 235, 549	3, 115, 01		0.000000	
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0.000000	0.000000	
	04950 OTHER OUTPATIENT SERVICES	0	E 207 070	E 207 07	0 0.000000	0.000000	
	04951 GENESI S	0	5, 387, 878	5, 387, 87		0.000000	
	04952 WOMEN'S CENTER	0	0		0 0.000000	0.000000	
	04953 RESIDENTIAL HOMES	0	0		0 0.000000	0.000000	
	04954 DR. STEELE	0	0		0 0.000000	0.000000	
	04955 DIABETIC EDUCATION	0	0		0 0.000000	0.000000	
	04956 HOWARD COUNTY CSS	0	441, 666	441, 66		0.000000	
	04957 OTHER	0	0		0 0.000000	0.000000	
	04968 PSYCH MEDICATION	0	0		0 0.000000	0. 000000	93.1
	OTHER REIMBURSABLE COST CENTERS		4 214 004	4 214 00	0 410105	0.000000	05 0
	09500 AMBULANCE SERVICES	0	6, 316, 884	6, 316, 88	0. 419135	0. 000000	95.0
	SPECIAL PURPOSE COST CENTERS				1		112 0
	11300 INTEREST EXPENSE						113.0
	11400 UTILIZATION REVIEW - SNF	221 210 702	405 704 440	457 114 04	F		114.0
	Subtotal (see instructions)	231, 319, 783	425, 796, 462	657, 116, 24	-OI		200. 0
200.00 201.00	Less Observation Beds						201.0

Heal th	Fi nan	ici a	I Syst	ems			
COMPLIE	ATLON	OF	DATIO	OF	COSTS	TO	C

lear th	Financial Systems	COMMUNITY HOWARD RE	GIONAL HEALTH	In Lie	u of Form CMS-	2552-1
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Pre	epared:
			Title XVIII	Hospi tal	5/30/2022 3:0 PPS	00 pm
	Cost Center Description	PPS Inpatient			110	
		Ratio				
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00				-
	03000 ADULTS & PEDIATRICS					30.0
	03100 I NTENSI VE CARE UNI T					31.0
	04300 NURSERY					43.0
10.00	ANCI LLARY SERVICE COST CENTERS					10.0
50.00	05000 OPERATING ROOM	0. 129080				50. 0
	05200 DELIVERY ROOM & LABOR ROOM	0. 526528				52.0
	05300 ANESTHESI OLOGY	0. 000000				53.0
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 209132				54.0
54.01	03480 ONCOLOGY	0. 172476				54.0
57.00	05700 CT SCAN	0. 031692				57. C
58.00	05800 MRI	0. 049207				58.0
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 043430				59. C
50.00	06000 LABORATORY	0. 121702				60.0
53.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.0
5.00	06500 RESPI RATORY THERAPY	0. 214875				65.0
	06600 PHYSI CAL THERAPY	0. 619044				66.0
	06700 OCCUPATI ONAL THERAPY	0. 658156				67.0
	06800 SPEECH PATHOLOGY	0. 681927				68.0
	06900 ELECTROCARDI OLOGY	0. 154202				69.0
	07000 ELECTROENCEPHALOGRAPHY	0. 000000				70.0
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 742278				71.0
	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 386826				72.0
	07300 DRUGS CHARGED TO PATIENTS	0. 213315				73.0
	07400 RENAL DI ALYSI S	0. 480625				74.0
	07500 ASC (NON-DI STI NCT PART)	0. 000000				75.0
	03950 WOUND CARE CENTER	0. 293132				75.0
6.00	03160 CARDI OPULMONARY	0. 231383				76.0
1 00		0 1077(2)				1 01 0
	09100 EMERGENCY	0. 107762 0. 835104				91.0 92.0
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000				92.0
	04950 OTHER OUTPATIENT SERVICES	0. 000000				93.0
	04951 GENESI S	0. 621852				93.0
	04952 WOMEN' S CENTER	0. 000000				93.0
	04953 RESIDENTIAL HOMES	0. 000000				93.0
	04954 DR. STEELE	0. 000000				93.0
	04955 DIABETIC EDUCATION	0. 000000				93.0
	04956 HOWARD COUNTY CSS	2. 301257				93.0
	04957 OTHER	0. 000000				93.0
	04968 PSYCH MEDICATION	0. 000000				93.1
	OTHER REIMBURSABLE COST CENTERS					1
95.00	09500 AMBULANCE SERVICES	0. 419135				95.0
	SPECIAL PURPOSE COST CENTERS	· 1				
113.00	11300 INTEREST EXPENSE					113.0
114.00	11400 UTILIZATION REVIEW - SNF					114.0
200.00						200.0
	Less Observation Beds					201.0
201. 00 202. 00						202.0

Heal th	Fi nanci	al	Syst	ems			
COMPLIT		- C	ΛΤΙΟ	0F	27200	ΤO	СНА

COMMUNITY HOWARD REGIONAL HEALTH In Lieu of Form CMS-2552-10

	ATION OF RATIO OF COSTS TO CHARGES		Provider CO	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Pre 5/30/2022 3:0	
			Titl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30.00	03000 ADULTS & PEDIATRICS	26, 751, 311		26, 751, 31	1 0	26, 751, 311	30.00
	03100 I NTENSI VE CARE UNI T	3, 972, 965		3, 972, 96		3, 972, 965	
	04300 NURSERY	659, 395		659, 39		659, 395	
	ANCI LLARY SERVI CE COST CENTERS		I				
50.00	05000 OPERATING ROOM	10, 169, 213		10, 169, 21	3 0	10, 169, 213	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1, 784, 850		1, 784, 85		1, 784, 850	
53.00	05300 ANESTHESI OLOGY	0			0 0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	5, 499, 692		5, 499, 69	2 0	5, 499, 692	54.00
54.01	03480 ONCOLOGY	5, 189, 907		5, 189, 90		5, 189, 907	54.01
57.00	05700 CT SCAN	1, 232, 847		1, 232, 84	7 0	1, 232, 847	57.00
58.00	05800 MRI	632, 192		632, 19	2 0	632, 192	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 372, 557		2, 372, 55	7 0	2, 372, 557	59.00
60.00	06000 LABORATORY	7, 585, 260		7, 585, 26	0 0	7, 585, 260	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0			0 0	0	63.00
65.00	06500 RESPI RATORY THERAPY	2, 784, 360	0	2, 784, 36	0 0	2, 784, 360	65.00
66.00	06600 PHYSI CAL THERAPY	979, 981	0	979, 98	1 0	979, 981	
67.00	06700 OCCUPATI ONAL THERAPY	683, 851	0	683, 85	1 0	683, 851	67.00
68.00	06800 SPEECH PATHOLOGY	220, 872	0	220, 87	2 0	220, 872	68.00
69.00	06900 ELECTROCARDI OLOGY	2, 119, 168		2, 119, 16	в О	2, 119, 168	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	60, 062		60, 06	2 0	60, 062	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8, 317, 793		8, 317, 79	3 0	8, 317, 793	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7, 341, 166		7, 341, 16	6 0	7, 341, 166	72.00
	07300 DRUGS CHARGED TO PATIENTS	26, 610, 417		26, 610, 41	7 0	26, 610, 417	73.00
	07400 RENAL DIALYSIS	296, 447		296, 44	7 0	296, 447	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0			0 0	0	
	03950 WOUND CARE CENTER	1, 045, 795		1, 045, 79	5 0	1, 045, 795	75.01
76.00	03160 CARDI OPULMONARY	313, 174		313, 17	4 0	313, 174	76.00
	OUTPATIENT SERVICE COST CENTERS	1			-		
	09100 EMERGENCY	8, 583, 488		8, 583, 48		8, 583, 488	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 601, 357		2, 601, 35		2, 601, 357	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0	0	92.01
	04950 OTHER OUTPATIENT SERVICES	0			0 0	0	
	04951 GENESI S	3, 350, 463		3, 350, 46		3, 350, 463	
	04952 WOMEN'S CENTER	0			0 0	0	
	04953 RESIDENTIAL HOMES	0			0 0	0	
	04954 DR. STEELE	0			0 0	0	
	04955 DI ABETI C EDUCATI ON	0			0 0	0	
	04956 HOWARD COUNTY CSS	1, 016, 387		1, 016, 38		1, 016, 387	93.06
	04957 OTHER	0			0 0	0	70.07
93.18	04968 PSYCH MEDICATION	0			0	0	93.18
05 00		0 (47 (07		2 (47 (2	7 0	2 (47 (07	05.00
95.00	09500 AMBULANCE SERVICES	2, 647, 627		2, 647, 62	7 0	2, 647, 627	95.00
112 00	SPECIAL PURPOSE COST CENTERS	1					112 00
	11300 I NTEREST EXPENSE						113.00
200.00	11400 UTILIZATION REVIEW - SNF	134, 822, 597	0	134, 822, 59	7 0	124 022 507	114.00
200.00		2, 601, 357		2, 601, 35		134, 822, 597 2, 601, 357	
201.00		132, 221, 240					
202.00		1 132, 221, 240	ı 0	1 132, 221, 24		1 132, 221, 240	1202.00

MPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Pre 5/30/2022 3:0	
			Ti tl	e XIX	Hospi tal	Cost	
			Charges				
	Cost Center Description	Inpati ent	Outpati ent	· ·	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpati ent	
						Rati o	
		6.00	7.00	8.00	9.00	10.00	
	ATIENT ROUTINE SERVICE COST CENTERS						4
	DO ADULTS & PEDIATRICS	53, 231, 930		53, 231, 93			30.
	DO INTENSIVE CARE UNIT	10, 518, 542		10, 518, 54			31.
	DO NURSERY	1, 070, 842		1, 070, 84	2		43.
	LLARY SERVICE COST CENTERS	1		1			4
	DO OPERATING ROOM	28, 438, 083	50, 344, 291			0.00000	
	DO DELIVERY ROOM & LABOR ROOM	3, 389, 851	C	3, 389, 85		0.00000	
	DO ANESTHESI OLOGY	0	C)	0 0.000000	0.00000	
	DO RADI OLOGY-DI AGNOSTI C	3, 786, 861	22, 510, 818			0.00000	
	BOONCOLOGY	279, 009	29, 811, 654			0.00000	
-	DO CT SCAN	9, 100, 248	29, 800, 672			0.00000	
	DO MRI	1, 089, 792	11, 757, 940			0.00000	
	DO CARDI AC CATHETERI ZATI ON	21, 656, 121	32, 973, 929	54, 630, 05	0. 043430	0.000000	59
-	DO LABORATORY	25, 658, 062	36, 668, 341	62, 326, 40	0. 121702	0.000000	
	DO BLOOD STORING, PROCESSING & TRANS.	0	0		0 0. 000000	0.000000	
. 00 0650	DO RESPI RATORY THERAPY	9, 970, 170	2, 987, 898	12, 958, 06	0. 214875	0.00000	65
. 00 0660	DO PHYSI CAL THERAPY	1, 158, 267	424, 788	1, 583, 05	0. 619044	0.000000	66
. 00 0670	DO OCCUPATI ONAL THERAPY	871, 181	167, 860	1, 039, 04	0. 658156	0.00000	67
. 00 0680	DO SPEECH PATHOLOGY	248, 845	75, 049	323, 89	0. 681927	0.00000	68
. 00 0690	DO ELECTROCARDI OLOGY	3, 509, 043	10, 233, 806	13, 742, 84	0. 154202	0.000000	69
. 00 0700	DO ELECTROENCEPHALOGRAPHY	0	0		0 0.000000	0.000000	70
. 00 0710	DO MEDICAL SUPPLIES CHARGED TO PATIENT	4, 653, 675	6, 552, 097	11, 205, 77	2 0. 742278	0.000000	71
. 00 0720	DO IMPL. DEV. CHARGED TO PATIENTS	7, 360, 492	11, 617, 477	18, 977, 96	0. 386826	0.000000	72
. 00 0730	DO DRUGS CHARGED TO PATIENTS	25, 390, 728	99, 356, 145	124, 746, 87	0. 213315	0.000000	73
. 00 0740	DO RENAL DIALYSIS	616, 795	0	616, 79	0. 480625	0.000000	74
. 00 0750	DO ASC (NON-DISTINCT PART)	0	0		0 0.000000	0.000000	75
. 01 0395	50 WOUND CARE CENTER	251, 429	3, 316, 230	3, 567, 65	0. 293132	0.000000	75
. 00 0316	60 CARDI OPULMONARY	2,064	1, 351, 425	1, 353, 48	0. 231383	0.000000	76
OUTF	PATIENT SERVICE COST CENTERS						1
. 00 0910	DO EMERGENCY	18, 188, 292	61, 464, 065	79, 652, 35	0. 107762	0.000000	91
. 00 0920	OO OBSERVATION BEDS (NON-DISTINCT PART	879, 461	2, 235, 549	3, 115, 01	0 0. 835104	0.000000	
. 01 0920	01 OBSERVATION BEDS (DISTINCT PART)	0	C		0 0.000000	0.000000	92
. 00 0495	50 OTHER OUTPATIENT SERVICES	0	C		0 0.000000	0.000000	93
. 01 0495	51 GENESI S	0	5, 387, 878	5, 387, 87	0. 621852	0.000000	93
. 02 0495	52 WOMEN' S CENTER	0	0)	0 0.000000	0.000000	93
	53 RESIDENTIAL HOMES	0	0		0 0.000000	0.000000	
	54 DR. STEELE	0	0		0 0.000000	0.000000	
	55 DIABETIC EDUCATION	0	0		0 0.000000	0.000000	
	56 HOWARD COUNTY CSS	0	441, 666	441,66		0.000000	
-	57 OTHER	0	C		0 0.000000	0.000000	
	58 PSYCH MEDICATION	0	0		0 0. 000000	0. 000000	
	ER REIMBURSABLE COST CENTERS		-				1
	DO AMBULANCE SERVICES	0	6, 316, 884	6, 316, 88	0. 419135	0.00000	95
	CIAL PURPOSE COST CENTERS	· · · · · ·	., , 50 1				1.0
	DO INTEREST EXPENSE						1113
	DO UTILIZATION REVIEW - SNF						114
0.00	Subtotal (see instructions)	231, 319, 783	425, 796, 462	657, 116, 24	15		200
1.00	Less Observation Beds	, 0, 000	, , , , , , , , , , , , , , , , , , ,				201
	Total (see instructions)	1		1			202

Heal th	Fi nar	ci a	ıl Syst	ems			
COMPLIE			DATIO		COSTS	ΤO	CU

ealth Financial Systems C	OMMUNITY HOWARD RE	EGIONAL HEALTH	In Lie	u of Form CMS-25	<u>:552</u>
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0007	Peri od:	Worksheet C	
			From 01/01/2021 To 12/31/2021	Part I	
			10 12/31/2021	Date/Time Prepa 5/30/2022 3:00) nm
		Title XIX	Hospi tal	Cost	<u>, bui</u>
Cost Center Description	PPS Inpatient	- I	•		
·	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					
0. 00 03000 ADULTS & PEDIATRICS					30.
1.00 03100 INTENSIVE CARE UNIT					31.
3. 00 04300 NURSERY					43.
ANCILLARY SERVICE COST CENTERS					
0.00 05000 OPERATING ROOM	0. 000000				50.
2.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000				52.
3. 00 05300 ANESTHESI OLOGY	0. 000000				53.
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000				54.
4. 01 03480 ONCOLOGY	0. 000000				54.
7.00 05700 CT SCAN	0. 000000				57.
8. 00 05800 MRI	0. 000000				58.
9. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000				59.
0. 00 06000 LABORATORY	0. 000000				60.
3.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.
5. 00 06500 RESPI RATORY THERAPY	0. 000000				65.
6. 00 06600 PHYSI CAL THERAPY	0. 000000				66.
7.00 06700 OCCUPATI ONAL THERAPY	0. 000000				67.
3. 00 06800 SPEECH PATHOLOGY	0.000000				68.
9. 00 06900 ELECTROCARDI OLOGY	0. 000000				69.
0.00 07000 ELECTROENCEPHALOGRAPHY	0.000000				70.
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000				71.
2.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0.000000				72.
3.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000				73.
4. 00 07400 RENAL DI ALYSI S	0.000000				74.
5.00 07500 ASC (NON-DISTINCT PART)	0. 000000				75.
5. 01 03950 WOUND CARE CENTER	0.000000				75.
6. 00 03160 CARDI OPULMONARY	0. 000000				76.
OUTPATIENT SERVICE COST CENTERS					
1.00 09100 EMERGENCY	0. 000000				91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000				92.
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000				92.
3. 00 04950 OTHER OUTPATIENT SERVICES	0. 000000				93.
3. 01 04951 GENESI S	0.000000				93.
3. 02 04952 WOMEN' S CENTER	0.000000				93.
3. 03 04953 RESIDENTIAL HOMES	0. 000000				93
3. 04 04954 DR. STEELE	0. 000000				93.
3. 05 04955 DIABETIC EDUCATION	0. 000000				93.
3. 06 04956 HOWARD COUNTY CSS	0. 000000				93.
3. 07 04957 OTHER	0. 000000				93.
3. 18 04968 PSYCH MEDICATION	0. 000000				93.
OTHER REIMBURSABLE COST CENTERS					. 51
5. 00 09500 AMBULANCE SERVICES	0.000000				95.
SPECIAL PURPOSE COST CENTERS					
13. 00 11300 I NTEREST EXPENSE				1	113.
14. 00 11400 UTI LI ZATI ON REVIEW - SNF					114.
00.00 Subtotal (see instructions)					200.
01.00 Less Observation Beds					200.
02.00 Total (see instructions)					202.

Health Financial Systems (COMMUNITY HOWARD	REGIONAL HEALT	Н	In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA	L COSTS	Provider C		Peri od:	Worksheet D	
				From 01/01/2021		
				To 12/31/2021		pared:
		Ti +1 c	e XVIII	Hospi tal	5/30/2022 3:0 PPS	<u>o pili</u>
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
Cost center bescription	Related Cost					
		Adjustment	Capital	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	-	i	1		r	
30. 00 ADULTS & PEDIATRICS	2, 340, 317	(C	2, 340, 31	7 18, 891	123.89	30.00
31.00 INTENSIVE CARE UNIT	257,073		257, 07	3 2, 011	127.83	31.00
43.00 NURSERY	60, 532		60, 53	2 695	87.10	43.00
200.00 Total (lines 30 through 199)	2, 657, 922		2, 657, 92	2 21, 597		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	3, 380	418, 748	3			30.00
31.00 INTENSIVE CARE UNIT	2,009					31.00
43. 00 NURSERY	_,,					43.00
200.00 Total (lines 30 through 199)	5, 389	675, 558				200.00
	0,007	1 070,000	1			200.00

		REGIONAL HEALT			u of Form CMS-2	2552-1
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	IL COSTS	Provider C		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Pre 5/30/2022 3:0	pared: 0 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)	0.00	0.00	4.00	F 00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATI NG ROOM	862, 600	78, 782, 374	0.01094	10, 886, 884	119, 200	50.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	166, 033				119,200	
53. 00 05300 ANESTHESI OLOGY	100, 033				0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	747, 195	-			36, 183	
54. 01 03480 0NC0L0GY	1, 502, 329				6, 451	
57. 00 05700 CT SCAN	133, 974				10, 164	
58. 00 105800 MRI	427, 261				12, 245	
59. 00 05900 CARDI AC CATHETERI ZATI ON	174, 073				17, 796	
60. 00 06000 LABORATORY	310, 261				43, 208	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	310, 201		0.0000		43,200	
65. 00 06500 RESPIRATORY THERAPY	187, 468	-			45, 210	
66. 00 06600 PHYSI CAL THERAPY	42, 674				13, 248	
67. 00 06700 OCCUPATI ONAL THERAPY	46, 528				14, 893	•
68. 00 06800 SPEECH PATHOLOGY	18, 022				5, 351	
69. 00 06900 ELECTROCARDI OLOGY	182, 783				25, 731	
70. 00 07000 ELECTROENCEPHALOGRAPHY	9, 525				23,731	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	392, 235				55, 129	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	176, 477				23, 630	
73. 00 07300 DRUGS CHARGED TO PATIENTS	1,063,065				63,608	
74. 00 07400 RENAL DIALYSIS	7, 110				0	
75.00 07500 ASC (NON-DISTINCT PART)	0		1		0	
75. 01 03950 WOUND CARE CENTER	101, 810	3, 567, 659			2, 254	
76. 00 03160 CARDI OPULMONARY	9,034				0	
OUTPATIENT SERVICE COST CENTERS		, ,				
91. 00 09100 EMERGENCY	808, 801	79, 652, 357	0.0101	4, 616, 263	46, 874	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	227, 577				44, 875	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.0000	0 00	0	92.01
93. 00 04950 OTHER OUTPATI ENT SERVICES	0	0	0.0000	0 00	0	93.00
93. 01 04951 GENESI S	118, 104	5, 387, 878	0. 02192	20 0	0	93.01
93.02 04952 WOMEN'S CENTER	0	0	0.0000	0 00	0	93. 02
93. 03 04953 RESIDENTIAL HOMES	0	0	0.0000	0 00	0	93.03
93. 04 04954 DR. STEELE	0	0	0.0000	0 0	0	93. 04
93. 05 04955 DIABETIC EDUCATION	0	0	0.0000	0 0	0	93.05
93. 06 04956 HOWARD COUNTY CSS	39, 251	441, 666	0. 0888	70 0	0	93.06
93. 07 04957 OTHER	0	0	0.0000	0 0	0	93.07
93. 18 04968 PSYCH MEDICATION	0	0	0.0000	0 0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	7, 754, 190	585, 978, 047		52, 743, 793	586, 050	

Health Financial Systems	COMMUNITY HOWARD F	REGIONAL HEALT	Н	In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE	OTHER PASS THROUGH COST			Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Pre 5/30/2022 3:0	
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng	Allied Health	Allied Health	All Other	
	Program	Program	Post-Stepdowr	n Cost	Medi cal	
	Post-Stepdown	U	Adjustments		Education Cost	
	Adjustments					
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTER	RS					
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	1	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		0 0	0	31.00
43.00 04300 NURSERY	0	0		o o	0	43.00
200.00 Total (lines 30 through 199)	o	0		o o	0	200.00
Cost Center Description	Swing-Bed	Total Costs	Total Patient	Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col, 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)				
	4,00	5.00	6,00	7.00	8,00	
INPATIENT ROUTINE SERVICE COST CENTER	RS					
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	18, 89	1 0.00	3, 380	30.00
31.00 03100 INTENSIVE CARE UNIT		0	2, 01	1 0.00	2,009	31.00
43. 00 04300 NURSERY		0	69		0	43.00
200.00 Total (lines 30 through 199)		0				200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTER						
30. 00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
43. 00 04300 NURSERY						43.00
200.00 Total (lines 30 through 199)	0					200.00

Health Financial Systems	COMMUNITY HOWARD F				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLAR THROUGH COSTS	Y SERVICE OTHER PASS			Period: From 01/01/2021 To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
			XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS		273	2.00	0,1	0.00	
50. 00 05000 0PERATI NG ROOM	0	0		0 0	0 0	50. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	-	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 0		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0			ol o	54.00
54. 01 03480 ONCOLOGY	0	0		0 0	0 0	54.01
57. 00 05700 CT SCAN	0	0		0 0		57.00
58. 00 05800 MRI	0	0		0 0	-	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0		59.00
60. 00 06000 LABORATORY	0	0				60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0		63.00
65. 00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	-	66.00
67. 00 06700 OCCUPATIONAL THERAPY	0	0				67.00
	0	0				
	0	0			-	68.00 69.00
	0	0			-	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0				70.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI EN	0	0			-	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	74.00
75.00 07500 ASC (NON-DI STINCT PART)	0	0		0 0	-	75.00
75. 01 03950 WOUND CARE CENTER	0	0		0 0		75.01
76. 00 03160 CARDI OPULMONARY	0	0		0 0	0 0	76.00
OUTPATIENT SERVICE COST CENTERS						1
91.00 09100 EMERGENCY	0	0		0 0		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PAR	T 0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
93. 00 04950 OTHER OUTPATIENT SERVICES	0	0		0 0	0	93.00
93. 01 04951 GENESI S	0	0		0 C	0 0	93.01
93. 02 04952 WOMEN' S CENTER	0	0		0 0	0	93.02
93. 03 04953 RESIDENTIAL HOMES	0	0		0 0	0 0	93.03
93. 04 04954 DR. STEELE	0	0		0 0	0 0	93.04
93. 05 04955 DIABETIC EDUCATION	0	0		0 0	0 0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0		0 0	-	93.06
93. 07 04957 OTHER	0	0		0 0	-	93.07
93. 18 04968 PSYCH MEDICATION	0	0		0 0	0 0	93.18
OTHER REIMBURSABLE COST CENTERS					1	
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0		0 0	0 0	200.00

THROUGH COSTS From 01/01/2021 From 01/01/2021 abst71me Propared (3/20/2022, 3/00 pm (3/20/2022, 3/00 pm (3/20/202, 3/20/2022, 3/00 pm (3/20/2022, 3/00 pm (3/20/202, 3/20/202, 3/20/2022, 3/00 pm (3/20/202, 3/20/202, 3/20/202, 3/20/202, 3/20/2022, 3/20/2022, 3/20/2022, 3/20/202	leal th Financial Systems		OMMUNITY HOWARD				u of Form CMS-2	2552-10
Interview 3001 The second state of the prepared by a second state of the prepared st		ENT ANGILLARY SE	RVICE UTHER PAS	S Provider C		Period: From 01/01/2021	Worksheet D Part IV	
Cost Center Description All Other Beliacity It to xVIII Hespital Total Carages (sum of cols) (sum of cols) (su	IRKUUGH CUSIS							pared:
Cost Center Description All Other Medical Education Cost Total (sum of cost (sum of cost (s								Opm
Medical Education Cost (sum of cols. 4) (cut patient) (see (see (see (see (see (see (see (se								
Education Cost 1, 2, 3, and (4) Cost (sum of (sol), 2, 3, and (4), (sol) Part I, col. (sol), 5, 2, 3, and (4), (sol) Part I, col. (sol), 5, 2, 3, and (4), (sol) Part I, col. (sol), 5, 2, 3, and (4), (sol) MCILLARY SERVICE COST CENTERS - <	Cost Center Description	n						
ANCI LLARY SERVICE COST CENTERS 4.00 5.00 7.0 (see)				•				
ANCILLARY SERVICE COST CENTERS and 4) (see production of the production of the pr			Education Cost					
Instructions) Instructions) ANCILLARY SERVICE COST CENTERS 5.00 6.00 7.00 8.00 52.00 05300 DELIVERY ROOM 0 0 78,782,374 0.000000 52. 53.00 05300 ANESTHESI OLOGY 0 0 0 0.000000 53. 54.01 05400 RADIOLOGY-ULARONSTIC 0 0 0 0.000000 54. 54.01 014400 (ACCORY-ULARONSTIC 0 0 0 0.000000 55. 50.00 05000 ARDIOLOGY-ULARONSTIC 0 0 0 0.000000 54. 54.01 014480 (MCCLOGY 0 0 0 0.000000 55. 50.00 05900 (ARDIA CATHEERIZATION 0 0 0.0000000 55. 60.00 06000 (ARBIA CATHEERIZATION 0 0 0.000000 65. 60.00 06000 (ARBIA CATHEERIZATION 0 0 0.000000 65. 60.00 06000 (ARBIA CATHEERIZATION 0 0 0.0000000 65.				4)		8)	· · ·	
Image: constraint of the service cost centers 4.00 5.00 6.00 7.00 8.00 50.00 05000 0PERATING ROM 0 0 78, 782, 374 0.0000005 52, 300 53.00 05300 DELIVERY ROM & LABOR ROM 0 0 3.389, 851 0.0000005 52, 300 53.00 05300 ANESTHESI 0LOGY 0 0 0 0.000000 53, 401 54.01 03480 0ROLOGY 0 0 30, 090, 663 0.000000 54, 57, 67, 90 0.000000 58, 50, 00 59, 00 05900 CARN 0 0 0 38, 900, 920 0.000000 58, 50, 00 59, 00 05900 CARNACY NEW 0 0 0 12, 847, 732 0.000000 58, 50, 00 59, 00 59, 00 59, 00 59, 00 59, 00 59, 00 0 0 12, 847, 732 0.000000 68, 00 0 0 0 12, 847, 732 0.000000 68, 00 0 0 0 0 0 0					and 4)			
ANCI LLARY SERVICE COST CENTERS Image: Control of Control o			4.00	5.00	6.00	7 00		
50:00 05000 (DPERATING ROOM 0 0 78, 782, 374 0.000000 52, 53:00 53:00 05200 ANESTHESI 0LOGY 0 0 0 3.898, 851 0.000000 53, 53:00 54:00 05400 ANESTHESI 0LOGY 0 0 0 0 0.000000 54, 53:00 54:00 05400 ANESTHESI 0LOGY 0 0 0 0 0.000000 54, 53:00 54:00 05400 KRI 0 0 0 0.000000 54, 53:00 0 0.000000 54, 53:00 0.000000 54, 53:00 0.000000 58, 50:00 0 0 0 1.2847, 73:2 0.000000 58, 50:00 0 0 0 0.000000 58, 50:00 0 0.000000 58, 50:00 0 0 0 0 0 0.000000 58, 63:05:00 0.000000 68, 00 0 0.000000 68, 00 0 0.000000 68, 00 0 0 0 1.389, 65:0 0.000000 68, 00 0.000000 67, 00 <	ANCILLARY SERVICE COST CENTE	RS	4.00	5.00	0.00	7.00	0.00	
52.00 05200 DELUVERV ROOM & LABOR ROOM 0 0 3.389,851 0.000000 52. 53.00 05300 ARSTHESIDLOGY 0 0 0 0.000000 53. 54.01 03480 ONCLOGY 0 0 0 0.000000 54. 57.00 05700 CTSCAN 0 0 0 38.900,920 0.000000 55. 58.00 OS600 KRI 0 0 0 54.630,050 0.000000 55. 60.00 CARDI AC CATHETERIZATION 0 0 62.326,403 0.000000 66. 60.00 G6000 LABORATORY 0 0 0.000000 65. 60.00 G6000 RESPI RATORY THERAPY 0 0 0 0.000000 66. 60.00 G6000 SEEPI RATORY THERAPY 0 0 1.383,904 0.000000 66. 61.00 G700 G700 LECTROENCEPHALOGRAPHY 0 0 1.3742,849 0.000000 67. 62.00 G6000 SPEECH PATHOLOGY 0 0 1.3742,849 0.000000		110	0	0		0 78 782 374	0,00000	50.00
53.00 05300 ANESTHESI OLOGY 0 <td></td> <td>ROOM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		ROOM						•
54.00 05400 RADI LOGY-DI AGNOSTI C 0 0 26, 297, 579 0.000000 54, 57.00 57.00 05700 CT SCAN 0 0 30, 090, 663 0.000000 54, 57.00 58.00 05800 IRI 0 0 0 54, 63.0, 650 0.000000 54, 630, 050 0.000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 59, 630, 050 0.0000000 68, 60 0.60000 660, 00 660, 00 660, 00 660, 00 0 0 0.000000 68, 60 0.000000 68, 60 0.000000 68, 60 0.000000 67, 63 68, 00 0.000000 69, 633, 055 0.000000 66, 67, 00 0 1, 583, 055 0.000000 67, 68, 00 0.000000 68, 60 0.000000 68, 60 0.000000 68, 60 0.000000 69, 63, 63, 659 0.000000 69, 70, 00 0 1, 283, 055 0.000000 69, 70, 00 0 1, 283, 49, 0.000000 69, 70, 00 0 1, 27, 74, 69, 0			0	-				
54. 01 03480 ONCOLOGY 0			0			-		•
57.00 05700 CT SCAN 0 0 38,900,920 0.000000 57.58 58.00 05800 MRI 0 0 12,847,732 0.000000 58.50 50.00 05900 CARDIA C CATHETERIZATION 0 0 62.326,403 0.000000 59.50 60.00 06000 LABORATORY 0 0 62.326,403 0.000000 63.50 60.00 06000 PLODRONTING, PROCESSING & TRANS. 0 0 0.000000 63.50.0 0.5000 PLODRONTING, PROCESSING & TRANS. 0 0 0.000000 63.50.0 0.6000 PLODRONTING, PROCESSING & TRANS. 0 0 1.583.055.0 0.000000 66.70.0 0.6000 PLECTROCORDITIONAL THERAPY 0 0 0 323.894 0.000000 68.00 0.6600 SEECH PATHOLOGY 0 0 0.000000 71.72.00 0.000000 71.72.00 0.000000 71.72.00 0.000000 71.72.00 0.000000 71.72.00 0.72.00 PLEOTROCARDID LOGY 0 0 12.4746.873 0.000000 73.74.00 70.00 0 0 12.57.72.0.0			0					
58.00 OSB00 MRI O O 12, 847, 732 0.000000 55 59.00 05900 CARDIAC CATHETERIZATION O O 54, 630, 050 0.000000 55 59.00 06300 LABORATORY O O 62, 326, 403 0.000000 66. 63.00 DESDI RATORY FREARAN O O 0 0.000000 65. 65.00 06500 RESPI RATORY O O 12, 958, 068 0.000000 66. 66.00 00 CRESPI RATORY O O 1, 533, 055 0.000000 67. 67.00 00 COLL THERAPY O O 13, 742, 849 0.000000 68. 69.00 00 CELCROCARDI OLOCY O O 11, 205, 772 0.000000 72. 71.00 0700 INDE CAL SUPPLIES CHARGED TO PATIENTS O O 124, 746, 873 0.000000 73. 74.00 O O O 0 3, 567,			0					•
59:00 05900 CARDIAC CATHETRI ZATI ON 0 0 54.60.00 54.630.050 0.000000 59. 60:00 06000 LABORATORY 0 0 0 0.000000 60. 60:00 06300 BLODD STORI NG, PROCESSI NG & TRANS. 0 0 0 0.000000 63. 60:00 06500 PESPI RATORY THERAPY 0 0 12,958,068 0.000000 65. 60:00 06000 PHYSI CAL THERAPY 0 0 1,832,055 0.000000 67. 60:00 06000 ELECTROCARDI OLOGY 0 0 13,742,849 0.000000 67. 60:00 00000 ELECTROCARDI OLOGY 0 0 11,205,772 0.000000 72. 70:00 07000 RELCTROENCEPHALGGRAPHY 0 0 0 11,205,772 0.000000 72. 73:00 07300 RNGS CHARGED TO PATI ENTS 0 0 124,746,873 0.000000 72. 73:00 07300 RNG RE CENTER 0 0 0,567,659 0.0000000 75.			0					•
60.00 CABORATORY 0 0 62.326,403 0.000000 63. 63.00 06300 RLODD STORING, PROCESSING & TRANS. 0 0 0 0.000000 63. 65.00 06500 RESPI RATORY THERAPY 0 0 1, 2958, 068 0.000000 66. 66.00 066700 PCCUPATI ONAL THERAPY 0 0 1, 339, 041 0.000000 66. 67.00 066700 PCCUPATI ONAL THERAPY 0 0 323, 894 0.000000 67. 68.00 06800 SPEECH PATHOLOGY 0 0 323, 894 0.000000 69. 0.00 00 0 0 0 0.000000 71. 72. 0.000000 71. 0.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0 0 143, 742, 849 0.000000 72. 74.00 07400 REAL DI ALYSIS 0 0 0 13, 546, 673 0.000000 75. 75.01 03950 WOUND CAR		M	0					
63.00 loadol store Loop Store ING, PROCESSI NG & TRANS. 0		N	0					
65:00 06500 PESPI RATORY THERAPY 0 0 12,958,068 0.000000 66. 66:00 06000 PHYSI CAL THERAPY 0 0 0 1,583,055 0.000000 66. 66:00 06700 0CUPATI ONAL THERAPY 0 0 0 1,583,055 0.000000 67. 67:00 06700 CCUPATI ONAL THERAPY 0 0 0 1,383,055 0.000000 67. 68:00 06800 ELECTROCRCPIOLOGY 0 0 0 0.000000 69. 00:00 CLECTROCRCPHALGGRAPHY 0 0 0 0.000000 70. 71:00 07100 ELECTROCRCPHALGGRAPHY 0 0 0 11,205,772 0.000000 73. 71:00 07300 DRUGS CHARGED TO PATI ENTS 0 0 12,4746,873 0.000000 73. 73:00 07400 RENAL DI AL'YS1S 0 0 0 0 0 0.000000 75. 75:01		INC & TRANS	0					
66.00 06600 PHYSI CAL THERAPY 0 0 1, 583, 055 0.000000 66. 67.00 0CCUPATI ONAL THERAPY 0 0 0 1, 039, 041 0.000000 66. 68.00 06600 SPECCH PATHOLOGY 0 0 1, 339, 041 0.000000 68. 69.00 00000 SPECCH PATHOLOGY 0 0 0 0.000000 69. 70.00 07000 ELECTROCARDI OLOGY 0 0 0 0.000000 71. 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 11, 205, 772. 0.000000 72. 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 124, 746, 873 0.000000 74. 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0.000000 75. 75.01 03950 WOUND CARE CENTER 0 0 0 3, 567, 659 0.000000 76. 75.01 03950 WOUND CARE CENTER 0 0 0 3, 115, 010 0.000000 76. 1		ING & IKANS.	0					•
67.00 06700 OCCUPATIONAL THERAPY 0 0 1,039,041 0.000000 67. 68.00 06800 SPECH PATHOLOGY 0 0 323,894 0.000000 68. 69.00 06900 ELECTROEACEDIOLOGY 0 0 3,742,894 0.000000 68. 70.00 OTOO ELECTROEACEPHAL.OGRAPHY 0 0 0 0.000000 71. 71.00 OTOO LECTROEACEPHAL.OGRAPHY 0 0 0 1,205,772 0.000000 71. 72.00 O7200 IMPL AL SUPPLIES CHARGED TO PATIENTS 0 0 18,977,969 0.000000 73. 73.00 ORUGS CHARGED TO PATIENTS 0 0 0 12,353,489 0.000000 74. 75.01 O7500 ASC (NON-DISTINCT PART) 0 0 0 3,567,659 0.000000 75. 75.01 O3950 WOUND CARE CENTER 0 0 0 0.000000 75. 70.0200 DESERVATION BEDS (NON-DISTIN			0					•
68.00 06800 SPEECH PATHOLOGY 0 0 323,894 0.000000 68. 69.00 06900 ELECTROCARDIOLOGY 0 0 0.000000 70. 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0.000000 71. 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 11, 205, 772 0.000000 73. 73.00 07300 DRUG CHARGED TO PATIENTS 0 0 124, 746, 873 0.000000 73. 74.00 07400 RENAL DI ALYSI S 0 0 0 0.000000 74. 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 3.557, 659 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 79, 652, 357 0.000000 91. 92.00 09200 DBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0.000000 92. 93.01			0					
69.00 06900 ELECTROCARDIOLOGY 0 0 13,742,849 0.000000 69. 70.00 OTOOD ELECTROCARCIPHALOGRAPHY 0 0 0 0.000000 70. 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 11,205,772 0.000000 71. 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 124,746,873 0.000000 73. 74.00 07400 RENAL DI ALYSIS 0 0 0 0.000000 73. 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0.000000 75. 75.00 03160 CARDI OPULMONARY 0 0 0 1,353,489 0.000000 75. 76.00 09100 EMERGENCY 0 0 0 79,652,357 0.000000 91. 92.01 09200 (DSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0.000000 92. 93.01 04950 (THER OUTPATIENT SERVICES 0 0 0 0.000000 93. 93.02 04951 GENESI S 0 <td< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></td<>			0	0				
70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0.000000 70. 71.00 MEDI CAL. SUPPLI ES CHARGED TO PATI ENTS 0 0 11, 205, 772 0.000000 71. 72.00 72.00 IMPL. DEV. CHARGED TO PATI ENTS 0 0 11, 205, 772 0.000000 72. 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 124, 746, 873 0.000000 73. 74.00 07400 RENAL DI ALYSI S 0 0 0 0.000000 74. 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 3, 567, 659 0.000000 76. 91.00 09100 EMERGENCY 0 0 0 79, 652, 357 0.000000 92. 92.01 09200 DSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0.000000 92. 92.01 09200 DSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0.000000 9			0	0				
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT 0 0 11, 205, 772 0.000000 71. 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 18, 977, 969 0.000000 72. 73.00 07400 RENAL DI ALYSIS 0 0 124, 746, 873 0.000000 73. 75.00 07500 ASC (NON-DISTINCT PART) 0 0 616, 795 0.000000 75. 76.00 0350 WOUND CARE CENTER 0 0 0 3, 567, 659 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 3, 567, 659 0.000000 75. 71.00 09100 EMERGENCY 0 0 0 3, 150, 10 0.000000 91. 92.00 09201 DBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0.000000 92. 92.01 09201 DBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATIENT SERVICES 0 0 0 0.00			0	0				•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 18,977,969 0.000000 72. 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 124,746,873 0.000000 73. 74.00 07400 RENAL DI ALYSIS 0 0 0 616,795 0.000000 74. 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0.000000 75. 75.01 03950 WOUND CARE CENTER 0 0 0 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 1,353,489 0.000000 76. 00100 EMERGENCY 0 0 0 79,652,357 0.000000 91. 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART 0 0 0 0.000000 92. 93.00 04950 OTHER IN SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESI S 0 0 0 0.000000 93. 93.02 <			0	-				•
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 124, 746, 873 0.000000 73. 74.00 07400 RENAL DI ALYSI S 0 0 0 616, 795 0.000000 74. 75.00 0350 MSC (NON-DI STINCT PART) 0 0 0 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 3, 567, 659 0.000000 76. 71.00 03160 CARDI OPULMONARY 0 0 0 1, 353, 489 0.000000 76. 71.00 09100 EMERGENCY 0 0 0 73. 0.000000 91. 92.00 09200 DBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0.000000 92. 92.01 09201 DBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0.000000 92. 93.00 04951 GENESI S 0 0 0 0.000000 93. 93.01 04951 GENESI S 0 0 0 0.000000 93. 93.			0					•
74.00 07400 RENAL DIALYSIS 0 0 616,795 0.000000 74. 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0.000000 75. 75.01 03950 WOUND CARE CENTER 0 0 0 3,567,659 0.000000 75. 76.00 0360 CARDI OPULMONARY 0 0 0 1,353,489 0.000000 76. 0UTPATI ENT SERVICE COST CENTERS 0 0 0 79,652,357 0.000000 91. 91.00 09100 EMERGENCY 0 0 0 3,115,010 0.000000 92. 92.01 09201 OBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.02 04954 URS TIA			0					
75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0.000000 75. 75.01 03950 WOUND CARE CENTER 0 0 0 3,567,659 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 0 1,353,489 0.000000 76. 0UTPATI ENT SERVICE COST CENTERS 0 0 0 79,652,357 0.000000 91. 91.00 OPIOO EMERGENCY 0 0 0 79,652,357 0.000000 92. 92.01 0920 OBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESI DENTI AL HOMES 0 0 0 0.000000 93. 93.05 04953 DI		115	0					
75.01 03950 WOUND CARE CENTER 0 0 3,567,659 0.000000 75. 76.00 03160 CARDI OPULMONARY 0 0 1,353,489 0.000000 76. 0UTPATIENT SERVICE COST CENTERS 0 0 0 76.00 0,000000 76. 91.00 EMEGENCY 0 0 0 79,652,357 0.000000 91. 92.00 O9200 DBSERVATI ON BEDS (NON-DI STINCT PART) 0 0 0 0.000000 92. 92.01 O9200 OBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATIENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0 0.000000 93. 93.02 04952 WOMN'S CENTER 0 0 0 0 0 0.000000 93. 93.03 04954 DR. STEELE 0 0 0 0 0 0.000000 93. 93.05		\ \	0			010/170		•
76.00 03160 CARDI OPULMONARY 0 0 1,353,489 0.000000 76. 0UTPATI ENT SERVICE COST CENTERS 0 0 0 79,652,357 0.000000 91. 92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 3,115,010 0.000000 92. 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0.000000 92. 93.00 04950 OHTPATI ENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESI DENTI AL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0.000000 93. 93.06 04955 I ABETI C EDUCATI ON <)	0	0				•
OUTPATI ENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 0 0 79, 652, 357 0.000000 91. 92.00 09200 OBSERVATION BEDS (NON-DI STINCT PART 0 0 0 3, 115, 010 0.000000 92. 92.01 09201 OBSERVATION BEDS (DI STINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESIDENTI AL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0 0 0 0 0 0 0								•
91.00 09100 EMERGENCY 0 0 79, 652, 357 0.000000 91. 92.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 3, 115, 010 0.000000 92. 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATI ENT SERVI CES 0 0 0 0.000000 93. 93.01 04951 GENESI S 0 0 0 0.000000 93. 93.02 04952 WMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESI DENTI AL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0.000000 93. 93.06 04955 DI ABETI C EDUCATI ON </td <td></td> <td>FDC</td> <td>0</td> <td>0</td> <td></td> <td>0 1, 353, 489</td> <td>0.00000</td> <td>1 /0.00</td>		FDC	0	0		0 1, 353, 489	0.00000	1 /0.00
92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0 0 3, 115, 010 0.000000 92. 92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0.000000 92. 93.00 04950 0THER OUTPATIENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESI DENTI AL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATION 0 0 0 0.000000 93. 93.06 04955 DI ABETI C EDUCATION 0 0 0 0.000000 93. 93.06 04955 DI ABETI C EDUCATION 0 0 0 0.000000 93. 93.06 04955 OTHER 0 0		EKJ	0	0		0 70 652 257	0.00000	01 00
92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0.000000 92. 93.00 04950 OTHER OUTPATIENT SERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESI DENTI AL HOMES 0 0 0 0.000000 93. 93.03 04954 DR. STEELE 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATION 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0.000000 <		NISTINCT DADT	-	-				
93.00 04950 OTHER OUTPATIENT ŠERVICES 0 0 0 0.000000 93. 93.01 04951 GENESIS 0 0 0 5,387,878 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0 0.000000 93. 93.03 04953 RESI DENTIAL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATION 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0			0					•
93.01 04951 GENESIS 0 0 5, 387, 878 0.000000 93. 93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESIDENTIAL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04954 DR. STEELE 0 0 0 0.000000 93. 93.06 04954 DR. STEELE 0 0 0 0.000000 93. 93.06 04954 DR. STEELE 0 0 0 0.000000 93. 93.06 04956 HABETI C EDUCATION 0 0 0 0.000000 93. 93.07 04957 OHER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0.00000 93. <td< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>•</td></td<>			0					•
93.02 04952 WOMEN'S CENTER 0 0 0 0.000000 93. 93.03 04953 RESIDENTIAL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.08 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDI CATI ON 0 0 0 0.000000 93. 01HER REI MBURSABLE COST CENTERS 95. 0 95. 95. 0 95.		JLJ	0					
93.03 04953 RESIDENTIAL HOMES 0 0 0 0.000000 93. 93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DI ABETI C. EDUCATI ON 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.08 04957 OTHER 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDI CATI ON 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDI CATI ON 0 0 0 0.000000 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95.			0					
93.04 04954 DR. STEELE 0 0 0 0.000000 93. 93.05 04955 DLABETIC EDUCATION 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 0.000000 93. 93.07 04957 OTHER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0.000000 93. 01457 OTHER 0 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0.000000 93. 0THER REI MBURSABLE COST CENTERS 93. 93.000000000000000000000000000000000000			0			0		
93.05 04955 DI ABETI C EDUCATI ON 0 0 0 0.000000 93. 93.06 04956 HOWARD COUNTY CSS 0 0 0 441,666 0.000000 93. 93.07 04957 OTHER 0 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDI CATI ON 0 0 0 0.000000 93. 01HER REI MBURSABLE COST CENTERS 0 0 0 0.000000 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95. 95.			0			0		•
93.06 04956 HOWARD COUNTY CSS 0 0 0 441,666 0.00000 93. 93.07 04957 0THER 0 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0 0.000000 93. 0THER REI MBURSABLE COST CENTERS 93.			0			0		
93.07 04957 0THER 0 0 0 0.000000 93. 93.18 04968 PSYCH MEDICATION 0 0 0 0 0.000000 93. 0THER REI MBURSABLE COST CENTERS 95. 0 0 0 0 95.			0			0		
93. 18 04968 PSYCH MEDICATION 0 0 0 0.000000 93. 0THER REI MBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95. 95.			0	-				
OTHER REI MBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95.			-	-				
95. 00 09500 AMBULANCE SERVICES 95.		EDC	0	0	Ι	0	0.00000	1 73. 18
		LNJ						95.00
	200.00 Total (lines 50 through	h 199)	0	0		0 585, 978, 047		200.00

52.00 05200 DELIVERY ROM & LABOR ROM 0.000000 0		OMMUNITY HOWARD RE				u of Form CMS-2	2552-10
Cost Center Description Outpatient Ratio of Cost to Charges (col. 6 + col. 7) Inpatient Program Cost Center Description Outpatient Program Cost to Charges (col. 6 + col. 7) Inpatient Charges (col. 6 + col. 7) Inpatient Charges (col. 6 + col. 7) Outpatient Charges (col. 6 + col. 7) Program Charges (col. 1000 Inpatient Charges (col. 6 + col. 7) Outpatient Charges (col. 6 + col. 7) Program Cost (col. 1000 Program (col. 1000 Program (col. 1000 Program (col. 1000 Program (col. 1000 Program (col. 1		RVICE OTHER PASS	Provider CC	CN: 15-0007	From 01/01/2021	Part IV Date/Time Prep	
Cost Center Description Outpatient Ratio of Charges (col. 6 + col. 7) Inpatient Program Charges (col. 6 + col. 7) Inpatient Program Charges (col. 6 + col. 7) Outpatient Program Charges Outpatient Program Charges MCILLARY SERVICE COST CENTERS 9.00 10.00 11.00 12.00 13.00 0.00000000 0520.00 0520.00 0640.00 0 0 0 0 52.00 0520.00 0 0 0 0 53.00 53.00 0 54.00 05400.00 0 0 0 55.157.564 54.57.564 54.57.564 54.57.55.664 57.57.564 54.57.564 54.57.55.664 57.55.664 57.57.564 54.60.00 65.00.00000 12.77.349.466 57.55.664 57.55.664 57.55.664 56.00 56.00 56.00 56.00 56.00 56.00 56.00 56.60.35.002 58.65.77.00 57.61.369 0 56.00 56.60.00 56.60.00 56.60.00 56.60.00 56.60.00 56.60.00 56.60.00 56.60.00 56.60.00 56.61.369 0 63.60 56.60.00 5			Title	XVIII	Hospi tal		5 pm
to Charges (col. 6 + col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Pass-Through (cots (col. 7) Charges (col. 7) Pass-Through (cots (col. 7) Charges (col. 7) Pass-Through (cots (col. 7) Charges (col. 7) Pass-Through (cots (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Charges (col. 7) Pass-Through (col. 7) Charges (col. 7) Charges (col. 7) <thcharges (col. 7) <thcharges (col. 7) <t< td=""><td>Cost Center Description</td><td>Outpati ent</td><td></td><td></td><td></td><td>Outpatient</td><td></td></t<></thcharges </thcharges 	Cost Center Description	Outpati ent				Outpatient	
(col. 6 * col. 7 Costs (col. 8 Costs (col. 19) NOLLLARY SERVICE COST CENTERS 9.00 10.00 11.00 12.00 13.00 50.00 05000 OPERATING ROOM 0.000000 0 0 0 0 52.00 51.00 05300 ANESTHESIOLOGY 0.000000 0 0 0 0 53.00 53.00 51.56.4 0 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 54.00 55.00 9.297.851 0 57.00 0.5900 KRI 0.000000 2.951.216 0 7.189.466 0 57. 50.00 05900 CARDI AC CATHETERI ZATI ON 0.000000 5.858.578 0 13.197.638 0 56.00 66.00		Ratio of Cost	Program	Program	Program	Program	
T) x col. 10) x col. 12) ANCILLARY SERVICE COST CENTERS 9.00 11.00 12.00 13.00 00 05000 DEPLATI NR COOM 0.000000 10.886,884 0 8.068,298 0.50 52.00 05300 DELI VERY ROOM & LABOR ROOM 0.000000 0 0 0.53 54.00 05400 ANISTHESI LOGY 0.000000 1.29,215 0 9.297.851 0.54 54.00 05400 RADI LOGY - DI AGNOSTI C 0.000000 2.951,216 0 7.189,466 0.57. 58.00 05600 CRADI AC CATHETERI ZATI ON 0.000000 3.68,194 3.053,002 0.63.00 60.00 06000 LABORATORY 0.000000 3.677,08 0 5.461,369 0.63.0 61.00 06500 RESPI RATORY THERAPY 0.000000 3.125,054 0 8.31,109 6.5. 61.00 06500 PHYSI CAL THERAPY 0.000000 3.125,054 0 8.361 0 6.60.00 6.60.00 0 0 0 0 0 0 0 0 <td< td=""><td></td><td>to Charges</td><td>Charges</td><td></td><td></td><td>Pass-Through</td><td></td></td<>		to Charges	Charges			Pass-Through	
T) x col. 10) x col. 12) ANCILLARY SERVICE COST CENTERS 9.00 11.00 12.00 13.00 00 05000 DEPLATI NR COOM 0.000000 10.886,884 0 8.068,298 0.50 52.00 05300 DELI VERY ROOM & LABOR ROOM 0.000000 0 0 0.53 54.00 05400 ANISTHESI LOGY 0.000000 1.29,215 0 9.297.851 0.54 54.00 05400 RADI LOGY - DI AGNOSTI C 0.000000 2.951,216 0 7.189,466 0.57. 58.00 05600 CRADI AC CATHETERI ZATI ON 0.000000 3.68,194 3.053,002 0.63.00 60.00 06000 LABORATORY 0.000000 3.677,08 0 5.461,369 0.63.0 61.00 06500 RESPI RATORY THERAPY 0.000000 3.125,054 0 8.31,109 6.5. 61.00 06500 PHYSI CAL THERAPY 0.000000 3.125,054 0 8.361 0 6.60.00 6.60.00 0 0 0 0 0 0 0 0 <td< td=""><td></td><td>(col. 6 ÷ col.</td><td>-</td><td>Costs (col.</td><td>8</td><td>Costs (col. 9</td><td></td></td<>		(col. 6 ÷ col.	-	Costs (col.	8	Costs (col. 9	
ANCI LLARY SERVICE COST CENTERS 0 <t< td=""><td></td><td>7)</td><td></td><td></td><td></td><td>x col. 12)</td><td></td></t<>		7)				x col. 12)	
50. 00 05000 (OPERATING ROM 0.000000 10, 886, 884 0 8, 068, 298 0 50. 53. 00 05300 ANESTHESI OLOGY 0.000000 0 0 0 53. 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0.000000 1, 273, 449 0 5, 157, 564 0 54. 54. 01 03480 (NCULOGY 0.000000 2, 951, 216 0 9, 297, 351 0 54. 57. 00 05700 CT SCAN 0.000000 368, 194 0 3.055, 002 0 58. 59. 00 05900 CARDI AG CATHETERIZATI ON 0.000000 5, 857, 78 0 1, 3197, 638 0 56. 60. 0 06000 5175, 784 0 3.051, 002 0 66. 60. 0 05900 CARDI AG CATHETERIZATI ON 0.000000 5, 857, 788 0 3.13, 79 0.68 66. 0 67. 78. 66. 66.00 0 0 0 0 0 0 0 0 67. 65. 66.00 <		9.00	10.00	11.00	12.00	13.00	
52.00 05200 DELUVERY ROOM & LABOR ROOM 0.000000 0 0 0 0 0 0 52.00 05300 05300 05300 05300 05300 0 53.00 53.00 05300 0.000000 0 0 0 53.3 53.3 53.00 05300 ARD I OLOGY -DI AGNOSTI C 0.000000 1.273.449 0 51.57.564 0 53.3 54.00 05400 ARDI OLOGY -DI AGNOSTI C 0.000000 2.951.216 9.297.851 0 54.5 55.00 55.00 57.551.20 9.297.851 0 55.9 55.00 55.00 57.551.20 0.297.87.551 0 57.552.57 0 13.197.638 0 59.00 50.00 56.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 3.101 66.60 66.60 3.405 0 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00 67.00							
53. 00 053.00 AVESTHESI OLOGY 0.000000 0 0 0 53. 54. 00 054.00 RADI OLOGY-DI AGNOSTI C 0.000000 1.273.449 0 51.57.564 0 54. 54. 01 03480 0NCOLOGY 0.000000 1.273.449 0 7.189.466 0 57. 50. 00 05000 RXA 0.000000 2.951.216 0 7.189.466 0 57. 50. 00 05000 LACATHETERI ZATI ON 0.000000 368.194 0 3.053.002 0 58. 60. 00 6000 LABORATORY 0.000000 0 0 0 63. 64.01 54.61.369 0 66. 60. 00 66000 PESPI RATORY THERAPY 0.000000 31.25.654 0 84.361 0 66. 60. 06600 PESPI RATORY THERAPY 0.000000 31.25.664 0 3.405 0 67. 61.00 6200 CCUPATI NOLAL THERAPY 0.000000 1,934.649 0 2.815.000 6 69. 00 000000 1,9			10, 886, 884				50.00
54.00 05400 RADI LLOGY-DI AGNOSTI C 0.000000 1.27, 21, 449 0 5, 157, 564 54, 54 54.01 03480 0MCCLOGY 0.000000 1.29, 215 0 9, 297, 851 0 54, 57 58.00 05700 CT SCAN 0.000000 2, 951, 216 0 7, 189, 466 57 58.00 OS600 ARIA CATHETERI ZATI ON 0.000000 5, 585, 578 0 13, 197, 638 0 56 60.00 06000 LEOBRATORY PRERAPY 0.000000 0 0 0 63. 65.00 06500 PRSI RATORY THERAPY 0.000000 322, 586 0 3, 405 0 67. 67.00 06700 OCUPATI ONAL THERAPY 0.000000 332, 586 0 3, 405 0 67. 68.00 OBECOD ELECTROCARDI OLOGY 0.000000 1, 934, 649 0, 2, 815, 000 0 69. 70.00 OTOO ELECTROCARCED TO PATI ENTS 0.000000 0 0 0 73. 1, 815, 717 0 73. 73.00 0			0		0 0	0	52.00
54. 01 03480 0x00L0GY 0.000000 2.927,851 0 57.00 57.00 57.00 05700 CT SCAN 0.000000 2,951,216 0 7,189,466 0 57. 50.00 05500 IRI 0.000000 368,194 0 3,053,002 58. 50.00 05500 IRI 0.000000 368,55,578 0 13,197,638 0 60.0 60.00 06000 RESPI RATORY 0.000000 0 0 60.0 66.0 65.00 06500 RESPI RATORY THERAPY 0.000000 3,125.054 0 843,129 0 65. 66.00 06600 PHYSI CAL THERAPY 0.000000 32,586 0 3,405 0 67.00 0			-		-		53.00
57.00 OSTOO CT SCAN 0.000000 2,951,216 0 7,169,466 0 57.50 58.00 OSSOO MRI 0.000000 3.68,194 0 3.053,002 58.55 59.00 DS900 CARDIAC CATHETERIZATION 0.000000 5,585,578 0 13,197,638 59.60.00 60.00 D6000 LABORATORY 0.000000 5,585,578 0 13,197,638 59.60.00 60.00 GEODO BLODD STORING, PROCESSING & TRANS. 0.000000 491,433 0 38,361 0 66.50.00 60.00 OFOD OCUPATIONAL THERAPY 0.000000 491,433 0 38,361 0 68.00 60.00 G6000 PEECTROCARDIOLOGY 0.000000 96,169 0 3,101 0 68.00 60.00 G6000 ELECTROCARDIOLOGY 0.000000 1,934,649 0 2,915,000 67.00 0						-	54.00
58.00 OSB00 MRI 0.00000 5.68, 194 0 3.053, 0.02 0 5 59.00 05900 CARDIAC CATHETERIZATION 0.000000 5, 585, 578 0 13, 197, 638 0 59. 60.00 06000 LABORATORY 0.000000 8, 679, 708 0 5, 461, 369 60. 63.00 RESPI RATORY THERAPY 0.000000 3, 125, 054 0 843, 129 0 65. 66.00 0 6600 RESPI RATONAL THERAPY 0.000000 32, 586 0 3, 405 0 67. 67.00 0 6700 0 CEUPATIONAL THERAPY 0.000000 32, 586 0 3, 405 0 67. 68.00 06800 SPEECH PATHOLOGY 0.000000 96, 169 0 3, 101 0 68. 69.00 0 CEUCRTCARDIOLOGY 0.000000 2, 541, 130 0 72. 73. 0 1, 815, 717 0 71. 71.00 07100 MEDICAL SUPALTRAPY 0.0							54.01
59:00 05900 CARDIAC CATHETRI ZATI ON 0.000000 5,585,578 0 13,197,638 0 5,461,369 60.00 60:00 06000 LABORATORY 0.000000 8,679,708 0 5,461,369 60.00 60:00 06500 BLODD STORI NG, PROCESSI NG & TRANS. 0.000000 4,617,433 0 838,361 65.00 60:00 06000 PLECTROCARDI LLOGY 0.000000 3,125,054 0 3,405 0 67.06 60:00 06000 PLECTROCARDI LLOGY 0.000000 96,169 0 3,101 68.06 60:00 06000 ELECTROCARDI LLOGY 0.000000 1,574,473 0 1,815,717 70.17.17.20 00 07000 RELOTROCARDI LLOGY 0.000000 7,464,028 0 31,483,155 0 72.7.3.00 72.73.00 1,815,717 70.71.7.2.0 73.00 73.03.4.6.07 73.00 72.7.3.0.0 0.000000 7,464,028 0 31,483,155 75.70.7.5.0.0 75.7.5.0.0 0 0 0<							57.00
60.00 06000 LABORATORY 0.000000 8,679,708 0 5,461,369 60.63.00 66.00 66.00 66.00 67.00 0 0 0 63.00 66.00 68.00 RSPI RATORY THERAPY 0.000000 3,125,054 0 843,129 66. 66.00 66.00 0 0 0 0 67.00 66.00 0.000000 322,586 0 3,405 0 67.00 66.00 69.00 64.00 69.00 0						-	58.00
63.00 loadon strain 0 0 0 0 0 63.00 65.00 06500 RESPIRATORY THERAPY 0.000000 3, 125, 054 0 843, 129 0 65.00 66.00 06600 PHYSI CAL THERAPY 0.000000 3, 125, 054 0 843, 129 0 65.00 67.00 06700 0CCUPATI ONAL THERAPY 0.000000 3, 258 0 3, 405 0 66.00 68.00 06800 SPECCH PATHOLOGY 0.000000 1, 934, 649 0 2, 815, 000 0 69.00 0.00000 0 0 0 0 0 0 0 0 0 72.00 710.00 710.00 710.00 0 0 0 72.00 7440.00 72.417.30 0 74.73 0 74.73 0 74.73 0 74.73 0 74.73 0 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00							59.00
65:00 06500 RESPI RATORY THERAPY 0.000000 3, 125, 054 0 843, 129 0 65. 66:00 06600 PHYSI CAL THERAPY 0.000000 491, 433 0 38, 361 0 65. 67:00 06700 0CUPATI ONAL THERAPY 0.000000 332, 586 0 3, 405 0 67. 68:00 06800 SPECH PATHOLOGY 0.000000 1, 934, 649 0 2, 815, 000 0 69. 00:00 0100 CLECTROCARDIOLOGY 0.000000 1, 574, 973 0 1, 815, 717 0 71. 00:0100 DRUGS CHARGED TO PATI ENTS 0.000000 2, 541, 166 0 2, 441, 730 0 72. 73:00 O7300 DRUGS CHARGED TO PATI ENTS 0.000000 0 0 0 0 73. 74:00 07400 RENAL DI ALXSI S 0.000000 0 0 0 75. 75:01 03950 WOUND CARE CENTER 0.000000 0 0 613. 399 <td></td> <td></td> <td>8, 679, 708</td> <td></td> <td>,,</td> <td></td> <td>60.00</td>			8, 679, 708		,,		60.00
66.00 06600 PHYSI CAL THERAPY 0.000000 491, 433 0 38, 361 0 66. 67.00 0CCUPATI ONAL THERAPY 0.000000 332, 586 0 3, 405 66. 68.00 06000 SPECET PATHOLOGY 0.000000 96, 169 0 3, 101 68. 69.00 00000 SPECET PATHOLOGY 0.000000 0 0 0 69. 70.00 07000 ELECTROCARDI OLOGY 0.000000 1, 934, 649 0 2, 815, 000 0 77. 70.00 OTIOM MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.000000 2, 541, 166 0 2, 441, 730 0 72. 73.00 07300 REVAS CHARGED TO PATI ENTS 0.000000 0 0 0 74. 75.01 03505 WOUND CARE CENTER 0.000000 78, 987 0 1, 343, 346 0 75. 0 09100 EMERGENCY 0.000000 0 0 0 0 97. 0			0		-		63.00
67.00 06700 0CCUPATIONAL THERAPY 0.00000 332,586 0 3,405 0 67. 68.00 06800 SPECCH PATHOLOGY 0.000000 1,934,649 0 2,815,000 68. 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 1,934,649 0 2,815,000 67. 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 1,574,973 0 1,815,717 0 71. 72.00 07200 IMPL ALSUPLIES CHARGED TO PATIENTS 0.000000 7,464,028 0 31,483,155 0 73. 73.00 07400 RENAL DI ALYSI S 0.000000 0 0 0 74. 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 76. 001700 EMERGENCY 0.000000 0 0 613,399 76. 010010 CARDIOPULMONARY 0.000000 0 0 0 92. 010010						-	65.00
68.00 06800 SPEECH PATHOLOGY 0.000000 96,169 0 3,101 0 68. 69.00 06900 ELECTROCARDIOLOGY 0.000000 1,934,649 0.2,815,000 0 0 01.00 07000 ELECTROCARDIOLOGRAPHY 0.000000 1,574,973 0 1,815,717 0 71. 01.00 0700 IMPL. DEV. CHARGED TO PATIENTS 0.000000 2,541,166 0.2,441,730 0 73. 01.00 0700 RENAL DI ALYSI S 0.000000 0 0 0 0 73. 01.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 74. 01.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 75. 01.00 0950 WOUND CARE CENTER 0.000000 76. 76. 0 1,343,346 0 75. 01.00 09100 EMERCHY 0.000000 0 0 0 0 76. <						-	66.00
69.00 06900 ELECTROCARDIOLOGY 0.000000 1, 934, 649 0 2, 815, 000 0 0 70.00 VOCOD ELECTROENCEPHALOGRAPHY 0.000000 0 0 0 70.00 71.00 O7000 ELECTROENCEPHALOGRAPHY 0.000000 1, 574, 973 0 1, 815, 717 0 71. 72.00 07200 IMPL DEV. CHARGED TO PATIENTS 0.000000 2, 541, 166 0 2, 441, 730 0 72. 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 0 0 0 73. 74.00 07400 RENAL DI ALYSI S 0.000000 0 0 0 74. 75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 75.01 03950 WOUND CARE CENTER 0.000000 78, 987 0 1, 343, 346 0 75. 76.00 09100 EMERGENCY 0.000000 4, 616, 263 0 8, 464, 788 9 91. 92.00 09200 09SERVATI ON BEDS (NON-DI STI NCT PART 0.0							67.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0.00000 0 0 0 0 70.00 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0.000000 1, 574, 973 0 1, 815, 717 0 71. 72.00 72.00 IMPL. DEV. CHARGED TO PATI ENTS 0.000000 2, 541, 166 0 2, 441, 730 0 73.00 73.00 07400 RENAL DI ALYSI S 0.000000 0 0 0 74. 0 74.00 0 0 74.00 0 0 0 74.00 0 0 0 0 75. 75. 75. 75. 75. 75. 75. 75. 75. 75. 75. 76.00 0 0 0 76.00 0 0 0 76.00 0 0 0 76.00 0 0 0 0 76.00 0 0 0 0 92.00 0 0 0 0 0 92.00 0 0 0 0 0 0 92.00 0 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td>68.00</td></t<>						-	68.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT 0.000000 1, 574, 973 0 1, 815, 717 0 71. 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.000000 2, 541, 166 0 2, 441, 730 0 72. 73.00 07400 REMAL DI ALYSI S 0.000000 7, 464, 028 0 31, 483, 155 0 73. 75.01 0350 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 75. 03160 CARE CENTER 0.000000 78, 987 0 1, 343, 346 0 75. 03160 CARE CENTER 0.000000 78, 987 0 1, 343, 346 0 76. 001701 DEMERGENCY 0.000000 0 0 0 0 0 92. 91.00 OPICO DESERVATI ON BEDS (NON-DI STI NCT PART 0.000000 614, 241 0 1, 543, 603 92. 92. 92.01 09201 DESERVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 92. 93.02 04955 OTHER OUTPATI ENT SERVI CES							69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 2, 541, 166 0 2, 441, 730 0 72. 73.00 DRUGS CHARGED TO PATIENTS 0.000000 7, 464, 028 0 31, 483, 155 0 73. 74.00 ORAO RENAL DIALYSIS 0.000000 0 0 0 0 74. 75.00 75.00 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75. 75.01 03950 WOUND CARE CENTER 0.000000 78, 987 0 1, 343, 346 0 75. 76.00 OS100 ERRERENCY 0.000000 74. 613, 399 76. 76. 0100 EMRGENCY 0.000000 4, 616, 263 0 8, 464, 788 91. 92.00 09201 DSERVATI ON BEDS (NON-DI STINCT PART 0.000000 0 0 0 92. 93.01 04951 GENESIS 0.000000 0 0 0 93. 93. 93. 93. 93. 93. 93. 93. 93. 93. 94951 GENESIS <td< td=""><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td>70.00</td></td<>			-		-		70.00
73.00 O7300 DRUGS CHARGED TO PATIENTS 0.000000 7,464,028 0 31,483,155 0 73. 74.00 O7400 RENAL DI ALYSI S 0.000000 0 0 0 74. 75.00 OSC (NON-DI STINCT PART) 0.000000 0 0 0 75. 76.00 O3160 CARDI OPULMONARY 0.000000 0 0 75. 76.00 O3160 CARDI OPULMONARY 0.000000 0 0 613,399 76. 0000 DUTPATI ENT SERVI CE COST CENTERS 0.000000 4,616,263 0 8,464,788 0 91. 92.00 O9200 DBSERVATI ON BEDS (NON-DI STINCT PART) 0.000000 0 0 0 92. 92.01 O9201 DBSERVATI ON BEDS (DI STINCT PART) 0.000000 0 0 0 92. 93.01 O4950 OTHER OUTPATI ENT SERVI CES 0.000000 0 0 0 93. 93.02 04951 GENESI S 0.000000 0 0 0 93. 93.03 04954 DR. STEELE <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>71. OC</td>						-	71. OC
74.00 07400 RENAL DI ALYSI S 0.000000 0 0 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0.000000 0 0 0 75.75.01 75.01 03950 WOUND CARE CENTER 0.000000 78,987 0 1,343,346 0 75.75.01 76.00 03160 CARDI OPULMONARY 0.000000 0 0 613,399 0 76. 0UTPATI ENT SERVICE COST CENTERS 0.000000 4,616,263 0 8,464,788 91. 91.00 09100 EMERGENCY 0.000000 614,241 1,543,603 92. 92.01 09200 0BSERVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0.000000 0 0 93. 93.01 04951 GENESI S 0.000000 0 0 93. 93.02 04952 UMEN'S CENTER 0.000000 0 0 93. 93.02 04953 RESI DENTI AL HOMES 0.000000 0 0 93. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>72.00</td>							72.00
75.00 07500 ASC (NON-DI STINCT PART) 0.000000 0 0 0 75. 75.01 03950 WOUND CARE CENTER 0.000000 78,987 0 1,343,346 0 75. 00100 CARDI OPULMONARY 0.000000 0 0 613,399 0 76. 91.00 OPTOV EMERGENCY 0.000000 4,616,263 0 8,464,788 0 91. 92.01 09201 DBSERVATI ON BEDS (NON-DI STINCT PART 0.000000 614,241 0 1,543,603 0 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0.000000 0 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 93. 93.03 04954 DR. STEELE 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05 04955 <						-	73.00
75.01 03950 WOUND CARE CENTER 0.000000 78,987 0 1,343,346 0 75. 76.00 03160 CARD I OPULMONARY 0.000000 0 0 613,399 0 76. 0UTPATI ENT SERVICE COST CENTERS 0.000000 4,616,263 0 8,464,788 0 91. 91.00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART 0.000000 614,241 0 1,543,603 0 92. 92.01 09201 0BSERVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0.000000 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 93. 93.03 04953 REST DENTI AL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05			-		-		74.00
76.00 03160 CARDI OPULMONARY 0.00000 0 613,399 0 76. 0UTPATI ENT SERVICE COST CENTERS			0				75.00
OUTPATI ENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 0.000000 4,616,263 0 8,464,788 0 91. 92.00 09200 DSSERVATI ON BEDS (NON-DI STINCT PART 0.000000 614,241 0 1,543,603 0 92. 92.01 09201 DSERVATI ON BEDS (DI STINCT PART) 0.000000 0 0 0 0 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0.000000 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 93. 93.03 04953 RESI DENTI AL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.04 04956							75.01
91.00 09100 EMERGENCY 0.00000 4,616,263 0 8,464,788 0 91. 92.00 09200 DBSERVATI ON BEDS (NON-DI STI NCT PART) 0.000000 614,241 0 1,543,603 0 92. 92.01 09201 DBSERVATI ON BEDS (DI STI NCT PART) 0.000000 0 0 0 0 92. 93.00 04950 OTHER OUTPATI ENT SERVICES 0.000000 0 0 0 93. 93.01 04951 GENESI S 0.000000 0 0 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 93. 93.03 04953 RESIDENTI AL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05 04955 DI ABETI C EDUCATI ON 0.000000 0 0 0 93. 93.07 04954 DR. STEELE 0.000000 0 0 0 0 93. 93.07 <		0.000000	0		0 613, 399	0	76.00
92.00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 0.000000 614,241 0 1,543,603 0 92. 92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 92. 93.00 04950 OTHER OUTPATIENT SERVICES 0.000000 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 132,491 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 93. 93.03 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05 04955 DI ABETI C EDUCATION 0.000000 0 0 0 93. 93.05 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 93.18 04950 AMBULANCE SERVI		0,000000	4 (1()()		0 0 464 700	0	01 00
92.01 09201 0BSERVATION BEDS (DISTINCT PART) 0.000000 0 0 0 92. 93.00 04950 OTHER OUTPATIENT SERVICES 0.000000 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 132,491 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 93. 93.03 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05 04955 DI ABETI C EDUCATION 0.000000 0 0 0 93. 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.07 04957 OTHER 0.000000 0 0 0 93. 93.07 04958 PSYCH MEDICATION 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
93.00 04950 OTHER OUTPATIENT SERVICES 0.00000 0 0 0 93. 93.01 04951 GENESIS 0.000000 0 0 132,491 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 0 93. 93.03 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93. 93.04 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93. 93.05 04955 DI ABETI C EDUCATION 0.000000 0 0 0 93. 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.18 04957 OTHER 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 95.00 09500 AMBULANCE SERVICES 0.000000 0 0 0 95.							92. 00 92. 01
93.01 04951 GENESIS 0.00000 0 132,491 0 93. 93.02 04952 WOMEN'S CENTER 0.000000 0 0 0 93. 93.03 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93. 93.04 04954 DR. STEELE 0.000000 0 0 0 93. 93.05 04955 DI ABETI C EDUCATI ON 0.000000 0 0 0 93. 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDI CATI ON 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDI CATI ON 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDI CATI ON 0.000000 0 0 0 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95. 95.			-				92.01 93.00
93.02 04952 WOMEN'S CENTER 0.00000 0 0 0 93.3 93.03 04953 RESIDENTIAL HOMES 0.000000 0 0 0 93.3 93.04 04954 DR. STEELE 0.000000 0 0 0 93.93 93.05 04954 DR. STEELE 0.000000 0 0 0 93.93 93.05 04955 DI ABETI C EDUCATI ON 0.000000 0 0 0 93.93 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93.93 93.07 04957 OHER 0.000000 0 0 0 93.93 93.18 04968 PSYCH MEDI CATI ON 0.000000 0 0 0 93.93 93.18 04968 PSYCH MEDI CATI ON 0.000000 0 0 0 93.93 95.00 09500 AMBULANCE SERVI CES 95. 95.5 95.5 95.5 95.5			-		-	-	93. 00 93. 01
93.03 04953 RESIDENTIAL HOMES 0.00000 0 0 0 93.93 93.04 04954 DR. STEELE 0.000000 0 0 0 93.93 93.05 04955 DI ABETI C. EDUCATI ON 0.000000 0 0 0 93.93 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93.93 93.07 04957 OTHER 0.000000 0 0 0 93.93 93.08 04957 OTHER 0.000000 0 0 0 93.93 93.07 04957 OTHER 0.000000 0 0 0 93.93 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93.93 95.00 09500 AMBULANCE SERVICES 95.95 95.05 <			-				
93.04 04954 DR. STEELE 0.00000 0 0 0 93. 93.05 04955 DLABETIC EDUCATION 0.000000 0 0 0 93. 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.07 04957 OTHER 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 91.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95.			0		s 5		93.02
93.05 04955 DIABETIC EDUCATION 0.00000 0 0 0 93. 93.06 04956 HOWARD COUNTY CSS 0.000000 0 0 0 93. 93.07 04957 OTHER 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 0 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95. 95.			0		s 5	-	93.03
93.06 04956 HOWARD COUNTY CSS 0.00000 0 0 0 93. 93.07 04957 0THER 0.000000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 0THER REI MBURSABLE COST CENTERS 0.000000 0 0 0 93. 95.00 09500 AMBULANCE SERVICES 95. 95. 95. 95.			0		s 5		93.04
93.07 04957 OTHER 0.00000 0 0 0 93. 93.18 04968 PSYCH MEDICATION 0.000000 0 0 0 93. 0THER REI MBURSABLE COST CENTERS 93. 95. 95.00 09500 AMBULANCE SERVICES 95.			0		s 5	-	93.05
93.18 04968 PSYCH MEDICATION 0.00000 0 0 0 0 93. 0THER REI MBURSABLE COST CENTERS 93.<			-		· ·		93.00
OTHER REI MBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95.							93.07
95. 00 09500 AMBULANCE SERVICES 95.		0.000000	0		0	0	75.10
		1					95.00
200.001 LIOTAL (LINES 50 THROUGH 199) 1 52.743.7931 01 102 966 4131 01200	200.00 Total (lines 50 through 199)		52, 743, 793		0 102, 966, 413	0	200.00

PPORTI ONMI	ENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pre 5/30/2022 3:0	pared: 0 pm
			Title	e XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
				(see inst.)			
		1.00	2.00	3.00	4.00	5.00	
	LLARY SERVICE COST CENTERS						
	OO OPERATING ROOM	0. 129080			0 517	1, 041, 456	
	00 DELIVERY ROOM & LABOR ROOM	0. 526528			0 0	0	52.00
	00 ANESTHESI OLOGY	0. 000000			0 0	0	
	00 RADI OLOGY-DI AGNOSTI C	0. 209132			0 0	1, 078, 612	
	30 ONCOLOGY	0. 172476			0 0	1, 603, 656	
	DO CT SCAN	0. 031692			0 0	227, 849	
	DO MRI	0. 049207			0 0	150, 229	
	OO CARDI AC CATHETERI ZATI ON	0. 043430			0 0	573, 173	
	00 LABORATORY	0. 121702			0 0	664, 660	
	00 BLOOD STORING, PROCESSING & TRANS.	0. 000000)	0 0	0	63.0
	00 RESPI RATORY THERAPY	0. 214875			0 0	181, 167	
	0 PHYSI CAL THERAPY	0. 619044			0 0	23, 747	
	0 OCCUPATI ONAL THERAPY	0. 658156			0 0	2, 241	
	00 SPEECH PATHOLOGY	0. 681927			0 0	2, 115	
	00 ELECTROCARDI OLOGY	0. 154202)	0 0	434, 079	
	00 ELECTROENCEPHALOGRAPHY	0. 000000			0 0	0	
1.00 0710	O MEDICAL SUPPLIES CHARGED TO PATIENT	0. 742278			0 0	1, 347, 767	
	00 IMPL. DEV. CHARGED TO PATIENTS	0. 386826			0 0	944, 525	
	0 DRUGS CHARGED TO PATIENTS	0. 213315				6, 715, 829	
	00 RENAL DIALYSIS	0. 480625)	0 0	0	1
	00 ASC (NON-DISTINCT PART)	0. 000000)	0 0	0	
	O WOUND CARE CENTER	0. 293132			0 0	393, 778	
	O CARDI OPULMONARY	0. 231383	613, 399		0 0	141, 930	76.0
	ATIENT SERVICE COST CENTERS	1		1			
	00 EMERGENCY	0. 107762			0 64	912, 182	
	00 OBSERVATION BEDS (NON-DISTINCT PART	0. 835104			0 0		
	01 OBSERVATION BEDS (DISTINCT PART)	0. 000000)	0 0	0	
	0 OTHER OUTPATIENT SERVICES	0. 000000)	0 0	0	
	I GENESI S	0. 621852			0 0	82, 390	
	52 WOMEN'S CENTER	0. 000000			0 0	0	
	3 RESIDENTIAL HOMES	0. 000000			0 0	0	
	04 DR. STEELE	0. 000000)	0 0	0	
	55 DIABETIC EDUCATION	0. 000000)	0 0	0	
	6 HOWARD COUNTY CSS	2. 301257			0 0	0	
	57 OTHER	0. 000000			0 0	0	
	8 PSYCH MEDICATION	0. 000000	C		0 0	0	93.1
	R REIMBURSABLE COST CENTERS		1	1			1
	00 AMBULANCE SERVI CES	0. 419135		_	0		95.0
00.00	Subtotal (see instructions)		102, 966, 413	8		17, 810, 454	
01.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
00.00	Only Charges		100 0// 100		54	17 040 45.	000 0
02.00	Net Charges (line 200 - line 201)		102, 966, 413	80 80	01 51, 221	17, 810, 454	1202.0

PPORTI ONMEI	NT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pro 5/30/2022 3:0	
			Title	e XVIII	Hospi tal	PPS	
		Cos	sts				
	Cost Center Description	Cost	Cost				
	·	Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.					
		(see inst.)	(see inst.)				
		6.00	7.00	1			
ANCLL	LARY SERVICE COST CENTERS			1			
	OPERATI NG ROOM	0	67				50.0
	DELIVERY ROOM & LABOR ROOM	0	07				52. (
	ANESTHESI OLOGY	0	0				53.0
	RADI OLOGY-DI AGNOSTI C	0	0				54.
	ONCOLOGY	0	C	•			54.
	CT SCAN	0	0	•			57.
3.00 05800	MRI	0	0				58.0
9.00 05900	CARDI AC CATHETERI ZATI ON	0	C				59.
06000 06000	LABORATORY	0	0				60.
3.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	C				63.
	RESPI RATORY THERAPY	0	C				65.
	PHYSI CAL THERAPY	0	0				66.
	OCCUPATI ONAL THERAPY	0	C C	•			67.
	SPEECH PATHOLOGY	0	C				68.
	ELECTROCARDI OLOGY	0	0				69.
		0	0				
							70.
	MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0				71.
	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.
	DRUGS CHARGED TO PATIENTS	171	10, 802	1			73.
	RENAL DIALYSIS	0	C				74.
	ASC (NON-DISTINCT PART)	0	0				75.
	WOUND CARE CENTER	0	0				75.
	CARDI OPULMONARY	0	0				76.
OUTPA	TIENT SERVICE COST CENTERS						
1.00 09100	EMERGENCY	0	7				91.
2.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	C				92.
2.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.
3.00 04950	OTHER OUTPATIENT SERVICES	0	C				93.
	GENESI S	0	0				93.
	WOMEN' S CENTER	0	Ő				93.
	RESIDENTIAL HOMES	0	C	1			93.
	DR. STEELE	0	0	•			93.
		-		•			
	DI ABETI C EDUCATI ON	0	0	1			93.
	HOWARD COUNTY CSS	0	0	•			93.
	OTHER	0	C				93.
	PSYCH MEDICATION	0	C				93.
	REIMBURSABLE COST CENTERS	1					
5.00 09500	AMBULANCE SERVICES	0					95.
00.00	Subtotal (see instructions)	171	10, 876				200.
01.00	Less PBP Clinic Lab. Services-Program	0					201.
	Only Charges						
02.00	Net Charges (line 200 - line 201)	171	10, 876				202.

.PPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pre 5/30/2022 3:0	epared:)0 pm
			Titl	e XIX	Hospi tal	Cost	
				Charges		Costs	
	Cost Center Description		PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed		(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To			
				Ded. & Coins			
		1.00	0.00	(see inst.)		F 00	
ANG		1.00	2.00	3.00	4.00	5.00	-
	LLARY SERVICE COST CENTERS	0 120000		042 5	40 0	0	
	O OPERATING ROOM	0. 129080				0	
	O DELIVERY ROOM & LABOR ROOM	0. 526528			-		
		0. 000000			0 0	0	
	0 RADI OLOGY-DI AGNOSTI C	0. 209132				0	
	O ONCOLOGY	0. 172476				0	
	O CT SCAN	0. 031692				0	
		0. 049207	0			0	
	O CARDI AC CATHETERI ZATI ON	0. 043430				0	
	O LABORATORY	0. 121702	0			0	
	0 BLOOD STORING, PROCESSING & TRANS.	0. 000000			0 0	0	
	0 RESPI RATORY THERAPY	0. 214875				0	
	O PHYSI CAL THERAPY	0. 619044	0			0	
	O OCCUPATI ONAL THERAPY	0. 658156			0 0	0	
	O SPEECH PATHOLOGY	0. 681927	0		0 0	0	
	0 ELECTROCARDI OLOGY	0. 154202				0	
	0 ELECTROENCEPHALOGRAPHY	0. 000000			0 0	0	
	MEDICAL SUPPLIES CHARGED TO PATIENT	0. 742278				0	
	OIMPL. DEV. CHARGED TO PATIENTS	0. 386826				0	
	O DRUGS CHARGED TO PATIENTS	0. 213315				0	1
	O RENAL DI ALYSI S	0. 480625			0 0	0	
	OASC (NON-DISTINCT PART)	0. 000000		1	0 0	0	
	O WOUND CARE CENTER	0. 293132				0	
	O CARDI OPULMONARY	0. 231383	C	9	95 0	0	76.0
	ATIENT SERVICE COST CENTERS						
	OEMERGENCY	0. 107762					
	O OBSERVATION BEDS (NON-DISTINCT PART	0. 835104	0		0 0		
	1 OBSERVATION BEDS (DISTINCT PART)	0. 000000			0 0	0	
	O OTHER OUTPATI ENT SERVICES	0. 000000			0 0	0	
	1 GENESI S	0. 621852	0		0 0	0	
	2 WOMEN' S CENTER	0. 000000			0 0	0	
	3 RESIDENTIAL HOMES	0. 000000			0 0	0	
	4 DR. STEELE	0. 000000			0 0	0	93.0
	5 DIABETIC EDUCATION	0. 000000	0		0 0	0	
	6 HOWARD COUNTY CSS	2. 301257	0		0 0	0	93.0
3.07 0495	7 OTHER	0. 000000	0		0 0	0	93.0
	8 PSYCH MEDICATION	0. 000000	0		0 0	0	93.1
	R REIMBURSABLE COST CENTERS	1	1	1			
	O AMBULANCE SERVI CES	0. 419135		1	0		95.0
00.00	Subtotal (see instructions)		0	7, 587, 7			200. 0
01.00	Less PBP Clinic Lab. Services-Program				0 0		201.0
	Only Charges						
02.00	Net Charges (line 200 - line 201)		0	7, 587, 7	34 0	0	202.0

PORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES A	ND VACCINE COST	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Pr 5/30/2022 3:	repared
		Titl	e XIX	Hospi tal	Cost	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
0. 00 05000 OPERATING ROOM	108, 756	0				50.
2.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.
3. 00 05300 ANESTHESI OLOGY	0	0				53.
I. 00 05400 RADI OLOGY-DI AGNOSTI C	75, 215	0				54.
I. 01 03480 ONCOLOGY	71, 251	0				54.
7.00 05700 CT SCAN	25, 640	0				57.
3. 00 05800 MRI	10, 033	0				58.
2. 00 05900 CARDI AC CATHETERI ZATI ON	14, 443	0				59.
0. 00 06000 LABORATORY	93, 988	0				60.
B. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.
5. 00 06500 RESPI RATORY THERAPY	7,803	0				65.
5. 00 06600 PHYSI CAL THERAPY	7, 538	0				66.
7.00 06700 OCCUPATI ONAL THERAPY	0	0				67.
3. 00 06800 SPEECH PATHOLOGY	0	0				68.
2. 00 06900 ELECTROCARDI OLOGY	16, 824	0				69.
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	51, 401	0				71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	49, 167	0				72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	157, 453	0				73.
I. 00 07400 RENAL DIALYSIS	0	0				74.
5.00 07500 ASC (NON-DISTINCT PART)	0	0				75.
5. 01 03950 WOUND CARE CENTER	12, 378	0				75.
5. 00 03160 CARDI OPULMONARY	230	0				76.
OUTPATIENT SERVICE COST CENTERS						
. 00 09100 EMERGENCY	293, 044	0				91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92.
3. 00 04950 OTHER OUTPATIENT SERVICES	0	0				93.
3. 01 04951 GENESI S	0	0				93.
3. 02 04952 WOMEN' S CENTER	0	0				93.
3. 03 04953 RESIDENTIAL HOMES	0	0				93.
3. 04 04954 DR. STEELE	0	0				93.
3. 05 04955 DIABETIC EDUCATION	0	0				93.
3. 06 04956 HOWARD COUNTY CSS	0	0				93.
3. 07 04957 OTHER	0	0				93.
8. 18 04968 PSYCH MEDICATION	0	0				93.
OTHER REIMBURSABLE COST CENTERS						
5. 00 09500 AMBULANCE SERVICES	0					95.
00.00 Subtotal (see instructions)	995, 164	0				200.
01.00 Less PBP Clinic Lab. Services-Program		_				201.
Only Charges						
02.00 Net Charges (line 200 - line 201)	995, 164	0				202.

COMMUNI TY	HOWARD	REGI	ONAL	HEAL	.TH

In Lieu of Form CMS-2552-10

eal th	Financial Systems COMMUNITY HOWARD REG	GIONAL HEALTH	In Lie	u of Form CMS-2	2552-
OMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0007	Peri od:	Worksheet D-1	
			From 01/01/2021 To 12/31/2021	Date/Time Pre	parec
			10 12/01/2021	5/30/2022 3:0	
		Title XVIII	Hospi tal	PPS	
	Cost Center Description			1 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				1
. 00	Inpatient days (including private room days and swing-bed days	s, excluding newborn)		18, 891	1.0
. 00	Inpatient days (including private room days, excluding swing-			18, 891	2. (
. 00	Private room days (excluding swing-bed and observation bed day	ys). If you have only p	rivate room days,	0	3.0
00	do not complete this line.			17 054	
. 00	Semi-private room days (excluding swing-bed and observation by Total swing-bed SNF type inpatient days (including private roo		or 21 of the cost	17, 054 0	4. 5.
. 00	reporting period	uays) through becenib	el 31 Ul the cost	0	J .
. 00	Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6.
	reporting period (if calendar year, enter 0 on this line)	5 /			
. 00	Total swing-bed NF type inpatient days (including private room	m days) through Decembe	r 31 of the cost	0	7.
	reporting period				
. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	m days) after December :	31 of the cost	0	8.
. 00	Total inpatient days including private room days applicable to	a the Program (evoluding	swing_bed_and	3, 380	9.
. 00	newborn days) (see instructions)		g swillig bed and	3, 300	· · ·
0.00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private	room days)	0	10.
	through December 31 of the cost reporting period (see instruct	tions)	•		
1.00	Swing-bed SNF type inpatient days applicable to title XVIII on		room days) after	0	11.
2 00	December 31 of the cost reporting period (if calendar year, en		• • • • • • • • • • • • • • • • • • •	0	12.
2.00	Swing-bed NF type inpatient days applicable to titles V or XL through December 31 of the cost reporting period	x only (including priva	te room days)	0	12.
3.00	Swing-bed NF type inpatient days applicable to titles V or XI.	X only (including priva	te room days)	0	13.
0.00	after December 31 of the cost reporting period (if calendar y			Ū	
4.00	Medically necessary private room days applicable to the Progra			0	14.
	Total nursery days (title V or XIX only)			0	15.
6. 00	Nursery days (title V or XIX only)			0	16.
7 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	as through December 21	of the cost	0.00	1 1 7
7.00	reporting period	es through becember 31	JI THE COST	0.00	17.
8.00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18.
	reporting period				
9.00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 o [.]	f the cost	0.00	19.
0 00	reporting period	a often December 21 of	the east	0.00	20
0.00	Medicaid rate for swing-bed NF services applicable to services reporting period	Salter December 31 01	the cost	0.00	20.
1.00	Total general inpatient routine service cost (see instructions	s)		26, 751, 311	21.
	Swing-bed cost applicable to SNF type services through Decemb		ting period (line	0	
	5 x line 17)				
3.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	ng period (line 6	0	23.
4 00	x line 18)	n 21 of the east report	ing posted (line	0	24
4.00	Swing-bed cost applicable to NF type services through December 7×1 (ine 19)	a si oi the cost report	ng period (inne	0	24.
5.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	a period (line 8	0	25.
	x line 20)	•			
6.00	Total swing-bed cost (see instructions)			0	
7.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		26, 751, 311	27.
	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT		<u>,</u>	0	
	General inpatient routine service charges (excluding swing-be	d and observation bed cl	narges)	0	28.
9.00 0.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 30.
	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	33.
	Average per diem private room charge differential (line 32 min		ctions)	0.00	
5.00	Average per diem private room cost differential (line 34 x lin	ne 31)		0.00	
6.00	Private room cost differential adjustment (line 3 x line 35)			0	36.
7.00	General inpatient routine service cost net of swing-bed cost a	and private room cost d	tterential (line	26, 751, 311	37.
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			1
8. 00	Adjusted general inpatient routine service cost per diem (see			1, 416. 09	38.
	Program general inpatient routine service cost (line 9 x line			4, 786, 384	39.
	Medically necessary private room cost applicable to the Progra			0	
1.00	Total Program general inpatient routine service cost (line 39	+ line (0)		4, 786, 384	1 1 1

OMPUT	ATION OF INPATIENT OPERATING COST		Provider C		Period: From 01/01/2021	Worksheet D-1	l
					To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
. 00	NURSERY (title V & XIX only)	0	0	0.0	0 0	0	42
~~	Intensive Care Type Inpatient Hospital Units	0.070.0/5	0.011	4 075 (0.0(0.001	1 40
. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	3, 972, 965	2, 011	1, 975. 6	2 2,009	3, 969, 021	43
. 00	BURN INTENSIVE CARE UNIT						44
	SURGI CAL I NTENSI VE CARE UNI T						46
. 00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description						
. 00	Program inpatient ancillary service cost (Wks	+ D 2 col 2	Lino 200)			<u> </u>	48
. 00 . 00	Total Program inpatient costs (sum of lines 4			ns)		18, 196, 185	
. 00	PASS THROUGH COST ADJUSTMENTS			1137		10, 170, 100	1 17
. 00	Pass through costs applicable to Program inpa	tient routine	services (from	Wkst. D, sum	of Parts I and	675, 558	50
						50/ 050	
. 00	Pass through costs applicable to Program inpa and IV)	itient ancillar	y services (fr	om Wkst. D, s	um of Parts II	586, 050	51
2. 00	Total Program excludable cost (sum of lines 5	i0 and 51)				1, 261, 608	52
3.00	Total Program inpatient operating cost exclud		lated, non-phy	sician anesth	etist, and	16, 934, 577	
	medical education costs (line 49 minus line 5	2)					
	TARGET AMOUNT AND LIMIT COMPUTATION						
. 00 5. 00	Program discharges Target amount per discharge					0 0.00	
5.00 5.00	Target amount (line 54 x line 55)					0.00	
7.00	Difference between adjusted inpatient operati	ng cost and ta	rget amount (I	ine 56 minus	line 53)	0	
8. 00	Bonus payment (see instructions)	0	0			0	
. 00	Lesser of lines 53/54 or 55 from the cost rep	orting period	ending 1996, u	pdated and co	mpounded by the	0.00	59
. 00	market basket Lesser of lines 53/54 or 55 from prior year o	act roport up	dated by the m	arkot backot		0.00	60
1.00	If line 53/54 is less than the lower of lines				the amount by	0.00	
	which operating costs (line 53) are less than						
	amount (line 56), otherwise enter zero (see i	nstructions)				_	
2.00 3.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	nt (coo instru	ations)			0	
. 00	PROGRAM INPATIENT ROUTINE SWING BED COST					0	1 03
. 00	Medicare swing-bed SNF inpatient routine cost	s through Dece	mber 31 of the	cost reporti	ng period (See	0	64
	instructions)(title XVIII only)					_	
5.00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	s after Decemb	er 31 of the c	ost reporting	period (See	0	65
5.00	Total Medicare swing-bed SNF inpatient routir	e costs (line	64 plus line 6	5)(title XVII	lonly) For	o	66
	CAH (see instructions)			0)((1)(1)0),(1)(1)	i oling): i ol		
7.00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 c	f the cost re	porting period	0	67
~ ~~	(line 12 x line 19)	 D					
3. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs arter D	ecember 31 or	the cost repo	rting period	0	68
9.00	Total title V or XIX swing-bed NF inpatient r	outine costs (line 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER NU			,			
0. 00	Skilled nursing facility/other nursing facili	2		• • •			70
1.00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line 7		ine 70 ÷ line	2)			71
2.00 3.00	Medically necessary private room cost applica	,	(line 14 x li	ne 35)			72
. 00	Total Program general inpatient routine servi						74
. 00	Capital-related cost allocated to inpatient r	•	,		art II, column		75
00	26, line 45)	- 2)					
o. 00 7. 00	Per diem capital-related costs (line 75 ÷ lir Program capital-related costs (line 9 x line	,					76
. 00	Inpatient routine service cost (line 74 minus	· · · · · · · · · · · · · · · · · · ·					78
. 00	Aggregate charges to beneficiaries for excess		rovi der record	s)			79
. 00	Total Program routine service costs for compa	rison to the c		· · ·	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 Program inpatient ancillary services (see ins		13/				83
5.00	Utilization review - physician compensation (ins)				85
. 00	Total Program inpatient operating costs (sum						86
_	PART IV - COMPUTATION OF OBSERVATION BED PASS					`	
7.00	Total observation bed days (see instructions)					1, 837	
3.00	Adjusted general inpatient routine cost per c	11 om (11 mc 07	line 2)			1, 416. 09	88

Health Financial Systems COM	MMUNITY HOWARD	REGIONAL HEALT	4	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period:	Worksheet D-1	
				From 01/01/2021 To 12/31/2021	Date/Time Pre 5/30/2022 3:0	
		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	2, 340, 317	26, 751, 311	0.08748	4 2, 601, 357	227, 577	90.00
91.00 Nursing Program cost	0	26, 751, 311	0.00000	0 2, 601, 357	0	91.00
92.00 Allied health cost	0	26, 751, 311	0.00000	0 2, 601, 357	0	92.00
93.00 All other Medical Education	0	26, 751, 311	0.00000			93.00

al th Financial Systems COMMUNITY HO PATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C			worksheet D-3	
			Period: From 01/01/2021 To 12/31/2021	Date/Time Pre	
				5/30/2022 3:0	
	Title	XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program Charges	Program Costs (col. 1 x col.	
			charges	(cor. 1 x cor. 2)	
		1.00	2.00	3.00	-
INPATIENT ROUTINE SERVICE COST CENTERS					
. 00 03000 ADULTS & PEDI ATRI CS			6, 396, 319		30
. 00 03100 INTENSIVE CARE UNIT			7, 989, 803		31
. 00 04300 NURSERY					43
ANCI LLARY SERVI CE COST CENTERS		1			4
00 05000 OPERATING ROOM		0. 12908		1, 405, 279	
. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 52652		0	
. 00 05300 ANESTHESI OLOGY		0.0000		0	
. 00 05400 RADI OLOGY-DI AGNOSTI C . 01 03480 ONCOLOGY		0. 20913		266, 319	
. 01 03480 0NCOLOGY . 00 05700 CT_SCAN		0. 17247		22, 286 93, 530	
. 00 05700 CT SCAN		0.0318		18, 118	
. 00 05900 CARDI AC CATHETERI ZATI ON		0.04343		242, 582	
. 00 06000 LABORATORY		0. 12170		1, 056, 338	
. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 00000		1, 030, 330	
. 00 06500 RESPI RATORY THERAPY		0. 21487		671, 496	
. 00 06600 PHYSI CAL THERAPY		0. 61904		304, 219	
. 00 06700 OCCUPATI ONAL THERAPY		0. 65815		218, 893	
. 00 06800 SPEECH PATHOLOGY		0. 68192		65, 580	
. 00 06900 ELECTROCARDI OLOGY		0. 15420	1, 934, 649	298, 327	69
. 00 07000 ELECTROENCEPHALOGRAPHY		0.0000	0 0	0	70
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 74227	78 1, 574, 973	1, 169, 068	71
. 00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 38682	26 2, 541, 166	982, 989	72
. 00 07300 DRUGS CHARGED TO PATIENTS		0. 21331	7, 464, 028	1, 592, 189	73
. 00 07400 RENAL DIALYSIS		0. 48062		0	
. 00 07500 ASC (NON-DI STINCT PART)		0.0000		0	
. 01 03950 WOUND CARE CENTER		0. 29313		23, 154	
00 03160 CARDI OPULMONARY		0. 23138	33 0	0	76
OUTPATIENT SERVICE COST CENTERS		0 1077		407.450	
00 09100 EMERGENCY 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART		0. 10776		497, 458	
		0.83510		512, 955	
01 09201 OBSERVATI ON BEDS (DI STINCT PART) 00 04950 OTHER OUTPATI ENT SERVI CES		0.00000		0	
. 01 04950 0THER OUTPATIENT SERVICES		0. 62185		0	
. 02 04951 GENESIS . 02 04952 WOMEN' S CENTER		0.0000		0	
. 03 04953 RESIDENTIAL HOMES		0.00000		0	
. 04 04954 DR. STEELE		0.00000		0	
05 04955 DI ABETI C EDUCATI ON		0. 00000		0	
06 04956 HOWARD COUNTY CSS		2. 30125		0	
. 07 04957 OTHER		0.0000		0	93
. 18 04968 PSYCH MEDICATION		0. 00000	0 0	0	93
OTHER REIMBURSABLE COST CENTERS					
. 00 09500 AMBULANCE SERVICES					95
0.00 Total (sum of lines 50 through 94 and 96 through			52, 743, 793	9, 440, 780	
1.00 Less PBP Clinic Laboratory Services-Program only	/ charges (line 61)		0		201
2.00 Net charges (line 200 minus line 201)			52, 743, 793		202

PATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CO	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Pre 5/30/2022 3:0	epare
	Ti †1	e XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos To Charges		Inpatient Program Costs (col. 1 x col.	
		1.00	2.00	2) 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	-
00 03000 ADULTS & PEDI ATRI CS			1, 976, 926		30.
00 03100 I NTENSI VE CARE UNI T			472, 898		31.
00 04300 NURSERY			310, 187		43
ANCI LLARY SERVI CE COST CENTERS		L	010,107	L	- '0'
00 05000 OPERATING ROOM		0. 12908	483, 234	62, 376	50
00 05200 DELIVERY ROOM & LABOR ROOM		0. 52652		41, 565	
00 05300 ANESTHESI OLOGY		0. 02032		41, 505	
00 05400 RADI OLOGY - DI AGNOSTI C		0. 20913		-	
01 03480 0NC0LOGY		0. 20913			
00 05700 CT SCAN					
00 05800 MRI		0. 03169			
00 05900 CARDI AC CATHETERI ZATI ON		0.04343			
00 06000 LABORATORY		0. 12170		101, 946	
00 06300 BLOOD STORING, PROCESSING & TRANS.		0.0000		0	
00 06500 RESPI RATORY THERAPY		0. 21487			
00 06600 PHYSI CAL THERAPY		0. 61904	49, 678	30, 753	66
00 06700 OCCUPATI ONAL THERAPY		0. 65815	56 0	0	67
00 06800 SPEECH PATHOLOGY		0. 68192	27 0	0	68
00 06900 ELECTROCARDI OLOGY		0. 15420	02 87, 110	13, 433	69
00 07000 ELECTROENCEPHALOGRAPHY		0.0000	0 00	0	70
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 74227	78 305, 193	226, 538	71
00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 38682			
00 07300 DRUGS CHARGED TO PATIENTS		0. 2133			
00 07400 RENAL DI ALYSI S		0. 48062			
00 07500 ASC (NON-DI STINCT PART)		0. 00000		0	
01 03950 WOUND CARE CENTER		0. 29313			
00 03160 CARDI OPULMONARY		0. 23138			
OUTPATIENT SERVICE COST CENTERS		0.23130	55 0	0	- 1
00 09100 EMERGENCY		0. 10776	620, 018	66, 814	91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 83510			
01 09201 OBSERVATION BEDS (DISTINCT PART)		0.00000			
00 04950 OTHER OUTPATIENT SERVICES		0.00000			
01 04951 GENESI S		0. 62185			
02 04952 WOMEN' S CENTER		0.0000		-	
03 04953 RESIDENTIAL HOMES		0.00000			
				-	
04 04954 DR. STEELE		0.0000			
05 04955 DIABETIC EDUCATION		0.0000		-	
06 04956 HOWARD COUNTY CSS		2.30125			
07 04957 OTHER		0.0000			
18 04968 PSYCH MEDICATION		0.0000	0 00	0	93
OTHER REI MBURSABLE COST CENTERS					1
00 09500 AMBULANCE SERVICES					95
D. 00 Total (sum of lines 50 through 94 and 96			4, 663, 633	944, 117	
Less PBP Clinic Laboratory Services-Progra	am only charges (line 61)		0		201
2.00 Net charges (line 200 minus line 201)			4, 663, 633		202

	Financial Systems COMMUNITY HOWARD REGI ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0007	Peri od: From 01/01/2021 To 12/31/2021	u of Form CMS-2 Worksheet E Part A Date/Time Pre 5/30/2022 3:00	pared:
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurrin instructions)	ng prior to October 1 (see	0 9, 470, 222	1.00 1.01
1. 02	DRG amounts other than outlier payments for discharges occurrin instructions)	ng on or after October	1 (see	2, 990, 655	1. 02
1.03	DRG for federal specific operating payment for Model 4 BPCI for 1 (see instructions)	discharges occurring	prior to October	0	1. 03
1.04	DRG for federal specific operating payment for Model 4 BPCI for October 1 (see instructions)	discharges occurring	on or after	0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01 2.02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruction	unc)		0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (s			142, 094	2.02
2.00	Outlier payments for discharges occurring on or after October 1			79, 516	2.04
3.00	Managed Care Simulated Payments			9, 762, 026	3.00
4.00	Bed days available divided by number of days in the cost report	ing period (see instru	icti ons)	107.86	4.00
5.00	Indirect Medical Education Adjustment FTE count for all opathic and osteopathic programs for the most	recent cost reporting	period ending on	0.00	5.00
6.00	or before 12/31/1996. (see instructions) FTE count for allopathic and osteopathic programs that meet the new programs in accordance with 42 CFR 413.79(e)	e criteria for an add-c	on to the cap for	0.00	6. 00
7.00	MMA Section 422 reduction amount to the IME cap as specified un	der 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 4 cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopath affiliated programs in accordance with 42 CFR 413.75(b), 413.79 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8. 01	The amount of increase if the hospital was awarded FTE cap slot report straddles July 1, 2011, see instructions.	s under § 5503 of the	ACA. If the cost	0.00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slot under § 5506 of ACA. (see instructions)	s from a closed teachi	ng hospital	0.00	8. 02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines instructions)			0.00	
10.00	FTE count for allopathic and osteopathic programs in the curren	it year from your recor	ds	0.00	
11.00 12.00	FTE count for residents in dental and podiatric programs. Current year allowable FTE (see instructions)			0.00 0.00	
13.00	Total allowable FTE count for the prior year.			0.00	
14.00	Total allowable FTE count for the penultimate year if that year otherwise enter zero.	ended on or after Sep	otember 30, 1997,	0.00	
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
	Adjustment for residents in initial years of the program			0.00	1
17.00	Adjustment for residents displaced by program or hospital closu	ire			17.00
18.00 19.00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4).			0.00 0.000000	
	Prior year resident to bed ratio (see instructions)			0.000000	
	Enter the lesser of lines 19 or 20 (see instructions)			0. 000000	
	IME payment adjustment (see instructions)			0	
22. 01	IME payment adjustment - Managed Care (see instructions)			0	22.01
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 Number of additional allopathic and osteopathic IME FTE residen		FR 412.105	0.00	23.00
24.00	(f)(1)(iv)(C).			0.00	24 00
24.00 25.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -O-, then enter the lo instructions)	wer of line 23 or line	e 24 (see	0.00	
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	
	IME payments adjustment factor. (see instructions)			0.00000	
	IME add-on adjustment amount (see instructions)			0	28.00
28. 01 29. 00	IME add-on adjustment amount - Managed Care (see instructions) Total IME payment (sum of lines 22 and 28)			0	28.01 29.00
29.00 29.01	Total IME payment (Sum of Tries 22 and 28) Total IME payment - Managed Care (sum of Lines 22.01 and 28.01) Disproportionate Share Adjustment			0	29.00
30. 00	Percentage of SSI recipient patient days to Medicare Part A pat	ient days (see instruc	tions)	7.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		/	30.26	1
32.00	Sum of Lines 30 and 31			38.12	
	Allowable disproportionate share percentage (see instructions)			20.66	
	Disproportionate share adjustment (see instructions)			643, 604	1 34 00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0007	Period: From 01/01/2021	Worksheet E Part A	
			To 12/31/2021	Date/Time Prep 5/30/2022 3:00	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
5.00	Total uncompensated care amount (see instructions)			7, 192, 008, 710	
5.01	Factor 3 (see instructions)		0. 000117171	0.000050553	35
5. 02	Hospital uncompensated care payment (If line 34 is zero, en	nter zero on this line) (see	e 971, 347	363, 578	35
5. 03	instructions) Pro rata share of the hospital uncompensated care payment a	amount (soo instructions)	726, 514	91, 642	35
5.00	Total uncompensated care (sum of columns 1 and 2 on line 3)		818, 156		36
5.00	Additional payment for high percentage of ESRD beneficiary				50
D. 00	Total Medicare discharges (see instructions)		0		40
1.00	Total ESRD Medicare discharges (see instructions)		0		41
1.01	Total ESRD Medicare covered and paid discharges (see instru	uctions)	0		41
2.00	Divide line 41 by line 40 (if less than 10%, you do not qua		0.00		42
3.00	Total Medicare ESRD inpatient days (see instructions)	5 5 .	0		43
4.00	Ratio of average length of stay to one week (line 43 divide	ed by line 41 divided by 7	0.000000		44
	days)				
5.00	Average weekly cost for dialysis treatments (see instruction		0.00		45
5.00	Total additional payment (line 45 times line 44 times line	41.01)	0		46
7.00	Subtotal (see instructions)		14, 144, 247		47
3. 00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48
	only. (see instructions)			Amount	
				1.00	
9.00	Total payment for inpatient operating costs (see instruction	ons)		14, 144, 247	49
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I			1, 024, 878	50
1.00	Exception payment for inpatient program capital (Wkst. L, F	Pt. III, see instructions)		0	51
2.00	Direct graduate medical education payment (from Wkst. E-4,	line 49 see instructions).		0	52
3.00	Nursing and Allied Health Managed Care payment			0	53
4.00	Special add-on payments for new technologies			307, 470	54
4.01	Islet isolation add-on payment			0	54
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	-		0	55
5.00	Cost of physicians' services in a teaching hospital (see in		anough 2E)	0	56
7.00 3.00	Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, P		irougn 35).	0	57 58
7.00 7.00	Total (sum of amounts on lines 49 through 58)			15, 476, 595	59
D. 00	Primary payer payments			13, 470, 373	60
1.00	Total amount payable for program beneficiaries (line 59 min	nus line 60)		15, 476, 595	61
2.00	Deductibles billed to program beneficiaries			1, 338, 912	62
3. 00	Coinsurance billed to program beneficiaries			3, 967	63
4.00	Allowable bad debts (see instructions)			75, 084	64
	Adjusted reimbursable bad debts (see instructions)			48, 805	65
5.00	Allowable bad debts for dual eligible beneficiaries (see in	nstructions)		37, 325	66
5.00 5.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14, 182, 521	67
5.00	Constitute and should form many for the same form and should should be for			0	68
5.00 7.00 3.00	Credits received from manufacturers for replaced devices for	(Ear SCH soo instruction	5)	0	
5.00 7.00 3.00 9.00	Outlier payments reconciliation (sum of lines 93, 95 and 90	b). (I'UI' SCII SEE TIISTI UCTIVIIS		0	70
5.00 7.00 8.00 9.00 9.00	Outlier payments reconciliation (sum of lines 93, 95 and 90 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				
5. 00 7. 00 3. 00 9. 00 0. 00 0. 50	Outlier payments reconciliation (sum of lines 93, 95 and 90 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon	nstration) adjustment (see i	nstructions)	0	
5. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87	Outlier payments reconciliation (sum of lines 93, 95 and 90 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration	nstration) adjustment (see i on	nstructions)	0	70
6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88	Outlier payments reconciliation (sum of lines 93, 95 and 90 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	nstration) adjustment (see i on)	nstructions)		70 70
6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89	Outlier payments reconciliation (sum of lines 93, 95 and 90 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in	nstration) adjustment (see i on) nstructions)	nstructions)	0 0	70 70 70
6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90	Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (\$410A Demon Demonstration payment adjustment amount before sequestratic SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions)	nstration) adjustment (see i on) nstructions)	nstructions)	0 0 0	70 70 70 70
5. 00 7. 00 3. 00 9. 00 9. 00 0. 50 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91	Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	nstration) adjustment (see i on) nstructions)	nstructions)	0 0 0	70 70 70 70 70
6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91 0. 92	Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestratio SCH or MDH volume decrease adjustment (contractor use only Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	nstration) adjustment (see i on) nstructions)	nstructions)	0 0 0 0 0	70 70 70 70 70 70 70 70
6. 00 7. 00 3. 00 9. 00 0. 00 0. 50 0. 87 0. 88 0. 89 0. 90 0. 91	Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demon Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	nstration) adjustment (see i on) nstructions)	nstructions)	0 0 0	70 70 70 70 70 70 70

	Provider C	CN: 15-0007	Period:	Worksheet E	
			From 01/01/2021 To 12/31/2021	Part A Date/Time Prep 5/30/2022 3:00	
	Title	XVIII	Hospi tal	PPS	o piii
		FFY	(уууу)	Amount	
			0	1.00	
96 Low volume adjustment for federal fiscal year (yyyy) (E the corresponding federal year for the period prior to			0	0	70.
97 Low volume adjustment for federal fiscal year (yyyy) (E			0	0	70.
the corresponding federal year for the period ending on					
98 Low Volume Payment-3				0	
99 HAC adjustment amount (see instructions)				0	
00 Amount due provider (line 67 minus lines 68 plus/minus 01 Sequestration adjustment (see instructions)	TINES 69 & 70)			14, 206, 650 0	71.
02 Demonstration payment adjustment amount after sequestra	tion			0	71.
03 Sequestration adjustment-PARHM pass-throughs					71.
00 Interim payments				14, 050, 073	
01 Interim payments-PARHM					72.
00 Tentative settlement (for contractor use only) 01 Tentative settlement-PARHM (for contractor use only)				0	73. 73.
00 Balance due provider/program (line 71 minus lines 71.01	71 02 72 and			156, 577	
73)	, /1.02, /2, dhu			150, 577	/ 1 .
01 Balance due provider/program-PARHM (see instructions)					74.
00 Protested amounts (nonallowable cost report items) in a	ccordance with			394, 308	75.
CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
00 Operating outlier amount from Wkst. E, Pt. A, line 2, o	rsum of 2 03			0	90.
plus 2.04 (see instructions)					
00 Capital outlier from Wkst. L, Pt. I, line 2				0	91.
00 Operating outlier reconciliation adjustment amount (see				0	92.
00 Capital outlier reconciliation adjustment amount (see i				0	93.
00 The rate used to calculate the time value of money (see 00 Time value of money for operating expenses (see instruc				0. 00 0	
00 Time value of money for capital related expenses (see i					
			Prior to 10/1		
USD Donus Doumant Amount			1.00	2.00	
HSP Bonus Payment Amount 0.00 HSP bonus amount (see instructions)			0	0	100.
HVBP Adjustment for HSP Bonus Payment					
.00 HVBP adjustment factor (see instructions)			0.000000000	0.000000000	101.
. 00 HVBP adjustment amount for HSP bonus payment (see instr	uctions)		0	0	102
HRR Adjustment for HSP Bonus Payment			0.0000	0.0000	100
03.00 HRR adjustment factor (see instructions)		0.0000	0.0000	103.	
	ctions)	04.00 HRR adjustment amount for HSP bonus payment (see instructions)			
. 00 HRR adjustment amount for HSP bonus payment (see instru		stment	0	0	104.
	emonstration) Adju		0		
 00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (endemonstration)) 00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. 	emonstration) Adju		0		200.
 00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Detection of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 	emonstration) Adju ion period under t				200.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demon	emonstration) Adju ion period under t				200
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A De 0.00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 0.00 Medicare discharges (see instructions) 	emonstration) Adju ion period under t				200 201 202
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demon	emonstration) Adju ion period under t I, line 49)	he 21st			200 201 202
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 0.00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Computation of Demonstration Target Amount Limitation (inperiod) 	emonstration) Adju ion period under t I, line 49)	he 21st		ration	200 201 202 203
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 0.00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Computation of Demonstration Target Amount Limitation (inperiod) .00 Medicare target amount 	emonstration) Adju ion period under t I, line 49) N/A in first year	he 21st		rati on	200. 201. 202. 203. 204.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Dr. 00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (I period) .00 Case-mix adjusted target amount (line 203 times line 20 	emonstration) Adju ion period under t I, line 49) N/A in first year 4)	he 21st		rati on	200. 201. 202. 203. 204. 204.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Det 0.00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 0.00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Computation of Demonstration Target Amount Limitation (ippriod) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 202 times line 20 	emonstration) Adju ion period under t I, line 49) N/A in first year 4)	he 21st		rati on	200. 201. 202. 203. 204. 204.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Dr. 00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (I period) .00 Case-mix adjusted target amount (line 203 times line 20 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205)	he 21st		ration	200 201 202 203 204 205 206
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Dr 0.00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I 0.00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Computation of Demonstration Target Amount Limitation (iperiod) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 202 times line 20 .00 Medicare to Medicare Part A Inpatient Reimbursement 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions)	he 21st		ration	200. 201. 202. 203.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Medicare target amount .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 202 times line 20 .00 Medicare part A inpatient service costs (from Wkst. E, 00 .00 Medicare Part A inpatient service costs (from Wkst. E, 00 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions) Pt. A, line 59)	he 21st		rati on	200 201 202 203 204 205 206 207 208 207
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 203 times line 20 .00 Medicare inpatient routine cost cap (line 202 times line 20 .00 Medicare Part A inpatient service costs (from Wkst. E, .00 Medicare to Medicare Part A Inpatient Reimbursement .00 Program reimbursement under the §410A Demonstration (see instructions) .00 Adjustment to Medicare IPPS payments (see instructions) 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions) Pt. A, line 59)	he 21st		rati on	200 201 202 203 204 205 206 207 208 209 210
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Detection of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 203 times line 20 Medicare inpatient routine cost cap (line 202 times line 20 Medicare Part A inpatient service costs (from Wkst. E, .00 Program reimbursement under the §410A Demonstration (see instructions) .00 Reserved for future use .00 Reserved for future use .00 Total adjustment to Medicare IPPS payments (see instructions) 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions) Pt. A, line 59)	he 21st		rati on	200 201 202 203 204 205 206 207 208 209 210
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Dr 0.00 Is this the first year of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 202 times line 20 .00 Medicare inpatient service costs (from Wkst. E, .00 Program reimbursement under the §410A Demonstration (see .00 Medicare Part A inpatient service costs (from Wkst. E, .00 Adjustment to Medicare IPPS payments (see instructions) .00 Total adjustment to Medicare IPPS payments (see instructions) 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions) Pt. A, line 59) tions)	he 21st		ration	200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 211.
 .00 HRR adjustment amount for HSP bonus payment (see instru Rural Community Hospital Demonstration Project (§410A Detection of the current 5-year demonstrat Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement .00 Medicare inpatient service costs (from Wkst. D-1, Pt. I .00 Medicare discharges (see instructions) .00 Case-mix adjustment factor (see instructions) .00 Medicare target amount .00 Medicare inpatient routine cost cap (line 203 times line 20 Medicare inpatient routine cost cap (line 202 times line 20 Medicare Part A inpatient service costs (from Wkst. E, .00 Program reimbursement under the §410A Demonstration (see instructions) .00 Reserved for future use .00 Reserved for future use .00 Total adjustment to Medicare IPPS payments (see instructions) 	emonstration) Adju ion period under t I, line 49) N/A in first year 4) e 205) e instructions) Pt. A, line 59) tions)	he 21st		ration	200 201 202 203 204 205 206

	Financial Systems COMMUNITY HOWARD RE			u of Form CMS-2	2552-10
CALCULA	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Pre	
		Title XVIII	Hospi tal	5/30/2022 3: 0 PPS	0 pm
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
F	Medical and other services (see instructions)			11, 047	1.00
	Medical and other services reimbursed under OPPS (see instruction	ctions)		17, 810, 454	
	OPPS payments Outlier payment (see instructions)			14, 312, 115 106, 686	3.00 4.00
	Outlier reconciliation amount (see instructions)			0	4.01
	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6			0 0.00	6.00 7.00
	Transitional corridor payment (see instructions)			0.00	
	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		0	
	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 11, 047	10.00
+	COMPUTATION OF LESSER OF COST OR CHARGES			11,047	11.00
t to the second s	Reasonabl e charges			F0.000	
	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		52, 022 0	12.00
	Total reasonable charges (sum of lines 12 and 13)			52, 022	
15.00	Customary charges				1 4 5 . 0.0
	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for			0	15.00 16.00
10.00	had such payment been made in accordance with 42 CFR §413.13(in a chargebasi s	0	10.00
	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete on	ulvifline 18 exceeds li	ne 11) (see	52, 022 40, 975	
17.00	instructions)			40, 773	17.00
20. 00	Excess of reasonable cost over customary charges (complete on	nly if line 11 exceeds li	ne 18) (see	0	20.00
21.00	instructions) Lesser of cost or charges (see instructions)			11, 047	21.00
	Interns and residents (see instructions)			0	
	Cost of physicians' services in a teaching hospital (see inst	tructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			14, 418, 801	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instruction	ıs)		0	25.00
	Deductibles and Coinsurance amounts relating to amount on lin	-	,	2, 474, 387	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 22	and 23] (see	11, 955, 461	27.00
	Direct graduate medical education payments (from Wkst. E-4, I			0	28.00
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 11, 955, 461	
	Subtotal (sum of lines 27 through 29) Primary payer payments			5, 376	
32.00	Subtotal (line 30 minus line 31)			11, 950, 085	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI Composite rate ESRD (from Wkst. 1-5, line 11)	CES)		0	33.00
	Allowable bad debts (see instructions)			128, 616	
	Adjusted reimbursable bad debts (see instructions)			83, 600	
	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (see instructions)	tructions)		97, 897 12, 033, 685	
	MSP-LCC reconciliation amount from PS&R			0	38.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	、 、		0	
	Pioneer ACO demonstration payment adjustment (see instruction Demonstration payment adjustment amount before sequestration	IS)		0	39.50 39.97
	Partial or full credits received from manufacturers for repla	aced devices (see instruc	tions)	0	
	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
	Subtotal (see instructions) Sequestration adjustment (see instructions)			12, 033, 685 0	
	Demonstration payment adjustment amount after sequestration			0	
	Sequestration adjustment-PARHM pass-throughs				40. 03
	Interim payments Interim payments-PARHM			12, 171, 297	41.00
	Tentative settlement (for contractors use only)			0	
42. 01	Tentative settlement-PARHM (for contractor use only)				42.01
	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)			-137, 612	43.00 43.01
	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2,	chapter 1,	31, 079	
	§115. 2				
	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money				92.00
	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	
				. 0	

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021		pared
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment		14, 050, 07	73 0	12, 171, 297 0	1. (2. (3. (
00	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3.0
02				0	0	
03				0	0	
04				0	0	
05	Provider to Program			0	0	3. (
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	
52				0	0	3.
53				0	0	
54				0	0	3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14, 050, 07	/3	12, 171, 297	4.
00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after					
00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5.
01	TENTATI VE TO PROVIDER			0	0	5.
02				0	0	
03				0	0	5.
	Provider to Program					
50	TENTATI VE TO PROGRAM			0	0	5.
51 52				0	0	
92 99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	
7	5. 50-5. 98)				0	
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
D1	SETTLEMENT TO PROVIDER		156, 57	77	0	6.
)2	SETTLEMENT TO PROGRAM			0	137, 612	
00	Total Medicare program liability (see instructions)		14, 206, 65		12, 033, 685	7.
				Contractor Number	NPR Date (Mo/Day/Yr)	
		()	1.00	2.00	

Heal th	Financial Systems COMMUNITY HOWARD RE	GIONAL HEALTH	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0007	Peri od:	Worksheet E-1	
			From 01/01/2021 To 12/31/2021	Part II Date/Time Pre	narod
				5/30/2022 3:0	
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.				1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and	8 through 12, and plus f	or cost		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	1, and 8 through 12, and	l 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 l				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of c line 168 $$	ertified HIT technology	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instruction	is)		32.00

	Financial Systems COMMUNITY HOWARD SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider C	CN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet G Date/Time Pre 5/30/2022 3:0	pare
		General Fund	Speci fi c Purpose Fund		Plant Fund	
(CURRENT ASSETS	1.00	2.00	3.00	4.00	
	Cash on hand in banks	156, 872		0 0	0	1 1.
00	Temporary investments	0		0 0	0	2.
00	Notes receivable	16, 667		0 0	0	3.
00	Accounts receivable	89, 556, 475		0 0	0	4
	Other receivable	10, 904, 084		0 0	0	
	Allowances for uncollectible notes and accounts receivable	-64, 829, 819		0 0	0	
	Inventory	4, 432, 783		0 0	0	
	Prepaid expenses Other current assets	567,089		0 0 0 0	0	
	Due from other funds	911, 489		0 0	0	
	Total current assets (sum of lines 1-10)	41, 715, 640		0 0	0	
-	FIXED ASSETS	41, 713, 040		0 0	0	1
	Land	4, 259, 963		0 0	0	12
	Land improvements	4, 355, 083		0 0	0	
	Accumulated depreciation	0		0 0	0	14
00	Bui I di ngs	105, 292, 072		0 0	0	15
	Accumulated depreciation	0		0 0	0	16
. 00	Leasehold improvements	139, 419		0 0	0	17
	Accumulated depreciation	0		0 0	0	
	Fixed equipment	37, 904, 963		0 0	0	
	Accumulated depreciation	0		0 0	0	
	Automobiles and trucks	625, 937		0 0	0	
	Accumulated depreciation Major movable equipment	0			0	
	Accumulated depreciation	-62, 275, 375			0	
	Mi nor equipment depreciable	-02, 275, 375			0	
	Accumul ated depreciation	0		0 0	0	
	HIT designated Assets	0		0 0	0	
	Accumul ated depreciation	0		0 0	0	
	Minor equipment-nondepreciable	0		0 0	0	
. 00	Total fixed assets (sum of lines 12-29)	90, 302, 062		0 0	0	30
C	OTHER ASSETS		_			
	Investments	0		0 0	0	
	Deposits on Leases	0		0 0	0	
	Due from owners/officers	0		0 0	0	
	Other assets	177, 876, 752		0 0	0	
	Total other assets (sum of lines 31-34)	177, 876, 752		0 0	0	
	Total assets (sum of lines 11, 30, and 35) CURRENT LIABILITIES	309, 894, 454		0 0	0	36
	Accounts payable	844, 196		0 0	0	37
	Sal ari es, wages, and fees payable	044,190		0 0	0	
	Payrol I taxes payable	0		0 0	0	
	Notes and Loans payable (short term)	473, 075		0 0	0	
	Deferred income	0		0 0	0	
. 00	Accelerated payments	0				42
. 00	Due to other funds	0		0 0	0	43
	Other current liabilities	16, 121, 229		0 0	0	
	Total current liabilities (sum of lines 37 thru 44)	17, 438, 500		0 0	0	45
	_ONG_TERM_LIABILITIES	-	1		-	
	Mortgage payable	0		0 0	0	
	Notes payable	0		0 0	0	
	Unsecured loans Other long term liabilities	0 1, 183, 895		0 0 0 0	0	
	Total long term liabilities (sum of lines 46 thru 49)	1, 183, 895		0 0	0	
	Total liabilities (sum of lines 45 and 50)	18, 622, 395		0 0	0	
	CAPITAL ACCOUNTS	10, 022, 373	I	0	0	
	General fund balance	291, 272, 059				52
	Specific purpose fund	, , 50 ,		0		53
	Donor created - endowment fund balance - restricted			0		54
	Donor created - endowment fund balance - unrestricted			0		55
. 00	Governing body created - endowment fund balance			0		56
	Plant fund balance - invested in plant				0	
	Plant fund balance - reserve for plant improvement,				0	58
	replacement, and expansion	004 070 677			-	
	Total fund balances (sum of lines 52 thru 58)	291, 272, 059		0 0	0	
00	Total liabilities and fund balances (sum of lines 51 and	309, 894, 454	1	0 0	0	60

Heal th	Financial Systems COM	MMUNITY HOWARD R	REGIONAL HEALTH	Н		In Lie	u of Form CMS	-2552-10
STATEM	ENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0007		d: 01/01/2021 12/31/2021	Worksheet G- Date/Time Pr 5/30/2022 3:	epared:
		General	Fund	Speci al	Purpos	e Fund	Endowment Fun	t l
			0.00				5.00	
1.00	Fund balances at beginning of period	1.00	2.00 231,161,597	3.00		4.00	5.00	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		60, 110, 462					2.00
3.00 4.00	Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	291, 272, 059		0	0		3.00
4.00 5.00	Additions (creditiadjustillents) (specify)	0			0			5.00
6.00		0			0			6.00
7.00 8.00		0			0 0			0 7.00 0 8.00
9.00		0			0			9.00
10.00 11.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)		0 291, 272, 059			0		10.00
12.00	Deductions (debit adjustments) (specify)	0	291, 272, 039		0	0		11.00
13.00		0			0			0 13.00
14.00 15.00		0			0			0 14.00 0 15.00
16.00		0			0			0 16.00
17.00 18.00	Tatal deductions (our of lines 12 17)	0	0		0	0		0 17.00 18.00
18.00 19.00	Total deductions (sum of lines 12–17) Fund balance at end of period per balance		291, 272, 059			0		18.00
	sheet (line 11 minus line 18)							
		Endowment Fund	PI ant	Fund	_			
		6.00	7.00	8.00				
1.00 2.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)	0			0			1.00
3.00	Total (sum of line 1 and line 2)	0			0			3.00
4.00 5.00	Additions (credit adjustments) (specify)		0					4.00 5.00
5.00 6.00			0					6.00
7.00			0					7.00
8.00 9.00			0					8.00 9.00
10.00	Total additions (sum of line 4-9)	0	Ű		0			10.00
11.00 12.00	Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify)	0	0		0			11.00 12.00
12.00	beductions (debit adjustments) (specify)		0					12.00
14.00			0					14.00
15. 00 16. 00			0					15.00 16.00
17.00			0					17.00
18. 00 19. 00	Total deductions (sum of lines 12-17)	0			0			18.00 19.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0			U			19.00

STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCN	l: 15-0007	Period: From 01/01/2021 To 12/31/2021		pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I – PATIENT REVENUES					
	General Inpatient Routine Services				1	
1.00	Hospi tal		27, 809, 4	48	27, 809, 448	
2.00	SUBPROVIDER - IPF					2.0
3.00	SUBPROVIDER - IRF					3.0
4.00	SUBPROVIDER				_	4.0
5.00	Swing bed - SNF			0	0	5.0
6.00	Swing bed - NF			0	0	
7.00	SKILLED NURSING FACILITY					7.0
8.00	NURSING FACILITY					8.0
9.00	OTHER LONG TERM CARE		27 000 4	10	27 000 110	
10.00	Total general inpatient care services (sum of lines 1-9) Intensive Care Type Inpatient Hospital Services		27, 809, 4	48	27, 809, 448	10.0
11.00	INTENSIVE CARE UNIT		10, 506, 0	45	10, 506, 045	11.0
12.00	CORONARY CARE UNI T		10,000,0	10	10,000,010	12.0
13.00	BURN I NTENSI VE CARE UNI T					13.0
14.00	SURGI CAL INTENSI VE CARE UNI T					14.0
15.00	OTHER SPECIAL CARE (SPECIFY)					15.0
16.00	Total intensive care type inpatient hospital services (sum of	lines	10, 506, 0	45	10, 506, 045	
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)		38, 315, 4	93	38, 315, 493	17.0
18.00	Ancillary services		184, 963, 0	60 451, 055, 701	636, 018, 761	18.0
19.00	Outpatient services			0 0	0 0	19.0
20. 00	RURAL HEALTH CLINIC			0 0		
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0 0	
22.00	HOME HEALTH AGENCY					22.0
23.00	AMBULANCE SERVICES			0 0	0	
24.00	CMHC					24.0
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.0
26.00	HOSPICE					26.0
27.00	PROFESSIONAL BILLING		000 070 5	0 265, 112		•
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to WKST.	223, 278, 5	53 451, 320, 813	674, 599, 366	28.0
	G-3, line 1) PART II - OPERATING EXPENSES					-
29.00	Operating expenses (per Wkst. A, column 3, line 200)			162, 283, 053	2	29.0
30.00	ADD (SPECIFY)			0		30.0
31.00				0		31.0
32.00				0		32.0
33.00				0		33.0
34.00				0		34.0
35.00				0		35.0
36.00	Total additions (sum of lines 30-35)					36.0
37.00	DEDUCT (SPECIFY)			0		37.0
38.00				0		38.0
39.00				0		39.0
40.00				0		40.0
41.00				0		41.0
42.00	Total deductions (sum of lines 37-41)			C		42.0
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer		162, 283, 053	3	43.0
	to Wkst. G-3, line 4)					

Heal th	Financial Systems COMMUNITY HOWARD REC	GIONAL HEALTH	In Lie	u of Form CMS-2	2552-10
STATEN	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0007	Peri od:	Worksheet G-3	
			From 01/01/2021 To 12/31/2021	Date/Time Pre	narod
			10 12/31/2021	5/30/2022 3:00	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line			674, 599, 366	1.00
2.00	Less contractual allowances and discounts on patients' account	ts		472, 080, 419	2.00
3.00	Net patient revenues (line 1 minus line 2)			202, 518, 947	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 4	43)		162, 283, 053	4.00
5.00	Net income from service to patients (line 3 minus line 4)			40, 235, 894	5.00
	OTHER I NCOME			700.00/	
6.00	Contributions, donations, bequests, etc			709, 336	
7.00	Income from investments			9, 031, 189	
8.00	Revenues from telephone and other miscellaneous communication	Services		0	8.00
9.00	Revenue from television and radio service Purchase discounts			0	9.00 10.00
10.00 11.00				0	10.00
12.00	Rebates and refunds of expenses Parking lot receipts			0	12.00
12.00	Revenue from Laundry and Linen service			0	12.00
14.00	Revenue from meals sold to employees and guests			488, 921	13.00
14.00	Revenue from rental of living quarters			400, 921	
16.00	Revenue from sale of medical and surgical supplies to other th	nan natients		0	16.00
17.00	Revenue from sale of drugs to other than patients	lan patrents		0	17.00
18.00	Revenue from sale of medical records and abstracts			2, 355	
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			2,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			3, 740	
22.00	Rental of hospital space			2, 209, 284	22.00
23.00	Governmental appropriations			0	23.00
24.00	MI SC REVENUE			4, 324, 347	24.00
24.50	COVI D-19 PHE Funding			3, 105, 396	
25.00	Total other income (sum of lines 6-24)			19, 874, 568	25.00
26.00	Total (line 5 plus line 25)			60, 110, 462	26.00
27.00	MISC			0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)			0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			60, 110, 462	29.00

Health Financial Systems	COMMUNITY HOWARD REG	IONAL HEALTH	In Lie	u of Form CMS-2552-10
CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospi tal	PPS
				1.00

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
. 00	Capital DRG other than outlier	939, 772	1.0
. 01	Model 4 BPCI Capital DRG other than outlier	0	1.0
. 00	Capital DRG outlier payments	9, 642	2.0
. 01	Model 4 BPCI Capital DRG outlier payments	0	2.0
. 00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	52.84	3.0
. 00	Number of interns & residents (see instructions)	0.00	4.0
. 00	Indirect medical education percentage (see instructions)	0.00	5.0
. 00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	0	6. (
. 00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.86	7.0
. 00	Percentage of Medicaid patient days to total days (see instructions)	30. 26	8. (
. 00	Sum of Lines 7 and 8	38.12	9.1
0. 00	Allowable disproportionate share percentage (see instructions)	8.03	10. (
1.00	Disproportionate share adjustment (see instructions)	75, 464	11. (
2.00	Total prospective capital payments (see instructions)	1, 024, 878	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	2.
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		
00	Program inpatient capital costs (see instructions)	0	1.
. 00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.0
00	Net program inpatient capital costs (line 1 minus line 2)	0	3.
00	Applicable exception percentage (see instructions)	0.00	4.
00	Capital cost for comparison to payments (line 3 x line 4)	0	5.
00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.
00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.
00	Capital minimum payment level (line 5 plus line 7)	0	8.
00	Current year capital payments (from Part I, line 12, as applicable)	0	9.
. 00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.
. 00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.
2. 00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.
8.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.
		0	14.
1.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		
		0	15.
4.00 5.00 5.00	(if line 12 is negative, enter the amount on this line) Current year allowable operating and capital payment (see instructions)		15. 16.