This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 Worksheet S HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0125 Period: From 07/01/2022 Parts I-III AND SETTLEMENT SUMMARY 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm PART I - COST REPORT STATUS Provider 1.[X] Electronically prepared cost report Date: 11/20/2023 Time: 2:19 pm use only ] Manually prepared cost report 2. Γ 3.  $\begin{bmatrix} 0 \end{bmatrix}$  If this is an amended report enter the number of times the provider resubmitted this cost report 4.  $\begin{bmatrix} F \end{bmatrix}$  Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. 6. Date Received: Contractor 5. [ 1 ]Cost Report Status 10.NPR Date: (2) Settled without Audit 8. [ N ] Initial Report for this Provider CCN | 11. Contractor's Vendor Code: 4 | 12. [ 0 ] If line 5, column 1 is 4: Enter | 13. Settled with Audit | 9. [ N ] Final Report for this Provider CCN | 12. [ 0 ] If line 5, column 1 is 4: Enter | 14. Separated | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report f use only

## PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(4) Reopened(5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL (15-0125) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
		1	2	SIGNATURE STATEMENT	
1	Dani	el R. Obrien	Υ	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Daniel R. Obrien			2
3	Signatory Title	CF0			3
4	Date	(Dated when report is electronica			4

			Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	592,218	-40,701	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
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	TOTAL	0	592,218	-40,700	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0125 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 2:19 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: 1.00 Street: 901 MACARTHUR BOULEVARD PO Box: 1.00 2.00 City: MUNSTER State: IN Zip Code: 46321 County: LAKE 2.00 Component Name CCN CBSA Provider Date Payment System (P, T, 0, or N) Number Number Туре Certified XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 COMMUNITY HOSPITAL 150125 23844 1 10/03/1973 Ν 3.00 Hospital Subprovider - IPF 4.00 4.00 5.00 Subprovider - IRF 5.00 Subprovider - (Other) 6.00 6.00 7.00 Swing Beds - SNF 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospital-Based SNF 9.00 10.00 Hospital-Based NF 10.00 Hospital-Based OLTC 11.00 11.00 12.00 Hospital-Based HHA COMMUNITY HOME HEALTH 157487 23844 01/07/1997 Ν Р Ν 12.00 SERVICES 13.00 Separately Certified ASC 13.00 14.00 Hospital-Based Hospice 14.00 15.00 Hospital-Based Health Clinic - RHC 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: To: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 07/01/2022 06/30/2023 20.00 21.00 Type of Control (see instructions) 21.00 2 1.00 2.00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for Υ N 22.00 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. 22.01 Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no 22.01 for the portion of the cost reporting period occurring prior to October

1. Enter in column 2, "Y" for yes or "N" for no for the portion of the
cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires a final UCP to be 22.02 Ν Ν 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. 22.03 Did this hospital receive a geographic reclassification from urban to 22.03 N Ν Ν 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 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. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 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, yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 23.00 3 Ν 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 reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.

Health	Financial Systems	COMMUNITY HOS	PITAL				In Lieu	of For	m CMS-2	2552-10
	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION	N DATA	Provider Co	CN: 15-0125			01/2022	Part I	eet S-2 ime Pre	nared:
		In-State	In-State	Out-of		ut-of	Medicai		2023 2: ther	19 pm
		Medicaid		State		tate	HMO day		dicaid	
		paid days		Medicaid	_	dicaid			days	
			unpaid days	paid days		igible npaid				
		1.00	2.00	3.00	_	4.00	5.00	-	5.00	
24.00	If this provider is an IPPS hospital, enter the	1,58	_		_	555		_		24.00
	in-state Medicaid paid days in column 1, in-state	:								
	Medicaid eligible unpaid days in column 2,									
	out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in col	ıımn								
	4, Medicaid HMO paid and eligible but unpaid days									
25 00	column 5, and other Medicaid days in column 6.									25.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state		0 0	0	)	0		0		25.00
	Medicaid eligible unpaid days in column 2,									
	out-of-state Medicaid days in column 3, out-of-st									
	Medicaid eligible unpaid days in column 4, Medica HMO paid and eligible but unpaid days in column 5									
	pard and errigible but dispard days in cordinin 3	•					Rural S I			
26.00	Enter your standard geographic classification (no	t wage) statu	s at the be	ginning of	the	1.	1	2.	00	26.00
	cost reporting period. Enter "1" for urban or "2"	for rural.		_						
27.00	Enter your standard geographic classification (no reporting period. Enter in column 1, "1" for urba	t wage) statu n or "2" for	s at the end	d of the co nnlicable	st		1			27.00
	enter the effective date of the geographic reclas	sification in	column 2.	ррттсавте,						
35.00	If this is a sole community hospital (SCH), enter			CH status i	n		0			35.00
	effect in the cost reporting period.					Begin	ning:	Endi	ng:	
26.00				26.6		1.		2.		26.00
36.00	Enter applicable beginning and ending dates of SC of periods in excess of one and enter subsequent		script line	36 for num	ber					36.00
37.00	If this is a Medicare dependent hospital (MDH), e		er of perio	ds MDH stat	us		0			37.00
27 01	is in effect in the cost reporting period.	m the MDU two	modelomol m							27 01
	Is this hospital a former MDH that is eligible fo accordance with FY 2016 OPPS final rule? Enter "Y									37.01
20.00	instructions)									30.00
38.00	If line 37 is 1, enter the beginning and ending d greater than 1, subscript this line for the numbe									38.00
	enter subsequent dates.	o. peous								
						Y/ 1.		Y/ 2.		
39.00	Does this facility qualify for the inpatient hosp	ital payment	adjustment	for low vol	ume			N		39.00
	hospitals in accordance with 42 CFR §412.101(b)(2				mn					
	1 "Y" for yes or "N" for no. Does the facility me accordance with 42 CFR 412.101(b)(2)(i), (ii), or				<u> </u>					
	or "N" for no. (see instructions)	()		,						
40.00	Is this hospital subject to the HAC program reduc			ī	_	١	١	N	I	40.00
	"N" for no in column 1, for discharges prior to 0 no in column 2, for discharges on or after Octobe			yes or "N"	Tor					
		<b>,</b>			,		V 1.00	XVIII	XIX	
	Prospective Payment System (PPS)-Capital						1.00	2.00	3.00	
45.00	Does this facility qualify and receive Capital pa	yment for dis	proportiona	te share in	acc	ordance	N	Y	N	45.00
46.00	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment	exception for	extraordina	ary circums	tanc	es	N	N	N	46.00
	pursuant to 42 CFR §412.348(f)? If yes, complete									
47.00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) P	DS canital?	Entor "V fo	r vos or "N	" fo	r no	N.	N.	N	47.00
	Is the facility electing full federal capital pay					1 110.	N N	N N	N N	48.00
	Teaching Hospitals									
56.00	Is this a hospital involved in training residents						N			56.00
	periods beginning prior to December 27, 2020, ent cost reporting periods beginning on or after Dece									
	the instructions. For column 2, if the response t									
	involved in training residents in approved GME pr									
	and are you are impacted by CR 11642 (or applicab "Y" for yes; otherwise, enter "N" for no in colum		rect GME pa	yment reduc	tion	? Enter				
57.00	For cost reporting periods beginning prior to Dec		O, if line	56, column	1, i	s yes,				57.00
	is this the first cost reporting period during wh					trained				
	at this facility? Enter "Y" for yes or "N" for n residents start training in the first month of th					r vas o	r			
	"N" for no in column 2. If column 2 is "Y", comp					. yes 0	.			
	complete Wkst. D, Parts III & IV and D-2, Pt. II,	if applicabl	e. For cost	reporting	peri					
	beginning on or after December 27, 2020, under 42 which month(s) of the cost report the residents w									
	for yes, enter "Y" for yes in column 1, do not co									
	If line 56 is yes, did this facility elect cost r	eimbursement	for physici				N			58.00
	defined in CMS Pub. 15-1, chapter 21, §2148? If y	es, complete	wKST. D-5.							

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0125 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 2:19 pm XVIII XIX 2.00 3.00 1.00 59.00 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I. Ν NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qualification Criterion Code 3.00 1.00 2.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for 60.00 any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2. 60.01 If line 60 is yes, complete columns 2 and 3 for each program. (see 23.00 1 60.01 instructions) 60.02 If line 60 is yes, complete columns 2 and 3 for each program. (see 23.01 60.02 instructions) Direct GME Y/N Direct GME IME IME 1.00 2.00 3.00 4.00 5.00 61.00 Did your hospital receive FTE slots under ACA 0.00 61.00 Ν section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61.02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) 61.04 Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). 61.05 Enter the difference between the baseline primary 61.05 and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) 61.06 Enter the amount of ACA §5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Code Unweighted IME Unweighted Program Name Direct GME FTE FTE Count Count 1.00 2.00 3.00 4.00 0.00 61.10 61.10 Of the FTEs in line 61.05, specify each new program 0.00 specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the

	unweighted count. Enter in column 4, the direct GME					
	FTE unweighted count.					
61.20	Of the FTEs in line 61.05, specify each expanded			0.00	0.00	61.20
	program specialty, if any, and the number of FTE					
	residents for each expanded program. (see					
	instructions) Enter in column 1, the program name.					
	Enter in column 2, the program code. Enter in column					
	3, the IME FTE unweighted count. Enter in column 4,					
	the direct GME FTE unweighted count.					
	1				1.00	
	ACA Provisions Affecting the Health Resources and Se					
62.00	Enter the number of FTE residents that your hospital		reporting peri	od for which	0.00	62.00
	your hospital received HRSA PCRE funding (see instruc					
62.01	Enter the number of FTE residents that rotated from a			your hospital	0.00	62.01
	during in this cost reporting period of HRSA THC prog		ıs)			
	Teaching Hospitals that Claim Residents in Nonprovide					
63.00	Has your facility trained residents in nonprovider se	3			N	63.00
	"Y" for yes or "N" for no in column 1. If yes, comple	ete lines 64 through 6	57. (see instru	ctions)		

Health Financial Systems HOSPITAL AND HOSPITAL HEALTH CARE COMP		MUNITY HOSP:		CN: 15-0125	Period:	worksheet S-2	
HOSFITAL AND HOSFITAL HEALTH CARE COMP	LEX IDENTIFICATION DA		Tovider co		From 07/01/2022 To 06/30/2023	Part I	pared:
				Unweighted	Unweighted FTEs in	Ratio (col. 1/	
				FTES Nonprovide Site		2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Yea period that begins on or after 3				This base ye	ar is your cost	reporting	
64.00 Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to rosettings. Enter in column 2 the resident FTEs that trained in your of (column 1 divided by (column)	s yes, or your facilither of unweighted now tations occurring in the number of unweighted our hospital. Enter in	ty trained n n-primary ca all nonprov d non-priman n column 3 1	residents are vider ry care the ratio	0.	0.00	0.000000	64.00
or (cordillir i divided by (cordillir	Program Name	Prograi		Unweighted	d Unweighted	Ratio (col. 3/	,
			couc	FTES Nonprovide Site	FTES in	(col. 3 + col. 4))	
	1.00	2.0	00	3.00	4.00	5.00	1
65.00 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 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 Nonprovide Site	FTES in r Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
Section 5504 of the ACA Current	Vear FTF Residents in	n Nonnrovid	er Setting	1.00	for cost report	3.00	
beginning on or after July 1, 20	)10	·					
66.00 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 divided b	occurring in all nonpo unweighted non-prima cal. Enter in column i	rovider sett ry care res 3 the ratio	ings. dent	0.	0.00	0.000000	66.00
	Program Name	Prograi		Unweighted FTEs Nonprovide Site	FTES in r Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
67.00 Enter in column 1, the program	1.00	2.0	00	3.00	4.00	5.00 0.000000	67.00
name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0.	0.00	0.000000	77.00

97.00

0.00

0.00

applicable column.

97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.

	III COTUMNI Z TOT LILTE XIX.					
	Does title V or XIX follow Medicare (title XVIII) and add ba Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in c			N	Y	98.05
98.06	column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in column	reimbursed fo	r Wkst. D, V, and in	N	N	98.06
	column 2 for title XIX.  Rural Providers					_
	Does this hospital qualify as a CAH?			N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all- for outpatient services? (see instructions)	-inclusive met	hod of payment	.,		106.00
	Column 1: If line 105 is Y, is this facility eligible for co	ost reimbursem	ent for I&R			107.00
	training programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do	n 1. (see ins	tructions)			
	approved medical education program in the CAH's excluded IF					
	Enter "Y" for yes or "N" for no in column 2. (see instructi					
108.00	Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sche	dule? See 42	N		108.00
	CFR SECTION 9412.113(C). ENTER Y TOT YES OF N TOT NO.	Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1 00	_
	Did this hospital participate in the Rural Community Hospita	al Demonstrati	on project (8410	ΩΔ	1.00 N	110.00
110 00	Demonstration) for the current cost reporting period? Enter "	"Y" for yes or	"N" for no. If	yes,		110.00
	complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	rksheet E-2, 1	ines 200 through	11 213, as		
	complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	,		1.00	2.00	111 00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Wor	the Frontier Cost reporting olumn 1 is Y, rticipating in	community period? Enter enter the column 2.	,	2.00	111.00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.  If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ac	the Frontier Cost reporting olumn 1 is Y, rticipating in	community period? Enter enter the column 2.	1.00	2.00	111.00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.  If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this compared by the formula of the FCHIP demonstration for this compared by the formula of the FCHIP demonstration for the participate in the pennsylvania Rural Heal (PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared by the formula of the pennsylvania Rural Heal (PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared by the formula of the pennsylvania Rural Heal (PARHM) the formula of the formula of the pennsylvania Rural Heal (PARHM) demonstration of the date the hospital began participation in the demonstration, if applicable.	the Frontier Cost reporting olumn 1 is Y, rticipating in dditional beds	ommunity period? Enter enter the column 2. ; and/or "C"	1.00 N		111.00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Worapplicable.  If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this compared by the formula of the FCHIP demonstration for this compared by the formula of the foliation of the foliation of the foliation of the foliation of the formula of the foliation of the formula of	the Frontier Cost reporting olumn 1 is Y, rticipating in dditional beds lth Model eporting olumn 1 is pating in the ased	community period? Enter enter the column 2. ; and/or "C"	1.00 N	3.00	112.00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.  If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this compared by the second of the FCHIP demonstration for this compared by the formular of the foliation of the foliation prong of the FCHIP demonstration for the formular of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared by the formular of the formu	the Frontier Cost reporting olumn 1 is Y, rticipating in dditional beds  Ith Model eporting olumn 1 is pating in the ased  T "N" for no as, or E only)  33" percent (includes	ommunity period? Enter enter the column 2. ; and/or "C"	1.00 N	3.00	
111.00	complete worksheet E, Part A, lines 200 through 218, and wor applicable.  If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this compared in the pennsylvania Rural Health Integration prong of the FCHIP demo in which this CAH is parenter all that apply: "A" for Ambulance services; "B" for action tele-health services.  Did this hospital participate in the Pennsylvania Rural Health (PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared in the demonstration. In column 3, enter the date the hospital ceaparticipation in the demonstration, if applicable.  Miscellaneous Cost Reporting Information  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 "S for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub.15-1, chapter 22, §2208.1.  Is this facility classified as a referral center? Enter "Y"	the Frontier Cost reporting olumn 1 is Y, rticipating in dditional beds lth Model eporting olumn 1 is pating in the ased r "N" for no 3, or E only) 93" percent (includes rs) based on	community period? Enter enter the column 2. ; and/or "C"	1.00 N	3.00	112.00
111.00	complete Worksheet E, Part A, lines 200 through 218, and Worapplicable.  If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this compared by the project (FCHIP) demonstration for this compared by the FCHIP demonstration for this compared by the FCHIP demonstration for the participate in the Pennsylvania Rural Heal (PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared by the pennsylvania Rural Heal (PARHM) demonstration for any portion of the current cost reperiod? Enter "Y" for yes or "N" for no in column 1. If compared by the date the hospital began participate in the date the hospital ceaparticipation. In column 3, enter the date the hospital ceaparticipation in the demonstration, if applicable.  Miscellaneous Cost Reporting Information  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 "9 for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub.15-1, chapter 22, §2208.1.	the Frontier Cost reporting olumn 1 is Y, rticipating in dditional beds  Ith Model eporting olumn 1 is pating in the ased  T "N" for no 3, or E only) 93" percent (includes rs) based on	community period? Enter enter the column 2. ; and/or "C"  1.00  N	1.00 N	3.00	112.00

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider Co		Period: From 07/01/2022 To 06/30/2023	11/20/2023	repared 2:19 pm
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
18.01List amounts of malpractice premiums and paid losses:		1.00	1 0		0118.0
			1.00	2.00	
18.02 Are malpractice premiums and paid losses reported in a cost of Administrative and General? If yes, submit supporting scheduland amounts contained therein.			N	2100	118.0
19.00 DO NOT USE THIS LINE 20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qual Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no.	column 1, "Y alifies for t	" for yes or he Outpatien		N	119.0
21.00 Did this facility incur and report costs for high cost implar patients? Enter "Y" for yes or "N" for no.	ntable device	s charged to	Y		121.0
22.00 Does the cost report contain healthcare related taxes as def- 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.					122.0
23.00 Did the facility and/or its subproviders (if applicable) pure services, e.g., legal, accounting, tax preparation, bookkeep management/consulting services, from an unrelated organization for yes or "N" for no.	ing, payroll,	and/or	Y	Y	123.0
If column 1 is "Y", were the majority of the expenses, i.e., professional services expenses, for services purchased from located in a CBSA outside of the main hospital CBSA? In colum"N" for no.	unrelated orga	anizations			
Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant co	enter? Enter	"Y" for ves	N		125.0
and "N" for no. If yes, enter certification date(s) (mm/dd/y	yyy) below.				
26.00 If this is a Medicare-certified kidney transplant program, er in column 1 and termination date, if applicable, in column 2		IIICation da	Le		126.0
27.00 If this is a Medicare-certified heart transplant program, ent in column 1 and termination date, if applicable, in column 2 28.00 If this is a Medicare-certified liver transplant program, ent	ter the certi <sup>.</sup>				127.0
in column 1 and termination date, if applicable, in column 2 29.00 If this is a Medicare-certified lung transplant program, ento in column 1 and termination date, if applicable, in column 2	er the certif				129.0
30.00 If this is a Medicare-certified pancreas transplant program, date in column 1 and termination date, if applicable, in column 15.00 and this is a Medicare-certified intestinal transplant program	umn 2. m, enter the		1		130.0
date in column 1 and termination date, if applicable, in column 2.00 If this is a Medicare-certified islet transplant program, entire in column 1 and termination date, if applicable, in column 2.00 and 1.00 are the column 2.00	ter the certi	fication date	2		132.
33.00 Removed and reserved 34.00 If this is a hospital-based organ procurement organization (of in column 1 and termination date, if applicable, in column 2 All Providers		he OPO numbe	-		133.0
40.00 Are there any related organization or home office costs as dechapter 10? Enter "Y" for yes or "N" for no in column 1. If yere claimed, enter in column 2 the home office chain number.	yes, and home (see instruc	office costs		15н054	140.0
1.00 2.00  If this facility is part of a chain organization, enter on 1		ugh 143 the	3.00 name and address	of the	
home office and enter the home office contractor name and col 41.00 Name: COMMUNITY FOUNDATION OF NW IN, Contractor's Name: WPS INC.	ntractor numb	er.	or's Number: 0800		141.0
42.00 Street:10010 DONALD S POWERS DRIVE STE PO BOX: 201 43.00 City: MUNSTER State: IN		Zip Code	e: 4632	1	142.0
Succi In		zip code			
44.00 Are provider based physicians' costs included in Worksheet A	?			1.00 Y	144.0
			1.00		
45.00 If costs for renal services are claimed on Wkst. A, line 74, inpatient services only? Enter "Y" for yes or "N" for no in o	column 1. If	column 1 is	1.00 Y	2.00	145.
no, does the dialysis facility include Medicare utilization in period? Enter "Y" for yes or "N" for no in column 2.  46.00 Has the cost allocation methodology changed from the previous Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 19	sly filed cos	t report?	N		146.0

Health Financial Systems		Y HOSPITAL				u of Form CMS	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provider C	CN: 15-0125		: 7/01/2022 6/30/2023	Worksheet S- Part I Date/Time Pr 11/20/2023 2	epared:
						1.00	
147.00 was there a change in the statist	ical hasis? Enter "V" fo	r ves or "N" for	no			N 1.00	147.0
148.00 was there a change in the order o	f allocation? Enter "Y"	for ves or "N" f	or no.			N N	148.0
149.00 was there a change to the simplif				or no.		N	149.0
		Part A	Part B	T	itle V	Title XIX	
		1.00	2.00		3.00	4.00	
Does this facility contain a provor charges? Enter "Y" for yes or							
L55.00 Hospital		N	N	. (000 12	N	N	155.0
156.00 Subprovider - IPF		N	N		N	N	156.0
157.00 Subprovider - IRF		N	N		N	N	157.0
158.00 SUBPROVIDER							158.0
159.00 SNF		N	N		N	N	159.0
160.00 HOME HEALTH AGENCY		N	N		N	N	160.0
161.00 CMHC			N N		N	N	161.0
						1.00	+
Multicampus							
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that has	one or more camp	uses in dif	ferent CB	SAs?	N	165.0
	Name	County		Zip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.0	00 166.0
peoramin's (see insertacerons)					1	1.00	
Health Information Technology (HI	Γ) incentive in the Ame	ican Recovery an	d Reinvestm	ent Act			
167.00 Is this provider a meaningful use 168.00 If this provider is a CAH (line 1 reasonable cost incurred for the	)5 is "Y") and is a mear	ingful user (lin	"N" for no. e 167 is "Y	"), enter	the	Y	167.0 168.0
L68.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii)	not a meaningful user, d	loes this provide	r qualify f instruction	or a hard s)	ship		168.0
169.00 If this provider is a meaningful transition factor. (see instruction		nd is not a CAH	(line 105 i	s "N"), e	nter the	9.9	99169.0
					ginning	Ending	
170 00		1			1.00	2.00	4 = -
170.00 Enter in columns 1 and 2 the EHR   period respectively (mm/dd/yyyy)	peginning date and endir	g date for the r	eporting 				170.0
					1.00	2.00	-
171.00 If line 167 is "Y", does this pro	vider have any days for	individuals enro	lled in		N N	2.00	0171.0
section 1876 Medicare cost plans "Y" for yes and "N" for no in col 1876 Medicare days in column 2. (	reported on Wkst. S-3, F umn 1. If column 1 is ye	t. I, line 2, co	1. 6? Enter		•		

In Lieu of Form CMS-2552-10 Health Financial Systems COMMUNITY HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0125 Period: Worksheet S-2 From 07/01/2022 Part II 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm Y/N Date 1.00 2.00 PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation 1.00 1.00 Has the provider changed ownership immediately prior to the beginning of the cost Ν reporting period? If yes, enter the date of the change in column 2. (see instructions) Date V/I 1.00 2.00 3.00 Has the provider terminated participation in the Medicare Program? If 2.00 2.00 Ν yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. 3.00 Is the provider involved in business transactions, including management 3.00 contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) Y/N Туре Date 1.00 2.00 3.00 Financial Data and Reports Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, 4.00 4.00 Α or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. 5.00 Are the cost report total expenses and total revenues different from 5.00 Ν those on the filed financial statements? If yes, submit reconciliation Y/N Legal Oper. 1.00 Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider Ν 6.00 the legal operator of the program? 7.00 Are costs claimed for Allied Health Programs? If "Y" see instructions. 7.00 Were nursing programs and/or allied health programs approved and/or renewed during the 8.00 8.00 Ν cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9.00 9.00 Ν program in the current cost report? If yes, see instructions. 10.00 Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 Ν cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I & R in an Approved 11.00 Teaching Program on Worksheet A? If yes, see instructions. Y/N 1.00 Bad Debts 12.00 Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting 13.00 Ν 13.00 period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see 14.00 Ν instructions. Bed Complement 15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. 15.00 Υ Part B Y/N Date Y/N Date 1.00 2.00 3.00 4.00 PS&R Data 16.00 Was the cost report prepared using the PS&R Report only? 16.00 Ν Ν 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) 17.00 Was the cost report prepared using the PS&R Report for 09/26/2023 09/26/2023 17.00 totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to  ${\sf PS\&R}$ 18.00 Ν Ν Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R Ν Ν 19.00 Report data for corrections of other PS&R Report information? If yes, see instructions.

SPIT	Financial Systems COMMUNITY F TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CC	N: 15-0125	Period:	u of Form CMS-2 Worksheet S-2	
0	7.2 7.10 1.00 2.11		13 0113	From 07/01/2022 To 06/30/2023	Part II Date/Time Pre 11/20/2023 2:	pare
		Descri	ption	Y/N	Y/N	
		0		1.00	3.00	
.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.
	report data for other: bescribe the other adjustments.	Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21
					1 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEP	PT CHILDRENS HO	SPITALS)		1.00	
	Capital Related Cost			T		]
	Have assets been relifed for Medicare purposes? If yes, see					22
00	Have changes occurred in the Medicare depreciation expense of reporting period? If yes, see instructions.	due to appraisa	ais made dur	ing the cost		23
00	Were new leases and/or amendments to existing leases entered if yes, see instructions	-				24
00	Have there been new capitalized leases entered into during instructions.	the cost report	ting period?	' If yes, see		25
00	Were assets subject to Sec.2314 of DEFRA acquired during the instructions.	e cost reporti	ng period? I	if yes, see		26
00	Has the provider's capitalization policy changed during the copy.	cost reporting	g period? If	yes, submit		27
00	<pre>Interest Expense Were new loans, mortgage agreements or letters of credit en</pre>	tered into dur	ing the cost	reporting		28
00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or I	bond funds (Del	ot Service R	teserve Fund)		29
00	treated as a funded depreciation account? If yes, see instru Has existing debt been replaced prior to its scheduled matur		debt? If yes	s, see		30
00	instructions.  Has debt been recalled before scheduled maturity without is: instructions.	suance of new o	debt? If yes	s, see		31
00	Purchased Services  Have changes or new agreements occurred in patient care serv	vices funniches	t through co	n+nac+ual		32
00	arrangements with suppliers of services? If yes, see instruc	ctions.				33
00	no, see instructions.	Tred percanning	to competi	cive brading: 11		] ],
	Provider-Based Physicians	<del> </del>				
00	Were services furnished at the provider facility under an all If yes, see instructions.	rrangement with	n provider-b	ased physicians?		34
00	If line 34 is yes, were there new agreements or amended exist physicians during the cost reporting period? If yes, see in		ts with the	provider-based		35
	physicians during the cost reporting period: IT yes, see his	structions.		Y/N	Date	
				1.00	2.00	
00	Home Office Costs					
	Were home office costs claimed on the cost report?  If line 36 is yes, has a home office cost statement been pro	enared by the b	nome office?	,		36
	If yes, see instructions.  If line 36 is yes, was the fiscal year end of the home off					38
	the provider? If yes, enter in column 2 the fiscal year end	of the home of	ffice.			
	If line 36 is yes, did the provider render services to other see instructions.	•	-	,		39
00	If line 36 is yes, did the provider render services to the linstructions.	nome office? I	It yes, see			40
		1.0	00	2.0	00	
00	Cost Report Preparer Contact Information					4-1
00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		WOERNER		41
	1 ' . ' '	COMMUNITY FOUND	OATION OF NW	1		42
00	preparer.	IN, INC.			I	II

неalth	Health Financial Systems COMMUNITY			Y HOSPITAL In Lieu of Form				
HOSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNA	AIRE	Provider (		Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Pre 11/20/2023 2:	pared:	
			3	.00				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/posit held by the cost report preparer in columns 1, 2, a respectively.		REIMBURSEMENT	MANAGER			41.00	
42.00	Enter the employer/company name of the cost report						42.00	
43.00	preparer. Enter the telephone number and email address of the report preparer in columns 1 and 2, respectively.	e cost					43.00	

 
 Health Financial Systems
 COMM

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
 COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 | From 07/01/2022 | Part I | To 06/30/2023 | Date/Time Prepared: Provider CCN: 15-0125

				1	o 06/30/2023	Date/Time Pre 11/20/2023 2:	
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	Title V	
		Line No.		Available			
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	330	120,450	0.00	0	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
2 00	for the portion of LDP room available beds)						2 00
2.00 3.00	HMO and other (see instructions)						2.00 3.00
4.00	HMO IPF Subprovider HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	
6.00	Hospital Adults & Peds. Swing Bed SNF					0	6.00
7.00	Total Adults and Peds. (exclude observation		330	120,450	0.00	1	
7.00	beds) (see instructions)		330	120,430	0.00	٥	7.00
8.00	INTENSIVE CARE UNIT	31.00	43	15,695	0.00	0	8.00
8.01	NEONATAL INTENSIVE CARE	31.00	32	. ,			
9.00	CORONARY CARE UNIT	31.01	32	11,000	0.00	ľ	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	
14.00	Total (see instructions)	.5.00	405	147,825	0.00		14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits					-	15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	,	89.00				0	
27.00			405				27.00
28.00						0	
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
	Employee discount days - IRF		_	(			31.00
32.00	,		0		)		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33 00	LTCH non-covered days						33.00
	LTCH non-covered days  LTCH site neutral days and discharges						33.00
	Temporary Expansion COVID-19 PHE Acute Care	30.00	0			0	
57.00	1. Supplied to the Acute Care	30.00	١	1	1	1	1 3

Provider CCN: 15-0125

Period: Worksheet S-3 From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

						11/20/2023 2:	19 pm
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equivalents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
	Component	LICIE XVIII	TILLE XIX	Patients	& Residents	Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	27,752	650	69,155			1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	24,631	14,800				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 7.00	Hospital Adults & Peds. Swing Bed NF	27 752	0	60 155			6.00 7.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	27,752	650	69,155			7.00
8.00	INTENSIVE CARE UNIT	3,657	504	11,528			8.00
8.01	NEONATAL INTENSIVE CARE	3,037	326	·			8.01
9.00	CORONARY CARE UNIT		320	4,007			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		102	2,716			13.00
14.00	Total (see instructions)	31,409	1,582	87,486	0.00	2,477.00	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	22,985	0	48,882	0.00	48.00	1
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 24.10	HOSPICE			0			24.00 24.10
25.00	HOSPICE (non-distinct part) CMHC - CMHC			U			25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	
27.00	Total (sum of lines 14-26)		· ·		0.00	2,525.00	
28.00	Observation Bed Days		0	18,615	0.00	2,323.00	28.00
29.00	Ambulance Trips	0	ŭ	20,023			29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	303	658			32.00
32.01	Total ancillary labor & delivery room			0			32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0			34.00

Provider CCN: 15-0125

Period: worksheet S-3 From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

				10	00/30/2023	11/20/2023 2:	
		Full Time Equivalents		Disch	arges		
	Component	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		C	5,798	220	16,091	1.00
2.00	HMO and other (see instructions)			3,573	2,636		2.00
3.00	HMO IPF Subprovider			3,373	2,636		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				۷		5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	C	5,798	220	16,091	
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00					21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						24.00
24.00	HOSPICE HOSPICE (non-distinct part)						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days	0.00					28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

In Lieu of Form CMS-2552-10 HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0125 Period: Worksheet S-3 From 07/01/2022 Part II Date/Time Prepared: 06/30/2023 11/20/2023 2:19 pm Wkst. A Line Reclassificati Adjusted Paid Hours Average Hourly Amount wage (col. 4 ÷ Number Reported on of Salaries salaries Related to  $(col.2 \pm col.$ (from Wkst. Salaries in col. 5) A-63) col. 4 6.00 5.00 1.00 2.00 3.00 4.00 PART II - WAGE DATA SALARIES 1.00 200.00 208.278.633 208.278.633 5,252,179.97 39.66 1.00 Total salaries (see instructions) 2.00 Non-physician anesthetist Part 0 ( 0 0.00 0.00 2.00 3.00 Non-physician anesthetist Part 5.363.464 5,363,464 40,520.93 132.36 3.00 4.00 0 0.00 0.00 4.00 Physician-Part A -Administrative 4.01 Physicians - Part A - Teaching 0.00 0.00 4.01 Physician and Non 11,986,146 11,986,146 84,305.72 5.00 142.17 5.00 Physician-Part B 6.00 Non-physician-Part B for 0.00 0.00 6.00 hospital-based RHC and FQHC services 7.00 Interns & residents (in an 21.00 0 0.00 0.00 7.00 approved program) Contracted interns and 7.01 0.00 0.00 7.01 residents (in an approved programs) Home office and/or related 8.00 0 0.00 0.00 8.00 organization personnel 9.00 44.00 0.00 0.00 9.00 8,062,281 8,639,727 10.00 Excluded area salaries (see 577,446 223,696.00 38.62 10.00 instructions) OTHER WAGES & RELATED COSTS 11.00 Contract labor: Direct Patient 12,344,376 12,344,376 113,036.30 109.21 11.00 Contract labor: Top level 0.00 0.00 12.00 12.00 0 0 management and other management and administrative services 670,791 Contract labor: Physician-Part 13.00 670,791 3,997.51 167.80 13.00 A - Administrative 14.00 Home office and/or related 0.00 0.00 14.00 organization salaries and wage-related costs 14.01 24,204,053 24,204,053 634,905.00 Home office salaries 38.12 14.01 14.02 Related organization salaries 0.00 0.00 14.02 15.00 Home office: Physician Part A 0 0 0.00 0.00 15.00 - Administrative Home office and Contract 0 0 16.00 0.00 0.00 16.00 Physicians Part A - Teaching 16.01 Home office Physicians Part A 0 0.00 0.00 16.01 - Teaching 16.02 Home office contract 0 0.00 0.00 16.02 Physicians Part A - Teaching WAGE-RELATED COSTS 45,402,592 45,402,592 17.00 Wage-related costs (core) (see 17.00 instructions) 18.00 Wage-related costs (other) 18.00 (see instructions) 2,071,186 19.00 Excluded areas 2,071,186 19.00 20.00 Non-physician anesthetist Part 20.00

375,180

780,580

6,087,529

0

0

0

0

375,180

780,580

6,087,529

0

0

0

0

0

21.00

22.00

22.01

23.00

24.00

25.00

25.50

25.51

25.52

(core)

21.00

22.00

22.01

23.00

24.00

25.00

25.50

25.51

25.52

Non-physician anesthetist Part

Physician Part A - Teaching

Interns & residents (in an

Home office wage-related

Related organization

wage-related (core)

- Administrative wage-related (core)

Wage-related costs (RHC/FQHC)

Home office: Physician Part A

Physician Part A -

Administrative

Physician Part B

approved program)

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION COMMUNITY HOSPITAL

In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 | From 07/01/2022 | Part II | | | Provider CCN: 15-0125

					<del>-</del>	o 06/30/2023	Date/Time Pre	oared:
							11/20/2023 2:	19 pm_
		Wkst. A Line		Reclassificati			Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	$(col.2 \pm col.$	Salaries in	col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0	0			25.53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARI							
26.00	Employee Benefits Department	4.00	1,014,890	0	1,014,890	· ·		26.00
27.00	Administrative & General	5.00	19,915,363	0	19,915,363	· ·		27.00
28.00	Administrative & General under		3,822,958	0	3,822,958	32,490.05	117.67	28.00
	contract (see inst.)			_	_			
29.00	Maintenance & Repairs	6.00	0	0	0	0.00		29.00
30.00	Operation of Plant	7.00	4,203,208	0	4,203,208			30.00
31.00	Laundry & Linen Service	8.00	159,644	0	159,644	· '		31.00
32.00	Housekeeping	9.00	4,518,069	0	4,518,069	· '		32.00
33.00	Housekeeping under contract		0	0	0	0.00	0.00	33.00
	(see instructions)							
34.00	Dietary	10.00	4,322,288	-1,429,559	2,892,729			34.00
35.00	Dietary under contract (see		0	0	0	0.00	0.00	35.00
	instructions)							
36.00	Cafeteria	11.00	0	1,429,559	1,429,559	·		36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00		37.00
38.00	Nursing Administration	13.00	7,547,510	-425,470	7,122,040	173,827.00	40.97	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00		39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical	16.00	0	0	0	0.00	0.00	41.00
	Records Library							
42.00	Social Service	17.00	1,101,288	0	1,101,288			42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0125 Period: Worksheet S-3
From 07/01/2022 Part III

From 07/01/2022 Part III To 06/30/2023 Date/Tim   11/20/20		
Worksheet A Amount Reclassificati Adjusted Paid Hours Average H	ourly	
Line Number   Reported   on of Salaries   Salaries   Related to   Wage (col	. 4 ÷	
(from   (col.2 ± col.   Salaries in   col.5	)	
Worksheet A-6) 3) col. 4		
1.00 2.00 3.00 4.00 5.00 6.00		
PART III - HOSPITAL WAGE INDEX SUMMARY		
	37.74	1.00
instructions)		
	38.62	2.00
instructions)		
	37.70	3.00
minus line 2)		
	49.50	4.00
costs (see inst.)		
	27.67	5.00
(see inst.)		
	48.32	
	33.29	7.00
instructions)		

Health Financial Systems	COMMUNITY HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0125	Period: Worksheet S-3 From 07/01/2022 Part IV
		To 06/30/2023 Date/Time Prenared:

	To 06/30/2023	Date/Time Prep 11/20/2023 2::	
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		1
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	6,538,670	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	24,683,253	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,331,816	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	146,125	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	107,584	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	989,091	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Noncumulative portion)		
	TAXES		ı
17.00		11,851,947	17.00
	Medicare Taxes - Employers Portion Only	2,951,716	
19.00	Unemployment Insurance	29,335	
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
	Tuition Reimbursement	0	23.00
24.00		48,629,537	
	Part B - Other than Core Related Cost	,,	
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

Health Financial Systems	COMMUNITY HOSPITAL	In Lieu	u of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0125	From 07/01/2022	Worksheet S-3 Part V Date/Time Prepared:

		0 00/30/2023	11/20/2023 2:	
	Cost Center Description	Contract Labor	Benefit Cost	•
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	12,344,376	48,629,537	1.00
2.00	Hospital	12,344,376	48,629,537	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

Health	Financial Systems	COMMUNITY I	HOSPITAL		In Lie	eu of Form CMS-2	2552-10
	BEALTH AGENCY STATISTICAL DATA		Provider C	CN: 15-0125	Period: From 07/01/2022	Worksheet S-4	
			Component	CCN: 15-7487	To 06/30/2023	Date/Time Pre 11/20/2023 2:	
					Home Health	PPS	13 piii
					Agency I		
						00	
0.00	County	Title V	Title XVIII	Title XIX	LAKE Other	Total	0.00
		1.00	2.00	3.00	4.00	5.00	
1 00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours		1 001	1	402	1 507	1 00
1.00	Unduplicated Census Count (see instructions)	0.00	1,091 1,139.00		482 00 1,757.00	1	1.00
				Number of Em	ployees (Full Ti	me Equivalent)	
			6.1				
		Enter the number		Staff	Contract	Total	
		your norman	WOTH WEEK				
		0	1	1.00	2.00	3.00	
2 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES		40.00	0.0	0.00	0.00	3 00
3.00 4.00	Administrator and Assistant Administrator(s) Director(s) and Assistant Director(s)		40.00	0.0			
5.00	Other Administrative Personnel			19.5		1	
6.00 7.00	Direct Nursing Service Nursing Supervisor			13.4		1	
8.00	Physical Therapy Service			8.3			
9.00	Physical Therapy Supervisor			1.2		1	
10.00 11.00	Occupational Therapy Service Occupational Therapy Supervisor			2.6		1	
12.00	Speech Pathology Service			0.0		1	
13.00	Speech Pathology Supervisor			0.6			
14.00 15.00	Medical Social Service Medical Social Service Supervisor			0.0			
16.00	Home Health Aide			0.9			
17.00	Home Health Aide Supervisor			0.0			17.00
18.00	Other (specify)			0.0	0.00	CBSA Data	18.00
	L					1.00	
19.00	HOME HEALTH AGENCY CBSA CODES  Enter in column 1 the number of CBSAs where	vou provided se	rvices during	the cost reno	rting period	1	19.00
20.00	List those CBSA code(s) in column 1 serviced					23844	20.00
	first code).	Full Ep	vi sodos				
			With Outliers	LUPA Episode	s PEP Only	Total (cols.	
		Outliers 1.00	2.00	3.00	Episodes	1-4) 5.00	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	3.00	
21.00	Skilled Nursing Visits	8,534	2,950		111	,	
22.00 23.00	Skilled Nursing Visit Charges Physical Therapy Visits	1,870,995 4,360	647,835 2,360		35 24,235 57 77		1
24.00	Physical Therapy Visit Charges	1,122,757	610,125				
25.00	Occupational Therapy Visits	1,254	1,622		L2 42	,	
26.00 27.00	Occupational Therapy Visit Charges Speech Pathology Visits	322,378 88	418,650 177		50 10,857 4 5	754,935 274	
28.00	Speech Pathology Visit Charges	22,514	45,592		1,312		28.00
29.00	Medical Social Service Visits Medical Social Service Visit Charges	9 2,645	1,778	1	0 0		
31.00	Home Health Aide Visits	658	394		2 5	1,059	
32.00	Home Health Aide Visit Charges	109,039	65,300	32	26 815	175,480	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,903	7,509	33	240	22,985	33.00
34.00	Other Charges	0	0		0 0	1	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28,	3,450,328	1,789,280	77,27	71 57,052	5,373,931	35.00
36.00	30, 32, and 34) Total Number of Episodes (standard/non	1,576		20	)4 17	1,797	36.00
	outlier)		2=2		_	,	
37.00 38.00	Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	76,440	373 32,337		1,080	380 111,838	
	,		52,557		,,	,	

Health	Financial Systems COMMUNITY HOS	ΡΤΤΔΙ		Tn Lie	u of Form CMS-2	2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC	N: 15-0125	Period:	Worksheet S-10	
				From 07/01/2022 To 06/30/2023	Date/Time Pre 11/20/2023 2:	
					1.00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di Medicaid (see instructions for each line)	vided by lin	e 202 column	8)	0.208541	1.00
2.00	Net revenue from Medicaid				34,848,227	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemen			id?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments f	rom Medicaid			0	5.00
6.00 7.00	Medicaid charges Medicaid cost (line 1 times line 6)				327,772,402 68,353,984	
8.00	Difference between net revenue and costs for Medicaid program	(line 7 minu	s sum of lin	es 2 and 5: if	33,505,757	
0.00	< zero then enter zero)	(	5 5 <b>u</b> 5	2 2 4.14 3, 11	33,303,737	0.00
	Children's Health Insurance Program (CHIP) (see instructions f	or each line	)			
9.00	Net revenue from stand-alone CHIP				0	
10.00	Stand-alone CHIP charges				0	10.00
11.00 12.00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP	(line 11 min	us line 0: i	f / zero then	0	11.00 12.00
12.00	enter zero)	(Title II IIIII	us Tille 5, 1	1 < Zero then	o l	12.00
	Other state or local government indigent care program (see ins	tructions fo	r each line)			
13.00	Net revenue from state or local indigent care program (Not inc		,	•		13.00
14.00	Charges for patients covered under state or local indigent car	re program (N	ot included	in lines 6 or	285	14.00
15.00	10)   State or local indigent care program cost (line 1 times line 1	4)			50	15.00
	Difference between net revenue and costs for state or local in		program (lin	e 15 minus line	0	
	13; if < zero then enter zero)	•				
	Grants, donations and total unreimbursed cost for Medicaid, CH instructions for each line)	IP and state	/local indig	ent care program	ns (see	
	Private grants, donations, or endowment income restricted to f				0	17.00
	Government grants, appropriations or transfers for support of				0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)	il indigent c	are programs	(sum of lines	33,505,757	19.00
	0, 12 and 10)		Uninsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
20.00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire fa	cility	14,786,60	581,257	15,367,861	20.00
20.00	(see instructions)	icitity	14,700,00	301,237	13,307,801	20.00
21.00	Cost of patients approved for charity care and uninsured disco	ounts (see	3,083,61	.3 581,257	3,664,870	21.00
	instructions)					
22.00	Payments received from patients for amounts previously written	off as		0	0	22.00
23 00	charity care Cost of charity care (line 21 minus line 22)	-	3,083,61	.3 581,257	3,664,870	23 00
23.00	cost of chartey care (Time 21 minus Time 22)		3,003,03	301,237	3,004,070	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patie	nt days beyo	nd a length	of stay limit	N	24.00
25.00	imposed on patients covered by Medicaid or other indigent care program?					25.00
26.00	stay limit	etructions)			15 /65 062	26 00
26.00	Total bad debt expense for the entire hospital complex (see in Medicare reimbursable bad debts for the entire hospital comple		uctions)		15,465,963 1,150,004	
27.00	Medicare allowable bad debts for the entire hospital complex (				1,769,238	
28.00	Non-Medicare bad debt expense (see instructions)		,		13,696,725	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	pense (see i	nstructions)		3,475,563	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				7,140,433	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus l	ıne 30)			40,646,190	31.00

	Financial Systems	COMMUNITY H		CN 15 0125 D		u of Form CMS-	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider C		eriod: rom 07/01/2022	Worksheet A	
					o 06/30/2023	Date/Time Pre	pared:
	Cost Conton Description	Calamias	Othon	Total (sel 1	poslossificati	11/20/2023 2:	19 pm
	Cost Center Description	Salaries	Other	+ col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
				1 (01. 2)	0113 (300 A 0)	(col. 3 +-	
						col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						1
1.00	00100 CAP REL COSTS-BLDG & FIXT		14,569,923				
2.00	00200 CAP REL COSTS-MVBLE EQUIP		13,877,902	13,877,902		13,906,139	
3.00 4.00	00300 OTHER CAP REL COSTS   00400 EMPLOYEE BENEFITS DEPARTMENT	1,014,890	24,525,925	25,540,815	0	0 25,540,815	
5.01	00505 PURCHASING & RECEIVING STORES	911,666	-270,145		0	641,521	1
5.02	00506 ADMITTING	4,691,477	583,112		0	5,274,589	1
5.03	00507 CASHIERING/ACCOUNTS RECEIVABLE	0	686			686	1
5.04	00508 OTHER ADMIN & GENERAL	14,312,220	104,152,770	118,464,990	-345,975	118,119,015	5.04
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	
7.00	00700 OPERATION OF PLANT	4,203,208	12,627,905			16,831,113	
8.00	00800 LAUNDRY & LINEN SERVICE	159,644	1,802,370		0	1,962,014	
9.00 10.00	00900 HOUSEKEEPING 01000 DIETARY	4,518,069 4,322,288	2,150,652		2 452 240	6,668,721	1
11.00	01100 CAFETERIA	4,322,200	3,095,413	7,417,701	-2,453,340 2,453,340	4,964,361 2,453,340	10.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	Ö	2,433,340	2,433,340	
13.00	01300 NURSING ADMINISTRATION	7,547,510	4,832,149	12,379,659	-504,528	11,875,131	
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	0	0	0	0	
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	
17.00	01700 SOCIAL SERVICE	1,101,288	113,954	1,215,242	0	1,215,242	
	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	
21.00 22.00	02100 I&R SERVICES-SALARY & FRINGES APPRV 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	
23.00	02300 PARAMED ED PRGM-(PHARMACY)	187,713	32,477	220,190	169,707		
	02301 PARAMED ED PRGM-(LAB MLS)	215,630	88,818	1		285,081	1
	INPATIENT ROUTINE SERVICE COST CENTERS			, ,,,,,,			1
	03000 ADULTS & PEDIATRICS	38,791,166	10,727,856			47,701,653	
31.00	03100 INTENSIVE CARE UNIT	12,590,600	4,909,126			17,499,726	
31.01	02060 NEONATAL INTENSIVE CARE	3,555,943	900,523	1		4,456,466	1
43.00	04300 NURSERY ANCILLARY SERVICE COST CENTERS	U	0	0	1,817,369	1,817,369	43.00
50.00	05000 OPERATING ROOM	18,492,894	17,628,228	36,121,122	0	36,121,122	50.00
	05100 RECOVERY ROOM	6,485,314	1,383,883			7,869,197	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,636,155	620,157	3,256,312	0	3,256,312	52.00
53.00	05300 ANESTHESIOLOGY	15,901,059	2,771,862			18,672,921	
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,934,471	3,493,726			8,428,197	1
56.00	05500 RADIOLOGY-THERAPEUTIC 05600 RADIOISOTOPE	1,512,030 834,821	2,323,845 1,607,425			3,835,875 2,442,246	
	05700 CT SCAN	1,523,707	2,203,723			3,727,430	
58.00	05800 MRI	1,136,072	1,187,667			2,323,739	
59.00	05900 CARDIAC CATHETERIZATION	4,007,794	3,905,249			7,913,043	
60.00	06000 LABORATORY	7,332,327	11,046,533				
	06300 BLOOD STORING, PROCESSING & TRANS.	409,202	2,464,095			2,873,297	
64.00	06400 INTRAVENOUS THERAPY	343,810	141,977			485,787	
65.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	4,621,416 6,732,250	1,717,636 1,862,823			6,339,052	
67.00	06700 OCCUPATIONAL THERAPY	2,030,229	312,593		0	8,595,073 2,342,822	1
68.00	06800 SPEECH PATHOLOGY	1,674,236	331,113		0	2,005,349	
69.00	06900 ELECTROCARDIOLOGY	3,588,702	1,473,598		Ö	5,062,300	69.00
	07000 ELECTROENCEPHALOGRAPHY	904,738	567,907		0	1,472,645	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,611,808		0	36,611,808	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	40,977,105	1 ' '		40,977,105	1
	07300 DRUGS CHARGED TO PATIENTS	4,888,519	16,333,561			21,052,373	
	07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION	131,975 951,156	1,998,883 142,442			2,130,858 1,093,598	
70.57	OUTPATIENT SERVICE COST CENTERS	931,130	142,442	1,093,396	0	1,093,396	70.37
90.00	09000 CLINIC	2,436,798	781,722	3,218,520	0	3,218,520	90.00
	09100 EMERGENCY	8,986,708	3,811,030			12,797,738	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
101 00	OTHER REIMBURSABLE COST CENTERS	4 000 470	1 000 405	F 016 063		5 016 063	101 00
101.00	10100 HOME HEALTH AGENCY	4,808,478	1,008,485	5,816,963	0	5,816,963	101.00
118.00	SPECIAL PURPOSE COST CENTERS  SUBTOTALS (SUM OF LINES 1 through 117)  NONREIMBURSABLE COST CENTERS	205,428,173	357,430,492	562,858,665	-504,528	562,354,137	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
	19100 RESEARCH	240,759	106,205	1		851,492	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	67,487	177,029	244,516	0	244,516	192.00
	07950 OTHER NONREIMBURSEABLE	0	674,120			674,120	
	07951 ADVERTISING	0	663,906			663,906	
	07952 RETAIL PHARMACY 07953 FITNESS POINTE	652,780 1,107,319	9,379,656 739,033			10,032,436 1,846,352	
154.05	O SSS TIMESS TOTALE	1,107,319	733,033	1 1,070,332	1	1,070,332	1234.03

Health Financial Systems	COMMUNITY	HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider Co		Period: From 07/01/2022	Worksheet A	
				ro 06/30/2023		
Cost Center Description	Salaries	Other	Total (col. 1	Reclassificati	Reclassified	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	245,220	99,863	345,083	3	345,083	194.04
194.05 07955 EINSTEIN BAGELS	167,353	304,076	471,429	9 0	471,429	194.05
194.06 07956 NONRTHWESTERN IMAGING	369,542	523,092	892,634	1 0	892,634	194.06
200.00 TOTAL (SUM OF LINES 118 through 199)	208,278,633	370,097,472	578,376,105	5 0	578,376,105	200.00

Provider CCN: 15-0125

Period: From 07/01/2022 To 06/30/2023 Worksheet A Date/Time Prepared: 11/20/2023 2:19 pm

			11/20/2023 2:	19 bm
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
CENERAL CERVICE COCT CENTERS	0.00	7.00		
GENERAL SERVICE COST CENTERS				
1.00  00100 CAP REL COSTS-BLDG & FIXT	-114,530			1.00
2.00   00200 CAP REL COSTS-MVBLE EQUIP	2,674,131	16,580,270		2.00
3.00 00300 OTHER CAP REL COSTS		0		3.00
	3,273,582	1		1
4.00   00400   EMPLOYEE BENEFITS DEPARTMENT	1			4.00
5.01   00505   PURCHASING & RECEIVING STORES	0	641,521		5.01
5.02   00506 ADMITTING	24,150	5,298,739		5.02
5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE	6,160,559			5.03
5.04   00508 OTHER ADMIN & GENERAL	-55,436,440			5.04
6.00   00600 MAINTENANCE & REPAIRS	0			6.00
7.00 00700 OPERATION OF PLANT	-27,591	16,803,522		7.00
8.00   00800 LAUNDRY & LINEN SERVICE	, , ,			8.00
	1			
9.00   00900   HOUSEKEEPING	0	.,,		9.00
10.00  01000 DIETARY	-3,725	4,960,636		10.00
11.00   01100   CAFETERIA	-1,984,655	468,685		11.00
12.00 01200 MAINTENANCE OF PERSONNEL	,,,,,,	1		12.00
	1 071 022	10 004 000		
13.00 01300 NURSING ADMINISTRATION	-1,071,032	10,804,099		13.00
14.00  01400 CENTRAL SERVICES & SUPPLY	0	)  0		14.00
15.00 01500 PHARMACY	0	0		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,752,400	4,752,400		16.00
	7,732,700			
17.00 01700 SOCIAL SERVICE	0	1,215,242		17.00
19.00   01900   NONPHYSICIAN ANESTHETISTS	0	)  0		19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	) 0	)	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		م ا		22.00
		300 00=	()	
23.00 02300 PARAMED ED PRGM-(PHARMACY)		389,897		23.00
23.01   02301   PARAMED ED PRGM-(LAB MLS)	-29,716	255,365	5	23.01
INPATIENT ROUTINE SERVICE COST CENTERS	·			1
30.00 03000 ADULTS & PEDIATRICS	-2,914	47,698,739		30.00
31.00 03100 INTENSIVE CARE UNIT	-1,626,147			31.00
31.01  02060 NEONATAL INTENSIVE CARE	-348,740	4,107,726		31.01
43.00   04300   NURSERY		1,817,369		43.00
		1,02.,000		.5.00
ANCILLARY SERVICE COST CENTERS		25 424 000	J	
50.00 05000 OPERATING ROOM	-32	36,121,090	)	50.00
51.00   05100   RECOVERY ROOM	-8	7,869,189		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				52.00
53.00 05300 ANESTHESIOLOGY	-16,298,227	-,,		53.00
	1	1		
54.00   05400   RADIOLOGY-DIAGNOSTIC	-1,843	8,426,354		54.00
55.00   05500 RADIOLOGY-THERAPEUTIC	0	3,835,875		55.00
56.00 05600 RADIOISOTOPE	249			56.00
	1			
57.00  05700 CT SCAN	-8,195			57.00
58.00  05800 MRI	-5,000	2,318,739		58.00
59.00 05900 CARDIAC CATHETERIZATION	-3,761	7,909,282		59.00
60.00 06000 LABORATORY	-138,912			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	-948			63.00
64.00  06400 INTRAVENOUS THERAPY	0	485,787		64.00
65.00 06500 RESPIRATORY THERAPY	0	6,339,052		65.00
66.00 06600 PHYSICAL THERAPY	1,906	1 ' '	•	66.00
		1 ' '	· ·	
67.00 06700 OCCUPATIONAL THERAPY	3,265			67.00
68.00 06800 SPEECH PATHOLOGY	0	2,005,349		68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,062,300		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY		1		70.00
	1			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	,,		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	40,977,105		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	-118,050			73.00
74.00 07400 RENAL DIALYSIS	,	2,130,858		74.00
76.97 O7697 CARDIAC REHABILITATION	0	1,093,598	5	76.97
OUTPATIENT SERVICE COST CENTERS				1
90.00 09000 CLINIC	-446,964	2,771,556		90.00
91.00 09100 EMERGENCY	-24	1		91.00
	-24	12,737,714		
92.00 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				1
101.00 10100 HOME HEALTH AGENCY	267,541	6,084,504		101.00
SPECIAL PURPOSE COST CENTERS		,.,,,,,,,,		
	60 500 671	E01 044 400		110 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-60,509,671	501,844,466	p	118.00
NONREIMBURSABLE COST CENTERS				1
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00 19100 RESEARCH		851,492		191.00
	1	1	·	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	8,079			192.00
194.00 07950 OTHER NONREIMBURSEABLE	0	674,120	)	194.00
194.01 07951 ADVERTISING		663,906	•	194.01
194.02 07952 RETAIL PHARMACY		10,032,436		194.02
194.03 07953 FITNESS POINTE	0	1,846,352	•	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	345,083	3	194.04
194.05 07955 EINSTEIN BAGELS		1		194.05
TOT.OUJOTSUSTEIN DAGELS	1	4/1,429	<u>'</u>	124.03

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0125 Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

				11/20/2023 2:	19 pm
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8)	For Allocation		
		6.00	7.00		
194.06 07956	NONRTHWESTERN IMAGING	0	892,634		194.06
200.00	TOTAL (SUM OF LINES 118 through 199)	-60,501,592	517,874,513		200.00

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10
RECLASSIFICATIONS Provider CCN: 15-0125 Period: From 07/01/2022 From 07/01/2022 Period: Period: From 07/01/2022 Period: Period: From 07/01/2022 Period: Period

					То	06/30/2023	Date/Time Prepared: 11/20/2023 2:19 pm
		Increases		·	·		
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
	A - BUILDING INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	317,738			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2 <u>8,2</u> 37			2.00
	0		0	345,975			
	B - CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,429,559	<u>1,023,7</u> 81			1.00
	0		1,429,559	1,023,781			
	C - RECLASS NURSERY						
1.00	NURSERY	43.00	1,439,407	37 <u>7,9</u> 62			1.00
	0		1,439,407	377,962			
	D - RECLASS PRECEPTOR TIME				1		
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	169,707	0			1.00
	0		169,707	0			
	E - NEUROSCIENCE RESEARCH				1		
1.00	RESEARCH	191.00	425,470	7 <u>9,0</u> 58			1.00
	0		425,470	79,058			
	F - MEDICAL LAB SCIENCE						
1.00	LABORATORY	60.00	17,731	<u>1,6</u> 36			1.00
	TOTALS		17,731	1,636			
	G - INTEREST EXPENSE						
1.00		0.00	0	0			1.00
	0		0	0			
	H - INVENTORY ADJ EXPENSE						
1.00	L	0.00	•	0			1.00
	0		0	0			
500.00	Grand Total: Increases		3,481,874	1,828,412			500.00

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL Provider CCN: 15-0125

Period: Worksheet A-6
From 07/01/2022
To 06/30/2023 Date/Time Prepared:

						,,	11/20/2023 2:19 pm
		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref		
	6.00	7.00	8.00	9.00	10.00		
	A - BUILDING INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.04	0	345,975			1.00
2.00		0.00	0	0	1	2	2.00
	0		0	345,975			
	B - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,429,559	1,023,781		0	1.00
	0		1,429,559	1,023,781			
	C - RECLASS NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,439,407	377,962		0	1.00
	0		1,439,407	377,962		7	
	D - RECLASS PRECEPTOR TIME						
1.00	DRUGS CHARGED TO PATIENTS	73.00	169,707	0		0	1.00
	0		169,707	0		7	
	E - NEUROSCIENCE RESEARCH						
1.00	NURSING ADMINISTRATION	13.00	425,470	79,058		0	1.00
	0		425,470	79,058			
	F - MEDICAL LAB SCIENCE						
1.00	PARAMED ED PRGM-(LAB MLS)	23.01	17,731	1,636		0	1.00
	TOTALS		17,731	1,636			
	G - INTEREST EXPENSE						
1.00		0.00	0	0		0	1.00
	0		0	0			
	H - INVENTORY ADJ EXPENSE						
1.00		0.00	0	0		0	1.00
	0		0				
500.00	Grand Total: Decreases		3,481,874	1,828,412			500.00
	·						•

In Lieu of Form CMS-2552-10
Period: Worksheet A-7
From 07/01/2022 Part I Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS COMMUNITY HOSPITAL Provider CCN: 15-0125

				٦	го 06/30/2023	Date/Time Pre 11/20/2023 2:	pared: 19 pm
				Acquisitions			
		Beginning	Purchases	Donation	Total	Disposals and	
		Balances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES					
1.00	Land	13,714,948	114,127	(	114,127	14,153	1.00
2.00	Land Improvements	1,565,718	0	(	0	0	2.00
3.00	Buildings and Fixtures	405,295,131	15,821,980	(	15,821,980	131,114	3.00
4.00	Building Improvements	0	0	(	0	0	4.00
5.00	Fixed Equipment	0	0	(	0	0	5.00
6.00	Movable Equipment	164,628,609	9,955,545	(	9,955,545	8,410,068	6.00
7.00	HIT designated Assets	0	0	(	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	585,204,406	25,891,652	(	25,891,652	8,555,335	8.00
9.00	Reconciling Items	0	0	(	0	0	9.00
10.00	Total (line 8 minus line 9)	585,204,406	25,891,652	(	25,891,652	8,555,335	10.00
		Ending Balance	Fully				
			Depreciated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	13,814,922	0				1.00
2.00	Land Improvements	1,565,718	0				2.00
3.00	Buildings and Fixtures	420,985,997	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	166,174,086	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	602,540,723	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	602,540,723	0				10.00

Health Financial Systems	COMMUNITY	HOSPITAL		In Lie	u of Form CMS-	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period:	Worksheet A-7	
				From 07/01/2022 To 06/30/2023		narod:
				10 00/30/2023	11/20/2023 2:	19 pm
		SI	JMMARY OF CAPI	ITAL		
Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
				instructions)		
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00 CAP REL COSTS-BLDG & FIXT	13,590,586	979,337		0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	11,877,775	2,000,127		0	0	2.00
3.00 Total (sum of lines 1-2)	25,468,361	2,979,464		0	0	3.00
	SUMMARY O	F CAPITAL				
Cost Center Description	Other	Total (1) (sum				
	Capital-Relate	of cols. 9				
	d Costs (see	through 14)				
	instructions)					
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	IN 2, LINES 1 a	nd 2			

		THIS CI UCCTOHS)			
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM W	WORKSHEET A, COLUM	IN 2, LINES 1 a	nd 2	
1.00	CAP REL COSTS-BLDG & FIXT	0	14,569,923		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,877,902		2.00
3.00	Total (sum of lines 1-2)	0	28,447,825		3.00

Health	n Financial Systems	COMMUNITY	HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 07/01/2022 To 06/30/2023	Worksheet A-7 Part III Date/Time Pre 11/20/2023 2:	oared:
		COMI	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capitalized	Gross Assets		Insurance	
			Leases	for Ratio	instructions)		
				(col. 1 - col			
		1.00	2.00	2)	4.00	5.00	
	DART TIT DECONCTITATION OF CARTAL COSTS OF	1.00	2.00	3.00	4.00	5.00	
1.00	PART III - RECONCILIATION OF CAPITAL COSTS CI	436,366,637	1	436,366,63	7 0.724211	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	166,174,086				Ψ,	2.00
3.00	Total (sum of lines 1-2)	602,540,723		602,540,72		0	3.00
3.00	Total (suil of filles 1-2)		TION OF OTHER	<u> </u>		F CAPITAL	3.00
		ALLOCA	TION OF OTHER	CAFITAL	SOMMART	r CAFITAL	
	Cost Center Description	Taxes	Other	Total (sum o	f Depreciation	Lease	
			Capital-Relate				
			d Costs	through 7)			
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	)	0 13,933,587	521,806	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	C	)	0 14,551,906		2.00
3.00	Total (sum of lines 1-2)	0	C		0 28,485,493	2,521,933	3.00
			SI	UMMARY OF CAPI	TAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
	·		instructions)	instructions	Capital-Relate	of cols. 9	
					d Costs (see	through 14)	
					instructions)	, , , , , , , , , , , , , , , , , , ,	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	NTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	,		0 0	14,773,131	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	28,237	1	0	16,580,270	2.00
3.00	Total (sum of lines 1-2)	0	345,975	i	0	31,353,401	3.00

Period: Worksheet A-8 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

Expense Classification on worksheet A					Te	06/30/2023	Date/Time Prep 11/20/2023 2:	
Cost Center Description								25 p
1.00					To/From Which the Amount is	to be Adjusted		
1.00								
1.00								
Investment income - CAP REL   OCAP REL COSTS-BLOG & FIXT   1.00   0   1.00		Cost Center Description						
COSTS-BLD & FIXT (chapter 2)   CAP REL COSTS-AVAILE EQUIP   CO.   COSTS-MANUE (DUIP (chapter 2)   COSTS-MANUE (DUIP (chapter 2)   COSTS-MANUE (CHA	1.00	Investment income - CAP REL	1.00					1.00
0.00   0.00		COSTS-BLDG & FIXT (chapter 2)						
Investment income - other	2.00			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
Trade, quantity, and time     0   0.00   0.00   0.00   0.500   0.00   0.500   0.00   0.500   0.00	3.00	Investment income - other		0		0.00	0	3.00
discounts (chapter 8)	4 00			0		0.00	0	4 00
expenses (Chapter 8)		discounts (chapter 8)		-				
Rental of provider space by suppliers (chapter 8)   0   0.00	5.00			0		0.00	0	5.00
Telephone services (pay stations excluded) (chapter 21)	6.00	Rental of provider space by		0		0.00	0	6.00
Stations excluded) (Chapter   21)   21.00   22.00   28.00	7.00			0		0.00	0	7.00
Television and radio service (Chapter 21)   0		stations excluded) (chapter		_				
Chapter 21)	8.00			0		0.00	0	8.00
10.00   Provider-based physician and adjustment   11.00   Sale of scrap, waste, etc. (Chapter 23)   12.00   Related organization   A-8-1   -37,401,763   0   12.00   13.00   13.00   14.00   14.00   14.00   15.00		(chapter 21)		_				
adjustment			A-8-2	-19 . 808 . 908		0.00	-	
Chapter 23)		adjustment	"					
12.00   Related organization   charactions (chapter 10)   13.00   Laundry and linen service   0   0.00   0.00   0.13.00   14.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.15.00   0.00   0.00   0.00   0.15.00   0.	11.00			0		0.00	0	11.00
13.00   Laundry and linen service	12.00	Related organization	A-8-1	-37,401,763			0	12.00
14.00   Cafeteria-employees and guests   0   0.00   0.00   0.500   0.00   0.00   0.500   0.	13.00			0		0.00	0	13.00
and others	14.00	Cafeteria-employees and guests		0		0.00	-	14.00
16.00   Sale of medical and surgical supplies to other than patients   0   0.00   0.	15.00		!	0		0.00	0	15.00
patients	16.00	Sale of medical and surgical		0		0.00	0	16.00
17.00   Sale of drugs to other than patients   0   0.00								
18.00   Sale of medical records and abstracts   0   0.00   0   18.00   0   18.00   0   18.00   0   18.00   0   18.00   0   19.00   19.00	17.00	Sale of drugs to other than		0		0.00	0	17.00
19.00   Nursing and allied health education (tuition, fees, books, etc.)   20.00   Vending machines   0   0.00	18.00	1.		0		0.00	0	18.00
education (tuition, fees, books, etc.)   20.00   20.00   20.00   21.00   Income from imposition of interest, finance or penalty charges (chapter 21)   22.00   Income from imposition of interest, finance or penalty charges (chapter 21)   22.00   Income from imposition of interest expense on Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments overpayments and borrowings to repay Medicare overpayments	10.00			0		0.00		10.00
20.00   vending machines   0   0.00	19.00			0		0.00	o o	19.00
21.00   Income from imposition of interest, finance or penalty charges (chapter 21)   Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments   A-8-3   ORESPIRATORY THERAPY   G5.00   23.00	20.00			0		0.00	0	20.00
Charges (chapter 21)   Candidate   Candi		Income from imposition of		0			-	
Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments   O   O   O   O   O   O		' '						
repay Medicare overpayments	22.00			0		0.00	0	22.00
Adjustment for respiratory therapy costs in excess of limitation (chapter 14)   A-8-3   ORESPIRATORY THERAPY   65.00   23.00			1					
limitation (chapter 14) Adjustment for physical therapy costs in excess of limitation (chapter 14)  25.00 Utilization review - physicians' compensation (chapter 21)  26.00 Depreciation - CAP REL COSTS-BLDG & FIXT  27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP COSTS-MVBLE EQUIP  28.00 Non-physician Anesthetist ONONPHYSICIAN ANESTHETISTS ON O	23.00	Adjustment for respiratory	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)  25.00 Utilization review - physicians' compensation (chapter 21)  26.00 Depreciation - CAP REL COSTS-BLDG & FIXT								
limitation (chapter 14)	24.00	Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (Chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 28.00 Non-physician Anesthetist 29.00 Physicians assistant 30.00 Adjustment for occupational therapy costs in excess of limitation (Chapter 14) 30.99 Adjustment for speech pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for  0 *** Cost Center Deleted ***  114.00  25.00  0 26.00  0 27.00  0 27.00  0 NonPhySician Anesthetist 19.00 0 28.00 0 29.00 30.00 0 29.00 30.00 30.00 30.00 30.00 30.99 31.00 30.99 31.00 32.00								
Cchapter 21)   Depreciation - CAP REL   OCAP REL COSTS-BLDG & FIXT   1.00   O 26.00	25.00	Utilization review -		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 1.00 0 26.00 CAP REL COSTS-BLDG & FIXT 1.00 0 27.00 CAP REL COSTS-BLDG & FIXT 1.00 0 27.00 CAP REL COSTS-MVBLE EQUIP 2.00 0 27.00 0 27.00 CAP								
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 28.00 Non-physician Anesthetist 29.00 Physicians' assistant 30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14) 30.99 Hospice (non-distinct) (see instructions) 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for  OCAP REL COSTS-MVBLE EQUIP 2.00 ONONPHYSICIAN ANESTHETISTS 19.00 28.00 OCCUPATIONAL THERAPY 67.00 30.00 30.00 30.00 30.00 30.09 OSPEECH PATHOLOGY 68.00 31.00 OCCUPATIONAL THERAPY 67.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00	26.00	Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
COSTS-MVBLE EQUIP Non-physician Anesthetist 29.00 Physicians' assistant Adjustment for occupational therapy costs in excess of limitation (chapter 14) Hospice (non-distinct) (see instructions) Adjustment for speech pathology costs in excess of limitation (chapter 14)  A-8-3  OCCUPATIONAL THERAPY  OADULTS & PEDIATRICS  OADULTS & PEDIATRICS  OBSPEECH PATHOLOGY  A-8-3  OSPEECH PATHOLOGY  A-8-3  CAH HIT Adjustment for  O 0 0 32.00	27.00	1		0	CAP REL COSTS-MVBLE FOUTP	2.00	0	27.00
29.00 Physicians' assistant 30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14) 30.99 Hospice (non-distinct) (see instructions) 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for  Document of the pathology and the pathology costs in excess of limitation (chapter 14)  Ooccupational Therapy 67.00 30.00  A-8-3 Ooccupational Therapy 67.00 30.00  Ooccupational Therapy 67.00 30.00		COSTS-MVBLE EQUIP			·			
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14) 30.99 Hospice (non-distinct) (see instructions) 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for  A-8-3  OCCUPATIONAL THERAPY  67.00  30.00				0	NONPHYSICIAN ANESTHETISTS		0	
limitation (chapter 14) Hospice (non-distinct) (see instructions) 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) CAH HIT Adjustment for    CAH HIT Adjustment for   CAB   CAB		Adjustment for occupational	A-8-3	0	OCCUPATIONAL THERAPY			
30.99 Hospice (non-distinct) (see instructions) 31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for  O ADULTS & PEDIATRICS 30.00 30.99  A-8-3 O SPEECH PATHOLOGY 68.00 31.00  O ADULTS & PEDIATRICS 0 O ADULTS & PEDIATRICS 0 O SPEECH PATHOLOGY 0 O O O O O O O O O O O O O O O O O O O								
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)  32.00 CAH HIT Adjustment for 0 SPEECH PATHOLOGY 68.00 31.00	30.99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30.99
pathology costs in excess of limitation (chapter 14) 32.00 CAH HIT Adjustment for 0 0.00 0 32.00	31.00		A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for 0 0.00 0 32.00		pathology costs in excess of						
Depreciation and Interest	32.00	CAH HIT Adjustment for		0		0.00	0	32.00
		Depreciation and Interest	1					

Provider CCN: 15-0125 Period: Worksheet A-8 From 07/01/2022 To 06/30/2023 Date/Time Prepared: ADJUSTMENTS TO EXPENSES Period:

				To	06/30/2023	Date/Time Pre 11/20/2023 2:	
				Expense Classification on	Worksheet A	11/20/2023 2.	19 ()11
				To/From Which the Amount is	to be Adjusted		
	Cost Conton Description	Pasis (Sada (2)	Amount	Cost Conton	line #	Wkst. A-7 Ref.	
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	5.00	
33.00	ANESTHESIA - NON-SALARIES,	A		ANESTHESIOLOGY	53.00		33.00
22 01	NON-BENEF		117 750	DRUGG GUARGER TO DATTENTS	72.00		22.01
33.01 33.02	COVID DRUG DONATIONS NON-PATIENT CARE COST	B A		DRUGS CHARGED TO PATIENTS OTHER ADMIN & GENERAL	73.00 5.04		33.01 33.02
33.03	OTHER REVENUE	В		CAP REL COSTS-BLDG & FIXT	1.00	9	33.03
33.04	OTHER REVENUE	В		EMPLOYEE BENEFITS DEPARTMENT	4.00	1	33.04
33.05 33.06	OTHER REVENUE	B B	,	OTHER ADMIN & GENERAL DIETARY	5.04 10.00	0	33.05 33.06
33.00	OTHER REVENUE	В	-1,984,655	i i	11.00	0	33.00
33.08	OTHER REVENUE	В		NURSING ADMINISTRATION	13.00	0	33.08
33.09	OTHER REVENUE	В		PARAMED ED PRGM-(LAB MLS)	23.01	1	33.09
33.10 33.11	OTHER REVENUE	B B		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00		33.10 33.11
33.12	OTHER REVENUE	В		OPERATING ROOM	50.00	1	33.12
33.13	OTHER REVENUE	В		RECOVERY ROOM	51.00		33.13
33.14 33.15	OTHER REVENUE	B B		RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	54.00 56.00	0	33.14 33.15
33.16	OTHER REVENUE	В		CARDIAC CATHETERIZATION	59.00	1	33.16
33.17	OTHER REVENUE	В		LABORATORY	60.00		33.17
33.18	OTHER REVENUE	В		PHYSICAL THERAPY	66.00		33.18
33.19 33.20	OTHER REVENUE	B B		DRUGS CHARGED TO PATIENTS EMERGENCY	73.00 91.00	0	33.19 33.20
33.21	PARENT ASSET DEPRECIATION	A		CAP REL COSTS-BLDG & FIXT	1.00	1	33.21
	ADJUSTMENT		,				
33.22 33.23	TAXABLE LABS	A		LABORATORY	60.00		33.22 33.23
33.23	TAXABLE LABS	A	-940	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.23
33.24	PATIENT TV DEPRECIATION	A		CAP REL COSTS-MVBLE EQUIP	2.00		33.24
33.25	PATIENT TV PURCHASES	A	-29,062	OPERATION OF PLANT	7.00	1	33.25
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.26
33.27	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.27
33.28	(3)		0		0.00	0	33.28
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.29	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.29
33.30	(3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.30
33.30	(3)		0		0.00		33.30
33.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.31
33.32	(3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.32
33.32	(3)		0		0.00		33.32
33.33	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.33
33.34	(3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.34
33.34	(3)		0		0.00	0	33.34
33.35	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.35
33.36	(3) OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.36
33.30	(3)		0		0.00	0	33.30
33.37	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.37
33.38	(3)				0.00	0	33.38
33.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	١	33.30
33.39	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.39
33.40	(3)		^		0.00	0	33.40
33.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	١	33.40
50.00	TOTAL (sum of lines 1 thru 49)		-60,501,592				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)	I					

<sup>(1)</sup> 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 15-0125

Period: Worksheet A-8-1 From 07/01/2022

OFFICE	COSTS			From 07/01/2022 To 06/30/2023		pared:
	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount	
	1.00	2.00	2.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST	2.00	3.00	4.00		
	HOME OFFICE COSTS:		TRANSACTIONS WITH RELATED ON	GANIZATIONS OR		
1.00		OTHER ADMIN & GENERAL	PHYSICIAN ALLOCATION PER GL	0	26,007,467	1.00
2.00		OTHER ADMIN & GENERAL	HOME OFFICE ALLOCATION PER G	0	66,720,762	2.00
3.00	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOC-BLDG	174,997	0	3.00
3.01		CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOC-EQUIP	2,677,626	0	3.01
3.02		OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-SALARIES	17,739,704	0	3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOC-BENEFITS	3,879,845	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOC-MEDICAL RE	4,752,400	0	3.04
3.05	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-REIMBURSEM	177,906	0	3.05
3.06	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE ALLOC-PATIENT AC	6,160,559	0	3.06
3.07	5.04	OTHER ADMIN & GENERAL	HOME OFFICE ALLOC-OTHER NON	20,123,448	0	3.07
3.08	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOCATION PER G	0	1,140,416	3.08
3.09	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-ADMIN	118,527	0	3.09
3.10	13.00	NURSING ADMINISTRATION	CANCER CARE ALLOC-REGISTRY	258,162	0	3.10
3.11	5.04	OTHER ADMIN & GENERAL	CANCER CARE ALLOC-NAVIGATORS	278,714	0	3.11
4.00	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE EXPENSE PER GL	0	261,720	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	CDC LEASE-DEPRECIATION	170,686	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	CDC LEASE-DEPRECIATION	6,193	0	4.02
4.03	7.00	OPERATION OF PLANT	CDC LEASE-OTHER EXPENSES	1,471	0	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	CDC LEASE-OTHER EXPENSES	7,697	0	4.04
4.05	66.00	PHYSICAL THERAPY	CDC LEASE-OTHER EXPENSES	3,156	0	4.05
4.06	67.00	OCCUPATIONAL THERAPY	CDC LEASE-OTHER EXPENSES	3,265	0	4.06
4.07	192.00	PHYSICIANS' PRIVATE OFFICES	CDC LEASE-OTHER EXPENSES	8,079	0	4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE EXPENSE PER GL	0	99,100	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	800 MAC LEASE-DEPRECIATION	20,684	0	4.09
4.10	5.02	ADMITTING	800 MAC LEASE-OTHER EXPENSES	24,150	0	4.10
4.11	5.04	OTHER ADMIN & GENERAL	800 MAC LEASE-OTHER EXPENSES	58,319	0	4.11
4.12	23.01	PARAMED ED PRGM-(LAB MLS)	800 MAC LEASE-OTHER EXPENSES	11,284	0	4.12
4.13	1	CAP REL COSTS-BLDG & FIXT	901 RIDGE RD LEASE EXPENSE P	0	96,711	4.13
4.14	1	HOME HEALTH AGENCY	901 RIDGE RD LEASE-OTHER EXP	267,541	0	4.14
5.00	TOTALS (sum of lines 1-4).			56,924,413	94,326,176	5.00
	Transfer column 6, line 5 to			' '	( )	
	Worksheet A-8, column 2,					
	1÷no 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.

	,						
				Related Organization(s) and/	or Home Office		
	Symbol (1)	Name	Percentage of	Name	Percentage of		
			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.

	Jement where there Aviii.		
6.00	В	0.00 CFNI 100.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		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.

line 12.

			To 06/30/2023   Date/Time Pro	
	Net	Wkst. A-7 Ref.	11/20/2023 2	T Pill
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	-26,007,467	0		1.00
2.00	-66,720,762	0		2.00
3.00	174,997	9		3.00
3.01	2,677,626	9		3.01
3.02	17,739,704	0		3.02
3.03	3,879,845	0		3.03
3.04	4,752,400	0		3.04
3.05	177,906	0		3.05
3.06	6,160,559	0		3.06
3.07	20,123,448	0		3.07
3.08	-1,140,416	0		3.08
3.09	118,527	0		3.09
3.10	258,162	0		3.10
3.11	278,714	0		3.11
4.00	-261,720	10		4.00
4.01	170,686	9		4.01
4.02	6,193			4.02
4.03	1,471	0		4.03
4.04	7,697	0		4.04
4.05	3,156	0		4.05
4.06	3,265	0		4.06
4.07	8,079	0		4.07
4.08	-99,100	10		4.08
4.09	20,684	9		4.09
4.10	24,150			4.10
4.11	58,319			4.11
4.12	11,284			4.12
4.13	-96,711			4.13
4.14	267,541			4.14
5.00	-37,401,763			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.

	ganization(s)				
and/or Ho	ome Office				
Type of	Business				
6	.00				
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	HOME OFFICE	6.	5.00
7.00		7.	7.00
8.00		8.	3.00
9.00		9.	00.0
10.00		10.	0.00
7.00 8.00 9.00 10.00 100.00		100.	0.00

- (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.

Provider CCN: 15-0125

Period: Worksheet A-8-2 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

						'	0 06/30/2023	11/20/2023 2:	
	Wkst. A Line #	Cost Center/Physician	Total	Professional	Provider	1	RCE Amount	Physician/Prov	13 piii
		Identifier	Remuneration	Component	Component			ider Component	
								Hours	
	1.00	2.00	3.00	4.00	5.00	T	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	1,582,907	1,582,90	7	0	0	0	1.00
2.00	31.01 NEONATAL INTENSIVE CARE		310,269			0	0	o	2.00
3.00	53.00 ANESTHESIOLOGY		15,021,349	15,021,34	.9	0	0	0	3.00
4.00	90.00	CLINIC	435,086	435,08	6	0	0	0	4.00
5.00		INTENSIVE CARE UNIT	43,216			0	0	o	
6.00		NEONATAL INTENSIVE CARE	8,471	8,47		0	0	o	
7.00		ANESTHESIOLOGY	410,104			0	0	o	1
8.00		CLINIC	11,878	,		0	0	0	1
9.00		EMPLOYEE BENEFITS DEPARTMENT	605,609	,		0	0	0	9.00
10.00		NURSING ADMINISTRATION	1,329,144			0	0	o	
11.00	31.01	NEONATAL INTENSIVE CARE	30,000			0	0	0	11.00
12.00		RADIOLOGY-DIAGNOSTIC	7,680			0	0	o	12.00
13.00		CT SCAN	8,195			0	0	0	13.00
14.00	58.00		5,000			0	0	0	14.00
200.00			19,808,908			0	·	0	
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE				Provider	Physician Cost	
		Identifier	Limit		E Memberships	&	Component	of Malpractice	
				Limit	Continuing		Share of col.	Insurance	
					Education		12		
	1.00	2.00	8.00	9.00	12.00		13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0		0	0	0	0	1.00
2.00	31.01	NEONATAL INTENSIVE CARE	0		0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0		0	0	0	0	3.00
4.00	90.00	CLINIC	0		0	0	0	0	4.00
5.00		INTENSIVE CARE UNIT	0		0	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE	0		0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0		0	0	0	0	7.00
8.00	90.00	CLINIC	0		0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0		0	0	0	0	9.00
10.00	13.00	NURSING ADMINISTRATION	0		0	0	0	0	10.00
11.00	31.01	NEONATAL INTENSIVE CARE	0		0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0	12.00
13.00	57.00	CT SCAN	0		0	0	0	0	13.00
14.00	58.00	MRI	0		0	0	0	0	14.00
200.00			0		0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provider	Adjusted RCE			Adjustment		
		Identifier	Component	Limit	Disallowance	e			
			Share of col.						
			14			_			
	1.00	2.00	15.00	16.00	17.00		18.00		
1.00		INTENSIVE CARE UNIT	0		0	0	1,582,907	1	1.00
2.00		NEONATAL INTENSIVE CARE	0		0	0	310,269		2.00
3.00		ANESTHESIOLOGY	0		0	0	15,021,349		3.00
4.00		CLINIC	0		0	0	435,086		4.00
5.00		INTENSIVE CARE UNIT	0		0	0	43,216	1	5.00
6.00		NEONATAL INTENSIVE CARE	0		U	0	8,471	1	6.00
7.00		ANESTHESIOLOGY	0		0	0	410,104		7.00
8.00		CLINIC	0		0	0	11,878		8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0		0	0	605,609		9.00
10.00		NURSING ADMINISTRATION	0		0	0	1,329,144		10.00
11.00		NEONATAL INTENSIVE CARE	0		0	0	30,000		11.00
12.00		RADIOLOGY-DIAGNOSTIC	0		0	0	7,680		12.00
13.00		CT SCAN	0		0	0	8,195		13.00
14.00	58.00	MRI	0		0	0	5,000		14.00
200.00			0		0	0	19,808,908	1	200.00

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0125

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:

					To	06/30/2023	Date/Time Pre 11/20/2023 2:	
				CAPITAL REI	LATED COSTS		11/20/2023 2.	13 piii
		Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	PURCHASING &	
		cost center bescription	for Cost	BEDG & TIXT	MVBEE EQUIT	BENEFITS	RECEIVING	
			Allocation			DEPARTMENT	STORES	
			(from Wkst A col. 7)					
			0	1.00	2.00	4.00	5.01	
1.00		AL SERVICE COST CENTERS  CAP REL COSTS-BLDG & FIXT	14,773,131	14,773,131				1.00
2.00	1	CAP REL COSTS-BLDG & FIXT	16,580,270		16,580,270			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,814,397		13,389	28,858,159		4.00
5.01 5.02		PURCHASING & RECEIVING STORES ADMITTING	641,521 5,298,739	130,129 121,257		126,935 653,213	900,755	5.01 5.02
5.03	1	CASHIERING/ACCOUNTS RECEIVABLE	6,161,245			033,213	0	5.02
5.04		OTHER ADMIN & GENERAL	62,682,575			1,992,748		5.04
6.00 7.00		MAINTENANCE & REPAIRS OPERATION OF PLANT	16 902 522	0 2,222,917	1	0 585,229	0 143	6.00 7.00
8.00	1	LAUNDRY & LINEN SERVICE	16,803,522 1,962,014	2,222,917		22,228	0	8.00
9.00	00900	HOUSEKEEPING	6,668,721	62,874	29,997	629,069	2,644	9.00
10.00		DIETARY	4,960,636			402,766		
11.00 12.00		CAFETERIA MAINTENANCE OF PERSONNEL	468,685 0	185,602 0	1	199,043 0	0	11.00 12.00
13.00	01300	NURSING ADMINISTRATION	10,804,099	65,722	442,162	991,630	12,863	13.00
14.00		CENTRAL SERVICES & SUPPLY	0	0		0	0	14.00
15.00 16.00	1	PHARMACY MEDICAL RECORDS & LIBRARY	4,752,400	0 21,813	1	0	0	15.00 16.00
17.00	01700	SOCIAL SERVICE	1,215,242	16,055		153,337	0	17.00
19.00		NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 22.00	1	I&R SERVICES-SALARY & FRINGES APPRV I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	21.00 22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	389,897	3,568	0	49,765		23.00
23.01		PARAMED ED PRGM-(LAB MLS)	255,365	15,992	13,914	27,554	143	23.01
30.00		IENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	47,698,739	2,967,420	566,639	5,200,637	96,185	30.00
31.00		INTENSIVE CARE UNIT	15,873,579			1,753,040		
31.01		NEONATAL INTENSIVE CARE	4,107,726			495,108		
43.00		NURSERY LARY SERVICE COST CENTERS	1,817,369	30,467	0	200,414	0	43.00
50.00		OPERATING ROOM	36,121,090	1,241,877	4,043,214	2,574,840	202,732	50.00
51.00		RECOVERY ROOM	7,869,189			902,976		
52.00 53.00		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	3,256,312 2,374,694	242,216 16,399		367,042 2,213,968		
54.00		RADIOLOGY-DIAGNOSTIC	8,426,354			687,046		
55.00		RADIOLOGY-THERAPEUTIC	3,835,875			210,526		
56.00 57.00		RADIOISOTOPE CT SCAN	2,442,495 3,719,235			116,235 212,152		
58.00	05800		2,318,739			158,180		
59.00		CARDIAC CATHETERIZATION	7,909,282	177,668	1,639,950	558,021	47,950	59.00
60.00		LABORATORY BLOOD STORING, PROCESSING & TRANS.	18,259,315	401,529 32,626		1,023,378 56,975		60.00 63.00
64.00		INTRAVENOUS THERAPY	2,872,349 485,787	64,767		47,870	2,501	
65.00	06500	RESPIRATORY THERAPY	6,339,052	66,864	484,465	643,458	18,937	
66.00	1	PHYSICAL THERAPY	8,596,979			937,358	8,004	
67.00 68.00	1	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	2,346,087 2,005,349	108,206 35,631		282,677 233,111	1,286 1,072	
69.00		ELECTROCARDIOLOGY	5,062,300			499,669	11,362	
70.00		ELECTROENCEPHALOGRAPHY	1,472,645			125,970	6,360	
71.00 72.00	1	MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	36,611,808 40,977,105			0	0	71.00 72.00
73.00	1	DRUGS CHARGED TO PATIENTS	20,934,323	83,232	1	657,019	6,574	
74.00	07400	RENAL DIALYSIS	2,130,858	20,734	0	18,375	715	
76.97		CARDIAC REHABILITATION	1,093,598	70,667	89,662	132,433	286	76.97
90.00		TIENT SERVICE COST CENTERS CLINIC	2,771,556	69,008	9,281	339,285	9,433	90.00
91.00	09100	EMERGENCY	12,797,714			1,251,255		
92.00		OBSERVATION BEDS (NON-DISTINCT PART						92.00
101.00	-	REIMBURSABLE COST CENTERS HOME HEALTH AGENCY	6,084,504	0	0	669,504	214	101.00
101.00	_	AL PURPOSE COST CENTERS	0,001,501		<u> </u>	003,301	221	101.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	501,844,466	13,118,224	16,289,909	28,402,039	895,967	118.00
190.00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,903	0	0	0	190.00
191.00	19100	RESEARCH	851,492	5,164	0	92,762	143	191.00
		PHYSICIANS' PRIVATE OFFICES	252,595 674,130			9,396		192.00 194.00
		OTHER NONREIMBURSEABLE ADVERTISING	674,120 663,906			0		194.00 194.01
	-, 5, 551		333,300	·	١	O <sub>1</sub>	·	

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0125 Period: Worksheet B From 07/01/2022 Part I

Part I Date/Time Prepared: 11/20/2023 2:19 pm 06/30/2023 CAPITAL RELATED COSTS BLDG & FIXT PURCHASING & Cost Center Description Net Expenses MVBLE EQUIP EMPLOYEE for Cost RECEIVING BENEFITS Allocation DEPARTMENT STORES (from Wkst Acol. 7) 1.00 2.00 4.00 5.01 194.02 07952 RETAIL PHARMACY 10,032,436 26,007 519 90,889 786 194.02 572 194.03 2,072 194.04 194.03 07953 FITNESS POINTE 1,846,352 154,176 725,256 115,482 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 345,083 23,190 5,723 34,143 194.05 07955 EINSTEIN BAGELS 471,429 9,467 11,089 23,301 786 194.05 429 194.06 194.06 07956 NONRTHWESTERN IMAGING 892,634 41,436 68,996 51,453 200.00 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 0 201.00 202.00 TOTAL (sum lines 118 through 201) 517,874,513 14,773,131 16,580,270 28,858,159 900,755 202.00 COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm Cost Center Description ADMITTING CASHIERING/ACC Subtotal OTHER ADMIN & MAINTENANCE & OUNTS GENERAL **REPAIRS** RECEIVABLE 5.02 5A.03 5.04 6.00 5.03 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 5.02 00506 ADMITTING 6,084,433 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 6,329,196 5.03 5.04 00508 OTHER ADMIN & GENERAL 0 66.232.524 66.232.524 5.04 6.00 00600 MAINTENANCE & REPAIRS 0 0 6.00 7.00 00700 OPERATION OF PLANT 0 0 19,965,414 2,927,888 0 7.00 00800 LAUNDRY & LINEN SERVICE 0 2,008,747 294,579 8.00 8.00 0 0 0 7,393,305 9.00 00900 HOUSEKEEPING 1,084,213 Λ 9.00 831,382 10.00 01000 DIETARY 0 5,669,237 0 10.00 11.00 01100 CAFETERIA 0 853,330 125,139 11.00 0 01200 MAINTENANCE OF PERSONNEL 12.00 0 12.00 0 13.00 01300 NURSING ADMINISTRATION 0 12,316,476 1,806,187 0 13.00 01400 CENTRAL SERVICES & SUPPLY 0 14.00 14.00 0 15.00 01500 PHARMACY 0 0 15.00 0 01600 MEDICAL RECORDS & LIBRARY 4,774,213 700.129 16.00 16.00 0 17.00 01700 SOCIAL SERVICE 0 1,384,634 203,054 0 17.00 0 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 0 19.00 0 21.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 0 0 0 0 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 n 0 0 22.00 23.00 02300 PARAMED ED PRGM-(PHARMACY) 0 0 443,230 64,999 0 23.00 02301 PARAMED ED PRGM-(LAB MLS) 23.01 312,968 45,896 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 523,280 544,179 57,597,079 8,446,627 0 30.00 31.00 03100 INTENSIVE CARE UNIT 104,691 108,872 19,118,211 2,803,647 0 31.00 31.01 02060 NEONATAL INTENSIVE CARE 64,720 67,305 5,016,697 735,689 0 31.01 04300 NURSERY 43.00 15,637 16,261 2,080,148 305,050 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 869,173 905,646 45,958,572 6,739,733 0 50.00 51.00 05100 RECOVERY ROOM 102,676 106,777 9.779.514 1,434,146 0 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 26,065 27,106 4,000,469 586,661 0 52.00 05300 ANESTHESIOLOGY 146,576 152,430 5,077,780 744,646 0 53.00 53.00 54.00 05400 RADIOLOGY-DIAGNOSTIC 269,616 280,384 11,517,895 1,689,076 0 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 150.692 156,711 5,864,451 860.010 0 55.00 108.156 56.00 05600 RADIOISOTOPE 104,002 3,162,920 463,836 0 56.00 05700 CT SCAN 375,487 390,483 5,716,730 838,347 57.00 57.00 0 58.00 05800 MRI 178,092 185,205 3,167,232 464,468 0 58.00 05900 CARDIAC CATHETERIZATION 489.737 509.296 59.00 11.331.904 1.661.801 0 59.00 60.00 06000 LABORATORY 649,386 675,321 22,161,014 3,249,868 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 29,656 30,840 3,124,405 458,188 0 63.00 627,818 64.00 06400 INTRAVENOUS THERAPY 11,427 11.884 92,068 64.00 0 06500 RESPIRATORY THERAPY 69,309 65.00 66,647 7.688.732 1,127,537 0 65.00 1,534,813 66.00 06600 PHYSICAL THERAPY 94,849 98,637 10,465,969 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 32,974 34,291 2,834,590 415,687 67.00 17,859 68.00 06800 SPEECH PATHOLOGY 2,384,778 68.00 18,572 349,723 0 69.00 06900 ELECTROCARDIOLOGY 255,032 265,218 6,775,629 993.632 Λ 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 49,608 51,589 1,800,145 263,988 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 179,765 186,945 36,978,518 5,422,826 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 41,489,440 72.00 251, 152 261.183 6.084.343 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 378,764 393,892 22,843,029 3,349,885 0 73.00 74.00 74.00 07400 RENAL DIALYSIS 25,680 26,706 2,223,068 326,008 0 07697 CARDIAC REHABILITATION 76.97 76.97 13,057 13,578 1,413,281 207,255 0 OUTPATIENT SERVICE COST CENTERS 90.00 38,763 40,311 0 90.00 09000 CLINIC 3,277,637 480,659 91.00 09100 EMERGENCY 542,951 564,635 15,798,442 2,316,810 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 0 101.00 101.00 10100 HOME HEALTH AGENCY 26,419 27,474 6,808,115 998,396 SPECIAL PURPOSE COST CENTERS 6,329,196 499,438,290 0 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 6,084,433 63,528,889 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 18,903 2,772 0 190.00 0 191.00 19100 RESEARCH 0 0 949.561 139.251 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192.00 0 956,953 140,335 194.00 07950 OTHER NONREIMBURSEABLE 0 0 873,194 128,052 0 194.00 0 194.01 07951 ADVERTISING 0 663,906 97,360 0 194.01 194.02 07952 RETAIL PHARMACY 0 0 10,150,637 1,488,571 0 194.02 0 194.03 07953 FITNESS POINTE 0 2,841,838 416,750 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 0 410,211 60,157 0 194.04 194.05 07955 EINSTEIN BAGELS 516,072 75,681 0 194.05

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125
From 07/01/2022
From 07/01/2022
To 06/30/2023
Date/Time Prepared:

					0 00/30/2023	11/20/2023 2:	
	Cost Center Description	ADMITTING	CASHIERING/ACC	Subtotal	OTHER ADMIN &	MAINTENANCE &	
			OUNTS		GENERAL	REPAIRS	
			RECEIVABLE				
		5.02	5.03	5A.03	5.04	6.00	
194.06 07956	NONRTHWESTERN IMAGING	0	0	1,054,948	154,706	0	194.06
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)	6,084,433	6,329,196	517,874,513	66,232,524	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

CONTENTAL SERVICE COST CENTERS   1.00   10.00   11.00   12.00   10.00   11.00   12.00   10.00   11.00   12.00   10.00   12.00   10.00   12.00   10.00   12.00   10.00   12.00   10.00   12.00   10.00   12.00   10.00   12.00   12.00   10.00   12.00   12.00   10.00   12.0						00/30/2023	11/20/2023 2:	19 pm
CONSIDER SERVICE COST CENTES		Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY		
Company   Comp						12.00		
1.00   00.000   CAP REL COSTS-RIDG & FIXT		GENERAL GERVINGE GOOT GENTERS	7.00	8.00	9.00	10.00	11.00	
0.000   0.000   CAP FEL COSTS-WALE FOURP	1 00							1 00
4.00   0.0000   PARILYCE ERRETTS DEPARTMENT   0.0000   DUDGE ALBORING SECELVABLE								2.00
5.0.0   0.0000   DIANTTIMO								4.00
5.03   00090   CASHIERINGA/ACCOUNTS RECEIVABLE     5.00   6.00								5.01
5.04 00 0000 MAINTEMANCE ABEADARS 7.00 00000 DERATION OF PLANT 7.00 00000 DESTARY 7.00 0000 DESTARY 7.00 0000 DESTARY 7.00 0000 DESTARY 7.00 0000 DESTARY 7.00 000 000 000 000 000 000 000 000 000	5.02	00506 ADMITTING						5.02
0.000   0.0000   AINTENANCE & REPAIRS								5.03
7.00   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   000000								5.04
8.00 000000 LAUNDRY & LINEN SERVICE								6.00
9.00   0.0900    0.0950    0.0950    0.0550    36,704   0   137,800   7,002,159   1.00   1.000   0.1000   0.0550    0.0550				2 252 210				
10.00   10.000   DETARY   363,740   0   137,800   7,002,159   1,499,513   11.00   11.00   62,675   13.00   13.00   13.00   0   0   0   0   0   0   0   12.00   13.10   13.00			1	2,353,218				1
11.00   01.00   01.00   0.14   0.15   0   1.499, 513   11.00   12.00   12.00   12.00   13.00   0.300   0.15   0.				0		7 002 150		1
12.00   0.1200 (MAINTENNACE OF PERSONNEL   0 0 0 0 0 0 0 0 0 12.00				0		- 1	1 /00 513	1
13.00   01300   NURSING ADMINISTRATION   133,810   0   50,693   0   66,469   13.00   15.00			1	0		0		1
14.00   0.1400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   14.00			-	0	1 -1	o		
15.00   01.00   Depart of the coron of the				0		Ö		
17.00   01700   SOCIAL SERVICE   32,688   0   12,383   0   12,661   17.00   17	15.00		0	0	0	0	0	15.00
19.00   0.900   NORPHYSTICIAN ARESTHETISTS   0   0   0   0   0   0   0   0   0	16.00	01600 MEDICAL RECORDS & LIBRARY	44,412	0		0	0	16.00
21.00			32,688	0	12,383	0	12,661	17.00
22.00   02200   PARAMEDE D PROM- (HARMACY)   7,264   0   2,752   0   3,956   3,956   23,744   23.01   23.01   PARAMEDE D PROM- (HARMACY)   7,264   0   2,752   0   3,956   23.744   23.01   23.01   PARAMEDE D PROM- (LAB MLS)   32,560   0   12,335   0   2,374   23.01   2			0	0	0	0		1
23.00			0	0	0	0		
32301   PARAMED ED PRIGN—(LAB MLS)   32,560   0   12,335   0   2,374   23.0   23.0			7 264	0	0	0	-	
INFATEUR ROUTINE SERVICE COST CENTERS   1,860,146   2,288,835   5,661,397   372,703   30.00   30.00   ADULTS & PEDIDATRICS   6,041,675   1,860,146   2,288,835   5,661,397   372,703   31.00   30.00   ADULTS & PEDIDATRICS   6,041,675   1,806,146   2,288,835   5,661,397   372,703   31.00   31.00   ADULTS & PEDIDATRICS   6,041,675   1,806,146   2,288,835   469,579   101,286   31.00   31.00   ADULTS & PEDIDATRICS   62,030   73,056   23,500   0   12,661   43.00   30.00   ADULTS & PEDIDATRICS   73,056   23,500   0   12,661   43.00   30.00   ADULTS & PEDIDATRICS   73,056   23,500   0   12,661   43.00   30.00   ADULTS & PEDIDATRICS   73,056   23,500   0   12,661   43.00   30.00   ADULTS & PEDIDATRICS   73,056   23,500   0   0   30.00   ADULTS & PEDIDATRICS   73,056   23,500   0   31.00   ADULTS & PEDIDATRICS   73,056   23,500   0   31.00   ADULTS & PEDIDATRICS   33,330   0   30.00   ADULTS & PEDIDATRICS   33,330   0   30.00   ADULTS & PEDIDATRICS   33,339   0   12,649   0   37,131   33.00   33.00   ADULTS & PEDIDATRICS   33,339   0   12,649   0   37,131   33.00   30.00   ADULTS & PEDIDATRICS   34,522   0   12,874   0   11,669   35.00   35.00   ADULTS & PEDIDATRICS   34,522   0   12,874   0   11,669   35.00   35.00   ADULTS & PEDIDATRICS   34,522   0   12,874   0   11,669   35.00				0		0		
30.00   3000   ADULTS & PEDIATRICS   6,041,675   1,860,146   2,288,835   5,661,397   372,703   30.00   310.00   01300   INTENSIVE CARE   313,991   109,933   134,106   0   28,487   31.01   31.01   02660 NEOMATAL INTENSIVE CARE   333,991   109,933   134,106   0   28,487   31.03   0   4300   0.00	23.01		32,560	0	12,335	U	2,374	23.01
31.00   031.00   Intensive Care unit	30 00		6 0/1 675	1 860 146	2 288 835	5 661 307	372 703	30 00
31.01   02660 NEONATAL INTENSIVE CARE   353,991   109,933   134,106   0   28,487   31.01								
MACTLLARY SERVICE COST CENTERS						o		1
50.00	.5.00		02,000	.5,050	23,300	<u> </u>	11,001	1 .5.00
51.00	50.00		2,528,464	0	957,886	0	181,208	50.00
53.00   05300   ANSTHESTOLOGY   33,389   0   12,649   0   37,191   53.00	51.00	05100 RECOVERY ROOM		0	470,211	338,685	61,721	51.00
54.00   05400   RADIOLOGY-DIAGNOSTIC   661, 021   0   250, 422   0   53, 017   54.00		05200 DELIVERY ROOM & LABOR ROOM	493,153	0		122,500	23,739	52.00
55.00   05500   RADIOLOGY-THERAPUTIC   456, 323   0   172, 874   0   11, 869   55.00   57.00   05700   05700   CT SCAN   179, 369   0   67, 952   0   15, 035   57.00   0570				0		0		
56.00   05600   RADIOISOTOPE   139,576   0   52,877   0   7,122   56,00				0		0		
17.9, 369   0   0   0   0   0   0   0   0   0						0		1
158.00   05900   NRT   161.942   0   61.350   0   10.287   58.00   59.00   05900   CADDIAC CATHETERIZATION   361.733   0   137.039   0   33.235   59.00   63.00   06000   LABORATORY   817.514   0   309.708   0   93.373   60.00   63.00   06000   LABORATORY   817.514   0   309.708   0   93.373   60.00   63.00   06000   LABORATORY   817.514   0   309.708   0   93.373   60.00   60.00   60.00   06000   INTRAVENIOUS THERAPY   131.866   0   49.956   0   31.615   64.00   66.00   660						0		1
99.00   05900   CARDIAC CATHETERIZATION   361,733   0   137,039   0   33,235   59.00				0		0		1
60.00   06000   LABORATORY   817,514   0   309,708   0   93,373   60.00				0		0		
63.00   6300   6300   6300   8000 STORING, PROCESSING & TRANS.   66,427   0   25,165   0   3,956   63.00   64.00   06400   INTRAVENOUS THERAPY   136,136   0   49,956   0   3,165   64.00   65.00   06500   RESPIRATORY THERAPY   136,136   0   51,574   0   34,817   65.00   06500   RESPIRATORY THERAPY   1,156,659   0   438,190   0   67,260   66.00   06600   PHYSICAL THERAPY   220,308   0   83,462   0   18,991   67.00   06700   OCCUPATIONAL THERAPY   220,308   0   83,462   0   18,991   67.00   06700   OCCUPATIONAL THERAPY   220,308   0   83,462   0   18,991   67.00   06700   OCCUPATIONAL THERAPY   220,308   0   83,462   0   18,991   67.00   0700   OCCUPATIONAL THERAPY   27,544   0   27,483   0   15,035   68.00   06900   ELECTROCARDIOLOGY   493,121   0   166,815   0   38,774   69.00   06900   ELECTROCARDIOLOGY   493,121   0   166,815   0   38,774   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0   0   0   0   0   0   71.00   07200   TUPLO EV. CHARGED TO PATIENTS   0   0   0   0   0   0   72.00   07200   TUPLO EV. CHARGED TO PATIENTS   169,461   0   64,199   0   41,939   73.00   74.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   74.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   74.00   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   74.00   09000   CLINIC   140,500   0   53,227   0   23,739   90.00   75.00   09000   CLINIC   140,500   0   53,227   0   23,739   90.00   75.00   09000   CLINIC   140,500   0   0   0   0   0   75.00   09000   01500   EMERGENCY   0   0   0   0   0   0   75.00   09000   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   0900   0900   75.00   09000   0900   0900   0900   0900   0900   0900   0900   75.00   09000   09000   0900   0900   0900   0900   0900   0900   0900						0		1
64-00   06400   Intranvenous Therapy   131,866   0   49,956   0   3,165   64.00						0		1
65.00						0		
66.00   06600   physical Therapy   1,156,659   0   438,190   0   67,260   66.07   67.00   06700   0CCUPATIONAL THERAPY   220,308   0   83,462   0   18,991   67.00   06800   SPEECH PATHOLOGY   72,544   0   27,483   0   15,035   68.00   06800   SPEECH PATHOLOGY   493,121   0   186,815   0   38,774   69.00   07000   ELECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   ELECTROCAEDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   ELECTROCAEDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   ELECTROCKEPHALOGRAPHY   93,922   0   35,581   0   10,287   70.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72.00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   73.00   07300   ROYADO   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   76.97   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   76.97   09100   CLINIC   140,500   0   53,227   0   23,739   79.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   795,595   0   301,404   409,998   86,252   70.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   795,595   0   301,404   409,998   86,252   70.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   70   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   0   0				0		Ö		1
68.00   06800   SPEECH PATHOLOGY   72,544   0   27,483   0   15,035   68.00   69.00   06900   CLECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   ELECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   CLECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   CLECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   CLECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07000   CLETROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0   0   0   0   0   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   72.00   07200   DIPL. DEV. CHARGED TO PATIENTS   169,461   0   64,199   0   41,939   73.00   07300   DRUGS CHARGED TO PATIENTS   169,461   0   64,199   0   41,939   73.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   76.97   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   76.97   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   79.00   09000   CLINIC   140,500   0   53,227   0   23,739   79.00   09000   CLINIC   140,500   0   53,227   0   23,739   79.00   09100   MERGENCY   795,595   0   301,404   409,998   86,252   79.00   09200   DESERVATION BEDS (NON-DISTINCT PART   91.00   70   09200   DESERVATION BEDS (SUM OF LINES 1 through 117)   19,523,907   2,353,218   7,329,063   7,002,159   1,483,688   70   190.00   190.00   14,580   0   0   0   0   71   100.00   100   MORECTUBRISABLE COST CENTERS   10,514   0   3,983   0   5,539   71   190.00   190.00   190.00   190.00   71   190.00   190.00   190.00   190.00   71   190.00   190.00   190.00   190.00   71   190.00   190.00   190.00   190.00   71   190.00   190.00   190.00   190.00   71   190.00   190.00   190.00   190.00   71				0		0		
69.00   06900   ELECTROCARDIOLOGY   493,121   0   186,815   0   38,774   69.00	67.00		220,308	0		0		1
70.00   07000   ELECTROENCEPHALOGRAPHY   93,922   0   35,581   0   10,287   70.00   71.00   71.00   71.00   71.00   71.00   71.00   71.00   71.00   72.00   70.00			72,544	0	27,483	0	15,035	68.00
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0   0   0   0   0   0   72.00	69.00	06900 ELECTROCARDIOLOGY	493,121	0		0	38,774	69.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 169,461 0 64,199 0 41,939 73.00 74.00 07400 RENAL DIALYSIS 42,214 0 15,992 0 1,583 74.00 76.97 07697 CARDIAC REHABILITATION 143,877 0 54,507 0 9,496 76.97 000 09000 CLINIC 140,500 0 53,227 0 23,739 90.00 91.00 09100 EMERGENCY 795,595 0 301,404 409,998 86,252 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 07HER REIMBURSABLE COST CENTERS  118.00 SPECIAL PURPOSE COST CENTERS  118.00 SPECIAL PURPOSE COST CENTERS  118.00 SPECIAL PURPOSE COST CENTERS  119.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 0 101.00 91000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 10,514 0 3,983 0 5,539 191.00 191.00 19200 PHYSICIANS' PRIVATE OFFICES 1,414,943 0 536,039 0 791 192.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 07950 FIRES POINTE 50,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			93,922	0	35,581	0		
73.00   07300   DRUGS CHARGED TO PATIENTS   169,461   0   64,199   0   41,939   73.00   74.00   7600   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   76.97   76.9			-	0	0	0		
74.00   07400   RENAL DIALYSIS   42,214   0   15,992   0   1,583   74.00   76.97   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   76.97   0900   0   0   0   0   0   0   0   0			-	0	0	0		
76.97   07697   CARDIAC REHABILITATION   143,877   0   54,507   0   9,496   76.97				0		0		1
90.00   09000   CLINIC   140,500   0   53,227   0   23,739   90.00   90.00   90.00   MERGENCY   795,595   0   301,404   409,998   86,252   91.00   92.00   095ERVATION BEDS (NON-DISTINCT PART   92.00   101.00   MORE REIMBURSABLE COST CENTERS   101.00   101.00   HEALTH AGENCY   0   0   0   0   0   0   101.00						0		
90.00   09000   CLINIC   140,500   0   53,227   0   23,739   90.00   91.00   91.00   EMERGENCY   795,595   0   301,404   409,998   86,252   91.00   92.00   085ERVATION BEDS (NON-DISTINCT PART   92.00   101.00   100	10.37		143,0//	0	54,507	U	3,430	, 0.97
91.00   09100   EMERGENCY   09200   0BSERVATION BEDS (NON-DISTINCT PART   92.00   09200   0BSERVATION BEDS (NON-DISTINCT PART   92.00   0   0   0   0   0   0   0   0   0	90.00		140.500	n	53.227	n	23.739	90.00
92.00   09200   08SERVATION BEDS   (NON-DISTINCT PART   0   0   0   0   0   0   0   0   0					,			
101.00   10100   HOME HEALTH AGENCY   0   0   0   0   0   0   101.00						,	,	92.00
SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   19,523,907   2,353,218   7,329,063   7,002,159   1,483,688   118.00   NONREIMBURSABLE COST CENTERS     190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   38,486   0   14,580   0   0   0   190.00					·	'		1
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   19,523,907   2,353,218   7,329,063   7,002,159   1,483,688   118.00	101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	]101.00
NONREIMBURSABLE COST CENTERS   190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   38,486   0   14,580   0   0   190.00   19								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 38,486 0 14,580 0 0 190.00 191.00 19100 RESEARCH 10,514 0 3,983 0 5,539 191.00 192.00 192.00 192.00 PHYSICIANS' PRIVATE OFFICES 1,414,943 0 536,039 0 791 192.00 194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 194.00 194.00 07951 ADVERTISING 0 0 0 0 0 0 194.00 194.00 194.02 07952 RETAIL PHARMACY 52,950 0 20,060 0 6,330 194.00 194.03 07953 FITNESS POINTE 1,476,623 0 559,406 0 0 194.00 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 47,216 0 17,887 0 0 194.04 194.05 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05	118.00		19,523,907	2,353,218	7,329,063	7,002,159	1,483,688	118.00
191.00 19100 RESEARCH 10,514 0 3,983 0 5,539 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 1,414,943 0 536,039 0 791 192.00 194.00 19750 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 194.00 194.00 194.00 194.00 07951 ADVERTISING 0 0 0 0 0 0 194.00	100 5		22	-	a	-1		100
192.00   19200   PHYSICIANS' PRIVATE OFFICES				0		-1		
194.00 07950 OTHER NONREIMBURSEABLE 225,024 0 85,248 0 0 194.00 1				0		0		
194.01 07951 ADVERTISING 0 0 0 0 0 194.01 194.02 194.02 07952 RETAIL PHARMACY 52,950 0 20,060 0 6,330 194.02 194.03 07953 FITNESS POINTE 1,476,623 0 559,406 0 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 47,216 0 17,887 0 0 194.04 194.05 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05				0		0		
194.02 07952 RETAIL PHARMACY 52,950 0 20,060 0 6,330 194.02 194.03 07953 FITNESS POINTE 1,476,623 0 559,406 0 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 47,216 0 17,887 0 0 194.04 194.05 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05			225,024	0	85,248	0		
194.03 07953 FITNESS POINTE 1,476,623 0 559,406 0 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 47,216 0 17,887 0 0 194.04 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05			52 050	0	20.060	0		
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 47,216 0 17,887 0 0 194.04 194.05 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05			1	0		0		
194.05 07955 EINSTEIN BAGELS 19,275 0 7,302 0 3,165 194.05				0		0		
			1	0		0		
1 0.,501 01 02,5021 01 0125-100						-1		
			31,304		31,501	<u> </u>		,

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125
From 07/01/2022
To 06/30/2023
Date/Time Prepared:

						11/20/2023 2:	19 pm
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	
		PLANT	LINEN SERVICE				
		7.00	8.00	9.00	10.00	11.00	
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)	22,893,302	2,353,218	8,605,529	7,002,159	1,499,513	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm Cost Center Description MAINTENANCE OF PHARMACY NURSING CENTRAL **MEDICAL** PERSONNEL ADMINISTRATION SERVICES & RECORDS & SUPPLY LIBRARY 12.00 13.00 15.00 14.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 5.02 00506 ADMITTING 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 11.00 01100 CAFETERIA 11.00 01200 MAINTENANCE OF PERSONNEL 12.00 12.00 13.00 01300 NURSING ADMINISTRATION 0 14,373,635 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 0 15.00 01500 PHARMACY 0 0 15.00 0 5,535,579 01600 MEDICAL RECORDS & LIBRARY 0 0 16.00 0 16.00 17.00 01700 SOCIAL SERVICE 0 0 0 0 Λ 17.00 0 0 0 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 19.00 0 0 0 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 21.00 0 0 0 0 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV n 0 22.00 23.00 02300 PARAMED ED PRGM-(PHARMACY) 0 C 0 0 0 23.00 23.01 02301 PARAMED ED PRGM-(LAB MLS) 0 0 0 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 5,997,302 0 0 476,004 30.00 03100 INTENSIVE CARE UNIT 0 1,629,058 0 0 95,233 31.00 31.00 0 0 31.01 02060 NEONATAL INTENSIVE CARE 457,997 0 58,873 31.01 04300 NURSERY 0 43.00 0 206,484 0 14,224 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 2,922,092 0 0 791,490 50.00 51.00 05100 RECOVERY ROOM 0 994,881 0 0 93,400 51.00 0 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 386,347 0 23,710 52.00 05300 ANESTHESIOLOGY 0 0 0 133,334 53.00 C 53.00 0 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 0 245,258 54.00 0 05500 RADIOLOGY-THERAPEUTIC 0 0 55.00 0 137.078 55.00 0 0 56.00 05600 RADIOISOTOPE 0 0 94,606 56.00 05700 CT SCAN 0 0 341,564 57.00 57.00 58.00 05800 MRI 0 0 0 0 162,002 58.00 0 0 0 05900 CARDIAC CATHETERIZATION 59.00 0 445,492 59.00 0 0 60.00 06000 LABORATORY 0 590,717 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 26,977 63.00 0 0 0 64.00 06400 INTRAVENOUS THERAPY 10.395 64.00 0 06500 RESPIRATORY THERAPY 65.00 0 0 60,626 65.00 66.00 06600 PHYSICAL THERAPY 0 0 0 0 86,279 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 0 29,995 67.00 0 0 0 06800 SPEECH PATHOLOGY 0 68.00 16,246 68.00 0 0 0 69.00 06900 ELECTROCARDIOLOGY 0 231.991 69.00 07000 ELECTROENCEPHALOGRAPHY 0 0 45,126 70.00 70.00 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 163,524 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 72.00 0 228,462 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 344,545 73.00 74.00 07400 RENAL DIALYSIS 0 0 0 23,360 74.00 07697 CARDIAC REHABILITATION 76.97 0 11,877 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 90.00 09000 CLINIC 0 386,837 0 0 35,261 91.00 09100 EMERGENCY 0 1,392,637 0 493,898 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 24,032 101.00 SPECIAL PURPOSE COST CENTERS 0 0 0 5,535,579 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 14,373,635 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 191.00 19100 RESEARCH 0 0 ol 0 191.00 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.00 0 194.00 07950 OTHER NONREIMBURSEABLE 0 0 0 0 0 194.00 0 0 194.01 07951 ADVERTISING 0 0 0 194.01 194.02 07952 RETAIL PHARMACY 0 0 0 0 0 194.02 0 0 0 0 194.03 07953 FITNESS POINTE 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 0 0 0 0 194.04 194.05 07955 EINSTEIN BAGELS 0 0 194.05

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125
From 07/01/2022
To 06/30/2023
Date/Time Prepared:

						11/20/2023 2:	19 pm
	Cost Center Description	MAINTENANCE OF	NURSING	CENTRAL	PHARMACY	MEDICAL	
		PERSONNEL	ADMINISTRATION	SERVICES &		RECORDS &	
				SUPPLY		LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
194.06 07956	NONRTHWESTERN IMAGING	0	0	C	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	C	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	14,373,635	C	0	5,535,579	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm INTERNS & RESIDENTS SOCIAL SERVICE NONPHYSICIAN SERVICES-SALAR SERVICES-OTHER PARAMED ED Cost Center Description Y & FRINGES PRGM COSTS PRGM-(PHARMACY **ANESTHETISTS APPRV APPRV** 23.00 17.00 19.00 21.00 22.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 00506 ADMITTING 5.02 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 01100 CAFETERIA 11.00 11.00 12.00 01200 MAINTENANCE OF PERSONNEL 12.00 13.00 01300 NURSING ADMINISTRATION 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 1,645,420 17.00 01900 NONPHYSICIAN ANESTHETISTS 19.00 19.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 0 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 22.00 22.00 0 23.00 02300 PARAMED ED PRGM-(PHARMACY) 0 522,201 23.00 02301 PARAMED ED PRGM-(LAB MLS) 23.01 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 30.00 03000 ADULTS & PEDIATRICS 1,300,654 0 0 0 0 03100 INTENSIVE CARE UNIT 0 0 31.00 31.00 216,816 0 0 0 31.01 |02060 | NEONATAL INTENSIVE CARE 76,868 0 0 0 31.01 04300 NURSERY 51,082 0 0 0 0 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 0 0 50.00 0 51.00 05100 RECOVERY ROOM 0 0 0 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 0 52.00 52.00 0 0 0 0 53.00 05300 ANESTHESIOLOGY 0 0 53.00 0 0 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 54.00 0 55.00 05500 RADIOLOGY-THERAPEUTIC 0 0 55.00 56.00 05600 RADIOISOTOPE 0 0 0 0 0 56.00 57.00 05700 CT SCAN 0 0 0 57.00 0 0 0 58.00 05800 MRI 0 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 0 59.00 60.00 06000 LABORATORY 0 0 0 60.00 0 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 0 63.00 0 0 0 64.00 06400 INTRAVENOUS THERAPY 0 0 64.00 65.00 06500 RESPIRATORY THERAPY 0 0 65.00 0 0 0 06600 PHYSICAL THERAPY 66.00 0 66.00 0 0 0 67.00 06700 OCCUPATIONAL THERAPY 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 68.00 0 0 0 69.00 06900 ELECTROCARDIOLOGY 0 69.00 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 72.00 0 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 522,201 73.00 0 74.00 07400 RENAL DIALYSIS 0 0 ol 74.00 0 76.97 07697 CARDIAC REHABILITATION 0 0 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 0 0 0 0 0 90.00 09000 CLINIC 91.00 09100 EMERGENCY 0 0 0 91.00 0 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 0 101.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 1,645,420 0 0 0 522,201 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 0 191.00 19100 RESEARCH 0 0 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.00 194.00 07950 OTHER NONREIMBURSEABLE 0 0 0 0 0 194.00 0 0 194.01 07951 ADVERTISING 0 0 0 194.01 0 194.02 07952 RETAIL PHARMACY 0 0 0 0 194.02 194.03 07953 FITNESS POINTE 0 0 0 194.03

Health Financial Systems In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

					_	11/20/2023 2:	19 bm
				INTERNS &	RESIDENTS		
	Cost Conton Description	COCTAL CERVICE	NONDUVETCTAN	CEDVICEC CALAL	CERVICES OTHER	DADAMED ED	
	Cost Center Description	SUCTAL SERVICE	NUNPHYSICIAN	SEKVICES-SALAI	SERVICES-OTHER		
			ANESTHETISTS	Y & FRINGES	PRGM COSTS	PRGM-(PHARMACY	
				APPRV	APPRV	)	
		17.00	19.00	21.00	22.00	23.00	
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	)	0	0	194.04
194.05 07955	EINSTEIN BAGELS	0	0	)	0	0	194.05
194.06 07956	NONRTHWESTERN IMAGING	0	0	) (	0	0	194.06
200.00	Cross Foot Adjustments		0	) (	0	0	200.00
201.00	Negative Cost Centers	0	0	) (	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,645,420	0	) (	0	522,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0125

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:

CONT. CERTET DESCRIPTION					T	06/30/2023	Date/Time Pre 11/20/2023 2:	
CENTRAL SERVICE COST CENTERS   23.01   24.00   25.00   26.00		Cost Center Description		Subtotal		Total	11/20/2023 2.	13 piii
			PRGM-(LAB MLS)					
CRIMERAL SERVICE COST CINTERS   23.01   24.00   75.00   26.00								
SEREMAL SENVICE COST CENTERS					Adjustments			
0.000   0.000   CAP REL COSTS-MELR GUILPY		CENTERAL CERVICES COCT CENTERS	23.01	24.00	25.00	26.00		
0.000   0.000   CAP REL COSTS - WRILE FOLIPY	1 00							1.00
5.01   00505   DURCHASTING & RECELVING STORES		1						2.00
0.0000   DOSON ANTHTING								4.00
0.000   0.000   DIFFER ADMIN & GENERAL		1						5.01
1.00   1000   DOTHER ADMIN & GENERAL								5.02 5.03
0.0700   OPERATION OF PLANT								5.04
8.00   00800   LANIDRY & LINEN SERVICE		1						6.00
9.00   0.0900   NOUSEKEEPING								7.00 8.00
11.00   01.00   CAFFTERIA     11.00   01.00   CAFFTERIA     12.00   01.00   CAFFTERIA     13.00   CAFFTERIA								9.00
12.00   01200   MAINTENANCE OF PERSONNEL   12   12   13   13   13   13   13   13								10.00
13.00   0.300   NURSING ADMINISTRATION     11   15.00   0.1500   PHARMACY     15.00   0.1500   PHARMACY     15.00   0.1500   PHARMACY     16.00   0.1600   MONEPLY SCEAL AND SERVICE     17.00   0.1700   NORPHYSICIAN ANESTHETISTS   17.00								11.00
14.00   0.1400 (CENTRAL SERVICES & SUPPLY   12.00   0.1500 (PARMACY   1.15.00   0.15								12.00 13.00
16.00   16600   MEDICAL RECORDS & LIBRARY								14.00
17.00   01700   SOCTAL SERVICE								15.00
19.90   0.1900   NOMPHYSICIAN AMESTHETISTS     22   22.00   0.2200   LBR SERVICES-SALARY & FRINKES APPRV   22   23.01   0.2300   LBR SERVICES-STALARY & FRINKES APPRV   22   23.01   0.2300   PARAMBE DE PROM-(PHARMACY)   22   23.01   0.2300   PARAMBE DE PROM-(PHARMACY)   22   23.01   0.2301   PARAMBE DE PROM-(PHARMACY)   26   24   25   25   25   25   25   25   25								16.00
21.00   02100   IAR SERVICES-SALARY & FRENGES APPRY   22.00   02200   RAS SERVICES-OTHER PROM COSTS APPRY   22.00   02300   PARAMED ED PROM-(PARAMCY)   22.00   02300   PARAMED ED PROM-(PARAMCY)   30.00   03000   DARAMED ED PROM-(LAB MLS)   406,133   31.00   03000   DARAMED ED PROM-(LAB MLS)   406,133   31.00   03000   DARAMED ED PROM-(LAB MLS)   406,133   31.00   03000   DARLTS & PEDITATICS   0   90,042,422   0   90,042,422   31.00   03100   INTENSIVE CARE UNIT   0   26,342,891   02,6,342,891   33.10   102600   NORDATAL INTENSIVE CARE   0   6,972,641   33.00   03000   NORDATAL INTENSIVE CARE   0   6,972,641   33.00   03000   NORDATAL INTENSIVE CARE   0   6,972,641   33.00   03000   NORDATAL INTENSIVE CARE   0   6,079,445   0   60,079,445   0		1						17.00 19.00
23.00   02300   PARAMED ED PROM-(PARAMACY)   20   30   406,133   22   23   30   02301   PARAMED ED PROM-(LAB MLS)   30   30   30   30   30   30   30   3		1						21.00
23.01   02.301   PARAMED ED PRGM-(LAB MLS)		1						22.00
INPATEENT ROUTINE SERVICE COST CENTERS			406 122					23.00
30.00   3000   ADULTS & PEDIATRICS   0   90,042,422   0   90,042,422   31   31   31   31   00   2050   NENDSTAY CARE UNIT   0   26,342,891   0   26,342,891   33   31   31   00   2050   NENDSTAY CARE UNIT   0   26,342,891   33   31   31   00   2050   NENDSTAY CARE UNIT   0   2,828,235   42   20   2,828,235   43   33   30   4300   NURSERY   0   2,828,235   42   20   2,828,235   43   20   2,828,235   43   20   2,828,235   44   20   2,828,235   44   20   2,828,235   20   2,828,235   20   2,828,235   20   2,828,235   20   2,828,235   20   2,828,235   20   2,828,235   20   2,828,235   20   2	23.01		400,133					23.01
31.0	30.00		0	90,042,422	0	90,042,422		30.00
A3.00   04300   NURSERY   0   2,828,235   0   2,828,235   42		1	1					31.00
ANCILLARY SERVICE COST CENTERS		1						31.01 43.00
50.00   0500	43.00		l ol	2,020,233	0	2,020,233		43.00
S2.00   05200   DELTVERY ROOM & LABOR ROOM   0   5,823,406   0   5,823,406   55   53.00   05300   ARSTHEISLOGY   0   6,038,989   0   6,038,989   55   54.00   05400   RADIOLOGY-DIAGNOSTIC   0   14,416,689   0   14,416,689   55   55.00   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   0   05000   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   0   05000   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   0   05000   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   0   05000   RADIOLOGY-THERAPEUTIC   0   7,158,997   0   7,158,997   0   7,158,997   57   57   58   50   00   50000   RADIOLOGY-THERAPEUTIC   0   4,027,281   0   4,027,281   55   60   00   6000   RADIOLOGY-TEAL THERETIZATION   0   13,971,204   0   13,705,118   0   0   13,705,118   0   0   0   0   0   0   0   0   0			0	60,079,445	0	60,079,445		50.00
53.00   03300   ANESTHESIOLOGY   0   6   038   989   55   54.00   05400   RADIOLOGY-DIAGNOSTIC   0   14,416,689   0   14,416,689   55   55   50   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55   55   50   05500   CT SCAN   0   7,158,997   0   7,158,997   0   7,158,997   57   58   70   05700   CT SCAN   0   4,027,281   0   4,027,281   0   4,027,281   55   59   00   5990   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55   60   00   6000   LABORATORY   406,133   27,628,327   0   27,628,327   66   63   00   60   00   00   00   00		1	0				l .	51.00
54.00   05400   RADIOLOGY-DIAGNOSTIC   0   14,416,689   55.00   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   55.00   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   55.00   05600   RADIOLOGY-THERAPEUTIC   0   7,502,605   55.00   05600   RADIOLOGY-THERAPEUTIC   0   3,920,937   0   3,920,937   36.00   05600   RADIOLOGY-THERAPEUTIC   0   4,027,281   0   4,027,281   55.00   05900   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55.00   05900   CARDIAC CATHETERIZATION   0   13,971,204   0   13,749,170   0   13,749,			0				l .	52.00
55.00   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   0   7,502,605   55.00   05500   RADIOLOGY-THERAPEUTIC   0   3,920,937   0   3,920,937   55.00   05500   RADIOLOGY-THERAPEUTIC   0   7,502,605   7,502,605   55.00   05500   RADIOLOGY-THERAPEUTIC   0   0,7158,997   0   7,158,997   57.00   05700   CT SCAN   0   7,158,997   0   7,158,997   57.00   05900   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55.00   05900   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55.00   05000   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55.00   05000   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   55.00   05000   CARDIAC CATHETERIZATION   0   3,705,118   0   3,705,118   0   3,705,118   0   3,705,118   0   3,705,118   0   3,705,118   0   05.00   05000   RESPIRATORY THERAPY   0   90,9422   0   9,099,422   0   9,099,422   0   0   0,099,422   0   0   0,099,422   0			0				l .	54.00
57.00   05700   07.00   07.00   07.158,997   0   7.158,997   58.00   05800   MRI			0					55.00
\$8.00   05800   MRI			0					56.00
S9.00   05900   CARDIAC CATHETERIZATION   0   13,971,204   0   13,971,204   0   60.0								57.00 58.00
60.00   06000   LABORATORY   406,133   27,628,327   0   27,628,327   66 63.00   06300   BLOOD STORING, PROCESSING & TRANS.   0   3,705,118   0   3,705,118   66 64.00   06400   INTRAVENOUS THERAPY   0   915,268   0   915,268   66 65.00   06500   RESPIRATORY THERAPY   0   9,099,422   0   9,099,422   0   66 60.00   06600   PHYSICIAL THERAPY   0   13,749,170   0   13,749,170   0   66 67.00   06700   OCCUPATIONAL THERAPY   0   3,603,033   0   3,603,033   0   3,603,033   67 68.00   06800   SPECH PATHOLOGY   0   2,865,809   0   2,865,809   0   2,865,809   0   68 69.00   06900   ELECTROCARDIOLOGY   0   8,719,962   0   8,719,962   0   8,719,962   0   66 70.00   07000   ELECTROENCEPHALOGRAPHY   0   2,249,049   0   2,249,049   70 71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0   42,564,868   0   42,564,868   77 72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   27,335,259   0   27,335,259   77 73.00   07300   DRUGS CHARGED TO PATIENTS   0   27,335,259   0   27,335,259   77 74.00   07400   RENAL DIALYSIS   0   2,632,225   0   2,632,225   77 76.97   07697 CARDIAC REHABILITATION   0   1,840,293   77 76.97   07697 CARDIAC REHABILITATION   0   1,840,293   77 77 79.00   09100   EMERGENCY   0   21,595,036   0   21,595,036   91 91.00   09100   DESERVATION BEDS (NON-DISTINCT PART   0   7,830,543   0   7,830,543   101  **TOTAL PROVING TEMBURSABLE COST CENTERS**  101.00   1000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   74,741   0   74,741   190 **TOTAL PROVING TEMBURSABLE COST CENTERS**  190.00   19000			o o				1	59.00
64.00   06400   INTRAVENOUS THERAPY   0   915,268   0   915,268   66 65.00   06500   RESPIRATORY THERAPY   0   9,099,422   0   9,099,422   66 65.00   06600   PHYSICAL THERAPY   0   13,749,170   0   13,749,170   66 67.00   06700   0CCUPATIONAL THERAPY   0   3,603,033   0   3,603,033   67 68.00   06800   SPEECH PATHOLOGY   0   2,865,809   0   2,865,809   68 68.00   06900   ELECTROCARDIOLOGY   0   8,719,962   0   8,719,962   68 68.00   07000   CLECTROENCEPHALOGRAPHY   0   2,249,049   0   2,249,049   77 1.00   07000   REDICAL SUPPLIES CHARGED TO PATIENT   0   42,564,868   0   42,564,868   77 1.00   07200   IMPL DEV. CHARGED TO PATIENTS   0   47,802,245   0   47,802,245   77 17.00   07300   DRUGS CHARGED TO PATIENTS   0   27,333,259   0   27,333,259   77 17.00   07400   RENAL DIALYSIS   0   2,632,225   77 17.00   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76  10.00   09000   CLINIC   0   4,397,860   0   4,397,860   91 10.00   09100   BERGENCY   0   4,397,860   0   4,397,860   91 10.00   09100   BERGENCY   0   4,397,860   0   4,397,860   91 10.00   09100   BERGENCY   0   7,830,543   0   7,830,543   101  10.100   NOREIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   101  10.100   SUBSTIVATION BEDS (NON-DISTINCT PART   0   74,741   190 10.100   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   101  10.100   SUBSTIVATION BEDS (NON-DISTINCT PART   0   74,741   190 10.100   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101  10.100   SUBSTIVATION BEDS (NON-DISTINCT PART   0   74,741   190 10.100   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101  10.100   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101  10.100   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101  10.101   OTHER REIMBURSABLE COST CENTERS   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,83		06000 LABORATORY	406,133					60.00
65.00   06500   RESPIRATORY THERAPY   0   9,099,422   0   9,099,422   66.00   06600   PHYSICAL THERAPY   0   13,749,170   0   13,749,170   66.00   0700   OCCUPATIONAL THERAPY   0   3,749,170   0   3,603,033   0   3,603,033   67.00   06800   SPECH PATHOLOGY   0   2,865,809   0   2,865,809   68.00   06800   SPECH PATHOLOGY   0   8,719,962   0   8,719,962   69.00   06900   ELECTROCARDIOLOGY   0   8,719,962   0   8,719,962   69.00   07000   ELECTROCARDIOLOGY   0   2,249,049   0   2,249,049   0   7,000   7,0			0				l .	63.00
66.00   06600   PHYSICAL THERAPY   0   13,749,170   0   13,749,170   66 67.00   06700   0CCUPATIONAL THERAPY   0   3,603,033								64.00 65.00
68.00   06800   SPEECH PATHOLOGY   0   2,865,809   0   2,865,809   68.00   06900   ELECTROCARDIOLOGY   0   8,719,962   0   8,719,962   0   8,719,962   0   67.00   07.000   ELECTROCARDIOLOGY   0   2,249,049   0   2,249,049   7.000   07.000   ELECTROCARDIOLOGY   0   2,249,049   0   2,249,049   7.000   07.000   MPOIL CAL SUPPLIES CHARGED TO PATIENT   0   42,564,868   0   42,564,868   7.000   07.000   MPOIL DEV. CHARGED TO PATIENTS   0   47,802,245   0   47,802,245   7.000   7.000   MPOIL DEV. CHARGED TO PATIENTS   0   27,335,259   0   27,335,259   7.000   7.000   0.000			o o					66.00
69.00   06900   ELECTROCARDIOLOGY   0   8,719,962   0   8,719,962   70.00   70000   ELECTROCARDIOLOGY   0   2,249,049   0   2,249,049   70.00   7000   T.		1	0				l .	67.00
70.00   07000   ELECTROENCEPHALOGRAPHY   0   2,249,049   0   2,249,049   70   71.00   71.00   MEDICAL SUPPLIES CHARGED TO PATIENT   0   42,564,868   0   42,564,868   71   72.00   72.00   MPL. DEV. CHARGED TO PATIENTS   0   47,802,245   0   47,802,245   72   73.00   07300   DRUGS CHARGED TO PATIENTS   0   27,335,259   0   27,335,259   73   74.00   07400   RENAL DIALYSIS   0   2,632,225   0   2,632,225   74   76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76   76   76   76   76   76   76   7			0					68.00 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 42,564,868 0 42,564,868 71 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 47,802,245 0 47,802,245 72 73.00 07300 DRUGS CHARGED TO PATIENTS 0 27,335,259 0 27,335,259 73 74.00 07400 RENAL DIALYSIS 0 2,632,225 0 2,632,225 74 76.97 07697 CARDIAC REHABILITATION 0 1,840,293 0 1,840,293 76  OUTPATIENT SERVICE COST CENTERS  90.00 09100 EMERGENCY 0 21,595,036 0 21,595,036 91 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0 97,830,543 0 7,830,543 101  OTHER REIMBURSABLE COST CENTERS  101.00 10100 HOME HEALTH AGENCY 0 7,830,543 0 7,830,543 101  SPECTAL PURPOSE COST CENTERS  118.00 SUBTOTALS (SUM OF LINES 1 through 117) 406,133 492,072,969 0 492,072,969 118  NONREIMBURSABLE COST CENTERS  190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1,108,848 191 191.00 19100 RESEARCH 0 1,08,848 191 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 3,049,061 0 3,049,061 192 194.00 07950 OTHER NONREIMBURSEABLE 0 0 1,311,518 194 194.01 07951 ADVERTISING 0 761,266 0 761,266							i e	70.00
73.00   07300   DRUGS CHARGED TO PATIENTS   0   27,335,259   0   27,335,259   73 74.00   07400   RENAL DIALYSIS   0   2,632,225   0   2,632,225   74 76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76  OUTPATIENT SERVICE COST CENTERS   0   4,397,860   0   4,397,860   90 91.00   09000   CLINIC   0   0   4,397,860   0   21,595,036   91 92.00   09200   DESERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   0   0	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				i e	71.00
74.00   07400   RENAL DIALYSIS   0   2,632,225   0   2,632,225   74.76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76.97   09000   CLINIC   0   4,397,860   0   4,397,860   90.91.00   09100   EMERGENCY   0   21,595,036   0   21,595,036   90.92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0.00			0					72.00
76.97   07697   CARDIAC REHABILITATION   0   1,840,293   0   1,840,293   76  OUTPATIENT SERVICE COST CENTERS   90.00   09000   CLINIC   0   4,397,860   0   21,595,036   91  91.00   09100   EMERGENCY   0   21,595,036   0   21,595,036   91  92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0    OTHER REIMBURSABLE COST CENTERS   101.00   1000   Home   Health   Agency   0   7,830,543   0   7,830,543   101  SPECIAL PURPOSE COST CENTERS   18.00   SUBTOTALS (SUM OF LINES 1 through 117)   406,133   492,072,969   0   492,072,969   118  NONREIMBURSABLE COST CENTERS   190.00   19100   RESEARCH   0   74,741   0   74,741   190  191.00   19100   RESEARCH   0   1,108,848   0   1,108,848   191  192.00   19200   PHYSICIANS' PRIVATE OFFICES   0   3,049,061   0   3,049,061   194.00   07950   0THER   NONREIMBURSEABLE   0   1,311,518   194.01   07951   ADVERTISING   0   761,266   194.00   07951   ADVERTISING   0   761,266   0   761,266   194.00   07951   ADVERTISING   0   761,266   194.00   07951			0					73.00 74.00
OUTPATIENT SERVICE COST CENTERS   OUTP			0	, ,				76.97
91.00   09100   EMERGENCY   0   21,595,036   0   21,595,036   91   92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   0   0   0   0   0   0   0   0   0		OUTPATIENT SERVICE COST CENTERS	. •1			, ,		
92.00   09200   0BSERVATION BEDS (NON-DISTINCT PART   0   92.00   0   0   0   0   0   0   0   0   0		1					l .	90.00
OTHER REIMBURSABLE COST CENTERS   101.00   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101			0	21,595,036		21,595,036		91.00 92.00
101.00   10100   HOME HEALTH AGENCY   0   7,830,543   0   7,830,543   101  SPECIAL PURPOSE COST CENTERS  118.00   SUBTOTALS (SUM OF LINES 1 through 117)   406,133   492,072,969   0   492,072,969   118  NONREIMBURSABLE COST CENTERS  190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   74,741   0   74,741   190  191.00   19100   RESEARCH   0   1,108,848   0   1,108,848   191  192.00   19200   PHYSICIANS' PRIVATE OFFICES   0   3,049,061   0   3,049,061   192  194.00   07950   OTHER NONREIMBURSEABLE   0   1,311,518   0   1,311,518   194.01   07951   ADVERTISING   0   761,266   194	32.00							32.00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   406,133   492,072,969   0   492,072,969   118	101.00	10100 HOME HEALTH AGENCY	0	7,830,543	0	7,830,543		101.00
NONREIMBURSABLE COST CENTERS   190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   74,741   0   74,741   190.01   191.00   191.00   RESEARCH   0   1,108,848   0   1,108,848   193.00   192.00   PHYSICIANS' PRIVATE OFFICES   0   3,049,061   0   3,049,061   192.00   194.00   07950   OTHER NONREIMBURSEABLE   0   1,311,518   0   1,311,518   194.01   07951   ADVERTISSING   0   761,266   0   761,266   194.00   194.00   0761,266   0   0   0761,266   0   0   0   0761,266   0   0   0   0761,266   0   0   0761,266   0   0   0   0761,266   0   0   0   0   0   0   0   0   0	110 00		406 122	402 072 060		402 072 060		110 00
190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 74,741 190   1,108,848 191   1,108,848 192.00   1,9200   1,9200   1,94.00   0,7450	110.00		406,133	492,072,969	1 0	492,072,969		118.00
191.00   19100   RESEARCH	190.00		0	74,741	0	74,741		190.00
194.00 07950 OTHER NONREIMBURSEABLE 0 1,311,518 0 1,311,518 194.01 07951 ADVERTISING 0 761,266 0 761,266 194	191.00	19100 RESEARCH	0	1,108,848	0	1,108,848		191.00
194.01 07951 ADVERTISING 0 761,266 0 761,266 194			0				•	192.00
			0					194.00 194.01
194 LUT.   U  11./10.340  U  11./10.340  U  11./10.340  U  11./10.340  1194		07952 RETAIL PHARMACY		11,718,548		11,718,548		194.01
		1	0					194.03

Health Finan	cial Systems	COMMUNITY H	OSPITAL		In Lie	u of Form CMS	-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			Provider Co		Period: From 07/01/2022 To 06/30/2023		epared: :19 pm
	Cost Center Description	PARAMED ED	Subtotal	Intern &	Total		
		PRGM-(LAB MLS)		Residents Cos	it		
				& Post			
				Stepdown			
				Adjustments			
		23.01	24.00	25.00	26.00		
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	535,471		0 535,471		194.04
194.05 07955	EINSTEIN BAGELS	0	621,495		0 621,495		194.05
194.06 07956	NONRTHWESTERN IMAGING	0	1,325,979		0 1,325,979		194.06
200.00	Cross Foot Adjustments	0	0		0		200.00
201.00	Negative Cost Centers	0	0		0		201.00
202.00	TOTAL (sum lines 118 through 201)	406,133	517,874,513		0 517,874,513		202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0125

					То	06/30/2023	Date/Time Pre 11/20/2023 2:	
				CAPITAL REI	LATED COSTS		11/20/2023 2.	15 piii
		Cook Cooken Bookeninkin	p.;	DI DG R ETYT	M/DI E EQUED	C.,h++++-1	EMBL OVEE	
		Cost Center Description	Directly Assigned New	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			Capital				DEPARTMENT	
			Related Costs	4.00	2.00	2.	4 00	
	GENER	AL SERVICE COST CENTERS	0	1.00	2.00	2A	4.00	
1.00		CAP REL COSTS-BLDG & FIXT						1.00
2.00	1	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01		EMPLOYEE BENEFITS DEPARTMENT PURCHASING & RECEIVING STORES	0	30,373 130,129		43,762 132,299	43,762	4.00 5.01
5.02		ADMITTING	0	121,257		131,552	990	5.02
5.03		CASHIERING/ACCOUNTS RECEIVABLE	0	167,951		167,951	0	5.03
5.04		OTHER ADMIN & GENERAL	0	856,262		1,553,842	3,020	5.04
6.00		MAINTENANCE & REPAIRS	0	0	· · · · · · · · · · · · · · · · · · ·	0	0	6.00
7.00 8.00		OPERATION OF PLANT LAUNDRY & LINEN SERVICE	0	2,222,917 24,505		2,576,520 24,505	887 34	7.00 8.00
9.00	1	HOUSEKEEPING	0	62,874		92,871	953	9.00
10.00		DIETARY	0	178,654		296,188	610	
11.00		CAFETERIA	0	185,602		185,602	302	11.00
12.00 13.00		MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	0	0 65,722	-	0 507,884	0 1,503	12.00 13.00
14.00		CENTRAL SERVICES & SUPPLY	0	03,722	1	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00		MEDICAL RECORDS & LIBRARY	0	21,813		21,813	0	16.00
17.00 19.00		SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	0	16,055 0	l	16,055	232	17.00 19.00
21.00	1	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1 1	0	0	21.00
22.00		I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	1	PARAMED ED PRGM-(PHARMACY)	0	3,568		3,568	75	
23.01		PARAMED ED PRGM-(LAB MLS)  IENT ROUTINE SERVICE COST CENTERS	0	15,992	13,914	29,906	42	23.01
30.00		ADULTS & PEDIATRICS	0	2,967,420	566,639	3,534,059	7,909	30.00
31.00	1	INTENSIVE CARE UNIT	0	569,574		1,240,727	2,657	
31.01		NEONATAL INTENSIVE CARE	0	173,866		269,190	750	
43.00		NURSERY  LARY SERVICE COST CENTERS	0	30,467	0	30,467	304	43.00
50.00		OPERATING ROOM	0	1,241,877	4,043,214	5,285,091	3,902	50.00
51.00		RECOVERY ROOM	0	609,617		785,891	1,368	
52.00		DELIVERY ROOM & LABOR ROOM	0	242,216		316,155	556	
53.00 54.00		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	0	16,399		168,317	3,355	
55.00	1	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	0	324,666 224,127		1,838,202 1,509,218	1,041 319	
56.00		RADIOISOTOPE	0	68,554		391,032	176	
57.00		CT SCAN	0	88,099		1,005,224	322	
58.00 59.00	05800		0	79,539		321,656	240	
60.00		CARDIAC CATHETERIZATION LABORATORY	0	177,668 401,529		1,817,618 1,292,640	846 1,551	
63.00		BLOOD STORING, PROCESSING & TRANS.	0	32,626		126,796	86	
64.00	06400	INTRAVENOUS THERAPY	0	64,767	3,582	68,349		64.00
		RESPIRATORY THERAPY	0	66,864		551,329		65.00
		PHYSICAL THERAPY OCCUPATIONAL THERAPY	0	568,103 108,206		730,142 137,275	1,421	66.00 67.00
68.00		SPEECH PATHOLOGY	0	35,631		108,815		68.00
		ELECTROCARDIOLOGY	0	242,201		682,048	757	
		ELECTROENCEPHALOGRAPHY	0	46,130	1	93,973	191	
		MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	
		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0	0 83,232		472,457	996	72.00 73.00
		RENAL DIALYSIS	0	20,734		20,734	28	
76.97		CARDIAC REHABILITATION	0	70,667	89,662	160,329	201	76.97
00 00		TIENT SERVICE COST CENTERS		60.000	0.201	70 200	F1.4	00.00
		CLINIC EMERGENCY	0	69,008 390,763		78,289 587,792	514 1,896	
	1	OBSERVATION BEDS (NON-DISTINCT PART		330,703	157,025	0	1,030	92.00
		REIMBURSABLE COST CENTERS						
101.00		HOME HEALTH AGENCY	0	0	0	0	1,015	101.00
118.00		AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	0	13,118,224	16,289,909	29,408,133	43,070	118 00
110.00		IMBURSABLE COST CENTERS	, o	13,110,224	10,209,309	23,700,133	73,070	110.00
	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,903		18,903		190.00
		RESEARCH	0	5,164		5,164		191.00
		PHYSICIANS' PRIVATE OFFICES OTHER NONREIMBURSEABLE	0	694,962 110,522		694,962 199,074		192.00 194.00
		ADVERTISING	0	110,522	1	199,074		194.00
	1	RETAIL PHARMACY	l o	26,007		26,526		194.02

Health Financial Systems

COMMUNITY HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

From 07/01/2022
To 06/30/2023 Part II
Date/Time Prepared:

					11/20/2023 2:	19 pm
		CAPITAL REI	ATED COSTS			
Cost Center Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFITS	
	Capital				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4.00	
194.03 07953 FITNESS POINTE	0	725,256	115,482	840,738	234	194.03
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETAR	XY 0	23,190	5,723	28,913	52	194.04
194.05 07955 EINSTEIN BAGELS	0	9,467	11,089	20,556	35	194.05
194.06 07956 NONRTHWESTERN IMAGING	0	41,436	68,996	110,432	78	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	14,773,131	16,580,270	31,353,401	43,762	202.00

Provider CCN: 15-0125

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

	Cost Center Description	PURCHASING &	ADMITTING	CASHIERING/ACC	OTHER ADMIN &	11/20/2023 2: MAINTENANCE &	19 pm
	cost center bescription	RECEIVING	ADMITTING	OUNTS	GENERAL	REPAIRS	
		STORES 5.01	5.02	RECEIVABLE 5.03	5.04	6.00	
1 00	GENERAL SERVICE COST CENTERS						1 00
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00505 PURCHASING & RECEIVING STORES	132,491					5.01
5.02	00506 ADMITTING	137	132,679				5.02
5.03	00507 CASHIERING/ACCOUNTS RECEIVABLE	0	0	167,951			5.03
5.04	00508 OTHER ADMIN & GENERAL	494	0	0	_,,	0	5.04
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	0 21	0	0	68,841	0	6.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	6,926	0	8.00
9.00	00900 HOUSEKEEPING	389	0	0	25,492	0	9.00
10.00	01000 DIETARY	1,419	0	0	19,548	0	10.00
11.00	01100 CAFETERIA	0	0	0	2,942	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0		0	0	12.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	1,892	0	0	42,467	0	13.00
15.00	01500 PHARMACY	0	0	0	0	0	14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	l ő	0	l ő	16,461	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	4,774	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1	0	22.00
23.00	02300 PARAMED ED PRGM-(PHARMACY)	0	0	0	1,528	0	23.00
23.01	02301 PARAMED ED PRGM-(LAB MLS) INPATIENT ROUTINE SERVICE COST CENTERS	21	0	0	1,079	0	23.01
30.00	03000 ADULTS & PEDIATRICS	14,148	11,362	14,406	198,689	0	30.00
31.00	03100 INTENSIVE CARE UNIT	5,487	2,273			0	31.00
31.01	02060 NEONATAL INTENSIVE CARE	1,860	1,405	1,782	17,298	0	31.01
43.00	04300 NURSERY	0	340	430	7,172	0	43.00
F0 00	ANCILLARY SERVICE COST CENTERS	20.020	10 426	24.275	150 465		50.00
50.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	29,820	19,436	·		0	50.00
51.00 52.00	05200 DELIVERY ROOM & LABOR ROOM	1,766 1,146	2,229 566	·		0	51.00 52.00
53.00	05300 ANESTHESIOLOGY	3,206	3,183			0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,397	5,854			0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	210	3,272	·		0	55.00
56.00	05600 RADIOISOTOPE	147	2,258	2,863	10,906	0	56.00
57.00	05700 CT SCAN	2,081	8,153			0	57.00
58.00	05800 MRI	788	3,867	·		0	58.00
59.00 60.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY	7,053 38,385	10,634 14,101			0	59.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,146	644	·		0	63.00
64.00	06400 INTRAVENOUS THERAPY	368	248			0	64.00
65.00	06500 RESPIRATORY THERAPY	2,785	1,447			0	65.00
66.00	06600 PHYSICAL THERAPY	1,177	2,060	2,611	36,087	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	189	716			0	67.00
	06800 SPEECH PATHOLOGY	158	388			0	68.00
	06900 ELECTROCARDIOLOGY	1,671	5,538			0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	935	1,077 3,903			0	70.00 71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,453			0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	967	8,224			0	73.00
	07400 RENAL DIALYSIS	105	558	·		0	74.00
76.97	07697 CARDIAC REHABILITATION	42	284	359	4,873	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,387	842			0	90.00
91.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	7,957	11,790	14,947	54,473	0	91.00 92.00
92.00	OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	32	574	727	23,474	0	101.00
	SPECIAL PURPOSE COST CENTERS						
118.00		131,786	132,679	167,951	1,493,789	0	118.00
100.00	NONREIMBURSABLE COST CENTERS			1	65		100 00
	) 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   19100 RESEARCH	0 21	0				190.00 191.00
	19100  RESEARCH   19200  PHYSICIANS' PRIVATE OFFICES	0	0				191.00
	07950 OTHER NONREIMBURSEABLE	0	0	0			194.00
	L 07951 ADVERTISING	0	0	ő	l .		194.01
	2 07952 RETAIL PHARMACY	116	0	0	34,999	0	194.02
	07953 FITNESS POINTE	84	0	-	-,		194.03
	07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	305	0				194.04
194.05	5 07955 EINSTEIN BAGELS	116	0	0	1,779	0	194.05

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125
From 07/01/2022
To 06/30/2023
Date/Time Prepared:

						11/20/2023 2:	19 pm
	Cost Center Description	PURCHASING &	ADMITTING	CASHIERING/ACC	OTHER ADMIN &	MAINTENANCE &	
		RECEIVING		OUNTS	GENERAL	REPAIRS	
		STORES		RECEIVABLE			
		5.01	5.02	5.03	5.04	6.00	
194.06 07956	NONRTHWESTERN IMAGING	63	0	0	3,637	0	194.06
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)	132,491	132,679	167,951	1,557,356	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm Cost Center Description OPERATION OF LAUNDRY & DIETARY HOUSEKEEPING **CAFETERIA** PLANT LINEN SERVICE 9.00 10.00 11.00 7.00 8.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 5.02 00506 ADMITTING 5.02 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 00600 MAINTENANCE & REPAIRS 6.00 6.00 7.00 00700 OPERATION OF PLANT 2,646,269 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 5,767 37,232 8.00 00900 HOUSEKEEPING 14,797 134,502 9.00 9.00 10.00 01000 DIETARY 42,045 2,154 361,964 10.00 0 01100 CAFETERIA 11.00 43,680 2,238 234,764 11.00 01200 MAINTENANCE OF PERSONNEL 12.00 12.00 0 0 0 0 01300 NURSING ADMINISTRATION 13.00 15.467 0 792 0 10.406 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 0 0 0 0 14.00 01500 PHARMACY 0 15.00 0 0 0 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 5,134 0 0 16.00 263 0 17.00 01700 SOCIAL SERVICE 3.778 0 194 0 1,982 17.00 01900 NONPHYSICIAN ANESTHETISTS 0 19.00 19.00 0 0 0 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 0 0 0 21.00 0 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 0 0 0 22.00 23.00 02300 PARAMED ED PRGM-(PHARMACY) 840 43 0 619 23.00 23.01 02301 PARAMED ED PRGM-(LAB MLS) 3,764 193 372 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 698,364 29.431 35.772 292,656 58,349 30.00 31.00 03100 INTENSIVE CARE UNIT 134,046 4,906 6,867 24,274 15,857 31.00 31.01 02060 NEONATAL INTENSIVE CARE 40,918 1,739 2,096 4,460 31.01 1,156 04300 NURSERY ol 1.982 43.00 43.00 7,170 367 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 292,269 14,972 28,370 50.00 51.00 05100 RECOVERY ROOM 143,470 0 7,349 17,508 9,663 51.00 2,920 52.00 05200 DELIVERY ROOM & LABOR ROOM 57,004 0 6,332 3,717 52.00 3,859 53.00 05300 ANESTHESIOLOGY 0 198 0 5,823 53.00 05400 RADIOLOGY-DIAGNOSTIC 76,408 0 3,914 0 8,300 54.00 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 52.747 0 2.702 ol 1.858 55.00 05600 RADIOISOTOPE 0 0 56.00 16,134 826 1,115 56.00 57.00 05700 CT SCAN 20,734 0 1,062 0 2,354 57.00 05800 MRI 0 58.00 18,719 959 1,611 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 2.142 0 5,203 59.00 41.813 0 60.00 06000 LABORATORY 94,498 0 4,841 14,619 60.00 7,678 06300 BLOOD STORING, PROCESSING & TRANS. 393 0 63.00 619 63.00 64.00 06400 INTRAVENOUS THERAPY 15,243 0 781 0 496 64.00 06500 RESPIRATORY THERAPY 0 15.736 0 806 5.451 65.00 65.00 66.00 06600 PHYSICAL THERAPY 133,700 6,849 0 10,530 66.00 67.00 06700 OCCUPATIONAL THERAPY 25,466 1,304 0 2,973 67.00 06800 SPEECH PATHOLOGY 8,385 0 68.00 430 2.354 68.00 0 57,001 2.920 6,070 06900 ELECTROCARDIOLOGY 69.00 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 10,857 0 556 0 1,611 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 72.00 0 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 19.588 0 1.003 0 6,566 73.00 07400 RENAL DIALYSIS 4,880 0 250 0 248 74.00 74.00 76.97 07697 CARDIAC REHABILITATION 16,631 0 852 0 1,487 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 16.241 832 3.717 90.00 91,964 09100 EMERGENCY 21,194 91.00 91.00 4,711 13,504 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 0 0 0 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 2,256,795 37,232 114,551 361,964 232,286 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190.00 4,449 228 0 191.00 19100 RESEARCH 1,215 0 62 867 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 124 192.00 8,378 0 163.555 0 194.00 07950 OTHER NONREIMBURSEABLE 26,011 0 1,332 0 0 194.00 194.01 07951 ADVERTISING 0 0 194.01 0 0 194.02 07952 RETAIL PHARMACY 0 6,121 0 314 991 194.02 0 194.03 07953 FITNESS POINTE 170,685 0 194.03 0 8.743 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 5,458 0 280 0 0 194.04 194.05 07955 EINSTEIN BAGELS 0 496 194.05 2,228 114 194.06 07956 NONRTHWESTERN IMAGING 9,752 0 194.06 500

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0125 From 07/01/2022 From 06/30/2023 Date/Time Prepared:

						11/20/2023 2:	19 pm
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	
		PLANT	LINEN SERVICE				
		7.00	8.00	9.00	10.00	11.00	
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)	2,646,269	37,232	134,502	361,964	234,764	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm Cost Center Description MAINTENANCE OF PHARMACY NURSING CENTRAL **MEDICAL** PERSONNEL ADMINISTRATION SERVICES & RECORDS & SUPPLY LIBRARY 12.00 13.00 15.00 14.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 5.02 00506 ADMITTING 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 11.00 01100 CAFETERIA 11.00 01200 MAINTENANCE OF PERSONNEL 12.00 12.00 13.00 01300 NURSING ADMINISTRATION 0 580,411 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 0 15.00 01500 PHARMACY 0 0 15.00 0 0 43,671 01600 MEDICAL RECORDS & LIBRARY 16.00 0 16.00 17.00 01700 SOCIAL SERVICE 0 0 0 0 0 17.00 0 0 0 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 19.00 0 0 0 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 21.00 0 0 0 0 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 0 22.00 0 23.00 02300 PARAMED ED PRGM-(PHARMACY) 0 C 0 0 23.00 23.01 02301 PARAMED ED PRGM-(LAB MLS) 0 0 0 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 242,171 0 0 3,855 30.00 03100 INTENSIVE CARE UNIT 0 65,782 0 0 771 31.00 31.00 0 0 31.01 02060 NEONATAL INTENSIVE CARE 18,494 0 477 31.01 04300 NURSERY 0 43.00 0 8,338 0 115 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 117,995 0 0 5,252 50.00 51.00 05100 RECOVERY ROOM 0 40,174 0 0 756 51.00 0 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 15,601 0 192 52.00 05300 ANESTHESIOLOGY 0 0 0 0 53.00 53.00 1.080 0 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 1,986 54.00 0 05500 RADIOLOGY-THERAPEUTIC 0 0 1,110 55.00 0 55.00 0 0 56.00 05600 RADIOISOTOPE 0 0 766 56.00 05700 CT SCAN 0 0 2,766 57.00 57.00 58.00 05800 MRI 0 0 0 0 1,312 58.00 0 0 0 05900 CARDIAC CATHETERIZATION 59.00 0 3,608 59.00 0 0 60.00 06000 LABORATORY 0 4,784 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 218 63.00 0 0 0 64.00 06400 INTRAVENOUS THERAPY 64.00 84 0 06500 RESPIRATORY THERAPY 65.00 0 491 65.00 66.00 06600 PHYSICAL THERAPY 0 0 0 0 699 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 0 243 67.00 0 0 0 06800 SPEECH PATHOLOGY 0 68.00 68.00 132 0 0 0 69.00 06900 ELECTROCARDIOLOGY 0 1.879 69.00 07000 ELECTROENCEPHALOGRAPHY 0 0 70.00 70.00 365 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 1,324 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 72.00 0 1.850 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 2,790 73.00 74.00 07400 RENAL DIALYSIS 0 0 0 189 74.00 07697 CARDIAC REHABILITATION 76.97 0 96 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 90.00 09000 CLINIC 0 15,621 0 0 286 91.00 09100 EMERGENCY 0 56,235 0 4,000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 195 101.00 SPECIAL PURPOSE COST CENTERS 0 0 0 43,671 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 580,411 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 190.00 191.00 19100 RESEARCH 0 0 ol 0 191.00 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.00 0 194.00 07950 OTHER NONREIMBURSEABLE 0 0 0 0 0 194.00 0 0 194.01 07951 ADVERTISING 0 0 0 194.01 194.02 07952 RETAIL PHARMACY 0 0 0 0 0 194.02 0 0 0 0 194.03 07953 FITNESS POINTE 0 194.03 194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY 0 0 0 0 194.04 194.05 07955 EINSTEIN BAGELS 0 0 194.05

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125
From 07/01/2022
To 06/30/2023
Date/Time Prepared:

						11/20/2023 2:	19 pm
	Cost Center Description	MAINTENANCE OF	NURSING	CENTRAL	PHARMACY	MEDICAL	
		PERSONNEL	ADMINISTRATION	SERVICES &		RECORDS &	
				SUPPLY		LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
194.06 0795	6 NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
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)	0	580,411	0	0	43,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0125

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

11/20/2023 2:19 pm INTERNS & RESIDENTS SOCIAL SERVICE NONPHYSICIAN SERVICES-SALAR SERVICES-OTHER PARAMED ED Cost Center Description Y & FRINGES PRGM COSTS PRGM-(PHARMACY **ANESTHETISTS APPRV APPRV** 17.00 19.00 21.00 22.00 23.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 00506 ADMITTING 5.02 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 11.00 01100 CAFETERIA 11.00 12.00 | 01200 MAINTENANCE OF PERSONNEL 12.00 13.00 01300 NURSING ADMINISTRATION 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 | 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 27,015 17.00 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 19.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 0 21.00 22.00 |02200| I&R SERVICES-OTHER PRGM COSTS APPRV 0 22.00 0 23.00 02300 PARAMED ED PRGM-(PHARMACY) 0 6,673 23.00 02301 PARAMED ED PRGM-(LAB MLS) 23.01 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 21,354 30.00 31.00 03100 INTENSIVE CARE UNIT 31.00 3.560 31.01 |02060 | NEONATAL INTENSIVE CARE 1.262 31.01 04300 NURSERY 839 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 0 0 51.00 | 05100 RECOVERY ROOM 51.00 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM 0 52.00 0 53.00 05300 ANESTHESIOLOGY 53.00 0 54.00 | 05400 RADIOLOGY-DIAGNOSTIC 54.00 55.00 | 05500 RADIOLOGY-THERAPEUTIC 55.00 56.00 05600 RADIOISOTOPE 0 56.00 57.00 05700 CT SCAN 0 57.00 0 58.00 05800 MRI 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 60.00 06000 LABORATORY 0 60.00 0 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 63.00 0 64.00 06400 INTRAVENOUS THERAPY 64.00 65.00 06500 RESPIRATORY THERAPY 0 65.00 06600 PHYSICAL THERAPY 0 66.00 66.00 67 00 67.00 06700 OCCUPATIONAL THERAPY 68.00 06800 SPEECH PATHOLOGY 68.00 69.00 06900 ELECTROCARDIOLOGY 0 0 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 73.00 74.00 07400 RENAL DIALYSTS 0 74.00 76.97 07697 CARDIAC REHABILITATION 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 0 90.00 09000 CLINIC 91.00 09100 EMERGENCY 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 27,015 0 0 0 0 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 0 191.00 19100 RESEARCH 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 194.00 07950 OTHER NONREIMBURSEABLE 0 194.00 0 194.01 07951 ADVERTISING 194.01 194.02 07952 RETAIL PHARMACY 0 194.02 194.03 07953 FITNESS POINTE 0 194.03

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10 Period: Worksheet B From 07/01/2022 Part II Date/Time Prepared: 11/20/2023 2:19 pm Provider CCN: 15-0125

						11/20/2023 2:	19 bm
				INTERNS &	RESIDENTS		
	Cook Coutou Booksistics	COCTAL CERVITOR	NONBUNGTOTAN	CERVITCES CALAR	SERVICES OFFIER		
	Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN		SERVICES-OTHER		
			ANESTHETISTS	Y & FRINGES	PRGM COSTS	PRGM-(PHARMACY	
				APPRV	APPRV	)	
		17.00	19.00	21.00	22.00	23.00	
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0					194.04
194.05 07955	EINSTEIN BAGELS	0					194.05
194.06 07956	NONRTHWESTERN IMAGING	0					194.06
200.00	Cross Foot Adjustments		0	) C	0		200.00
201.00	Negative Cost Centers	0	0	r) C	0		201.00
202.00	TOTAL (sum lines 118 through 201)	27,015	0	r  C	0	6,673	202.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 07/01/2022 | Part II | To 06/30/2023 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0125

11.00 01100 CAFETERIA 12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION 14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY 17.00 01700 SOCIAL SERVICE 19.00 01900 NONPHYSICIAN ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-OTHER PRCM COSTS APRV 23.00 02300 PARAMED ED PRGM-(PHARMACY) 23.01 02301 PARAMED ED PRGM-(PHARMACY) 23.01 03000 ADULTS & PEDIATRICS 31.00 03000 ADULTS & PEDIATRICS 31.00 03000 ADULTS & PEDIATRICS 31.01 02060 NEONATAL INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 02060 NEONATAL INTENSIVE CARE 361,731 0 361,731 43.00 0300 ADULTS & PEDIATRICS 58,680 0 58,680  ANCILLARY SERVICE COST CENTERS  ANCILLARY SERVICE COST CENTERS  5,979,947 0 5,979,947 51.00 05000 PERSATING ROOM 5,979,947 51.00 05000 PERSATING ROOM 1,046,721 0 1,046,721 52.00 05000 PERSHIFSCHOORY 1,946,721 0 1,046,721 52.00 05000 PERSHIFSCHOORY 1,945,239 55.00 05500 RADIOLOGY-DIAGNOSTIC 1,985,239 55.00 05500 RADIOLOGY-DIAGNOSTIC 1,985,239 55.00 05500 RADIOLOGY-THERAPEUTIC 1,595,806 0 1,595,806 56.00 05600 RADIOLOGY-THERAPEUTIC 1,595,806 0 1,595,806 56.00 05600 RADIOLOGY-THERAPEUTIC 1,595,806 0 1,595,806 56.00 05600 RADIOLOGY-THERAPEUTIC 1,595,806 0 1,595,806 57.00 05500 DELTY ER CALL AND THE PROPERTY 1,044,771 57.00 05700 CT SCAN 1,072,744 58.00 05900 CARDIAC CATHETERIZATION 1,941,471	1.00 2.00 4.00 5.01 5.02 5.03 6.00 7.00
General Service Cost Centers   23.01   24.00   25.00   26.00	2.00 4.00 5.01 5.02 5.03 5.04 6.00
Stepdown   Adjustments   Adj	2.00 4.00 5.01 5.02 5.03 5.04 6.00
CEMERAL SERVICE COST CENTERS	2.00 4.00 5.01 5.02 5.03 5.04 6.00
CENTRAL SERVICE COST CENTERS	2.00 4.00 5.01 5.02 5.03 5.04 6.00
2.00	2.00 4.00 5.01 5.02 5.03 5.04 6.00
4.00	4.00 5.01 5.02 5.03 5.04 6.00
S.O.1	5.01 5.02 5.03 5.04 6.00
S.03   00507   CASHIERING/ACCOUNTS RECEIVABLE	5.03 5.04 6.00
S.O.4   00508 OTHER ADMIN & GENERAL	5.04 6.00
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE 9.00 00900 HOUSEKEEPING 10.00 01000 DIETARY 11.00 01100 CAFETERIA 12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION 14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY 17.00 01700 SOCIAL SERVICE 19.00 01900 NONPHSYLCIAN ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-SALARY & FRINGES APPRV 23.00 02300 PARAMED ED PRGM—(LAB MLS) 35,377  ***INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 02060 NEONATAL INTENSIVE CARE 361,731 0 361,731 43.00 04300 NURSERY 58,680 0 58,680  ***ANCTLIARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 1,046,721 51.00 05000 DELIVERY ROOM & LABOR ROOM 418,701 0 418,701 53.00 05300 ABSTHESSIOLOGY 1,985,299 55.00 05500 RADIOLOGY-DIAGNOSTIC 1,985,239 0 1,985,239 55.00 05500 RADIOLOGY-DIAGNOSTIC 1,985,239 0 1,985,239 55.00 05500 NRI 30,900 ARI 1,042,7744 0 1,072,744 58.00 05800 MRI 59.00 05900 CARDIAC CATHETEIZATION 1,941,471 0 1,941,471	
8.00 00800 LAUNDRY & LINEN SERVICE 9.00 00900 HOUSEKEEPING 10.00 10000 DITETARY 11.00 01100 CAFETERIA 12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION 14.00 01400 (CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDICAL RECORDS & LIBRARY 17.00 01700 SOCIAL SERVICES 19.00 01900 NONPHYSICIAN ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-SALARY & FRINGES APPRV 23.00 02300 PARAMED ED PRGM-(PHARMACY) 23.10 02301 PARAMED ED PRGM-(CLAB MLS) 31.00 03000 ADULTS & PEDIATRICS 31.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 02060 NEONATAL INTENSIVE CARE 361,731 0 361,731 43.00 04300 NURSERY 58,680 0 58,680 4NCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 1,046,721 0 1,046,721 52.00 05000 OPERATING ROOM 1,046,721 0 1,046,721 52.00 05200 DELIVERY ROOM LABOR ROOM 418,701 0 418,701 53.00 05400 RADIOLOGY-DIAGNOSTIC 1,985,239 0 1,985,239 55.00 05500 RADIOLOGY-DIAGNOSTIC 1,985,239 0 1,985,239 55.00 05500 RADIOLOGY-PIAGNOSTIC 1,985,239	7 00
9.00 00900 HOUSEKEEPING 10.00 01000 DIETARY 11.00 011000 DIETARY 12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION 14.00 01400 (ENITRAL SERVICES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDICAL RECORDS & LIBRARY 17.00 01700 SOCIAL SERVICE 19.00 01900 NONPHYSICIANA ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-OTHER PROM COSTS APPRV 23.00 02300 PARAMED ED PROM-(LAB MLS) 35,377    NPATTENT ROUTINE SERVICE COST CENTERS 31.00 03100 INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 0260 NEONATAL INTENSIVE CARE 361,731 0 361,731 43.00 4300 NURSERY 58,680 0 58,680 0 58,680 4 ANCILLARY SERVICE COST CENTERS   NO.00 05000 PERATING ROOM 1,046,721 0 1,046,721 52.00 05100 RECOVERY ROOM 1,046,721 0 1,046,721 52.00 05200 DELIVERY ROOM LABOR ROOM 148,701 0 418,701 0 418,701 0 418,701 0 418,701 0 1,985,239 15.00 05400 RADIOLOGY-DIAGNOSTIC 1,595,806 0 1,595,806 56.00 05600 RADIOLOGY-DIAGNOS	8.00
11.00 01100 CAFETERIA 12.00 01200 MAINTENANCE OF PERSONNEL 13.00 01300 NURSING ADMINISTRATION 14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY 16.00 01600 MEDICAL RECORDS & LIBRARY 17.00 01700 SOCIAL SERVICE 19.00 01900 NONPHYSICIAN ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 23.00 02300 PARAMED ED PRGM-(PHARMACY) 23.00 02301 PARAMED ED PRGM-(PHARMACY) 23.01 02301 PARAMED ED PRGM-(HARMACY) 23.00 0300 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 02060 NEONATAL INTENSIVE CARE 361,731 0 361,731 43.00 04300 NURSERY 58,680 0 58,680	9.00
12.00   01200   MAINTENANCE OF PERSONNEL   13.00   01300   NURSING ADMINISTRATION   14.00   01400   CENTRAL SERVICES & SUPPLY   15.00   01500   PHARMACY   16.00   01600   MEDICAL RECORDS & LIBRARY   17.00   01700   SOCIAL SERVICE   19.00   01900   NONPHYSICIAN ANESTHETISTS   17.00   01700   SERVICES-SALARY & FRINGES APPRV   17.00   01700   SOCIAL AND   17.00   17.0	0.00
13.00   01300   NURSING ADMINISTRATION	1.00
15.00 01500 PHARMACY 16.00 01600 MEDICAL RECORDS & LIBRARY 17.00 01700 SOCIAL SERVICE 19.00 01900 NONPHYSICIAN ANESTHETISTS 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 23.00 02300 PARAMED ED PRGM-(PHARMACY) 23.01 02301 PARAMED ED PRGM-(LAB MLS) 35,377  INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03100 INTENSIVE CARE UNIT 1,576,009 0 1,576,009 31.01 02660 NEONATAL INTENSIVE CARE 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 361,731 0 360,731 0 360 NEONATAL INTENSIVE CARE 36,799,947 0 5,979,947 100 05000 PERATING ROOM 1,046,721 0 1,046,7	3.00
16.00	4.00
17.00   01700   SOCIAL SERVICE   19.00   01900   NONPHYSICIAN ANESTHETISTS   21.00   02100   T&R SERVICES-SALARY & FRINGES APPRV   22.00   02200   T&R SERVICES-OTHER PRGM COSTS APPRV   23.00   02300   PARAMED ED PRGM-(PHARMACY)   23.01   02301   PARAMED ED PRGM-(LAB MLS)   35,377	.5.00 .6.00
21.00	7.00
22.00   02200   1&R SERVICES-OTHER PRGM COSTS APPRV   23.00   02300   PARAMED ED PRGM-(PHARMACY)   23.01   02301   PARAMED ED PRGM-(LAB MLS)   35,377	9.00
23.00	1.00
TIMPATIENT ROUTINE SERVICE COST CENTERS	3.00
30.00   03000   ADULTS & PEDIATRICS   5,162,525   0   5,162,525   31.00   03100   INTENSIVE CARE UNIT   1,576,009   0   1,576,009   31.01   02060   NEONATAL INTENSIVE CARE   361,731   0   361,731	3.01
31.00   03100   INTENSIVE CARE UNIT   1,576,009   31.01   02060   NEONATAL INTENSIVE CARE   361,731   0   361,731	0.00
A3.00	1.00
## ANCILLARY SERVICE COST CENTERS    50.00	1.01
50.00       05000 OPERATING ROOM       5,979,947       0       5,979,947         51.00       05100 RECOVERY ROOM       1,046,721       0       1,046,721         52.00       05200 DELIVERY ROOM & LABOR ROOM       418,701       0       418,701         53.00       05300 ANESTHESIOLOGY       210,564       0       210,564         54.00       05400 RADIOLOGY-DIAGNOSTIC       1,985,239       0       1,985,239         55.00       05500 RADIOLOGY-THERAPEUTIC       1,595,806       0       1,595,806         56.00       05600 RADIOISOTOPE       426,223       0       426,223         57.00       05700 CT SCAN       1,072,744       0       1,072,744         58.00       05800 MRI       364,976       0       364,976         59.00       05900 CARDIAC CATHETERIZATION       1,941,471       0       1,941,471	3.00
52.00     05200     DELIVERY ROOM & LABOR ROOM     418,701     0     418,701       53.00     05300     ANESTHESIOLOGY     210,564     0     210,564       54.00     05400     RADIOLOGY-DIAGNOSTIC     1,985,239     0     1,985,239       55.00     05500     RADIOLOGY-THERAPEUTIC     1,595,806     0     1,595,806       56.00     05600     RADIOISOTOPE     426,223     0     426,223       57.00     05700     CT SCAN     1,072,744     0     1,072,744       58.00     05800     MRI     364,976     0     364,976       59.00     05900     CARDIAC CATHETERIZATION     1,941,471     0     1,941,471	0.00
53.00     05300     ANESTHESIOLOGY     210,564     9       54.00     05400     RADIOLOGY-DIAGNOSTIC     1,985,239     9       55.00     05500     RADIOLOGY-THERAPEUTIC     1,595,806     9       56.00     05600     RADIOISOTOPE     426,223     9       57.00     05700     CT SCAN     1,072,744     9       58.00     05800     MRI     364,976     9       59.00     05900     CARDIAC CATHETERIZATION     1,941,471     0     1,941,471	1.00
54.00       05400       RADIOLOGY-DIAGNOSTIC       1,985,239       0       1,985,239       1         55.00       05500       RADIOLOGY-THERAPEUTIC       1,595,806       0       1,595,806       1         56.00       05600       RADIOISOTOPE       426,223       0       426,223       1         57.00       05700       CT SCAN       1,072,744       0       1,072,744       1         58.00       05800       MRI       364,976       0       364,976       1         59.00       05900       CARDIAC CATHETERIZATION       1,941,471       0       1,941,471       1	3.00
56.00     05600     RADIOISOTOPE     426,223     0     426,223       57.00     05700     CT SCAN     1,072,744     0     1,072,744       58.00     05800     MRI     364,976     0     364,976       59.00     05900     CARDIAC CATHETERIZATION     1,941,471     0     1,941,471	4.00
57.00     05700     CT SCAN     1,072,744     0     1,072,744       58.00     05800     MRI     364,976     0     364,976       59.00     05900     CARDIAC CATHETERIZATION     1,941,471     0     1,941,471	5.00 6.00
58.00   05800   MRI     364,976   0   364,976   59.00   05900   CARDIAC CATHETERIZATION   1,941,471   0   1,941,471   1	7.00
	8.00
	9.00
	0.00 3.00
64.00 06400 INTRAVENOUS THERAPY 88,122 0 88,122 0	4.00
	55.00 66.00
	57.00
68.00   06800   SPEECH PATHOLOGY   129,730   0   129,730   0	00.88
	9.00 0.00
	1.00
	2.00
	'3.00 '4.00
	6.97
OUTPATIENT SERVICE COST CENTERS	
	0.00 1.00
	2.00
OTHER REIMBURSABLE COST CENTERS	11 00
101.00 10100 HOME HEALTH AGENCY 26,017 0 26,017 10 SPECIAL PURPOSE COST CENTERS	1.00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   0   28,889,216   0   28,889,216   1:	.8.00
NONREIMBURSABLE COST CENTERS         23,645         0         23,645         19	0.00
191.00 19100 RESEARCH 10,744 0 10,744 1	1.00
	2.00 4.00
	4.00 4.01
194.02 07952 RETAIL PHARMACY 69,205 0 69,205 19	4.02
194.03 07953  FITNESS POINTE   1,030,283  0  1,030,283  19	

Health Financial Systems	COMMUNITY H	OSPITAL		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider Co	CN: 15-0125	Period:	Worksheet B
				From 07/01/2022 To 06/30/2023	Part II Date/Time Prepared:
					11/20/2023 2:19 pm
Cost Center Description	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-(LAB MLS)		Residents Cos	t	
			& Post		
			Stepdown		
			Adjustments		
	23.01	24.00	25.00	26.00	
194.04 07954 FITNESS POINTE SPA/PRO SHOP/DIETARY		36,422		0 36,422	194.04
194.05 07955 EINSTEIN BAGELS		25,324		0 25,324	194.05
194.06 07956 NONRTHWESTERN IMAGING		124,462		0 124,462	194.06
200.00 Cross Foot Adjustments	35,377	42,050		0 42,050	200.00
201.00 Negative Cost Centers	0	0		0	201.00
202.00 TOTAL (sum lines 118 through 201)	35,377	31,353,401		0 31,353,401	202.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0125

CAPITAL RELATED COSTS   BLDG & FIXT   (SQUARE FEET)   (DOLLAR VALUE)   BEMPLOYEE BEMFEITS   DEPARTMENT   GROSS   COSTED REQ)   SALARIES   COSTED REQ
COULAR VALUE   BENEFITIS   DEPARTMENT   CROSS   REVENUE   STORES   COSTED REQ
CONTROL   CAP REL COST CENTERS   CONTROL   CAP REL COST CENTERS
CAMPAIL SERVICE COST CENTERS   1.00   2.00   4.00   5.01   5.02
CENERAL SERVICE COST CENTERS
1.00   2.00   4.00   5.01   5.02
CAPPER   SERVICE COST CENTERS   944,087   37,431,874   2000   2000   CAP REL COSTS-BLDG & FIXT   944,087   37,431,874   2000   2000   CAP REL COSTS-WUSLE EQUIP   4,000   00400   EMPLOYEE BENEFITS DEPARTMENT   1,941   30,227   207,263,743   4,501   2000   2000   CAP REL COSTS-WUSLE EQUIP   4,000   0055   PURCHASING & RECEIVING STORES   8,316   4,900   911,666   12,605   5.02   00506   ADMITTING   7,749   23,243   4,691,477   13   2,359,599,227   5.03   00507   CASHIERING/ACCOUNTS RECEIVABLE   10,733   0   0   0   0   0   0   5.04   00508   CASHIERING/ACCOUNTS RECEIVABLE   10,733   0   0   0   0   0   0   0   0   0
1.00   00100   CAP REL COSTS-BLDG & FIXT   944,087   2.00   00200   CAP REL COSTS-MYBLE EQUIP   37,431,874   4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   1,941   30,227   207,263,743   4.50   5.01   00505   PURCHASING & RECEIVING STORES   8,316   4,900   911,666   12,605   5.02   00506   ADMITTING   7,749   23,243   4,691,477   13   2,359,599,227   5.03   00507   CASHIERING/ACCOUNTS RECEIVABLE   10,733   0   0   0   0   0   0   0   0   0
2.00   00200   CAP REL COSTS-MVBLE EQUIP   37,431,874   4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   1,941   30,227   207,263,743   5.01   00505   PURCHASING & RECEIVING STORES   8,316   4,900   911,666   12,605   5.02   00506   ADMITTING   7,749   23,243   4,691,477   13   2,359,599,227   5.03   00507   CASHIERING/ACCOUNTS RECEIVABLE   10,733   0   0   0   0   0   5.04   00508   OTHER ADMIN & GENERAL   54,720   1,574,869   14,312,220   47   0   5.06   00   0   0   0   0   0   0   0   0
5.01 00505 PURCHASING & RECEIVING STORES 8,316 4,900 911,666 12,605 5.02 00506 ADMITTING 7,749 23,243 4,691,477 13 2,359,599,227 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 10,733 0 0 0 0 0 0 0 5.04 00508 OTHER ADMIN & GENERAL 54,720 1,574,869 14,312,220 47 0 5.04 00508 OTHER ADMIN & GENERAL 54,720 1,574,869 14,312,220 47 0 5.04 00600 MAINTENANCE & REPAIRS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5.02   00506   ADMITTING   7,749   23,243   4,691,477   13   2,359,599,227   5.03   00507   CASHIERING/ACCOUNTS RECEIVABLE   10,733   0   0   0   0   0   5.04   00508   00600   MAINTENANCE & REPAIRS   0   0   0   0   0   0   0   0   0
5.03       00507       CASHIERING/ACCOUNTS RECEIVABLE       10,733       0       0       0       0       5       5       0       0       0       0       0       0       5       5       0<
5.04   00508 OTHER ADMIN & GENERAL   54,720   1,574,869   14,312,220   47   0   5   6.00   00000   MAINTENANCE & REPAIRS   0   0   0   0   0   0   0   0   0
7.00 00700 OPERATION OF PLANT 142,057 798,300 4,203,208 2 0 788,00 00800 LAUNDRY & LINEN SERVICE 1,566 0 159,644 0 0 8 8 9.00 00900 HOUSEKEEPING 4,018 67,721 4,518,069 37 0 9 10.00 01000 DIETARY 11,417 265,346 2,892,729 135 0 10 11.00 01100 CAFETERIA 11,417 265,346 2,892,729 135 0 10 11.00 01100 CAFETERIA 11,861 0 1,429,559 0 0 11 12.00 01200 MAINTENANCE OF PERSONNEL 0 0 0 0 0 0 0 12 13.00 01300 NURSING ADMINISTRATION 4,200 998,233 7,122,040 180 0 13 14.00 01400 CENTRAL SERVICES & SUPPLY 0 0 0 0 0 0 0 14 15.00 01500 PHARMACY 0 0 0 0 0 0 14 15.00 01500 MEDICAL RECORDS & LIBRARY 1,394 0 0 0 0 0 15 17 1.00 01700 SOCIAL SERVICE 1,026 0 1,101,288 0 0 17 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 0 0 0 0 0 0 0 12 19.00 02100 T&R SERVICES-SALARY & FRINGES APPRV 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8.00
9.00   00900   HOUSEKEEPING   4,018   67,721   4,518,069   37   0   9   10.00   01000   DIETARY   11,417   265,346   2,892,729   135   0   10   11.00   01100   CAFETERIA   11,861   0   1,429,559   0   0   11   12.00   01200   MAINTENANCE OF PERSONNEL   0   0   0   0   0   0   12   13.00   01300   NURSING ADMINISTRATION   4,200   998,233   7,122,040   180   0   13   14.00   01400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   0   0   14   15.00   01500   PHARMACY   0   0   0   0   0   0   0   15   16.00   01600   MEDICAL RECORDS & LIBRARY   1,394   0   0   0   0   0   0   16   17   10.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   0   17   19.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   0   19   19
10.00   01000   DIETARY   11,417   265,346   2,892,729   135   0   10   11.00   01100   CAFETERIA   11,861   0   1,429,559   0   0   11   12.00   01200   MAINTENANCE OF PERSONNEL   0   0   0   0   0   0   0   12   13.00   01300   NURSING ADMINISTRATION   4,200   998,233   7,122,040   180   0   13   14.00   01400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   0   0   14   15.00   01500   PHARMACY   0   0   0   0   0   0   0   15   16.00   01600   MEDICAL RECORDS & LIBRARY   1,394   0   0   0   0   0   0   16   17   17.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17   19.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   19   19   19.00   02100   I&R SERVICES-SALARY & FRINGES APPRV   0   0   0   0   0   0   0   21   22.00   02200   I&R SERVICES-OTHER PRGM COSTS APPRV   0   0   0   0   0   0   23   02300   PARAMED ED PRGM-(PHARMACY)   228   0   357,420   0   0   23   23.01   02301   PARAMED ED PRGM-(LAB MLS)   1,022   31,413   197,899   2   0   23   10   10   10   10   10   10   10   1
11.00   01100   CAFETERIA   11,861   0   1,429,559   0   0   11   12.00   01200   MAINTENANCE OF PERSONNEL   0   0   0   0   0   0   12   13.00   01300   NURSING ADMINISTRATION   4,200   998,233   7,122,040   180   0   13   14.00   01400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   0   0   15   15.00   01500   PHARMACY   0   0   0   0   0   0   0   15   16.00   01600   MEDICAL RECORDS & LIBRARY   1,394   0   0   0   0   0   0   16   17.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17   17.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   0   19   19
13.00   01300   NURSING ADMINISTRATION   4,200   998,233   7,122,040   180   0   130   14.00   01400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   0   0   14.00   15.00   01500   PHARMACY   0   0   0   0   0   0   0   15.00   01500   PHARMACY   0   0   0   0   0   0   0   15.00   01500   PHARMACY   1,394   0   0   0   0   0   0   16.00   01500   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17.00   01700   SOCIAL SERVICE   1,026   0   0   0   0   0   0   0   0   17.00   0170
14.00   01400   CENTRAL SERVICES & SUPPLY   0   0   0   0   0   0   14 15.00   01500   PHARMACY   0   0   0   0   0   0   0   16.00   01600   MEDICAL RECORDS & LIBRARY   1,394   0   0   0   0   0   17.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17 19.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   21.00   02100   I&R SERVICES-SALARY & FRINGES APPRV   0   0   0   0   0   22.00   02200   I&R SERVICES-OTHER PRGM COSTS APPRV   0   0   0   0   0   23.00   02300   PARAMED ED PRGM-(PHARMACY)   228   0   357,420   0   0   23.01   02301   PARAMED ED PRGM-(LAB MLS)   1,022   31,413   197,899   2   0    INPATIENT ROUTINE SERVICE COST CENTERS
15.00   01500   PHARMACY   0   0   0   0   0   0   15 16.00   01600   MEDICAL RECORDS & LIBRARY   1,394   0   0   0   0   0   16 17.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17 19.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   0   19 21.00   02100   Like SERVICES-SALARY & FRINGES APPRV   0   0   0   0   0   0   0   22 22.00   02200   Like SERVICES-OTHER PRGM COSTS APPRV   0   0   0   0   0   0   0   22 23.00   02300   PARAMED ED PRGM-(PHARMACY)   228   0   357,420   0   0   0   23 23.01   02301   PARAMED ED PRGM-(LAB MLS)   1,022   31,413   197,899   2   0   23 INPATIENT ROUTINE SERVICE COST CENTERS
16.00 01600 MEDICAL RECORDS & LIBRARY 1,394 0 0 0 0 1600 17.00 01700 SOCIAL SERVICE 1,026 0 1,101,288 0 0 17.00 19.00 01900 NONPHYSICIAN ANESTHETISTS 0 0 0 0 0 0 0 0 19.21 0.00 02100 1&R SERVICES-SALARY & FRINGES APPRV 0 0 0 0 0 0 0 0 0 21.22.00 02200 1&R SERVICES-OTHER PRGM COSTS APPRV 0 0 0 0 0 0 0 0 0 22.3.00 02300 PARAMED ED PRGM-(PHARMACY) 228 0 357,420 0 0 230.23.01 02301 PARAMED ED PRGM-(LAB MLS) 1,022 31,413 197,899 2 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS
17.00   01700   SOCIAL SERVICE   1,026   0   1,101,288   0   0   17   19.00   01900   NONPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   19   19   19
21.00   02100   1&R SERVICES-SALARY & FRINGES APPRV   0   0   0   0   0   0   21   22.00   02200   1&R SERVICES-OTHER PRGM COSTS APPRV   0   0   0   0   0   0   23.00   02300   PARAMED ED PRGM-(PHARMACY)   228   0   357,420   0   0   23   23.01   02301   PARAMED ED PRGM-(LAB MLS)   1,022   31,413   197,899   2   0   23.01   1PATIENT ROUTINE SERVICE COST CENTERS
22.00   02200   1&R SERVICES-OTHER PRGM COSTS APPRV   0   0   0   0   0   0   22   0   0
23.00   02300   PARAMED ED PRGM-(PHARMACY)   228   0   357,420   0   0   23   23.01   02301   PARAMED ED PRGM-(LAB MLS)   1,022   31,413   197,899   2   0   23   24   25   25   25   25   25   25   25
23.01 02301 PARAMED ED PRGM-(LAB MLS) 1,022 31,413 197,899 2 0 23  INPATIENT ROUTINE SERVICE COST CENTERS
INPATIENT ROUTINE SERVICE COST CENTERS
30.00 03000 ADULTS & PEDIATRICS 189.635 1 279 254 37 351 759 1 346 202 900 273 30
31.00   03100   INTENSIVE CARE UNIT   36,399   1,515,206   12,590,600   522   40,593,662   31
31.01   02060   NEONATAL INTENSIVE CARE   11,111   215,204   3,555,943   177   25,094,906   31   43.00   04300   NURSERY   1,947   0   1,439,407   0   6,063,139   43
ANCILLARY SERVICE COST CENTERS
50.00   05000   OPERATING ROOM   79,363   9,128,013   18,492,894   2,837   337,396,751   50
51.00   05100   RECOVERY ROOM   38,958   397,959   6,485,314   168   39,812,393   51
52.00   05200   DELIVERY ROOM & LABOR ROOM   15,479   166,926   2,636,155   109   10,106,636   52   53.00   05300   ANESTHESIOLOGY   1,048   342,972   15,901,059   305   56,834,599   53
54.00   05400   RADIOLOGY
55.00   05500   RADIOLOGY-THERAPEUTIC   14,323   2,901,242   1,512,030   20   58,430,508   55
56.00   05600   RADIOISOTOPE   4,381   728,032   834,821   14   40,326,527   56
57.00   05700   CT SCAN   5,630   2,070,516   1,523,707   198   145,594,075   57
58.00   05800   MRI   5,083   546,608   1,136,072   75   69,054,752   58   59.00   05900   CARDIAC CATHETERIZATION   11,354   3,702,379   4,007,794   671   189,894,242   59
60.00   06000   LABORATORY   25,660   2,011,787   7,350,058   3,652   251,797,487   60
63.00 06300 BLOOD STORING, PROCESSING & TRANS. 2,085 212,600 409,202 109 11,498,950 63
64.00   06400   INTRAVENOUS THERAPY 4,139 8,086 343,810 35 4,430,926 64
65.00 06500 RESPIRATORY THERAPY 4,273 1,093,736 4,621,416 265 25,842,154 65
66.00   06600   PHYSICAL THERAPY   36,305   365,822   6,732,250   112   36,777,252   66 67.00   06700   OCCUPATIONAL THERAPY   6,915   65,626   2,030,229   18   12,785,586   67
68.00   06800   SPEECH PATHOLOGY   2,277   165,222   1,674,236   15   6,924,811   68
69.00   06900   ELECTROCARDIOLOGY   15,478   993,005   3,588,702   159   98,888,053   69
70.00 07000 ELECTROENCEPHALOGRAPHY 2,948 108,011 904,738 89 19,235,189 70
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0 0 0 0 69,703,506   71 72.00   07200   MPL. DEV. CHARGED TO PATIENTS 0 0 0 97.383.504   72
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0 0 0 0 97,383,504 72 73.00   07300   DRUGS CHARGED TO PATIENTS 5,319 878,721 4,718,812 92 146,864,857 73
74.00 07400 RENAL DIALYSIS 1,325 0 131,975 10 9,957,455 74
76.97 O7697 CARDIAC REHABILITATION 4,516 202,422 951,156 4 5,062,647 76
OUTPATIENT SERVICE COST CENTERS
90.00   09000   CLINIC   4,410   20,953   2,436,798   132   15,030,188   90
91.00   09100   EMERGENCY   24,972   444,815   8,986,708   757   210,527,552   91   92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   92
OTHER REIMBURSABLE COST CENTERS
101.00 10100 HOME HEALTH AGENCY 0 0 4,808,478 3 10,243,714 101
SPECIAL PURPOSE COST CENTERS  110 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   838,329   36,776,354   203,987,813   12,538   2,359,599,227   118   NONREIMBURSABLE COST CENTERS
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1,208 0 0 0 190
191.00   19100   RESEARCH 330 0 666,229 2 0 191
192.00 PHYSICIANS' PRIVATE OFFICES 44,412 0 67,487 0 0 192
194.00 07950 OTHER NONREIMBURSEABLE 7,063 199,916 0 0 0 194 194.01 07951 ADVERTISING 0 0 0 0 0 194
194.01 07951 ADVERTISING   0  0  0  0 194

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0125 Period: From 07/01/2022 Worksheet B-1

					06/30/2023	Date/Time Pre 11/20/2023 2:	
		CAPITAL REL	LATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	PURCHASING &	ADMITTING	
	cost contain pesci i percin		(DOLLAR VALUE)	-	RECEIVING	(GROSS	
				DEPARTMENT	STORES	REVENUE)	
				(GROSS	(COSTED REQ)		
				SALARIES)	, ,		
		1.00	2.00	4.00	5.01	5.02	
194.02 07952	RETAIL PHARMACY	1,662	1,171	652,780	11	0	194.02
194.03 07953	FITNESS POINTE	46,348	260,713	1,107,319	8	0	194.03
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	1,482	12,920	245,220	29	0	194.04
194.05 07955	EINSTEIN BAGELS	605	25,034	167,353	11	0	194.05
194.06 07956	NONRTHWESTERN IMAGING	2,648	155,766	369,542	6	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	14,773,131	16,580,270	28,858,159	900,755	6,084,433	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	15.648061	0.442945				
204.00	Cost to be allocated (per Wkst. B,			43,762	132,491	132,679	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part			0.000211	10.510988	0.000056	205.00
	II)						
206.00	NAHE adjustment amount to be allocated						206.00
207 00	(per Wkst. B-2)						207 00
207.00	NAHE unit cost multiplier (Wkst. D,						207.00
	Parts III and IV)						

Provider CCN: 15-0125

Period: Worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

CONTROL CENTER   CONTROL					Ť	o 06/30/2023	Date/Time Pre 11/20/2023 2:	
Separate		Cost Center Description	CASHIERING/ACCR	econciliation	OTHER ADMIN &	MAINTENANCE &		19 piii
SOURCEAL SERVICE COST CINTERS					(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	
CEMERAL SENVICE COST CHTERS								
0.000   0.000   CAP REL COSTS-BLIRG & FIXT			5.03	5A.04	5.04	6.00	7.00	
2.00   00000   CAP   REL COSTS - WELL EDUIP	1 00				I		I	1 00
0.0400   DMPLOVER BENETITS DEPARTMENT		1						1.00
5.01   00505   NICHIASTRIC & RECELVING STORES		1						4.00
0.0007   CASHLERING/ACCOUNTS RECEIVABLE   2,359,599,272   66,232,524   651,641,989   5.5.04   005050   CORRECTION OF PERSONNEL   0   0   19,655,472   142,055   718,575   7.7.057   7.7.								5.01
0.000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0								5.02
6.00   0.0600   MAINTENANCE & REPAIRS   0   0   0   860, 628   6.7			2,359,599,227	66 222 524	454 644 000			5.03
0.000   0.0700   OPERATION OF PLANT			0	-66,232,524	451,641,989			5.04
8.00   0.0800   LANIDRY & LINEN SERVICE   0   0   2,008,747   1,566   1,566   1,566   1,566   1,000   0   0   0   0   0   0   0   0   0		1	0	0	19 965 414		l .	1
9.00   0.0900  MOUSEKEEPING   0   0   7,393,305   4,018   4,018   9,101   11.00   0.1000   OETARY   0   0   583,333   11,621   11,427   11			0	0		-		1
11.00   01000 (AFFTERIA   0   0   833,330   11.861   11.861   11.1   1	9.00	00900 HOUSEKEEPING	0	0			4,018	9.00
12.00   01200   MAINTEANACE OF PERSONNEL   0   0   0   12,316,476   4,200   13,14.00   1300   01300   MUSISTA MAINTISTRATION   0   0   0   0   0   0   0   14,15.00   10.500   01500			0	-				
33.00   01300   MURSING ADMINISTRATION   0   0   12,316,476   4,200   4,200   3.1			0	•	853,330	11,861	11,861	
14.00   01400   PARPARCY   0   0   0   0   0   0   14.			0	ŭ	12 216 476	0	4 200	12.00
15.00   01500   PHARMACY   0   0   0   0   0   0   15.			0	0	12,310,470	_		1
17.00   01700   SOCTAL SERVICE   0   0   1.384.634   1.026   1.026   1.026   1.026   1.026   1.020   1.000   019			0	0	Ö	0	1	15.00
19.00   01900   NOMPHYSICIAN ANESTHETISTS   0   0   0   0   0   0   0   0   0	16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	4,774,213	1,394	1,394	16.00
21.00   02.100   ZRR SERVICES-SALARY & FRENGES APPRY   0   0   0   0   0   0   0   0   22.			0	0	1,384,634	1,026	1	1
22.00   02200   PARKER ERPORM_CHARMACY   0   0   0   43,20   228   228   23.   23.01   02301   PARAMED ED PROM_CHARMACY   0   0   0   312,968   1,022   1,022   23.   23.01   02301   PARAMED ED PROM_CHARMACY   0   0   0   312,968   1,022   1,022   23.   23.01   02300   PARAMED ED PROM_CHARMACY   0   0   0   312,968   1,022   1,022   23.   23.01   02300   PARAMED ED PROM_CHARMACY   0   0   0   312,968   1,022   1,022   23.   23.01   02300   PARAMED ED PROM_CHARMACY   0   0   0   312,968   1,022   1,022   23.   23.01   02300   PARAMED ED PROM_CHARMACY   0   0   0   18.91   36.399   36.399   31.   30.00   03000   OUNTENESTY   CARE   0.17   40.593,662   0   19,118,211   36,399   36.399   31.   31.01   02600   NEONATAL INTENSIVE CARE   25,094,906   0   5,016,697   11,111			0	0	0	0	1	
23.00			1	0		0	0	21.00
23.01   02301   PARAMED ED PRGM-(LAB MLS)   0   0   312,968   1,022   23.			1	0	443.230	228	228	1
INPATIENT ROUTINE SERVICE COST CENTERS   189,635   189,635   189,635   189,635   189,635   31.00   03000   JOUILTS & PEDIATRICS   202,900,273   0   57,597,079   189,635   189,635   31.01   02060   ADDITA S PEDIATRICS   25,094,906   0   5,16,697   11,111   11,111   34.00   ADDITA SERVICE COST CENTERS   1,947   43.00   43.00   NURSERY   6,063,139   0   2,080,148   1,947   43.00   43.00   43.00   NURSERY   79,363   50.00   50.00   05000   PERATING ROOM   33,812,393   0   9,779,514   38,958   38,958   51.00   510.00   62000   RECOVERY ROOM   39,812,393   0   9,779,514   38,958   38,958   51.00   52.00   05200   DELIVERY ROOM   40,004,669   15,479   15,479   52.00   52.00   05200   DELIVERY ROOM   40,004,669   15,479   15,479   52.00   52.00   05200   DELIVERY ROOM   40,004,663   0   4,000,469   15,479   15,479   52.00   52.00   ADDITIONAL REPORT			1	-				1
33.00   03100   INTENSIVE CARE UNIT   40,593,662   0   19,118,211   36,399   36,399   31,310.1   02060   NEOMATAL INTENSIVE CARE   25,094,906   0   5,016,697   11,111   11,111   31,340   04300   NURSERY   6,063,139   0   2,080,148   1,947   1,947   43.		INPATIENT ROUTINE SERVICE COST CENTERS						1
31.01		1						1
ASTOLIAN SERVICE COST CENTERS					-, -,			1
ANCILLARY SERVICE COST CENTERS			1		.,,			1
SOLID   05000   0500	43.00		0,003,139	0	2,080,140	1,947	1,347	43.00
15.200   05200   DELIVIERY ROOM & LABOR ROOM   10,106,636   0   4,000,469   15,479   15,479   52, 53.00   05300   ARSTHESIDLOGY   56,834,599   0   5,077,780   1,048   1,048   53, 54.00   05400   RADIOLOGY-DIAGNOSTIC   104,542,933   0   11,517,895   20,748   20,748   54, 55.00   05500   RADIOLOGY-THERAPEUTIC   58,430,508   0   5,864,451   14,323   14,323   55, 56.00   05600   RADIOLOGY-THERAPEUTIC   58,430,508   0   5,864,451   14,323   14,323   55, 56.00   05600   RADIOLOGY-THERAPEUTIC   58,430,508   0   5,864,451   14,323   14,323   55, 57,00   05700   CT SCAN   145,594,075   0   3,167,320   5,630   5,630   5,630   57, 58.00   05800   MRI CALLER TEAT TO THE CALLER TEAT TEAT TO THE CALLER TEAT TEAT TO THE CALLER TEAT TEAT TEAT THE CALLER TEAT TEAT THE CALLER TEAT TEAT THE CALLER TEAT TEAT TEAT THE CALLER TEAT TEAT TEAT TEAT THE CALLER TEAT TEAT TEAT TEAT THE CALLER TEAT TEAT TEAT TEAT TEAT TEAT TEAT THE TEAT TEAT	50.00		337,396,751	0	45,958,572	79,363	79,363	50.00
33.00   05300   ABSTHESIOLOGY   56,834.599   0   5,077,780   1,048   1,048   53,	51.00	05100 RECOVERY ROOM	39,812,393	0	9,779,514	38,958	38,958	51.00
S4.00   OS400   RADIOLOGY-DIAGNOSTIC   104,542,933   0   11,517,895   20,748   20,748   54,55.00   OS500   RADIOLOGY-THERAPEUTIC   58,430,508   0   5,864,451   14,323   14,323   14,323   55,00   OS600   RADIOLOGY-THERAPEUTIC   40,326,527   0   3,162,920   4,381   4,381   56,57.00   OS600   RADIOLOGY-THERAPEUTIC   40,326,527   0   3,162,920   4,381   4,381   56,57.00   OS600   RADIOLOGY-THERAPEUTIC   69,054,752   0   3,167,232   5,083   5,083   5,083   5,863   55,800   OS600   ABOORATORY   69,054,752   0   3,167,232   5,083   5,083   5,083   5,083   5,083   5,083   5,083   5,083   5,083   5,083   6,000   OS600   LABORATORY   C21,610,14   25,660   25,660   06,000   LABORATORY   C21,610,14   25,660   25,660   06,000   LABORATORY   C21,610,14   25,660   25,660   06,000   C6000   RESPIRATORY   THERAPY   4,430,926   0   627,818   4,139   4,139   4,139   4,139   6,100   0,000   0,000   C1,000			1 1					
14, 233   14, 233   15, 55, 00   05500   RADIOLOGY-THERAPEUTIC   58, 430, 508   0   5, 864, 451   14, 323   14, 323   55, 55, 00   05500   RADIOLOGY-THERAPEUTIC   145, 594, 075   0   3, 162, 920   4, 381   4, 381   56, 57, 00   57, 00   05700   CT SCAN   145, 594, 075   0   5, 716, 730   5, 630   5, 630   57, 83, 00   05500   NRT   69, 054, 752   0   3, 167, 232   5, 083   5, 683   5, 883   59, 00   05500   CARDIAC CATHETERIZATION   188, 894, 242   0   11, 331, 904   11, 354   11, 354   58, 60, 00   06000   LABORATORY   251, 797, 487   0   22, 161, 014   25, 660   25, 660   63, 00   6300   BLOOD STORING, PROCESSING & TRANS.   11,498, 950   0   3, 124, 405   2, 085   2, 085   63, 64, 00   06400   INTRAVENOUS THERAPY   4,430, 926   0   627, 818   4, 139   4, 139   4, 139   64, 00   66500   RESPIRATORY THERAPY   25, 842, 154   0   7, 688, 732   4, 273   4, 273   4, 273   65, 660   0, 6600   PHYSICAL THERAPY   36,777,252   0   10, 465, 969   36, 305   36, 305   66, 67, 00   06600   SPECEN PATHOLOGY   21, 785, 586   0   2, 834, 590   6, 915			1	•	1	-		
56.00   05600   RADIOISOTOPE   40,326,527   0   3,162,920   4,381   4,381   56,700   5700   CT SCAN   145,594,075   0   5,716,730   5,630   5,630   5,788   5,800   05800   MRI   69,054,752   0   3,167,232   5,083   5,803   58,800   05900   CARDIAC CATHETERIZATION   189,894,242   0   11,331,904   11,354   11,354   59,000   05900   CARDIAC CATHETERIZATION   189,894,242   0   11,331,904   11,354   11,354   59,000   05900   CARDIAC CATHETERIZATION   189,894,242   0   11,331,904   11,354   11,354   59,000   05900   CARDIAC CATHETERIZATION   189,894,242   0   11,331,904   11,354   11,354   59,000   06300   BLOOD STORING, PROCESSING & TRANS.   11,498,950   0   3,124,405   2,085   2,085   6,300   06400   INTERVANDUS THERAPY   25,842,154   0   7,688,732   4,273   4,273   4,273   65,000   06500   RESPIRATORY THERAPY   25,842,154   0   7,688,732   4,273   4,273   65,000   06500   OCCUPATIONAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   66,00   06600   OCCUPATIONAL THERAPY   12,785,586   0   2,834,590   6,915   6,915   6,915   6,915   6,916   67,000   06600   ELECTROCARDIOLOGY   6,924,811   0   2,384,778   2,277   2,277   68,000   06600   ELECTROCARDIOLOGY   89,888,033   0   6,775,629   15,478   15,478   69,000   06900   ELECTROCARDIOLOGY   89,888,033   0   6,775,629   15,478   15,478   69,000   10,00					, , , , ,			
145,994,075   0   5700   CT SCAN   145,994,075   0   5,716,730   5,630   5,630   5,630   5,630   5,8				ŭ				
\$9.00   05900   CARDIAC CATHETERIZATION   189,894,242   0   11,331,904   11,354   11,354   59.			1	0				
60.00   06000   LABORATORY   251,797,487   0   22,161,014   25,660   25,660   63.00   06300   BLOOD STORING, PROCESSING & TRANS.   11,498,950   0   3,124,405   2,085   2,085   63.64.00   06400   INTRAVENDUS THERAPY   4,430,926   0   627,818   4,139   4,139   64.65.00   06500   RESPIRATORY THERAPY   25,842,154   0   7,688,732   4,273   4,273   64.66.00   06600   PHYSICAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   66.67.00   06700   OCCUPATIONAL THERAPY   12,785,586   0   2,834,590   6,915   6,915   67.68.00   06800   SPECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   62.00   0.0000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   70.00   70.00   0.0000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   70.00   70.00   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.00000   0.0000   0.0000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000			69,054,752	0			5,083	58.00
63.00   06300   BLOOD STORING, PROCESSING & TRANS.   11,498,950   0   3,124,405   2,085   2,085   63. 64.00   06400   DATRANENOUS THERAPY   4,430,926   0   627,818   4,139   4,139   64. 65.00   06500   RESPIRATORY THERAPY   25,842,154   0   7,688,732   4,273   4,273   64. 66.00   06600   PHYSICAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   66. 67.00   06700   OCCUPATIONAL THERAPY   12,785,866   0   2,834,790   6,915   6,915   67. 68.00   06800   SPEECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   69.00   69900   ELECTROCARDIOLOGY   98,888,03   0   6,775,629   15,478   15,478   69. 70.00   07000   DELECTROCARDIOLOGY   98,888,03   0   6,775,629   15,478   15,478   69. 71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   69,703,506   0   36,978,518   0   0   72. 72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   0   72. 73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   73. 74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74. 76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   76.  90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90. 91.00   09000   CMERGENCY   210,527,552   0   15,798,442   24,972   24,972   24,972   91. 92.00   09000   DEMERGENCY   10,243,714   0   6,808,115   0   0   101.  SPECIAL PURPOSE COST CENTERS   118.00   0   949,561   330   330   191. 191.00   19100   RESEARCH   0   0   949,561   330   330   191. 191.00   19100   RESEARCH   0   0   949,561   330   330   191. 191.00   19200   PHYSICIANS   PRIVATE OFFICES   0   0   956,953   44,412   44,412   192. 194.00   07950   OTHER NONREIMBURSEABLE   0   0   0   873,194   7,063   7,063   194. 194.00   07950   OTHER NONNEIMBURSEABLE   0   0   0   663,906   0   0   0   194. 194.00   07950   OTHER NONREIMBURSEABLE   0   0   0   663,906   0   0   0   194. 194.00   07950   OTHER NONREIMBURSEABLE   0   0   0   663,906   0   0   0   194. 194.00   07950   OTHER NONREIMBURSEABLE			1 1	0				1
64.00   06400   INTRAVENOUS THERAPY   4,430,926   0   627,818   4,139   4,139   64.65.00   06500   RESPIRATORY THERAPY   25,842,154   0   7,688,732   4,273   4,273   65.66.00   06600   PHYSICAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   36,305   67.00   06700   OCCUPATIONAL THERAPY   12,785,586   0   2,834,590   6,915   6,915   67.68.00   06800   SPEECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   2,277   68.69.00   06900   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   67.70.00   07000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   70.71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   69,703,506   0   36,978,518   0   0   0   72.73.00   07300   DRUGS CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   0   72.73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   73.74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74.76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   76.97   09200   OSSERVATION BEDS (NON-DISTINCT PART   90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.9100   MERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.9100   09100   DEREGENCY   210,527,552   0   15,798,442   24,972   24,972   91.9100   09100   DEREGENCY   10,243,714   0   6,808,115   0   0   0   101.00   101.00   10100   HME HEALTH AGENCY   10,243,714   0   6,808,115   0   0   101.00				0				1
65.00   06500   RESPIRATORY THERAPY   25,842,154   0   7,688,732   4,273   4,273   65.   66.00   06600   PHYSICAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   36, 305   66.   67.00   06700   0cUpational therapy   12,785,586   0   2,834,590   6,915   6,915   6,915   66.   68.00   06800   SPECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   68.   69.00   06900   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   67.   70.00   7000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   7.   71.00   07000   ELECTROENCEPHALOGRAPHY   19,235,189   0   36,978,518   0   0   0   71.   72.00   07200   IMPL DEV. CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   0   71.   73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   72.   74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74.   76.97   07697 CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   4,516   76.    90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.   91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.    92.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.    91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.    92.00   09200   OSERVATION BEDS (NON-DISTINCT PART        SUBTOTALS (SUM OF LINES 1 through 117)   2,359,599,227   -66,232,524   433,205,766   754,870   612,813   118.      NONRETIBURSABLE COST CENTERS				-				1
66.00   06600   PHYSICAL THERAPY   36,777,252   0   10,465,969   36,305   36,305   66.67.00   06700   0CCUPATIONAL THERAPY   12,785,586   0   2,834,590   6,915   6,915   6,915   68.00   06800   SPEECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   68.00   06900   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   69.00   07000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   2,948   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   69,703,506   0   36,978,518   0   0   71.   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   0   72.   73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   5,319   74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74.   74.   76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   4,516   76.   76.   70.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.   91.00   99100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   91.   92.   93.			1	-	,			
67.00   06700   OCCUPATIONAL THERAPY   12,785,586   0   2,834,590   6,915   6,915   67.68.00   06800   SPEECH PATHOLOGY   6,924,811   0   2,384,778   2,277   2,277   68.69.00   06900   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   69.00   07000   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   69.00   07000   MEDICAL SUPPLIES CHARGED TO PATIENT   69,703,506   0   36,978,518   0   0   71.700   07200   MPL. DEV. CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   0   72.73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   73.74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74.76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   4,516   4,516   0000   00					, , .			
69.00   06900   ELECTROCARDIOLOGY   98,888,053   0   6,775,629   15,478   15,478   69.	67.00	06700 OCCUPATIONAL THERAPY		0	2,834,590	6,915	6,915	67.00
70.00   07000   ELECTROENCEPHALOGRAPHY   19,235,189   0   1,800,145   2,948   2,948   70.				0				1
71.00		1		0				
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   97,383,504   0   41,489,440   0   0   72. 73.00   07300   DRUGS CHARGED TO PATIENTS   146,864,857   0   22,843,029   5,319   5,319   73. 74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74. 76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   4,516    90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90. 91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91. 92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   92.  07HER REIMBURSABLE COST CENTERS  101.00   10100   HOME HEALTH AGENCY   10,243,714   0   6,808,115   0   0   101.  SPECIAL PURPOSE COST CENTERS  18.00   SUBTOTALS (SUM OF LINES 1 through 117)   2,359,599,227   -66,232,524   433,205,766   754,870   612,813   118.  NONREIMBURSABLE COST CENTERS  190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   949,561   330   330   191. 191.00   19100   RESEARCH   0   0   949,561   330   330   191. 192.00   19200   PHYSICIANS' PRIVATE OFFICES   0   0   956,953   44,412   44,412   192. 194.00   07950   OTHER NONREIMBURSEABLE   0   0   0   873,194   7,063   7,063   7,063   194. 194.01   07951   ADVERTISING   0   0   663,906   0   0   194.			1	0				1
73.00 07300 DRUGS CHARGED TO PATIENTS 146,864,857 0 22,843,029 5,319 5,319 73.  74.00 07400 RENAL DIALYSIS 9,957,455 0 2,223,068 1,325 1,325 74.  76.97 07697 CARDIAC REHABILITATION 5,062,647 0 1,413,281 4,516 4,516 76.  **OUTPATIENT SERVICE COST CENTERS**  90.00 09000 CLINIC 15,030,188 0 3,277,637 4,410 4,410 90.  91.00 09100 BMERGENCY 210,527,552 0 15,798,442 24,972 24,972 91.  92.00 09200 DBSERVATION BEDS (NON-DISTINCT PART 0 15,030,188 0 15,798,442 24,972 24,972 92.  101.00 DHOME HEALTH AGENCY 10,243,714 0 6,808,115 0 0 101.  **SPECIAL PURPOSE COST CENTERS**  1818.00 SUBTOTALS (SUM OF LINES 1 through 117) 2,359,599,227 -66,232,524 433,205,766 754,870 612,813 118.  **NONREIMBURSABLE COST CENTERS**  190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 949,561 330 330 191.  191.00 19100 RESEARCH 0 0 949,561 330 330 191.  192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 9756,953 44,412 44,412 192.  194.00 07950 OTHER NONREIMBURSEABLE 0 0 0 873,194 7,063 7,063 194.  194.01 07951 ADVERTISING 0 0 0 663,906 0 0 194.				0				
74.00   07400   RENAL DIALYSIS   9,957,455   0   2,223,068   1,325   1,325   74.  76.97   07697   CARDIAC REHABILITATION   5,062,647   0   1,413,281   4,516   4,516   76.    OUTPATIENT SERVICE COST CENTERS			1	0			5,319	1
OUTPATIENT SERVICE COST CENTERS   90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.   91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.   92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   92.				0			1,325	74.00
90.00   09000   CLINIC   15,030,188   0   3,277,637   4,410   4,410   90.   91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.   92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   92.   00.00   00.	76.97		5,062,647	0	1,413,281	4,516	4,516	76.97
91.00   09100   EMERGENCY   210,527,552   0   15,798,442   24,972   24,972   91.   92.   09200   OBSERVATION BEDS (NON-DISTINCT PART   92.   071HER REIMBURSABLE COST CENTERS   101.00   10100   HOME   HEALTH   AGENCY   10,243,714   0   6,808,115   0   0   0   101.   SPECIAL   PURPOSE COST CENTERS   118.00   SUBTOTALS (SUM OF LINES 1 through 117)   2,359,599,227   -66,232,524   433,205,766   754,870   612,813   118.   NONREIMBURSABLE COST CENTERS   118.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   18,903   1,208   1,208   190.   191.00   19100   RESEARCH   0   0   949,561   330   330   191.   192.00   19200   PHYSICIANS' PRIVATE OFFICES   0   0   956,953   44,412   44,412   192.   194.00   07950   OTHER NONREIMBURSEABLE   0   0   873,194   7,063   7,063   194.   194.01   07951   ADVERTISING   0   0   663,906   0   0   194.   1	00.00		15 020 100	^	2 277 627	4 410	4 410	00.00
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART					-, ,			1
OTHER REIMBURSABLE COST CENTERS   101.00   10100   HOME   HEALTH   AGENCY   10,243,714   0   6,808,115   0   0   0   101.			210,327,332	0	13,730,442	24,372	24,372	92.00
SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   2,359,599,227   -66,232,524   433,205,766   754,870   612,813   118.			1			1		1
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   2,359,599,227   -66,232,524   433,205,766   754,870   612,813   118.	101.00		10,243,714	0	6,808,115	0	0	]101.00
190.00     19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN     0     0     18,903   1,208   190.       191.00   19100   RESEARCH     0     0     949,561   330   330   191.       192.00   19200   PHYSICIANS' PRIVATE OFFICES     0     0     956,953   44,412   44,412   192.       194.00   07950   OTHER NONREIMBURSEABLE     0     0     873,194   7,063   7,063   194.       194.01   07951   ADVERTISING     0     0     663,906   0     0     0	118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,359,599,227	-66,232,524	433,205,766	754,870	612,813	118.00
191.00   19100   RESEARCH     0     0     949,561     330     330   191.       192.00   19200   PHYSICIANS' PRIVATE OFFICES     0     0     956,953     44,412     44,412   192.       194.00   07950   OTHER NONREIMBURSEABLE     0     0     873,194     7,063   7,063   194.       194.01   07951   ADVERTISING     0     0     663,906   0     0     0	100 00				10.000	1 200	1 200	100 00
192.00     19200     PHYSICIANS' PRIVATE OFFICES     0     0     956,953     44,412     44,412     192.       194.00     07950     OTHER NONREIMBURSEABLE     0     0     873,194     7,063     7,063     194.       194.01     07951     ADVERTISING     0     0     663,906     0     0     194.			-	0				
194.00 07950 OTHER NONREIMBURSEABLE     0     0     873,194     7,063     7,063 194.       194.01 07951 ADVERTISING     0     0     663,906     0     0     194.			1	0	1		l	
194.01 07951 ADVERTISING 0 0 663,906 0 0 194.			-	0	1			
			-	0				194.01
		07952 RETAIL PHARMACY	0	0	1		1,662	194.02
194.03 07953 FITNESS POINTE 0 0 2,841,838 46,348 46,348 194.	194.03	07953 FITNESS POINTE	0	0	2,841,838	46,348	46,348	194.03

Health Financial Systems	COMMUNITY HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 15-0125	Period: From 07/01/2022	Worksheet B-1
			Date/Time Prepared:

				To	06/30/2023	Date/Time Pre 11/20/2023 2:	
Co	ost Center Description	CASHIERING/ACCR	econciliation	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	
		OUNTS		GENERAL	REPAIRS	PLANT	
		RECEIVABLE		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	
		(GROSS					
		REVENUE)					
		5.03	5A.04	5.04	6.00	7.00	
194.04 07954 FI	ITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	410,211	1,482	1,482	194.04
194.05 07955 EI	INSTEIN BAGELS	0	0	516,072	605	605	194.05
194.06 07956 NC	ONRTHWESTERN IMAGING	0	0	1,054,948	2,648	2,648	194.06
200.00 Cr	ross Foot Adjustments						200.00
201.00 Ne	egative Cost Centers						201.00
202.00 Co	ost to be allocated (per Wkst. B,	6,329,196		66,232,524	0	22,893,302	202.00
Pa	art I)						
203.00 Un	nit cost multiplier (Wkst. B, Part I)	0.002682		0.146648	0.000000	31.859485	203.00
204.00 Co	ost to be allocated (per Wkst. B,	167,951		1,557,356	0	2,646,269	204.00
Pa	art II)						
205.00 Un	nit cost multiplier (Wkst. B, Part	0.000071		0.003448	0.000000	3.682683	205.00
II	I)						
206.00 NA	AHE adjustment amount to be allocated						206.00
1	per Wkst. B-2)						
	AHE unit cost multiplier (Wkst. D,						207.00
Pa	arts III and IV)						

Provider CCN: 15-0125

Period: worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

				То	06/30/2023	Date/Time Pre 11/20/2023 2:	
	Cost Center Description	LAUNDRY &	HOUSEKEEPING	DIETARY		MAINTENANCE OF	
		LINEN SERVICE (TOTAL PATI	(SQUARE FEET)	(PATIENT	(FTES)	PERSONNEL	
		ENT DAYS)		MEALS)		(NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
	GENERAL SERVICE COST CENTERS						
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
5.01	00505 PURCHASING & RECEIVING STORES						5.01
5.02	00506 ADMITTING						5.02
5.03	00507 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508 OTHER ADMIN & GENERAL						5.04
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	87,486					7.00 8.00
9.00	00900 HOUSEKEEPING	07,400	712,987				9.00
10.00	01000 DIETARY	0	11,417	333,646			10.00
11.00	01100 CAFETERIA	0	11,861	0	1,895		11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	
14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	4,200	0	84 0	0	13.00
	01500 PHARMACY	0	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1,394	0	Ö	0	16.00
17.00	01700 SOCIAL SERVICE	0	1,026	0	16	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 23.01	02300 PARAMED ED PRGM-(PHARMACY) 02301 PARAMED ED PRGM-(LAB MLS)	0	228 1,022	0	3	0	23.00
23.01	INPATIENT ROUTINE SERVICE COST CENTERS		1,022	o l	ار	- U	23.01
30.00	03000 ADULTS & PEDIATRICS	69,155	189,635	269,760	471	0	30.00
31.00	03100 INTENSIVE CARE UNIT	11,528	36,399	22,375	128	0	31.00
31.01	02060 NEONATAL INTENSIVE CARE	4,087		0	36	0	31.01
43.00	04300 NURSERY	2,716	1,947	0	16	0	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	79,363	0	229	0	50.00
51.00	05100 RECOVERY ROOM	0	38,958	16,138	78	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		5,837	30	0	52.00
	05300 ANESTHESIOLOGY	0	1,048	0	47	0	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,748	0	67	0	54.00
55.00 56.00	05500 RADIOLOGY-THERAPEUTIC	0	14,323	0	15 9	0	55.00 56.00
57.00	05600 RADIOISOTOPE 05700 CT SCAN	0	4,381 5,630	0	19	0	57.00
58.00	05800 MRI	0	5,083	0	13	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,354	0	42	0	59.00
60.00	06000 LABORATORY	0	25,660	0	118	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,085	0	5	0	63.00
64.00 65.00	06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY	0	4,139 4,273	0	44	0	64.00
	06600 PHYSICAL THERAPY	0	36,305	0	85	0	66.00
	06700 OCCUPATIONAL THERAPY	0	6,915	0	24	0	67.00
	06800 SPEECH PATHOLOGY	0	2,277	0	19	0	68.00
	06900 ELECTROCARDIOLOGY	0	15,478	0	49	0	69.00
	07000 ELECTROENCEPHALOGRAPHY	0	2,948	0	13	0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	71.00 72.00
	07300 DRUGS CHARGED TO PATIENTS	0	5,319	0	53	0	1
	07400 RENAL DIALYSIS	0	1,325	0	2	0	74.00
	07697 CARDIAC REHABILITATION	0	4,516	0	12	0	1
	OUTPATIENT SERVICE COST CENTERS	1					
	09000 CLINIC	0	, ,		30	0	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	24,972	19,536	109	0	
92.00	OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS			-	- 1		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	87,486	607,229	333,646	1,875	0	118.00
100 -	NONREIMBURSABLE COST CENTERS	-		-1	-1		100 55
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,208	0	0		190.00 191.00
	19100 RESEARCH  19200 PHYSICIANS' PRIVATE OFFICES	0	330 44,412	0	/		191.00
	07950 OTHER NONREIMBURSEABLE	0	7,063	0	0		194.00
	07951 ADVERTISING	0	,,505	ő	ő		194.01
	07952 RETAIL PHARMACY	0	1,662	0	8	0	194.02
	07953 FITNESS POINTE	0	46,348		o		194.03
194.04	07954 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	1,482	0	0	0	194.04

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL Provider CCN: 15-0125

Period: | Worksneet | D. |
From 07/01/2022 | Date/Time Prepared: | 11/20/2023 2:19 pm |

						11/20/2023 2.	TO DIII
	Cost Center Description	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF	
		LINEN SERVICE	(SQUARE FEET)	(PATIENT	(FTES)	PERSONNEL	
		(TOTAL PATI		MEALS)		(NUMBER	
		ENT DAYS)				HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
194.05 07955	EINSTEIN BAGELS	0	605	0	4	0	194.05
194.06 07956	NONRTHWESTERN IMAGING	0	2,648	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	2,353,218	8,605,529	7,002,159	1,499,513	0	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	26.898224	12.069686	20.986791	791.299736	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B,	37,232	134,502	361,964	234,764	0	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0.425577	0.188646	1.084874	123.886016	0.000000	205.00
	II)						
206.00	NAHE adjustment amount to be allocated						206.00
	(per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D,						207.00
	Parts III and IV)						

COST ALLOCATION - STATISTICAL BASIS

Health Financial Systems In Lieu of Form CMS-2552-10 Provider CCN: 15-0125 Period: Worksheet B-1 From 07/01/2022 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm Cost Center Description CENTRAL MEDICAL NURSING **PHARMACY** SOCIAL SERVICE ADMINISTRATION SERVICES & (COSTED REQ) RECORDS & SUPPLY LIBRARY (TOTAL PATI (NURSING (COSTED REO) (GROSS ENT DAYS) HOURS) REVENUE) 17.00 13.00 14.00 15.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.01 00505 PURCHASING & RECEIVING STORES 5.01 00506 ADMITTING 5.02 5.02 5.03 00507 CASHIERING/ACCOUNTS RECEIVABLE 5.03 5.04 00508 OTHER ADMIN & GENERAL 5.04 6.00 00600 MAINTENANCE & REPAIRS 6.00 00700 OPERATION OF PLANT 7.00 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 01100 CAFETERIA 11.00 11.00 12.00 01200 MAINTENANCE OF PERSONNEL 12.00 13.00 01300 NURSING ADMINISTRATION 2,345,898 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 0 15.00 01600 MEDICAL RECORDS & LIBRARY 0 2,359,599,227 16.00 16.00 0 17.00 01700 SOCIAL SERVICE 0 87,486 17.00 0 0 0 01900 NONPHYSICIAN ANESTHETISTS 19.00 0 0 0 19.00 0 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV 0 0 0 0 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 0 0 22.00 22.00 0 23.00 0 02300 PARAMED ED PRGM-(PHARMACY) 0 0 0 0 23.00 02301 PARAMED ED PRGM-(LAB MLS) 0 23.01 0 0 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 0 30.00 30.00 03000 ADULTS & PEDIATRICS 978,810 0 202,900,273 69,155 03100 INTENSIVE CARE UNIT 31.00 31.00 265,876 0 0 40.593.662 11,528 0 25,094,906 31.01 |02060 | NEONATAL INTENSIVE CARE 74,749 0 4,087 31.01 04300 NURSERY 33,700 0 6,063,139 2,716 43.00 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 476,910 0 337,396,751 50.00 0 0 51.00 05100 RECOVERY ROOM 162.373 0 39.812.393 Λ 51.00 05200 DELIVERY ROOM & LABOR ROOM 63,055 0 10,106,636 52.00 52.00 0 53.00 05300 ANESTHESIOLOGY 0 0 56,834,599 53.00 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 0 0 104,542,933 54.00 0 0 0 55.00 05500 RADIOLOGY-THERAPEUTIC 0 58,430,508 Λ 55.00 56.00 05600 RADIOISOTOPE 0 0 0 40,326,527 0 56.00 57.00 05700 CT SCAN 0 145,594,075 57.00 0 58.00 05800 MRI 0 0 69,054,752 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 189,894,242 0 59.00 60.00 06000 LABORATORY 0 251,797,487 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 0 11,498,950 0 63.00 0 0 64.00 06400 INTRAVENOUS THERAPY 0 4,430,926 0 64.00 65.00 06500 RESPIRATORY THERAPY 0 25,842,154 65.00 0 0 06600 PHYSICAL THERAPY 0 36,777,252 66.00 0 66.00 0 0 06700 OCCUPATIONAL THERAPY 67.00 0 12,785,586 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 6,924,811 0 68.00 0 69.00 06900 ELECTROCARDIOLOGY 98,888,053 0 69.00 0 07000 ELECTROENCEPHALOGRAPHY 70.00 19.235.189 70.00 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 69,703,506 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 97,383,504 0 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 146,864,857 0 73.00 0 9,957,455 74.00 07400 RENAL DIALYSTS 0 0 0 74.00 76.97 07697 CARDIAC REHABILITATION 0 0 5,062,647 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 63,135 0 15,030,188 0 90.00 09000 CLINIC 0 91.00 09100 EMERGENCY 227,290 0 210,527,552 0 91.00 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 0 0 0 10,243,714 0 101.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 2,345,898 0 0 2,359,599,227 87,486 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 0 191.00 19100 RESEARCH 0 0 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 0 0 192.00 194.00 07950 OTHER NONREIMBURSEABLE 0 0 0 0 0 194.00

0

0

0

0

0

0

0

0

0

0

0

0 194.01

0 194.02

0 194.03

194.01 07951 ADVERTISING

194.02 07952 RETAIL PHARMACY

194.03 07953 FITNESS POINTE

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL Provider CCN: 15-0125

Period: | Worksheet B-1 | From 07/01/2022 | To 06/30/2023 | Date/Time Prepared: | 11/20/2023 2:19 pm

						11/20/2023 2:	19 pm
	Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
		ADMINISTRATION	SERVICES &	(COSTED REQ)	RECORDS &		
			SUPPLY		LIBRARY	(TOTAL PATI	
		(NURSING	(COSTED REQ)		(GROSS	ENT DAYS)	
		HOURS)			REVENUE)		
		13.00	14.00	15.00	16.00	17.00	
194.04 0795	4 FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05 0795	5 EINSTEIN BAGELS	0	0	0	0	0	194.05
194.06 0795	6 NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	14,373,635	0	0	5,535,579	1,645,420	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	6.127136	0.000000	0.000000	0.002346	18.807809	203.00
204.00	Cost to be allocated (per Wkst. B,	580,411	0	0	43,671	27,015	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0.247415	0.000000	0.000000	0.000019	0.308792	205.00
	II)						
206.00	NAHE adjustment amount to be allocated						206.00
	(per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D,						207.00
	Parts III and IV)						

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0125 Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared:

				'	0 06/30/2023	11/20/2023 2:	
			INTERNS &	RESIDENTS			
	Cook Cooken Beenginking	NONDUNCTOTAN	CERVITOES SALAR	SERVICES OTHER	DADAMED ED	DADAMED ED	
	Cost Center Description	NONPHYSICIAN ANESTHETISTS	Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-(PHARMACY	PARAMED ED	
		(ASSIGNED	APPRV	APPRV	)	PROM-(LAB MLS)	
		TIME)	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	
			TIME)	TIME)	TIME)	TIME)	
		19.00	21.00	22.00	23.00	23.01	
	GENERAL SERVICE COST CENTERS		1	1			
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 00505 PURCHASING & RECEIVING STORES						4.00 5.01
5.02	00506 ADMITTING						5.02
5.03	00507 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00508 OTHER ADMIN & GENERAL						5.04
6.00	00600 MAINTENANCE & REPAIRS						6.00
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 DIETARY 01100 CAFETERIA						10.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0	100		22.00
23.00	02300 PARAMED ED PRGM-(PHARMACY)				100	100	23.00
23.01	02301 PARAMED ED PRGM-(LAB MLS) INPATIENT ROUTINE SERVICE COST CENTERS					100	23.01
30.00	03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0		1		0	1
31.01	02060 NEONATAL INTENSIVE CARE	0	0		_	0	31.01
43.00	04300 NURSERY	0	0	1		0	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	1	1		0	
51.00	05100 RECOVERY ROOM	0	0		0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	
54.00 55.00	05400  RADIOLOGY-DIAGNOSTIC   05500  RADIOLOGY-THERAPEUTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	0	0	Ö	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	100	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1	_	0	
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	
66.00 67.00	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	0			0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0		0	0	0	68.00
	06900 ELECTROCARDIOLOGY	0	0	n n	0	0	69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0	o o	0	0	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	Ö	Ö	Ö	1
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS			1	_		
	09000 CLINIC	0	1	1		0	
	09100 EMERGENCY	0	0	0	0	0	91.00 92.00
92.00	09200   OBSERVATION BEDS (NON-DISTINCT PART   OTHER REIMBURSABLE COST CENTERS		<u> </u>				92.00
101 00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
_01.00	SPECIAL PURPOSE COST CENTERS					0	1
118.00		0	0	0	100	100	118.00
	NONREIMBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
	19100 RESEARCH	0	0	0	0		191.00
	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
	07950 OTHER NONREIMBURSEABLE	0	0	0	_		194.00
194.01	07951 ADVERTISING	0	0	0	0	0	194.01

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL Provider CCN: 15-0125 Period: Worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

				'	0 06/30/2023	11/20/2023 2:	
			INTERNS &	RESIDENTS		11/20/2023 21	15 piii
	Cost Center Description	NONPHYSICIAN	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	
		ANESTHETISTS	Y & FRINGES	PRGM COSTS	PRGM-(PHARMACY	PRGM-(LAB MLS)	
		(ASSIGNED	APPRV	APPRV	)		
		TIME)	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	
			TIME)	TIME)	TIME)	TIME)	
		19.00	21.00	22.00	23.00	23.01	
	RETAIL PHARMACY	0	0	0	0		194.02
194.03 07953	FITNESS POINTE	0	0	0	0	0	194.03
194.04 07954	FITNESS POINTE SPA/PRO SHOP/DIETARY	0	0	0	0	0	194.04
194.05 0795	EINSTEIN BAGELS	0	0	0	0		194.05
194.06 07956	NONRTHWESTERN IMAGING	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	0	0	0	522,201	406,133	202.00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	5,222.010000	4,061.330000	203.00
204.00	Cost to be allocated (per Wkst. B,	0	0	0	6,673	35,377	204.00
	Part II)						
205.00	Unit cost multiplier (Wkst. B, Part	0.000000	0.000000	0.000000	66.730000	353.770000	205.00
	II)						
206.00	NAHE adjustment amount to be allocated				0	0	206.00
	(per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D,				0.000000	0.000000	207.00
	Parts III and IV)						

					то 06/30/2023	Date/Time Pre 11/20/2023 2:	
-			Title	XVIII	Hospital	PPS	
					Costs		
Cost Center Description		Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Disallowance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	00 040 400		00 040 40		00 040 400	
	03000 ADULTS & PEDIATRICS	90,042,422		90,042,42		90,042,422	
	03100 INTENSIVE CARE UNIT	26,342,891		26,342,89		26,342,891	
	02060 NEONATAL INTENSIVE CARE 04300 NURSERY	6,972,641		6,972,64		6,972,641	
43.00	ANCILLARY SERVICE COST CENTERS	2,828,235		2,828,23	3 0	2,828,235	43.00
50.00	05000 OPERATING ROOM	60,079,445		60,079,44	5 0	60,079,445	50.00
	05100 RECOVERY ROOM	14,413,740		14,413,74		14,413,740	
	05200 DELIVERY ROOM & LABOR ROOM	5,823,406		5,823,40		5,823,406	
	05300 ANESTHESIOLOGY	6,038,989		6,038,98		6,038,989	
	05400 RADIOLOGY-DIAGNOSTIC	14,416,689		14,416,68		14,416,689	
	05500 RADIOLOGY-THERAPEUTIC	7,502,605		7,502,60		7,502,605	
	05600 RADIOISOTOPE	3,920,937		3,920,93		3,920,937	
57.00	05700 CT SCAN	7,158,997		7,158,99		7,158,997	
	05800 MRI	4,027,281		4,027,28		4,027,281	
	05900 CARDIAC CATHETERIZATION	13,971,204		13,971,20		13,971,204	
60.00	06000 LABORATORY	27,628,327		27,628,32		27,628,327	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,705,118		3,705,11		3,705,118	
64.00	06400 INTRAVENOUS THERAPY	915,268		915,26	8 0	915,268	64.00
65.00	06500 RESPIRATORY THERAPY	9,099,422	0	9,099,42	2 0	9,099,422	65.00
66.00	06600 PHYSICAL THERAPY	13,749,170	0	13,749,17	0	13,749,170	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,603,033	0	3,603,03	3 0	3,603,033	67.00
68.00	06800 SPEECH PATHOLOGY	2,865,809	0	2,865,80	9 0	2,865,809	
69.00	06900 ELECTROCARDIOLOGY	8,719,962		8,719,96		8,719,962	
	07000 ELECTROENCEPHALOGRAPHY	2,249,049		2,249,04		2,249,049	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	42,564,868		42,564,86		42,564,868	
	07200 IMPL. DEV. CHARGED TO PATIENTS	47,802,245		47,802,24		47,802,245	
73.00	07300 DRUGS CHARGED TO PATIENTS	27,335,259		27,335,25		27,335,259	
	07400 RENAL DIALYSIS	2,632,225		2,632,22		2,632,225	
76.97	07697 CARDIAC REHABILITATION	1,840,293		1,840,29	3 0	1,840,293	76.97
00.00	OUTPATIENT SERVICE COST CENTERS	4 207 000		4 207 06		4 207 000	00.00
	09000 CLINIC	4,397,860		4,397,86			
91.00 92.00	09100 EMERGENCY	21,595,036 19,096,942		21,595,03 19,096,94		21,595,036 19,096,942	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	19,096,942		19,096,94	2	19,096,942	92.00
OTHER REIMBURSABLE COST CENTERS           101.00   10100   HOME   HEALTH   AGENCY         7,830,543   7,830,543   7,830,543   101.00							101 00
200.00		511,169,911	0				
201.00		19,096,942	0	19,096,94		19,096,942	
202.00		492,072,969	0				
	, , , , , , , , , , , , , , , , , , , ,	,,,,	Ü	,,, 50	-1 9	, ,	1

Period: Worksheet C From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

					го 06/30/2023	Date/Time Pre 11/20/2023 2:	pared: 19 pm
			Title	XVIII	Hospital	PPS	
		Charges					
	Cost Center Description	Inpatient	Outpatient	Total (col. 6	Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	140,570,352		140,570,35	2		30.00
31.00	03100 INTENSIVE CARE UNIT	40,593,662		40,593,66	2		31.00
31.01	02060 NEONATAL INTENSIVE CARE	25,094,906		25,094,90	6		31.01
43.00	04300 NURSERY	6,063,139		6,063,13	9		43.00
	ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	<u>'</u>		
50.00	05000 OPERATING ROOM	111,416,310	225,980,441	337,396,75	1 0.178068	0.000000	50.00
51.00	05100 RECOVERY ROOM	8,594,545	31,217,848	39,812,39	0.362042	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,585,143	1,521,493			0.000000	52.00
53.00	05300 ANESTHESIOLOGY	15,758,361	41,076,238			0.000000	
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,945,932	90,597,001			0.000000	
55.00	05500 RADIOLOGY-THERAPEUTIC	2,560,145	55,870,363			0.000000	
56.00	05600 RADIOISOTOPE	4,166,914	36,159,613			0.000000	
57.00	05700 CT SCAN	41,754,438	103,839,637			0.000000	
58.00	05800 MRI	16,305,375	52,749,377			0.000000	
59.00	05900 CARDIAC CATHETERIZATION	68,071,415	121,822,827			0.000000	1
60.00	06000 LABORATORY	76,129,005	175,668,482			0.000000	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,004,593	4,494,357			0.000000	
64.00	06400 INTRAVENOUS THERAPY	17,742	4,413,184			0.000000	
65.00	06500 RESPIRATORY THERAPY	22,363,535	3,478,619			0.000000	
66.00	06600 PHYSICAL THERAPY	9,083,177	27,694,075			0.000000	
67.00	06700 OCCUPATIONAL THERAPY	7,030,259	5,755,327			0.000000	
68.00	06800 SPEECH PATHOLOGY	2,215,886	4,708,925			0.000000	
69.00	06900 ELECTROCARDIOLOGY	31,241,293	67,646,760			0.000000	
70.00		2,042,815	17,192,374				
	07000 ELECTROENCEPHALOGRAPHY		, ,	' '		0.000000	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	34,189,927	35,513,579			0.000000	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	51,958,793	45,424,711				
73.00	07300 DRUGS CHARGED TO PATIENTS	82,282,102	64,582,755			0.000000	
74.00	07400 RENAL DIALYSIS	8,122,029	1,835,426			0.000000	
76.97	07697 CARDIAC REHABILITATION	549,021	4,513,626	5,062,64	0.363504	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	457,536	14,572,652			0.000000	
91.00	09100 EMERGENCY	64,690,669	145,836,883			0.000000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,092,470	54,237,451	62,329,92	0.306385	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
	10100 HOME HEALTH AGENCY	0	10,243,714				101.00
200.00		910,951,489	1,448,647,738	2,359,599,22	7		200.00
201.00	1 1						201.00
202.00	Total (see instructions)	910,951,489	1,448,647,738	2,359,599,22	7		202.00

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0125 Period: Worksheet C
From 07/01/2022 TO 06/30/2023 Date/Time Prepared:

			10 00/30/2023	11/20/2023 2:	
		Title XVIII	Hospital	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS					30.00
31.00  03100  INTENSIVE CARE UNIT					31.00
31.01   02060   NEONATAL INTENSIVE CARE					31.01
43.00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.178068				50.00
51.00   05100   RECOVERY ROOM	0.362042				51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0.576196				52.00
53.00   05300   ANESTHESIOLOGY	0.106256				53.00
54.00   05400 RADIOLOGY-DIAGNOSTIC	0.137902				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.128402				55.00
56.00 05600 RADIOISOTOPE	0.097230				56.00
57.00 05700 CT SCAN	0.049171				57.00
58.00   05800   MRI	0.058320				58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073574				59.00
60.00 06000 LABORATORY	0.109724				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.322214				63.00
64.00 06400 INTRAVENOUS THERAPY	0.206564				64.00
65.00 06500 RESPIRATORY THERAPY	0.352115				65.00
66.00 06600 PHYSICAL THERAPY	0.373850				66.00
67.00 06700 OCCUPATIONAL THERAPY	0.281804				67.00
68.00 06800 SPEECH PATHOLOGY	0.413847				68.00
69.00 06900 ELECTROCARDIOLOGY	0.088180				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.116924				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.610656				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.490866				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.186125				73.00
74.00 07400 RENAL DIALYSIS	0.264347				74.00
76.97 07697 CARDIAC REHABILITATION	0.363504				76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.292602				90.00
91.00   09100   EMERGENCY	0.102576				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.306385				92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY					101.00
200.00 Subtotal (see instructions)					1000
					200.00
201.00 Less Observation Beds 202.00 Total (see instructions)					200.00 201.00 202.00

Provider CCN: 15-0125

				1	To 06/30/2023	Date/Time Prep 11/20/2023 2:	
			Titl	e XIX	Hospital	PPS	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Disallowance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	90,042,422		90,042,422		90,042,422	
31.00	03100 INTENSIVE CARE UNIT	26,342,891		26,342,891		26,342,891	
31.01	02060 NEONATAL INTENSIVE CARE	6,972,641		6,972,641		6,972,641	
43.00	04300 NURSERY	2,828,235		2,828,23	0	2,828,235	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	60,079,445		60,079,445	5 0	60,079,445	50.00
51.00	05100 RECOVERY ROOM	14,413,740		14,413,740		14,413,740	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,823,406		5,823,406		5,823,406	
53.00	05300 ANESTHESIOLOGY	6,038,989		6,038,989		6,038,989	
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,416,689		14,416,689		14,416,689	
55.00	05500 RADIOLOGY-THERAPEUTIC	7,502,605		7,502,605		7,502,605	
56.00	05600 RADIOISOTOPE	3,920,937		3,920,937		3,920,937	
57.00	05700 CT SCAN	7,158,997		7,158,997		7,158,997	
58.00	05800 MRI	4,027,281		4,027,282		4,027,281	
59.00	05900 CARDIAC CATHETERIZATION	13,971,204		13,971,204		13,971,204	
60.00	06000 LABORATORY	27,628,327		27,628,327		27,628,327	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,705,118		3,705,118		3,705,118	
64.00	06400 INTRAVENOUS THERAPY	915,268		915,268	o o	915,268	
65.00	06500 RESPIRATORY THERAPY	9,099,422	0	9,099,422	0	9,099,422	65.00
66.00	06600 PHYSICAL THERAPY	13,749,170	0	13,749,170	o	13,749,170	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,603,033	0	3,603,033	0	3,603,033	67.00
68.00	06800 SPEECH PATHOLOGY	2,865,809	0	2,865,809	0	2,865,809	
69.00	06900 ELECTROCARDIOLOGY	8,719,962		8,719,962		8,719,962	
70.00	07000 ELECTROENCEPHALOGRAPHY	2,249,049		2,249,049		2,249,049	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	42,564,868		42,564,868		42,564,868	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	47,802,245		47,802,245		47,802,245	
73.00	07300 DRUGS CHARGED TO PATIENTS	27,335,259		27,335,259		27,335,259	
74.00	07400 RENAL DIALYSIS	2,632,225		2,632,22		2,632,225	
76.97	07697 CARDIAC REHABILITATION	1,840,293		1,840,293	8 0	1,840,293	76.97
	OUTPATIENT SERVICE COST CENTERS	4 207 200		4 207 00		4 207 200	
90.00	09000 CLINIC	4,397,860		4,397,860		4,397,860	
91.00	09100 EMERGENCY	21,595,036		21,595,036		21,595,036	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	19,096,942		19,096,942	<u> </u>	19,096,942	92.00
101 00	OTHER REIMBURSABLE COST CENTERS 10100 HOME HEALTH AGENCY	7 020 542		7 020 54		7,830,543	101 00
200.00		7,830,543 511,169,911	0	7,830,543 511,169,913		7,830,543 511,169,911	
200.00		19,096,942	U	19,096,942		19,096,942	
201.00		492,072,969	0			492,072,969	
202.00	I TOTAL (SEE THIS CLUCK TOHS)	732,072,303	0	772,072,903	<i>'</i> 1	732,012,303	202.00

Date/Time Prepared: 06/30/2023 11/20/2023 2:19 pm Tit<u>le XIX</u> Hospital Charges Cost Center Description Inpatient Outpatient Total (col. 6 Cost or Other TEFRA + col. 7) Ratio Inpatient Ratio 6.00 7.00 8.00 9.00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 140,570,352 140,570,352 30.00 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 40,593,662 40,593,662 31.00 31.01 02060 NEONATAL INTENSIVE CARE 25,094,906 31.01 25,094,906 6,063,139 6,063,139 43.00 04300 NURSERY 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 111,416,310 225,980,441 337,396,751 0.178068 0.000000 50.00 51.00 05100 RECOVERY ROOM 8,594,545 31,217,848 39,812,393 0.362042 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 10,106,636 0.000000 0.576196 52.00 8,585,143 1,521,493 0.000000 53.00 05300 ANESTHESIOLOGY 15,758,361 41,076,238 56.834.599 0.106256 53.00 54.00 05400 RADIOLOGY-DIAGNOSTIC 13,945,932 90,597,001 104,542,933 0.137902 0.000000 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 2,560,145 55,870,363 58,430,508 0.128402 0.000000 55.00 56.00 05600 RADIOISOTOPE 0.000000 56.00 4,166,914 36,159,613 40,326,527 0.097230 57.00 05700 CT SCAN 41,754,438 103,839,637 145,594,075 0.049171 0.000000 57.00 58.00 05800 MRI 16,305,375 52,749,377 69,054,752 0.058320 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 68,071,415 121,822,827 189,894,242 0.073574 0.000000 59.00 06000 LABORATORY 76,129,005 251,797,487 0.109724 0.000000 60.00 60.00 175,668,482 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 7,004,593 4,494,357 11,498,950 0.322214 0.000000 63.00 4,413,184 4,430,926 0.000000 64.00 06400 INTRAVENOUS THERAPY 17,742 0.206564 64.00 06500 RESPIRATORY THERAPY 22,363,535 0.000000 65.00 3,478,619 25,842,154 0.352115 65.00 66.00 06600 PHYSICAL THERAPY 9,083,177 27,694,075 36,777,252 0.373850 0.000000 66.00 67.00 06700 OCCUPATIONAL THERAPY 7,030,259 5,755,327 12,785,586 0.281804 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 2,215,886 4,708,925 6,924,811 0.413847 0.000000 68.00 67,646,760 69.00 06900 FLECTROCARDTOLOGY 98.888.053 0.088180 0.000000 31.241.293 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 2,042,815 17,192,374 19,235,189 0.116924 0.000000 70.00 35,513,579 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 34,189,927 69,703,506 0.610656 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 51,958,793 45,424,711 97,383,504 0.490866 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 146,864,857 73.00 82,282,102 64,582,755 0.186125 0.000000 73.00 74.00 07400 RENAL DIALYSIS 8,122,029 1,835,426 9,957,455 0.264347 0.000000 74.00 76.97 07697 CARDIAC REHABILITATION 549,021 4,513,626 5,062,647 0.363504 0.000000 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 457,536 14,572,652 15,030,188 0.292602 0.000000 90.00 09100 EMERGENCY 64,690,669 145,836,883 210,527,552 0.102576 0.000000 91.00 91.00

8,092,470

54,237,451

10,243,714

910,951,489 1,448,647,738 2,359,599,227

910,951,489 1,448,647,738 2,359,599,227

62,329,921

10,243,714

0.306385

0.000000

92.00

101.00

200.00

201.00

202.00

92.00

200.00

201.00

202.00

09200 OBSERVATION BEDS (NON-DISTINCT PART

Subtotal (see instructions)

OTHER REIMBURSABLE COST CENTERS

Less Observation Beds

Total (see instructions)

101.00 10100 HOME HEALTH AGENCY

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0125 Period: Worksheet C
From 07/01/2022 TO 06/30/2023 Date/Time Prepared:

Title XIX   Hospital   PPS
Ratio   11.00
Ratio   11.00
INPATIENT ROUTINE SERVICE COST CENTERS
30.00   03000   ADULTS & PEDIATRICS   30 31.00   03100   INTENSIVE CARE UNIT   31 31.01   02060   NEONATAL INTENSIVE CARE   31 43.00   04300   NURSERY   43  ANCILLARY SERVICE COST CENTERS   50.00   05100   OPERATING ROOM   0.178068   51.00   05100   RECOVERY ROOM   0.362042   51
31.00   03100   INTENSIVE CARE UNIT   33.01   02060   NEONATAL INTENSIVE CARE   43.00   04300   NURSERY   43.00   05000   OPERATING ROOM   0.178068   51.00   05100   RECOVERY ROOM   0.362042   53.00   05100   RECOVERY ROOM   0.362042
31.01   02060   NEONATAL INTENSIVE CARE   33.04   43.00   04300   NURSERY   43.00   44
43.00   04300   NURSERY   43.00   NURSERY   43.00   NURSERY   44.00   NURSERY   45.00   NURSERY   45.0
ANCILLARY SERVICE COST CENTERS
50.00 05000 OPERATING ROOM 0.178068 50.00 05100 RECOVERY ROOM 0.362042 51
51.00   05100   RECOVERY ROOM   0.362042   51
52.00   05200   DELIVERY ROOM & LABOR ROOM   0.576196   52
53.00   05300   ANESTHESIOLOGY 0.106256 53
54.00   05400   RADIOLOGY-DIAGNOSTIC 0.137902   54
55.00   05500   RADIOLOGY-THERAPEUTIC 0.128402 55
56.00   05600   RADIOISOTOPE   0.097230   56
57.00   05700   CT SCAN 0.049171   57
58.00   05800   MRI   0.058320   58
59.00   05900   CARDIAC CATHETERIZATION 0.073574 59
60.00   06000   LABORATORY   0.109724   66
63.00   06300   BLOOD STORING, PROCESSING & TRANS.   0.322214   63
64.00   06400   INTRAVENOUS THERAPY 0.206564 64
65.00   06500   RESPIRATORY THERAPY 0.352115   65
66.00   06600   PHYSICAL THERAPY 0.373850   66
67.00   06700   OCCUPATIONAL THERAPY 0.281804 67
68.00   06800   SPEECH PATHOLOGY 0.413847   68
69.00   06900   ELECTROCARDIOLOGY 0.088180   69
70.00   07000   ELECTROENCEPHALOGRAPHY 0.116924 70
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0.610656   71
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS 0.490866 72
73.00   07300   DRUGS CHARGED TO PATIENTS 0.186125   73
74.00   07400   RENAL DIALYSIS 0.264347 74.00   0.264347 74.00   0.264347 74.00   0.264347 74.00   0.264347 74.00   0.264347 74.00   0.264347
76.97   07697   CARDIAC REHABILITATION 0.363504 76
OUTPATIENT SERVICE COST CENTERS
90.00   09000   CLINIC   0.292602   90
91.00   09100   EMERGENCY   0.102576   91
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART   0.306385   92
OTHER REIMBURSABLE COST CENTERS
101.00 10100 HOME HEALTH AGENCY
200.00   Subtotal (see instructions)   200
201.00 Less Observation Beds 201
202.00 Total (see instructions) 202

Period: worksheet C From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared: REDUCTIONS FOR MEDICAID ONLY

					10 00/30/2023	11/20/2023 2:	
			Titl	e XIX	Hospital	PPS	<u> </u>
	Cost Center Description	Total Cost	Capital Cost		t Capital	Operating Cost	
		(Wkst. B, Part				Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
				col. 2)			
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	60,079,445	5,979,947			1	50.00
	05100 RECOVERY ROOM	14,413,740	1,046,721			1	51.00
	05200 DELIVERY ROOM & LABOR ROOM	5,823,406	418,701			0	52.00
	05300 ANESTHESIOLOGY	6,038,989	210,564			0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,416,689	1,985,239			0	54.00
	05500 RADIOLOGY-THERAPEUTIC	7,502,605	1,595,806			0	55.00
	05600 RADIOISOTOPE	3,920,937	426,223			0	56.00
	05700 CT SCAN	7,158,997	1,072,744			0	57.00
	05800 MRI	4,027,281	364,976			0	58.00
	05900 CARDIAC CATHETERIZATION	13,971,204	1,941,471			0	59.00
60.00	06000 LABORATORY	27,628,327	1,559,708			0	60.00
	06300 BLOOD STORING, PROCESSING & TRANS.	3,705,118	149,169			0	63.00
64.00	06400 INTRAVENOUS THERAPY	915,268	88,122			0	64.00
65.00	06500 RESPIRATORY THERAPY	9,099,422	607,366			0	65.00
66.00	06600 PHYSICAL THERAPY	13,749,170	925,276			0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,603,033	179,276		7	0	67.00
	06800 SPEECH PATHOLOGY	2,865,809	129,730	2,736,07	9 0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,719,962	788,267	7,931,69	5 0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,249,049	117,138	2,131,91	.1 0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	42,564,868	137,678	42,427,19	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	47,802,245	157,273	47,644,97	2 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,335,259	601,781	26,733,47	8 0	0	73.00
74.00	07400 RENAL DIALYSIS	2,632,225	35,364	2,596,86	1 0	0	74.00
76.97	07697 CARDIAC REHABILITATION	1,840,293	185,154	1,655,13	9 0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	4,397,860	130,097	4,267,76	3 0	0	90.00
91.00	09100 EMERGENCY	21,595,036			3 0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	19,096,942	1,094,904	18,002,03	8 0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
	10100 HOME HEALTH AGENCY	7,830,543					101.00
200.00		384,983,722			7 0		200.00
201.00		19,096,942	1,094,904				201.00
202.00	Total (line 200 minus line 201)	365,886,780	21,730,271	344,156,50	9 0	0	202.00

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY Provider CCN: 15-0125

Provider CCN: 15-0125
Period: Worksheet C From 07/01/2022 Part II

Date/Time Prepared:

201.00

202.00

06/30/2023

11/20/2023 2:19 pm Title XIX Hospital PPS Total Charges Cost Center Description Cost Net of Outpatient (Worksheet C, Cost to Charge Capital and Operating Cost|Part I. column|Ratio (col. 6 / col. 7) Reduction 8) 6.00 7.00 8.00 ANCILLARY SERVICE COST CENTERS 60,079,445 50.00 05000 OPERATING ROOM 337,396,751 0.178068 50.00 51.00 | 05100 RECOVERY ROOM 14,413,740 51.00 39,812,393 0.362042 52.00 | 05200 | DELIVERY ROOM & LABOR ROOM 5,823,406 10,106,636 0.576196 52.00 53.00 05300 ANESTHESIOLOGY 6,038,989 56,834,599 0.106256 53.00 54.00 05400 RADIOLOGY-DIAGNOSTIC 104,542,933 0.137902 54.00 14,416,689 55.00 | 05500 RADIOLOGY-THERAPEUTIC 7,502,605 58,430,508 0.128402 55.00 56.00 | 05600 RADIOISOTOPE 3,920,937 40,326,527 0.097230 56.00 57.00 05700 CT SCAN 7,158,997 145,594,075 0.049171 57.00 69,054,752 4,027,281 0.058320 58.00 05800 MRI 58.00 59.00 | 05900 | CARDIAC CATHETERIZATION 13,971,204 189,894,242 0.073574 59.00 60.00 06000 LABORATORY 27,628,327 251,797,487 0.109724 60.00 3,705,118 11,498,950 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.322214 63.00 4,430,926 64.00 06400 INTRAVENOUS THERAPY 0.206564 915,268 64.00 65.00 06500 RESPIRATORY THERAPY 9,099,422 25,842,154 0.352115 65.00 06600 PHYSICAL THERAPY 13,749,170 36,777,252 66.00 0.373850 66.00 12,785,586 67.00 06700 OCCUPATIONAL THERAPY 0.281804 67.00 3,603,033 68.00 | 06800 | SPEECH PATHOLOGY 2,865,809 6,924,811 0.413847 68.00 69.00 06900 ELECTROCARDIOLOGY 8,719,962 98,888,053 0.088180 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 2,249,049 19,235,189 0.116924 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 42,564,868 69,703,506 0.610656 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 47,802,245 97,383,504 0.490866 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 27,335,259 146,864,857 0.186125 73.00 9,957,455 74.00 07400 RENAL DIALYSIS 0.264347 74.00 2,632,225 07697 CARDIAC REHABILITATION 76.97 1,840,293 5,062,647 0.363504 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 4,397,860 15,030,188 0.292602 90.00 21,595,036 91.00 | 09100 | EMERGENCY 210.527.552 0.102576 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 19,096,942 62,329,921 0.306385 92.00 OTHER REIMBURSABLE COST CENTERS 101.00 10100 HOME HEALTH AGENCY 7,830,543 10,243,714 0.764424 101.00 384,983,722 2,147,277,168 200.00 Subtotal (sum of lines 50 thru 199) 200.00

19,096,942

365,886,780 2,147,277,168

201.00

202.00

Less Observation Beds

Total (line 200 minus line 201)

Health	Financial Systems	COMMUNITY	HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS			Period: From 07/01/2022 To 06/30/2023		pared: 19 pm
				XVIII	Hospital	PPS	
	Cost Center Description	Capital	Swing Bed	Reduced	Total Patient	Per Diem (col.	
		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						
30.00	ADULTS & PEDIATRICS	5,162,525	0	5,162,52	5 87,770	58.82	30.00
31.00	INTENSIVE CARE UNIT	1,576,009		1,576,00	9 11,528	136.71	31.00
31.01	NEONATAL INTENSIVE CARE	361,731		361,73	1 4,087	88.51	31.01
43.00	NURSERY	58,680		58,68	0 2,716	21.61	43.00
200.00	Total (lines 30 through 199)	7,158,945		7,158,94	5 106,101		200.00
	Cost Center Description	Inpatient	Inpatient		<u> </u>		
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,752	1,632,373	8			30.00
31.00	INTENSIVE CARE UNIT	3,657	499,948	3		ļ	31.00
31.01	NEONATAL INTENSIVE CARE	0	0			ļ	31.01
43.00	NURSERY	0	0			l	43.00
200.00	Total (lines 30 through 199)	31,409	2,132,321	.			200.00

Health	Financial Systems	COMMUNITY	HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider Co		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/20/2023 2:	
				XVIII	Hospital	PPS	
	Cost Center Description	Capital	Total Charges			Capital Costs	
			(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,			l. Charges	column 4)	
		Part II, col.	8)	2)			
		26) 1.00	2.00	3.00	4.00	5.00	
	ANICTI LARV CERVICE COCT CENTERS	1.00	2.00	3.00	4.00	3.00	
	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	5,979,947	337,396,751	0.01772	24 38,064,226	674,650	50.00
	05100 RECOVERY ROOM	1,046,721	, , ,	i e		,	
	05200 DELIVERY ROOM & LABOR ROOM	418,701				,	
	05300 ANESTHESIOLOGY	210,564					
	05400 RADIOLOGY-DIAGNOSTIC	1,985,239					
	05500 RADIOLOGY-THERAPEUTIC	1,595,806					
	05600 RADIOISOTOPE	426,223	, , ,				
	05700 CT SCAN	1,072,744					
	05800 MRI	364,976					
	05900 CARDIAC CATHETERIZATION	1,941,471		l .			
	06000 LABORATORY	1,559,708	, , ,		- , - ,		
	06300 BLOOD STORING, PROCESSING & TRANS.	149,169	, , ,	l .			
	06400 INTRAVENOUS THERAPY	88,122					
	06500 RESPIRATORY THERAPY	607,366				179,270	65.00
66.00	06600 PHYSICAL THERAPY	925,276					
67.00	06700 OCCUPATIONAL THERAPY	179,276					67.00
68.00	06800 SPEECH PATHOLOGY	129,730	6,924,811	0.0187	718,880	13,467	68.00
69.00	06900 ELECTROCARDIOLOGY	788,267			71 12,589,673	100,352	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,138	19,235,189	0.00609	751,855	4,579	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	137,678	69,703,506	0.0019	75 13,226,763	26,123	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	157,273	97,383,504	0.0016	L5 21,867,759	35,316	72.00
	07300 DRUGS CHARGED TO PATIENTS	601,781	146,864,857	0.00409			
	07400 RENAL DIALYSIS	35,364	9,957,455	0.0035	3,207,082	11,392	
76.97	07697 CARDIAC REHABILITATION	185,154	5,062,647	0.0365	189,063	6,915	76.97
	OUTPATIENT SERVICE COST CENTERS						1
	09000 CLINIC	130,097					
	09100 EMERGENCY	870,463					
	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,094,904					
200.00	Total (lines 50 through 199)	22,799,158	2,137,033,454		261,142,999	2,370,876	200.00

Health Financial Systems	COMMUNITY H	IOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	R PASS THROUGH COSTS	S Provider (		Period: From 07/01/2022 To 06/30/2023		pared: 19 pm
		Titl	e XVIII	Hospital	PPS	
Cost Center Description	Nursing	Nursing	Allied Healt	h Allied Health	All Other	
	Program	Program	Post-Stepdow	n Cost	Medical	
	Post-Stepdown		Adjustments		Education Cost	
	Adjustments					
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0		0	0 0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE	o		o	0 0	0	31.01
42 00 04200 NURCERY			ما			42 00

					11/20/2023 2:	19 bm
		Title	XVIII	Hospital	PPS	
Cost Center Description	Nursing	Nursing	Allied Health	Allied Health	All Other	
	Program	Program	Post-Stepdown	Cost	Medical	
	Post-Stepdown		Adjustments		Education Cost	
	Adjustments					
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE	0	0	0	0	0	31.01
43.00 04300 NURSERY	0	0	0	0	0	43.00
200.00 Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description	Swing-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient	
· ·	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)	minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	87,770	0.00	27,752	30.00
31.00 03100 INTENSIVE CARE UNIT		0	11,528	0.00	3,657	31.00
31.01 02060 NEONATAL INTENSIVE CARE		0	4,087	0.00	0	31.01
43.00 04300 NURSERY		0	2,716	0.00	0	43.00
200.00 Total (lines 30 through 199)		0			31,409	
Cost Center Description	Inpatient	-				
·	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 INTENSIVE CARE UNIT	0					31.00
31.01 02060 NEONATAL INTENSIVE CARE	0					31.01
43.00 04300 NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00
		I				1-30.00

 
 Health Financial Systems
 COMMUNITY HO

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 15-0125 Period: Worksheet D From 07/01/2022 Part IV To 06/30/2023 Date/Time Prepared: THROUGH COSTS

					10 06/30/2023	11/20/2023 2:	
			Title	XVIII	Hospital	PPS	<u> </u>
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0	0		0	0	56.00
57.00	05700 CT SCAN	0	0		0	0	57.00
58.00	05800 MRI	0	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	406,133	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	522,201	73.00
74.00	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0		0 0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0		0 0	0	90.00
91.00	09100 EMERGENCY	0	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.00
200.00	Total (lines 50 through 199)	0	0		0	928,334	200.00

Health Financial Systems	COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUT	PATIENT ANCILLARY SERVICE OTHER PASS Provid	er CCN: 15-0125   Period:	Worksheet D

From 07/01/2022 Part IV
To 06/30/2023 Date/Time Prepared: THROUGH COSTS 11/20/2023 2:19 pm Title XVIII Hospital Total Charges Ratio of Cost Cost Center Description All Other Total Cost Total (from Wkst. C, to Charges Medical (sum of cols. Outpatient Education Cost 1, 2, 3, and Cost (sum of (col. 5 ÷ col. Part I, col. 4) 8) cols. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7.00 8.00 ANCILLARY SERVICE COST CENTERS 0.000000 50.00 05000 OPERATING ROOM 0 337,396,751 50.00 51.00 05100 RECOVERY ROOM 0 0 0 39,812,393 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 10,106,636 0.000000 52.00 0 0 0 56,834,599 0.000000 53.00 05300 ANESTHESIOLOGY 53.00 0 54.00 | 05400 RADIOLOGY-DIAGNOSTIC 0 104,542,933 0.000000 54.00 0 55.00 05500 RADIOLOGY-THERAPEUTIC 58,430,508 0.000000 55.00 0 56.00 05600 RADIOISOTOPE 0 0 40,326,527 0.000000 56.00 0 0 57.00 05700 CT SCAN 0 145,594,075 0.000000 57.00 58.00 | 05800 MRI 0 0 0 69,054,752 0.000000 58.00 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0 0 189,894,242 59.00 406,133 406,133 251,797,487 0.001613 60.00 60.00 06000 LABORATORY 63.00 06300 BLOOD STORING, PROCESSING & TRANS. C 0 11,498,950 0.000000 63.00 06400 INTRAVENOUS THERAPY 0 0 4,430,926 0.000000 64.00 64.00 65.00 06500 RESPIRATORY THERAPY 0 0 0 0 25,842,154 0.000000 65.00 0.000000 66.00 06600 PHYSICAL THERAPY 0 0 36,777,252 66.00 0 67.00 06700 OCCUPATIONAL THERAPY 0 12,785,586 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 6,924,811 0.000000 68.00 0 06900 ELECTROCARDIOLOGY 0 98,888,053 0.000000 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0.000000 0 19,235,189 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 69,703,506 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0.000000 72.00 97,383,504 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 522,201 522,201 146,864,857 0.003556 73.00 0 9,957,455 0.000000 74.00 07400 RENAL DIALYSIS 0 74.00 07697 CARDIAC REHABILITATION 0 5,062,647 0.000000 76.97 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0.000000 0 15,030,188 90.00 0 91.00 | 09100 | EMERGENCY 0 0 210,527,552 0.000000 91.00

0

928,334

0

928,334 2,137,033,454

62,329,921

0.000000

92.00

200.00

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (lines 50 through 199)

Health Financial Systems	COMMUNITY HO:	SPITAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0125	Period:	Worksheet D

From 07/01/2022 Part IV
To 06/30/2023 Date/Time Prepared: THROUGH COSTS 11/20/2023 2:19 pm Title XVIII Hospital Cost Center Description Outpatient Inpatient Inpatient Outpatient Outpatient Ratio of Cost Program Program Program Program Pass-Through to Charges Pass-Through Charges Charges Costs (col. 9 (col. 6 ÷ col. Costs (col. 8 7) x col. 10) x col. 12) 9.00 10.00 11.00 12.00 13.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 38,064,226 59,415,355 50.00 0 0 51.00 | 05100 | RECOVERY ROOM 0.000000 3,149,789 8,692,782 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 10,547 0 52.00 52.00 53.00 05300 ANESTHESIOLOGY 0.000000 5,215,435 0 10,667,177 53.00 0 20,552,259 5,064,987 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 0 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 0.000000 1,079,878 0 22,439,807 0 55.00 56.00 | 05600 RADIOISOTOPE 0.000000 1,573,254 0 12,971,468 0 56.00 0 57.00 05700 CT SCAN 0.000000 16,099,135 28,973,740 0 57.00 05800 MRI 0 58.00 0.000000 5,734,292 15,035,786 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 28,317,395 0 50,736,369 0 59.00 28,898,603 60.00 06000 LABORATORY 0.001613 46,613 17,070,854 27,535 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 63.00 2,327,803 0 1,056,442 0 64.00 | 06400 INTRAVENOUS THERAPY 0.000000 0 1,732,865 0 64.00 06500 RESPIRATORY THERAPY 0.000000 7,627,550 0 65.00 1,060,732 0 65.00 06600 PHYSICAL THERAPY 0.000000 3,655,998 0 352,567 66.00 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0.000000 2,911,199 0 542,203 0 67.00 68.00 06800 SPEECH PATHOLOGY 0.000000 718,880 0 467,140 0 68.00 12,589,673 69.00 06900 ELECTROCARDIOLOGY 0.000000 25,111,900 0 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 751,855 70.00 4,241,366 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 13,226,763 11,882,327 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 21,867,759 16,050,217 0 72.00 29,093,464 73.00 07300 DRUGS CHARGED TO PATIENTS 0.003556 103,456 27,262,165 96,944 73.00 07400 RENAL DIALYSIS 0.000000 3,207,082 74.00 74.00 0 763.460 0 76.97 07697 CARDIAC REHABILITATION 0.000000 189,063 2,187,172 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 0.000000 7,348,373 90.00 09000 CLINIC 135,931 0 20,795,292 91.00 09100 EMERGENCY 0.000000 0 91.00 25,867,498 O l 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 3,764,940 0 13,821,228 0 92.00

261,142,999

150,069

381,231,046

124,479 200.00

200.00

Total (lines 50 through 199)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0125 Period: Worksheet D From 07/01/2022 Part V Date/Time Prepared: 06/30/2023 11/20/2023 2:19 pm Title XVIII Hospital Charges Costs Cost Center Description Cost to Charge PPS Reimbursed Cost Cost PPS Services Ratio From Services (see Reimbursed Reimbursed (see inst.) Worksheet C, inst.) Services Services Not Part I, col. 9 Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 3.00 4.00 5.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.178068 59,415,355 10,579,973 50.00 51.00 | 05100 RECOVERY ROOM 0.362042 8,692,782 0 0 3,147,152 51.00 0 ol 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.576196 52.00 0 0 53.00 | 05300 | ANESTHESIOLOGY 0.106256 10,667,177 0 1,133,452 53.00 54.00 | 05400 | RADIOLOGY-DIAGNOSTIC 0.137902 20,552,259 0 0 2,834,198 54.00 22,439,807 0 2,881,316 55.00 05500 RADIOLOGY-THERAPEUTIC ol 0.128402 55.00 0 56.00 05600 RADIOISOTOPE 0.097230 12,971,468 0 1,261,216 56.00 57.00 05700 CT SCAN 0.049171 28,973,740 0 1 1,424,668 57.00 0 0 58.00 05800 MRI 0.058320 15,035,786 876,887 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 0 0.073574 50.736.369 3.732.878 59.00 0 60.00 | 06000 | LABORATORY 0.109724 17,070,854 462 1,873,082 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 1,056,442 0 0 340,400 63.00 0.322214 63.00 06400 INTRAVENOUS THERAPY 0.206564 1,732,865 0 0 357,948 64.00 64.00 0 65.00 373,500 65.00 06500 RESPIRATORY THERAPY 0.352115 1,060,732 0 66.00 06600 PHYSICAL THERAPY 0.373850 352,567 0 0 131,807 66.00 0 67.00 06700 OCCUPATIONAL THERAPY 0.281804 542,203 152,795 67.00 06800 SPEECH PATHOLOGY 467,140 0 0 193,324 68.00 0.413847 68.00 0 0 69.00 06900 ELECTROCARDIOLOGY 0.088180 25,111,900 2,214,367 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0.116924 4,241,366 0 495,917 70.00 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.610656 11,882,327 7,256,014 71.00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.490866 16,050,217 0 7,878,506 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0.186125 27,262,165 39.268 5,074,170 73.00 07400 RENAL DIALYSIS 0.264347 763,460 0 201,818 74.00 74.00 76.97 07697 CARDIAC REHABILITATION 0.363504 2,187,172 0 795,046 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0.292602 7,348,373 0 2,150,149 90.00 91.00 09100 EMERGENCY 0.102576 20,795,292 0 379 2,133,098 91.00 0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.306385 13,821,228 0 4,234,617 92.00 200.00 Subtotal (see instructions) 0 200.00 381,231,046 40,110 63,728,298 0 201.00 Less PBP Clinic Lab. Services-Program 201.00

381,231,046

0

40,110

63,728,298 202.00

Only Charges

Net Charges (line 200 - line 201)

Health Financial Systems In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0125

Period: Worksheet D From 07/01/2022 Part V To 06/30/2023 Date/Time Prepared:

			1	0 06/30/2023	Date/Time Pre	
		Title	. XVIII	Hospital	PPS	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Services	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00   05000 OPERATING ROOM	0	0				50.00
51.00  05100 RECOVERY ROOM	0	0				51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00   05300   ANESTHESIOLOGY	0	0				53.00
54.00   05400   RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00   05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00   05600 RADIOISOTOPE	0	0				56.00
57.00   05700 CT SCAN	0	0				57.00
58.00   05800   MRI	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00  06000 LABORATORY	0	51				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00  06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00  06600 PHYSICAL THERAPY	0	0				66.00
67.00  06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00   06800   SPEECH PATHOLOGY	0	0				68.00
69.00  06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,309				73.00
74.00  07400 RENAL DIALYSIS	0	0				74.00
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0					90.00
91.00  09100 EMERGENCY	0	39				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
200.00 Subtotal (see instructions)	0	7,399				200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						
202.00   Net Charges (line 200 - line 201)	0	7,399				202.00

Health	Financial Systems	COMMUNITY	HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS		F	Period: From 07/01/2022 Fo 06/30/2023		
				le XIX	Hospital	PPS	
	Cost Center Description	Capital	Swing Bed	Reduced	Total Patient	Per Diem (col.	
		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						
30.00	ADULTS & PEDIATRICS	5,162,525		5,162,525			
31.00	INTENSIVE CARE UNIT	1,576,009		1,576,009		1	
31.01	NEONATAL INTENSIVE CARE	361,731	<b>.</b>	361,733			
43.00	NURSERY	58,680		58,680	2,716	21.61	43.00
200.00	Total (lines 30 through 199)	7,158,945		7,158,945	106,101		200.00
	Cost Center Description	Inpatient	Inpatient				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	650	,			ļ	30.00
31.00	INTENSIVE CARE UNIT	504				ļ	31.00
31.01	NEONATAL INTENSIVE CARE	326					31.01
	NURSERY	102				ļ	43.00
200.00	Total (lines 30 through 199)	1,582	138,193	<b>;</b>			200.00

Health	Financial Systems	COMMUNITY	HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORT	TONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0125	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Pre 11/20/2023 2:	
				e XIX	Hospital	PPS	
	Cost Center Description	Capital	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
		Related Cost			Program	(column 3 x	
		(from Wkst. B,			. Charges	column 4)	
		Part II, col.	8)	2)			
		26)					
		1.00	2.00	3.00	4.00	5.00	
F0 00	ANCILLARY SERVICE COST CENTERS	5 070 047	222 206 254	0.04==5	4 244 720	22.240	
	05000 OPERATING ROOM	5,979,947	, ,	l .		· · · · · · · · · · · · · · · · · · ·	1
	05100 RECOVERY ROOM	1,046,721					
	05200 DELIVERY ROOM & LABOR ROOM	418,701	, ,	l .		· · · · · · · · · · · · · · · · · · ·	
	05300 ANESTHESIOLOGY	210,564					
	05400 RADIOLOGY-DIAGNOSTIC	1,985,239					
	05500 RADIOLOGY-THERAPEUTIC	1,595,806					
	05600 RADIOISOTOPE	426,223	, ,				
	05700 CT SCAN	1,072,744					
	05800 MRI	364,976	, ,	l .		780	
	05900 CARDIAC CATHETERIZATION	1,941,471					1
	06000 LABORATORY	1,559,708					
	06300 BLOOD STORING, PROCESSING & TRANS.	149,169					
	06400 INTRAVENOUS THERAPY	88,122	, ,			0	
	06500 RESPIRATORY THERAPY	607,366					
	06600 PHYSICAL THERAPY	925,276					
	06700 OCCUPATIONAL THERAPY	179,276					1
	06800 SPEECH PATHOLOGY	129,730					
	06900 ELECTROCARDIOLOGY	788,267	, ,	•		· · · · · · · · · · · · · · · · · · ·	
	07000 ELECTROENCEPHALOGRAPHY	117,138					
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	137,678	, ,	l .			
	07200 IMPL. DEV. CHARGED TO PATIENTS	157,273					
	07300 DRUGS CHARGED TO PATIENTS	601,781	, ,			· · · · · · · · · · · · · · · · · · ·	
	07400 RENAL DIALYSIS	35,364					
76.97	07697 CARDIAC REHABILITATION	185,154	5,062,647	0.03657	2,358	86	76.97
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	130,097	-,,	l .		Ĭ	
	09100 EMERGENCY	870,463					
	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,094,904					
200.00	Total (lines 50 through 199)	22,799,158	2,137,033,454		7,021,829	73,050	200.00

Health Financial Systems	COMMUNITY	HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS		<u> </u>	Period: From 07/01/2022 To 06/30/2023		
		Titl	e XIX	Hospital	PPS	
Cost Center Description	Nursing Program Post-Stepdown	Nursing Program	Allied Health Post-Stepdown Adjustments	Cost	All Other Medical Education Cost	
	Adjustments					
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	(	0	0	30.00
31.00  03100 INTENSIVE CARE UNIT	0	0	(	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE	0	0		0	0	31.01
43.00  04300   NURSERY	0	0		0	0	43.00
200.00   Total (lines 30 through 199)	0	0	(	0		200.00
Cost Center Description	Swing-Bed	Total Costs		Per Diem (col.		
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)		6.00	7.00	2 22	
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS			07.77	0.00	CEO.	20.00
30.00 03000 ADULTS & PEDIATRICS	0	0	87,77			
31.00 03100 INTENSIVE CARE UNIT		0	11,52			
31.01   02060   NEONATAL INTENSIVE CARE		0	4,08			
43.00 04300 NURSERY			2,71			43.00
200.00   Total (lines 30 through 199)	T	0	106,10	L	1,582	200.00
Cost Center Description	Inpatient					

Inpatient Program Pass-Through Cost (col. 7 x 9.00

INPATIENT ROUTINE SERVICE COST CENTERS

Total (lines 30 through 199)

30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 31.01 02060 NEONATAL INTENSIVE CARE

43.00 04300 NURSERY

200.00

30.00

31.00 31.01 43.00 200.00  
 Health Financial Systems
 COMMUNITY HO

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

Provider CCN: 15-0125 Period: Worksheet D From 07/01/2022 Part IV To 06/30/2023 Date/Time Prepared: THROUGH COSTS

					10 06/30/2023	11/20/2023 2:	
			Titl	e XIX	Hospital	PPS	
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS	-					
50.00	05000 OPERATING ROOM	0	0		0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		0	0	55.00
56.00	05600 RADIOISOTOPE	0	0		0	0	56.00
57.00	05700 CT SCAN	0	0		0	0	57.00
58.00	05800 MRI	0	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	406,133	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	522,201	73.00
74.00	07400 RENAL DIALYSIS	0	0		0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0		0 0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0		0 0	0	90.00
91.00	09100 EMERGENCY	0	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.00
200.00	Total (lines 50 through 199)	0	0		0	928,334	200.00

Health Financial Systems	COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUT	PATIENT ANCILLARY SERVICE OTHER PASS Provid	er CCN: 15-0125   Period:	Worksheet D

From 07/01/2022 Part IV
To 06/30/2023 Date/Time Prepared: THROUGH COSTS 11/20/2023 2:19 pm Title XIX Hospital Total Charges Ratio of Cost Cost Center Description All Other Total Cost Total (from Wkst. C, to Charges Medical (sum of cols. Outpatient Education Cost 1, 2, 3, and Cost (sum of (col. 5 ÷ col. Part I, col. 4) 8) cols. 2, 3, 7) and 4) (see instructions) 4.00 5.00 6.00 7.00 8.00 ANCILLARY SERVICE COST CENTERS 0.000000 50.00 05000 OPERATING ROOM 0 337,396,751 50.00 51.00 05100 RECOVERY ROOM 0 0 0 39,812,393 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 10,106,636 0.000000 52.00 0 0 0 56,834,599 0.000000 53.00 05300 ANESTHESIOLOGY 53.00 0 54.00 | 05400 RADIOLOGY-DIAGNOSTIC 0 104,542,933 0.000000 54.00 0 55.00 05500 RADIOLOGY-THERAPEUTIC 58,430,508 0.000000 55.00 0 56.00 05600 RADIOISOTOPE 0 0 40,326,527 0.000000 56.00 0 0 57.00 05700 CT SCAN 0 145,594,075 0.000000 57.00 58.00 | 05800 MRI 0 0 0 69,054,752 0.000000 58.00 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0 0 189,894,242 59.00 406,133 406,133 251,797,487 0.001613 60.00 60.00 06000 LABORATORY 63.00 06300 BLOOD STORING, PROCESSING & TRANS. C 0 11,498,950 0.000000 63.00 06400 INTRAVENOUS THERAPY 0 0 4,430,926 0.000000 64.00 64.00 65.00 06500 RESPIRATORY THERAPY 0 0 0 0 25,842,154 0.000000 65.00 0.000000 66.00 06600 PHYSICAL THERAPY 0 0 36,777,252 66.00 67.00 06700 OCCUPATIONAL THERAPY C 0 12,785,586 0.000000 67.00 68.00 06800 SPEECH PATHOLOGY 6,924,811 0.000000 68.00 0 06900 ELECTROCARDIOLOGY 0 98,888,053 0.000000 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0.000000 0 19,235,189 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 69,703,506 0.000000 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0.000000 72.00 97,383,504 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 522,201 522,201 146,864,857 0.003556 73.00 0 9,957,455 0.000000 74.00 07400 RENAL DIALYSIS 0 74.00 07697 CARDIAC REHABILITATION 0 5,062,647 0.000000 76.97 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0.000000 0 15,030,188 90.00 0 91.00 | 09100 | EMERGENCY 0 0 210,527,552 0.000000 91.00

0

928,334

0

928,334 2,137,033,454

62,329,921

0.000000

92.00

200.00

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (lines 50 through 199)

Health Financial Systems	COMMUNITY HOS	SPITAL	In Lie	u of Form CMS-2552-10
APPORTTONMENT OF THPATTENT/OUTPATTENT	ANCTLLARY SERVICE OTHER PASS	Provider CCN: 15-0125	Period:	Worksheet D

Period: | Worksheet From 07/01/2022 | Part IV To 06/30/2023 | Date/Time THROUGH COSTS Date/Time Prepared: 11/20/2023 2:19 pm Title XIX Hospital Cost Center Description Outpatient Inpatient Inpatient Outpatient Outpatient Program Ratio of Cost Program Program Program Pass-Through to Charges Charges Pass-Through Charges Costs (col. 9 (col. 6 ÷ col. Costs (col. 8 7) x col. 10) x col. 12) 9.00 10.00 11.00 12.00 13.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 1,311,730 0 50.00 0 0 51.00 | 05100 | RECOVERY ROOM 0.000000 54,682 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 84,119 0 0 52.00 52.00 53.00 05300 ANESTHESIOLOGY 0.000000 169,256 0 0 53.00 0 0 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 218,182 0 54.00 0 0 55.00 | 05500 RADIOLOGY-THERAPEUTIC 0.000000 11,104 0 55.00 56.00 | 05600 RADIOISOTOPE 0.000000 12,723 0 0 0 56.00 0 0 57.00 57.00 05700 CT SCAN 0.000000 429,959 0 05800 MRI 0 58.00 0.000000 147,621 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 156,892 0 0 0 59.00 60.00 06000 LABORATORY 0.001613 1,060,981 1,711 0 0 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 63.00 38,009 0 0 64.00 | 06400 | INTRAVENOUS THERAPY 0.000000 0 0 64.00 06500 RESPIRATORY THERAPY 0.000000 402,530 65.00 0 0 0 65.00 66.00 06600 PHYSICAL THERAPY 108,948 0 0.000000 0 66.00 83,231 67.00 06700 OCCUPATIONAL THERAPY 0.000000 0 67.00 68.00 06800 SPEECH PATHOLOGY 0.000000 87,321 0 0 0 68.00 69.00 06900 ELECTROCARDIOLOGY 0.000000 291,775 0 0 0 0 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 94,375 0 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.000000 255,062 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 138,262 0 0 72.00 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0.003556 1,152,919 4,100 0 73.00 0 07400 RENAL DIALYSIS 0.000000 175,281 74.00 74.00 0 0 76.97 07697 CARDIAC REHABILITATION 0.000000 2,358 0 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC 0.000000 0 90.00 0 91.00 09100 EMERGENCY 0.000000 476,695 0 0 0 91.00

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92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (lines 50 through 199)

Health Financial Systems	COMMUNITY HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0125	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:19 pm
	T:+10 VA/TTT	uccni+al	DDC

PART I - ALL PROVIDER COMPONENTS  1.00  PART I - ALL PROVIDER COMPONENTS  1.00			Title XVIII	Hospital	11/20/2023 2:	19 pm
PMAT I - ALL PROVIDER COMPONENTS   IMPATTED TMS		Cost Center Description	THEFE AVELE			
IMPARTED TAYS		DART T _ ALL DROVIDED COMPONENTS			1.00	
2.00 Impatient days (including private room days, excluding swing-bed and memberon days) (200 and complete this line) (300 do not complete this line) (400 and to complete this line) (400 and						
9.00 private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.  4.00 Seni-private room days (excluding swing-bed and observation bed days)  5.00 Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  9.00 Total inpatient days including private room days palicable to the Program (excluding swing-bed and properting period (if calendar year, enter 0 on this line)  10.00 Swing-bed SNF type inpatient days applicable to the Program (excluding swing-bed and private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  11.00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  12.00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  14.00 Medically necessary private room days applicable to title XVIII only (including private room days)  15.00 Total nursery days (title v or XIX only)  16.00 Narray rows and the private room days applicable to title XVIII only (including private room days)  17.00 Medical processor 31 of the cost reporting period (if calendar year, enter 0 on this line)  18.00 Medical processor 31 of the cost reporting period (if calendar year, enter 0 on this line)  18.00 Medical processor 31 of the cost reporting period (if calendar year, enter 0 on this line)  18.00 Medical processor 31 of the cost reporti						
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reporting period  20.00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (21.00 Total general inpatient routine service cost (see instructions)  21.00 Total general inpatient routine service cost (see instructions)  22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  23.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost see instructions)  26.00 Total swing-bed cost (see instructions)  27.00 Eneral inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  27.00 Eneral inpatient routine service cost net of swing-bed and observation bed charges)  28.00 Private room charges (excluding swing-bed charges)  29.00 Semi-private room charges (excluding swing-bed charges)  29.00 Semi-private room charges (excluding swing-bed charges)  29.00 Average private room per diem charge (line 29 ± line 3)  20.00 Average private room per diem charge (line 29 ± line 3)  30.00 Average per diem private room cost differential (line 32 minus line 33)(see instructions)  37.00 General inpatient routine service cost ret of swing-bed cost and private room cost differential (line 3 x line 31)  38.00 Average per diem private room cost differential (line 3 x line 31)  39.00 Program general inpatient routine service cost per diem (see instructions)  30.00 Program general inpatient routine service cost per diem (see instructions)  30.00 Program general inpatient routine service cost (line 9 x line 38)  30.00 Program general inpatient routine service cost per diem (see instructions)  30.00 Program general inpatient routine service cost per diem (see instructions)  30.00 Pro		reporting period				
Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period reporting period   21.00   20.	19.00		s through December 31 of	the cost	0.00	19.00
7 total general inpatient routine service cost (see instructions)  8 wing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  8 wing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  8 wing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 6 x line 18)  8 wing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 8 x line 19)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  8 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  9 wing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  9 wing-bed cost applicable to NF type service safter December 31 of the cost reporting period (line 8 x line 20)  9 wing-bed cost applicable to NF type service safter December 31 of the cost reporting period (line 8 x line 20)  9 wing-bed cost applicable to NF type service cost net of swing-bed cost and of the cost reporting period (line 8 x line 20)  9 werage semi-private room period (line 20 x line 21 minus line 26)  9 werage period inpatient routine service cost net of swing-bed cost and private room cost differential (line 20 x line 21 minus line 26)  9 werage per diem private room cost differential (line 3 x line 31)  9 werage per diem private room cost differential (line 3 x line 31)  9 werage per diem	20.00		s after December 31 of t	he cost	0.00	20.00
22.00   Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 6						
5 x line 17)  23.00 swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  27.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average private room per diem charge (line 29 + line 3)  32.00 Average semi-private room per diem charge (line 30 ÷ line 4)  33.00 Average per diem private room charge differential (line 3 x line 31)  35.00 Average per diem private room cost differential (line 3 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  37.00 Egneral inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Program general inpatient routine service cost per diem (see instructions)  39.00 Program general inpatient routine service cost per diem (see instructions)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  40.00 Medically necessary private room cost applicable to t				ing pariod (line		
x line 18)  24.00  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 0 24.00 7 x line 19)  25.00  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 0 25.00 x line 20)  Total swing-bed cost (see instructions)  General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  9.00  28.00  Private room charges (excluding swing-bed charges)  0.00  30.00  31.00  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  0.00  32.00  34.00  Average private room per diem charge (line 29 ÷ line 3)  34.00  Average semi-private room per diem charge (line 30 ÷ line 4)  34.00  Average per diem private room cost differential (line 32 minus line 33)(see instructions)  35.00  Average per diem private room cost differential (line 34 x line 31)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  37.00  Average per diem private room cost differential (line 34 x line 31)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  37.00  Average per diem private room cost differential (line 34 x line 31)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  37.00  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line	22.00		er 31 or the cost report	ing period (Tine	O	22.00
24.00   Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)   24.00   7 x line 19)   25.00   x line 20)   26.00   Total swing-bed cost (see instructions)   0   26.00	23.00		31 of the cost reporting	g period (line 6	0	23.00
7 x line 19) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed and observation bed charges) Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27 ÷ line 28) Average private room per diem charge (line 29 ÷ line 3) Average per diem private room cost differential (line 32 minus line 33)(see instructions) Average per diem private room cost differential (line 32 minus line 33)(see instructions) Average per diem private room cost differential (line 34 x line 31) Private room cost differential adjustment (line 3 x line 35) Private room cost differential adjustment (line 3 x line 35) Adjusted general inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422) PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Addisable general inpatient routine service cost (line 9 x line 38)  Program general inpatient routine service cost (line 9 x line 38)  28,470,499 90.00  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)	24 00	· · · · · · · · · · · · · · · · · · ·	r 21 of the cost reporti	ng poriod (line	0	24 00
x line 20) Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 90,042,422 97.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges) 0 29.00 91.00 Semi-private room charges (excluding swing-bed charges) 0 29.00 0 Semi-private room charges (excluding swing-bed charges) 0 29.00 0 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 0 .0000000 0 31.00 0 Average private room per diem charge (line 29 ÷ line 3) 0 Average semi-private room per diem charge (line 30 ÷ line 4) 0 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 0 Average per diem private room cost differential (line 34 x line 31) 0 Average per diem private room cost differential (line 34 x line 35) 0 Frivate room cost differential adjustment (line 3 x line 35) 0 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 9 x line 36) 0 PART II - HOSPITAL AND SUBPROVIDERS ONLY 0 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 0 Adjusted general inpatient routine service cost (line 9 x line 38) 0 Program general inpatient routine service cost (line 9 x line 38) 0 Average general inpatient routine service cost (line 9 x line 38) 0 Average per diem private room cost applicable to the Program (line 14 x line 35) 0 40.00	24.00		1 31 01 the cost report	ing per rou (Trine	O	24.00
Total swing-bed cost (see instructions)  General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERITIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  Private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average private room per diem charge (line 29 ÷ line 3)  Average semi-private room per diem charge (line 30 ÷ line 4)  Average per diem private room cost differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Average per diem private room cost differential (line 34 x line 31)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost differential (line 3 x line 35)  Average per diem private room cost diffe	25.00		31 of the cost reporting	period (line 8	0	25.00
27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  Private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average private room per diem charge (line 29 ÷ line 3)  Average semi-private room per diem charge (line 30 ÷ line 4)  Average per diem private room charge differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  Aginus (General inpatient routine service cost net of swing-bed cost and private room cost differential (line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost (line 9 x line 38)  Program general inpatient routine service cost (line 9 x line 38)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  O 40.00	26 00				0	26.00
General inpatient routine service charges (excluding swing-bed and observation bed charges)  28.00 29.00 30.00 30.00 Semi-private room charges (excluding swing-bed charges) 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 33.00 Average semi-private room charge differential (line 32 minus line 33)(see instructions) 34.00 Average per diem private room cost differential (line 34 x line 31) 35.00 Average per diem private room cost differential (line 34 x line 31) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422) 37.00 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  9.00 Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  28.00 Average per diem private room cost applicable to the Program (line 14 x line 35)			(line 21 minus line 26)		-	
Private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average private room per diem charge (line 29 ÷ line 3)  Average semi-private room per diem charge (line 30 ÷ line 4)  Average per diem private room charge differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  7 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Adjusted general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  O 29.00  30.00  31.00  32.00  34.00  35.00  36.00  37.00  36.00  37.00  37.00  38.00  40.00						
30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 33.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions) 39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 0.00000000 31.00 32.00 32.00 32.00 33.00 34.00 35.00 36.00 37.00 37.00 37.00 38.00 39.00 40.00			d and observation bed ch	arges)		
31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average private room per diem charge (line 29 ÷ line 3)  32.00 Average semi-private room per diem charge (line 30 ÷ line 4)  33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0.0000000000000000000000000000000000						
Average semi-private room per diem charge (line 30 ÷ line 4)  34.00  34.00  Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  Tinus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  33.00  34.00  35.00  36.00  37.00			÷ line 28)		0.000000	31.00
Average per diem private room charge differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  35.00  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  34.00  35.00  36.00  37.00  37.00  37.00  38.00  39.00  40.00						
35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  35.00  36.00  37.00  37.00  37.00  37.00  37.00  38.00  39.00  40.00			nus lina 33)(saa instruc	tions)		
36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  36.00  37.00  36.00  37.00  37.00  37.00  38.00  40.00				(10113)		
27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  28.470,499  39.00  40.00		Private room cost differential adjustment (line 3 x line 35)				
PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  38.00 28,470,499  40.00	37.00		and private room cost di	fferential (line	90,042,422	37.00
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  38.00  28,470,499  40.00						
39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  28,470,499 39.00 40.00		PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00		, , ,	-			

	Financial Systems	COMMUNITY	_			u of Form CMS-2	
OMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0125	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Pre 11/20/2023 2:	pare
			Title	2 XVIII	Hospital	PPS	19 p
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	NURSERY (title V & XIX only)	0	C	0.0	00 0	0	42
	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	26,342,891	11,528	2,285.	12 3,657	8,356,684	43
	NEONATAL INTENSIVE CARE	6,972,641	4,087			0,330,004	
	CORONARY CARE UNIT	0,572,041	4,007	1,700.	0	Ĭ	44
	BURN INTENSIVE CARE UNIT						45
.00	SURGICAL INTENSIVE CARE UNIT						46
.00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description						
00	Program inpatient ancillary service cost (Wk	-+	74 200)			1.00 51,956,982	48
.00	Program inpatient cellular therapy acquisiti			TTT line 10	column 1)	0 31,930,962	
.00					, corumn 1)	88,784,165	
	PASS THROUGH COST ADJUSTMENTS					00,701,200	
.00	Pass through costs applicable to Program inp	atient routine	services (from	ı Wkst. D, sur	n of Parts I and	2,132,321	50
	III)						
.00	Pass through costs applicable to Program inp and IV)	atient ancillar	y services (fi	om Wkst. D,	sum of Parts II	2,520,945	51
.00	Total Program excludable cost (sum of lines	50 and 51)				4,653,266	52
	Total Program inpatient operating cost exclu		lated, non-phy	sician anestl	netist, and	84,130,899	
	medical education costs (line 49 minus line	52)			•	, ,	
	TARGET AMOUNT AND LIMIT COMPUTATION						4
	Program discharges					0	1
	Target amount per discharge					0.00	
	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor	usa anlw)				0.00	
	Target amount (line 54 x sum of lines 55, 55					0.00	
	Difference between adjusted inpatient operat		rget amount (	ine 56 minus	line 53)	o o	
	Bonus payment (see instructions)		. 300			0	
.00	Trended costs (lesser of line 53 ÷ line 54,		the cost repo	orting period	ending 1996,	0.00	59
	updated and compounded by the market basket)						
.00	Expected costs (lesser of line 53 ÷ line 54, market basket)	or line 55 fro	m prior year o	cost report, i	updated by the	0.00	60
00	Continuous improvement bonus payment (if lin	e 53 ± line 54	is less than 1	he lowest of	lines 55 nlus	0	61
	55.01, or line 59, or line 60, enter the les						"-
	53) are less than expected costs (lines 54 $\times$	60), or 1 % of	the target an	ount (line 50	6), otherwise		
	enter zero. (see instructions)					_	
	Relief payment (see instructions)					0	
.00	Allowable Inpatient cost plus incentive paym	ent (see instru	ctions)			0	63
.00	PROGRAM INPATIENT ROUTINE SWING BED COST  Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	cost report	ing period (See	0	64
	instructions)(title XVIII only)	co c oug pece		. соос . сро. с	g peou (see		
.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the d	ost reporting	g period (See	0	65
00	instructions)(title XVIII only)		64 . 7 . 7 . 7	SEX (1.1. 30.00			
.00	Total Medicare swing-bed SNF inpatient routi CAH, see instructions	ne costs (line	64 plus line 6	os)(title XVI.	LI only); for	0	66
.00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	of the cost re	enorting period	0	67
.00	(line 12 x line 19)	c coses em ougn	December 51 (	i the cost is	sporering per rou		"
.00	Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repo	orting period	0	68
	(line 13 x line 20)					_	
.00	Total title V or XIX swing-bed NF inpatient					0	69
00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil				\		70
	Adjusted general inpatient routine service c				,		71
	Program routine service cost (line 9 x line	, ,	2	•			72
	Medically necessary private room cost applic		(line 14 x li	ne 35)			73
	Total Program general inpatient routine serv						74
.00	Capital-related cost allocated to inpatient	routine service	costs (from V	orksheet B, I	Part II, column		75
00	26, line 45)	no 2)					7.
	Per diem capital-related costs (line 75 $\div$ li Program capital-related costs (line 9 x line						76
	Inpatient routine service cost (line 74 minu						78
	Aggregate charges to beneficiaries for exces		rovider record	ls)			79
	Total Program routine service costs for comp				nus line 79)		80
	Inpatient routine service cost per diem limi						81
2.00	•						82
1 NO	Reasonable inpatient routine service costs (		`			i e	83

84.00

85.00

86.00

18,615 87.00 1,025.89 88.00

84.00

85.00

86.00

83.00 Reasonable inpatient routine service costs (see instructions)

Program inpatient ancillary services (see instructions)

PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST
Total observation bed days (see instructions)

Utilization review - physician compensation (see instructions) Total Program inpatient operating costs (sum of lines 83 through 85)

88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)

Health	Financial Systems	COMMUNITY	HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provider CO		Period:	Worksheet D-1	
					From 07/01/2022 To 06/30/2023	Date/Time Pre 11/20/2023 2:	
			Title	XVIII	Hospital	PPS	
	Cost Center Description						
						1.00	
89.00	Observation bed cost (line 87 x line 88) (se	e instructions)				19,096,942	89.00
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observation	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	5,162,525	90,042,422	0.05733	4 19,096,942	1,094,904	90.00
91.00	Nursing Program cost	0	90,042,422	0.00000	0 19,096,942	0	91.00
92.00	Allied health cost	0	90,042,422	0.00000	0 19,096,942	0	92.00
93.00	All other Medical Education	0	90,042,422	0.00000	0 19,096,942	0	93.00

Health Financial Systems	COMMUNITY HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 2:19 pm
	T:+10 VTV	useni+s1	DDC

PAIL TO ALL PROVIDER COMPONENTS   1.00   1			Title XIX	Hospital	11/20/2023 2: PPS	19 pm
PMRT I - ALL PROVIDER COMPONENTS   PINATEPINE MAYS   Inpatient days (including private room days and swing-bed days, excluding newborn)   87,770   1.00		Cost Center Description	TICIE XIX	Hospital	FF3	
INPARTENT DAYS    1.00   Imparient days (including private room days and swing-bed days, excluding newborn)   87,770					1.00	
1.00   Impatient days (including private room days and swing-bed days, excluding neaborn)   87,770   2.00   1.00   Impatient days (excluding swing-bed and observation bed days)   87,770   2.00   1.00   Private room days (excluding swing-bed and observation bed days)   70   70   1.00   10   10   10   10   10   10   10						
2.00 Impatient days (including private room days, excluding swing-bed and newborn days) 3.00 Private room days (excluding swing-bed and observation bed days). If you have only private room days. 3.00 Private room days (excluding swing-bed and observation bed days) 3.00 Semi-private room days (excluding swing-bed and observation bed days) 3.00 Semi-private room days (excluding swing-bed and observation bed days) 3.00 Total swing-bed SM type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 3.00 Total swing-bed SM type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 3.00 Total swing-bed SM type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 3.00 Swing-bed SM type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 3.00 Swing-bed SM type inpatient days applicable to titls wrII only (including private room days) (see instructions) 3.00 Swing-bed SM type inpatient days applicable to titls wrII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) 3.00 Swing-bed SM type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wrII only (including private room days) 4.00 Swing-bed Nr type inpatient days applicable to titls wring wring wring wring wring wring wrin	1 00		s eveluding newborn)		97 770	1 00
private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.  4.00 do not complete this line.  4.00 Semi-private room days (excluding swing-bed and observation bed days)  5.00 Total swing-bed SM type inpatient days (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (in inpatient days including private room days) after December 31 of the cost reporting period (in inpatient days including private room days) after December 31 of the cost reporting period (see instructions)  8.00 Swing-bed SMF type inpatient days applicable to title xVIII only (including private room days) after beautiful private room days) after period (see instructions)  10.0 Swing-bed SMF type inpatient days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private room days applicable to title xVIII only (including private room days) after beautiful private						
do not complete this line.  do not complete this line.  4.00 Semi-private room days (excluding swing-bed and observation bed days)  Total swing-bed SNE type inpatient days (including private room days) after becember 31 of the cost  reporting period (if calendar year, enter 0 on this line)  Total swing-bed SNE type inpatient days (including private room days) after becember 31 of the cost  reporting period (if calendar year, enter 0 on this line)  Total swing-bed SNE type inpatient days (including private room days) through becember 31 of the cost  reporting period  Total swing-bed SNE type inpatient days (including private room days) after becember 31 of the cost  Total swing-bed SNE type inpatient days (including private room days) after becember 31 of the cost  Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)  10.00 Swing-bed SNE type inpatient days applicable to title XVIII only (including private room days)  11.00 Swing-bed SNE type inpatient days applicable to title XVIII only (including private room days) after  12.00 Swing-bed SNE type inpatient days applicable to title XVIII only (including private room days) after  13.00 Swing-bed SNE type inpatient days applicable to titles XV or XX only (including private room days)  14.00 Swing-bed NE type inpatient days applicable to titles XV or XX only (including private room days)  15.00 Swing-bed NE type inpatient days applicable to titles YV or XX only (including private room days)  16.00 Swing-bed NE type inpatient days applicable to titles YV or XX only (including private room days)  17.00 White of the Cost reporting period (if calendar year, enter 0 on this line)  18.00 Swing-bed NE type inpatient days applicable to titles YV or XX only (including private room days)  19.00 White of the Cost reporting period (including the Cost r				ivate room days		
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reporting period (if calendar year, enter 0 on this line)  7.00  7				r 31 of the cost		5.00
reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  8.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  9.00 newborn days) (see instructions)  10.00 Swing-bed SNF type inpatient days applicable to the Program (excluding swing-bed and newborn days) (see instructions)  11.00 Swing-bed SNF type inpatient days applicable to trile xVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  12.00 Swing-bed SNF type inpatient days applicable to title xVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  14.00 Medically necessary private room days applicable to titles v or XXIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  14.00 Medically necessary private room days applicable to triles v or XXIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  15.00 Nursery days (title v or XXIX only)  16.00 Nursery days (title v or XXIX only)  17.00 Medically necessary private room days applicable to the Program (excluding swing-bed days)  18.00 Medicaid rate for swing-bed SNF services applicable to services after December 31 of the cost  19.00 Medicaid rate for swing-bed SNF services applicable to services after December 31 of the cost  19.00 Medicaid rate for swing-bed SNF services applicable to services after December 31 of the cost  19.00 For applicable to SNF type services after December 31 of the cost reporting period (line S X line 17)  21.00 Total pereral inpatient routine service cost (see instructions)  22.00 Swing-bed cost applicable to SNF type services						
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newborn days) (see instructions)  10.00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after through December 31 of the cost reporting period (see instructions)  11.00 Swing-bed SNF type inpatient days applicable to titlex XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  12.00 Swing-bed NF type inpatient days applicable to titlex V or XIX only (including private room days)  13.00 Swing-bed NF type inpatient days applicable to titlex V or XIX only (including private room days)  14.00 Wedically necessary private room days applicable to titlex V or XIX only (including private room days)  15.00 Total nursery days (title V or XIX only)  16.00 Nursery days (title V or XIX only)  17.00 Wedicare rate for swing-bed SNF services applicable to services through December 31 of the cost open days applicable to services after December 31 of the cost open december 31.00 period period (including private room days)  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost open december 31.00 period period (including private room days)  19.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost open deporting period (including private room days)  19.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost open deporting period (including private room days)  19.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost open december 31.00 period period (including private room days)  19.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 6 open deporting period (including private room days)  19.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 8 open december 31 of the cost reporting period (line 8 open december 3	0.00				650	0 00
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13.00   Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)   13.00   13.00	12.00	Swing-bed NF type inpatient days applicable to titles V or XIX	x only (including privat	e room days)	0	12.00
after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  14.00 Motically necessary private room days applicable to the Program (excluding swing-bed days)  15.00 Total nursery days (title V or XIX only)  16.00  17.00  18.00 Nervery days (title V or XIX only)  102  18.00 Moticare rate for or swing-bed SNF services applicable to services through December 31 of the cost reporting period reporting since the cost reporting period reporting repo		through December 31 of the cost reporting period				
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15.00 Total nursery days (title v or xIX only)  17.00 Increase of a settile v or XIX only)  17.00 Increase of a settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only)  18.00 Increase of A settile v or XIX only on A settile December 31 of the cost reporting period (line 6 or						
16.00   Nursery days (title V or XIX only)   10.0   16.00			am (excluding swing-bed	days)		
SWITNG BED ADJUSTMENT						
Ar. 00   Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period   Nedicare rate for swing-bed SNF services applicable to services after December 31 of the cost   0.00   18.00   19.00   Nedicare rate for swing-bed NF services applicable to services through December 31 of the cost   0.00   19.00   1	16.00				102	16.00
reporting period  Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period nedicard rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 p.00 period reporting period nedicard rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 p.00 propring period nedicard rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 p.00 propring period nedicard rate for swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17) propring period (line 5 x line 17) propring period (line 6 x line 18) propring period (line 8 x line 18) propring period (line 8 x line 18) propring period (line 8 x line 19) propring period (line 8 x line 19) propring period (line 8 x line 20) propring period (li	17 00		os through Docombon 31 o	f the cost	0.00	17 00
Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period   19.00   19.	17.00		es tillough becember 31 0	i the cost	0.00	17.00
reporting period Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period reporting period reporting period of the cost reporting period of Total general inpatient routine service cost (see instructions)  21.00 Total general inpatient routine service cost (see instructions)  22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 6 x line 18)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 19)  26.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  27.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  28.00 Total swing-bed cost (see instructions) Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20) Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  29.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  20.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  20.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  20.00 Total swing-bed cost applicable to SNF type service december 31 of the cost reporting period (line 20 x line 20 x line 20)  20.00 Total swing-bed cost applicable to x line 21 minus line 26)  20.00 Private room charges (excluding swing-bed charges)  20.00 December 1 inpatient routine service cost (called swing-bed and observation be	18 00		es after December 31 of	the cost	0.00	18 00
Medicaid Tate for swing-bed NF services applicable to services through December 31 of the cost reporting period   20.00   20	20.00				0.00	20.00
reporting period  20.00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period  21.00 Total general inpatient routine service cost (see instructions)  22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 General inpatient routine service cost net of swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  29.00 Private room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average per diem charge (line 29 + line 3)  32.00 Average per diem private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room charge differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 30 minus line 33)  38.00 Application for the cost reporting period (line 6 of the program (line 14 x line 35)  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  38.00 Adjusted general inpatient routine servic	19.00		s through December 31 of	the cost	0.00	19.00
reporting period Total general inpatient routine service cost (see instructions)  22.00  22.00  23.00  30.0		reporting period	-			
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Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)						
5 x line 17)  23.00  23.00  23.00  23.00  23.00  23.00  24.00  25.00  25.00  25.00  25.00  26.00  27.00  27.00  28.00  29						
23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 8 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 Private room charges (excluding swing-bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room per diem charges (line 29 ÷ line 3)  31.00 Average perivate room per diem charge (line 29 ÷ line 3)  32.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  37.00 Average per diem private room cost differential (line 34 x line 31)  38.00 Average per diem private room cost differential (line 34 x line 35)  38.00 Agiusted general inpatient routine service cost per diem (see instructions)  38.00 Agiusted general inpatient routine service cost applicable to the Program (line 14 x line 35)  38.00 Addically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)	22.00		er 31 of the cost report	ing period (line	0	22.00
x line 18)  24.00  X line 19)  25.00  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00  Total swing-bed cost (see instructions)  General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  30.00  Swing-bed cost (see instructions)  General inpatient routine service charges (excluding swing-bed and observation bed charges)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  30.00  Swing-bed cost (see instructions)  General inpatient routine service cost/charges (excluding swing-bed and observation bed charges)  30.00  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  30.00  Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service cost /charge ratio (line 21 minus line 28)  30.00  30	23 00	· · · · · · · · · · · · · · · · · · ·	31 of the cost reporting	a noriod (line 6	0	23 00
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Total swing-bed cost (see instructions)  General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  Semi-private room charges (excluding swing-bed charges)  Semi-private room cha	25.00		31 of the cost reporting	period (line 8	0	25.00
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PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  31.00 Average private room per diem charge (line 29 ÷ line 3)  32.00 Average semi-private room per diem charge (line 30 ÷ line 4)  32.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  33.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422 37.00 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 28.00  28.00  28.00  28.00  28.00  28.00  28.00  29.00  20.00  30.00		, ,				26.00
General inpatient routine service charges (excluding swing-bed and observation bed charges)  Private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average private room per diem charge (line 29 ÷ line 3)  Average semi-private room per diem charge (line 29 ÷ line 3)  Average per diem private room per diem charge (line 30 ÷ line 4)  Average per diem private room cost differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  Tinus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost (line 9 x line 38)  Adjusted general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  O 28.00  29.00  29.00  30.00  30.00  30.00  31.00  32.00  Average private room per diem charge (line 29 ÷ line 28)  0.00  32.00  33.00  34.00  35.00  36.00  37.00  36.00  37.00  36.00  37.00  36.00  37.00  36.00  37.00  36.00  37.00  37.00  38.00  39.00  Average per diem private room cost and private room cost differential (line 90,042,422)  37.00  37.00  38.00  38.00  39.00  Average per diem private room cost applicable to the Program (line 14 x line 35)	27.00		(line 21 minus line 26)		90,042,422	27.00
Private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  Average private room per diem charge (line 29 ÷ line 3)  Average semi-private room per diem charge (line 30 ÷ line 4)  Average per diem private room charge differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422 and 90,042,422 a						
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33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Average per diem private room cost differential (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0.00 33.00 34.00 34.00 34.00			- Tille 28)			
Average per diem private room charge differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  35.00 Average per diem private room cost differential (line 34 x line 31)  Private room cost differential adjustment (line 3 x line 35)  General inpatient routine service cost net of swing-bed cost and private room cost differential (line 90,042,422)  Trinus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  34.00  35.00  36.00  37.00  37.00  37.00  37.00  37.00  37.00  37.00  37.00  37.00  40.00						
35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  35.00 O O O O O O O O O O O O O O O O O O			nus line 33)(see instruc	tions)		
36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 36.00  37.00  37.00  37.00  37.00  37.00  40.00						
37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  37.00  90,042,422  37.00  90,042,422  37.00  90,042,422  37.00  90,042,422  37.00  90,042,422						36.00
27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00			and private room cost di	fferential (line	_	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  1,025.89 38.00  Program general inpatient routine service cost (line 9 x line 38)  666,829 39.00  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00			,	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	, ,	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  1,025.89 38.00 Program general inpatient routine service cost (line 9 x line 38)  666,829 39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40.00						
39.00 Program general inpatient routine service cost (line 9 x line 38)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  666,829 39.00  40.00		PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00						
					,	
41.00   lotal Program general inpatient routine service cost (line 39 + line 40)		1				
	41.00	liotal Program general inpatient routine service cost (line 39	+ 11ne 40)		666,829	41.00

	Financial Systems	COMMUNITY				eu of Form CMS-2	
OMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0125	Period: From 07/01/2022 To 06/30/2023		pare
			Tit	e XIX	Hospital	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	NURSERY (title V & XIX only)	2,828,235	2,716	1,041.	32 102	106,215	42
	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	26,342,891	11,528	2,285.	12 504	1,151,700	43
	NEONATAL INTENSIVE CARE	6,972,641	4,087				
	CORONARY CARE UNIT	0,5.2,0.2	.,	2,7.001	320	330,2.2	44
	BURN INTENSIVE CARE UNIT						45
	SURGICAL INTENSIVE CARE UNIT						46
.00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description					1.00	+
.00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	, line 200)			1,353,370	48
.01	Program inpatient cellular therapy acquisiti	on cost (Worksh	eet D-6, Part	III, line 10	, column 1)	0	48
.00	3	41 through 48.0	1)(see instruc	tions)		3,834,286	49
.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inp		complete (from	. What D com	. of Donts T and	138,193	50
.00	III)	attent Toutine	services (IIIII	i wkst. D, sui	I OI Pai LS I allu	130,193	30
.00	Pass through costs applicable to Program inp and IV)	atient ancillar	y services (fr	om Wkst. D,	sum of Parts II	78,861	51
.00	Total Program excludable cost (sum of lines	50 and 51)				217,054	52
.00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		lated, non-phy	sician anestl	netist, and	3,617,232	53
	TARGET AMOUNT AND LIMIT COMPUTATION	Í					
	Program discharges					0	_
	Target amount per discharge					0.00	
	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor use only)				0.00		
	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0.00	
	Difference between adjusted inpatient operat			ine 56 minus	line 53)	0	
	Bonus payment (see instructions)	_	_			0	1
.00	Trended costs (lesser of line 53 ÷ line 54,		the cost repo	orting period	ending 1996,	0.00	59
.00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,		m nrion voon	ost nonont	indated by the	0.00	60
.00	market basket)	or time 33 fro	iii pi ioi yeai c	ost report, i	ipuated by the	0.00	"
.00	Continuous improvement bonus payment (if lin 55.01, or line 59, or line 60, enter the les	ser of 50% of t	he amount by w	hich operatio	ng costs (line	0	61
	53) are less than expected costs (lines 54 x enter zero. (see instructions)	60), or 1 % of	the target an	lount (line 50	o), otherwise		
.00	Relief payment (see instructions)					0	62
.00	Allowable Inpatient cost plus incentive paym	ent (see instru	ctions)			0	63
	PROGRAM INPATIENT ROUTINE SWING BED COST		1 24 6 1				
.00	<pre>Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)</pre>	ts through Dece	mber 31 of the	cost report	ing period (See	0	64
.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the d	ost reporting	period (See	0	65
.00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi					0	66
	CAH, see instructions	,			,,,		
.00	Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	of the cost re	eporting period	0	67
.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	e costs after D	ecember 31 of	the cost repo	orting period	0	68
.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient					0	69
00	PART III - SKILLED NURSING FACILITY, OTHER N				<u> </u>	I	٦,
	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service c				,		70
	Program routine service cost (line 9 x line	,		-/			72
.00	Medically necessary private room cost applic	able to Program					73
	Total Program general inpatient routine serv				)an+ TT -cal		74
.00	Capital-related cost allocated to inpatient 26, line 45)	routine service	costs (Trom V	vorksneet B, I	art II, COlumn		75
.00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76
.00	Program capital-related costs (line 9 $\times$ line	76)					77
	Inpatient routine service cost (line 74 minu						78
	Aggregate charges to beneficiaries for exces				1in- 70)		79
	Total Program routine service costs for comp Inpatient routine service cost per diem limi		ost ilmitation	ı (ııne /8 mıı	ius line /9)		80
	·		)				82
3.00	•		-			I .	

84.00

85.00

86.00

18,615 87.00 1,025.89 88.00

84.00

85.00

86.00

83.00 Reasonable inpatient routine service costs (see instructions)

Program inpatient ancillary services (see instructions)

PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST
Total observation bed days (see instructions)

Utilization review - physician compensation (see instructions) Total Program inpatient operating costs (sum of lines 83 through 85)

88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)

Health	Financial Systems COMMUNITY HOSPITAL In Lie			eu of Form CMS-2	2552-10		
COMPUT	COMPUTATION OF INPATIENT OPERATING COST		Provider CO	Provider CCN: 15-0125		Worksheet D-1	
					From 07/01/2022 To 06/30/2023		
			Titl	e XIX	Hospital	PPS	
	Cost Center Description						
						1.00	
89.00	Observation bed cost (line 87 x line 88) (se	e instructions)	)			19,096,942	89.00
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observation	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	5,162,525	90,042,422	0.05733	4 19,096,942	1,094,904	90.00
91.00	Nursing Program cost	0	90,042,422	0.00000	0 19,096,942	0	91.00
92.00	Allied health cost	0	90,042,422	0.00000	0 19,096,942	0	92.00
93.00	All other Medical Education	0	90,042,422	0.00000	19,096,942	0	93.00

Health Financial Systems	COMMUNITY HOS	SPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider Co		Period: From 07/01/2022 To 06/30/2023		pared:
		Title	XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost	t Inpatient	Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	

		TILLE XVIII	ноѕртсат	PPS	
	Cost Center Description	Ratio of Cost	Inpatient	Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
			_	2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		54,505,073		30.00
31.00	03100 INTENSIVE CARE UNIT		13,827,642		31.00
31.01	02060 NEONATAL INTENSIVE CARE		0		31.01
43.00	04300 NURSERY				43.00
Ţ	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.178068	38,064,226	6,778,021	50.00
51.00	05100 RECOVERY ROOM	0.362042	3,149,789	1,140,356	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.576196	10,547	6,077	52.00
53.00	05300 ANESTHESIOLOGY	0.106256	5,215,435	554,171	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137902	5,064,987	698,472	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.128402	1,079,878	138,658	55.00
56.00	05600 RADIOISOTOPE	0.097230	1,573,254	152,967	56.00
57.00	05700 CT SCAN	0.049171	16,099,135		57.00
58.00	05800 MRI	0.058320	5,734,292	334,424	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073574	28,317,395		59.00
60.00	06000 LABORATORY	0.109724	28,898,603		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.322214	2,327,803		
	06400 INTRAVENOUS THERAPY	0.206564	0	1	1
65.00	06500 RESPIRATORY THERAPY	0.352115	7,627,550	2,685,775	65.00
66.00	06600 PHYSICAL THERAPY	0.373850	3,655,998	1,366,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281804	2,911,199	820,388	67.00
	06800 SPEECH PATHOLOGY	0.413847	718,880		68.00
	06900 ELECTROCARDIOLOGY	0.088180	12,589,673	1,110,157	69.00
	07000 ELECTROENCEPHALOGRAPHY	0.116924	751,855		
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.610656	13,226,763	8,077,002	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490866	21,867,759		72.00
	07300 DRUGS CHARGED TO PATIENTS	0.186125	29,093,464		
	07400 RENAL DIALYSIS	0.264347	3,207,082		1
	07697 CARDIAC REHABILITATION	0.363504	189,063	68,725	76.97
	OUTPATIENT SERVICE COST CENTERS		· · · · · · · · · · · · · · · · · · ·	,	
	09000 CLINIC	0.292602	135,931	39,774	90.00
91.00	09100 EMERGENCY	0.102576	25,867,498	2,653,384	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.306385	3,764,940		
200.00	Total (sum of lines 50 through 94 and 96 through 98)		261,142,999		
201.00	Less PBP Clinic Laboratory Services-Program only charges (li	ne 61)	0		201.00
202.00	Net charges (line 200 minus line 201)		261,142,999		202.00
	·	•		•	•

Health Financial Systems	COMMUNITY HOSPITAL	In Lieu of For	m CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0125	Period: Workshe	et D-3

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0125	Period: From 07/01/2022	Worksheet D-3	
			From $07/01/2022$		
			To 06/30/2023	Date/Time Pre	
	Ti+1	e XIX	Hospital	11/20/2023 2: PPS	19 bm
Cost Center Description	1101	Ratio of Cos		Inpatient	
Cost Center Description		To Charges	Program	Program Costs	
		10 Charges	Charges	(col. 1 x col.	
			Charges	2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30.00 03000 ADULTS & PEDIATRICS			1,807,674		30.00
31.00 03100 INTENSIVE CARE UNIT			582,654		31.00
31.01 02060 NEONATAL INTENSIVE CARE			826,780		31.01
43.00 04300 NURSERY			1,207,065		43.00
ANCILLARY SERVICE COST CENTERS			1,207,003		45.00
50.00 05000 OPERATING ROOM		0.1780	1,311,730	233,577	50.00
51.00   05100   RECOVERY ROOM		0.36204		19,797	1
52.00 05200 DELIVERY ROOM & LABOR ROOM		0.57619			
53.00 05300 ANESTHESIOLOGY		0.3761	,		
			,		
54.00 05400 RADIOLOGY-DIAGNOSTIC		0.13790	,	30,088	
55.00   05500 RADIOLOGY-THERAPEUTIC		0.12840			
56.00 05600 RADIOISOTOPE		0.0972		1,237	
57.00 05700 CT SCAN		0.0491			
58.00   05800   MRI		0.05832		8,609	
59.00   05900   CARDIAC CATHETERIZATION		0.0735	,		
60.00   06000   LABORATORY		0.10972	, ,	116,415	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0.3222		12,247	63.00
64.00   06400   INTRAVENOUS THERAPY		0.20650	64 0	0	64.00
65.00 06500 RESPIRATORY THERAPY		0.3521	L5 402,530	141,737	65.00
66.00 06600 PHYSICAL THERAPY		0.3738	108,948	40,730	66.00
67.00 06700 OCCUPATIONAL THERAPY		0.28180	83,231	23,455	67.00
68.00 06800 SPEECH PATHOLOGY		0.41384	87,321	36,138	68.00
69.00 06900 ELECTROCARDIOLOGY		0.08818	291,775	25,729	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY		0.11692			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0.6106			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0.49086		67,868	
73.00 07300 DRUGS CHARGED TO PATIENTS		0.18612			
74.00 07400 RENAL DIALYSIS		0.26434			
76.97 07697 CARDIAC REHABILITATION		0.36350			1
OUTPATIENT SERVICE COST CENTERS		0.3033	2,330	037	70.57
90.00 09000 CLINIC		0.29260	02	0	90.00
91.00 09100 EMERGENCY		0.1025			
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART		0.30638	,	· · · · · · · · · · · · · · · · · · ·	
200.00 Total (sum of lines 50 through 94 and 96 through 98)		0.30030	7,021,829		
201.00 Less PBP Clinic Laboratory Services-Program only charg	os (lino 61)		7,021,829	1,333,370	200.00
202.00   Net charges (line 200 minus line 201)	es (Tille 01)		7 021 920		202.00
ZUZ.UU   Net Charges (Time ZUU minus Time ZUI)		I	7,021,829	l	1202.00

Title XVIII

		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 occurring prior to October 1 (see instructions)	0 17,813,514	1.00 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	53,986,795	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	1.04
2.00	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2.00 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions) Outlier payments for discharges occurring prior to October 1 (see instructions)	0 170,847	2.02
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions) Managed Care Simulated Payments	434,769 0	2.04 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)  Indirect Medical Education Adjustment	354.00	4.00
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
5.01 6.00	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions) FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for	0.00 0.00	5.01 6.00
6.26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00	6.26
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1) ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the	0.00 0.00	7.00 7.01
7.02	cost report straddles July 1, 2011 then see instructions.  Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b)	0.00	7.02
8.00	and 87 FR 49075 (August 10, 2022) (see instructions)  Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1208), and 67 FR 50060 (August 1, 2023)	0.00	8.00
8.01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records FTE count for residents in dental and podiatric programs.		11.00
12.00 13.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.		12.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00 16.00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program (see instructions)		15.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	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	18.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	
22.00	IME payment adjustment (see instructions)	0	22.00
	IME payment adjustment - Managed Care (see instructions)  Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	0.00	22.01
24.00	(f)(1)(iv)(c).  IME FTE Resident Count Over Cap (see instructions)	0.00	
	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00 27.00	Resident to bed ratio (divide line 25 by line 4)  IME payments adjustment factor. (see instructions)	0.000000	26.00 27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00 29.01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.00 29.01
30.00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)	18.93	
32.00	Sum of lines 30 and 31	21.53	32.00
	Allowable disproportionate share percentage (see instructions)		33.00
34.00	Disproportionate share adjustment (see instructions)	1,252,916	34.00

ALCUL	Financial Systems COMMUNITY ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0125	Period: From 07/01/2022 To 06/30/2023	u of Form CMS-2 Worksheet E Part A Date/Time Pre	
			10 00/30/2023	11/20/2023 2:	19 pm
		Title XVIII	Hospital	PPS On/After 10/1	
			1.00	2.00	
	Uncompensated Care Payment Adjustment				
5.00			7,192,008,710	6,874,403,459 0.000274182	
5.02	Hospital UCP, including supplemental UCP (If line 34 is zo	ero, enter zero on this line		1,884,837	1
5.03			501,140		1
6.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03 Additional payment for high percentage of ESRD beneficiary		1,910,894 ah 46)		36.
0.00		, <u>.</u>	0		40.
			Before 1/1 1.00	On/After 1/1 1.01	
1.00	Total ESRD Medicare discharges (see instructions)		1.00	0	41.
1.01		ructions)	0	0	1
2.00	Divide line 41 by line 40 (if less than 10%, you do not qu	ualify for adjustment)	0.00		42.
3.00 4.00	Total Medicare ESRD inpatient days (see instructions) Ratio of average length of stay to one week (line 43 divident	ded by line 41 divided by 7	0.000000		43. 44.
5.00			0.00	0.00	45.
6.00		e 41.01)	75 560 735		46.
7.00 8.00	· · · · · · · · · · · · · · · · · · ·	H. small rural hospitals	75,569,735		47.
	only.(see instructions)	.,			
				Amount 1.00	
9.00				75,569,735	49.
0.00	Payment for inpatient program capital (from Wkst. L, Pt. :			5,688,600	1
1.00	Exception payment for inpatient program capital (Wkst. L, Direct graduate medical education payment (from Wkst. E-4			0	1 -
3.00	Nursing and Allied Health Managed Care payment	, 13 300501 @0010571		44,903	
4.00	1.			390,937	1
4.01 5.00	' '	ne 69)		0	
5.01	Cellular therapy acquisition cost (see instructions)			0	
6.00			h h . 253	0	
7.00 8.00	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, I		nrougn 35).	0 150,069	
9.00				81,844,244	1
0.00				12,055	
1.00	1 1 3 1	inus line 60)		81,832,189 6,274,896	
	Coinsurance billed to program beneficiaries			254,795	
4.00	Allowable bad debts (see instructions)			898,862	
	Adjusted reimbursable bad debts (see instructions)	instructions)		584,260	
7.00	Allowable bad debts for dual eligible beneficiaries (see subtotal (line 61 plus line 65 minus lines 62 and 63)	Thistructions)		394,267 75,886,758	
8.00		for applicable to MS-DRGs (s	ee instructions)	500	1
9.00	Outlier payments reconciliation (sum of lines 93, 95 and 9	96).(For SCH see instruction	s)	0	
0.00	ER ADJUSTMENT PER PSR   Rural Community Hospital Demonstration Project (§410A Demo	onstration) adjustment (see	instructions)	0	
0.75			1113 (1 4 (	0	
0.87	Demonstration payment adjustment amount before sequestrat			0	
0.88				0	70.
0.89				0	
0.91	HSP bonus payment HRR adjustment amount (see instructions)	•		0	70.
0.92	· · · · · · · · · · · · · · · · · · ·			0	
	HVBP payment adjustment amount (see instructions)			0 -1,105,294	1
0.94	HRRR adjustment amount (see instructions) Recovery of accelerated depreciation				70.

Health Financial Systems	COMMUNITY HOSPITAL	In Lieu of Form CMS-2552-1
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0125	Period: Worksheet E From 07/01/2022 Part A To 06/30/2023 Date/Time Prepared:

			rom 07/01/2022 o 06/30/2023	Part A Date/Time Pre 11/20/2023 2:	
	Title	XVIII	Hospital	PPS	
		FFY (		Amount	
			)	1.00	
	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	(	)	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	(		0	70.97
	Low Volume Payment-3	(	)	0	70.98
	HAC adjustment amount (see instructions)			0	70.99
	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			74,780,964	
	Sequestration adjustment (see instructions)			1,495,619	1
	Demonstration payment adjustment amount after sequestration			0	71.02
	Sequestration adjustment-PARHM pass-throughs				71.0
72.00	Interim payments			72,693,127	72.0
72.01	Interim payments-PARHM				72.0
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.0
	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			592,218	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.0
	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,094,964	75.0
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				1
	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.0
	Capital outlier from Wkst. L, Pt. I, line 2			0	91.0
	Operating outlier reconciliation adjustment amount (see instructions)			0	
	Capital outlier reconciliation adjustment amount (see instructions)			0	93.0
	The rate used to calculate the time value of money (see instructions)			0.00	94.0
	Time value of money for operating expenses (see instructions)			0	95.0
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
ŀ	HSP Bonus Payment Amount				
	HSP bonus amount (see instructions)		0	0	100.0
	HVBP Adjustment for HSP Bonus Payment				
	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	
	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.0
	HRR Adjustment for HSP Bonus Payment		0.000		
	HRR adjustment factor (see instructions)		0.0000	0.0000	
	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.0
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjust				200 0
	Is this the first year of the current 5-year demonstration period under the Century Cures Act? Enter "Y" for yes or "N" for no.	e zist			200.0
	Cost Reimbursement				1
	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.0
					202.0
202.00	Medicare discharges (see instructions)				
202.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of	f the current	5-year demonst	ration	
202.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)	f the current	5-year demonst		203.0
202.00 203.00 0 204.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount	f the current	5-year demonst		203.0
202.00 203.00 204.00 205.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)	f the current	5-year demonst		203.00 204.00 205.00
202.00 203.00 <b>C</b> 204.00 205.00 206.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)	f the current	5-year demonst		203.00
202.00 203.00 204.00 205.00 206.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement	f the current	5-year demonst		203.00 204.00 205.00 206.00
202.00 203.00 204.00 205.00 206.00 207.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)	f the current	5-year demonst		204.00 205.00 206.00
202.00 203.00 204.00 205.00 206.00 207.00 208.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)	f the current	5-year demonst		204.00 205.00 206.00 207.00 208.00
202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)	f the current	5-year demonst		204.00 205.00 206.00 207.00 208.00 209.00
202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use	f the current	5-year demonst		204.00 205.00 206.00 207.00 208.00 209.00 210.00
202.00 203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00 211.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)	f the current	5-year demonst		204.00 205.00 206.00 207.00 208.00 209.00 210.00
202.00 203.00 204.00 205.00 206.00 207.00 209.00 211.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement	f the current	5-year demonst		203.00 204.00 205.00 206.00 207.00 208.00 209.00 210.00 211.00
202.00   203.00   204.00   205.00   206.00   207.00   209.00   211.00   212.00   212.00   212.00   212.00   209.00   212.00   209.00   212.00   209.00   212.00   209.00   212.00   209.00   212.00   209.00   212.00   209.00   212.00   209	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement  Total adjustment to Medicare Part A IPPS payments (from line 211)	f the current	5-year demonst		203.0 204.0 205.0 206.0 207.0 208.0 209.0 210.0 211.0
202.00   203.00   204.00   205.00   206.00   207.00   209.00   210.00   212.00   212.00   213.00   213.00   213.00   213.00	Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A in first year of period)  Medicare target amount Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205)  Adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)  Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement		5-year demonst		203.00 204.00 205.00

Period: Worksheet E
From 07/01/2022 Part B
TO 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

	Tit	le XVIII	Hospital	11/20/2023 2:	19 pm
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			7,399	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			63,603,819	1
3.00	OPPS or REH payments			61,696,711	1
4.00 4.01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			48,444	4.00 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	ł
6.00	Line 2 times line 5			0	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	ł
8.00 9.00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 1	3. line 200		124,479	ł
10.00	Organ acquisitions	.5, 200		0	1
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,399	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				
12.00	Ancillary service charges			40,110	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			40,110	14.00
15.00	Customary charges Aggregate amount actually collected from patients liable for payment for	or services on	a charge hasis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment			0	
	had such payment been made in accordance with 42 CFR §413.13(e)				
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
18.00 19.00	Total customary charges (see instructions)  Excess of customary charges over reasonable cost (complete only if line	18 exceeds li	ne 11) (see	40,110	19.00
13.00	instructions)	10 exceeds 11	110 11) (300	32,711	13.00
20.00	Excess of reasonable cost over customary charges (complete only if line	11 exceeds li	ne 18) (see	0	20.00
21.00	<pre>instructions) Lesser of cost or charges (see instructions)</pre>			7 399	21.00
22.00	Interns and residents (see instructions)			0	ı
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			61,869,634	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT  Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for	CAH, see instr	uctions)	10,394,234	1
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the s	um of lines 22	and 23] (see	51,482,799	27.00
28.00	instructions) Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
28.50	REH facility payment amount			0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)			51,482,799	1
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			30,814 51,451,985	1
32.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			31,131,303	32.00
33.00				0	
34.00 35.00				870,376 565,744	ı
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			461,699	
				52,017,729	
38.00	MSP-LCC reconciliation amount from PS&R			-16	1
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39.00 39.50
39.75				0	1
39.97	Demonstration payment adjustment amount before sequestration			0	1
39.98	Partial or full credits received from manufacturers for replaced device	s (see instruc	tions)	1	39.98
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 52,017,745	
40.01				1,040,355	
40.02	Demonstration payment adjustment amount after sequestration			0	1
40.03				F1 010 001	40.03
41.00 41.01	Interim payments Interim payments-PARHM			51,018,091	41.00 41.01
42.00				0	42.00
42.01					42.01
43.00 43.01				-40,701	43.00 43.01
44.00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accordance with 0	MS Pub. 15-2.	chapter 1.	0	44.00
	§115.2				
00.00	TO BE COMPLETED BY CONTRACTOR			-	00.00
	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	1
	The rate used to calculate the Time Value of Money				92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems	Systems COMMUNITY HOSPITAL		In Lieu of Form CMS	
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0125	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Pr 11/20/2023 2	
	Title XVIII	Hospital	PPS	
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days				0 200.00

In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL

Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Period: Worksheet E-1
From 07/01/2022
To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm Provider CCN: 15-0125

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.					, ,	11/20/2023 2:	19 pm
mm/dd/yyyy			Title	XVIII	Hospital	PPS	
1.00			Inpatien	t Part A	Par	rt B	
1.00			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
Interfim payments payable on individual bills, either submitted or to be submitted to to the contractor for services rendered in the cost reporting period. If none, write "MONE" or netre a zero			1.00	2.00	3.00	4.00	
Interfim 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	1.00	Total interim payments paid to provider		72,693,12	27	51,018,091	1.00
List separately each retroactive lump sum adjustment and unbased 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	2.00	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,					2.00
ADJUSTMENTS TO PROVIDER	3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
3.02   3.03   3.04   0   0   0   3.3     3.05   3.06   0   0   0   0   3.3     3.07   3.08   0   0   0   0   3.3     3.09   3.50   0   0   0   0   3.3     3.51   0   0   0   0   3.3     3.52   0   0   0   0   3.3     3.53   0   0   0   0   3.3     3.54   0   0   0   0   3.3     3.55   0   0   0   0   3.3     3.56   3.57   3.59   0   0   0   0   3.3     3.59   3.50   3.99   0   0   0   0   3.3     4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.     (transfer to wkst. E or wkst. E-3, line and column as appropriate)   To BE COMPLETED BY CONTRACTOR	2 01						3.01
3.04   0   0   0   3.		ADJUSTMENTS TO PROVIDER			-		
Note					-	۱ ۱	3.02
3.05   Provider to Program   0					-	- 1	3.03
Provider to Program   ADJUSTMENTS TO PROGRAM   0   0   0   3   3   5   5   5   5   5   5   5   5							3.0
ADJUSTMENTS TO PROGRAM	3.05				0	0	3.05
3.51							
3.52		ADJUSTMENTS TO PROGRAM			*	- 1	3.50
3.53   3.54   0   0   0   3.3   3.54   3.59   Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98)   72,693,127   51,018,091   4.   3.50-3.98   3.50-3					-	- 1	3.53
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	3.52				0		3.5
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.05-3.98)   3.30-3.98)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   Total interim payments (sum of lines 1, 2, and 3.99)   72,693,127   51,018,091   4.00   5.0	3.53				0	0	3.5
3.50-3.98   Total interim payments (sum of lines 1, 2, and 3.99)   Total interim payments (sum of lines 1, 2, and 3.99)   Total interim payments (sum of lines 1, 2, and 3.99)   Total interim payments (sum of lines 1, 2, and 3.99)   Total interim payments (sum of lines 1, 2, and 3.99)   Total interim payments (sum of lines 1, 2, and 3.99)   Total Medicare program to Provider	3.54				0	0	3.5
Cransfer to Wkst. E or Wkst. E-3, line and column as appropriate)   To BE COMPLETED BY CONTRACTOR	3.99				0	0	3.9
TO BE COMPLETED BY CONTRACTOR	4.00	(transfer to Wkst. E or Wkst. E-3, line and column as		72,693,12	77	51,018,091	4.00
List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider		TO BE COMPLETED BY CONTRACTOR			•		
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)   Program to Provider	5.00						5.00
TENTATIVE TO PROVIDER	3.00	desk review. Also show date of each payment. If none,					3.0
Solition   Solition							
Solution   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the cost report. (1)   Settlement to Program   Settlement amount (balance due) based on the discrepance   Settlement to Program   Settlement to Program		TENTATIVE TO PROVIDER			0		5.01
Provider to Program							5.02
TENTATIVE TO PROGRAM	5.03				0	0	5.03
S.51		Provider to Program					
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 6.02 SETTLEMENT TO PROUTH (subtotal lines for lines 6.01	5.50	TENTATIVE TO PROGRAM			0		5.50
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   Subtotal (sum of lines 5.50-5.98)   Subtotal (subtotal subtotal subtot	5.51				0	0	5.51
5.50-5.98   6.00   Determined net settlement amount (balance due) based on the cost report. (1)   6.01   SETTLEMENT TO PROVIDER   592,218   0   6.   6.02   SETTLEMENT TO PROGRAM   0   40,701   6.   7.00   Total Medicare program liability (see instructions)   73,285,345   50,977,390   7.	5.52				0	0	5.52
the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)  0 1.00 2.00	5.99				0	0	5.99
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00	6.00						6.00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)  0 1.00 2.00	6.01			592.21	.8	ا ا	6.03
7.00 Total Medicare program liability (see instructions)  73,285,345  Contractor NPR Date (Mo/Day/Yr)  0 1.00 2.00				332,23	0	"	6.02
Contractor   NPR Date   (Mo/Day/Yr)				73 285 3/	5		7.00
Number         (Mo/Day/Yr)           0         1.00         2.00	7.00	Trocal medicale program travilley (see mistructions)		13,203,34			7.00
				2	Number	(Mo/Day/Yr)	
	8.00	Name of Contractor		J	1.00	2.00	8.00

Health Financial Systems	COMMUNITY HO	COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-1		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0125	Period: From 07/01/2022 To 06/30/2023			
		Title XVIII	Hospital	PPS		
				1.00		
TO BE COMPLETED BY CONTRACTOR FOR N	ONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA	COLLECTION AND CALCULATION	l			]	
.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00		
2.00 Medicare days (see instructions)					2.00	
2 00 Modicano UMO dave from West C 2 F	n+ T col 6 line 2				2 00	

		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. S-3, Pt. I col. 15 line 14		1.00		
2.00	Medicare days (see instructions)		2.00		
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00		
4.00	Total inpatient days (see instructions)		4.00		
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00		
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00		
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I		7.00		
	line 168				
8.00	Calculation of the HIT incentive payment (see instructions)		8.00		
9.00	Sequestration adjustment amount (see instructions)		9.00		
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		1		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00		
31.00	Other Adjustment (specify)	1	31.00		
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00		
31.00	Other Adjustment (specify)				

Health	Health Financial Systems COMMUNITY HOSPITAL In Lie			u of Form CMS-2	552-10
OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT Provider CCN: 15-0125 Period:			Worksheet E-5		
From 07/01/2022 To 06/30/2023					
Title XVIII					
	1.00				
TO BE COMPLETED BY CONTRACTOR					
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	0	1.00		
2.00	Capital outlier from Wkst. L, Pt. I, line 2				2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)				3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)				4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00	5.00
6.00	6.00 Time value of money for operating expenses (see instructions)				6.00
7.00 Time value of money for capital related expenses (see instructions)				0	7.00

Health Financial Systems COMMUNITY HOSPITAL In Lieu of Form CMS-2552-10

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

Provider CCN: 15-0125 | Period: From 07/01/202

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

only)			''	0 00, 30, 2023	11/20/2023 2:	19 pm
	<u> </u>	General Fund		Endowment Fund	Plant Fund	·
		1.00	Purpose Fund 2.00	3.00	4.00	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
1.00	Cash on hand in banks	6,111	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	78,073,579		0	0	4.00
5.00	Other receivable	3,518,258	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	15 020 477	0	0	0	6.00
7.00 8.00	Inventory Prepaid expenses	15,938,477	0	0	0	7.00 8.00
9.00	Other current assets	5,161,892	0	0	0	9.00
10.00	Due from other funds	0,101,032	0	0	Ö	10.00
11.00	Total current assets (sum of lines 1-10)	102,698,317	0	0	0	11.00
	FIXED ASSETS	, ,				
12.00	Land	0			0	
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00 16.00	Buildings	193,675,816	0	0	0	15.00 16.00
17.00	Accumulated depreciation Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	Ö	18.00
19.00	Fixed equipment	Ö	0	0	Ö	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00 26.00	Minor equipment depreciable Accumulated depreciation	0	0	0	0	25.00 26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	Ö	28.00
29.00	Minor equipment-nondepreciable	Ö	0	0	Ö	29.00
30.00	Total fixed assets (sum of lines 12-29)	193,675,816	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	6 561 622	0	0	0	33.00
34.00 35.00	Other assets Total other assets (sum of lines 31-34)	6,561,622 6,561,622		0	0	34.00 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	302,935,755		0	Ö	36.00
	CURRENT LIABILITIES	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	-	
37.00	Accounts payable	4,299,925	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,658,547	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00 42.00	Deferred income Accelerated payments	0	0	U	0	41.00 42.00
43.00	Due to other funds	0	0	0	0	
44.00	Other current liabilities	6,585,731	j ő	0	Ö	
45.00	Total current liabilities (sum of lines 37 thru 44)	29,544,203		0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	
47.00	Notes payable	0	0	0	0	
48.00 49.00	Unsecured loans	7 002 071	0	0	0	48.00 49.00
50.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	7,082,071 7,082,071		0	0	
51.00	Total liabilities (sum of lines 45 and 50)	36,626,274			0	
32.00	CAPITAL ACCOUNTS	30,020,27.		<u> </u>	-	32.00
52.00	General fund balance	266,309,481				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00 58.00	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	57.00 58.00
30.00	replacement, and expansion				U <sub>1</sub>	30.00
59.00	Total fund balances (sum of lines 52 thru 58)	266,309,481	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and	302,935,755		0	0	60.00
	[59]				ı ı	

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL

Provider CCN: 15-0125

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 2:19 pm

						11/20/2023 2:	19 pm
		Genera	1 Fund	Special Pu	rpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		212,960,925		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		59,312,110				2.00
3.00	Total (sum of line 1 and line 2)		272,273,035		0		3.00
4.00	RESTRICTED CONTRIBUTIONS	111,819		0		0	4.00
5.00	INVESTMENT INCOME	6,598		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		118,417		0		10.00
11.00	Subtotal (line 3 plus line 10)		272,391,452		0		11.00
12.00	TRANSFERRED TO/FROM AFFILIATES	5,925,313		0		0	12.00
13.00	NET ASSETS RELEASED	131,646		0		0	13.00
14.00	FUND TRANSFER	25,007		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,081,966		0		18.00
19.00	Fund balance at end of period per balance		266,309,486		0		19.00
	sheet (line 11 minus line 18)						
		Franks, manager Franks	D]	Error al			

		Endowment Fund	Plant	Fund	
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	RESTRICTED CONTRIBUTIONS		0		4.00
5.00	INVESTMENT INCOME		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	TRANSFERRED TO/FROM AFFILIATES		0		12.00
13.00	NET ASSETS RELEASED		0		13.00
14.00	FUND TRANSFER		0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance	0		0	19.00
	sheet (line 11 minus line 18)				I

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES COMMUNITY HOSPITAL

In Lieu of Form CMS-2552-10

| Period: | Worksheet G-2 | From 07/01/2022 | Parts I & II | Date/Time | Prepared: | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 | 11/2012/2012 Provider CCN: 15-0125

			То	06/30/2023	Date/Time Prep 11/20/2023 2:2	
	Cost Center Description	Inpatient	: 1	Outpatient	Total	L3 PIII
		1.00		2.00	3.00	
	PART I - PATIENT REVENUES	·				
	General Inpatient Routine Services					
1.00	Hospital	147,852,	650		147,852,650	1.00
2.00	SUBPROVIDER - IPF					2.00
3.00	SUBPROVIDER - IRF					3.00
4.00	SUBPROVIDER					4.00
5.00	Swing bed - SNF		0		0	5.00
6.00	Swing bed - NF		0		0	6.00
7.00	SKILLED NURSING FACILITY					7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9.00
10.00	Total general inpatient care services (sum of lines 1-9)	147,852,	650		147,852,650	10.00
	Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,436,			41,436,660	
11.01	NEONATAL INTENSIVE CARE	25,196,	811		25,196,811	11.01
12.00	CORONARY CARE UNIT					12.00
13.00	BURN INTENSIVE CARE UNIT					13.00
14.00	SURGICAL INTENSIVE CARE UNIT					14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	3.1	471		66 622 471	15.00
16.00	Total intensive care type inpatient hospital services (sum of	lines 66,633,	4/1		66,633,471	16.00
17 00	11-15)	214 486	1 2 1		214 406 121	17.00
17.00 18.00	Total inpatient routine care services (sum of lines 10 and 16) Ancillary services	214,486, 696,465,		0	214,486,121 696,465,366	
19.00	Outpatient services	090,403,		1,440,217,467	1,440,217,467	19.00
20.00	RURAL HEALTH CLINIC		0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	21.00
22.00	HOME HEALTH AGENCY		U	10,243,756	10,243,756	
23.00	AMBULANCE SERVICES			10,243,730	10,243,730	23.00
24.00	CMHC					24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)					25.00
26.00	HOSPICE					26.00
27.00	PHYSICIAN REVENUE	23,382,	882	53,443,949	76,826,831	
27.01	TAXABLE LAB		0	1,219,672	1,219,672	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst. 934,334,	369	1,505,124,844	2,439,459,213	28.00
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			578,376,105		29.00
30.00	ADD (SPECIFY)		0			30.00
31.00			0			31.00
32.00			0			32.00
33.00			0			33.00
34.00			0			34.00
35.00	7 - 111-1 - (		0			35.00
36.00	Total additions (sum of lines 30-35)			0		36.00
37.00	DEDUCT (SPECIFY)		0			37.00
38.00			U			38.00
39.00 40.00			0			39.00 40.00
41.00			0			41.00
42.00	Total deductions (sum of lines 37-41)		U	0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42	(transfer		578,376,105		43.00
73.00	to Wkst. G-3, line 4)	.,((( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		370,370,103		73.00
	1	1	1	1	1	

<u>Health</u>	Financial Systems	COMMUNITY HOSPITAL	_	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0125	Period:	Worksheet G-3	
			From 07/01/2022 To 06/30/2023	Date/Time Pre 11/20/2023 2:	pared: 19 pm
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I	column 3 line 28)		2,439,459,213	1.00
2.00	Less contractual allowances and discounts on p			1,824,318,413	
3.00	Net patient revenues (line 1 minus line 2)	acrones accounts		615,140,800	
4.00	Less total operating expenses (from Wkst. G-2,	Part II. line 43)		578,376,105	
5.00	Net income from service to patients (line 3 mi			36,764,695	
	OTHER INCOME			, ,	
6.00	Contributions, donations, bequests, etc			169,729	6.00
7.00	Income from investments			1,764,005	7.00
8.00	Revenues from telephone and other miscellaneou	s communication services		0	8.00
9.00	Revenue from television and radio service			0	9.00
	Purchase discounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
	Parking lot receipts			0	
	Revenue from laundry and linen service			0	13.00
	Revenue from meals sold to employees and guest	S		2,575,969	
	Revenue from rental of living quarters			0	1 -5.00
	Revenue from sale of medical and surgical supp			0	16.00
	Revenue from sale of drugs to other than patie			10,803,910	
	Revenue from sale of medical records and abstr			0	1 -0.00
	Tuition (fees, sale of textbooks, uniforms, et	· ·		0	19.00
	Revenue from gifts, flowers, coffee shops, and	canteen		0	20.00
	Rental of vending machines			61,578	
	Rental of hospital space			946,383	
	Governmental appropriations			0	
	CLASSES			43,860	
	TEMP ASSETS RELEASED FROM RESTRICTIO			136,306	
24.02	FITNESS POINTE/BEAUTY SHOP INCOME			2,689,189	24.02

203,885 24.03

55,904 24.05 68,588 24.50

25.00

0 27.00 0 28.00

3,028,109 24.04

59,312,110 26.00

59,312,110 29.00

22,547,415

24.03 GAIN ON SALE OF ASSETS

24.50 COVID-19 PHE Funding

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

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

24.04 OTHER INCOME

24.05 GRANT INCOME

4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	0	1,711,722	267,541	1,979,263	5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	0	1,850,124	0	1,850,124	6.00
7.00	Physical Therapy	-56,123	1,407,645	0	1,407,645	7.00
8.00	Occupational Therapy	50,532	530,644	0	530,644	8.00
9.00	Speech Pathology	5,591	89,672	0	89,672	9.00
10.00	Medical Social Services	0	3,266	0	3,266	10.00
11.00	Home Health Aide	0	43,763	0	43,763	11.00
12.00	Supplies (see instructions)	0	180,127	0	180,127	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	1	0	0	0	0	15.00
16.00	1	0	0	0	0	16.00
17.00		0	0	0	0	17.00
18.00	·	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	, ,	0	0	0	0	20.00
21.00		0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	1 1 27	0	0	0	0	23.00
23.50		0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	5,816,963	267,541	6,084,504	24.00

Health Financial Systems

COMMUNITY HOSPITAL

Provider CCN: 15-0125
HHA CCN: 15-7487

HHA CCN: 15-7487

Home Health
Agency I

Capital Related Costs

				HHA CCN.	13-7467	10 06/30/2023	11/20/2023 2:	
						Home Health	PPS	
						Agency I		
			Capital Rela	ted Costs				
			-7.1. · · · ·		-7	L	a 1	-
		Net Expenses	Bldgs &	Movable	Plant	Transportation		
		for Cost	Fixtures	Equipment	Operation &		(cols. 0-4)	
		Allocation (from Wkst. H,			Maintenance			
		col. 10)						
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS		1.00	2.00	3.00	4.00	17.00	
1.00	Capital Related - Bldg. &	0	0				0	1.00
	Fixtures							
2.00	Capital Related - Movable	0		0			0	2.00
	Equipment							
3.00	Plant Operation & Maintenance	0	0	0		0	0	3.00
4.00	Transportation	0	0	0		0	1	4.00
5.00	Administrative and General	1,979,263	0	0		0 0	1,979,263	5.00
	HHA REIMBURSABLE SERVICES				Г	-		
6.00	Skilled Nursing Care	1,850,124	0	0		0	, ,	
7.00	Physical Therapy	1,407,645	0	0		0	1,407,645	
8.00	Occupational Therapy	530,644	0	0		0	530,644	
9.00	Speech Pathology Medical Social Services	89,672	0	0		0	89,672	1
10.00 11.00	Home Health Aide	3,266	0	0		0	3,266 43,763	
	Supplies (see instructions)	43,763	-	0		0	l '	1
12.00	1	180,127	0	0		0	180,127	1
13.00 14.00	Drugs DME	0	0	0		0 0	0	
14.00	HHA NONREIMBURSABLE SERVICES	0	U U			0 0		14.00
15.00		0	0	0		0 0	0	15.00
16.00	Respiratory Therapy	0	o	0		0 0	1	
17.00	Private Duty Nursing		0	0	•	0 0	0	1
	Clinic	0	0	0		0 0	Ö	1
19.00	Health Promotion Activities	0	0	0		0 0	Ö	1
	Day Care Program	0	ő	0		0 0	0	20.00
	Home Delivered Meals Program	0	0	0		0	0	1
	Homemaker Service	0	0	0		0 0	0	22.00
23.00	All Others (specify)	0	0	0		0 0	0	23.00
23.50	Telemedicine	0	0	0		0	0	23.50
24.00	Total (sum of lines 1-23)	6,084,504	0	0		0	6,084,504	24.00
		Administrative	Total (cols.			<u> </u>		
		& General	4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. &							1.00
2.00	Fixtures							2 00
2.00	Capital Related - Movable							2.00
3.00	Equipment Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,979,263						5.00
3.00	HHA REIMBURSABLE SERVICES	1,373,203						3.00
6.00	Skilled Nursing Care	892,001	2,742,125					6.00
7.00	Physical Therapy	678,669	2,086,314					7.00
8.00	Occupational Therapy	255,840	786,484					8.00
9.00	Speech Pathology	43,234						9.00
10.00	Medical Social Services	1,575	4,841					10.00
11.00	Home Health Aide	21,099	64,862					11.00
12.00	Supplies (see instructions)	86,845	266,972					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
	Home Dialysis Aide Services	0	0					15.00
	Respiratory Therapy	0	0					16.00
	Private Duty Nursing	0	0					17.00
	Clinic	0	0					18.00
	Health Promotion Activities	0	0					19.00
	Day Care Program	0	0					20.00
	Home Delivered Meals Program	0	0					21.00
	Homemaker Service	0	0					22.00
	All Others (specify) Telemedicine	0	0					23.00
	Total (sum of lines 1-23)		6,084,504					24.00
27.00	TOTAL (Sum Of Times 1-23)	1 1	0,007,504					1 27.00

HHA CCN:

							11/20/2023 2:	19 pm_
						Home Health	PPS	
						Agency I		
		Capital Re	lated Costs					
		Bldgs &	Movable	Plant		nReconciliation		
		Fixtures	Equipment	Operation &	(MILEAGE)		& General	
		(SQUARE FEET)	(DOLLAR VALUE)				(ACCUM. COST)	
				(SQUARE FEET)				
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS	1			1	1		
1.00	Capital Related - Bldg. &	0				0		1.00
2 00	Fixtures							
2.00	Capital Related - Movable		0			0		2.00
2 00	Equipment							2 00
3.00	Plant Operation & Maintenance	0	0	(	2	0		3.00
4.00	Transportation (see	0	0	(	)	0		4.00
г оо	instructions)			,		1 070 363	4 105 241	F 00
5.00	Administrative and General	0	0	C	)	0 -1,979,263	4,105,241	5.00
6 00	HHA REIMBURSABLE SERVICES				N .	0 0	1 050 124	
6.00	Skilled Nursing Care	0	0	C		0	1,850,124	
7.00	Physical Therapy	0	0	(		0	1,407,645	
8.00	Occupational Therapy	0	0	C	2	0	530,644	
9.00	Speech_Pathology	0	0	C	)	0	89,672	
10.00	Medical Social Services	0	0	C	)	0		10.00
11.00	Home Health Aide	0	0	C		0	43,763	
12.00	Supplies (see instructions)	0	0	C		0	180,127	12.00
13.00	Drugs	0	0	C		0	0	
14.00	DME	0	0	C	)	0 0	0	14.00
	HHA NONREIMBURSABLE SERVICES	T -	1	-	.1			
15.00	Home Dialysis Aide Services	0	0	C		0	1	
16.00	Respiratory Therapy	0	0	C		0	0	16.00
17.00	Private Duty Nursing	0	0	C		0	0	17.00
18.00	Clinic	0	0	C	)	0	0	18.00
19.00	Health Promotion Activities	0	0	C	)	0	0	19.00
20.00	Day Care Program	0	0	C		0	0	20.00
21.00	Home Delivered Meals Program	0	0	C		0	0	21.00
22.00	Homemaker Service	0	0	C		0	0	22.00
23.00	All Others (specify)	0	0	C		0	0	23.00
23.50	Telemedicine	0	0	C		0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	C	)	0 -1,979,263	4,105,241	24.00
25.00	Cost To Be Allocated (per	0	0	C	)	0	1,979,263	25.00
	Worksheet H-1, Part I)							
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.00000	0	0.482131	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0125

15-7487

HHA CCN:

Period:

Worksheet H-2 Part I Date/Time Prepared: 11/20/2023 2:19 pm From 07/01/2022 To 06/30/2023

Home Health

						Home Health Agency I	PPS	
			CAPITAL REI	LATED COSTS		Agency 1		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING & RECEIVING STORES	ADMITTING	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0				26,419	1.00
2.00	Skilled Nursing Care	2,742,125	0		226,194		0	2.00
3.00	Physical Therapy	2,086,314	0	0	176,105		0	3.00
4.00	Occupational Therapy Speech Pathology	786,484	0	0	48,006		0	4.00
5.00 6.00	Medical Social Services	132,906 4,841	0	-	9,750 411		0	5.00 6.00
7.00	Home Health Aide	64,862	0	-	5,198		0	7.00
8.00	Supplies (see instructions)	266,972	0	-	0,130	0	ő	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 15.00	Clinic Health Promotion Activities	0	0	-	0	0	0	14.00 15.00
16.00	Day Care Program	0	0	-	0	0	0	16.00
17.00	Home Delivered Meals Program	l ő	0		Ö	0	ő	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50		0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,084,504	0	0	669,504	214	26,419	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum							21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							
	Cost Center Description	CASHIERING/ACC	Subtotal	OTHER ADMIN &	MAINTENANCE &	OPERATION OF	LAUNDRY &	
		OUNTS RECEIVABLE		GENERAL	REPAIRS	PLANT	LINEN SERVICE	
		5.03	5A.03	5.04	6.00	7.00	8.00	
1.00	Administrative and General	27,474	257,947	37,827	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,968,319	435,299	0	0	0	2.00
3.00	Physical Therapy	0	2,262,419		1	0	0	3.00
4.00	Occupational Therapy	0	834,490		1	0	0	4.00
5.00 6.00	Speech Pathology Medical Social Services	0	142,656 5,252			0	0	5.00 6.00
7.00	Home Health Aide		70,060	l .	•	0	0	7.00
8.00	Supplies (see instructions)	0	266,972			0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 14.00	Private Duty Nursing Clinic	0	0	0	0	0	0	13.00 14.00
15.00	1	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	Ö	0	ő	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0 000 306	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2) Unit Cost Multiplier: column	27,474	6,808,115 0.000000		0	0	0	20.00 21.00
21.00	26, line 1 divided by the sum		0.00000					21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.	1						

<sup>(1)</sup> Column 0, line 20 must agree with Wkst. A, column 7, line 101.(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Worksheet H-2 Part I Date/Time Prepared: 11/20/2023 2:19 pm ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS Period: From 07/01/2022 To 06/30/2023 Provider CCN: 15-0125 HHA CCN: 15-7487

						Home Health Agency I	PPS	
	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL		CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00 2.00 3.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 17.00 19.00 19.50 20.00 21.00	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	000000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00
	6 decimal places.					INTERNS &		
	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		15.00	16.00	17.00	19.00	21.00	22.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 17.00 18.00 19.50 20.00 21.00	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	000000000000000000000000000000000000000	24,032 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00

<sup>(1)</sup> Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Worksheet H-2 Part I Date/Time Prepared: 11/20/2023 2:19 pm ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS Period: From 07/01/2022 To 06/30/2023 Provider CCN: 15-0125 HHA CCN: 15-7487

						Home Health Agency I	PPS	
	Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Subtotal	Allocated HHA	
		1 '.	PRGM-(LAB MLS)		Residents Cost		A&G (see Part	
		)			& Post		II)	
					Stepdown			
		23.00	23.01	24.00	Adjustments 25.00	26.00	27.00	
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	0		3,403,618	1			
3.00	Physical Therapy	0	0	2,594,198				
4.00	Occupational Therapy	0	0	956,866		956,866	40,743	4.00
5.00	Speech Pathology	0	0	163,576	0	163,576	6,965	5.00
6.00	Medical Social Services	0	0	6,022		-,		
7.00	Home Health Aide	0	0	80,334	1	,		
8.00	Supplies (see instructions)	0	0	306,123	0	, -		
9.00 10.00	Drugs DME				1	_	0	
11.00	Home Dialysis Aide Services	0		0	0	_	0	11.00
12.00	Respiratory Therapy	l o		Ö	1	_	0	12.00
13.00	1	0		0	0	0	0	13.00
14.00		0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0		0	0	_	0	15.00
	Day Care Program	0		0	0	_	0	16.00
17.00	Home Delivered Meals Program Homemaker Service	0		0	0		0	
	All Others (specify)			0	0	_	0	
19.50	1 1 27	0		0	Ö	_	0	19.50
20.00	1	0	0	7,830,543	0	7,830,543	319,806	
21.00	Unit Cost Multiplier: column			, ,		, ,	0.042580	
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	Cost Center Description	Total HHA						
		Costs						
		28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	3,548,543						2.00
3.00 4.00	Physical Therapy Occupational Therapy	2,704,659 997,609						3.00 4.00
5.00	Speech Pathology	170,541						5.00
6.00	Medical Social Services	6,278						6.00
7.00	Home Health Aide	83,755						7.00
8.00	Supplies (see instructions)	319,158						8.00
9.00	Drugs	0						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00 13.00	Respiratory Therapy Private Duty Nursing	0						12.00 13.00
14.00	Clinic							14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
	All Others (specify)	0						19.00
20.00	Telemedicine Total (sum of lines 1-19) (2)	7,830,543						19.50 20.00
21.00		7,030,343						21.00
21.00	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.	I	I					I

<sup>(1)</sup> Column 0, line 20 must agree with Wkst. A, column 7, line 101.(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

HHA CCN: 15-7487 Period: Worksheet H-2
From 07/01/2022 Part II
Date/Time Prepared: 11/20/2023 2:19 pm

Home Health

PPS

						Agency I	113	
		CAPITAL REI	LATED COSTS			rigency 1		
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	PURCHASING &	ADMITTING	CASHIERING/ACC	
		(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS	RECEIVING	(GROSS	OUNTS	
				DEPARTMENT	STORES	REVENUE)	RECEIVABLE	
				(GROSS	(COSTED REQ)		(GROSS	
				SALARIES)			REVENUE)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	, , , , ,	3	10,243,714	10,243,714	1.00
2.00	Skilled Nursing Care	0	0	_, -,,		0	0	2.00
3.00	Physical Therapy	0	0	_,,	0	0	0	3.00
4.00	Occupational Therapy	0	0	344,783	0	0	0	4.00
5.00	Speech Pathology	0	0	70,028	0	0	0	5.00
6.00	Medical Social Services	0	0	2,949	0	0	0	6.00
7.00	Home Health Aide	0	0	37,335	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0		0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	_	0	0	0	11.00
12.00	Respiratory Therapy	0	0		0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	4,808,478	3	10,243,714	10,243,714	20.00
21.00	Total cost to be allocated	0	0	669,504	214	26,419	27,474	21.00
22.00	Unit cost multiplier	0.000000	0.000000		71.333333	0.002579	0.002682	22.00
	Cost Center Description	Reconciliation		MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
			GENERAL	REPAIRS	PLANT	LINEN SERVICE	(SQUARE FEET)	
			(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(TOTAL PATI		
		FA 04	F 04	C 00	7.00	ENT DAYS)	0.00	
1 00	Administrative and Comerci	5A.04	5.04	6.00	7.00	8.00	9.00	1 00
1.00 2.00	Administrative and General	0	257,947 2,968,319		0	0	1 01	1.00
3.00	Skilled Nursing Care Physical Therapy	1		1	Ι Λ	0		2 00
4.00		1			0	0	0	2.00
4.00		0	2,262,419	0	0	0	0	3.00
E 00	Occupational Therapy	0	2,262,419 834,490	0	0 0	0 0	0	3.00 4.00
5.00	Occupational Therapy Speech Pathology	0 0 0	2,262,419 834,490 142,656	0 0 0	0 0 0	0 0 0 0	1	3.00 4.00 5.00
6.00	Occupational Therapy Speech Pathology Medical Social Services	0 0	2,262,419 834,490 142,656 5,252	0 0 0 0	0	0 0 0 0	0 0	3.00 4.00 5.00 6.00
6.00 7.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2,262,419 834,490 142,656 5,252 70,060	0 0 0 0	0	0 0 0 0 0	0	3.00 4.00 5.00 6.00 7.00
6.00 7.00 8.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972	0 0 0 0	0 0	0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00
6.00 7.00 8.00 9.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972	0 0 0 0 0 0	0 0 0 0	0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00
6.00 7.00 8.00 9.00 10.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0	0 0 0 0 0 0	0 0 0 0	0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
6.00 7.00 8.00 9.00 10.00 11.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0	0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 14.00 15.00 16.00 17.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 17.00 18.00 19.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00
6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 19.00 19.50
6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 19.00 19.50 20.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19)	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00
6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 19.00 19.50 20.00 21.00	Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	0 0	2,262,419 834,490 142,656 5,252 70,060 266,972 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000	3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 19.00 19.00 20.00 21.00

In Lieu of Form CMS-2552-10

Health Financial SystemsCOMMUNITY HOSPITALALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICALProvider CCN: 15-0125 Period: | Worksheet H-2 | From 07/01/2022 | Part II | Date/Time Prepared: | 11/20/2023 2:19 pm | Home Health | PPS HHA CCN: 15-7487

2.00       Skilled Nursing Care       0 <th>00 2.00 3.00 4.00 6.00 6.00</th>	00 2.00 3.00 4.00 6.00 6.00
Costed Req.   Costed Rep.	3.00 3.00 3.00
HOUSED   HOURS   COSTED REQ   HOURS   HOURS   HOURS   HOURS   HOURS	3.00 3.00 3.00
1.00   Administrative and General   0   0   0   0   0   0   0   0   0	3.00 3.00 3.00
10.00   11.00   12.00   13.00   14.00   15.00     1.00   1.00     1.00	3.00 3.00 3.00
1.00       Administrative and General       0       0       0       0       0       0       0       0       0       0       1.         2.00       Skilled Nursing Care       0	3.00 3.00 3.00
3.00 Physical Therapy 0 0 0 0 0 0 0 0 3. 4.00 Occupational Therapy 0 0 0 0 0 0 0 0 0 0 4. 5.00 Speech Pathology 0 0 0 0 0 0 0 0 5. 6.00 Medical Social Services 0 0 0 0 0 0 0 0 0 5. 7.00 Home Health Aide 0 0 0 0 0 0 0 0 7. 8.00 Supplies (see instructions) 0 0 0 0 0 0 0 0 8. 9.00 Drugs 0 0 0 0 0 0 0 0 9. 10.00 DME	.00
4.00       Occupational Therapy       0       0       0       0       0       0       4.         5.00       Speech Pathology       0       0       0       0       0       0       0       0       0       5.         6.00       Medical Social Services       0       0       0       0       0       0       0       0       6.         7.00       Home Health Aide       0<	.00
5.00     Speech Pathology     0	.00
6.00 Medical Social Services 0 0 0 0 0 0 0 0 6. 7.00 Home Health Aide 0 0 0 0 0 0 0 7. 8.00 Supplies (see instructions) 0 0 0 0 0 0 0 8. 9.00 Drugs 0 0 0 0 0 0 0 0 9. 10.00 DME 0 0 0 0 0 0 0 10.	
8.00       supplies (see instructions)       0       0       0       0       0       0       8.         9.00       Drugs       0       0       0       0       0       0       0       9.         10.00       DME       0       0       0       0       0       0       0       0       0       10.	
9.00 Drugs 0 0 0 0 0 0 9. 10.00 DME 0 0 0 0 0 0 10.	.00
10.00 DME 0 0 0 0 0 0 10.	3.00
	.00
11.00 Home Dialysis Aide Services   0  0  0  0  0  0  0  11.	
	2.00
	.00
	.00
15.00   Health Promotion Activities $\begin{vmatrix} 0 & 0 & 0 \\ 0 & 0 \end{vmatrix}$ 0 0 0 15.	.00
	.00
	.00
	0.00
	).50
	.00
	.00
22.00 Unit cost multiplier 0.000000 0.000000 0.000000 0.000000 0.000000	.00
INTERNS & RESIDENTS	
Cost Center Description MEDICAL SOCIAL SERVICE NONPHYSICIAN SERVICES-SALARSERVICES-OTHER PARAMED ED	
RECORDS & ANESTHETISTS Y & FRINGES PRGM COSTS PRGM-(PHARMACY	
LIBRARY   (TOTAL PATI   (ASSIGNED   APPRV   APPRV   )	
(GROSS ENT DAYS) TIME) (ASSIGNED (ASSIGNED (ASSIGNED TIME) TIME) TIME) TIME)	
REVENUE)	
	.00
	.00
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	.00
	5.00
	.00
	3.00
	0.00
	).50 ).00
	00
22.00 Unit cost multiplier 0.002346 0.000000 0.000000 0.000000 0.000000 22.	

Health Financial Systems	COMMUNITY HOS	SPITAL	In Lieu of Form CMS-2552-			
ALLOCATION OF GENERAL SERVICE COSTS TO BASIS	HHA COST CENTERS STATISTICAL	Provider CCN: 15-0125 HHA CCN: 15-7487	From 07/01/2022	Worksheet H-2 Part II Date/Time Prepared: 11/20/2023 2:19 pm		
			Home Health	DDC		

				Home Health	PPS	
				Agency I		
	Cost Center Description	PARAMED ED				
		PRGM-(LAB MLS)				
		(ASSIGNED				
		TIME)				
		23.01				
1.00	Administrative and General	0				1.00
2.00	Skilled Nursing Care	0				2.00
3.00	Physical Therapy	0				3.00
4.00	Occupational Therapy	0				4.00
5.00	Speech Pathology	0				5.00
6.00	Medical Social Services	0				6.00
7.00	Home Health Aide	0				7.00
8.00	Supplies (see instructions)	0				8.00
9.00	Drugs	0				9.00
10.00	DME	0				10.00
11.00	Home Dialysis Aide Services	0				11.00
12.00	Respiratory Therapy	0				12.00
13.00	Private Duty Nursing	0				13.00
14.00	Clinic	0				14.00
15.00	Health Promotion Activities	0				15.00
16.00	Day Care Program	0				16.00
17.00	Home Delivered Meals Program	0				17.00
18.00	Homemaker Service	0				18.00
19.00	All Others (specify)	0				19.00
19.50	Telemedicine	0				19.50
20.00	Total (sum of lines 1-19)	0				20.00
21.00	Total cost to be allocated	0				21.00
22.00	Unit cost multiplier	0.000000				22.00

PORT	IONMENT OF PATIENT SERVICE COST	ΓS		Provider C	CN: 15-0125	Period:	Worksheet H-3	
				HHA CCN:	15-7487	From 07/01/2022 To 06/30/2023		pared 19 pm
				Title	2 XVIII	Home Health Agency I	PPS	
	Cost Center Description		Facility Costs	Shared Ancillary	Total HHA Costs (cols.	Total Visits	Average Cost Per Visit	
		H-2, Part I, col. 28, line	(from Wkst.	Costs (from	+ 2)	1	(col. 3 ÷ col.	
		201. 20, 11116	n-2, Pail 1)	Part II)	+ 2)		4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE F						
	BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
00	Skilled Nursing Care	2.00			3,548,54			
00	Physical Therapy	3.00		C	_,,		179.32	
00	Occupational Therapy	4.00		C	997,60			
00	Speech_Pathology	5.00		C	170,54			
00	Medical Social Services	6.00			6,27		196.19	
00	Home Health Aide	7.00	1 ' 1	_	83,75		49.50	
0	Total (sum of lines 1-6)		7,511,385	C	,,,,,,,,,			7.
			1		Program Visit	s art B		-
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t	_		
	cost center bescription	COSC LIMITES	CB3A NO. (1)	rait A	Deductibles			
					Coinsurance			
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation					-		
0	Skilled Nursing Care		23844	C	11,84	13		8.
0	Physical Therapy		23844	C	6,86	54		9.
00	Occupational Therapy	•	23844	C	2,93			10
00	Speech Pathology		23844	C	27	74		11
00	Medical Social Services		23844	C	l .	L5		12.
00	Home Health Aide		23844	C	1,05			13.
.00	Total (sum of lines 8-13)			C	22,98			14.
	Cost Center Description		Facility Costs	Shared	Total HHA		Ratio (col. 3	
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.	7	÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Records)		
		0	1.00	Part II) 2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Comput		1.00	2.00	3.00	7.00	3.00	
00	Cost of Medical Supplies	8.00	319,158	C	319,15	147,324	2.166368	15
	Cost of Drugs	9.00		C		0 0	0.000000	16
			Program Visits		Cost of			
					Services			
			Par			Part B		
	Cost Center Description	Part A	Not Subject to	Subject to	Part A	Not Subject to		
			Deductibles &			Deductibles &		
		6.00	Coinsurance	Coinsurance	0.00	Coinsurance	Coinsurance	
	DART T COMPUTATION OF LEGGER	6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF IF	IE PROGRAM LIM	ITIAITON COSI, OF	•	
	Cost Per Visit Computation							1
0	Skilled Nursing Care	0	11,843			0 1,663,112		1
0	Physical Therapy	0				0 1,230,852		2
0	Occupational Therapy	0	2,930			0 477,004		3
0	Speech Pathology	0	274			0 68,922		4
0	Medical Social Services	0	15			0 2,943		5
0	Home Health Aide	0	1,059			0 52,421		6
0	Total (sum of lines 1-6)	0	1			0 3,495,254		7.
	Cost Center Description		,			, ,		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
0	Skilled Nursing Care							8
0	Physical Therapy							9
00	Occupational Therapy							10
00	Speech Pathology							11
00	Medical Social Services	1						12
UU					1	1		1 1 2
00	Home Health Aide Total (sum of lines 8-13)							13

APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider Co	CN: 15-0125 15-7487	Period: From 07/01/2022 To 06/30/2023	Worksheet H-3 Part I Date/Time Pre	
							11/20/2023 2:	19 pm
				Title	XVIII	Home Health	PPS	
		B	C		Cost of	Agency I		
		Prog	ram Covered Cha	irges	Services			
					Scrvices			
			Par	t B		Part B		
	Cost Center Description	Part A	Not Subject to	Subject to	Part A	Not Subject to	Subject to	
				Deductibles &		Deductibles &	Deductibles &	
			Coinsurance	Coinsurance		Coinsurance	Coinsurance	
	1 2	6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa			_	1			
15.00		0				0 242,280	0	1 -0.0
16.00	Cost of Drugs		0	0		0	0	16.0
	Cost Center Description	Total Program						
		Cost (sum of cols. 9-10)						
		12.00						-
	PART I - COMPUTATION OF LESSER		PROGRAM COST A	CCPECATE OF TH	E DDOGDAM IT	MITATION COST OF	)	
	BENEFICIARY COST LIMITATION	OF AGGREGATE I	rkodkam cosi, A	GGKLGATE OF TH	L FROGRAM LI	MITATION COST, OF	`	
	Cost Per Visit Computation							1
1.00	Skilled Nursing Care	1,663,112						1.0
2.00	Physical Therapy	1,230,852						2.0
3.00	Occupational Therapy	477,004						3.0
4.00	Speech Pathology	68,922						4.0
5.00	Medical Social Services	2,943						5.0
6.00	Home Health Aide	52,421						6.0
7.00	Total (sum of lines 1-6)	3,495,254						7.0
	Cost Center Description							
		12.00						
	Limitation Cost Computation							
3.00	Skilled Nursing Care							8.0
00.0	Physical Therapy							9.0
10.00								10.0
11.00	Speech Pathology							11.0
12.00								12.0
13.00								13.0
14.00	Total (sum of lines 8-13)	I	1					14.0

Health	Financial Systems	ancial Systems COMMUNITY HOSPITAL					In Lieu of Form CMS-25			
APPORT	TIONMENT OF PATIENT SERVICE COST	S		Provider C	CN: 15-0125	Period:	Worksheet H-3			
					45 7407	From 07/01/2022				
				HHA CCN:	15-7487	To 06/30/2023	Date/Time Pre 11/20/2023 2:			
						Home Health	PPS	13 biii		
						Agency I	FF3			
	Cost Center Description	From Wkst C	Cost to Charge	Total HHA	HHA Shared					
	cost center beser iperon	Part I, col.	Ratio	Charge (from		Part I as				
		· '	Racio		1					
		9, line		provider	Costs (col.	Indicated				
				records)	x col. 2)					
		0	1.00	2.00	3.00	4.00				
	PART II - APPORTIONMENT OF COST	T OF HHA SERVI	CES FURNISHED B	Y SHARED HOSPI	TAL DEPARTMEN	NTS				
1.00	Physical Therapy	66.00	0.373850	0		0 col. 2, line 2	.00	1.00		
2.00	Occupational Therapy	67.00	0.281804	0		0 col. 2, line 3	.00	2.00		
3.00	Speech Pathology	68.00	0.413847	0		0 col. 2, line 4	.00	3.00		
4.00	Cost of Medical Supplies	71.00	0.610656	0		0 col. 2, line 1	5.00	4.00		
5.00	Cost of Drugs	73.00	0.186125	0		0 col. 2, line 1	6.00	5.00		

	Financial Systems COMMUNITY HOSE ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CO	CN: 15-0125	Pe	eriod:	u of Form CMS-2 Worksheet H-4	
		HHA CCN:	15-7487		rom 07/01/2022	Part I-II Date/Time Pre	
		Title	XVIII		Home Health	11/20/2023 2:2 PPS	19 p
					Agency I	- B	
			Part A		Par Not Subject to Deductibles & Coinsurance	Subject to	
			1.00		2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOM Reasonable Cost of Part A & Part B Services	MARY CHARGE	S				
00	Reasonable cost of services (see instructions)			0	0	0	1.
.00	Total charges			0	0	0	2
00	Customary Charges				ما	0	_
.00	Amount actually collected from patients liable for payment for on a charge basis (from your records)	services		0	0	0	3
.00	Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in a with 42 CFR §413.13(b)			0	0	0	4
00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	000	0.000000	0.000000	5
00	Total customary charges (see instructions)	_		0	0	0	6
00	Excess of total customary charges over total reasonable cost (only if line 6 exceeds line 1)	complete		0	0	0	7
00	Excess of reasonable cost over customary charges (complete only 1 exceeds line 6)	y if line		0	0	0	8
00	Primary payer amounts			0	3,510	0	9
					Part A	Part B	
				-	Services 1.00	Services 2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT						
	Total reasonable cost (see instructions)				0	-3,510	
.00					0	3,406,153	
.00	· ·				0	876,920 60,066	
.00	·				0	28,923	
.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers				0	214,129	
.00					Ö	3,723	
.00	·				0	0	17
.00	DME Payments				0	0	18
.00	, , ,				0	0	19
	Prosthetic and Orthotic Payments	_			0	0	20
.00	! '	rance)				0	21
.00					0	4,586,404	
.00					0	0 4 586 404	23
	Coinsurance billed to program patients (from your records)				٥	4,586,404 0	25
	Net cost (line 24 minus line 25)				0	4,586,404	
	Allowable bad debts (from your records)				Ĭ	0	
.01						0	
	Allowable bad debts for dual eligible (see instructions)					0	28
	Total costs - current cost reporting period (see instructions)				0	4,586,404	
0.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	0	30
3.00 9.00 9.00					0	0	30
3.00 9.00 9.00 9.50	Pioneer ACO demonstration payment adjustment (see instructions)	)					
3.00 0.00 0.00 0.50 0.99	Pioneer ACO demonstration payment adjustment (see instructions Demonstration payment adjustment amount before sequestration	)			0	0	
8.00 9.00 0.00 0.50 0.99 1.00	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration Subtotal (see instructions)	)			o	4,586,404	31
3.00 9.00 0.00 0.50 0.99 L.00 L.01	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration Subtotal (see instructions) Sequestration adjustment (see instructions)	)			0	4,586,404 91,728	31 31
3.00 9.00 9.00 9.50 9.99 L.00 L.01	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration				0 0 0	4,586,404 91,728 0	31 31 31
3.00 9.00 9.00 9.50 9.99 1.00 1.01 1.02 1.75	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration Sequestration adjustment for non-claims based amounts (see instructions)				0 0 0 0	4,586,404 91,728 0 0	31 31 31 31
8.00 9.00 0.00 0.50 0.99 1.00 1.01 1.02 1.75 2.00	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration Subtotal (see instructions) Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration				0 0 0	4,586,404 91,728 0 0 4,494,675	31 31 31

31.75 32.00 33.00

34.00 35.00

0

33.00 Tentative settlement (for contractor use only)

Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)
35.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2

Health Financial Systems COMMUNITY I
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED In Lieu of Form CMS-2552-10 COMMUNITY HOSPITAL

Provider CCN: 15-0125

Period: From 07/01/2022 To 06/30/2023 Worksheet H-5

TO PROGRAM BENEFICIARIES

HHA CCN: 15-7487 Date/Time Prepared: 11/20/2023 2:19 pm

PPS

Home Health Agency I

				Agency I		
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider	2.00	0		4,494,675	1.00
2.00	Interim payments payable on individual bills, either		0		1,131,075	2.00
2.00	submitted or to be submitted to the contractor for		ľ		Ĭ	2.00
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
3.00	amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
3.01	110grain co 110vraci		0		0	3.01
3.02			Ö		0	3.02
3.02			0		0	3.02
3.04			0			3.03
3.04			0		0	3.04
3.03	Busyddon to Busyness		0		0	3.03
2 50	Provider to Program		0		0	3.50
3.50					0	
3.51			0		0	3.51
3.52			1		1 - 1	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		0		0	3.99
	3.50-3.98)				4 404 675	4 00
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		0		4,494,675	4.00
	(transfer to Wkst. H-4, Part II, column as appropriate,					
	line 32)					
- 00	TO BE COMPLETED BY CONTRACTOR					- 00
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
- 04	Program to Provider					- 04
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5.99
	5.50-5.98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,494,676	7.00
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
			)	1.00	2.00	
8.00	Name of Contractor					8.00

lealth	Financial Systems	COMMUNITY HOSPIT	AL	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Pr	ovider CCN: 15-0125	Period: From 07/01/2022 To 06/30/2023		
			Title XVIII	Hospital	11/20/2023 2:	19 pm
			TICLE XVIII	Ποσρτιατ	FF3	
					1.00	
	PART I - FULLY PROSPECTIVE METHOD					
	CAPITAL FEDERAL AMOUNT					
00	Capital DRG other than outlier				5,428,151	
.01	Model 4 BPCI Capital DRG other than out	lier			0	1.0
.00	Capital DRG outlier payments				18,353	
.01	Model 4 BPCI Capital DRG outlier paymen				0	2.01
.00	Total inpatient days divided by number		ing period (see inst	ructions)	234.05	
.00	Number of interns & residents (see inst	•			0.00	
.00	Indirect medical education percentage (				0.00	
.00	<pre>Indirect medical education adjustment ( 1.01)(see instructions)</pre>	., columns I and	0	6.00		
.00	Percentage of SSI recipient patient day 30) (see instructions)	2.60	7.0			
.00	Percentage of Medicaid patient days to total days (see instructions)					8.0
.00	Sum of lines 7 and 8				21.53	9.00
0.00	Allowable disproportionate share percen		4.46	10.00		
1.00	Disproportionate share adjustment (see		242,096	11.00		
2.00	Total prospective capital payments (see	instructions)			5,688,600	12.0
					1.00	
	PART II - PAYMENT UNDER REASONABLE COST					
.00	Program inpatient routine capital cost	(see instructions)			0	1.00
.00	Program inpatient ancillary capital cos				0	
.00	Total inpatient program capital cost (1				0	
.00	Capital cost payment factor (see instru	-			0	
.00	Total inpatient program capital cost (1	ine 3 x line 4)			0	5.00
					1.00	
	PART III - COMPUTATION OF EXCEPTION PAY					
.00	Program inpatient capital costs (see in				0	
.00	Program inpatient capital costs for extraordinary circumstances (see instructions)				0	
.00	Net program inpatient capital costs (line 1 minus line 2)				0	
.00	Applicable exception percentage (see in	-			0.00	
.00	Capital cost for comparison to payments				0	
.00	Percentage adjustment for extraordinary	•	-	line ()	0.00	
.00	Adjustment to capital minimum payment l		cumstances (11ne 2 x	( inne b)	0	
.00	Capital minimum payment level (line 5 p		•)		0	0.0
.00	Current year capital payments (from Par			loss line ()	0	9.00
ባ ሰሶ						
0.00	Current year comparison of capital mini Carryover of accumulated capital minimu				0	

0 16.00

0 17.00

0 12.00

0 13.00

0 14.00

0 15.00

Worksheet L, Part III, line 14)

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

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

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

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

16.00 | Current year operating and capital costs (see instructions)

17.00 Current year exception offset amount (see instructions)

15.00 Current year allowable operating and capital payment (see instructions)