

**COMMUNITY HEALTH NETWORK
REHABILITATION HOSPITAL SOUTH, LLC**

Financial Statements

Years Ended December 31, 2022 and 2021

(With Independent Auditors' Report Thereon)

The logo for LBMC, consisting of the letters "LBMC" in white, bold, sans-serif font, centered within a solid blue rectangular background.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

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INDEPENDENT AUDITORS' REPORT

The Board of Managers
Community Health Network Rehabilitation Hospital South, LLC:

Opinion

We have audited the accompanying financial statements of Community Health Network Rehabilitation Hospital South, LLC, which comprise the balance sheets as of December 31, 2022 and 2021, and the related statements of operations, members' equity and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Health Network Rehabilitation Hospital South, LLC as of December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Community Health Network Rehabilitation Hospital South, LLC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Health Network Rehabilitation Hospital South, LLC's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Health Network Rehabilitation Hospital South, LLC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Health Network Rehabilitation Hospital South, LLC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control matters that we identified during the audit.

LBMC, PC

Brentwood, Tennessee
April 21, 2023

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Balance Sheets

December 31, 2022 and 2021

	<u>Assets</u>	
	<u>2022</u>	<u>2021</u>
Current assets:		
Cash and cash equivalents	\$ 1,937,430	\$ 1,522,227
Accounts receivable, net	2,888,823	2,611,338
Cost report settlement receivable	158,091	191,354
Inventories	132,533	175,672
Prepaid expenses	<u>71,226</u>	<u>76,111</u>
Total current assets	5,188,103	4,576,702
Property and equipment, net	1,399,668	1,666,973
Deposits	16,395	16,395
Operating lease right-of-use asset	<u>12,295,797</u>	<u>13,033,913</u>
	\$ <u>18,899,963</u>	\$ <u>19,293,983</u>
	 <u>Liabilities and Members' Equity</u>	
Current liabilities:		
Accounts payable	\$ 763,813	\$ 497,722
Accounts payable, related parties	448,503	515,646
Accrued expenses and other current liabilities	860,360	729,510
Current portion of operating lease liability	<u>685,395</u>	<u>603,500</u>
Total current liabilities	2,758,071	2,346,378
Operating lease liability, less current portion	<u>12,336,961</u>	<u>13,022,356</u>
Total liabilities	15,095,032	15,368,734
Members' equity	<u>3,804,931</u>	<u>3,925,249</u>
	\$ <u>18,899,963</u>	\$ <u>19,293,983</u>

See accompanying notes to the financial statements.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Statements of Operations

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Revenue:		
Net patient service revenue	\$ 23,852,862	\$ 23,372,045
CARES Act grant income	-	73,013
Other revenue	<u>30,704</u>	<u>24,121</u>
Total revenue	<u>23,883,566</u>	<u>23,469,179</u>
Operating expenses (income):		
Salaries, wages and employee benefits	8,367,925	8,447,032
Outside services	5,457,832	4,256,247
Rent	1,760,543	1,754,632
Supplies and drugs	809,405	850,562
Insurance	307,999	256,507
Repairs and maintenance	207,762	139,299
Other operating expenses	756,944	852,265
Depreciation and amortization	286,166	281,583
Interest, net	<u>(10,448)</u>	<u>(12,468)</u>
Total expenses, net	<u>17,944,128</u>	<u>16,825,659</u>
Net income	<u>\$ 5,939,438</u>	<u>\$ 6,643,520</u>

See accompanying notes to the financial statements.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Statements of Members' Equity

Years Ended December 31, 2022 and 2021

	KND Development 63, L.L.C.	Community Health Network, Inc.	Total
Balance at December 31, 2020	\$ 1,589,319	\$ 1,654,189	\$ 3,243,508
Capital distributions	(2,921,272)	(3,040,507)	(5,961,779)
Net income	<u>3,255,325</u>	<u>3,388,195</u>	<u>6,643,520</u>
Balance at December 31, 2021	1,923,372	2,001,877	3,925,249
Capital distributions	(2,969,280)	(3,090,476)	(6,059,756)
Net income	<u>2,910,325</u>	<u>3,029,113</u>	<u>5,939,438</u>
Balance at December 31, 2022	<u>\$ 1,864,417</u>	<u>\$ 1,940,514</u>	<u>\$ 3,804,931</u>

See accompanying notes to the financial statements.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Statements of Cash Flows

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
Net income	\$ <u>5,939,438</u>	\$ <u>6,643,520</u>
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	286,166	281,583
Noncash lease expense	134,616	169,091
(Increase) decrease in operating assets:		
Accounts receivable	(277,485)	219,359
Cost report settlement receivable	33,263	(84,600)
Inventories	43,139	19,248
Prepaid expenses	4,885	(6,987)
Increase (decrease) in operating liabilities:		
Accounts payable	266,091	739
Accounts payable, related parties	71,785	186,368
Accrued expenses and other current liabilities	130,850	(283,858)
Deferred payroll taxes	-	(313,078)
Advances of provider relief funds	-	(367,504)
Medicare Accelerated and Advance Payment Program payable	-	<u>(2,524,521)</u>
Net cash provided by operating activities	<u>6,632,748</u>	<u>3,939,360</u>
Cash flows used by investing activities -		
Purchases of property and equipment	<u>(18,861)</u>	<u>(66,308)</u>
Cash flows used by financing activities -		
Capital distributions	<u>(6,198,684)</u>	<u>(5,822,851)</u>
Increase (decrease) in cash and cash equivalents	415,203	(1,949,799)
Cash and cash equivalents at beginning of year	<u>1,522,227</u>	<u>3,472,026</u>
Cash and cash equivalents at end of year	\$ <u>1,937,430</u>	\$ <u>1,522,227</u>
<u>Supplemental disclosures of cash flow information</u>		
Cash paid for interest	\$ <u>-</u>	\$ <u>174</u>
Accrued distributions declared but not paid at year-end	\$ <u>-</u>	\$ <u>138,928</u>

See accompanying notes to the financial statements.

Notes to the Financial Statements

December 31, 2022 and 2021

(1) Ownership and nature of business

Community Health Network Rehabilitation Hospital South, LLC (the "Hospital"), is a 44-bed acute inpatient rehabilitation hospital located in Greenwood, Indiana. The Hospital is owned by its two members, KND Development 63, L.L.C. ("KND Development") (49% interest) and Community Health Network, Inc. ("Community") (51% interest), and is governed by a Board of Managers consisting of representatives from the members. The Hospital was formed on May 2, 2017 and started accepting patients in August 2018.

The parent company of KND Development was acquired by Lifepoint Health effective December 23, 2021. The Hospital elected not to adopt pushdown accounting as a result of this transaction.

(2) Summary of significant accounting policies

The significant accounting policies followed by the Hospital are described below and are in conformity with accounting principles generally accepted in the United States of America ("GAAP").

(a) Fair value measurements

Fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. As a basis for considering market participant assumptions in fair value measurements, fair value accounting standards establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity including quoted market prices in active markets for identical assets (Level 1), or significant other observable inputs (Level 2) and the reporting entity's own assumptions about market participant assumptions (Level 3). The Hospital does not have any fair value measurements using significant unobservable inputs (Level 3) as of December 31, 2022 and 2021.

(b) Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(c) Cash and cash equivalents

The Hospital considers all highly-liquid investments with a maturity upon acquisition of three months or less to be cash equivalents.

Notes to the Financial Statements

December 31, 2022 and 2021

(d) Accounts receivable

Accounts receivable consist primarily of amounts due from third-party payors and patients. In evaluating the collectibility of accounts receivable, the Hospital considers a number of factors, including the age of the accounts, changes in collection patterns, the composition of patient accounts by payor type, the status of ongoing disputes with third-party payors and general industry conditions. Accounts receivable are reported net of estimated denial reserves, if any. The Hospital had no outstanding claim recoveries or estimated denial reserves at December 31, 2022 and 2021. Denials represent variable consideration and relate to outstanding claim recoveries currently under appeal (see Note 7). Denial reserves are estimated based upon historical data. Actual collections of accounts receivable in subsequent periods may require changes in previously recorded estimates of implicit price concessions. Changes in these estimates are charged or credited to the results of operations in the period of change.

(e) Cost report settlements

Revenues under third-party agreements are subject to examination and retroactive adjustment. Provisions for estimated third-party adjustments are provided in the period the related services are rendered to the extent it is probable that a significant reversal of cumulative revenue will not occur. Any remaining differences between the amounts accrued and subsequent settlements are recorded in the periods in which the interim or final settlements are determined. Adjustments relating to tentative or final settlements to estimated reimbursement amounts pertaining to prior periods resulted in an increase in net patient service revenue of \$86,291 and \$102,040 for the years ended December 31, 2022 and 2021, respectively.

(f) Inventories

Inventories are stated at the lower of cost, based upon the first-in, first-out (FIFO) method, or net realizable value and primarily consist of operating supplies used in the direct or indirect treatment of patients.

(g) Property and equipment

Property and equipment are recorded at cost. Depreciation is recognized using the straight-line method using the following estimated useful lives:

Major movable equipment	4 - 20 years
Computer equipment	4 - 7 years
Leasehold improvements	Shorter of 5 - 15 years or the term of the related lease

Notes to the Financial Statements

December 31, 2022 and 2021

Expenditures for repairs, maintenance and minor renewals are charged to income as incurred. Expenditures, including the cost of parts and internal labor, which improve an asset or extend its estimated useful life, are capitalized. When equipment is retired or otherwise disposed of, the related cost and accumulated depreciation or amortization are then removed from the accounts and any gain or loss would be included in operations.

The carrying value of property and equipment is assessed by management for recoverability with respect to any events or circumstances that indicate an impairment based on analysis of future undiscounted cash flows expected to result from the use and expected disposition of the asset. An impairment loss is recognized in income if the carrying amount of the asset is not recoverable and exceeds its fair value. There have been no impairments recorded during the years ended December 31, 2022 and 2021.

(h) Leases

The Hospital determines if an arrangement is a lease at inception of the contract. Right-of-use assets and lease liabilities are recognized at the commencement date of the lease based on the present value of lease payments over the lease term. The Hospital uses an estimated incremental borrowing rate, which is derived from information available at the lease commencement date, in determining the present value of lease payments. The Hospital has elected not to recognize a right-of-use asset and lease liability for leases with an initial term of 12 months or less but includes the expense associated with the short-term leases in rent expense in the statements of operations.

The building and grounds lease includes options to renew. The exercise of the lease renewal options is at the Hospital's sole discretion. In general, the Hospital does not consider the renewal options to be reasonably certain to be exercised, therefore, the renewal options are generally not recognized as part of the determination of the lease terms. The lease agreement does not contain any material residual value guarantees, restrictions or covenants.

(i) Net patient service revenue

The Hospital recognizes revenues in the period in which services are performed. Accounts receivable primarily consist of amounts due from third-party payors and patients. Amounts the Hospital receives for treatment of patients covered by governmental programs such as Medicare and Medicaid and other third-party payors such as health maintenance organizations, preferred provider organizations and other private insurers are generally less than the Hospital's established billing rates. Accordingly, the revenues and accounts receivable reported in the Hospital's financial statements are recorded at the net amount expected to be received.

Notes to the Financial Statements

December 31, 2022 and 2021

The Hospital derives a significant portion of its revenues from Medicare, Medicaid and other payors that receive discounts from its established billing rates. The Hospital must estimate the total amount of these discounts to prepare its financial statements. The Medicare and Medicaid regulations and various managed care contracts under which these discounts must be calculated are complex and are subject to interpretation and adjustment. The Hospital estimates explicit price concessions on a patient-specific basis given its interpretation of the applicable regulations or contract terms. These interpretations sometimes result in payments that differ from the Hospital's estimates. Additionally, updated regulations and contract renegotiations occur frequently, necessitating regular review and assessment of the estimation process by management. Changes in estimates related to explicit price concessions affect revenues reported in the Hospital's statements of operations.

Self-pay revenues are derived primarily from patients who do not have any form of health care coverage. The Hospital evaluates these patients, after the patient's medical condition is determined to be stable, for their ability to pay based upon federal and state poverty guidelines, qualifications for Medicaid or other governmental assistance programs, as well as the Hospital's policy for charity/indigent care and records revenue based on these evaluations.

(j) Charity care

The Hospital has historically provided care without charge to certain patients that qualify under the charity care policy. For the years ended December 31, 2022 and 2021, the Hospital provided charity care services with direct and indirect costs amounting to \$28,917 and \$63,072, respectively. The Hospital does not report a charity care patient's charges in revenues or as implicit price concessions as it is the Hospital's policy not to pursue collection of amounts related to these patients.

(k) Income taxes

The Hospital has been organized as a limited liability company and has elected to be treated as a partnership for federal income tax purposes. As a general rule, the Hospital is also treated as a partnership for state income tax purposes. As such, federal and state taxable income and losses pass through to the individual members for inclusion in their respective income tax returns.

Under GAAP, a tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The Hospital has no material uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

Notes to the Financial Statements

December 31, 2022 and 2021

As of December 31, 2022 and 2021, the Hospital has accrued no interest and no penalties related to uncertain tax positions. It is the Hospital's policy to recognize interest and/or penalties related to income tax matters in income tax expense.

The Hospital files U.S. Federal income and State of Indiana tax returns.

(I) COVID-19 pandemic

In January 2020, the Secretary of the U.S. Department of Health and Human Services declared a national public health emergency due to a novel strain of coronavirus ("COVID-19"). In March 2020, the World Health Organization declared the outbreak of COVID-19 a pandemic, and the global pandemic began to affect the Hospital's facilities, employees, patients, communities, business operations and financial performance, as well as the broader U.S. economy and financial markets. The Hospital is committed to protecting the health of its communities and has been responding to the evolving COVID-19 situation while taking steps to provide quality care and protect the health and safety of patients and employees. The Hospital is closely following infectious disease protocols, as well as recommendations by the Centers for Disease Control and Prevention and local health officials.

COVID-19 is impacting the Hospital's business and may have an impact on its financial results that the Hospital is not currently able to quantify. Continuing disruptions to the Hospital's business as a result of the COVID-19 pandemic could continue to have an effect on its results of operations, financial condition, and cash flows.

As part of the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act"), the U.S. government announced it would offer relief funding to eligible healthcare providers. The Hospital participated in certain relief programs offered through the CARES Act including distributions relating to the initial portions of the Public Health and Social Services Emergency Fund ("PHSSE Fund") and payments from the Centers for Medicare and Medicaid Services' ("CMS") Accelerated and Advance Payment Program ("MAAPP").

Amounts received from the PHSSE fund are recognized upon the provision of care for individuals with possible or actual cases of COVID-19, certification that payment will be used to prevent, prepare for and respond to COVID-19 and shall reimburse the recipient only for healthcare related expenses or lost revenues that are attributable to COVID-19. During 2020, the Hospital received total funding from the PHSSE Fund of approximately \$511,000 and recognized approximately \$143,000 of CARES Act grant income in the statement of operations for healthcare related expenses and lost revenues. For the year ended December 31, 2021, the Hospital recognized approximately \$73,000 for healthcare related expenses and lost revenues, which is included in CARES Act grant income in the accompanying statement of operations, and refunded the remaining approximate \$295,000 of funding received under the PHSSE fund. The Hospital did not receive any further funding from the PHSSE during the years ended December 31, 2022 and 2021.

Notes to the Financial Statements

December 31, 2022 and 2021

As part of the CARES Act, the U.S. government announced it would allow employers to defer the deposit and payment of the employer's share of Social Security taxes for the period from March 27, 2020 through December 31, 2020. The Hospital deferred approximately \$313,000 of Social Security taxes as of December 31, 2020, which was repaid in 2021.

During 2020, the Hospital also received approximately \$2,525,000 as part of the expansion of the MAAPP. The MAAPP is a streamlined version of existing policy that allows Medicare Administrative Contractors to issue up to three months of advance Medicare payments to help increase cash flow and liquidity to Medicare Part A and Part B providers in certain circumstances that include national emergencies. On October 8, 2020 as part of the Continuing Appropriations Act, 2021 and Other Extensions Act, CMS amended the repayment terms for the accelerated and advance payments. These funds began to be applied against claims for services provided to Medicare patients after approximately one year from the date the payments were received. During 2021, the Hospital repaid the full amount of funds received from the MAAPP.

The CARES Act also provided for the temporary suspension of the automatic 2% reduction of Medicare claim reimbursement beginning May 1, 2020. The Consolidated Appropriations Act of 2021 further suspended the 2% payment reduction through March 31, 2021. An Act to Prevent Across-the-Board Direct Spending Cuts, and for Other Purposes, signed into law on April 14, 2021, extends the 2% suspension period to December 31, 2021. The Protecting Medicare and American Farmers from Sequester Cuts Act further suspended the 2% payment reduction through March 31, 2022. Beginning April 1, 2022 through June 30, 2022, a 1% payment reduction was applied. Beginning July 1, 2022, the 2% payment reduction was resumed.

(m) Reclassifications

Certain reclassifications have been made to the 2021 financial statements in order for them to conform to the 2022 presentation. These reclassifications have no effect on net income or members' equity as previously reported.

(n) Events occurring after reporting date

The Hospital has evaluated events and transactions that occurred between December 31, 2022 and April 21, 2023, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. See Note 8 for disclosure of subsequent events occurring after December 31, 2022.

(3) Credit risk and other concentrations

The Hospital maintains cash and cash equivalents on deposit at banks in excess of federally insured amounts. The Hospital has not experienced any losses in such accounts and management believes the Hospital is not exposed to any significant credit risk related to cash and cash equivalents.

Notes to the Financial Statements

December 31, 2022 and 2021

During the years ended December 31, 2022 and 2021, approximately 82% and 81%, respectively, of the Hospital's net revenues related to patients participating in the Medicare and Medicaid programs. Accounts receivable from Medicare and Medicaid accounted for approximately 70% and 61% of total accounts receivable as of December 31, 2022 and 2021, respectively. The Hospital's management recognizes that revenues and receivables from government agencies are significant to the Hospital's operations, but it does not believe that there is significant credit risk associated with these government agencies. During the year ended December 31, 2021 approximately 13% of the Company's net revenues related to one commercial payor. Accounts receivable from one commercial payor accounted for approximately 13% of total accounts receivable as of December 31, 2021. There were no commercial payors with accounts receivable or net revenues in excess of 10% as of and for the year ended December 31, 2022. The Hospital's management does not believe that there are any other significant concentrations of revenues from any particular payor that would subject the Hospital to any significant credit risks in the collection of its accounts receivable.

(4) Revenue from contracts with customers

Revenues are recognized as performance obligations are satisfied, which is over time as patient services are rendered throughout the length of stay, in an amount that reflects the consideration the Hospital expects to receive in exchange for services. A performance obligation is defined as a promise in a contract to transfer a distinct good or service to the customer. Substantially all of the Hospital's contracts with patients and customers have a single performance obligation as the promise to transfer services is not distinct or separately identifiable from other promises in the contract.

The transaction price for the Hospital's contracts represents its best estimate of the consideration the Hospital expects to receive and includes assumptions regarding variable consideration as applicable. These variable considerations include estimated amounts due from patients and third-party payors for health care services provided, including anticipated settlements under reimbursement agreements with Medicare, Medicaid, Medicare Advantage, Medicaid Managed, and other third-party payors. The Hospital considers the patient's ability and intent to pay the amount of consideration upon admission. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (i.e. change in credit risk) are recorded as bad debt expense, which is included as a component of operating expenses in the statements of operations. Bad debt expense for the years ended December 31, 2022 and 2021 was not significant.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Notes to the Financial Statements

December 31, 2022 and 2021

(5) Property and equipment

Property and equipment consist of the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Major movable equipment	1,608,518	1,603,652
Computer equipment	433,612	433,612
Leasehold improvements	<u>558,498</u>	<u>544,503</u>
	2,600,628	2,581,767
Less accumulated depreciation and amortization	<u>(1,200,960)</u>	<u>(914,794)</u>
	<u>\$ 1,399,668</u>	<u>\$ 1,666,973</u>

(6) Related party balances and transactions

The Hospital conducts transactions with both members. Related party balances are due on demand and paid periodically.

Management of the hospital – The Hospital is party to a management agreement with CHC Management Services, LLC ("CHC Management"), which shares common ownership with KIND Development, under which CHC Management provides certain management services to the Hospital, including the following: long-range planning, management planning, quality assurance programs, materials management, staffing for key positions, budget control systems, financial reporting systems, business office support, accounts receivable management, and risk management programs. The Hospital has agreed to pay CHC Management a monthly management fee. Total fees and expenses incurred related to CHC Management during the years ended December 31, 2022 and 2021 were \$1,211,576 and \$1,188,000, respectively. The amounts payable to CHC Management for these services and other expenses paid on behalf of the Hospital were \$381,721 and \$283,338 as of December 31, 2022 and 2021, respectively.

Community – The Hospital is party to a services agreement with Community under which Community provides certain services to the Hospital, which may include, but not be limited to, some or all of the following: laboratory, radiology, medical credentialing, biomed, and diagnostic services. The Hospital incurred fees and expenses of \$551,277 and \$428,289 for these services for the years ended December 31, 2022 and 2021, respectively. The amounts payable to Community for these services were \$66,782 and \$232,308 as of December 31, 2022 and 2021, respectively.

(7) Commitments and contingencies

Legal – The Hospital is, from time to time, subject to various claims and legal actions arising in the normal course of business. In the opinion of management, any such claims and actions will be either adequately covered by insurance or will not have a material adverse effect on the Hospital's financial position, results of operations or liquidity.

Notes to the Financial Statements

December 31, 2022 and 2021

Payors – Laws and regulations governing Medicare, Medicaid, and other payor health care programs are complex and subject to interpretation. The Hospital's management believes that the Hospital is in compliance with all applicable laws and regulations in all material respects. Compliance with such laws and regulations is subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from Medicare, Medicaid, and other payor health care programs.

CMS has implemented multiple integrity audits including Comprehensive Error Rate Testing, Recovery Audit Contractors, Supplemental Medical Review Contractors, and Zone Program Integrity Contractors (together, "CMS Contracted Auditors"). The stated purpose of these audits is to reduce improper Medicare and Medicaid payments through the detection and recovery of overpayments. CMS has engaged subcontractors to perform these audits and they are being compensated on a contingency basis based on the amount of overpayments that are recovered. While management believes that all Medicare and Medicaid billings are proper and adequate support is maintained, certain aspects of Medicare and Medicaid billing, coding and support are subject to interpretation and may be viewed differently by the CMS Contracted Auditors than by Hospital management. As of December 31, 2022 and 2021, the Hospital has no outstanding claim recoveries by CMS Contracted Auditors.

Health care reform – The health care industry is subject to changing political, regulatory, and other influences, along with various scientific and technological initiatives. In recent years, the U.S. Congress and certain state legislatures have passed a large number of laws and regulations intended to effect major change within the U.S. health care system, including the Affordable Care Act. The Affordable Care Act affects how health care services are covered, delivered and reimbursed through expanded health insurance coverage, reduced growth in Medicare program spending, reductions in Medicare and Medicaid Disproportionate Share Hospital payments, and the establishment of programs that tie reimbursement to quality and integration. However, there is uncertainty regarding the future of the Affordable Care Act. The law has been subject to legislative and regulatory changes and court challenges.

As currently structured, the Affordable Care Act expands coverage through a combination of private sector health insurance requirements, public program expansion and other reforms. Expansion of coverage through the private sector has been driven by requirements applicable to health insurers, employers, and individuals. Expansion in public program coverage has been driven primarily by expanding the categories of individuals eligible for Medicaid coverage and permitting individuals with relatively higher incomes to qualify. The state of Indiana elected to adopt the Medicaid expansion provisions; however, a number of states have opted out, which they may do without losing federal funding.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Notes to the Financial Statements

December 31, 2022 and 2021

There is uncertainty regarding the ongoing effect of the Affordable Care Act due to efforts to change, repeal or replace the Affordable Care Act, and the development of agency guidance, among other factors. There is also uncertainty regarding the potential impact of other reform efforts at the federal and state levels. For example, some members of Congress have proposed measures that would expand government-sponsored coverage, including proposals to expand coverage of federally-funded insurance programs as an alternative to private insurance or establish a single-payor system (such reforms often referred to as “Medicare for All”), and some states are considering similar measures. Other initiatives and proposals, including those aimed at price transparency and out-of-network charges, may impact prices and the relationships between health care providers and insurers.

General economic and demographic factors – The health care industry is impacted by the overall United States economy. The COVID-19 pandemic has led, and may continue to lead, to a general worsening of economic conditions. Budget deficits at federal, state and local government entities have had a negative impact on spending for many health and human service programs, including Medicare, Medicaid and similar programs, which represent significant payor sources for the Hospital. It is anticipated that the federal deficit, the growing magnitude of Medicare and Medicaid expenditures and the aging of the United States population will continue to place pressure on government health care programs.

Leases – The Hospital leases the building and grounds under a 15 year operating lease ending in 2033. The lease contains a fixed escalation provision requiring monthly lease payments to increase by 2.25% annually. Rent expense for the building and ground leases, on a straight-line basis, for 2022 and 2021 was \$1,701,286.

For the years ended December 31, 2022 and 2021, approximately \$1,564,000 and \$1,529,000, respectively, in cash payments were included in the measurement of the operating lease liability.

Additional supplemental information regarding assumptions for operating leases as of December 31, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Weighted-average remaining lease terms (in years)	10.58	11.58
Weighted-average discount rate	7.26%	7.26%

The operating right-of-use asset as of December 31, 2022 and 2021, includes prepaid rent totaling \$132,008 and \$129,103, respectively.

COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL SOUTH, LLC

Notes to the Financial Statements

December 31, 2022 and 2021

The maturity of the operating lease liability as of December 31, 2022 is as follows:

<u>Maturity</u>	<u>Amount</u>
2023	\$ 1,598,950
2024	1,634,927
2025	1,671,713
2026	1,709,326
2027	1,747,786
Thereafter	<u>10,501,142</u>
Total undiscounted cash flows	18,863,844
Less: present value discount	(5,841,488)
Less: operating lease liability, current portion	<u>(685,395)</u>
Operating lease liability, excluding current portion	<u>\$ 12,336,961</u>

The following table presents a reconciliation of rent expense for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Operating lease expense	\$ 1,701,286	\$ 1,701,286
Short-term, variable and other rent expense	<u>59,257</u>	<u>53,346</u>
Total rent expense	<u>\$ 1,760,543</u>	<u>\$ 1,754,632</u>

(8) Subsequent event

In January 2023, the Board of Managers approved and paid cash distributions to the members totaling \$767,503.