Health Financial Systems	BAPTIST HEALT				u of Form CMS-2552-
This report is required by law (42 USC 1395g; payments made since the beginning of the cost i					FORM APPROVED OMB NO. 0938-0050 EXPI RES 05-31-2019
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST AND SETTLEMENT SUMMARY	REPORT CERTIFICATION	Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared 1/29/2019 4:11 pm
PART I - COST REPORT STATUS					
Provider 1. [X] Electronically filed cos use only 2. [] Manually submitted cost 3. [0] If this is an amended re 4. [F] Medicare Utilization. En	report port enter the number	of times th L" for low.	e provider re	Date: 1/29/20 submitted this c	
use only (1) As Submitted 7. (2) Settled without Audit 8.	Date Received: Contractor No. [N]Initial Report f [N]Final Report for	or this Prov this Provic	11.Co ider CCN 12.[PR Date: ontractor's Vendo O]If line 5, cc number of tin	or Code: 4 lumn 1 is 4: Enter wes reopened = 0-9.
PART II - CERTIFICATION					
MISREPRESENTATION OR FALSIFICATION OF ANY INFO ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECT ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT	T UNDER FEDERAL LAW. TLY OR INDIRECTLY OF . NT MAY RESULT.	FURTHERMORE A KICKBACK O	, IF SERVICES R WERE OTHERWI	IDENTIFIED IN TH	IIS REPORT WERE
CERTIFICATION BY CHIEF FINANCIAL OFFIC	ER OR ADMINISTRATOR O	F PROVIDER(S)		
I HEREBY CERTIFY that I have read the electronically filed or manually submi Expenses prepared by BAPTIST HEALTH FL ending 08/31/2018 and to the best of m complete and prepared from the books a except as noted. I further certify th health care services, and that the ser laws and regulations.	tted cost report and OYD (15-0044) for t y knowledge and belie nd records of the pro at I am familiar with vices identified in t	the Balance he cost repo f, this repo vider in acc the laws an his cost rep	Sheet and Sta rting period l rt and statem ordance with d regulations ort were provi	tement of Revenue beginning 09/01/3 ent are true, co applicable instru- regarding the p ided in compliand	e and 2017 and rrect, Juctions, rovision of Se with such
[]I have read and agree with the ab signature on this certification s	tatement to be the le	gally bindir			
	(Si gneo				
		Offic	cer or Adminis	strator of Provid	er(s)
			PRESIDENT OF F	INANCE	
		Title			
		Date			
		Title	XVIII		
Cost Center Description	Title V	Part A	Part B	ніт і	Title XIX

	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	180, 171	72, 117	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVI DER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	180, 171	72, 117	0	0	200. 00

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

SPI T	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX I		ST HEALTH		er CCN	N: 15-0044	Period:			eet S-2	
							From 09/ To 08/	'31/2017 '31/2018	Date/T	ime Pre	
	1.00	2.	00		3.00			4.00	1/29/2	019 4:1	
	Hospital and Hospital Health Care Co										
	Street: 1850 STATE STREET City: NEW ALBANY	PO Box: State: I	N	7in Cod	. 171	E0 4000 Co	unty: FLOYD				1.
0	CITY. NEW ALDANT	Component Na		CCN	CBS		1		ent Syst	tem (P,	2.
				Number	Numb				T, 0, or		
		1.00		2.00	2.0	0 4.00		V	XVIII		-
	Hospital and Hospital-Based Componen	1.00 t Identification		2.00	3.0	0 4.00) 5.00	6.0	0 7.00	8.00	
		BAPTIST HEALTH F		150044	3114	40 1	07/01/1	966 N	Р	0	3.
0 0 0 0 00 00	•	BAPTI ST HEALTH H	OME	157152	3114	40	07/01/1	985 N	Ρ	N	4 5 6 7 8 9 10 11 12
00 00 00 00 10	Separatel y Certified ASC Hospital-Based Hospice Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I Hospital-Based (CORF) I Renal Dialysis Other	CARE FLOYD									13 14 15 16 17 17 18 19
								rom:			-
00	Cost Reporting Period (mm/dd/yyyy)							. 00 1/2017	08/31	00 /2018	20
	Type of Control (see instructions)							2			21
						4.05				00	-
	Inpatient PPS Information					1.00	2	. 00	3.	00	
01	Does this facility qualify and is it disproportionate share hospital adju: §412.106? In column 1, enter "Y" for facility subject to 42 CFR Section §- hospital?) In column 2, enter "Y" for Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting per Enter in column 2, "Y" for yes or "N reporting period occurring on or after Is this a newly merged hospital that payments to be determined at cost rep	stment, in accord r yes or "N" for 412.106(c)(2)(Pio r yes or "N" for compensated care mn 1, "Y" for yes riod occurring pr " for no for the er October 1. (se requires final c	dance with no. Is th ckle amend no. payments s or "N" f -ior to Oc portion c ee instruc uncompensa	h 42 CFF his lment for thi for no f ctober 1 of the c ctions) hted car	s for	Y Y N		N Y N			22. 22. 22.
	Enter in column 1, "Y" for yes or "N" cost reporting period prior to October "N" for no, for the portion of the October 1. Did this hospital receive a geograph rural as a result of the OMB standard adopted by CMS in FY2015? Enter in c for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41: yes or "N" for no.	" for no, for the er 1. Enter in cc e cost reporting ic reclassificati ds for delineatir olumn 1, "Y" for g period prior to no for the portic er October 1. (se 100 but not more	e portion olumn 2, " period or on from u ng statist yes or "N o October on of the ee instruc than 499	of the Y" for a or aft arban to ical ar J" for r 1. Ente cost ctions) beds (a	yes er eas o r	Ν		N	1	۷	22.
00	Which method is used to determine Me below? In column 1, enter 1 if date of if date of discharge. Is the method of reporting period different from the r reporting period? In column 2, enter	of admission, 2 i of identifying th method used in th	f census ne days in ne prior c	days, c n this c cost no. e In-S I Medi	tate caid ible aid	Out-of State Medicaid paid days	3 Out-of State Medi cai d el i gi bl e unpai d	N Medi ca HMO da	ays 🛛 Me)ther di cai d days	23.
00	If this provider is an IPPS hospital, in-state Medicaid paid days in colum Medicaid eligible unpaid days in colu out-of-state Medicaid paid days in c out-of-state Medicaid eligible unpaid 4, Medicaid HMO paid and eligible bu column 5, and other Medicaid days in	n 1, in-state umn 2, olumn 3, d days in column	1.00 1,09	2.	-	3.00	4.00	<u>5.00</u> 6 6	, 771	<u>6. 00</u> 164	24.

alth Financial Systems SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFI	CATION DATA	Provider CO	CN: 15-0044	Peri od:			eet S-2	
						Part I Date/Ti 1/29/20	ime Pre 019 4:1	
	In-Stat Medicai paid da	d Medi cai d ys el i gi bl e unpai d days	Out-of State Medicaid paid days	State Medi cai d el i gi bl e unpai d	Medi ca HMO da	ys Meo	ther di cai d days	_
5.00 If this provider is an IRF, enter the in-sta	1.00 ate	0 2.00	3.00	4.00	5.00	0	5.00	25. (
Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out Medicaid eligible unpaid days in column 4, M HMO paid and eligible but unpaid days in col	e -of-state Medi cai d			Urban/Ru	unal S		Coogr	
				1.0		2.		1
b. 00 Enter your standard geographic classificatio		us at the beg	ginning of t	he	1			26.
cost reporting period. Enter "1" for urban of 2.00 Enter your standard geographic classification reporting period. Enter in column 1, "1" for enter the effective date of the geographic of	on (not wage) stat r urban or "2" for	rural. If a		t	1			27.
5.00 If this is a sole community hospital (SCH), effect in the cost reporting period.			CH status in		0			35.
				Begi nn 1. 0		Endi 2.		-
5.00 Enter applicable beginning and ending dates		ıbscript line	36 for numb			۷.	00	36.
7.00 of periods in excess of one and enter subset If this is a Medicare dependent hospital (MM is in effect in the cost reporting period.		nber of perio	ds MDH statu	s	О			37.
7.01 Is this hospital a former MDH that is eligital accordance with FY 2016 OPPS final rule? En- instructions)								37.
8.00 If line 37 is 1, enter the beginning and energy greater than 1, subscript this line for the enter subsequent dates.								38.
· ·				Y/N		Y/		
0.00 Does this facility qualify for the inpatien	t hospital payment	adjustment	for low volu	1.0 me N	0	2. N		39.
 hospitals in accordance with 42 CFR §412.10^o 1 "Y" for yes or "N" for no. Does the faciliaccordance with 42 CFR 412.101(b)(2)(i), (ii or "N" for no. (see instructions) 0.00 Is this hospital subject to the HAC program "N" for no in column 1, for discharges prior 	ity meet the milea i), or (iii)? Ente reduction adjustm r to October 1. Er	nge requiremen er in column 2 ment? Enter " nter "Y" for y	nts in 2 "Y" for ye Y" for yes o	s r N		Ν	l	40.
no in column 2, for discharges on or after (October 1. (see in	istructions)			V	XVIII		_
Prospective Payment System (PPS)-Capital					1.00	2.00	3.00	
5.00 Does this facility qualify and receive Capi with 42 CFR Section §412.320? (see instruct	ions)				N	Y	N N	45.
b. 00 Is this facility eligible for additional paragram pursuant to 42 CFR §412.348(f)? If yes, comp Pt. III.	plete Wkst. L, Pt.	III and Wks [.]	t. L-1, Pt.	l through				46.
7.00 Is this a new hospital under 42 CFR §412.300 8.00 Is the facility electing full federal capita Teaching Hospitals			5		N N	N N	N N	47. 48.
 b. 00 Is this a hospital involved in training resion or "N" for no. 00 Is time for the first sector 				5	N			56.
.00 f line 56 is yes, is this the first cost re GME programs trained at this facility? Ento is "Y" did residents start training in the for yes or "N" for no in column 2. If colum "N", complete Wkst. D, Parts III & IV and D	er "Y" for yes or first month of thi mn 2 is "Y", compl -2, Pt. II, if app	"N" for no in s cost repor ete Workshee dicable.	n column 1. ting period? t E-4. lf co	lf column 1 Enter "Y" lumn 2 is				57.
.00 f line 56 is yes, did this facility elect of defined in CMS Pub. 15-1, chapter 21, §2148' .00 Are costs claimed on line 100 of Worksheet /	? If yes, complete	e Wkst. D-5.		s as	N			58. 59.
			NAHE 413.8 Y/N	35 Workshe Line	#	Pass-T Qualifi Criteri	cation	
			1.00	2.0	0	3.	00	
0.00 Are you claiming nursing and allied health of	education (NAHE) o 413.85? (see inst		Y					60.

OSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	.TA	Provider CC		eriod: com 09/01/2017 o 08/31/2018	Worksheet S-2 Part I Date/Time Pre 1/29/2019 4:1	pared
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see	N			0.00	0.00	61.0
1. 02	instructions) Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.0
1. 03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61. C
1.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.0
	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.0
1.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.(
		Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
I. 10	Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61.
1. 20	specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. Of the FTEs in line 61.05, specify each expanded 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.				0. 00	0. 00	61.2
						1.00	
2. 00 2. 01	ACA Provisions Affecting the Health Resources and Ser Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct Enter the number of FTE residents that rotated from a	trai nec cti ons) a Teachi	l in this cost ng Health Cent	reporting peri ter (THC) into			62. (62. (
	during in this cost reporting period of HRSA THC prog Teaching Hospitals that Claim Residents in Nonprovide	aram. (s er Setti	ngs	15)		<u> </u>	1
8. 00	Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ettings	during this co		ictions)	N Ratio (col. 1/	63. (
				FTĔs Nonprovi der Si te	FTES in Hospital	(col. 1 + col. 2))	
	Section 5504 of the ACA Base Year FTE Residents in No	onprovia	der Settings	1.00 This base year	2.00 is your cost r	3.00 eporting	
4. 00	period that begins on or after July 1, 2009 and befor Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted non resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in of (column 1 divided by (column 1 + column 2)). (see	re June ty trair n-primar all nor d non-pr n columr	30, 2010. med residents y care provider imary care n 3 the ratio	0. 00	-		64. (

		ATA Provi der	Fr	eriod: .om 09/01/2017		
			To			pared
	Program Name	Program Code	Unweighted	Unwei ghted	Ratio (col. 3/	
			FTEs	FTEs in	(col. 3 + col.	
			Nonprovider Site	Hospi tal	4))	
	1.00	2.00	3.00	4.00	5.00	1
.00 Enter in column 1, if line 63			0.00	0.00	0. 000000	65.0
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	Unwei ghted	Ratio (col. 1/	,
			FTES	FTEs in	(col. 1 + col.	
			Nonprovider Site	Hospi tal	2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Current	/ear FTE Residents i	n Nonprovider Settir				
.00 Enter in column 1 the number of u		· · · ·	0.00	0.00	0. 000000	
FTEs that trained in your hospita (column 1 divided by (column 1 +		structions)		lipusi abtod		
		Program Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
00 Enter in column 1, the program	1.00	2. 00	FTĔs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + col. 4)) 5.00	_
.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	, , , , , , , , , , , , , , , , , , ,		FTËs Nonprovider Site	FTES in Hospital	(col. 3 + col. 4)) 5.00	_
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	, , , , , , , , , , , , , , , , , , ,		FTĔs Nonprovi der Si te 3.00	FTES in Hospital 4.00 0.00	(col. 3 + col. 4)) 5.00 0.000000	
name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	1.00 25	2.00	FTĔs Nonprovi der Si te 3.00 0.00	FTES in Hospi tal 4.00 0.00 1.0	(col . 3 + col . 4)) 5.00 0.000000 0.0000000	
name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	1.00 25 25 25 25 25 25 25 25 25 25	2.00	FTĔs Nonprovi der Si te 3.00 0.00	FTES in Hospi tal 4.00 0.00 1.0	(col . 3 + col . 4)) 5.00 0.000000 0.0000000	-
<pre>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)</pre>	1.00 1.00 2S /chiatric Facility (the facility have an efore November 15, 2/ umn 2: Did this fac 2 412.424 (d)(1)(iii) cate which program ye	2.00 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for	FTĚs Nonprovi der Si te 3.00 0.00 tain an IPF subp ing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0.000000 0.0000000	
<pre>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)</pre>	1.00 1.00 2S ychiatric Facility (the facility have an effore November 15, 2 umn 2: Did this fac 2 412.424 (d)(1)(iii) cate which program you y PPS habilitation Facility	2.00 2.00 IPF), or does it con n approved GME teach 004? Enter "Y" for ility train resident)(D)? Enter "Y" for ear began during thi	FTĚs Nonprovi der Si te 3.00 0.00 tain an IPF subp ing program in t yes or "N" for m s in a new teach yes or "N" for m	FTES in Hospital 4.00 0.00 1.0 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0.000000 0 2.00 3.00 0 0 0 2.00 3.00	_

Heal th	Financial Systems BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-	2552-10
	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		CN: 15-0044	Peri od:	Worksheet S-2	
				From 09/01/2017 To 08/31/2018	Part I	aparod
				10 00/31/2010	Date/Time Pre 1/29/2019 4:	11 pm
						_
	Long Term Care Hospital PPS				1.00	
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes	and "N" for	no		N	80.00
	Is this a LTCH co-located within another hospital for part o			g period? Enter	N	81.00
	"Y" for yes and "N" for no.		•	5 1		
	TEFRA Providers					
	Is this a new hospital under 42 CFR Section 413.40(f)(1)(i)				N	85.00
86.00	Did this facility establish a new Other subprovider (exclude §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	a unit) under	42 CFR Secti	on		86.00
	Is this hospital an extended neoplastic disease care hospita	l classified	under section		N	87.00
	1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					
				V	XI X	
				1.00	2.00	
	Title V and XIX Services		nton "V" for	N	Y	90.00
	Does this facility have title V and/or XIX inpatient hospita yes or "N" for no in the applicable column.	I Services? E	inter y for	IN	ř	90.00
	Is this hospital reimbursed for title V and/or XIX through t	he cost repor	t either in	N	Y	91.00
	full or in part? Enter "Y" for yes or "N" for no in the appl	icable column	1.			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (du		ion)? (see		N	92.00
02.00	instructions) Enter "Y" for yes or "N" for no in the applica Does this facility operate an ICF/IID facility for purposes		d VIVO Entor	N	N	93.00
93.00	"Y" for yes or "N" for no in the applicable column.	or title v ar	IN XIX? Enter	IN	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes,	and "N" for r	no in the	N	N	94.00
	applicable column.					
	If line 94 is "Y", enter the reduction percentage in the app			0.00	0.00	95.00
	Does title V or XIX reduce operating cost? Enter "Y" for yes	or "N" for r	no in the	N	N	96.00
	applicable column. If line 96 is "Y", enter the reduction percentage in the app	licable colum	מו	0.00	0.00	97.00
	Does title V or XIX follow Medicare (title XVIII) for the in			Y	Y	98.00
	stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" f					
1	column 1 for title V, and in column 2 for title XIX.					
	Does title V or XIX follow Medicare (title XVIII) for the re				Y	98.01
	C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for ti title XIX.	tie v, and ir	1 COLUMN 2 TOP			
	Does title V or XIX follow Medicare (title XVIII) for the ca	lculation of	observati on	Y	Y	98.02
	bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes o	or "N" for no	in column 1			
	for title V, and in column 2 for title XIX.					
	Does title V or XIX follow Medicare (title XVIII) for a crit			N	N	98.03
	reimbursed 101% of inpatient services cost? Enter "Y" for ye for title V, and in column 2 for title XIX.	S OF N FOF	no in column	1		
	Does title V or XIX follow Medicare (title XVIII) for a CAH	reimbursed 10)1% of	N	N	98.04
	outpatient services cost? Enter "Y" for yes or "N" for no in					
	in column 2 for title 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				Y	98.05
	column 2 for title XIX.		ittev, and i			
	Does title V or XIX follow Medicare (title XVIII) when cost	reimbursed fo	or Wkst. D,	Y	Y	98.06
	Pts. I through IV? Enter "Y" for yes or "N" for no in column	1 for title	V, and in			
	column 2 for title XIX.					_
	Rural Providers Does this hospital qualify as a CAH?			N		105.00
	If this facility qualifies as a CAH, has it elected the all-	inclusive met	hod of paymen			106.00
	for outpatient services? (see instructions)					
	If this facility qualifies as a CAH, is it eligible for cost			N		107.00
	training programs? Enter "Y" for yes or "N" for no in column					
	yes, the GME elimination is not made on Wkst. B, Pt. I, col. reimbursed. If yes complete Wkst. D-2, Pt. II.	25 and the p	program is cos	τ		
	Is this a rural hospital qualifying for an exception to the	CRNA fee sche	edule? See 42	N		108.00
	CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					
	_	Physi cal	Occupati ona		Respi ratory	
100.00		1.00	2.00	3.00	4.00	100.00
	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y"					109.00
	for yes or "N" for no for each therapy.					
					1.00	
	Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period2 Enter "				N	110.00
	Demonstration)for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor					
	applicable.			5 -, 20		

Health Financial Systems BAPTIST HEALTH FLOYD HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCM		Period: From 09/01 To 08/31	/2017	u of For Workshe Part I Date/Ti 1/29/20	eet S-2 me Pre	2 epared:
111.00 If this facility qualifies as a CAH, did it participate in the Frontier Con Health Integration Project (FCHIP) demonstration for this cost reporting pu "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, en integration prong of the FCHIP demo in which this CAH is participating in of Enter all that apply: "A" for Ambulance services; "B" for additional beds; for tele-health services.	eriod? Enter nter the column 2.	1.00)	2.0	00	111.00
			1.00) 2.00	3.00	
 Miscellaneous Cost Reporting Information 115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 3 either "93" percent for short term hospital or "98" percent for long term psychiatric, rehabilitation and long term hospitals providers) based on the Pub. 15-1, chapter 22, §2208.1. 116.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" 	s "E", enter m care (incl) e definition for no.	in column udes in CMS	N		0	115. 00 116. 00 117. 00
no. 118.00 Is the mal practice insurance a claims-made or occurrence policy? Enter 1 i	5		1			118.00
claim-made. Enter 2 if the policy is occurrence.	Premi ums	Losse	25	Insur	ance	
	1.00	2.00	<u></u>	3.0	20	
118.01 List amounts of malpractice premiums and paid losses:	223, 23		, 17, 338			118.01
		1.00)	2.	00	-
118. 02 Are mal practice premiums and paid losses reported in a cost center other the Administrative and General? If yes, submit supporting schedule listing cost and amounts contained therein. 119. 00 D0 NOT USE THIS LINE 120. 00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Hold Harmless for the Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions)	st centers ision in ACA for yes or e Outpatient	N		N	I	118. 02 119. 00 120. 00
121.00 Did this facility incur and report costs for high cost implantable devices	charged to	Y				121.00
patients? Enter "Y" for yes or "N" for no. 122.00Does the cost report contain healthcare related taxes as defined in §1903(Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter the Worksheet A line number where these taxes are included.		N				122.00
Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" for yes and "N"	for no. If	N				125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 f this is a Medicare certified kidney transplant center, enter the certifi in column 1 and termination date, if applicable, in column 2.	ication date					126.00
127.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.						127.00
128.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.						128.00
129.00 If this is a Medicare certified lung transplant center, enter the certifica column 1 and termination date, if applicable, in column 2. 130.00 If this is a Medicare certified pancreas transplant center, enter the certi						129.00 130.00
date in column 1 and termination date, if applicable, in column 2. 131.00 If this is a Medicare certified intestinal transplant center, enter the cen						131.00
date in column 1 and termination date, if applicable, in column 2. 132.00 If this is a Medicare certified islet transplant center, enter the certified	cation date					132.00
in column 1 and termination date, if applicable, in column 2. 133.00 If this is a Medicare certified other transplant center, enter the certific	cation date					133.00
in column 1 and termination date, if applicable, in column 2. 134.00 If this is an organ procurement organization (OPO), enter the OPO number in and termination date, if applicable, in column 2.	n column 1					134.00
 All Providers All Providers 140.00 Are there any related organization or home office costs as defined in CMS I chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office chain number. (see instruct) 	office costs	Y				140. 00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA	Provider CC	CN: 15-0044		9/01/2017 3/31/2018		2 epared:
1.00		2.00			3.00		
If this facility is part of a chain of				name and	address	of the	
home office and enter the home office							
41.00 Name: BAPTIST HEALTHCARE SYSTEM, IN		CIGNA	Contrac	tor's Nur	mber: 1510)1	141.0
42.00 Street: 2701 EASTPOINT PKWY 43.00 City: LOUISVILLE	PO Box: State:	KY	Zip Cod	<u>.</u>	4022	12	142.0
43. 00 CT LY. E001 SVI EEE	jolate.	KI		c.	4022	23	143.0
						1.00	-
44.00 Are provider based physicians' costs	included in Workshee	et A?				Y	144.0
					1. 00	2.00	
 45.00 If costs for renal services are claim inpatient services only? Enter "Y" for no, does the dialysis facility includ period? Enter "Y" for yes or "N" for 46.00 Has the cost allocation methodology of Enter "Y" for yes or "N" for no in comparison. 	or yes or "N" for no de Medicare utilizati r no in column 2. changed from the prev	in column 1. If o on for this cost /iously filed cost	column 1 is reporting t report?	f	N		145. (
yes, enter the approval date (mm/dd/y							
47 00 Was thore a change in the statistic	basic2 Enton "1/" f	Dr Voc or "N" for	20			1.00	147.0
47.00 Was there a change in the statistical 48.00 Was there a change in the order of al						N N	147.0
49.00 Was there a change to the simplified				r no		N	140. (
		Part A	Part B		tle V	Title XIX	
		1.00	2.00		3.00	4.00	
Does this facility contain a provide			n the applic				
or charges? Enter "Y" for yes or "N"	for no for each com		and Part B.	(See 42			_
55.00 Hospi tal		N	N		N	N	155. (
56.00 Subprovider - IPF		N	N N		N	N	156. (
57. 00 Subprovi der – IRF 58. 00 SUBPROVI DER		N	N		N	N	157.0
59. 00 SNF		Ν	N		Ν	N	159.0
60. 00 HOME HEALTH AGENCY		N	N N		N	N	160.0
161.00 CMHC			N		N	N	161.0
61. 10 CORF			N		Ν	N	161.1
						1.00	
Multicampus							-
65.00 Is this hospital part of a Multicampu Enter "Y" for yes or "N" for no.	us hospital that has	one or more campu	uses in diff	erent CB	SAS?	N	165. 0
Enter f for yes of in for no.	Name	County	State Z	ip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	-
66.00 If line 165 is yes, for each							0166.0
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)							
Hoalth Information Technology (ULT)	incontivo in the Arra	ri can Bocoveru	d Poinvestra	nt Act		1.00	
Health Information Technology (HIT) i 67.00Is this provider a meaningful user ur				ACT		Y	167.0
68.00 If this provider is a CAH (line 105 i reasonable cost incurred for the HIT	s "Y") and is a mean assets (see instruct	ningful user (line tions)	e 167 is "Y"	, ·			0168. (
68.01 If this provider is a CAH and is not exception under §413.70(a)(6)(ii)? Er 69.00 If this provider is a meaningful user	nter "Y" for yes or ' r (line 167 is "Y") a	'N" for no. (see i	nstructions)	•	9.9	168. 9169.
transition factor. (see instructions))						
					gi nni ng	Endi ng	-
70 00 Entor in columns 1 and 2 the FUD hard	nning data and and	a data for the	porting		1.00	2.00	170 0
70.00 Enter in columns 1 and 2 the EHR begi period respectively (mm/dd/yyyy)	nining date and endir	ig date for the re	eportring	01/	01/2016	03/31/2016	170. (
					1.00	2.00	
71.00 If line 167 is "Y", does this provide section 1876 Medicare cost plans repo	3 3				N		0 171. (

	Financial Systems BAPTIST HEA AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S-: Part II Date/Time Pro	
					1/29/2019 4:	
				Y/N	Date	_
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	ononcoo Ent		2.00	_
	mm/dd/yyyy format.		sponses. Ente		ne	
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the			N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (see				
			Y/N	Date	<u>V/I</u>	-
. 00	Has the provider terminated participation in the Medicare P	rogram2 lf	1.00 N	2.00	3.00	2.0
	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	ın 3, "V" for				
. 00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home o or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members o of directors through ownership, control, or family and othe relationships? (see instructions)	iffices, drug ler or its if the board	N			3. 0
			Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
. 00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled, ilable in	Y	A		4. C
. 00	Are the cost report total expenses and total revenues diffe		N			5.0
	those on the filed financial statements? If yes, submit rec	conciliation.		Y/N	Legal Oper.	
				1.00	2.00	
	Approved Educational Activities				2100	
. 00	Column 1: Are costs claimed for nursing school? Column 2:	lfyes, is th	ne provider is	s N		6.0
	the legal operator of the program?					
. 00	Are costs claimed for Allied Health Programs? If "Y" see in			Ν		7. C
. 00	Were nursing school and/or allied health programs approved	and/or renewed	during the	N		8.0
. 00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved	araduato modi	sal oducation	N		9.0
. 00	program in the current cost report? If yes, see instruction			IN		7.0
0. 00	Was an approved Intern and Resident GME program initiated o		the current	Ν		10.0
	cost reporting period? If yes, see instructions.					
1.00	Are GME cost directly assigned to cost centers other than I	& R in an App	proved	Ν		11.0
	Teaching Program on Worksheet A? If yes, see instructions.				N/ /NI	_
				-	Y/N 1.00	-
	Bad Debts				1.00	
2.00	Is the provider seeking reimbursement for bad debts? If yes	. see instruct	tions.		Y	12.0
	If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	N	13.0
4.00	If line 12 is yes, were patient deductibles and/or co-payme	nts waived? I1	°yes, see ins	structions.	Ν	14.0
	Bed Complement					_
5.00	Did total beds available change from the prior cost reporti	<u>v</u> 1			N	15.0
		Y/N	rt A Date	Par Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data			2,00		
6. 00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see	N		N		16. (
7. 00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Y	01/04/2017	Y	01/04/2017	17. (
3. 00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18. (
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	Ν		Ν		19. (

OSPI TA	Financial Systems BAPTIST HE. L AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	ALTH FLOYD Provider C	CN: 15-0044	Peri od:	u of Form CM Worksheet S	
				From 09/01/2017 To 08/31/2018		
		Descr	iption	Y/N	1/29/2019 4 Y/N	
			0	1.00	3.00	
	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			Ν	Ν	20.
		Y/N 1.00	Date 2.00	Y/N 3.00	 	
	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	4.00	21.
					1.00	
(COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	EPT CHILDRENS I	HOSPI TALS)		1.00	
	Capital Related Cost					
00	Have assets been relifed for Medicare purposes? If yes, se Have changes occurred in the Medicare depreciation expense recording the provider of the second s		sals made dur	ing the cost		22
00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases enter If yes, see instructions	ed into during	this cost re	porting period?		24
00	Have there been new capitalized leases entered into during instructions.	•	0.1	5		2
	Were assets subject to Sec.2314 of DEFRA acquired during t instructions.			-		20
	Has the provider's capitalization policy changed during th copy. Interest Expense	e cost reporti	ng period? If	yes, submit		2
00	Interest Expense Were new Loans, mortgage agreements or letters of credit e period? If yes, see instructions.	ntered into du	ring the cost	reporting		2
00	Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see inst		ebt Service R	eserve Fund)		2
00	Has existing debt been replaced prior to its scheduled mat instructions.		debt? If yes	, see		3
	Has debt been recalled before scheduled maturity without i instructions. Purchased Services	ssuance of new	debt? If yes	s, see		3
00	Have changes or new agreements occurred in patient care se arrangements with suppliers of services? If yes, see instr If line 32 is yes, were the requirements of Sec. 2135.2 ap	uctions.	0			32
	no, see instructions. Provider-Based Physicians					
00	Are services furnished at the provider facility under an a If yes, see instructions.	rrangement wit	n provi der-ba	ised physi ci ans?		3
	If line 34 is yes, were there new agreements or amended ex physicians during the cost reporting period? If yes, see i		nts with the	provi der-based		3
				Y/N	Date	
L	Home Office Costs			1.00	2.00	
	Were home office costs claimed on the cost report?					3
	If line 36 is yes, has a home office cost statement been p If yes, see instructions.	repared by the	home office?)		3
	If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year en	d of the home (offi ce.			3
	If line 36 is yes, did the provider render services to oth see instructions.	·	5	5, 		3
	If line 36 is yes, did the provider render services to the instructions.	e nome ottice?	it yes, see			40
		1.	00	2.	00	
00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	SUSAN		FINK		4
	respectivel y.		ADE SVSTEM			4
	Enter the employer/company name of the cost report	BAPTIST HEALTH	ICARL SISILW.			11 4

Health Financial Systems BAPTIS	- HEALTH FLOYD	In Lie	In Lieu of Form CMS-2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0044	Period: From 09/01/2017	Worksheet S-2 Part II			
			Date/Time Pre 1/29/2019 4:1	pared: 1 pm		
	3.00					
Cost Report Preparer Contact Information						
41.00 Enter the first name, last name and the title/position	REIMBURSEMENT MANAGER			41.00		
held by the cost report preparer in columns 1, 2, and	3, ACCOUNTI NG					
respecti vel y.						
42.00 Enter the employer/company name of the cost report				42.00		
preparer.						
43.00 Enter the telephone number and email address of the co	st			43.00		
report preparer in columns 1 and 2, respectively.						

IOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC		AL DATA	Provider CC		eriod: rom 09/01/2017 p 08/31/2018	Date/Time Prep	pared:
						1/29/2019 4:11 I/P Days / 0/P	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	<u>Visits / Trips</u> Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)	30. 00	209	76, 285	0. 00	0	1.0 2.0
3.00	HMO I PF Subprovi der						3.0
4.00	HMO I RF Subprovider						4.0
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.0
6.00	Hospital Adults & Peds. Swing Bed NF		200	74 205	0.00	0	6.0
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		209	76, 285	0.00		7.0
8.00	INTENSI VE CARE UNI T	31.00	16	5, 840	0.00	0	8.0
9.00	CORONARY CARE UNIT	32.00	0	0,010	0.00		9.0
0.00	BURN I NTENSI VE CARE UNI T	33.00	0	0	0.00		10.0
1.00	SURGI CAL I NTENSI VE CARE UNI T	34.00	0	0	0.00		11.0
2.00	OTHER SPECIAL CARE (SPECIFY)			-			12.0
3.00	NURSERY	43.00				0	13.0
4.00	Total (see instructions)		225	82, 125	0.00	0	14.0
5.00	CAH visits					0	15.0
6.00	SUBPROVIDER - IPF	40.00	0	0		0	16.0
7.00	SUBPROVIDER - IRF	41.00	0	0		0	17. (
8.00	SUBPROVI DER	42.00	0	0		0	18. (
9.00	SKILLED NURSING FACILITY	44.00	0	0		0	19. (
0.00	NURSING FACILITY	45.00	0	0		0	20. (
1.00	OTHER LONG TERM CARE	46.00	0	0			21. (
2.00	HOME HEALTH AGENCY	101.00				0	22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)	115.00					23.
4.00		116.00	0	0			24.0
4.10	HOSPICE (non-distinct part)	30.00					24.
5.00 5.10	CMHC - CMHC	99.00				0	25.
5. TO 6. OO	CMHC – CORF RURAL HEALTH CLINIC	99. 10 88. 00				0	25. 26.
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	88.00 89.00				0	26. 26.
7.00	Total (sum of lines 14-26)	69.00	225			0	20.
3.00	Observation Bed Days		223			0	27.
9.00	Ambul ance Trips					0	20.
D. 00	Employee discount days (see instruction)						30.
1.00	Employee discount days - IRF						31.
2.00	Labor & delivery days (see instructions)		0	0			32.
2.00	Total ancillary labor & delivery room		0	Ŭ			32.
	outpatient days (see instructions)						
3.00	LTCH non-covered days					1 1	33.

SPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	F	Period: From 09/01/2017 Fo 08/31/2018	Worksheet S-3 Part I Date/Time Pre 1/29/2019 4:1	pared
	I/P Days	/ O/P Visits / Trips		Full Time E	Equi val ents	
Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
 November 2016 November 2017 November 2017	24, 584 7, 475 0 0 24, 584 2, 536 0 0 27, 120 0 0 27, 120 0 0 0 20, 699 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	946 7, 591 0 0 946 92 0 0 0 0 53 1, 091 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	47, 64 47, 64 47, 64 4, 60 (2, 64 54, 88 (((((((((((((5 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 498. 99 0. 00 0. 00 0. 00 0. 00 0. 00 39. 14 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00	15. (16. (17. (18. (20. (21. (22. (23. (24. (24. (25. (25. (25. (26. (26. (26. (26. (
 D. 00 Employee discount days (see instruction) D. 00 Employee discount days - IRF D. 00 Labor & delivery days (see instructions) D. 01 Total ancillary labor & delivery room outpatient days (see instructions) 	O	164	((38((D D		30. 31. 32. 32.
00 LTCH non-covered days 0.01 LTCH site neutral days and discharges	0					33. 33.

	Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part I Date/Time Pre 1/29/2019 4:1	pared:
		Full Time Equivalents	Dis		charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers 11.00	12.00	13.00	14.00	Patients 15.00	
1 00	Hospital Adults & Dods (columns E 6 7 and	11.00					1 00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 9.9,00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY	0.00 0.00 0.00 0.00 0.00 0.00	0 0 0 0 0 0	1, 4 6, 2	66 2, 187 0 0	13, 271 13, 271 0 0 0	17.00
20. 00 21. 00 22. 00 23. 00 24. 00 25. 10 25. 10 26. 00 26. 25 27. 00 28. 00 28. 00 29. 00 30. 00 31. 00 32. 01 33. 00	NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC CMHC - CORF RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0			0 0	0	20. 00 21. 00 22. 00 23. 00 24. 00 25. 10 25. 10 26. 00 26. 25 27. 00 28. 00 29. 00 31. 00 32. 01 33. 00 33. 01

SPI T.	AL WAGE INDEX INFORMATION			Provider CO		Period: From 09/01/2017 Fo 08/31/2018	Worksheet S-3 Part II Date/Time Pre 1/29/2019 4:1	pared
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adj usted Sal ari es (col . 2 ± col . 3)		Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							1
00	Total salaries (see	200.00	91, 906, 083	3 0	91, 906, 08	3 3, 205, 821. 16	28. 67	1.
00	instructions) Non-physician anesthetist Part		C	o o		0.00	0.00	2.
00	A Non-physician anesthetist Part		ſ			0.00	0.00	3.
	В		c c					
00	Physician-Part A - Administrative		C	0		0.00	0.00	4.
)1	Physicians - Part A - Teaching		(0		0.00		
00	Physician and Non Physician-Part B		(0		0.00	0.00	5.
00	Non-physician-Part B for hospital-based RHC and FQHC		C	0		0.00	0.00	6.
00	services Interns & residents (in an approved program)	21.00	C	0	(0.00	0.00	7.
)1	Contracted interns and residents (in an approved programs)		C	0		0.00	0.00	7.
00	Home office and/or related organization personnel		C	0		0.00		
00 00	SNF Excluded area salaries (see instructions)	44.00	3, 594, 945	0 5 159, 122	3, 754, 06	0.00 7 95,292.38		
00	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		1,083,523	3 0	1, 083, 52	3 19, 039. 33	56.91	111
00	Care Contract Labor: Top Level		(0.00		
	management and other management and administrative services							
00	Contract Labor: Physician-Part A - Administrative		74, 438	3 0	74, 43	640.50	116. 22	13
00	Home office and/or related organization salaries and		C	0 0		0.00	0.00	14
01	wage-related costs Home office salaries		19, 287, 731	0	19, 287, 73 ⁻	628, 476. 00	30. 69	14
02	Related organization salaries			0		0.00	0.00	14
00	Home office: Physician Part A - Administrative		(0		0.00	0.00	15
	Home office and Contract Physicians Part A - Teaching WAGE-RELATED COSTS			0		0.00	0.00	16
00	Wage-related costs (core) (see		29, 336, 532	2 0	29, 336, 53	2		17
00	instructions) Wage-related costs (other)		C	0		b		18
	(see instructions)					-		
00 00	Excluded areas Non-physician anesthetist Part		924, 931 (924, 93			19 20
00	A Non-physician anesthetist Part		C	0	(D		21
00	B Physician Part A - Administrative		C	0 0		ס		22
01	Physician Part A - Teaching Physician Part B		(0				22 23
00 00	Wage-related costs (RHC/FQHC)		(23
00	Interns & residents (in an		C	0	(D		25
50	approved program) Home office wage-related (core)		4, 384, 330	0	4, 384, 33	D		25
51	Related organization wage-related (core)		(0	(ס		25
52	Home office: Physician Part A - Administrative -		C	0		D		25
53	wage-related (core) Home office & Contract Physicians Part A - Teaching - wage related (core)		C	0		D		25
	wage-related (core) OVERHEAD COSTS – DIRECT SALARIE	S		I				1
00	Employee Benefits Department	4.00	2, 418, 285	5 0	2, 418, 28	5 61, 818. 05	39.12	26

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lieu of Form CMS-2552-10			
HOSPI T	AL WAGE INDEX INFORMATION			Provider C	1	Period: From 09/01/2017 Fo 08/31/2018		pared:	
		Wkst. A Line		Reclassi fi cati			Average Hourly		
		Number	Reported	on of Salaries			Wage (col. 4 ÷		
				(from Wkst.	$(col.2 \pm col.$		col. 5)		
				A-6)	3)	col. 4			
	1	1.00	2.00	3.00	4.00	5.00	6.00		
28.00	Administrative & General under contract (see inst.)		94, 725	0	94, 72	5 367.75			
29.00	Maintenance & Repairs	6.00	0	0	(0.00	0.00	29.00	
30.00	Operation of Plant	7.00	2, 172, 174	0	2, 172, 174	4 86, 230. 75	25. 19	30.00	
31.00	Laundry & Linen Service	8.00	100, 351	0	100, 35	6, 869. 84	14. 61	31.00	
32.00	Housekeepi ng	9.00	1, 983, 757	0	1, 983, 75	7 128, 867. 63	15.39	32.00	
33.00	Housekeeping under contract (see instructions)		0	0	(0.00	0.00	33.00	
34.00	Dietary	10.00	2, 482, 260	0	2, 482, 260	0 144, 904. 61	17. 13	34.00	
35.00	Dietary under contract (see instructions)		0	0	(0.00	0.00	35.00	
36.00	Cafeteria	11.00	0	0	(0.00	0.00	36.00	
37.00	Maintenance of Personnel	12.00	0	0	(0.00	0.00	37.00	
38.00	Nursing Administration	13.00	0	0	(0.00	0.00	38.00	
39.00	Central Services and Supply	14.00	521, 682	0	521, 682	2 32, 750. 59	15. 93	39.00	
40.00	Pharmacy	15.00	3, 958, 982	-159, 122	3, 799, 860	87, 528. 71	43. 41	40.00	
41.00	Medi cal Records & Medi cal Records Library	16.00	3, 284, 864		3, 284, 864				
42.00	Soci al Servi ce	17.00	0	0	(0.00	0.00	42.00	
43.00	Other General Service	18.00	0	0	(0.00		43.00	

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lieu of Form CMS-2552-10			
HOSPITAL WAGE INDEX INFORMATION				Provider CC		Period: From 09/01/2017 To 08/31/2018			
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly		
		Line Number		on of Salaries			Wage (col. 4 ÷		
				(from	(col.2 ± col.	Salaries in	col. 5)		
				Worksheet A-6)	3)	col. 4			
		1.00	2.00	3.00	4.00	5.00	6.00		
	PART III - HOSPITAL WAGE INDEX	SUMMARY							
1.00	Net salaries (see		92,000,808	0	92, 000, 80	8 3, 206, 188. 91	28.69	1.00	
	instructions)								
2.00	Excluded area salaries (see instructions)		3, 594, 945	159, 122	3, 754, 06	7 95, 292. 38	39.40	2.00	
3.00	Subtotal salaries (line 1		88, 405, 863	-159, 122	88, 246, 74	1 3, 110, 896. 53	28. 37	3.00	
	minus line 2)								
4.00	Subtotal other wages & related costs (see inst.)		20, 445, 692	0	20, 445, 69	2 648, 155. 83	31. 54	4.00	
5.00	Subtotal wage-related costs		33, 720, 862	0	33, 720, 86	2 0.00	38. 21	5.00	
	(see inst.)								
6.00	Total (sum of lines 3 thru 5)		142, 572, 417						
7.00	Total overhead cost (see		19, 802, 015	-185, 201	19, 616, 81	4 701, 199. 82	27.98	7.00	
	instructions)								

Heal th	Financial Systems	BAPTIST HEALT	H FLOYD		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS		Provider CCN: 15-0		Period: From 09/01/2017 Fo 08/31/2018		pared:
				I		Amount	
						Reported	
	1					1.00	
	PART IV - WAGE RELATED COSTS						
	Part A - Core List						
	RETIREMENT COST					-	
1.00	401K Employer Contributions					0	
2.00	Tax Sheltered Annuity (TSA) Employer Contrib					2, 708, 954	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see					2, 250	
4.00	Qualified Defined Benefit Plan Cost (see ins					0	4.00
F 00	PLAN ADMINISTRATIVE COSTS (Paid to External (Organi zati on)					F 00
5.00	401K/TSA Plan Administration fees	_				0	5.00
6.00	Legal /Accounting/Management Fees-Pension Pla					0	6.00
7.00	Employee Managed Care Program Administration	Fees				38, 669	7.00
0.00	HEALTH AND INSURANCE COST						0.00
8.00	Heal th Insurance (Purchased or Self Funded)		- +>			0	
8.01	Health Insurance (Self Funded without a Thir					0	
8.02	Health Insurance (Self Funded with a Third P	arty Administrato	r)			16, 300, 386	
8.03	Heal th Insurance (Purchased)					0	
9.00	Prescription Drug Plan					0	
10.00	Dental, Hearing and Vision Plan	fisionu				134, 289	
11.00	Life Insurance (If employee is owner or bene					481, 577 0	
12.00	Accident Insurance (If employee is owner or					94	
13.00 14.00	Disability Insurance (If employee is owner o		\ \				13.00 14.00
14.00	Long-Term Care Insurance (If employee is own 'Workers' Compensation Insurance	ler of beneficiary)			658, 678	
15.00 16.00	Retirement Health Care Cost (Only current ye	or not the extre	ordinary accrual r	ogui rod	by EASP 104	058, 078	
10.00	Non cumulative portion)	al, not the extra	or urriar y acciluar i i	equireu	DY FASE 100.	0	10.00
	TAXES						
17 00	FICA-Employers Portion Only					9, 604, 559	17 00
18.00	Medicare Taxes - Employers Portion Only					0	
19.00	Unemployment Insurance					113, 498	
20.00	State or Federal Unemployment Taxes					0	
20.00	OTHER						20.00
21 00	Executive Deferred Compensation (Other Than	Retirement Cost R	eported on lines 1	through	1 4 above (see	0	21.00
200	instructions))					Ŭ	
22.00	Day Care Cost and Allowances					0	22.00
23.00	Tuition Reimbursement					218, 510	
24.00	Total Wage Related cost (Sum of lines 1 -23)					30, 261, 464	
	Part B - Other than Core Related Cost						
25.00	OTHER WAGE RELATED COSTS (SPECIFY)					0	25.00
						•	•

Heal th	Financial Systems	BAPTIST HEALTH FLOYD	In Lieu	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0044	Peri od:	Worksheet S-3	
			From 09/01/2017	Part V	
			To 08/31/2018	Date/Time Pre 1/29/2019 4:1	
	Cost Center Description		Contract Labor	Benefit Cost	
	obst center beschiption		1.00	2.00	
	PART V - Contract Labor and Benefit Cost		1.00	2.00	
	Hospital and Hospital-Based Component Identifi	cati on:			1
1.00	Total facility's contract labor and benefit c	ost	1, 083, 523	30, 261, 464	1.00
2.00	Hospi tal		1, 083, 523	30, 261, 464	2.00
3.00	Subprovider - IPF		0	0	3.00
4.00	Subprovider - IRF		0	0	4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF		0	0	8.00
9.00	Hospital-Based NF		0	0	9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA		0	0	11.00
12.00	Separately Certified ASC		0	0	12.00
13.00	Hospi tal -Based Hospi ce		0	0	13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospital-Based-CMHC		0	0	16.00
16. 10	Hospital-Based-CMHC 10		0	0	16. 10
	Renal Dialysis		0	0	17.00
18.00	Other		0	0	18.00

Heal th	Financial Systems	BAPTIST HEAL	.TH FLOYD		In Lie	eu of Form CMS-	2552-10
	IEALTH AGENCY STATISTICAL DATA		Provider C		Period: From 09/01/2017		
			Component	CCN: 15-7152	To 08/31/2018	1/29/2019 4:1	
					Home Health Agency I	PPS	
					1.	00	-
0.00	County						0.00
		Title V 1.00	Title XVIII 2.00	Title XIX 3.00	0ther 4.00	Total 5.00	
1.00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	1, 915	· ·	79 933	2, 927	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1, 252. 00	94. (787.00	2, 133. 00	
				Number of Em	ployees (Full Ti	me Equivalent)	
		Enter the numbe		Staff	Contract	Total	
		your normal	work week				
		0		1.00	2.00	3.00	
3.00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)	1	0.00	0.(0.00	0.00	3.00
4.00 5.00	Director(s) and Assistant Director(s) Other Administrative Personnel			0.0			•
5.00 6.00	Direct Nursing Service			12.			•
7.00 8.00	Nursing Supervisor Physical Therapy Service			0.0			•
9.00	Physical Therapy Supervisor			0.0			
10.00 11.00	Occupational Therapy Service Occupational Therapy Supervisor			2.1			•
12.00	Speech Pathology Service			1. (0.00	1.03	12.00
13.00 14.00	Speech Pathology Supervisor Medical Social Service			0.0			•
15.00	Medical Social Service Supervisor			0.0	0.00	0.00	15.00
16.00 17.00	Home Health Aide Home Health Aide Supervisor			1.1			•
18.00	Other (specify)			0.0	0.00	0.00	18.00
19.00	HOME HEALTH AGENCY CBSA CODES Enter in column 1 the number of CBSAs where				2		19.00
	you provided services during the cost reporting period.						
20.00	List those CBSA code(s) in column 1 serviced			31140			20.00
	during this cost reporting period (line 20 contains the first code).						
20.01	<u> </u>	Full Epi	sodes	99915			20.01
			With Outliers	LUPA Epi sode		Total (cols. 1-4)	
		1.00	2.00	3.00	Epi sodes 4. 00	5.00	
21.00	PPS ACTIVITY DATA Skilled Nursing Visits	8, 586	C	34	40 111	9,037	21.00
22.00	Skilled Nursing Visit Charges	1, 709, 910	C	67, 40	22, 200	1, 799, 510	22.00
23.00 24.00	Physical Therapy Visits Physical Therapy Visit Charges	6, 151 1, 414, 730	0		09 140 70 32, 200		•
25. 00 26. 00	Occupational Therapy Visits Occupational Therapy Visit Charges	1,869	C		9 42 90 8,820		
27.00	Speech Pathol ogy Vi si ts	392, 070 602	0		10 8, 820 36		1
28.00 29.00	Speech Pathology Visit Charges Medical Social Service Visits	132, 440 123	C		00 7,920 4 2		
30.00	Medical Social Service Visit Charges	29, 520	C	90	60 480	30, 960	30.00
31.00 32.00	Home Health Aide Visits Home Health Aide Visit Charges	2, 074 207, 400	0		1 18 00 1,800		•
33.00	Total visits (sum of lines 21, 23, 25, 27,	19, 405	C		73 349		
34.00	29, and 31) Other Charges	142, 900	C				•
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4, 028, 970	C	101, 3	20 73, 867	4, 204, 157	35.00
36.00	Total Number of Episodes (standard/non	1, 264		1	77 28	1, 469	36.00
37.00	outlier) Total Number of Outlier Episodes		C		C		37.00
38.00	Total Non-Routine Medical Supply Charges	36, 181	C	8	31 51	37, 113	38.00

Heal th	Financial Systems BAPTIST HEALT	H FLOYD		In Li€	eu of Form CMS-	2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN	N: 15-0044	Peri od:	Worksheet S-1	0
				From 09/01/2017 To 08/31/2018		
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 d	ivided by lin	e 202 columr	18)	0. 188711	1.00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				0	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 suppleme			ai d?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments	from Medicaid			0	5.00
6.00	Medicaid charges				31, 053, 763	6.00
7.00	Medicaid cost (line 1 times line 6)				5, 860, 187	7.00
8.00	Difference between net revenue and costs for Medicaid program	(line 7 minu	s sum of lir	nes 2 and 5; if	5, 860, 187	8.00
	<pre>< zero then enter zero) Children's Health Insurance Program (CHIP) (see instructions</pre>	for oach line)			
9.00	Net revenue from stand-al one CHIP)		0	9.00
10,00	Stand-al one CHIP charges				0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP	(line 11 min	us line 9; i	f < zero then	0	12.00
	enter zero)					
	Other state or local government indigent care program (see in					
13.00	Net revenue from state or local indigent care program (Not in				0	
14.00	Charges for patients covered under state or local indigent ca	re program (N	ot included	in lines 6 or	503, 494	14.00
45 00	10)				05.045	15 00
15.00	State or local indigent care program cost (line 1 times line		(1)	45	95, 015	
16.00	Difference between net revenue and costs for state or local i 13; if < zero then enter zero)	ndigent care	program (III	ne 15 minus line	95, 015	16.00
	Grants, donations and total unreimbursed cost for Medicaid, C	HIP and state	/local_indic	ent care progra	I NS (SPP	
	instructions for each line)			jent oure progra	13 (300	
17.00	Private grants, donations, or endowment income restricted to				339, 401	
18.00	Government grants, appropriations or transfers for support of				0	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and loc 8, 12 and 16)	al indigent c	are programs	s (sum of lines	5, 955, 202	19.00
			Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
~~ ~~	Uncompensated Care (see instructions for each line)				1 007 100	
20.00	Charity care charges and uninsured discounts for the entire f	acility	921, 7 ⁻	16 285, 483	1, 207, 199	20.00
21.00	(see instructions) Cost of patients approved for charity care and uninsured disc	ounts (soo	173, 93	38 285, 483	459, 421	21.00
21.00	instructions)	Jounts (see	173, 7	200, 400	437,421	21.00
22.00	Payments received from patients for amounts previously writte	n off as		0 0	0	22.00
	charity care				_	
23.00	Cost of charity care (line 21 minus line 22)		173, 93	38 285, 483	459, 421	23.00
24.00	Deep the ensure on Line 20 column 2, include channes for noti		und a laurath	-C -tau limit	1.00	24.00
24.00	Does the amount on line 20 column 2, include charges for pati imposed on patients covered by Medicaid or other indigent car		nd a length	or stay limit	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond		care program	's length of	0	25.00
20.00	stav limit	the margent	eure program	i s rength of	j ő	20.00
26.00	Total bad debt expense for the entire hospital complex (see i	nstructions)			15, 451, 719	26.00
27.00	Medicare reimbursable bad debts for the entire hospital compl	ex (see instr	uctions)		1, 329, 415	27.00
27.01	Medicare allowable bad debts for the entire hospital complex	(see instruct	i ons)		2, 045, 254	
28.00	Non-Medicare bad debt expense (see instructions)				13, 406, 465	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt e	xpense (see i	nstructions)		3, 245, 786	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				3, 705, 207	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus	iine 30)			9, 660, 409	31.00

				T	rom 09/01/2017 p 08/31/2018	Date/Time Pre	
	Cost Center Description	Sal ari es	Other	Total (col 1	Recl assi fi cati	1/29/2019 4:1 Recl assi fi ed	<u>1</u> pr
	cost center bescription	Salaries	other	+ col . 2)	ons (See A-6)	Trial Balance (col. 3 +-	
				0.00		col. 4)	_
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
0	00100 CAP REL COSTS-BLDG & FIXT		0	0	0	0	1
0	00200 CAP REL COSTS-MVBLE EQUIP		2, 944	2, 944	0		
0	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	2, 418, 285	0 -485, 680	0 1, 932, 605	0 22, 397, 965		
0	00500 ADMI NI STRATI VE & GENERAL	2, 784, 935	61, 893, 034		-765, 691		
0	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6
0	00700 OPERATION OF PLANT	2, 172, 174	11, 356, 030		-538, 453		
0 0	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	100, 351 1, 983, 757	971, 181 1, 212, 381	1, 071, 532 3, 196, 138	-24, 254 -493, 239		
00	01000 DI ETARY	2, 482, 260	1, 866, 354		-538, 895		
00	01100 CAFETERI A	0	0	0	0	0	
00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	
00 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	0 521, 682	0 806, 576	0 1, 328, 258	0 - 198, 770	0 1, 129, 488	
	01500 PHARMACY	3, 958, 982	14, 617, 346		-14, 115, 801		
00	01600 MEDICAL RECORDS & LIBRARY	3, 284, 864	925, 962		-810, 450		
	01700 SOCIAL SERVICE	0	0	0	0		
00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	69, 263	26, 919	96, 182	175, 936	272, 118	23
00	03000 ADULTS & PEDI ATRI CS	23, 603, 057	16, 189, 928	39, 792, 985	-6, 183, 639	33, 609, 346	30
00	03100 INTENSIVE CARE UNIT	3, 600, 625	1, 812, 316	5, 412, 941	-1, 454, 426	3, 958, 515	31
00	03200 CORONARY CARE UNI T	0	0	0	0	0	
00 00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
00	04000 SUBPROVIDER - IPF	0	0	0	0	0	
00	04100 SUBPROVI DER – I RF	0	0	0	0	0	
00	04200 SUBPROVI DER	0	0	0	0	0	
00 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	0	0	0	1, 157, 564		
00	04500 NURSING FACILITY	0	0	0	0	0	
00	04600 OTHER LONG TERM CARE	0	0	0	0		
00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	0 400 21/	22 046 750	22 225 074	10 274 272	12, 971, 612	
00 00	05100 RECOVERY ROOM	8, 489, 216	23, 846, 758 0	32, 335, 974 0	-19, 364, 362 0	12, 971, 012	
00	05200 DELIVERY ROOM & LABOR ROOM	3, 847, 987	1, 579, 307	5, 427, 294	-3, 674, 972	1, 752, 322	
00	05300 ANESTHESI OLOGY	0	0	0	0	0	
00 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	4, 778, 570	5, 436, 878	10, 215, 448	-2, 584, 305	7, 631, 143 0	
00	05600 RADI OL SOTOPE	0	0	0	0	0	
00	05700 CT SCAN	739, 647	703, 051	1, 442, 698	-364, 934	1, 077, 764	57
		464, 151	288,005				
00 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	3, 133, 246 4, 133, 305	12, 431, 336 8, 062, 603		-11, 810, 903 -1, 055, 255		
00	06001 BLOOD LABORATORY	4, 133, 305	0,002,003	12, 195, 908	-1, 055, 255	0	
00	06100 PBP CLINICAL LAB SERVICES-PRGM		0	0	0	0	
00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62
00 00	06300 BLOOD STORI NG PROCESSI NG & TRA 06400 I NTRAVENOUS THERAPY	0 50, 977	0 1, 247, 214	0 1, 298, 191	0 -1, 228, 271	0 69, 920	
00	06500 RESPIRATORY THERAPY	2, 753, 562	1, 388, 567		-907, 500		
00	06600 PHYSI CAL THERAPY	4, 197, 778	2, 245, 760		-1, 033, 619		
00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	-	
00	06800 SPEECH PATHOLOGY	337, 564	114, 472	452, 036	-89, 050		
00 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	2, 045, 567 63, 735	1, 366, 786 20, 267	3, 412, 353 84, 002	-985, 403 -15, 608		
01	07001 SLEEP DI SORDER	650, 633	267, 017	917,650	-166, 774		
00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	19, 905, 508	19, 905, 508	71
00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14, 154, 730		
00 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	0		14, 125, 187 0	14, 125, 187 0	
00	07500 ASC (NON-DI STINCT PART)	0	0	0	0	0	
00	03950 NUTRI TI ON/DI ABETES	0	0	0	0	0	
97	07697 CARDI AC REHABI LI TATI ON	568, 831	253, 832	822, 663	-145, 769	676, 894	76
00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88
00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	
00	09000 CLI NI C	549, 772	1, 742, 273		-425, 271	1, 866, 774	90
00	09100 EMERGENCY	4, 595, 625	2, 384, 075	6, 979, 700	-1, 894, 483	5, 085, 217	
	09200 OBSERVATION BEDS (NON-DISTINCT						92
00	OTHER REIMBURSABLE COST CENTERS						1

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0044 Period: Prom 09/01/2017 To 08/31/2018 Worksheet A Cost Center Description Salaries Other Total (col. 1 + col. 2) Reclassificati Reclassificati rol 8(col. 4) Reclassificati rol 8(col. 4) Reclassificati rol 8(col. 4) 96.00 06000 DURABLE MEDICAL EQUIP-RENTED 0	Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-2552-10
Cost Center Description Salaries Other Total (col. 1 + col. 2) Cost Center Description Salaries Other Total (col. 2) + col. 2) Date/Time Prepared: col. 3 + - col. 2) 96.00 09600 DURABLE MEDI CAL EQUIP-RENTED 0	RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC			Worksheet A
Cost Center Description Sal aries Other Total (col. 1 + col. 2) Reclassificati ons (See A-6) Reclassificati (col. 3 +- col. 4) 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 0 0 96.00 99.00 99.00 99.00 99.00 09.00 0 0 0 0 0 0 0 97.00 99.00 99.00 99.00 99.00 09.00 0 0 0 0 0 97.00 99.00 99.00 0 0 0 0 0 99.00 99.00 0 0 0 0 99.00 99.00 99.00 0						Date/Time Prepared
Product Product <t< td=""><td></td><td></td><td></td><td></td><td></td><td>1/29/2019 4:11 pm</td></t<>						1/29/2019 4:11 pm
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 2.00 3.00 4.00 5.00 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 <	Cost Center Description	Sal ari es	Other			
Product Col Col Col Col Col Col Col Col A 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0				+ col. 2)	ons (See A-6)	
Image: 1.00 2.00 3.00 4.00 5.00 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 <		1 00	2.00	2 00	4.00	
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 0 0 0 0 0 97.00 99.10 09901 CORF 0 <	96.00 09600 DURABLE MEDICAL FOULP-RENTED	1.00	2.00	3.00	4.00	
99.00 09900 CMHC 0 0 0 0 99.00 99.00 99.00 99.00 99.00 0 0 0 0 0 0 0 0 99.00 99.10 99.10 99.10 99.10 99.10 99.10 99.10 99.10 99.10 99.10 99.10 99.00 90		0	0		0 0	
99.10 09910 CORF 0 <t< td=""><td></td><td>Ő</td><td>o</td><td></td><td>0 0</td><td></td></t<>		Ő	o		0 0	
101.00 HOME HEALTH AGENCY 2,902,809 1,553,100 4,455,909 -736,806 3,719,103 101.00 SPECIAL PURPOSE COST CENTERS 0		0	0		0 0	0 99.10
SPECIAL PURPOSE COST CENTERS 105:00 105:00 KIDNEY ACQUI SI TI ON 0 0 0 0 105:00 106:00 106:00 106:00 0	100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0 0	0 100. 00
105.00 10500 KI DNEY ACQUI SI TI ON 0	101.00 10100 HOME HEALTH AGENCY	2, 902, 809	1, 553, 100	4, 455, 90	-736, 806	3, 719, 103 101. 00
106.00 106.00 HEART ACQUISITION 0 0 0 106.00 107.00 10700 LI VER ACQUISITION 0					-	
107.00 107.00 LI VER ACQUI SI TI ON 0 0 0 107.00 108.00 10800 LUNG ACQUI SI TI ON 0 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td></td>		0	0		0 0	
108.00 10800 LUNG ACQUISITION 0 0 0 108.00 109.00 10900 PANCREAS ACQUISITION 0		0	0		0 0	
109.00 PANCREAS ACQUI SI TI ON 0 0 0 0 109.00 110.00 INTESTI NAL ACQUI SI TI ON 0 0 0 0 0 110.00 111.00 INTESTI NAL ACQUI SI TI ON 0 0 0 0 0 110.00 111.00 ISLET ACQUI SI TI ON 0 0 0 0 0 111.00 113.00 INTEREST EXPENSE 0 0 0 0 113.00 114.00 UTI LI ZATI ON REVIEW-SNF 0 0 0 0 114.00 115.00 11600 HOSPI CE 0 0 0 0 116.00 116.00 11600 HOSPI CE 0 0 0 0 114.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 190.00 GI FT FLOWER COFFEE SHOP & CAN 0 <t< td=""><td></td><td>0</td><td>0</td><td></td><td>0 0</td><td></td></t<>		0	0		0 0	
110.00 INTESTINAL ACQUISITION 0 0 0 0 110.00 111.00 INTESTINAL ACQUISITION 0 115.00 0 116.00 105PICE 0<		0	0		0 0	
111.00 11100 I SLET ACQUI SI TI ON 0 0 0 0 111.00 113.00 11300 INTEREST EXPENSE 0 0 0 0 113.00 114.00 114.00 UTI LI ZATI ON REVI EW-SNF 0 0 0 0 0 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 115.00 116.00 11600 HOSPI CE 0 0 0 0 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GI FT FLOWER COFFEE SHOP & CAN 0 144, 390 0 144, 390 190.00 191.00 19100 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191.00 192.00 19200 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.02 192.02 192.02 <t< td=""><td></td><td>0</td><td>0</td><td></td><td>0</td><td></td></t<>		0	0		0	
113.00 11300 INTEREST EXPENSE 0 0 0 0 113.00 114.00 11400 UTI LI ZATI ON REVI EW-SNF 0 0 0 0 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 115.00 116.00 11600 HOSPI CE 0 0 0 0 115.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 190.00 IPODO GIFT FLOWER COFFEE SHOP & CAN 0 144, 390 0 144, 390 190.00 191.00 19100 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191.00 192.00 19200 PHYSI CLANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.01 192.01 19200 OTHER NRCC 150, 650		0	0		0	
114.00 11400 UTI LI ZATI ON REVI EW-SNF 0 0 0 0 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 0 115.00 116.00 11600 HOSPI CE 0 0 0 0 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 NONRET MBURSABLE COST CENTERS 190.00 19000 GI FT FLOWER COFFEE SHOP & CAN 0 144, 390 144, 390 0 144, 390 190.00 191.00 19100 RESEARCH 76, 587 20, 347 96, 934 -19, 539 177, 395 191.00 192.00 19200 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.00 192.01 19200 OTHER NRCC 0 0 0 0 0 192.01 192.02 17202 LTC 0 0 0 0 0 192.02 193.00 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td></td>		0	0		0 0	
115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 115.00 116.00 11600 HOSPI CE 0 0 0 0 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 NONRET MEURSABLE COST CENTERS 190.00 19000 GI FT FLOWER COFFEE SHOP & CAN 0 144, 390 0 144, 390 190.00 191.00 19100 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191.00 192.00 19200 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.00 192.01 19201 OTHER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192.01 192.02 LTC 0 0 0 0 192.02 193.00 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07950 MARKETI NG <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>		0	0			
116.00 11600 HOSPI CE 0 0 0 0 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118.00 NONREL MBURSABLE COST CENTERS 190.00 19000 G I FT FLOWER COFFEE SHOP & CAN 0 144, 390 144, 390 0 144, 390 190.00 191.00 19000 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191.00 192.00 19200 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.00 192.01 19201 OTHER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192.01 192.02 LTC 0 0 0 0 0 192.02 193.00 NONPAI D WORKERS 0 0 0 0 0 0 193.00 194.00 07950 MAR		0	0		0 0	
SUBTOTALS (SUM OF LINES 1 through 117) 91, 283, 210 176, 126, 592 267, 409, 802 107, 320 267, 517, 122 118. 00 NONREI MBURSABLE COST CENTERS NONREI MBURSABLE COST CENTERS 144, 390 144, 390 144, 390 144, 390 190. 00 144, 390 190. 00 144, 390 190. 00 191. 00 191.00 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191. 00 192. 00 19200 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192. 00 192. 01 19200 THER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192. 01 192. 02 LTC 0 0 0 0 192. 02 193.00 NONPAI D WORKERS 0 0 0 193. 00 194. 00 194. 00 194. 00		Ő	Ő		0 0	
190. 00 IP000 GIFT FLOWER COFFEE SHOP & CAN 0 144, 390 144, 390 0 144, 390 190. 00 191. 00 19100 RESEARCH 76, 587 20, 347 96, 934 -19, 539 77, 395 191. 00 192. 00 19200 PHYSI CLANS PRI VATE 0FFI CES 395, 636 138, 527 534, 163 0 534, 163 192. 00 192. 01 19201 OTHER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192. 01 192. 02 LTC 0 0 0 0 0 192. 02 193. 00 19300 NONPAID WORKERS 0 0 0 0 193. 00 194. 00 07950 MARKETING 0 0 0 0 0 0 194. 00		91, 283, 210	176, 126, 592	267, 409, 80	2 107, 320	267, 517, 122 118.00
191.0019100RESEARCH76, 58720, 34796, 934-19, 53977, 395191.00192.0019200PHYSI CI ANS PRI VATE OFFICES395, 636138, 527534, 1630534, 163192.00192.0119201OTHER NRCC150, 6503, 105, 3173, 255, 967-87, 7813, 168, 186192.01192.0219202LTC0000192.02193.0019300NONPAI D WORKERS0000193.00194.0007950MARKETI NG0000194.00	NONREI MBURSABLE COST CENTERS					
192.00 PHYSI CI ANS PRI VATE OFFICES 395, 636 138, 527 534, 163 0 534, 163 192.00 192.01 19201 OTHER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192.01 192.02 19202 LTC 0 0 0 0 192.02 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07950 MARKETI NG 0 0 0 0 194.00	190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	144, 390	144, 39	0 C	144, 390 190. 00
192.01 19201 OTHER NRCC 150, 650 3, 105, 317 3, 255, 967 -87, 781 3, 168, 186 192.01 192.02 19202 LTC 0 0 0 0 192.02 193.00 19300 NONPAI D WORKERS 0 0 0 0 193.00 194.00 07950 MARKETI NG 0 0 0 0 194.00		76, 587	20, 347	96, 93	4 -19, 539	
192.02 LTC 0 0 0 192.02 193.00 19300 NONPALD WORKERS 0 0 0 0 193.00 194.00 07950 MARKETING 0 0 0 0 194.00		395, 636				
193.00 19300 NONPAI D WORKERS 0 0 0 193.00 194.00 07950 MARKETI NG 0 0 0 0 194.00		150, 650	3, 105, 317	3, 255, 96	7 -87, 781	
194. 00 07950 MARKETING 0 0 0 194. 00		0	0		0 0	
		0	0		0 0	
200.00 TOTAL (SUM OF LINES THE THEOUGH 199) 91,906,083 179,535,173 271,441,256 0 271,441,256 200.00		0	170 505 170	071 441 05	0	
	200.00 IUTAL (SUM OF LINES ITS THROUGH 199)	91, 906, 083	179, 535, 173	271, 441, 25	D 0	271, 441, 256 200. 00

	Financial Systems SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	BAPTIST HEAL OF EXPENSES	Provider CCN: 15-00		ieu of Form CMS-2552- Worksheet A
				To 08/31/201	8 Date/Time Prepared
	Cost Center Description	Adjustments	Net Expenses		1/29/2019 4:11 pm
		(See A-8) F 6.00	or Allocation 7.00		
	GENERAL SERVICE COST CENTERS	0.00	7.00		
00	00100 CAP REL COSTS-BLDG & FIXT	0	0		1.0
00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS	0	2, 944		2.
00 00	00400 EMPLOYEE BENEFITS DEPARTMENT	-388, 140	0 23, 942, 430		3. (
00	00500 ADMI NI STRATI VE & GENERAL	-17, 193, 674	46, 718, 604		5.0
00	00600 MAI NTENANCE & REPAI RS	0	0		6. (
00	00700 OPERATION OF PLANT	-2, 400	12, 987, 351		7.
00 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	1, 047, 278 2, 702, 899		8.0
0.00	01000 DI ETARY	-1, 479, 865	2, 329, 854		10.0
. 00	01100 CAFETERI A	0	0		11.
2. 00	01200 MAINTENANCE OF PERSONNEL	0	0		12.
8.00	01300 NURSI NG ADMI NI STRATI ON	0	0		13.0
. 00 5. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0 -357, 773	1, 129, 488 4, 102, 754		14.0
5. 00 5. 00	01600 MEDICAL RECORDS & LIBRARY	2, 780, 131	6, 180, 507		16.0
. 00	01700 SOCIAL SERVICE	0	0		17.
8. 00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	272, 118		23.
). 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	-4, 430, 138	29, 179, 208		30.0
. 00	03100 INTENSIVE CARE UNIT	-4, 430, 138	3, 958, 515		30.
2.00	03200 CORONARY CARE UNI T	0	0		32.
8.00	03300 BURN INTENSIVE CARE UNIT	0	0		33.
. 00	03400 SURGI CAL I NTENSI VE CARE UNI T	0	0		34.
00 . 00 .	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0	0		40. (
2.00	04200 SUBPROVI DER	0	0		41.
8.00	04300 NURSERY	0	1, 157, 564		43.
. 00	04400 SKILLED NURSING FACILITY	0	0		44.
5.00	04500 NURSING FACILITY	0	0		45.0
. 00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0		46.
0. 00	05000 OPERATI NG ROOM	-4, 675	12, 966, 937		50.
. 00	05100 RECOVERY ROOM	0	0		51.
2.00	05200 DELIVERY ROOM & LABOR ROOM	-3, 004	1, 749, 318		52.
3.00 .00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	-114, 426	0 7, 516, 717		53.0
5.00	05500 RADI OLOGY-THERAPEUTI C	-114, 420	0		55.0
. 00	05600 RADI OI SOTOPE	0	0		56.
. 00	05700 CT SCAN	0	1, 077, 764		57.
3.00 9.00		0	549, 489		58.
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0 -57, 138	3, 753, 679 11, 083, 515		59. (60. (
). 01	06001 BLOOD LABORATORY	0	0		60.
. 00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.
8.00	06300 BLOOD STORING PROCESSING & TRA	0	0 40,020		63. 64.
. 00 5. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	69, 920 3, 234, 629		65.0
. 00	06600 PHYSI CAL THERAPY	-4, 229	5, 405, 690		66.
. 00	06700 OCCUPATI ONAL THERAPY	0	0		67.0
8.00		-2, 340	360, 646		68.
). 00). 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	2, 426, 950 68, 394		69. (70. (
). 00	07000 ELECTROENCEPHALOGRAPHY	0	750, 876		70.
. 00	07100 MEDICAL SUPPLIES CHARGED TO PAT	-908, 162	18, 997, 346		71.
2.00		0	14, 154, 730		72.
8.00	07300 DRUGS CHARGED TO PATIENTS	0	14, 125, 187 0		73.0
6.00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0	0		74.
b. 00	03950 NUTRI TI ON/DI ABETES	0	0		76.
. 97	07697 CARDI AC REHABI LI TATI ON	-31, 236	645, 658		76.
	OUTPATIENT SERVICE COST CENTERS	1 1	-		
8.00	08800 RURAL HEALTH CLINIC	0	0		88.
). 00). 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	-459	0 1, 866, 315		89. 90.
. 00	09100 EMERGENCY	-367	5, 084, 850		90.
2.00	09200 OBSERVATION BEDS (NON-DISTINCT				92.
-	OTHER REIMBURSABLE COST CENTERS				
	09400 HOME PROGRAM DI ALYSI S	0	0		94.
	09500 AMBULANCE SERVICES	0	0		95.0
5.00 5.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	N: 15-0044	Peri od:	Worksheet A
				From 09/01/2017 To 08/31/2018	Date/Time Prepared:
				10 00/31/2010	1/29/2019 4:11 pm
Cost Center Description	Adjustments	Net Expenses			
		For Allocation			
	6.00	7.00			
99. 00 09900 CMHC	0	0			99.00
99. 10 09910 CORF	0	0			99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0			100.00
101.00 10100 HOME HEALTH AGENCY	-1, 538	3, 717, 565			101.00
SPECIAL PURPOSE COST CENTERS	0	0			105.00
105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON	0	0			105. 00 106. 00
107. 00 10700 LIVER ACQUISITION	0	0			108.00
108. 00 10800 LUNG ACQUISITION	0	0			107.00
109. 00 10900 PANCREAS ACQUISITION	0	0			108.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0			110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0			111.00
113. 00 11300 I NTEREST EXPENSE	0	0			113.00
114. 00 11400 UTI LI ZATI ON REVIEW-SNF	0	0			114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0			115.00
116. 00 11600 HOSPI CE	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-22, 199, 433	245, 317, 689			118.00
NONREI MBURSABLE COST CENTERS	· · · · ·				
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	144, 390			190.00
191. 00 19100 RESEARCH	0	77, 395			191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	534, 163			192.00
192.01 19201 0THER_NRCC	0	3, 168, 186			192.01
192. 02 19202 LTC	0	0			192. 02
193. 00 19300 NONPALD WORKERS	0	0			193.00
194.00 07950 MARKETI NG	0	0			194.00
200.00 TOTAL (SUM OF LINES 118 through 199)	-22, 199, 433	249, 241, 823			200.00

True 02012071 (10000010000000000000000000000000000		SIFICATIONS		BAPITST HEA	Provider CC	N: 15-0044 Period: Worksheet	
Internation Internation Internation 2.001 2.001 3.00 4.00 5.00 1.001 2.001 3.00 4.00 5.00 1.001 0.005 0.001 0.001 1.001 1.001 0.005 0.001 0.0						From 09/01/2017	
Image: Cost Center Line # Sign or vorter Other 4.000 2.00 3.00 4.00 5.00 1			Incroasos				
Description 2 a0 1.00 4.00 5.00 1.00 PRIAC DAMAGE TO PATERYS 73.00 4.00 4.05 1.00 2.00 0.00 0.00 0.00 0.00 2.00 4.00 0.00 0.00 0.00 0.00 2.00 4.00 0.00 0.00 0.00 0.00 2.00 7.00 0.00 0.00 0.00 0.00 0.00 7.00 0.00 0.00 0.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 1.00 1.00 1.00 0.00 0.00 0.00 0.00 1.00 1.00 1.00 0.00 0.00 0.00 0.00 1.00 1.00 1.00 PRIAC DAMAGE TO 7.10 1.4,14,730 1.00 1.00 2.00 0.00 0.00 0.00 0.00 1.00 1.00 2.00 0.00 0.00 0.00 0.00		Cost Center		Salary	Other		
1.00 DNISS CARRETS TO PATERNTS 73.00 14.125,187 4 0.00 0.00 0 0 0 0 0.00 0.00 0 0 0 0 0 0.00 0.00 0			3.00	4.00	5.00		
2.00 0.00 <td< td=""><td>1.00</td><td></td><td>73.00</td><td>0</td><td>14, 125, 187</td><td></td><td>1.00</td></td<>	1.00		73.00	0	14, 125, 187		1.00
4 00 00 00 00 00 00 00 00 00 00 00 00 00	2.00		0.00	0	0		2.00
5.00 0.00 0 0.00 0 0.00 0 0.00 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>				0			
7.00 0.00 0 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>					-		
8.00 0.00 0 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>					-		
0.00 0.00 0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
11.00 0.00 0 0 11.00 13.00 0.00 0 0 12.00 14.00 0.00 0 0 14.10 15.00 0 0.00 0 0 14.10 16.00 0 0 0 0 0 14.12/b.187 1.00 PAT LEVS 0 14.154.730 0 1.00 1.00 0 PAT LEVS 0 14.154.730 0 1.00 1.00 0.00 0.00 0 0 0.00 0 0.00 0 0.00	9.00		0.00	0	0		9.00
12.00 0.00 0 0 12.00 12.00 12.00 13.00 14.00 0.00 0.00 0 0 14.125, 10.1 12.00 10.00 12.00 10.00 12.00 10.00							
14.00 0.00 0 0 14.05 15.00 10.00 0.04 0.00 0 14.125,187 15.00 10.00 PALIFUXS 0 14.154,780 10.00 10.00 PALIFUXS 0 14.154,780 10.00 10.00 PALIFUXS 0 14.154,780 10.00 2.00 0 14.154,780 20.00 20.00 2.00 0 0.00 0 20.00 20.00 2.00 0.00 0 0.00 0 20.00 0.00 0.00 0 0 0.00 0.00 20.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0.00 <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>12.00</td>				-	-		12.00
15.00					-		
B - IMPLARTS				-	0		
1.00 MMEL DEV. CHARGED TO 72.00 0 14, 154, 730 1 0 0				0	14, 125, 187		
PATIENTS	1.00		72.00	0	14, 154, 730		1.00
C - SUPPLIES							
1.00 MEDICAL SUPPLIES CHARGED TO AT 71.00 0 34,060.238 1.00 2.00 0.00 0 0 0 0 0.00 3.00 0.00 0 0 0 0.00 0 0.00 5.00 0.00 0 0 0 0.00 0 0.00				0	14, 154, 730		
2.00 0.00 0 0.00 0 2.00 4.00<	1.00	MEDI CAL SUPPLI ES CHARGED TO	71.00	0	34, 060, 238		1.00
3.00 0.00 0 3.00 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 7.00 0.00 0 0 7.00 7.00 8.00 0.00 0 0 7.00 7.00 7.00 9.00 0.00 0 0 0 7.00 </td <td>2 00</td> <td>PAT</td> <td>0.00</td> <td>0</td> <td>0</td> <td></td> <td>2 00</td>	2 00	PAT	0.00	0	0		2 00
5.00 0.00 0 0 0 6.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 8.00 9.00 7.00 9.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
6.00 0.00 0 0.00 0 7.00<							
7.00 0.00 0 0 7.00 7.00 9.00 0.00 0.00 0 0.00 9.00 9.00 9.00 0.00 0 0 0 9.00 9.00 9.00 1.00 0.00 0 0 0 0 10.00 11.00 12.00 13.00 12.00 13.00 13.00 13.00 13.00 14.00 14.00 15.00 14.00 15.00 16.00 15.00 15.00 16.00 17.00 16.00 17.00 <td< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></td<>					-		
9.00 0.00 0 0 9.00 10.00 0.00 0 0 10.00 11.00 0.00 0 0 11.00 11.00 12.00 0.00 0 0 11.00 12.00 13.00 0.00 0 0 13.00 13.00 14.00 0.00 0 0 14.00 15.00 13.00 15.00 0.00 0 0 0 16.00 15.00 17.00 0.00 0 0 0 17.00 17.00 18.00 0.00 0 0 0 0 17.00 17.00 19.00 0.00 0 0 0 0 21.00 17.00 10.00 0.00 0 0 0 0 21.00 21.00 10.00 0 0 0 0 0 0 21.00 21.00 10.01 ADULTS & PEDIATRICS 30.00<	7.00		0.00	0	0		7.00
10.00 0.00 0 0.00 0 12.00 0.00 0 0.00 12.00 12.00 13.00 0.00 0 0 12.00 12.00 12.00 14.00 0.00 0 0 0 12.00 13.00 15.00 0.00 0 0 0 14.00 13.00 15.00 0.00 0 0 0 14.00 14.00 16.00 0.00 0 0 0 14.00 14.00 17.00 0.00 0 0 0 0 16.00 16.00 17.00 0.00 0 0 0 0 0 21.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
12.00 0.00 0 12.00 13.00 13.00 0.00 0 0 14.00 14.00 0.00 0 0 14.00 15.00 0.00 0 0 14.00 15.00 0.00 0 0 14.00 15.00 0.00 0 0 16.00 17.00 0.00 0 0 16.00 17.00 0.00 0 0 17.00 18.00 0.00 0 0 17.00 19.00 0.00 0 0 20.00 21.00 0 0 0 0 20.00 21.00 0 0 0 0 20.00 21.00 0 - - 0 0 0 20.00 21.00 1.00 E MASSAGE - - 0 0 0 0 0 0 0 0 0 0							
13.00 0.00 0 0.00 0 13.00 14.00 0.00 0 0 14.00 14.00 15.00 0.00 0 0 0 15.00 16.00 0.00 0 0 0 15.00 16.00 0.00 0 0 0 16.00 17.00 0.00 0 0 0 17.00 18.00 0.00 0 0 0 18.00 21.00 0 0.00 0 0 21.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
14.00 0.00 0 14.00 14.00 15.00 0.00 0 0 15.00 15.00 0.00 0 0 16.00 17.00 0.00 0 0 16.00 17.00 0.00 0 0 16.00 17.00 0.00 0 0 18.00 19.00 0.00 0 0 20.00 21.00 0 0.00 0 0 34.060.238 21.00 21.00 0 - - 0 0 34.060.238 1.00 1.00 0 - - 0 0 0 20.00 21.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
16.00 0.00 0 0.00 0 16.00 16.00 17.00 17.00 0.00 0.00 0 0 0 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 19.00 20.00 20.00 20.00 20.00 20.00 21.00 0 0 0 0 20.00 21.00 21.00 0 0 0 0 21.00	14.00		0.00	0	0		14.00
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $							
19.00 0.00 0 0 0 20.00 20.00 0 20.00				0			
20.00 0.00 0 0 20.00 21.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $					-		
D PROPERTY INSURANCE I. 00 I. 00	21.00		0.00				21.00
1.00		0 D - PROPERTY INSURANCE		0	34, 060, 238		
E MASSAGE I </td <td>1.00</td> <td></td> <td>0.00</td> <td>0</td> <td>0</td> <td></td> <td>1.00</td>	1.00		0.00	0	0		1.00
1.00 PHYSICAL THERAPY 66.00 26,079 6,634 1.00 0 26,079 6,634 1.00 1.00 0 0 0 0 0 1.00 0 0 0 0 0 0 1.00 0 0 0 0 0 0 1.00 0 0 0 0 0 0 0 1.00 0 0 0 0 0 0 0 1.00 0 0 1.134.020 102,323 1.00 1.00 2.00 1.00 NURSERY 23.00 1.061.761 95.803 2.00 2.00 0 0 1.00 159,122 34.402 1.00 1.00 RESI DENCY 1.00 159,122 34.402 1.00 2.00 3.00 1.00 0.00 0 0 0 3.00 4.00 2.00 3.00 0.00 0 0 0 0 0.00 0.00 0.00 0.00 0.		0 F - MASSAGE		0	0		
F MARKETI NG 1.00	1.00			26,079			1.00
1.00				26, 079	6, 634		
G - NURSERY -	1.00		0.00	0	0		1.00
1.00 ADULTS & PEDIATRICS 30.00 1, 134, 020 102, 323 1.00 1.00 2.00 NURSERY		-		0	0		
2.00 NURSERY	1.00		30.00	1, 134, 020	102, 323		1.00
H - PHARMACY RESIDENCY 23.00 159,122 34,402 1.00 RESIDENCY -				1,061,761	95, 803		
1.00 PARAMED ED PRGM-PHARMACY 23.00 159,122 34,402 1.00 1.00 0 159,122 34,402 1.00 1.00 1.00 1.00 1.00 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 22,398,099 1.00 2.00 3.00 0.00 0 0 0 0.00 0 3.00 4.00 0.00 0 0 0 3.00 3.00 4.00 0.00 0 0 0 3.00 5.00 0.00 0 0 0 5.00 6.00 0.00 0 0 0 5.00 6.00 0.00 0 0 0 5.00 6.00 0.00 0 0 0 6.00 7.00 0.00 0 0 0 7.00 8.00 0.00 0 0 0 9.00 9.00 0.00 0 0 0 9.00 10.00 0.00 0 0 0 9.00		O		2, 195, 781	198, 126		
O I O I I State	1.00	PARAMED ED PRGM-PHARMACY	23.00	159, 122	34, 402		1.00
I - BENEFITS DEPARTMENT 4.00 0 22,398,099 1.00 2.00 1.00 2.00 3.00 0.00 0 0.00 0 2.00 3.00 3.00 3.00 3.00 0.00 0 0.00 0 3.00			+				
2.00 0.00 0 0 2.00 3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00 7.00 0.00 0 0 7.00 8.00 0.00 0 0 8.00 9.00 0.00 0 0 9.00 10.00 0.00 0 0 10.00		I - BENEFITS		137, 122			
3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00 7.00 0.00 0 7.00 7.00 8.00 0.00 0 0 8.00 9.00 0.00 0 0 9.00 10.00 0.00 0 0 10.00		EMPLOYEE BENEFITS DEPARTMENT					
4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00 7.00 0.00 0 0 7.00 8.00 0.00 0 0 8.00 9.00 10.00 0.00 0 0 10.00							
6.00 0.00 0 6.00 7.00 0.00 0 7.00 8.00 0.00 0 8.00 9.00 0.00 0 9.00 10.00 0.00 0 10.00	4.00		0.00	0	0		4.00
7.00 0.00 0 7.00 8.00 0.00 0 8.00 9.00 0.00 0 9.00 10.00 0.00 0 0							
9.00 0.00 0 9.00 9.00 10.00 0.00 0 0 10.00	7.00		0.00	0	0		7.00
10.00 0.00 0 0 10.00							

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

Health Financial Systems

Heal th F	inancial Systems		BAPTI ST HEAL	TH FLOYD		In Lieu	u of Form CMS-2552-10
RECLASS	I FI CATI ONS			Provider (CCN: 15-0044	Peri od:	Worksheet A-6
						From 09/01/2017 To 08/31/2018	Date/Time Prepared: 1/29/2019 4:11 pm
		Increases					
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
12.00		0.00	0	0			12.00
13.00		0.00	0	0			13.00
14.00		0.00	0	0			14.00
15.00		0.00	0	0			15.00
16.00		0.00	0	0			16.00
17.00		0.00	0	0			17.00
18.00		0.00	0	0			18.00
19.00		0.00	0	0			19.00
20.00		0.00	0	0			20.00
21.00		0.00	0	0			21.00
22.00		0.00	0	0			22.00
23.00		0.00	0	0			23.00
24.00		0.00	0	0			24.00
25.00		0.00	0	0			25.00
26.00		0.00	0	0			26.00
27.00		0.00	0	0			27.00
28.00		0.00	0	0			28.00
29.00		0.00	0	0			29.00
30.00		0.00	0	0			30.00
31.00		0.00	0	0			31.00
1	<u> </u>			22, 398, 099			
500.00	Grand Total: Increases		2, 380, 982	84, 977, 416	1		500.00

Health Financial Systems RECLASSIFICATIONS

BAPTIST HEALTH FLOYD

Provider CCN: 15-0044

	In Lieu	u of Form CMS-2552-10
	Peri od:	Worksheet A-6
	From 09/01/2017 To 08/31/2018	
	To 08/31/2018	Date/Time Prepared: 1/29/2019 4:11 pm
_	L	1/29/2019 4:11 pm

						1/29/2019 4:	
		Decreases					
	Cost Center	Line #	Salary		Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - DRUGS EMPLOYEE BENEFITS DEPARTMENT	4.00	0	134	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1, 956			2.00
3.00	PHARMACY	15.00	0	12, 805, 078			3.00
4.00	ADULTS & PEDIATRICS	30.00	0	32			4.00
5.00	OPERATING ROOM	50.00	0	6, 184			5.00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	5, 667	0		6.00
7.00	CT SCAN	57.00	0	239	0		7.00
8.00	MRI	58.00	0	283	0		8.00
9.00	CARDI AC CATHETERI ZATI ON	59.00	0	13, 630			9.00
10.00	INTRAVENOUS THERAPY	64.00	0	1, 185, 592			10.00
11.00	PHYSI CAL THERAPY	66.00	0	16			11.00
12.00	ELECTROCARDI OLOGY	69.00	0	47, 793			12.00
13.00	CARDI AC REHABI LI TATI ON	76.97	0	155			13.00
14.00		90.00	0	3, 233 55, 195			14.00 15.00
15.00	OTHER NRCC	1 <u>92.</u> 01	— — — ⁰	<u>55, 195</u> 14, 125, 187			15.00
	B - IMPLANTS			14, 120, 107			-
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	14, 154, 730	0		1.00
	PAT	, 00	Ĵ	11,101,700	0		
			0	14, 154, 730			
	C – SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	70, 469	0		1.00
2.00	PHARMACY	15.00	0	116, 014	-		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1, 452, 405			3.00
4.00	INTENSIVE CARE UNIT	31.00	0	548, 100			4.00
5.00	OPERATING ROOM	50.00	0	17, 128, 464			5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	311, 429	-		6.00
7.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 370, 690			7.00
8.00	CT SCAN	57.00	0	178, 039			8.00
9.00		58.00	0	87, 340			9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	11, 015, 291	0		10.00
11.00		60.00	0	24, 481	0		11.00
12.00	INTRAVENOUS THERAPY	64.00 65.00	0	20, 322			12.00
13.00 14.00	RESPI RATORY THERAPY PHYSI CAL THERAPY	66. 00	0	277, 309 15, 757			13.00 14.00
14.00	SPEECH PATHOLOGY	68.00	0	4, 030			14.00
16.00	ELECTROCARDI OLOGY	69.00	0	4,030			16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	412, 233	0		17.00
18.00	SLEEP DI SORDER	70.00	0	1, 651	0		18.00
19.00	CARDI AC REHABI LI TATI ON	76.97	0	401	0		19.00
20.00	CLINIC	90.00	0	282, 898	-		20.00
21.00	EMERGENCY	91.00	0	742, 871	0		21.00
	0			34,060,238			
	D – PROPERTY INSURANCE						
1.00	L	0.00	0	0			1.00
	0		0	0			
	E - MASSAGE	1					
1.00	ADMI NI STRATI VE & GENERAL	5.00	<u>26,079</u>	<u>6, 634</u>			1.00
			26, 079	6, 634			_
1.00	F - MARKETING	0.00	0	0	0		1.00
1.00	<u> </u>		0	<u>0</u>			1.00
	G - NURSERY		U	0			-
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2, 195, 781	198, 126	0		1.00
2.00		0.00	2, 1,0, 101	0			2.00
	<u> </u>		2, 195, 781	198, 126			
	H - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	159, 122	34, 402	0		1.00
	0		159, 122	34, 402			
	I – BENEFITS						
1.00	ADMI NI STRATI VE & GENERAL	5.00	0	732, 978			1.00
2.00	OPERATION OF PLANT	7.00	0	538, 453			2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	24, 254			3.00
4.00	HOUSEKEEPING	9.00	0	493, 239			4.00
5.00		10.00	0	538, 895			5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	126, 345			6.00
7.00		15.00	0	1,001,185			7.00
8.00 9.00	MEDICAL RECORDS & LIBRARY PARAMED ED PRGM-PHARMACY	16.00 23.00	0	810, 450 17, 588			8.00 9.00
7.00	RESI DENCY	23.00	0	17, 388	0		7.00
10.00	ADULTS & PEDIATRICS	30.00	0	5, 967, 545	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	o	906, 326			11.00
12.00	OPERATING ROOM	50.00	0	2, 229, 714			12.00
		1					

Heal th	Financial Systems		BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS	5-2552-10
RECLASS	SEFECATIONS			Provider (CCN: 15-0044	Peri od:	Worksheet A	-6
						From 09/01/2017 To 08/31/2018	Date/Time Pi 1/29/2019 4:	repared: 11 pm
		Decreases						
	Cost Center	Line #	Salary		Wkst. A-7 Ref	<u>.</u>		
	6. <u>00</u>	7.00	8.00	9.00	10.00			
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	969, 636		0		13.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 207, 948		0		14.00
	CT SCAN	57.00	0	186, 656		0		15.00
	MRI	58.00	0	115, 044		0		16.00
	CARDIAC CATHETERIZATION	59.00	0	781, 982		0		17.00
18.00	LABORATORY	60.00	0	1, 030, 774		0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	22, 357		0		19.00
	RESPI RATORY THERAPY	65.00	0	630, 191		0		20.00
21.00	PHYSI CAL THERAPY	66.00	0	1, 050, 559		0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	85, 020		0		22.00
23.00	ELECTROCARDI OLOGY	69.00	0	525, 355		0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	15, 586		0		24.00
25.00	SLEEP DI SORDER	70. 01	0	165, 123		0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	145, 213		0		26.00
27.00	CLINIC	90.00	0	139, 140		0		27.00
28.00	EMERGENCY	91.00	0	1, 151, 612		0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	736, 806		0		29.00
30.00	RESEARCH	191.00	0	19, 539		0		30.00
31.00	OTHER NRCC	192.01	0	32, 586		0		31.00
	0		0	22, 398, 099				
500.00	Grand Total: Decreases		2, 380, 982	84, 977, 416		\neg		500.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD			In Lie	eu of Form CMS-:	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0044	Period: From 09/ To 08/	/01/2017 /31/2018		pared:
			Acquisition	s			
	Begi nni ng	Purchases	Donati on	To	tal	Disposals and	
	Bal ances					Retirements	
	1.00	2.00	3.00	4.	. 00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
1.00 Land	1, 840, 000	0		0	0	-357, 277	1.00
2.00 Land Improvements	1, 145, 614	0		0	0	11, 689	2.00
3.00 Buildings and Fixtures	121, 791, 217	0		0	0	-18, 839, 038	3.00
4.00 Building Improvements	1, 425, 489	0		0	0	-605, 462	4.00
5.00 Fixed Equipment	280, 697	0		0	0	-265, 187	5.00
6.00 Movable Equipment	40, 022, 429	0		0	0	6, 373, 257	6.00
7.00 HIT designated Assets	0	0		0	0	0	7.00
8.00 Subtotal (sum of lines 1-7)	166, 505, 446	0		0	0	-13, 682, 018	8.00
9.00 Reconciling Items	0	0		0	0	0	9.00
10.00 Total (line 8 minus line 9)	166, 505, 446	0		0	0	-13, 682, 018	10.00
	Endi ng Bal ance	Fully					
	U U	Depreci ated					
		Assets					
	6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
1.00 Land	2, 197, 277	0					1.00
2.00 Land Improvements	1, 133, 925	0					2.00
3.00 Buildings and Fixtures	140, 630, 255	0					3.00
4.00 Building Improvements	2, 030, 951	0					4.00
5.00 Fixed Equipment	545, 884	0					5.00
6.00 Movable Equipment	33, 649, 172	0					6.00
7.00 HIT designated Assets	0	0					7.00
8.00 Subtotal (sum of lines 1-7)	180, 187, 464	0					8.00
9.00 Reconciling Items	0	0					9.00
10.00 Total (line 8 minus line 9)	180, 187, 464	0					10.00

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10						2552-10	
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0044	Peri od:	Worksheet A-7	
					From 09/01/2017 To 08/31/2018		norod.
					To 08/31/2018	Date/Time Pre 1/29/2019 4:1	pareu: 1 nm
			SL	JMMARY OF CAP	TAL	1727/2017 111	
	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 WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2, 944	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	2, 944	0		0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description		Total (1) (sum				
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions) 14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK			nd 2			
1.00	CAP REL COSTS-BLDG & FLXT	SHELLA, COLUM	NZ, LINES I A				1.00
2.00	CAP REL COSTS-BEDG & FIXT	0	2, 944				2.00
2.00	Total (sum of lines 1-2)	0	2, 944 2, 944				3.00
3.00	Total (Sum of Times 1-2)	0	Z, 944	1			3.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CO		Period: From 09/01/2017 To 08/31/2018		
	COMF	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio	Ratio (see instructions)	Insurance	
		Leases	(col. 1 - col 2)			
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE						
1.00 CAP REL COSTS-BLDG & FIXT	146, 538, 292					1.00
2.00 CAP REL COSTS-MVBLE EQUIP	33, 649, 172					2.00
3.00 Total (sum of lines 1-2)	180, 187, 464		100/10//10		0	3.00
	ALLOCA	FION OF OTHER (CAPITAL	SUMMARY C	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	F Depreciation	Lease	
		Capi tal -Rel ate				
		d Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE			1	1		
1.00 CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0		0 2, 944		2.00
3.00 Total (sum of lines 1-2)	0	0		0 2,944	0	3.00
		SL	JMMARY OF CAPI			
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)) Capi tal -Rel ate		
				d Costs (see	through 14)	
				instructions)		
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI	-	0		0 0		1 00
1.00 CAP REL COSTS-BLDG & FLXT 2.00 CAP REL COSTS-MVBLE EQUIP	0	-		0 0	0 2, 944	1.00 2.00
3.00 Total (sum of lines 1-2)	0	-		0 0 0 0	2,944 2,944	2.00
5.00 10tal (Suii 01 111ies 1-2)	I U	0	I	U U	2, 944	3.00

Heal th Financial	Systems	BAPTIST HEALTH	I FLOYD

	Financial Systems		BAPTIST HEA		In Lie	u of Form CMS-2	2552-10
ADJUSTM	IENTS TO EXPENSES				Period: From 09/01/2017	Worksheet A-8	
					To 08/31/2018	Date/Time Prep 1/29/2019 4:1	
				Expense Classification or			<u>i pii</u>
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1 00		1.00	2.00	3.00	4.00	5.00	4 . 00
	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
	Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	0	3.00
	(chapter 2)		0		0.00		4 00
	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
	Refunds and rebates of		0		0.00	0	5.00
	expenses (chapter 8) Rental of provider space by		0		0.00	0	6.00
	suppliers (chapter 8)		107 274		F 00	0	7 00
	Telephone services (pay stations excluded) (chapter	A	-087, 374	ADMI NI STRATI VE & GENERAL	5.00	0	7.00
	21) Television and radio service	А	10 040	ADMI NI STRATI VE & GENERAL	5.00	0	8.00
	(chapter 21)	A	- 18, 060	ADMINISTRATIVE & GENERAL	5.00	0	8.00
	Parking lot (chapter 21)		0		0.00	0	9.00
	Provider-based physician adjustment	A-8-2	-4, 472, 048			0	10. 00
	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
	Related organization	A-8-1	2, 221, 185			О	12.00
	transactions (chapter 10) Laundry and linen service		0		0.00	0	13.00
	Cafeteria-employees and guests	В	-1, 479, 865		10.00	-	14.00
	Rental of quarters to employee		0		0.00	0	15.00
	and others Sale of medical and surgical		0		0.00	О	16.00
	supplies to other than patients						
	Sale of drugs to other than		0		0.00	0	17.00
	patients Sale of medical records and	В	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
a	abstracts	D	0				
	Nursing and allied health education (tuition, fees,		0		0.00	0	19.00
ł	books, etc.)						
	Vending machines Income from imposition of		0		0.00	0	20. 00 21. 00
i	interest, finance or penalty		0		0.00	Ŭ	21.00
	charges (chapter 21) Interest expense on Medicare		0		0.00	0	22.00
0	overpayments and borrowings to		J. J			Ū	22.00
	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
1	therapy costs in excess of		J. J				20.00
	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66.00		24.00
1	therapy costs in excess of		-				
	limitation (chapter 14) Utilization review –		0	UTILIZATION REVIEW-SNF	114.00		25.00
F	physicians' compensation						
	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
(COSTS-BLDG & FIXT						
	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	
	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	19.00 0.00		28. 00 29. 00
30.00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		29.00 30.00
	therapy costs in excess of limitation (chapter 14)						
30. 99 H	Hospice (non-distinct) (see	А	-42, 206	ADULTS & PEDIATRICS	30.00		30. 99
	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
1	pathology costs in excess of		0		00.00		51.00
	limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32.00
1	Depreciation and Interest		-				
33.00	PERSONAL USE OF CAR DEPR	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD	In Lie	eu of Form CMS-:	2552-10	
ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0044	Period:	Worksheet A-8		
					From 09/01/2017 To 08/31/2018	Date/Time Pre	pared:	
				Expense Classification or				
				To/From Which the Amount is	to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center		Wkst. A-7 Ref.		
		1.00	2.00	3.00	4.00	5.00	0.0.01	
33.01	PERSONAL USE OF CARE GAS	A		ADMI NI STRATI VE & GENERAL	5.00			
33.02	EMPLOYEE BENEFITS - MISC REVENUE	В	-60	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	33.02	
33.03	A & G - MISC REVENUE	В	-44 567	ADMI NI STRATI VE & GENERAL	5.00	0	33.03	
	PLANT OPERATIONS - MISC	В		OPERATION OF PLANT	7.00			
	REVENUE	_	_,			-		
33.05	DIETARY - MISC REVENUE	В	0	DI ETARY	10.00	0	33.05	
33.06	CENTRAL SUPPLY - MISC REVENUE	В	0	CENTRAL SERVICES & SUPPLY	14.00	0	33.06	
33.07	PHARMACY - MISC REVENUE	В	-357, 773	PHARMACY	15.00	0	33.07	
33.08	ADULTS AND PEDS - MISC REVENUE	В		ADULTS & PEDIATRICS	30.00			
33.09	SURGERY - MISC REVENUE	В	-	OPERATING ROOM	50.00		00107	
33. 10	LABOR AND DELIVERY - MISC REVENUE	В	-3, 004	DELIVERY ROOM & LABOR ROOM	52.00	0	33.10	
33. 11	RADIOLOGY - MISC REVENUE	В		RADI OLOGY-DI AGNOSTI C	54.00	0	33.11	
	CARDIAC CATH - MISC REVENUE	В		CARDIAC CATHETERIZATION	59.00		33.12	
33.13	LABORATORY - MISC REVENUE	В		LABORATORY	60.00			
33.14	IV THERAPY - MISC REVENUE	В		INTRAVENOUS THERAPY	64.00	0		
33.15	PHYSICAL THERAPY - MISC REVENUE	В	-2, 750	PHYSICAL THERAPY	66.00	0	33.15	
33. 16	SPEECH THERAPY - MI SC REVENUE	В	-2 340	SPEECH PATHOLOGY	68.00	0	33.16	
	CARDI OLOGY - MI SC REVENUE	В		ELECTROCARDI OLOGY	69.00	-		
	CARDI AC REHAB - MI SC REVENUE	В		CARDI AC REHABI LI TATI ON	76.97	0		
33.19	EMERGENCY DEPT - MISC REVENUE	В		EMERGENCY	91.00	0		
33.20	INTEREST INCOME	В	0	CAP REL COSTS-BLDG & FIXT	1.00	11	33.20	
33. 21	LOBBYING DUES	A	-8, 337	ADMI NI STRATI VE & GENERAL	5.00	0	33.21	
33. 22	ADMIN - ADVERTISING	A	-69, 583	ADMINISTRATIVE & GENERAL	5.00	0	33. 22	
33.23	PHYSICAL THERAPY - ADVERTISING	A		PHYSICAL THERAPY	66.00	0	00.20	
33.24	CLINIC-ADVERTISING	A		CLINIC	90.00			
33.25	ER- ADVERTI SI NG	A	-	EMERGENCY	91.00	0	00.20	
	HOME HEALTH ADVERTISING	A		HOME HEALTH AGENCY	101.00		00.20	
33. 27	EMPLOYEE BENEFITS - NON	A	-388, 080	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	33.27	
33. 28	ALLOWABLE EX ADMIN - NONALLOWABLE EXPENSES	А	40.007	ADMI NI STRATI VE & GENERAL	5.00	0	33. 28	
	HAF FEE - HOSPITAL	A		ADMINI STRATI VE & GENERAL	5.00			
33.30	OTHER ADJUSTMENTS (SPECIFY)	~	- 10, 003, 072		0.00	0		
55.50	(3)		Ŭ		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	
	(3)		0		0.00		00.02	
50.00	TOTAL (sum of lines 1 thru 49)		-22, 199, 433				50.00	
	(Transfer to Worksheet A,							
	column 6, line 200.)							

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

Heal th	Financial Systems	BAPTIST HE	ALTH FLOYD	In Lie	eu of Form CMS-	2552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM	ME Provider CCN: 15-0044	Peri od:	Worksheet A-8	3-1
				From 09/01/2017 To 08/31/2018		
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1.00	2.00 3.00		4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
	HOME OFFICE COSTS:					
1.00	16.00	16.00 MEDICAL RECORDS & LIBRARY		2, 780, 131	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL		37, 601, 879	37, 252, 663	2.00
3.00	71.00	MEDICAL SUPPLIES CHARGED TO		-908, 162	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4).			39, 473, 848	37, 252, 663	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

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

nus	not been posted to norksheet A,		it arrowable sh		or this part.	
				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownershi p		Ownershi p	
	1.00	2.00	3.00	4.00	5.00	
	B INTERPRIATIONSHID TO RELAT	TED OPCANIZATION(S) AND/OP HO				

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

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

6.00	В	BHSI	100.00	BHSI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					1

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

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

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

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

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

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

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

Health Financial Systems	BAPTI ST HEALTH	FLOYD	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0044		Worksheet A-8-1
OFFICE COSTS			From 09/01/2017 To 08/31/2018	Date/Time Prepared:

			1/29/2019 4:	l1 pm
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTN	IENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	2, 780, 131	0		1.00
2.00	349, 216	0		2.00
3.00	-908, 162	0		3.00
4.00	0	0		4.00
5.00	2, 221, 185			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.

1143	not been posted to worksheet A,		the amount	arrowable should	be mulcated m	tin s part.	
	Related Organization(s)						
	and/or Home Office						
	Type of Business						
	6.00]					
	B. INTERRELATIONSHIP TO RELAT	TED ORGANIZATION(S)	AND/OR HOME	OFFICE:			

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

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

rerinbui	Sement under title Aviii.	
6.00	HEALTHCARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10. 00 100. 00		10.00
100.00		100.00

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

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

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

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

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

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

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

Heal th	Financial Syste	ems	BAPTI ST HE	ALTH FLOYD		In Lie	eu of Form CMS-	2552-10
	R BASED PHYSIC					Period:	Worksheet A-8	
						From 09/01/2017		
						To 08/31/2018	B Date/Time Pre 1/29/2019 4:1	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
	intot: A Erno #	I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	4, 416, 036	4, 341, 599	74, 43	7 179,000	641	1.00
2.00	50.00	OPERATING ROOM	4, 675	4, 675	(246, 400	0	2.00
3.00	54.00	RADI OLOGY-DI AGNOSTI C	106, 500	106, 500	(271,900	0	3.00
4.00	0.00		0	0	(0 0	0	4.00
5.00	0.00		0	0	(0 0	0	5.00
6.00	0.00		0	0	(0 0	0	6.00
7.00	0.00		0	0	(0 0	0	7.00
8.00	0.00		0	0	(0 0	0	8.00
9.00	0.00		0	0	(0 0	0	9.00
10.00	0.00		0	0	(0 0	0	10.00
200.00			4, 527, 211	4, 452, 774	74, 43			200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		Identi fi er	Limit	Unadjusted RCE			of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
	1.00	0.00	0.00	0.00	Education	12	11.00	
1 00	1.00	2.00	8.00	9.00	12.00	13.00 0 0	14.00	1 00
1.00 2.00		ADULTS & PEDIATRICS OPERATING ROOM	55, 163	2, 758 0				1.00 2.00
2.00		RADI OLOGY-DI AGNOSTI C	0	0			-	2.00
3.00 4.00	0.00	RADI OLOGI - DI AGNOSTI C	0		(0	3.00 4.00
4.00 5.00	0.00		0	0	(-	0	4.00 5.00
6.00	0.00		0		(-	0	6.00
7.00	0.00						0	7.00
8.00	0.00				(0	8.00
9.00	0.00				(-	0	9,00
10.00	0.00		0	0	(0	10.00
200.00	0.00		55, 163	2, 758			0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		200100
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00		ADULTS & PEDIATRICS	0	55, 163	19, 274			1.00
2.00		OPERATING ROOM	0	0	(2.00
3.00		RADI OLOGY-DI AGNOSTI C	0	0	(3.00
4.00	0.00		0	0	(°		4.00
5.00	0.00		0	0	(-		5.00
6.00	0.00		0	0	(۰ ۱		6.00
7.00	0.00		0	0	(7.00
8.00	0.00		0	0	(~ 		8.00
9.00	0.00		0	0	(-		9.00
10.00	0.00		0	0	(0		10.00
200.00			0	55, 163	19, 274	4, 472, 048		200. 00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	BAPTIST HEA	Provider C	F	In Lie Period: From 09/01/2017 To 08/31/2018	u of Form CMS-2 Worksheet B Part I Date/Time Pre	pared:
			CAPI TAL REL	ATED COSTS		1/29/2019 4:1	1 pm
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	2, 944 23, 942, 430	0	2, 944			2.00 4.00
4.00 5.00	00500 ADMINI STRATI VE & GENERAL	46, 718, 604	0	759		47, 457, 495	5.00
6.00	00600 MAI NTENANCE & REPAI RS	0	0	C		0	6.00
7.00	00700 OPERATION OF PLANT	12, 987, 351	0	1, 039	581, 165	13, 569, 555	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1,047,278	0	1		1, 074, 128	
9.00	00900 HOUSEKEEPING	2, 702, 899	0	14		3, 233, 667	9.00
	01000 DI ETARY 01100 CAFETERI A	2, 329, 854	0	28 C		2, 994, 011 0	10.00
	01200 MAINTENANCE OF PERSONNEL	0	0			0	12.00
	01300 NURSI NG ADMI NI STRATI ON	0	0	C	0	0	13.00
	01400 CENTRAL SERVICES & SUPPLY	1, 129, 488	0	12	139, 576	1, 269, 076	14.00
	01500 PHARMACY	4, 102, 754	0	14		5, 119, 421	•
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	6, 180, 507	0	0		7, 059, 372	•
	01700 SOLTAL SERVICE 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0 272, 118	0			0 333, 223	17.00 23.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	272,110	0	· · ·	01,104	333, 223	23.00
30.00	03000 ADULTS & PEDIATRICS	29, 179, 208	0	301	6, 618, 378		30.00
	03100 INTENSIVE CARE UNIT	3, 958, 515	0			4, 921, 877	31.00
	03200 CORONARY CARE UNIT	0	0	C	-	0	32.00
	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0			0	33.00 34.00
	04000 SUBPROVIDER - IPF	0	0			0	40.00
	04100 SUBPROVI DER – I RF	0	0	C	0	0	41.00
	04200 SUBPROVI DER	0	0	C	0 0	0	42.00
	04300 NURSERY	1, 157, 564	0	4	284, 074	1, 441, 642	43.00
	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0		0	0	44.00 45.00
	04600 OTHER LONG TERM CARE	0	0	-	-	0	
	ANCI LLARY SERVI CE COST CENTERS	-		-			
	05000 OPERATING ROOM	12, 966, 937	0			15, 238, 550	•
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	1 740 219	0	-		0	51.00 52.00
	05300 ANESTHESI OLOGY	1, 749, 318	0			2, 191, 372 0	52.00
	05400 RADI OLOGY-DI AGNOSTI C	7, 516, 717	0	182		8, 795, 405	•
	05500 RADI OLOGY-THERAPEUTI C	0	0	C		0	55.00
	05600 RADI OI SOTOPE	0	0	-	-	0	
	05700 CT SCAN 05800 MRI	1, 077, 764 549, 489	0	17		1, 275, 674 673, 682	1
	05900 CARDI AC CATHETERI ZATI ON	3, 753, 679	0			4, 592, 062	
	06000 LABORATORY	11, 083, 515				12, 189, 405	
	06001 BLOOD LABORATORY	0	0	C	0 0	0	60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM	0				0	61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORING PROCESSING & TRA	0	0		0 0	0	62.00 63.00
	06400 I NTRAVENOUS THERAPY	69, 920	0		13,639	83, 559	•
	06500 RESPI RATORY THERAPY	3, 234, 629	0	12			
	06600 PHYSI CAL THERAPY	5, 405, 690	0			6, 535, 797	
	06700 OCCUPATI ONAL THERAPY	0	0	C	-	0	67.00
		360, 646	0			450, 961 2, 974, 272	68.00
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	2, 426, 950 68, 394	0	31		2, 974, 272 85, 446	
	07001 SLEEP DI SORDER	750, 876	0			924, 958	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	18, 997, 346	0	C		18, 997, 346	
	07200 IMPL. DEV. CHARGED TO PATIENTS	14, 154, 730	0	C	0 0	14, 154, 730	1
	07300 DRUGS CHARGED TO PATIENTS	14, 125, 187	0		0	14, 125, 187	
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0		-	0	74.00 75.00
	03950 NUTRI TI ON/DI ABETES	0	0	-	-	0	
	07697 CARDI AC REHABI LI TATI ON	645, 658	0	8		797, 857	
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0	0			0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0 0	0	89.00
		1 QAA 21E		14	1/7 001	2 012 122	90 00
90.00	09000 CLINIC 09100 EMERGENCY	1, 866, 315 5, 084, 850	0			2, 013, 422 6, 314, 430	

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Pre 1/29/2019 4:1	epared: 1 pm
		CAPI TAL REI	_ATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S 95.00 09500 AMBULANCE SERVI CES 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 97.00 09700 DURABLE MEDI CAL EQUI P-RENTED	0	0 0 0			C C C	95. 00 96. 00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0		0 0	0	
99.00 09900 CMHC 99.10 09910 CORF	0	0		0 0		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0 0		100.00
101. 00 10100 HOME HEALTH AGENCY	3, 717, 565	0		0 776, 647		
SPECIAL PURPOSE COST CENTERS	5,717,505	0		0 770,047	4, 474, 212	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0	105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		0 0	C	108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0	C	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0	C	110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	C	111.00
113.00 11300 INTEREST EXPENSE			1			113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0	C	115.00
116. 00 11600 HOSPI CE	0	0		0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	245, 317, 689	0	2, 94	12 23, 775, 784	245, 151, 038	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	144, 390	0		0 0		
191. 00 19100 RESEARCH	77, 395	0		0 20, 491		191.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	534, 163	0		0 105, 852		
192.01 19201 OTHER NRCC	3, 168, 186	0		2 40, 306		
192. 02 19202 LTC	0	0		0 0		192.02
193. 00 19300 NONPAI D WORKERS	0	0		0 0		193.00
194. 00 07950 MARKETI NG	0	0		0 0		194.00
200.00 Cross Foot Adjustments		~				200.00
201.00 Negative Cost Centers	240 241 022	0				201.00
202.00 TOTAL (sum lines 118 through 201)	249, 241, 823	0	2, 94	14 23, 942, 433	249, 241, 823	202.00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	BAPTI ST HEAL	Provider CCN:	F	eriod: rom 09/01/2017 o 08/31/2018	u of Form CMS-2 Worksheet B Part I Date/Time Pre 1/29/2019 4:1	
	Cost Center Description	ADMI NI STRATI VE M & GENERAL	AINTENANCE & C REPAIRS	PERATION OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	
		5.00	6.00	7.00	8.00	9.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	47, 457, 495					5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	3, 191, 410	0	16, 760, 965			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	252, 623	0	262, 086		4 107 771	8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	760, 523 704, 158	0	66, 232 101, 311		4, 127, 771 25, 449	9. 00 10. 00
11.00	01100 CAFETERI A	0,04,130	0	574, 707		144, 363	
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0		0	12.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	0	0	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	298, 473	0	652, 792		163, 977	1
15.00	01500 PHARMACY	1, 204, 032	0	147,080		36, 946	•
16.00 17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	1, 660, 287	0	293, 801 0		73, 801 0	
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	78, 370	0	5, 886	-	1, 479	
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	10, 310	0	5,000	51	1, 477	23.00
30. 00	03000 ADULTS & PEDIATRICS	8, 419, 311	0	5, 875, 330	724, 865	1, 475, 841	30.00
31. 00	03100 I NTENSI VE CARE UNI T	1, 157, 571	0	528, 977		132, 876	31.00
32.00	03200 CORONARY CARE UNI T	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0	0	0	0	0	34.00
40.00 41.00	04000 SUBPROVIDER - TPF	0	0	0	0	0	40.00 41.00
42.00	04200 SUBPROVI DER	0	0	0	0	0	42.00
43.00	04300 NURSERY	339, 058	0	146, 520	22, 051	36, 805	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0		0	
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	3, 583, 939	0	1, 740, 058	170, 349	437, 091	50.00
50.00	05100 RECOVERY ROOM	3, 303, 434	0	1, 740, 038		437,091	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	515, 387	0	1, 039, 374	-	261, 084	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 068, 583	0	1, 140, 764	63, 793	286, 552	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0	142.077	0	0	56.00
57.00 58.00	05700 CT SCAN 05800 MRI	300, 024 158, 443	0	143, 877 65, 832		36, 141 16, 537	•
59.00	05900 CARDI AC CATHETERI ZATI ON	1, 080, 002	0	450, 612		113, 191	
60.00	06000 LABORATORY	2, 866, 814	0	703, 487		176, 711	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0 19, 652	0	0	0	0	63.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	934, 019	0	94, 944	0	0 23, 849	64.00 65.00
66.00	06600 PHYSI CAL THERAPY	1, 537, 148	0	13, 014		3, 269	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	õ	0	0	0,207	67.00
68. 00	06800 SPEECH PATHOLOGY	106, 061	о	23, 025		5, 784	68.00
69.00	06900 ELECTROCARDI OLOGY	699, 516	0	362, 355		91, 021	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20, 096	0	285, 912		71, 819	
70.01	07001 SLEEP DI SORDER	217, 540	0	156, 371	16, 638	39, 279	
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS	4, 467, 967 3, 329, 037	0	0	0	0	71.00 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3, 329, 037	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0,022,007	ő	0	0	0	74.00
	07500 ASC (NON-DI STINCT PART)	0	ō	0	Ő	0	75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	0	0	0	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	187, 647	0	143, 877	0	36, 141	76.97
00.00	OUTPATIENT SERVICE COST CENTERS	-1		_		_	00.07
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	473, 535	0	0 209, 108	0 148	0 52, 527	89.00 90.00
90.00	09100 EMERGENCY	1, 485, 084	0	1, 157, 663		290, 797	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1, 100, 004	Ŭ	., 107, 000	200, 220	2,0,171	92.00
	OTHER REIMBURSABLE COST CENTERS						1
				0	0	0	94.00
94.00	09400 HOME PROGRAM DI ALYSI S	0	O	0	0	0	•
95.00	09500 AMBULANCE SERVI CES	0 0	0	0	0	0	95.00
		0	0	0	0	-	95.00 96.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		eriod:	Worksheet B	
				rom 09/01/2017	Part I	
				08/31/2018	Date/Time Pre 1/29/2019 4:1	
Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
cost center bescription	& GENERAL	REPAI RS	PLANT	LINEN SERVICE	HOUSEREELING	
	5.00	6.00	7.00	8.00	9.00	
99. 10 09910 CORF	0	C) C	0	0	99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	C		0	0	100.00
101.00 10100 HOME HEALTH AGENCY	1, 056, 989	C) C	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	C) C	0	0	105.00
106. 00 10600 HEART ACQUI SI TI ON	0	C	0 0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	C	0 0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	C	0 0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	C	0 0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	C	0 0	0	0	110.00
111.00 11100 I SLET ACQUI SI TI ON	0	C	0 0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	C) C	0	0	115.00
116. 00 11600 HOSPI CE	0	C) C	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	46, 495, 388	C	16, 384, 995	1, 588, 837	4, 033, 330	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	33, 959	C) C	0		190.00
191. 00 19100 RESEARCH	23, 022	C) C	0		191.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	150, 524	C	130, 582	0	32, 801	192.00
192.01 19201 OTHER NRCC	754, 602	C	184, 201	0	46, 270	192.01
192. 02 19202 LTC	0	C) C	0		192. 02
193. 00 19300 NONPALD WORKERS	0	C	0 0	0	0	193.00
194. 00 07950 MARKETI NG	0	C	61, 187	0	15, 370	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	C) C	0		201.00
202.00 TOTAL (sum lines 118 through 201)	47, 457, 495	C	16, 760, 965	1, 588, 837	4, 127, 771	202.00

Health Financial Systems	BAPTIST HEAL	.TH FLOYD		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0044	Period: From 09/01/2017	Worksheet B Part I	
				To 08/31/2018	Date/Time Pre	
Cost Center Description	DI ETARY	CAFETERIA	MAI NTENANCE	OF NURSI NG	1/29/2019 4:1 CENTRAL	I pm
			PERSONNEL	ADMI NI STRATI ON	SERVICES &	
	10.00	11.00	12.00	13.00	SUPPLY 14.00	
GENERAL SERVICE COST CENTERS						1 00
1.00 00100 CAP REL COSTS-BLDG & FLXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS						5.00
6. 00 00600 MAI NTENANCE & REPAI RS 7. 00 00700 OPERATI ON OF PLANT						6.00 7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPI NG	2 002 224					9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	3, 892, 336	719, 070				10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0		0		12.00
13. 00 01300 NURSI NG ADMI NI STRATI ON	0	0		0 0	0 000 500	13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY	0	9, 202 24, 592		0 0	2, 393, 520 0	1
16.00 01600 MEDI CAL RECORDS & LI BRARY	0	27, 556		0 0	0	1
17.00 01700 SOCIAL SERVICE	0	0		0 0	0	
23. 00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY I NPATIENT ROUTINE SERVICE COST CENTERS	0	1, 602		0 0	0	23.00
30. 00 03000 ADULTS & PEDI ATRI CS	3, 449, 024	258, 485		0 0	0	30.00
31.00 03100 I NTENSI VE CARE UNI T	192, 457	33, 385		0 0	0	
32. 00 03200 CORONARY CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT	0	0		0 0	0	
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	0	0		0 0	0	
40. 00 04000 SUBPROVI DER - I PF	0	0		0 0	0	1
41. 00 04100 SUBPROVI DER – I RF 42. 00 04200 SUBPROVI DER	0	0		0 0	0	41.00
43. 00 04300 NURSERY	50, 990	8, 580		0 0	0	
44.00 04400 SKILLED NURSING FACILITY	0	0		0 0	0	
45.00 04500 NURSING FACILITY 46.00 04600 OTHER LONG TERM CARE	0	0		0 0 0 0	0	1
ANCI LLARY SERVICE COST CENTERS	<u> </u>	0		0 0	0	40.00
50. 00 05000 OPERATI NG ROOM	4, 573	76, 934		0 0	0	
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	0 135, 385	15 044		0 0	0	51.00 52.00
53. 00 05300 ANESTHESI OLOGY	135, 365	15, 044 0		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	10, 518	39, 535		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
56. 00 05600 RADI 0I SOTOPE 57. 00 05700 CT_SCAN	0	6, 886		0 0	0	
58. 00 05800 MRI	0	3, 792		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	21, 379	27, 956		0 0	0	
60. 00 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0	47, 071 0		0 0	0	1
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		0 0	0	
63. 00 06300 BLOOD STORI NG PROCESSI NG & TRA 64. 00 06400 I NTRAVENOUS THERAPY	0	0 706		0 0	0	
65. 00 06500 RESPI RATORY THERAPY	0	26, 549		0 0	0	
66. 00 06600 PHYSI CAL THERAPY	0	9, 508		0 0	0	66.00
67. 00 06700 0CCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	2, 609		0 0	0	67.00 68.00
69. 00 06900 ELECTROCARDI OLOGY	0	14, 709		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	743		0 0	0	
70. 01 07001 SLEEP DI SORDER 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	503	6, 065 0		0 0	0 1, 398, 825	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	994, 695	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	1
74. 00 07400 RENAL DIALYSIS 75. 00 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	1
76. 00 03950 NUTRI TI ON/DI ABETES	0	0		0 0	0	1
76. 97 07697 CARDI AC REHABI LI TATI ON	0	3, 360		0 0	0	76.97
		0	1		0	00 00
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0 0 0	0	
90. 00 09000 CLI NI C	23	5, 922		0 0	0	1
91.00 09100 EMERGENCY	27, 484	45, 404		0 0	0	
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS			1			92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0	0		0 0	0	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0			0	1
	<u> </u>		1			

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 09/01/2017 To 08/31/2018	1/29/2019 4:1	
Cost Center Description	DI ETARY		MAINTENANCE C PERSONNEL	ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
99.00 09900 CMHC	0	0		0 0	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
99. 10 09910 CORF	0	0		0 0	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0		100.00
101.00 10100 HOME HEALTH AGENCY	0	22, 875		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0		0 0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0		107.00
108.00 10800 LUNG ACQUISITION	0	0		0 0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0		0 0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0	0	115.00
116. 00 11600 H0SPI CE	0	0		0 0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3, 892, 336	719, 070		0 0	2, 393, 520	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0		190.00
191. 00 19100 RESEARCH	0	0		0 0		191.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	0		0 0		192.00
192.01 19201 OTHER NRCC	0	0		0 0		192. 01
192. 02 19202 LTC	0	0		0 0		192. 02
193.00 19300 NONPALD WORKERS	0	0		0 0		193.00
194. 00 07950 MARKETI NG	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	3, 892, 336	719, 070		0 0	2, 393, 520	202.00

	Financial Systems	BAPTIST HEAL			In Lieu	u of Form CMS-2	2552-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provider CC	F	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Pre	pared:
	Cost Center Description	PHARMACY	MEDI CAL RECORDS &	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY	1/29/2019 4:1 Subtotal	
		15.00	LI BRARY	17.00	RESI DENCY	24.00	
	GENERAL SERVICE COST CENTERS	15.00	16.00	17.00	23.00	24.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
6.00	00600 MAI NTENANCE & REPAI RS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00 10.00
11.00	01100 CAFETERIA						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	6, 533, 344					14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0,000,011	9, 114, 817				16.00
17.00	01700 SOCIAL SERVICE	0	0				17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	C	420, 611		23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	8, 122, 637	C	0	64, 123, 380	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	0, 122, 007			7, 025, 280	
	03200 CORONARY CARE UNI T	0	0	C		0	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0		0	
34.00 40.00	03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0	0			0	34.00 40.00
41.00	04100 SUBPROVI DER – I RF	0	0		0	0	41.00
42.00	04200 SUBPROVI DER	0	0	c	0 0	0	42.00
43.00		0	0	C	0	2,045,646	
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0			0	
46.00	04600 OTHER LONG TERM CARE	0	0			0	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	595, 307	C		21, 846, 801	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0			0 4, 203, 804	
53.00	05300 ANESTHESI OLOGY	0	0		0	4, 203, 004	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	33, 073	c	0	12, 438, 223	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	C		0	
56.00 57.00	05600 RADI OI SOTOPE 05700 CT SCAN	0	0			0 1, 800, 094	
58.00	05800 MRI	0	0		0	939, 046	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	c	0	6, 365, 667	
		0	0	C	0	15, 983, 531	
60. 01 61. 00	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		0	0	60.01 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	C	0	0	62.00
	06300 BLOOD STORING PROCESSING & TRA	0	0	C	0	0	63.00
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	0 44 202		0	103, 917	
66. 00	06600 PHYSI CAL THERAPY	0	46, 302 33, 073			5, 097, 020 8, 135, 444	
67.00	06700 OCCUPATI ONAL THERAPY	0	0	C	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	C	0	588, 440	
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	33, 073		0	4, 174, 946 464, 016	
70.00	07001 SLEEP DI SORDER	0	0			1, 361, 354	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	C	0	24, 864, 138	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	C	0 0	18, 478, 462	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	6, 533, 344	0		420, 611	24, 401, 231	
74.00 75.00	07500 ASC (NON-DI STI NCT PART)	0	0			0	74.00 75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	C	0	0	
76.97	07697 CARDI AC REHABI LI TATI ON	0	0	C	0	1, 168, 882	76.97
00 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC			0		^	00 00
88.00 89.00	08800 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	88.00 89.00
90.00	09000 CLINIC	0	0	0	0	2, 754, 685	
91.00	09100 EMERGENCY	0	251, 352	C C	o	9, 780, 437	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT						92.00
94.00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S	0	0	с С		0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	C	0	0	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	
97.00	09700 DURABLE MEDI CAL EQUI P-SOLD	0	0	I C	0 0	0	97.00

Health Financial Systems	BAPTI ST HEAL	TH FLOYD		In Lie	u of Form CMS-2552-1	0
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/29/2019 4:11 pm	_
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI	CE PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	
	15.00	16.00	17.00	23.00	24.00	
99.00 09900 CMHC	0	(D	0 0	0 99.00	
99. 10 09910 CORF	0	(0 0	0 99.10	0
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	(D	0 0	0 100. 00	
101.0010100 HOME HEALTH AGENCY	0	(0 0	5, 574, 076 101. 00	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	(D	0 0	0 105.00	0
106. 00 10600 HEART ACQUI SI TI ON	0	(D	0 0	0 106. 00	0
107.00 10700 LIVER ACQUISITION	0	(D	0 0	0 107.00	0
108.00 10800 LUNG ACQUISITION	0	(D	0 0	0 108.00	0
109.00 10900 PANCREAS ACQUISITION	0	(D	0 0	0 109. 00	0
110.00 11000 INTESTINAL ACQUISITION	0	(D	0 0	0 110. 00	0
111.00 11100 I SLET ACQUI SI TI ON	0	(D	0 0	0 111.00	0
113.00 11300 INTEREST EXPENSE					113.00	0
114.00 11400 UTILIZATION REVIEW-SNF					114.00	0
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	(D	0 0	0 115.00	0
116. 00 11600 HOSPI CE	0	(D	0 0	0 116.00	0
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 533, 344	9, 114, 817	7	0 420, 611	243, 718, 520 118. 00	0
NONREI MBURSABLE COST CENTERS			-			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	(0 0	178, 349 190. 00	
191. 00 19100 RESEARCH	0	(0 0	120, 908 191. 00	
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	(0 0	953, 922 192. 00	
192.01 19201 OTHER NRCC	0	(0 0	4, 193, 567 192. 01	1
192. 02 19202 LTC	0	(0 0	0 192. 02	2
193.00 19300 NONPALD WORKERS	0	(D	0 0	0 193.00	
194. 00 07950 MARKETI NG	0	(0 0	76, 557 194. 00	
200.00 Cross Foot Adjustments				0	0 200. 00	0
201.00 Negative Cost Centers	0	(0 0	0 201.00	
202.00 TOTAL (sum lines 118 through 201)	6, 533, 344	9, 114, 817	7	0 420, 611	249, 241, 823 202. 00	0

ST ALLOO	nancial Systems CATION - GENERAL SERVICE COSTS		Provider CCN: 15-0044	<pre>Period: From 09/01/2017 To 08/31/2018</pre>	<u>of Form CMS-2552</u> Worksheet B Part I Date/Time Prepare
	Cost Center Description	Intern &	Total		1/29/2019 4:11 pm
	bust benter beschiption	Residents Cost	lotal		
		& Post			
		Stepdown			
		Adjustments	24.00		
CEN	ERAL SERVICE COST CENTERS	25.00	26.00		
	00 CAP REL COSTS-BLDG & FIXT				1.
	00 CAP REL COSTS-MVBLE EQUIP				2.
	OO EMPLOYEE BENEFITS DEPARTMENT				4.
005 005	OO ADMINISTRATIVE & GENERAL				5.
006 006	OO MAINTENANCE & REPAIRS				6.
	OO OPERATION OF PLANT				7.
	00 LAUNDRY & LINEN SERVICE				8.
	00 HOUSEKEEPI NG				9.
	00 DI ETARY 00 CAFETERI A				10.
	00 MAINTENANCE OF PERSONNEL				11.
	00 NURSING ADMINISTRATION				13.
	00 CENTRAL SERVICES & SUPPLY				14.
	OO PHARMACY				15.
00 016	00 MEDICAL RECORDS & LIBRARY				16.
00 017	OO SOCIAL SERVICE				17.
00 023	OO PARAMED ED PRGM-PHARMACY RESIDENCY				23.
	ATIENT ROUTINE SERVICE COST CENTERS	- 1			
	00 ADULTS & PEDIATRICS	0	64, 123, 380		30.
	00 INTENSIVE CARE UNIT	0	7, 025, 280		31.
	00 CORONARY CARE UNIT 00 BURN INTENSIVE CARE UNIT	0	0		32.
1	00 SURGICAL INTENSIVE CARE UNIT	0	0		34.
	00 SUBPROVIDER - IPF	0	0		40.
	00 SUBPROVIDER - IRF	0	o		41.
	00 SUBPROVI DER	0	0		42.
00 043	00 NURSERY	0	2, 045, 646		43.
00 044	OO SKILLED NURSING FACILITY	0	0		44.
	00 NURSING FACILITY	0	0		45.
	OOOOTHER LONG TERM CARE	0	0		46.
	ILLARY SERVICE COST CENTERS	0	21 044 001		50.
	00 RECOVERY ROOM	0	21, 846, 801		51.
	OO DELIVERY ROOM & LABOR ROOM	0	4, 203, 804		52.
	00 ANESTHESI OLOGY	0	0		53.
	00 RADI OLOGY-DI AGNOSTI C	0	12, 438, 223		54.
00 055	00 RADI OLOGY-THERAPEUTI C	0	0		55.
	00 RADI OI SOTOPE	0	0		56.
	OO CT SCAN	0	1, 800, 094		57.
00 058		0	939, 046		58.
	00 CARDI AC CATHETERI ZATI ON	0	6, 365, 667		59.
		0	15, 983, 531		60.
	01 BLOOD LABORATORY 00 PBP CLINICAL LAB SERVICES-PRGM	0	0		60. 61.
	00 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.
	00 BLOOD STORING PROCESSING & TRA	0	0		63.
	00 I NTRAVENOUS THERAPY	0	103, 917		64.
	00 RESPI RATORY THERAPY	0	5, 097, 020		65.
00 066	00 PHYSI CAL THERAPY	0	8, 135, 444		66.
	OO OCCUPATIONAL THERAPY	0	0		67.
	OO SPEECH PATHOLOGY	0	588, 440		68.
		0	4, 174, 946		69.
	00 ELECTROENCEPHALOGRAPHY 01 SLEEP DI SORDER	0	464,016		70.
	00 MEDICAL SUPPLIES CHARGED TO PAT		1, 361, 354 24, 864, 138		70.
	00 IMPL. DEV. CHARGED TO PATIENTS	0	18, 478, 462		71.
	00 DRUGS CHARGED TO PATIENTS	0	24, 401, 231		73.
	00 RENAL DI ALYSI S	Ő	0		74.
	00 ASC (NON-DISTINCT PART)	0	0		75.
	50 NUTRI TI ON/DI ABETES	0	O		76.
	97 CARDIAC REHABILITATION	0	1, 168, 882		
	PATIENT SERVICE COST CENTERS				
	00 RURAL HEALTH CLINIC	0	0		88.
	00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.
		0	2,754,685		90.
	00 EMERGENCY	0	9, 780, 437		91.
	OO OBSERVATION BEDS (NON-DISTINCT ER REIMBURSABLE COST CENTERS	0			92.
	00 HOME PROGRAM DIALYSIS	0	0		94.
	00 AMBULANCE SERVICES	0	0		95.

Health Financial Systems	BAPTI ST HEAL	TH FLOYD		In Lieu	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0044	Peri od:	Worksheet B
				From 09/01/2017 To 08/31/2018	Part I Date/Time Prepared:
				10 00/31/2010	1/29/2019 4:11 pm
Cost Center Description	Intern &	Total			
	Residents Cost				
	& Post				
	Stepdown				
	Adjustments 25.00	26.00			
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	25.00	20.00			96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
99. 00 09900 CMHC	0	0			99.00
99. 10 09910 CORF	0	0			99, 10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0			100.00
101.00 10100 HOME HEALTH AGENCY	0	5, 574, 076			101.00
SPECIAL PURPOSE COST CENTERS		0/0/1/0/0			
105.00 10500 KI DNEY ACQUI SI TI ON	0	0			105.00
106.00 10600 HEART ACQUI SI TI ON	0	0			106.00
107.00 10700 LIVER ACQUISITION	0	0			107.00
108.00 10800 LUNG ACQUISITION	0	0			108.00
109.00 10900 PANCREAS ACQUISITION	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0			110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0			111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0			115.00
116. 00 11600 HOSPI CE	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	243, 718, 520			118. 00
NONREI MBURSABLE COST CENTERS	·				
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	178, 349			190.00
191. 00 19100 RESEARCH	0	120, 908			191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	953, 922			192.00
192.01 19201 OTHER NRCC	0	4, 193, 567			192.01
192. 02 19202 LTC	0	0			192.02
193. 00 19300 NONPALD WORKERS	0	0			193.00
194.00 07950 MARKETI NG	0	76, 557			194.00
200.00 Cross Foot Adjustments	0	0			200.00
201.00 Negative Cost Centers	0	0			201.00
202.00 TOTAL (sum lines 118 through 201)	0	249, 241, 823			202.00

Cost. Denter Description Diractly regit and plating light regit and plater listere plating light regit and plating light regit and pla		I Financial Systems	BAPTI ST HEA	Provider C		Period: From 09/01/2017 To 08/31/2018	u of Form CMS- Worksheet B Part II Date/Time Pre 1/29/2019 4:1	pared:
Assigned free Relation Costs Assigned free Relation Costs PREFINITY Relation Costs PREFINITY Relation Costs 1:00 2:00 2.00 2.0 2.0 2.0 2.0 1:00 0:0000 (AP IEL COST-PARCE & 11R1 2:0000000 (AP IEL COST-PARCE & 11R1 2:000000 (AP IEL COST-PARCE & 11R1 2:0000000 (AP IEL COST-PARCE & 11R1 2:000000 (AP IEL COST-PARCE & 11R1 2:0000000 (AP IEL COST-PARCE & 11R1 2:0000000 (AP IEL COST-PARCE & 11R1 2:0000000 (AP IEL COST-PARCE & 11R1 2:000000000 (AP IEL COST-PARCE & 11R1 3:000000000000000000000000000000000000				CAPI TAL RE	LATED COSTS			
OPERAL SERVICE COST CENTERS 0 0 1 0<		Cost Center Description	Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	BENEFI TS	
1.00 DOTOD GAP HEL COSTS MURC & FLYI 1.00 4.00 DODOD GAP HEL COSTS MURC & TOULP TOUL 2.00 4.00 DODOD GAP HEL COSTS MURC WIT FOUL 2.00 4.00 DODOD GAP HEL COSTS MURC WIT FOUL 2.00 4.00 DODOD GAP HEL COSTS MURC WIT FOUL 0 0 7.00 4.00 DODOD GAP HEL COSTS MURC WIT FOUL 0 0 0 0 4.00 DODOD GAP HEL COSTS MURC WIT FOUL 0				1.00	2.00	2A	4.00	
2.00 00200 CAP REL COSTS-AWALE EQUIP 2.00 00200 A, 141, 092 2.00 5.00 00200 A, MIN IN STRUTURE BERNITHMENT 4.340, 333 0 7.50 4., 141, 092 5.00 5.00 00200 CAMMIN IS STRUTURE 0 0 7.03 4., 141, 092 5.00 7.00 00200 CAMMIN IS STRUTURE 0 0 1.4 14 0 9.00 9.00 00200 CAMMIN IS STRUTURE 0 0 1.4 14 0 9.00 0.00 00000 DETEXIN FORE TEXIN 0 0 0 0 0 0 11.00 1.00 0 0 0 0 0 11.00 1.00								
7.00 00200 DEENT IN OF PLANT 0 0 1.039 0 7.00 9.00 00200 HUMBRY & LINER SERVICE 0 0 1 1 0 8.00 9.00 00200 HUMBRY & LINER SERVICE 0 0 1 1 0 8.00 9.00 00200 HUMBRY & LINER SERVICE SERVICE 0	2.00 4.00 5.00	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL		-	75		0	5.00
11.00 01100 CAFETERIA 0	7.00 8.00 9.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0		1	1 1 4 14	0 0 0	7.00 8.00 9.00
15.00 01500 HARRACY 0 0 1 1 1 1 0 15.00 17.00 01700 SCAL ASERVICE 0	11. 00 12. 00 13. 00	01100 CAFETERIA 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON	0			0 0 0 0 0 0	0 0 0	11.00 12.00 13.00
INPART LENT ROUTINE SERVICE COST CENTERS 0 300 31.00 03000 INTERS VE CARE UNIT 0 0 15 15 0 300 31.00 03300 EUNI INTERSI VE CARE UNIT 0 <	15. 00 16. 00 17. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	-	1	4 14 0 0	0 0 0	15.00 16.00 17.00
00.00 03000 ADULTS & PEDIATRICS 0 0 301 300 301 300 400	23.00		0	0		1 1	0	23.00
34.00 03400 SUBSPROV DER - I FF 0<	31.00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNIT	-	-	1	5 15	0	31.00
42.00 04200 Supervol DER 0 0 0 0 0 44.00 43.00 44.00 04400 SKI LED NURSING FACI LITY 0 0 0 0 0 44.00 43.00 50.00 04500 OHESING FACI LITY 0	34. 00 40. 00	03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF	0	000000000000000000000000000000000000000		0 0 0 0	0	34.00 40.00
45. 00 bds00 NURSI NG FACILITY 0 0 0 0 45. 00 46. 00 460.00 ANCILLARY SERVICE COST CENTERS	42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY					0	42.00 43.00
11.00 05100 RECOVERY ROOM 0	45.00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0				0	45.00
54.00 054.00 RADIOLOGY-DIAGNOSTIC 0 182 182 0 54.00 55.00 05500 RADIOLOGY-THERAPEUTIC 0 0 0 0 55.00 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 0 0 55.00 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 0 0 56.00 57.00 05700 CT SCAN 0 0 0 0 57.00 58.00 05800 RADI ALCATHEERIZATION 0 0 9 9 58.00 60.00 06000 LABORATORY 0 0 0 0 60.0 61.00 06001 BLOOD & PACCESS PRGM 0 0 0 0 62.0 62.00 06200 WHOLE BLOD & PACCESSING & TRA 0 0 0 0 62.0 66.00 64.00 64.00 64.00 64.00 64.00 64.00 66.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00	51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0 0 0	0 0 0		0 0 6 6	0	51.00 52.00
57.00 05700 CT SCAN 0 0 17 17 0 57.00 58.00 058000 MRI 0 0 9 9 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0 0 83 83 0 59.00 60.00 D6000 LABORATORY 0 0 24 24 0 60.00 60.10 06000 BLOD LABORATORY 0 0 0 0 60.00 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM 0 0 0 61.00 62.00 06200 WHOLE BLODD & APACKED RED BLODD 0 0 0 63.00 63.00 06300 RESTRIATORY THERAPY 0 0 0 64.00 0 0 64.00 0 64.00 64.00 14 14 66.00 66.00 6600 PHYSICAL THERAPY 0 0 0 0 67.00 0 67.00 67.00 0 67.00 67.00 67.00 0 67.00 0 66.00	54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	000000000000000000000000000000000000000	0	18	2 182 0 0	0	54.00 55.00
60.00 06000 LABORATORY 0 0 24 24 0 60.00 60.01 06000 LABORATORY 0 0 0 0 60.00 61.00 06100 PBP CLINI CAL LAB SERVICES-PRGM 0 0 61.00 0 0 61.00 0 62.00 63.00 0 0 0 0 62.00 63.00 0 0 0 0 62.00 63.00 64.00 0 0 0 0 64.00 0 0 0 0 64.00 0 0 0 0 64.00 0 0 0 0 0 64.00 0 60.00 65.00 65.00 65.00 65.00 65.00 0 0 0 0 0 0 67.00 0 0 0 0 67.00 0 0 0 67.00 0 0 0 67.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	57. 00 58. 00	05700 CT SCAN 05800 MRI	0		1	7 17 9 9	0	57.00 58.00
63.00 06300 BLOOD STORING PROCESSING & TRA 0 0 0 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0 0 0 0 64.00 65.00 RESPI RATORY THERAPY 0 0 12 12 06.00 65.00 06500 RESPI RATORY THERAPY 0 0 14 14 06.00 67.00 06700 0CUPATI ONAL THERAPY 0 0 0 0 67.00 68.00 SPEECH PATHOLOGY 0 0 0 0 0 68.00 09.00 06900 ELECTROCARDI OLOGY 0 0 0 0 70.00 70.00 07001 SLEEP DI SORDER 0 0 0 0 71.00 71.00 OTION MEDI CAL SUPPLIES CHARGED TO PAT 0 0 0 72.00 73.00 73.00 07300 REMAGED TO PATI ENTS 0 0 0 73.00 74.00 OR400 RENARGED TO PATI ENTS 0 0 0 74.00 75.00 <td>60. 00 60. 01</td> <td>06000 LABORATORY 06001 BLOOD LABORATORY</td> <td>0</td> <td>0</td> <td>2</td> <td>4 24</td> <td>0</td> <td>60.00</td>	60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	0	2	4 24	0	60.00
66.00 06600 PHYSI CAL THERAPY 0 0 14 14 0 66.00 67.00 0CCUPATI ONAL THERAPY 0 0 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 0 68.00 69.00 06900 ELECTROCARDI OLOGY 0 0 31 31 0 69.00 70.00 O7000 ELECTROCKCEPHALOGRAPHY 0 0 0 0 0 70.00 70.01 D7010 SLEEP DI SORDER 0 0 0 0 0 70.00 71.00 O7100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 0 71.00 73.00 O7200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 72.00 74.00 O7400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 O7697 CARDI AC REHABILI TATI ON 0 0 0 0 76.00 76.97 CARDI AC REHABILI TATI ON 0 0 0	63. 00 64. 00	06300 BLOOD STORING PROCESSING & TRA 06400 I NTRAVENOUS THERAPY	0 0 0	0 0 0		0 0	0	63.00 64.00
69.00 06900 ELECTROCARDIOLOGY 0 0 31 31 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 70.00 70.01 07001 SLEEP DI SORDER 0 0 0 0 70.00 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 72.00 73.00 07300 RENAL DI ALYSI S 0 0 0 0 73.00 73.00 0 0 0 73.00 75.00 75.00 0 0 0 74.00 0 0 0 0 74.00 74.00 0 0 0 0 75.00 75.00 75.00 75.00 75.00 76.00 75.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76	66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY			1	4 14 0 0	0	66. 00 67. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 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 0 73.00 74.00 07400 RENAL DI ALYSIS 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 76.00 76.97 07697 CARDI AC REHABILI TATI ON 0 0 0 0 76.00 70.01741 ENT SERVICE COST CENTERS 0 0 0 0 88.00 88 0 76.90 90.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 88.00 89.00 89.00 89.00 89.00 90.00 0 0 0 90.00 90.00 90.00 90.00 16 16 0 90.00 91.00 91.00 92.00 <td>69. 00 70. 00</td> <td>06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY</td> <td>0</td> <td></td> <td>3</td> <td>1 31</td> <td>0</td> <td>69.00 70.00</td>	69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0		3	1 31	0	69.00 70.00
75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 76.00 76.00 76.00 76.00 76.00 76.00 0 0 0 76.00 70.00 70.00 70.00 70.00 70.00 70.00 <td>71.00 72.00 73.00</td> <td>07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS</td> <td></td> <td></td> <td></td> <td></td> <td>0 0 0</td> <td>71.00 72.00 73.00</td>	71.00 72.00 73.00	07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS					0 0 0	71.00 72.00 73.00
88.00 08800 RURAL HEALTH CLINIC 0 0 0 88.00 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 9000 CLINIC 0 0 0 90.00 91.00 91.00 91.00 92.00 0BSERVATION BEDS (NON-DISTINCT 0 0 92.00 </td <td>75. 00 76. 00</td> <td>07500 ASC (NON-DI STINCT PART) 03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABI LI TATI ON</td> <td>0</td> <td>000000000000000000000000000000000000000</td> <td></td> <td>-</td> <td>0</td> <td>75.00 76.00</td>	75. 00 76. 00	07500 ASC (NON-DI STINCT PART) 03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABI LI TATI ON	0	000000000000000000000000000000000000000		-	0	75.00 76.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT 0 92. 0	89.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	000000	000000000000000000000000000000000000000		0 0	0	89.00
94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0 0 0 94. 00	91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS	0	0	2	1 21 0		91.00 92.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		L	n Lieu	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0044	Peri od:		Worksheet B	
				From 09/01/ To 08/31/	2017	Part II Date/Time Pre	pared.
				10 00,017	2010	1/29/2019 4:1	1 pm
		CAPI TAL REL	LATED COSTS				
Cost Center Description	Di rectl y	BLDG & FIXT	MVBLE EQUIF	Subtota		EMPLOYEE	
cost center bescription	Assigned New	DEDG & TIXI		5051018	"	BENEFITS	
	Capi tal					DEPARTMENT	
	Related Costs						
	0	1.00	2.00	2A		4.00	
95. 00 09500 AMBULANCE SERVI CES	0	0		0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0	0	0	97.00
99.00 09900 CMHC	0	0		0	0	0	99.00
99.10 09910 CORF	0	0		0	0	0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0	0		100.00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0		0	U	0	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0	0	0	105.00
106. 00 10600 HEART ACQUISITION	0	0		0	0		105.00
107. 00 10700 LI VER ACQUI SI TI ON	0	0		0	0		107.00
108. 00 10800 LUNG ACQUISITION	0	0		0	0		107.00
109. 00 10900 PANCREAS ACQUISITION	0	0		0	0		109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0	0		110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0		0	o		111.00
113. 00 11300 I NTEREST EXPENSE	_				-		113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0	0	0	115.00
116. 00 11600 HOSPI CE	0	0		0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 340, 333	0	2, 9	42 4, 343	3, 275	3	118.00
NONREI MBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0	0		190. 00
191. 00 19100 RESEARCH	0	0		0	0		191.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	0		0	0		192.00
192.01 19201 OTHER NRCC	0	0		2	2		192. 01
192. 02 19202 LTC	0	0		0	0		192.02
193. 00 19300 NONPALD WORKERS	0	0		0	0		193.00
194.00 07950 MARKETING	0	0		U	0	0	194.00
200.00 Cross Foot Adjustments		_			0	~	200.00
201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	4, 340, 333	0	2, 9	44 4 24			201. 00 202. 00
	4, 340, 333	U	2,9	44 4, 343	o, ZI /	3	1202.00

	Financial Systems	BAPTIST HEAL		45 0044		u of Form CMS-2	2552-10
ALLUCA	ATION OF CAPITAL RELATED COSTS		Provider CCN	: 15-0044 Pe Fr To	eriod: com 09/01/2017 o 08/31/2018	Worksheet B Part II Date/Time Pre 1/29/2019 4:1	pared:
	Cost Center Description	ADMI NI STRATI VE N & GENERAL	REPAI RS	DPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
	GENERAL SERVICE COST CENTERS	5.00	6.00	7.00	8.00	9.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	4 241 002					4.00
5.00 6.00	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS	4, 341, 092	0				5.00 6.00
7.00	00700 OPERATION OF PLANT	291, 935	0	292, 974			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	23, 109	0	4, 581	27, 691		8.00
9.00	00900 HOUSEKEEPI NG	69, 569	О	1, 158	1, 174	71, 915	9.00
10.00	01000 DI ETARY	64, 413	0	1, 771	1, 175	443	
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	0	0	10, 046 0	0	2, 515 0	11.00 12.00
12.00	01300 NURSI NG ADMI NI STRATI ON	0	0	0	0	0	12.00
14.00	01400 CENTRAL SERVICES & SUPPLY	27, 303	0	11, 411	0	2, 857	14.00
15.00	01500 PHARMACY	110, 139	О	2, 571	22	644	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	151, 875	0	5, 135	0	1, 286	
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	7, 169	0	103	1	26	23.00
30.00	03000 ADULTS & PEDI ATRI CS	770,061	0	102, 697	12, 634	25, 712	30.00
31.00	03100 I NTENSI VE CARE UNI T	105, 889	Ō	9, 246	1, 013	2, 315	31.00
32.00	03200 CORONARY CARE UNI T	0	о	0	0	0	32.00
33.00	03300 BURN I NTENSI VE CARE UNI T	0	0	0	0	0	33.00
34.00 40.00	03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - TPF	0	0	0	0	0	40.00
42.00	04200 SUBPROVI DER	0	o	0	0	0	42.00
43.00	04300 NURSERY	31, 015	О	2, 561	384	641	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	46.00
50.00	05000 OPERATING ROOM	327, 842	0	30, 415	2, 969	7, 615	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	47, 145	0	18, 168	804	4, 549	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	189, 224	0	19, 940	1, 112 0	4, 992	54.00 55.00
56.00	05600 RADI OLOGI - THERAPEOTIC	0	0	0	0	0	56.00
57.00	05700 CT SCAN	27, 445	Ő	2, 515	653	630	57.00
58.00	05800 MRI	14, 494	О	1, 151	362	288	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	98, 794	0	7, 876	1, 402	1, 972	
60.00	06000 LABORATORY 06001 BLOOD LABORATORY	262, 243	0	12, 297	1	3, 079	
60. 01 61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	60. 01 61. 00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	о	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	О	0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	1, 798	0	0	0	0	64.00
65.00	06500 RESPI RATORY THERAPY	85, 440	0	1,660	0	416	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	140, 611	0	227 0	63 0	57 0	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	9, 702	0	402	0	101	68.00
69.00	06900 ELECTROCARDI OLOGY	63, 988	0	6, 334	0	1, 586	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 838	0	4, 998	0	1, 251	70.00
70.01	07001 SLEEP DI SORDER	19, 900	0	2, 733	290	684	70.01
71.00 72.00	07100 MEDI CAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS	408, 709 304, 525	0	0	0	0	71.00 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	303, 889	0	0	0	0	73.00
74.00	07400 RENAL DI ALYSI S	0	Ö	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	О	0	0	0	75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	0	0	0	76.00
76.97	07697 CARDI AC REHABI LI TATI ON	17, 165	0	2, 515	0	630	76.97
88.00	OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	o	0	0	0	89.00
90.00	09000 CLINIC	43, 317	õ	3, 655	3	915	90.00
91.00	09100 EMERGENCY	135, 849	О	20, 235	3, 629	5, 066	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STI NCT						92.00
94.00	OTHER REI MBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S	0	0	0	0	0	94.00
94.00 95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	94.00 95.00
96.00	09600 DURABLE MEDI CAL EQUI P-RENTED	0	õ	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 15-0044	Peri od:	Worksheet B	
				From 09/01/2017		
				To 08/31/2018	Date/Time Pre 1/29/2019 4:1	
Cost Center Description	ADMI NI STRATI VE		& OPERATION (DF LAUNDRY &	HOUSEKEEPI NG	
cost center bescription	& GENERAL	REPAI RS	PLANT	LINEN SERVICE	TIOUSEREEFTING	
	5.00	6.00	7.00	8.00	9.00	
99. 10 09910 CORF	0	0.00	0	0 0	0	99, 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	O O		0	0 0	0	100.00
101.00 10100 HOME HEALTH AGENCY	96, 688		0	0 0		101.00
SPECIAL PURPOSE COST CENTERS			-1			
105.00 10500 KI DNEY ACQUI SI TI ON	0		0	0 0	0	105.00
106.00 10600 HEART ACQUI SI TI ON	0		0	0 0	0	106.00
107.00 10700 LIVER ACQUISITION	0		0	0 0	0	107.00
108.00 10800 LUNG ACQUISITION	0		0	0 0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0	0 0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0 0	0	110.00
111.00 11100 I SLET ACQUI SI TI ON	0		0	0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0		0	0 0	0	115.00
116. 00 11600 HOSPI CE	0		0	0 0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 253, 083		0 286, 4	401 27, 691	70, 270	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	3, 106		0	0 0		190. 00
191. 00 19100 RESEARCH	2, 106		0	0 0		191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	13, 769		0 2,2			192.00
192.01 19201 OTHER NRCC	69, 028		0 3, 2	220 0		192.01
192. 02 19202 LTC	0		0	0 0		192. 02
193.00 19300 NONPALD WORKERS	0		0	0 0		193.00
194. 00 07950 MARKETI NG	0		0 1, 0	070 0	268	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0		0	0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	4, 341, 092		0 292, 9	27, 691	71, 915	202.00

ALLURATION OF CAPITAL REFAILS Product CCR: 11-0044	Heal th	Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-	2552-10
Interviewe Interviewe Construction Distance Construction Construction cost Center Description Distance Construction Distance Residue Construction cost Center Description Distance 10.00 11.00 12.00 13.00 14.00 14.00 cost Center Description 0.00 11.00 12.00 14.00 10.00 14.00 10.00 cost Center Description 0.00 11.00 12.00 14.00 10.00 1	ALLOCA	ATION OF CAPITAL RELATED COSTS		Provider C				
Cost Center Description DIFARY CATTERIA MINISTENT OF NETSONICS A VENTSON CONTROL STRUCT OF AURSTAND ADDRESS							Date/Time Pre	epared:
Incom Incom <th< td=""><td></td><td>Cost Center Description</td><td>DI ETARY</td><td>CAFETERI A</td><td></td><td></td><td>CENTRAL</td><td></td></th<>		Cost Center Description	DI ETARY	CAFETERI A			CENTRAL	
Int. 00 11.00 12.00 13.00 14.00 2.00 00000 CP FLEL COST -VALL LOUT P 1 1 1 1 1 1 1 1 1 1 1 0 1 0 1 0					PERSONNEL	ADMI NI STRATI ON		
1.00 DUIDS GAP HEL COSTS-MUCE & HIXI 1.00 2.00 DUIDS GAP HEL COSTS-MUCE & HUXI 2.00 4.00 DUIDS GAP HEL COSTS-MUCE & HUXIPY 0.00 0.00 DUIDS GAP HEL COSTS-MUCE 0.00 1.00 DUIDS GAP HEL COSTS CARL COST CORTERNAL 0.00 1.00 DUIDS GAP HEL COSTS CARL COST CORTERNAL 0.00 1.00 DUIDS GAP HEL COSTS CARL COST CORTERNAL 0.00 1.00 DUIDS GAP HEL COST CARL COST CARL COST CARL COST CARL COST CARL HEL COST			10.00	11.00	12.00	13.00		
2.00 DOUCH PLL DOUST-WRELE LOUP 2.00 4.00 4.00 4.00 4.00 4.00 5.00 <td< td=""><td>1 00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1 1 00</td></td<>	1 00							1 1 00
5.00 DOUDD (JUNINS INIT IVE & GARLANL 5.00								
6.00 000000 LAMONY B. LINER SERVICE 6.00 7.00 8.00 000000 LAMONY B. LINER SERVICE 6.00 9.00 8.00 000000 LAMONY B. LINER SERVICE 9.00 9.00 8.00 001000 CAFETERIA 6.7,800 9.00 11.00 DITOD (AFETERIA 0 12.00 12.00 12.00 DITOD (AFETERIA 0 12.00 12.00 13.00 DITOD (AFETERIA 0 0 0 0 12.00 13.00 DITOD (MARIN TEALINIA) TRAITION 0 0 0 0 17.00 14.00 DITOD (MARIN TEALINIA) TRAITION 0								
7.00 00700 DEEXTLOW OF PLANT 7.00 00700 DEEXTLOW OF PLANT 8.00 9.00 000700 DEEXTLOW OF PLANT 67,830 9.00 9.00 100 01700 DEEXTLOW OF PLANT 67,830 11.00 110,00 110 01700 DEEXTLOW OF PERSONNEL 0 0 0 12.00 110 01700 DEEXTLOW OF PERSONNEL 0 0 0 13.00 12 01700 DEEXTLOW OF PERSONNEL 0 0 0 14.00 14 01700 DEEXTLOW OF PERSONNEL 0 0 0 0 14.00 14 01700 DEXILLS APENDERS AND TO FRAME DESTROPEY 0 28 0								
9.00 00000 HOUSEKEEN MC 9.00 00000 HEARY 9.67, HSB 9.72, 561 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.0								
10.00 01000 DETARY 67.830 10.00 11.00 01000 DETARY 67.830 11.00 12.00 01200 MAINTENANC OF PERSONNEL 0 0 11.00 12.00 01200 MAINTENANC OF PERSONNEL 0 0 0 11.00 12.00 01200 MAINTENANC OF PERSONNEL 0 0 0 0 11.00 13.00 01500 PHARMACY 0 0.430 0 0 0 15.00 10.00 01500 PHARMACY 11.00 0								
11.00 01100 CAFETERIA 12.501 11.00 11.00 12.501 12.00 13200 013200 MURSIAC ARIMINISTRATION 0 0 0 12.00 13200 12.00 13200 12.00 13200 12.00 13200 12.00 13.00 12.00 13.00 12.00 13.00 12.00 12.00 12.00 13.00 12.00 13.00 12.00 13.00 12.00 <td></td> <td></td> <td>67,830</td> <td></td> <td></td> <td></td> <td></td> <td></td>			67,830					
13. 00 01.300 NURSI MS ADMINISTRATION 0 0 0 13.00 00 14.00				12, 561				
14.00 O(1400) CHNTRAL SERVICES & SUPPLY 0 16.1 0 0 41.744 14.00 15.00 15.00 15.00 0.			0	0		0		
15.00 01500 PIADMACY 0 430 0 0 15.00 01500 PIADMACY 0 430 0			0			0 0	11 711	
17. 00 01700 SCOLAL SERVICE 0 0 0 17. 00 100 00000 DRANTE NET ROUCH ME SERVICE COST CENTERS 0 0 00000 0 0 0 00000 0 0 00000 0			0			0 0		
23.00 02300 PARAMED 02300 0			0		1			
Inspatient Inspatient Inspatient Inspatient 0.00			-					
31.00 03100 NITERSING CARE UNIT 3.264 583 0	20.00		0	20	1		0	23.00
32.00 03200 CORMARY CARE UNIT 0 0 0 33.00 33.00 03300 UNIN INTESSIVE CARE UNIT 0 0 0 0 34.00 34.00 03400 SURRON LER - IPF 0 <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td>					1			
33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 0 33.00 10.00 04000 SUBROCL INTENSIVE CARE UNIT 0								
40.00 40000 SUBPROVIDER 1FF 0			0	0		-		
41.00 04100 SUBPROVIDER 0		03400 SURGI CAL I NTENSI VE CARE UNI T	0	0		0		
12.00 04200 SUBPROVIDER 0			0	0				
43. 00 04300 NURSERY 889 150 0 0 0 43. 00 44. 00 04500 SKI LLED NURSING FACILITY 0 <td></td> <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>			0	-				
45. 00 0 0 0 0 0 0 45. 00 64. 00 04600 01480. LOR SERVICE COST CENTERS	43.00	04300 NURSERY	889	150		0 0		43.00
d4.00 OL4GOO OTHER LONG TERM CARE 0 0 0 46.00 ANCLLLARY SERVE COST CENTES 80 1.3.44 0 0 0 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 51.00 52.00 0 0 0 0 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 55.00 0 0 0 0 0 0 54.00 54.00 55.00 0 56.00<			0					
ANCILLARY SERVICE COST CENTERS ANCILLARY SERVICE COST CENTERS 000 05000 OPERATINES ROOM 80 1.344 0 0 0 51.00 0 0 0 51.00 0 0 0 0 0 51.00 0 0 0 52.00 0 </td <td></td> <td></td> <td>0</td> <td></td> <td>1</td> <td></td> <td></td> <td></td>			0		1			
51.00 OS100 PECOVERY ROOM LABOR ROOM 2,359 263 0 0 0 52.00 53.00 OS300 NESTHESI OLOGY 0 0 0 0 0 0 53.00 0 0 53.00 0		ANCI LLARY SERVI CE COST CENTERS				-		
52.00 OS200 DELLVERY MOOM & LABOR ROOM 2,359 2.63 0 0 52.00 53.00 05300 ANESTHESI OLOGY 0 0 0 0 53.00 53.00 05300 ANESTHESI OLOGY 0 0 0 0 54.00 55.00 05500 RADI OLOGY-DI AGNOSTI C 183 691 0 0 55.00 56.00 05600 RADI OLOGY-THEARAPEUTI C 0 0 0 0 55.00 56.00 05600 RADI OLOGY-THEARAPEUTI C 0 0 0 57.00 57.00 57.00 57.00 57.00 57.00 59.00 60.00 59.00 60.00 60.00 59.00 60.01 60.00 60.00 60.00 60.01 60.00 60.01 60.01 60.00 60.01 60.00 60.01 60.00 60.01 61.00 62.00 60.01 61.00 62.00 63.00 64.00 63.00 64.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00			1					
53.00 OS300 ANESTHESI OLOGY 0 0 0 53.00 54.00 OS400 RADU OLOGY-THERAPEUTI C 183 691 0 0 55.00 55.00 OS500 RADU OLOGY-THERAPEUTI C 0 0 0 55.00 56.00 OS600 RADU OLOGY-THERAPEUTI C 0 0 0 55.00 57.00 OS700 CT SCAN 0 120 0 0 55.00 58.00 OS800 CARDI AC CATHETERI ZATION 373 488 0 0 59.00 60.00 OGOND LABORATORY 0 822 0 0 60.00 61.00 BLODD ABORATORY 0 0 0 63.00 63.00 63.00 63.00 63.00 63.00 63.00 63.00 63.00 63.00 64.0 0 64.0 0 64.0 0 64.0 0 65.00 65.00 65.00 65.00 65.00 65.00 65.00<			-					
55:00 RSD0 RAD IOLOGY-THERAPEUTI C 0 0 0 55:00 0 56:00 0 56:00 0 56:00 0 56:00 0 56:00 0 0 0 0 56:00 0 56:00 0 56:00 0 0 0 0 57:00 57:00 57:00 56:00 0 0 0 0 0 0 57:00 57:00 57:00 57:00 56:00 0 0 0 0 0 57:00 50:00 57:00 50:00 57:00 50:00 <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td>					1			
56 00 00 00 00 00 56.00 57.00 58.00 57.00 58.00 57.00 58.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 60.00			183			0 0	-	
57.00 05700 CT SCAN 0 120 0 0 57.00 58.00 05800 CARDI AC CATHETERI ZATI ON 373 488 0 0 0 59.00 05900 CARDI AC CATHETERI ZATI ON 373 488 0 0 0 60.00 06001 BLODD LABORATORY 0 0 0 0 0 0 60.01 06010 BLODD LABORATORY 0 0 0 0 0 0 61.00 DEADOR JARCHER DE DELODO 0 0 0 0 0 0 0 62.00 06300 DIADOL JARGATORY 0			0					
95.00 CARDI AC CATHETERI ZATI ON 373 488 0 0 0 59:00 CARDI AC CATHETERI ZATI ON 373 488 0			0			0 0		
60.00 IABORATORY 0 822 0			0		1	0 0		
60:01 BLOOD LABORATORY 0			373					
62:00 06200 WHOLE BLOOD & PACKED RED BLOOD 0			0			0 0		
63:00 66300 BLOOD STORING PROCESSING & TRA 0 0 0 0 63:00 64:00 06400 117RAVENOUS THERAPY 0 12 0 0 64:00 65:00 06500 RESPIRATORY THERAPY 0 166 0 0 65:00 66:00 06600 PHYSICAL THERAPY 0 166 0 0 66:00 67:00 06700 CCUPATI ONAL THERAPY 0 166 0 0 67:00 0 06800 SPEECH PATHOLOGY 0 46 0 0 68:00 0 06800 SPEECH PATHOLOGY 0 257 0 0 69:00 0 07000 ELECTROCARDI OLOGY 0 13 0 0 70:01 0 07100 RELECTROCARDI PATT 0 0 0 71:00 72:00 70:01 73:00 73:00 73:00 73:00 73:00 73:00 73:00 73:00 73:00 73:00 73:00 73:00 74:00 0 0 0 0								
64.00 06400 INTRAVENOUS THERAPY 0 12 0 0 64.00 65.00 06500 RESPI RATORY THERAPY 0 464 0 0 65.00 66.00 06000 PHYSI CAL THERAPY 0 166 0 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0 166 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 46 0 0 67.00 69.00 06900 ELECTROCARDI LOGY 0 257 0 0 68.00 70.01 07001 ELECTROCARDI LOGY 0 13 0 0 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 73.00 74.00 07400 RFMAL HIALTH CHARS 0 0 0 74.00 75.00			0	0				
66.00 06600 PHYSI CAL THERAPY 0 166 0 0 66.00 67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 46 0 0 68.00 69.00 06900 ELECTROCARDI OLOGY 0 257 0 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 13 0 0 70.00 71.00 07101 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 0 24,390 71.00 72.00 07200 RUGS CHARGED TO PATI ENTS 0 0 0 0 74.00 73.00 ORJOS PARCE CHARL DI ALYSIS 0 0 0 0 74.00 75.00 76.00			0	12		0 0		
67.00 06700 OCCUPATI ONAL THERAPY 0 0 0 67.00 68.00 06800 SPEECH PATHOLOGY 0 46 0 0 68.00 69.00 06900 ELECTROCARDI OLOGY 0 257 0 0 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 13 0 0 70.00 71.00 07101 SLEEP DI SORDER 9 106 0 0 72.00 72.00 0 0 72.00 72.00 0 0 72.00 72.00 0 0 0 72.00 72.00 0 0 0 0 72.00			0			0 0		
68.00 06800 SPEECH PATHOLOGY 0 46 0 0 68.00 69.00 06900 ELECTROCARDI OLOGY 0 257 0 0 0 69.00 70.00 OTOODE ELECTROENCEPHALOGRAPHY 0 13 0 0 70.00 70.01 OTOODE ELECTROENCEPHALOGRAPHY 0 13 0 0 70.00 71.00 O7100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 24,390 71.00 72.00 O7200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 73.00 73.00 O7300 RUGS CHARGED TO PATI ENTS 0 0 0 0 73.00 74.00 O7400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 O7500, ASC (NON-DI STI NCT PART) 0 0 0 0 75.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00 76.00			0		1			
70.00 07000 ELECTROENCEPHALOGRAPHY 0 13 0 0 70.00 70.01 07001 SLEEP DISORDER 9 106 0 0 70.01 71.00 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 0 0 24,390 71.00 72.00 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 17.354 72.00 73.00 O7300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 75.00 76.97 ORDI AC REHABI LI TATI ON 0 59 0 0 76.97 70.00 PRAL HEALTH CLINIC 0 0 0 0 98.00 70.00 O9000 CLINIC 0 0 0 0 99.00 70.00 O9000			0	-		0 0	0	
70. 01 07001 SLEEP DI SORDER 9 106 0 0 70. 01 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 24, 390 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 17, 300 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 0 0 0 0 73. 00 74. 00 07400 RENAL DI ALYSI S 0 0 0 0 74. 00 75. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 75. 00 76. 07 07697 CARDI AC REHABI LI TATI ON 0 59 0 0 0 76. 00 76. 97 CARDI AC REHABI LI TATI ON 0 59 0 0 0 88. 00 88. 00 08900 RURAL HEALTH CLINIC 0 0 0 0 0 90. 00			0			0 0	0	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 24, 390 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 17, 354 72.00 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00			0					
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 17, 354 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 73.00 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 0 76.00 76.97 CARDI AC REHABILI TATI ON 0 59 0 0 0 76.00 70.07507 CARDI AC REHABILI TATI ON 0 59 0 0 76.00 71.01 0 0 0 0 0 0 0 76.00 70.02 CARDI AC REHABILI TATI ON 0 59 0 0 0 76.00 70.03800 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 <td></td> <td></td> <td>0</td> <td>00</td> <td></td> <td>0 0</td> <td>-</td> <td>1</td>			0	00		0 0	-	1
74.00 07400 RENAL DI ALYSI S 0 0 0 0 74.00 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 0 76.00 76.00 07697 CARDI AC REHABI LI TATI ON 0 59 0 0 76.00 70.00 07697 CARDI AC REHABI LI TATI ON 0 59 0 0 76.00 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 89.00 90.00 09000 CLI NI C 0 0 0 0 89.00 91.00 09100 EMERGENCY 479 793 0 0 91.00 92.00 09200 DSERVATI ON BEDS (NON-DI STI NCT 92.00 92.00 92.00 92.00 92.00 09200 DSERVATI ON BEDS (NON-DI STI NCT 92.00 92.00 92.00 </td <td>72.00</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>17, 354</td> <td>72.00</td>	72.00		0	0		0 0	17, 354	72.00
75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 0 76.00 76.07 OXADIA C REHABILITATION 0 59 0 0 0 76.00 00 OTG97 CARDIA C REHABILITATION 0 59 0 0 0 76.97 00 OUTPATIENT SERVICE COST CENTERS 0 0 0 0 0 76.97 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 99.00 09000 CLINIC 0 0 0 0 89.00 90.00 09000 CLINIC 0 0 0 0 90.00 91.00 09100 EMERGENCY 479 793 0 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DI STINCT 92.00 92.00 92.00 94.00 92.00 0THER REI MBURSABLE COST CENTERS 0 0 0 94.00<			0	0				
76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 0 76.00 76.97 CARDIA C. REHABILI TATION 0 59 0 0 0 76.00 0UTPATI ENT SERVICE COST CENTERS 0 0 0 0 0 76.97 88.00 08900 RURAL HEALTH CLINIC 0 0 0 88.00 99.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 89.00 90.00 09000 CLINIC 0 103 0 0 90.00 91.00 99100 EMERGENCY 479 793 0 0 91.00 92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT 92.00 92.00 92.00 92.00 92.00 92.00 92.00 94.00 94.00 94.00 94.00 94.00 94.00 95.00 0 0 0 94.00 95.00 95.00 0 0 0 95.00 96.00 96.00 96.00 96.00 0 0 96.00			0	0		0 0		
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 103 0 0 90.00 91.00 09200 DESERVATION BEDS (NON-DISTINCT 479 793 0 0 91.00 92.00 OSERVATION BEDS (NON-DISTINCT 479 793 0 0 92.00 94.00 09400 HOME PROGRAM DI ALYSIS 0 0 0 94.00 95.00 09500 AMBULANCE SERVICES 0 0 0 95.00 96.00 09600 DURABLE MEDI CAL EQUIP-RENTED 0 0 0 0 96.00	76.00	03950 NUTRI TI ON/DI ABETES	0	0		o 0		76.00
88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 09000 CLINIC 0 103 0 0 0 90.00 91.00 09100 EMERGENCY 479 793 0 0 91.00 92.00 0BSERVATI ON BEDS (NON-DI STINCT 479 793 0 0 91.00 92.00 0BSERVATI ON BEDS (NON-DI STINCT 479 793 0 0 91.00 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0 94.00 95.00 09500 AMBULANCE SERVICES 0 0 0 95.00 96.00 09600 DURABLE MEDI CAL EQUIP-RENTED 0 0 0 0 96.00	76.97		0	59	1	0 0	0	76.97
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 89.00 90.00 91.00 90.00 91.00 91.00 91.00 91.00 91.00 91.00 91.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 95.00 95.00 96.00 96.00 96.00 96.00 96.00	88.00		0	0		0 0	0	88.00
91.00 09100 EMERGENCY 479 793 0 0 91.00 92.00 92.00 0BSERVATI ON BEDS (NON-DI STINCT 1 1 1 92.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 95.00 95.00 95.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00 96.00	89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0	0	89.00
92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT 92. 00 0THER REI MBURSABLE COST CENTERS 0 0 0 94. 00 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0 0 94. 00 95. 00 09500 AMBULANCE SERVICES 0 0 0 0 95. 00 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 96. 00			0			0 0		
OTHER REI MBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DI ALYSI S 0 0 0 0 94.00 95.00 09500 AMBULANCE SERVICES 0 0 0 0 95.00 96.00 09600 DURABLE MEDI CAL EQUIP-RENTED 0 0 0 0 96.00			479	/93	1		0	
95. 00 09500 AMBULANCE SERVICES 0 0 0 0 95. 00 96. 00 09600 DURABLE MEDI CAL EQUIP-RENTED 0 0 0 0 0 96. 00	,2.00	OTHER REIMBURSABLE COST CENTERS			I			1 2.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 0 96. 00			0	0		0 0		
			0	0				
			0	0		o o		

Health Financial Systems	BAPTIST HEAI	_TH FLOYD		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Pre 1/29/2019 4:1	
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE C PERSONNEL	IF NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
99.00 09900 CMHC	0	0		0 0	0	99.00
99. 10 09910 CORF	0	0		0 0	0	99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	400		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0		0 0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107.00 10700 LIVER ACQUISITION	0	0		0 0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0		0 0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0 0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0		115.00
116. 00 11600 HOSPI CE	0	0		0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	67, 830	12, 561		0 0	41, 744	118.00
NONREI MBURSABLE COST CENTERS	[]		1			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0		190.00
191. 00 19100 RESEARCH	0	0		0 0		191.00
192.00 19200 PHYSI CLANS PRI VATE OFFICES	0	0		0 0		192.00
192.01 19201 OTHER NRCC	0	0		0 0		192.01
192.02 19202 LTC	0	0		0 0		192.02
193. 00 19300 NONPAI D WORKERS	0	0		0 0		193.00
194.00 07950 MARKETING	0	0		0 0	0	194.00
200.00 Cross Foot Adjustments		0			0	200.00
201.00 Negative Cost Centers	0	10 5/1		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	67, 830	12, 561		0 0	41, 744	202.00

	Financial Systems	BAPTI ST HEAL				u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CC	F	veriod: rom 09/01/2017 o 08/31/2018	Worksheet B Part II Date/Time Pre	nared [.]
		DUADNAOV				1/29/2019 4:1	1 pm
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
1 00	GENERAL SERVICE COST CENTERS						1 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
5.00	00500 ADMINI STRATI VE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7.00
9.00	00900 HOUSEKEEPI NG						9.00
10.00	01000 DI ETARY						10.00
11. 00 12. 00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL						11.00
12.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY	113, 820	450 777				15.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	158, 777 0	C			16.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	C			23.00
	INPATIENT ROUTINE SERVICE COST CENTERS		-				
30.00	03000 ADULTS & PEDIATRICS	0	141, 494	C		1, 117, 521	30.00
31.00 32.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	0	0	C		122, 415 0	31.00 32.00
33.00	03300 BURN I NTENSI VE CARE UNI T	0	0	C		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	C		0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	C		0	
41.00 42.00	04100 SUBPROVI DER – I RF 04200 SUBPROVI DER	0	0			0	41.00
42.00	04300 NURSERY	0	0	C		35, 644	•
44.00	04400 SKILLED NURSING FACILITY	0	0	C		0	44.00
45.00	04500 NURSING FACILITY	0	0	C		0	45.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	C		0	46.00
50.00	05000 OPERATING ROOM	0	10, 370	C		380, 958	50.00
51.00	05100 RECOVERY ROOM	0	0	C		0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	C		73, 294	•
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	576	(0 216, 900	
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	C		0	55.00
56.00	05600 RADI OI SOTOPE	0	0	C		0	56.00
57.00 58.00	05700 CT SCAN 05800 MRI	0	0	C		31, 380	1
58.00 59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	C		16, 370 110, 988	•
60.00	06000 LABORATORY	0	0	C		278, 466	
60.01	06001 BLOOD LABORATORY	0	0	C		0	
61.00 62.00	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	C		0	61.00 62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	C		0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0	0	C		1, 810	
65.00		0	807	C		88, 799	•
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	576 0			141, 714 0	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	C		10, 251	68.00
69.00	06900 ELECTROCARDI OLOGY	0	576	C		72, 772	69.00
70.00		0	0	C		8, 100	•
70. 01 71. 00	07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0	0			23, 727 433, 099	70.01
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C		321, 879	
73.00	07300 DRUGS CHARGED TO PATIENTS	113, 820	Ō	C		417, 709	73.00
74.00	07400 RENAL DI ALYSI S	0	0	C		0	
75.00 76.00	07500 ASC (NON-DI STINCT PART) 03950 NUTRI TI ON/DI ABETES	0	0			0	
	07697 CARDI AC REHABI LI TATI ON	0	0	0		20, 377	•
	OUTPATIENT SERVICE COST CENTERS	i			_		1
88.00	08800 RURAL HEALTH CLINIC	0	0	C		0	
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C C		0 48, 009	89.00 90.00
90.00 91.00	09100 EMERGENCY	0	4, 378	C		170, 450	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT						92.00
	OTHER REIMBURSABLE COST CENTERS		0	(0	94.00
04 00	100400 HOME DDOCDAM DIALVELE						
94.00 95.00	09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES	0	0	C C		0	•
94. 00 95. 00 96. 00 97. 00	09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES 09600 DURABLE MEDI CAL EQUI P-RENTED 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0 0 0	C		-	95.00 96.00

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018		
Cost Center Description	PHARMACY		SOCIAL SERVI		Subtotal	
		RECORDS & LI BRARY		PRGM-PHARMACY RESI DENCY		
	15.00	16.00	17.00	23.00	24.00	
99.00 09900 CMHC	0	0		0	0	99.00
99. 10 09910 CORF	0	0		0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0		0	97, 088	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0		0		105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0		106.00
107.00 10700 LIVER ACQUISITION	0	0		0		107.00
108.00 10800 LUNG ACQUISITION	0	0		0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0		0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0		115.00
116. 00 11600 HOSPI CE	0	0		0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	113, 820	158, 777		0 0	4, 239, 720	118.00
NONREI MBURSABLE COST CENTERS	<u>г</u>		1			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0		190.00
191. 00 19100 RESEARCH	0	0		0		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0	16, 623	
192.01 19201 OTHER NRCC	0	0		0	73, 056	
192. 02 19202 LTC	0	0		0		192.02
193. 00 19300 NONPALD WORKERS	0	0		0		193.00
194.00 07950 MARKETING	0	0		U 7 000		194.00
200.00 Cross Foot Adjustments		0		7, 328		200.00
201.00 Negative Cost Centers	112 020	150 777		0 7 200		201.00
202.00 TOTAL (sum lines 118 through 201)	113, 820	158, 777	I	0 7, 328	4, 343, 277	202.00

LOCATI O	nancial Systems N OF CAPITAL RELATED COSTS	BAPTIST HEAL	Provider CCN: 15-00	
	Cost Center Description	Intern &	Total	1/29/2019 4:11 pm
	cost center bescription	Residents Cost	IUtai	
		& Post		
		Stepdown		
		Adjustments		
051		25.00	26.00	
	NERAL SERVICE COST CENTERS 100 CAP REL COSTS-BLDG & FIXT			1.
	200 CAP REL COSTS-BEDG & TTXT			2.
	400 EMPLOYEE BENEFITS DEPARTMENT			4.
	500 ADMINI STRATI VE & GENERAL			5.
	600 MAINTENANCE & REPAIRS			6.
1	700 OPERATION OF PLANT			7.
00 008	BOO LAUNDRY & LINEN SERVICE			8.
	900 HOUSEKEEPI NG			9.
	DOO DI ETARY			10.
				11.
	200 MAI NTENANCE OF PERSONNEL 300 NURSI NG ADMI NI STRATI ON			12.
	400 CENTRAL SERVICES & SUPPLY			14.
	500 PHARMACY			15.
	600 MEDI CAL RECORDS & LI BRARY			16.
	700 SOCI AL SERVI CE			17.
	300 PARAMED ED PRGM-PHARMACY RESIDENCY			23.
I NF	PATIENT ROUTINE SERVICE COST CENTERS			
	DOO ADULTS & PEDIATRICS	0	1, 117, 521	30.
	100 I NTENSI VE CARE UNI T	0	122, 415	31.
	200 CORONARY CARE UNIT	0	0	32.
	300 BURN INTENSIVE CARE UNIT	0	0	33.
	400 SURGICAL INTENSIVE CARE UNIT 2000 SUBPROVIDER – IPF	0	0	34. 40.
	100 SUBPROVIDER - IRF	0	o	40.
	200 SUBPROVI DER	0	0	42.
	300 NURSERY	0	35, 644	43.
	400 SKILLED NURSING FACILITY	0	o	44.
00 045	500 NURSING FACILITY	0	0	45.
	500 OTHER LONG TERM CARE	0	0	 46.
	CILLARY SERVICE COST CENTERS	-1		
	DOO OPERATING ROOM	0	380, 958	50.
	100 RECOVERY ROOM 200 DELIVERY ROOM & LABOR ROOM	0	0 73, 294	51.
	300 ANESTHESI OLOGY	0	/3, 274	53.
	400 RADI OLOGY-DI AGNOSTI C	0	216, 900	54.
	500 RADI OLOGY-THERAPEUTI C	0	0	55.
	500 RADI OI SOTOPE	0	О	56.
	700 CT SCAN	0	31, 380	57.
00 058	BOO MRI	0	16, 370	58.
	900 CARDI AC CATHETERI ZATI ON	0	110, 988	59.
1	DOO LABORATORY	0	278, 466	60.
	DOI BLOOD LABORATORY	0	0	60.
	100 PBP CLINICAL LAB SERVICES-PRGM 200 WHOLE BLOOD & PACKED RED BLOOD			61.
	300 BLOOD STORING PROCESSING & TRA	0	0	62.
	400 I NTRAVENOUS THERAPY	0	1, 810	64.
	500 RESPIRATORY THERAPY	0	88, 799	65.
	600 PHYSI CAL THERAPY	0	141, 714	66.
	700 OCCUPATI ONAL THERAPY	0	0	67.
	BOO SPEECH PATHOLOGY	0	10, 251	68.
	900 ELECTROCARDI OLOGY	0	72, 772	69.
	DOO ELECTROENCEPHALOGRAPHY	0	8, 100	70
	DO1 SLEEP DISORDER 100 MEDICAL SUPPLIES CHARGED TO PAT	0	23, 727 433, 099	70.
	200 IMPL. DEV. CHARGED TO PATIENTS	0	433, 099 321, 879	71.
	300 DRUGS CHARGED TO PATIENTS	0	417, 709	73.
	400 RENAL DI ALYSI S	0	0	74.
	500 ASC (NON-DI STI NCT PART)	0	0	75.
	950 NUTRI TI ON/DI ABETES	0	O	76.
	697 CARDI AC REHABI LI TATI ON	0	20, 377	 76
	TPATIENT SERVICE COST CENTERS			
	BOO RURAL HEALTH CLINIC	0	0	88.
	900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.
		0	48,009	90.
	100 EMERGENCY	0	170, 450	91.
	200 OBSERVATION_BEDS_(NON-DISTINCT HER_REIMBURSABLE_COST_CENTERS	0		92.
	400 HOME PROGRAM DI ALYSI S	0	0	94.
	500 AMBULANCE SERVICES	0	0	95.

Health Financial Systems	BAPTIST HEALT	H FLOYD		In Lieu	u of Form CMS-25	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepa 1/29/2019 4:11	ared: pm
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments 25.00	26.00				
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	25.00	20.00				96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99. 00 09900 CMHC	0	0				99.00
99. 10 09910 CORF	0	0				99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0				00.00
101.00 10100 HOME HEALTH AGENCY	0	97, 088				01.00
SPECIAL PURPOSE COST CENTERS	<u> </u>	717000				011.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0			1	05.00
106.00 10600 HEART ACQUI SI TI ON	0	0			1	06.00
107.00 10700 LIVER ACQUISITION	0	0			1	07.00
108.00 10800 LUNG ACQUISITION	0	0			1	08.00
109.00 10900 PANCREAS ACQUISITION	0	0			1	09.00
110.00 11000 INTESTINAL ACQUISITION	0	0			1	10.00
111.00 11100 I SLET ACQUI SI TI ON	0	0			1	11.00
113.00 11300 INTEREST EXPENSE					1	13.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF					1	14.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0			1	15.00
116. 00 11600 HOSPI CE	0	0			1	16.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	4, 239, 720			1	18.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	3, 106				90.00
191. 00 19100 RESEARCH	0	2, 106				91.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	16, 623				92.00
192.01 19201 OTHER NRCC	0	73, 056				92.01
192. 02 19202 LTC	0	0				92.02
193.00 19300 NONPALD WORKERS	0	0				93.00
194. 00 07950 MARKETI NG	0	1, 338				94.00
200.00 Cross Foot Adjustments	0	7, 328				200.00
201.00 Negative Cost Centers	0	0				201.00
202.00 TOTAL (sum lines 118 through 201)	0	4, 343, 277			2	202.00

ST ALLOCATION - STATISTICAL BASIS		ALTH FLOYD Provider C		Period: From 09/01/2017	u of Form CMS-: Worksheet B-1	
				o 08/31/2018	Date/Time Pre 1/29/2019 4:1	
	CAPI TAL RE	LATED COSTS			1/2//2017 4.1	
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		(DOLLAR VALUE)			& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			
	1.00	2.00	SALARIES) 4.00	5A	5.00	-
GENERAL SERVICE COST CENTERS	1.00	2.00	4.00	JA	5.00	
00 00100 CAP REL COSTS-BLDG & FIXT	460, 034	L				1 1
00 00200 CAP REL COSTS-MVBLE EQUIP		13, 528, 468				2
00 00400 EMPLOYEE BENEFITS DEPARTMENT	10, 146					4
00 00500 ADMINI STRATI VE & GENERAL	24, 421		2, 758, 856	-47, 457, 495		
00 00600 MAI NTENANCE & REPAI RS 00 00700 OPERATI ON OF PLANT	6, 900	, v	2, 172, 174		0 13, 569, 555	6
0 00800 LAUNDRY & LINEN SERVICE	6, 545				1, 074, 128	
00 00900 HOUSEKEEPING	1, 654				3, 233, 667	9
00 01000 DI ETARY	2, 530				2, 994, 011	10
00 01100 CAFETERIA	14, 352	2 0	C	0 0	0	
00 01200 MAINTENANCE OF PERSONNEL		0		0	0	12
00 01300 NURSI NG ADMI NI STRATI ON 00 01400 CENTRAL SERVI CES & SUPPLY	16, 302		521, 682		0 1, 269, 076	
00 01500 PHARMACY	3, 673				5, 119, 421	
00 01600 MEDICAL RECORDS & LI BRARY	7, 337				7, 059, 372	
00 01700 SOCIAL SERVICE	C		C		0	
00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	147	2, 591	228, 385	ō 0	333, 223	23
INPATIENT ROUTINE SERVICE COST CENTERS	444 700	1 070 404	04 707 077		05 707 007	
00 03000 ADULTS & PEDIATRICS 00 03100 INTENSIVE CARE UNIT	146, 723 13, 210				35, 797, 887 4, 921, 877	30
00 03200 CORONARY CARE UNIT	13, 210	09,044	3, 000, 023		4, 921, 877	32
00 03300 BURN I NTENSI VE CARE UNI T					0	33
00 03400 SURGICAL INTENSIVE CARE UNIT	C	0	C	0	0	34
00 04000 SUBPROVIDER - IPF	C	0	C	0 0	0	40
00 04100 SUBPROVIDER - IRF	C	0	C	0 0	0	1 .
00 04200 SUBPROVI DER		0		0	0	
00 04300 NURSERY 00 04400 SKILLED NURSING FACILITY	3, 659	18, 871	1, 061, 761		1, 441, 642 0	
00 04500 NURSING FACILITY					0	44
00 04600 OTHER LONG TERM CARE	C C	o o		0	0	
ANCILLARY SERVICE COST CENTERS						
00 05000 OPERATING ROOM	43, 454	1, 480, 236	8, 489, 216			
00 05100 RECOVERY ROOM	25, 956		1 (52 20(0	0	
00 05200 DELIVERY ROOM & LABOR ROOM 00 05300 ANESTHESI OLOGY	20, 950	29, 404	1, 652, 206		2, 191, 372 0	
00 05400 RADI OLOGY-DI AGNOSTI C	28, 488	835, 611	4, 778, 570		8, 795, 405	
00 05500 RADI OLOGY-THERAPEUTI C	C	0	C	0 0	0	
00 05600 RADI 0I SOTOPE	C	0	c c	0 0	0	56
00 05700 CT SCAN	3, 593				1, 275, 674	
	1, 644				673, 682	
00 05900 CARDI AC CATHETERI ZATI ON 00 06000 LABORATORY	11, 253 17, 568				4, 592, 062 12, 189, 405	
01 06001 BLOOD LABORATORY	17, 300		4, 133, 303	0	0	60
00 06100 PBP CLINICAL LAB SERVICES-PRGM				0	_	61
00 06200 WHOLE BLOOD & PACKED RED BLOOD	C	0	C	0 0	0	
00 06300 BLOOD STORING PROCESSING & TRA	C	0	C	0	0	63
00 06400 I NTRAVENOUS THERAPY			50, 977		83, 559	
00 06500 RESPI RATORY THERAPY 00 06600 PHYSI CAL THERAPY	2, 371				3, 971, 357 6, 535, 797	
00 06700 OCCUPATIONAL THERAPY	325				0, 535, 797	67
00 06800 SPEECH PATHOLOGY	575	-	-	-	450, 961	68
00 06900 ELECTROCARDI OLOGY	9,049				2, 974, 272	
00 07000 ELECTROENCEPHALOGRAPHY	7,140	1, 713	63, 735	5 0	85, 446	70
01 07001 SLEEP DI SORDER	3, 905	22, 536	650, 633	3 O	924, 958	
00 07100 MEDI CAL SUPPLIES CHARGED TO PAT	C	0		0	18, 997, 346	
00 07200 I MPL. DEV. CHARGED TO PATIENTS 00 07300 DRUGS CHARGED TO PATIENTS					14, 154, 730 14, 125, 187	
00 07400 RENAL DIALYSIS					14, 125, 187	
00 07500 ASC (NON-DISTINCT PART)		o o		o o	0	
00 03950 NUTRI TI ON/DI ABETES	C	0	c	0	0	
97 07697 CARDI AC REHABI LI TATI ON	3, 593	35, 043	568, 831	0	797, 857	76
	-	J -	-	-	-	1 ~ -
00 08800 RURAL HEALTH CLINIC	0	-		0	0	
00 08900 FEDERALLY QUALIFIED HEALTH CENTER 00 09000 CLINIC	C 5, 222	-	-		0 2, 013, 422	
00 09100 EMERGENCY	28, 910				6, 314, 430	
00 09200 OBSERVATION BEDS (NON-DISTINCT	20, 710	1	1	I S	1 2, 2 1, 100	92

ST ALLOCATION - STATISTICAL BASIS		Provider CC		Period: From 09/01/2017 To 08/31/2018	Worksheet B-1 Date/Time Pre	epar
					1/29/2019 4:1	і рі
	CAPITAL REL	ATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconci I i ati on	ADMI NI STRATI VE	
	(SQUARE FEET)		BENEFITS	Reconciliation	& GENERAL	
		` ´	DEPARTMENT		(ACCUM. COST)	
			(GROSS			
			SALARI ES)			
	1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS		0		0 0	0	
. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	
. 00 09500 AMBULANCE SERVI CES . 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0			0	
. 00 09700 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	
. 00 09900 CMHC	0	0			0	
. 10 09910 CORF	0	0		0 0	0	
0.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0	-	100
1.00 10100 HOME HEALTH AGENCY	0	0	2, 902, 80		4, 494, 212	
SPECIAL PURPOSE COST CENTERS			2/ /02/00		1, 1, 1, 2, 2	1.0
5. 00 10500 KIDNEY ACQUISITION	0	0		0 0	0	105
6.00 10600 HEART ACQUISITION	0	0		0 0	0	106
7.00 10700 LIVER ACQUISITION	0	0		0 0	0	107
8.00 10800 LUNG ACQUISITION	0	0		0 0	0	108
9. 00 10900 PANCREAS ACQUI SI TI ON	0	0		0 0		10
0.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110
1.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	11
3.00 11300 INTEREST EXPENSE						113
4. 00 11400 UTI LI ZATI ON REVI EW-SNF						114
5.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0 0		115
6.00 11600 HOSPICE 8.00 SUBTOTALS (SUM OF LINES 1 through 117)	450 (45	10 514 510	00.0(4.0)			116
8.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	450, 645	13, 516, 512	88, 864, 92	-47, 457, 495	197, 693, 543	1118
0.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0	144, 390	1100
1. 00 19100 RESEARCH	0	0	76, 58		97, 886	
2. 00 19200 PHYSICIANS PRIVATE OFFICES	3, 261	510	395, 63		640, 015	
2. 01 19201 OTHER NRCC	4,600	11, 446	150, 65		3, 208, 494	
2. 02 19202 LTC	0	0		0 0		192
3. 00 19300 NONPAI D WORKERS	0	0		0 0		193
4. 00 07950 MARKETI NG	1, 528	0		0 0	0	194
0.00 Cross Foot Adjustments						200
1.00 Negative Cost Centers						201
2.00 Cost to be allocated (per Wkst. B,	0	2, 944	23, 942, 43	33	47, 457, 495	202
Part I)						
3.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	0. 000218	0. 26755	0	0. 235189	
4.00 Cost to be allocated (per Wkst. B,				3	4, 341, 092	204
Part II)			0 00000		0 001544	000
5.00 Unit cost multiplier (Wkst. B, Part			0.00000		0. 021514	205
6.00 NAHE adjustment amount to be allocated						206
(per Wkst. B-2)						200
7.00 NAHE unit cost multiplier (Wkst. D,						207
Parts III and IV)						100

	Financial Systems ALLOCATION - STATISTICAL BASIS	BAPTIST HEA	LTH FLOYD Provider CO	CN: 15-0044	eri od:	u of Form CMS-2 Worksheet B-1	
					rom 09/01/2017 o 08/31/2018	Date/Time Pre 1/29/2019 4:1	pared:
	Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVI CE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY	
		6.00	7.00	8.00	9.00	10.00	
4 00	GENERAL SERVICE COST CENTERS						1 4 00
1.00 2.00 4.00 5.00 6.00 7.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	425, 467 6, 900	418, 567				1.00 2.00 4.00 5.00 6.00 7.00
8.00 9.00 10.00 11.00 12.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	6, 545 1, 654 2, 530 14, 352 0	6, 545 1, 654 2, 530 14, 352 0	1, 654, 676 70, 140 70, 200 0 0	410, 368	170, 229 0 0	8. 00 9. 00
13.00 14.00 15.00 16.00 17.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	0 16, 302 3, 673 7, 337 0	0 16, 302 3, 673 7, 337 0	0 0 1, 326 0 0	7, 337 0	0 0 0 0	13.00 14.00 15.00 16.00 17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	147	147	53	147	0	23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	146, 715	146, 723	754, 902	146, 723	150, 841	30.00
31.00 32.00 33.00 34.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T 03300 BURN I NTENSI VE CARE UNI T 03400 SURGI CAL I NTENSI VE CARE UNI T	13, 210 0 0	13, 210 0 0	60, 546 C C		8, 417 0 0	31.00 32.00 33.00 34.00
40.00 41.00 42.00 43.00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER 04300 NURSERY	0 0 0 3, 667	0 0 0 3, 659	C C C 22, 965	0 0 0 3, 659	0 0 2, 230	40.00 41.00 42.00
44.00 45.00 46.00	04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY 04600 OTHER LONG TERM CARE	0	0			0	44.00 45.00 46.00
	ANCI LLARY SERVI CE COST CENTERS			1			
50.00 51.00 52.00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	43, 454 0 25, 956	43, 454 0 25, 956	177, 408 C 48, 071	0	200 0 5, 921	50.00 51.00 52.00
53.00 54.00 55.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0 28, 488	0 28, 488	66, 436	0 28, 488	0 460 0	53.00 54.00 55.00
56.00 57.00 58.00	05600 RADI OI SOTOPE 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0 0 3, 593 1, 644 11, 253			1, 644	0 0 0 935	56.00 57.00 58.00 59.00
60.00 60.01 61.00 62.00	06000 LABORATORY 06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	17, 568 0	17, 568 0 0	45 C	17, 568 0 0	0 0	60.00 60.01 61.00 62.00
63.00 64.00 65.00 66.00 67.00	06300 BLOOD STORI NG PROCESSI NG & TRA 06400 NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 0CCUPATI ONAL THERAPY	0 0 2, 371 325 0	0 0 2, 371 325 0	0 0 0 3, 786	0 0 2, 371 325 0	0 0 0 0	63.00 64.00 65.00 66.00 67.00
68.00 69.00 70.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	575 9, 049 7, 140	575 9, 049 7, 140		575 9, 049 7, 140	0 0 0	68.00 69.00 70.00
70. 01 71. 00 72. 00 73. 00	07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	3, 905 0 0	3, 905 0 0 0	17, 327 C	3, 905 0 0 0	22 0 0 0	70.01 71.00 72.00 73.00
74.00 75.00 76.00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES					0 0 0	74.00 75.00 76.00
76. 97	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	3, 593	3, 593	C	3, 593	0	76.97
88.00 89.00 90.00 91.00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY	0 0 5, 222 28, 910	0 0 5, 222 28, 910	C C 154 216, 852		0 0 1 1, 202	88.00 89.00 90.00 91.00
92.00 94.00 95.00	09200 OBSERVATI ON BEDS (NON-DI STINCT OTHER REI MBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S 09500 AMBULANCE SERVI CES	0	0			0	92.00 94.00 95.00
95.00 96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	C	0	0	

COST ALLOCATION - STATISTICAL BASIS Provider CON: 15-0044 Period: From 09/01/217 Period: From 09/01/217 Period: From 09/01/217 Worksheet B-1 Cost Center Description MAINTENANCE & REPAIRS (SOUARE FEET) OPERATION OF LAWNDRY LIMEND SERVICE (SOUARE FEET) LOW OF SERVICE (SOUARE FEET) COUNTRE FEET)	Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	eu of Form CMS-:	2552-10
Cost Center Description Mai NTENACE & REPAINS (SOUARE FEET) Cost Center Description Mai NTENACE & PEANT (SOUARE FEET) LauNDRY & LINE (POINDS OF LAUNDRY) Cost Center Time Prepared: UNEX SERVED) DIFTARY (NEALS SERVED) 97.00 09700 Durable MeDi CAL EQUI P-SOLD 0 7.00 8.00 9.00 10.00 97.00 09900 CMHC 0 0 0 0 0 0 0 0 0 0 97.00 97.00 97.00 97.00 97.00 97.00 97.00 97.00 0 <td< td=""><td></td><td></td><td></td><td>CN: 15-0044 P</td><td></td><td></td><td></td></td<>				CN: 15-0044 P			
Cost Center Description MAINTENANCE & REPAIRS (SOUARE FEET) Charation of PLANT (SOUARE FEET) LAUNDRY & LAUNDRY & LAUNDRY (Content Service) HOUSEKEEN BC (VEALS SERVED) DITERATY (WEALS SERVED) 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0							
Cost Center Description Main TENANCE & REPART AC OPERATION OF LANDRY & COUARE FEET) LIANDRY & COUARE FEET) Couare FEET (POUNDS OF LANDRY & LIANDRY & COUARE FEET) DUSEKEEPI MC (POUNDS OF LANDRY & LIANDRY & LIA				T	o 08/31/2018		
REPAIRS (SOUARE FEET) PLANT (SOUARE FEET) CINEND Store (SOUARE FEET) COUARE FEET)<		MALNEE A					1 pm
COURRE FEET) COURRE FEET) COURD OF COURD OF 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 <	Cost Center Description						
Image: Construct of the second seco					(SQUARE FEET)	(MEALS SERVED)	
6.00 7.00 8.00 9.00 10.00 99.00 099700 DURABLE MEDICAL EQUIP-SOLD 0 <		(SQUARE FEET)	(SQUARE FEET)				
97.00 09700 00 0		(7.00	· · · · · · · · · · · · · · · · · · ·	0.00	10.00	
99.0 0 9900 (MHC 0 0 0 0 0 99.10 99.10 0 99.10 (CRF 0							07.00
99.10 ORF 0 </td <td></td> <td>0</td> <td>0</td> <td>-</td> <td>-</td> <td>-</td> <td></td>		0	0	-	-	-	
100. 001 001 000 0 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>-</td><td></td><td>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</td></t<>		0	0	0	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
101. 00 101. 00 101. 00 0 0 0 0 101. 00 SPECIAL PURPOSE COST CENTES		0	0	0	-	-	
SPECIAL PURPOSE COST CENTERS Image: Control of the contr		0	0	0	-		
105.00 IOSON KIDNEY ACQUISITION 0 <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>101.00</td>		0	0	0	0	0	101.00
106.00 106.00 LART ACQUISITION 0 </td <td></td> <td>i</td> <td></td> <td></td> <td></td> <td></td> <td></td>		i					
107 00 LIVER ACQUISITION 0		0					
108. 00 10800 LUNG ACQUISITION 0 </td <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td>		0	0	0	0		
109.00 PANCREAS ACQUISTION 0	107. 00 10700 LI VER ACQUI SI TI ON	0	0	0	0	0	107.00
110.00 INTESTINAL ACQUISITION 0 0 0 0 0 0 0 0 110.00 111.00 INTESTINAL ACQUISITION 0 0 0 0 0 0 0 111.00 0 0 0 0 0 0 111.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 113.00 113.00 113.00 113.00 113.00 113.00 113.00 113.00 113.00 113.00 114.00 114.00 114.00 114.00 114.00 114.00 115.00 0 0 0 0 0 115.00 115.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 0 0 0 0 0 0 116.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 116.00 100 100.00 100 100.00 100 100.00 100.00 100.00 100.00 </td <td>108.00 10800 LUNG ACQUISITION</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>108.00</td>	108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
111.00 SLET ACQUISITION 0 0 0 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 113.00 114.00 UTILIZATION REVIEW-SNF 114.00 114.00 114.00 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0	109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
111.00 SLET ACQUISITION 0 0 0 0 111.00 113.00 11300 INTEREST EXPENSE 113.00 113.00 114.00 UTILIZATION REVIEW-SNF 114.00 114.00 114.00 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0	110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
113.00 INTEREST EXPENSE 113.00 INTEREST EXPENSE 113.00 114.00 UTI LIZATIO N REVIEW-SNF 114.00 114.00 114.00 115.00 INULATORY SUGICAL CENTER (D.P.) 0 0 0 0 116.00 11600 HOSPICE 0 0 0 0 0 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 416,078 409,178 1,654,676 400,979 170,229 190.00 I9000 GIFT FLOWER COFFEE SHOP & CAN 0 0 0 0 114.00 192.00 PYSICI ANS PRI VATE OFFICES 3,261 3,261 0 192.00 192.00 192.01 192.01 192.01 192.01 192.02 192.01 192.02 19		0	0	0	0	0	111.00
114.00 UTILIZATION REVIEW-SNF 0 0 0 114.00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0							
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0							
116.00 11600 HOSPICE 0 0 0 0 0 0 0 116.00 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 416,078 409,178 1,654,676 400,979 170,229 118.00 NONREI MBURSABLE COST CENTERS		0	0	0	0		
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 416,078 409,178 1,654,676 400,979 170,229 118.00 NONREL MEURSABLE COST CENTERS		0	0	0	0		
NONREI MBURSABLE COST CENTERS 190:00 GFT FLOWER COFFEE SHOP & CAN 0 0 0 0 0 0 0 0 0 190:00 190:00 190:00 190:00 190:00 190:00 190:00 190:00 190:00 0 0 0 0 0 190:00 190:00 190:00 190:00 190:00 190:00 190:00 190:00 190:00 0 0 0 0 190:00 190:00 190:00 190:00 190:00 190:00 190:00 190:00 192:00 192:00 192:01 192:01 192:01 0 0 0 0 192:00 192:00 192:00 192:00 192:00 192:00 192:00 192:00 192:00 192:00 192:00 192:00 0 0 0 0 192:00 192:00 192:00 192:01 192:00 192:01 192:00 192:01 192:00 192:01 192:00 0 192:00 0 192:00 192:00		416 078	409 178	1 654 676	Ŭ		
190.00 GIFT FLOWER COFFEE SHOP & CAN 0 190.00 0 190.00 0 190.00 0 0 0 0 0 0 0 0 0 0 0 0 0 192.00 192.00 192.01 0 192.00 192.01 0 0 0 0 0 192.00 192.02 LTC 0 0 0 0 0 0 192.02 0 193.00 193.00 193.00 193.00 0 0 0 0 0 0 193.00 193.00 193.00 0 0 0 0 193.00 193.00 193.00 0 194.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 20	NONRELMBURSABLE COST CENTERS	110,070	107,170	1,001,070	100, 777	170,227	110.00
191.00 19100 RESEARCH 0 0 0 0 0 191.00 192.00 19200 PHYSI CLANS PRI VATE OFFICES 3, 261 3, 261 0 3, 261 0 192.00 192.01 19200 OTHER NRCC 4, 600 4, 600 0 4, 600 0 192.01 192.02 19202 LTC 0 0 0 0 0 192.02 193.00 NONPALD WORKERS 0 0 0 0 0 192.02 193.00 NONPALD WORKERS 0 0 0 0 0 0 0 192.02 194.00 07950 MARKETI NG 1,528 1,528 0 1,528 194.00 200.00 201.00 200.00 201.00 201.00 201.00 201.00 201.00 201.00 202.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 204.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 0.699945 0.016735 0.175245 0.398463 <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>190 00</td>		0	0	0	0	0	190 00
192.00 19200 PHYSICIANS PRIVATE OFFICES 3,261 3,261 3,261 0 3,261 0 192.00 192.01 19201 OTHER NRCC 4,600 4,600 0 4,600 0 192.01 192.02 19202 LTC 0 0 0 0 0 0 192.02 193.00 19300 NOPAI D WORKERS 0 0 0 0 0 193.00 193.00 193.00 193.00 194.00 0 0 0 0 192.02 194.00 0 0 0 0 0 0 193.00 194.00 0 194.00 0 0 0 194.00 0		0	0	-	-		
192.01 19201 OTHER NRCC 4,600 4,600 0 4,600 0 192.01 192.02 19202 LTC 0 0 0 0 0 0 192.02 193.00 19300 NONPAID WORKERS 0 0 0 0 0 0 0 192.02 193.00 194.00 07950 MARKETING 1,528 0 1,528 0 1,528 0 1,528 0 194.00 200.00 200.00 200.00 200.00 200.00 200.00 201.00 200.00 201.00 200.00 201.00 200.00 201.00 200.00 201.00		3 261	3 261		U U		
192.02 LTC 0 0 0 0 192.02 193.00 19300 NONPAID WORKERS 0 0 0 0 0 0 193.00 193.00 193.00 0 0 0 0 0 0 0 0 193.00 193.00 193.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 193.00 0				0			
193.00 19300 NONPAID WORKERS 0 0 0 0 193.00 194.00 07950 MARKETING 1,528 1,528 0 1,528 0 194.00 200.00 Cross Foot Adjustments 1,528 1,528 0 1,528 0 200.00 201.00 Negative Cost Centers 0 16,760,965 1,588,837 4,127,771 3,892,336 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 Cost to be allocated (per Wkst. B, 0 292,974 27,691 71,915 67,830 204.00 205.00 Unit cost multiplier (Wkst. B, Part 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 206.00		4,000	4,000	0			
194.00 07950 MARKETING 1,528 1,528 0 1,528 0 1,528 0 1,528 0 1,528 0 1,528 0 1,528 0 1,528 0 104.00 200.00 200.00 201.00		0	0	0	0		
200.00 Cross Foot Adjustments 200.00 201.00 <		1 500	1 520		1 520		
201.00 Negative Cost Centers 201.00 201.00 202.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 16,760,965 1,588,837 4,127,771 3,892,336 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 205.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 206.00		1, 528	1, 528	0	1, 528	0	
202.00 Cost to be allocated (per Wkst. B, Part I) 0 16,760,965 1,588,837 4,127,771 3,892,336 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 205.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 206.00							
203.00 Part I) Unit cost multiplier (Wkst. B, Part I) 0.00000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 Cost to be allocated (per Wkst. B, Part I) 0.000000 292,974 27,691 71,915 67,830 204.00 205.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00			44 740 045	1 500 007	4 407 774	0 000 00/	
203.00 Unit cost multiplier (Wkst. B, Part I) 0.000000 40.043685 0.960210 10.058706 22.865293 203.00 204.00 Cost to be allocated (per Wkst. B, Part II) 0.000000 292,974 27,691 71,915 67,830 204.00 205.00 Unit cost multiplier (Wkst. B, Part II) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.00000 0.699945 0.016735 0.175245 0.398463 206.00		0	16, 760, 965	1, 588, 837	4, 127, 771	3, 892, 336	202.00
204.00 Cost to be allocated (per Wkst. B, Part II) 0 292,974 27,691 71,915 67,830 204.00 205.00 Unit cost multiplier (Wkst. B, Part II) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 206.00		0,000000	40.042/05	0.0/0010	10 05070/	22.075202	202.00
205.00 Part II) 205.00 Unit cost multiplier (Wkst. B, Part II) 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)							
205.00 Unit cost multiplier (Wkst. B, Part 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 0.000000 0.699945 0.016735 0.175245 0.398463 205.00 206.00		0	292, 974	27,691	/1, 915	67,830	204.00
206.00 II) NAHE adjustment amount to be allocated (per Wkst. B-2) 206.00				0.04/705			
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2) 206.00		0. 000000	0. 699945	0.016/35	0.175245	0. 398463	205.00
(per Wkst. B-2)							
							206.00
207.00 NAHE unit cost multiplier (Wkst. D, 207.00							
Dente 111 and 110							207.00
Parts III and IV)	Parts III and IV)	1	I	I		l	I

Const. Center: Description CONFTTENT CONFTTENT CONFTTENT CONTENT CONTENT <t< th=""><th></th><th>Financial Systems LLOCATION - STATISTICAL BASIS</th><th>BAPTIST HEA</th><th></th><th>CN: 15-0044 P</th><th>In Lie</th><th>u of Form CMS-: Worksheet B-1</th><th></th></t<>		Financial Systems LLOCATION - STATISTICAL BASIS	BAPTIST HEA		CN: 15-0044 P	In Lie	u of Form CMS-: Worksheet B-1	
Cost Genter Description CALLENA (VALUE) CALENA (VALUE) CALLENA (VALUE) CAL								
HOUSED COLRECT MESING COLRECT MESING COLRECT MESING COLRECT MESING 10 00 00000 COLRECT MESING 11.00 12.00 13.00 14.00 15.00 2.00 00000 COLRECT MESING EXEMPTION 14.00 15.00 2.00 00000 FLLC COSTS-MULE EDUIP 1.00 13.00 14.00 15.00 3.00 00000 COLRECT MESING EXEMPTION FLL 1.00 13.00 14.00 15.00 3.00 00000 LUNDER EDERTIS TO PENDON C 0		Cost Center Description				SERVICES &	PHARMACY	
CHERRAL SERVICE COST CENTERS 11.00 12.00 13.00 14.00 15.00 1.00 DOTOLO LAR REL COST CENTERS 10.00 DOTOLO LAR REL COST CENTERS 10.00 DOTOLO LAR REL COST CENTERS 0.00 DOTOLO LAR REL TOTS FLUCT IS TRAVIL AN INFORMATION IS CONTRACT ENTERNATION IS CONTRACT EN			HOURS)			(COSTED	REQUIS.)	
1.00 DIONG CAP KIT LOSTS ILIDG & IT IXT 2.00 DOOGCAP KIT COSTS ILIDG & IT IXT 4.00 DOOGCAP KIT COSTS ILIDG & IT IXT 4.00 DOOGCAP KIT COSTS ILIDG & IT IXT 4.00 DOOGCAP KIT COSTS ILIDG & IT IXT 6.00 DOOGCAP KIT COSTS ILIDG & IT IXT 12.00 DIOOC CAPRATC 12.00 DIOOC CAPRATC 12.00 DIOOC CAPRATC 13.00 DIOOC CAPRATC 14.00 DIOOC CAPRATC 15.00 DIOOC CAPRATC 16.00 DIOOC PARATC 17.00 DIOOC CAPRATC			11.00	12.00			15.00	
2 00 00200 CAP REL COSTS JUNIE FOUP P 5 00 00200 CARNIN ISTRATUYE & GENERAL 5 00 00200 CARNIN ISTRATUYE & GENERAL 5 00 00200 CARNIN ISTRATUYE & GENERAL 5 00 00200 CARNIN ISTRATUYE & GENERAL 8 00 D0200 CARNIN ISTRATUYE & GENERAL 1 00 01000 DETARY 1 00 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 00		1	[1	I		1.00
5.00 DODGO ADVIN INTENT VE & GENERAL								2.00
6.00 DORDON MITEMANCE & REPAIRS								4.00
7.00 00/200 DEFANTION OF PLANT 9.00 00/200 AUMORY & LINEW SERVICE 9.00 01/200 AUMORY & LINEW SERVICE 9.00 01/200 AUMORY & LINEW SERVICE 9.00 01/200 AUMORY & LINEW SERVICE STOPL 9.01 01/200 AUMORY & LINEW SERVICE STOPL 9.01 01/200 CALA SERVICE STOPL 0.01/200 CALA SERVICE STOPL O O 0.01/200 CALA SERVICE STOPL O O O 0.01/200 CALA SERVICE STOPL O O O O 0.01/200 CALA SERVICE STOPL D O O O O 0.01/200 CALA SERVICE STOPL D O O O								5.00
9.00 0000 NUSEKEEPING 11.00 01000 CAFETERING 11.00 0100 CAFETERING 11.00 010 CAFETERING								7.00
10:00 01000 DETARY 2.599,346 10:00 01020 MATERARCE OF PERSON(EL 2.599,346 10:00 01020 MATERARCE OF PERSON(EL 0 0 10:00 01020 MATERARCE OF PERSON(EL 0 0 0 10:00 01000 CRITINAL STRATION 32,799 0 0 0 0 10:00 01000 CRITINAL STRATION 32,799 0								8.00
11.00 01100 CAFETERIA 2.559.346 12.00 01200 01300 NURSING ADMINISTRATION 0 0 13.00 01300 NURSING ADMINISTRATION 0 0 0 13.00 01300 NURSING ADMINISTRATION 0 0 0 0 15.00 INMARIANCY RS BLERRY 87.529 0								9.00
12.00 01200 MAINTERNATE OF PERSONNELL 0 13.00 01300 NUESING AMINISTRATION 0 0 34,060,238 14.00 01400 CENTRAL SERVICES & SUPPLY 32,751 0 0 34,060,238 16.00 01600 NERSING AMINISTRATION 0 0 0 0 16.00 01600 NERSING AMINISTRATION 0 0 0 0 16.00 01600 NERSING AMINISTRATION 920,010 0			2 559 346					10.00
14 00 CENTRAL SERVICES & SUPPLY 32,751 0 0 34,060,28 15 00 10500 HEXARMACY \$7,529 0 <td></td> <td></td> <td>0</td> <td>C</td> <td></td> <td></td> <td></td> <td>12.00</td>			0	C				12.00
15. DD D15.DD D15.DD <thd15.dd< th=""> <thd15.dd< th=""> <thd15.dd< td="" th<=""><td></td><td></td><td>0</td><td>C</td><td>0</td><td></td><td></td><td>13.00</td></thd15.dd<></thd15.dd<></thd15.dd<>			0	C	0			13.00
16.00 01600 MEDICAL RECORDS & LIBRARY 99.078 0 0 0 0 23.00 02300 PARAME DE DI PROM-PHARACY RESIDENCY 5.701 0 0 0 0 IMPATICE MOUTINE SERVICE COST CENTERS 920.010 0 <td< td=""><td></td><td></td><td></td><td></td><td>0</td><td>34, 060, 238</td><td>100</td><td>14.00 15.00</td></td<>					0	34, 060, 238	100	14.00 15.00
17.00 01700 SOLIAL SERVICE 0						0		16.00
INPARTIENT BOUTINE SERVICE COST CENTERS 920.010 0 </td <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>17.00</td>					0	0		17.00
30:00 03000 ADULTS & PEDIATRICS 920,010 0	23.00		5, 701	C	0	0	0	23.00
31.00 03100 INTENSI VE CARE UNIT 118.824 0 0 0 32.00 03200 DURN INTENSI VE CARE UNIT 0 0 0 0 0 33.00 03200 DURN INTENSI VE CARE UNIT 0 <t< td=""><td>20 00</td><td></td><td>020_010</td><td></td><td></td><td>0</td><td>0</td><td>30.00</td></t<>	20 00		020_010			0	0	30.00
32.00 03200 CORGANAY CARE UNIT 0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>31.00</td></td<>								31.00
34.00 04000 SURGI CAL INTENSIVE CARE UNIT 0 <td>32.00</td> <td>03200 CORONARY CARE UNI T</td> <td>0</td> <td>C</td> <td>0</td> <td>0</td> <td>0</td> <td>32.00</td>	32.00	03200 CORONARY CARE UNI T	0	C	0	0	0	32.00
40.00 04000 SUBPROV DER - IPF 0 0 0 0 0 0 41.00 04400 SUBPROV DER 0 0 0 0 0 0 42.00 04300 SUBPROV DER 0<			0	C	0	0		33.00
11.00 Q4100 SUBPROV DER - 1 RF 0 0 0 0 0 42.00 Q4200 NURSERY 30.539 0 0 0 0 43.00 Q4300 NURSERY 30.539 0 </td <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> <td>34.00 40.00</td>			0			0		34.00 40.00
43. 00 04300 NURSERY 30, 539 0 0 0 44. 00 04400 NURSING FACILITY 0 0 0 0 45. 00 04500 NURSING FACILITY 0 0 0 0 0 66. 00 04500 DIFER LORG TERM CARE 0 0 0 0 0 50. 00 S000 DPERATING FACILITY 0 0 0 0 0 0 51. 00 DS100 DPERATING FACILITY 0 <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>41.00</td>			0		0	0		41.00
44 00 0 04400 SK1LLED NURSING FACILITY 0 <				C	0	0	0	42.00
45:00 04:500 VIESS ING FACILITY 0 0 0 0 0 46:00 04:500 OTHER LORD 0 </td <td></td> <td></td> <td></td> <td>C</td> <td>0</td> <td>0</td> <td></td> <td>43.00</td>				C	0	0		43.00
46.00 0 0 0 0 0 0 0 ANCLLARY SERVICE COST CENTES						0	0	44.00
50.00 05000 (DPEATI INC ROM 273, 829 0 <			0	-	-	-		46.00
51.00 OS100 RECOVERY ROOM 0 0 0 0 0 52.00 05200 DEL/LEYR PROM & LABOR ROOM 53,546 0	50.00		070.000					50.00
52.00 OS200 DELIVERY ROM & LABOR ROM 53, 546 0 0 0 0 53.00 OS300 ANESTHESI OLOGY 140, 714 0								50.00
54.00 05400 RADI 0LOGY-DLAGNOSTI C 140,714 0 0 0 55.00 05500 RADI 0LOGY-THERAPEUTI C 0 0 0 0 0 56.00 05500 RADI 0LOGY-THERAPEUTI C 0			0	-		-		52.00
55.00 05500 RADIOLOGY-THERAPEUTIC 0 0 0 0 56.00 05600 RADIOLOGY-THERAPEUTIC 0 0 0 0 57.00 05700 CT SCAN 24,510 0			0	C	0	0		53.00
56.00 05000 CO 0 0 0 0 0 57.00 05700 CT SCAN 24,510 0			140, 714		0	0		54.00 55.00
57.00 05700 CT SCAN 24,510 0 0 0 0 58.00 05800 MRI 13,495 0			0		0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION 99, 503 0 0 0 60.00 06000 LABORATORY 167, 536 0 0 0 61.00 06001 BLODD LABORATORY 0 0 0 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 0 0 0 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 0 0 0 0 63.00 06300 BLOOD STORI NG PROCESSIN & TRA 0 0 0 0 64.00 0 0400 INTRAVENOUS THERAPY 2, 512 0 0 0 0 65.00 06500 RSPIR TATORY THERAPY 2, 512 0 0 0 0 0 66.00 06600 PHYSI CAL THERAPY 3, 843 0 <	57.00	05700 CT SCAN			0	0	0	
60:00 06000 LABORATORY 167, 536 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>00.00</td>					0	0	0	00.00
60.01 06001 BLOOD LABORATORY 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>59.00 60.00</td>						0		59.00 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 0			0		0	0		60.01
63:00 06300 BLOOD STORING PROCESSING & TRA 0 0 0 0 64:00 06400 INTRAVENOUS THERAPY 2,512 0 0 0 0 65:00 RESPI RATORY THERAPY 94,496 0 0 0 0 66:00 06600 PHYSI CAL THERAPY 33,843 0 0 0 0 67:00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 0 68:00 06800 SPEECH PATHOLOGY 9,285 0 0 0 0 0 69:00 06900 ELECTROCARDI OLOGY 52,354 0 0 0 0 0 70:01 07001 BEDRER 21,587 0								61.00
64.00 06400 INTRAVENOUS THERAPY 2,512 0 0 0 0 65.00 06500 RESPIRATORY THERAPY 94,496 0 <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>62.00 63.00</td>			0		0	0		62.00 63.00
65:00 06500 RESPI RATORY THERAPY 94,496 0 0 0 0 66:00 06600 PHYSI CAL THERAPY 33,843 0 0 0 0 0 67:00 0CCUPATI ONAL THERAPY 0 <td></td> <td></td> <td>2,512</td> <td></td> <td>0</td> <td>0</td> <td>-</td> <td>64.00</td>			2,512		0	0	-	64.00
67.00 06700 0CCUPATI ONAL THERAPY 0 0 0 0 68.00 06800 SPEECH PATHOLOGY 9, 285 0 0 0 0 69.00 6900 ELECTROCARDI OLOGY 52, 354 0 0 0 0 07.00 OTOOD ELECTROCARDI OLOGY 2, 645 0 0 0 0 07.01 SLEEP DI SORDER 21, 587 0 0 0 0 071.00 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>65.00</td>					0	0		65.00
68.00 06800 SPEECH PATHOLOGY 9,285 0 0 0 0 69.00 06900 ELECTROCARDIOLOGY 52,354 0 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 2,645 0 0 0 0 70.01 SIEEP DI SORDER 21,587 0 0 0 0 0 71.00 OTOLO AL SUPPLIES CHARGED TO PAT 0 0 0 19,905,508 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 14,154,730 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 75.00 07500 ASC (NON-DI ST INCT PART) 0 0 0 0 0 0 0 76.00 07507 CARDI AC REHABI LI TATI ON 11,958 0 0 0 0 0 0 76.97 07697 CARDI AC REHABI LI TATI ON 11,958 0 0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>66.00</td>					0	0		66.00
69.00 06900 ELECTROCARDI OLOGY 52, 354 0 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 2, 645 0 0 0 0 70.01 07001 SLEEP DI SORDER 21, 587 0 0 0 0 0 71.00 MEDI CAL SUPPLIES CHARGED TO PATI 0 0 0 19, 905, 508 0 72.00 07200 INPL. DEV. CHARGED TO PATI ENTS 0 0 0 14, 154, 730 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 100 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 0 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 0 0 0 76.97 07697 I CARDI AC REHABI LI TATI ON 11, 958 0 0 0 0 0 0 76.97 08800 RURAL HEALTH CLINI C 0 0 0 0 0 0 0 0 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td><td>67.00 68.00</td></t<>						0		67.00 68.00
70.00 07000 ELECTROENCEPHALOGRAPHY 2, 645 0 0 0 0 70.01 07001 SLEEP DI SORDER 21, 587 0 0 0 0 71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 19, 905, 508 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 14, 154, 730 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0					0	0		69.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 19, 905, 508 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 14, 154, 730 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 100 74.00 07400 RENAL DI ALYSI S 0 </td <td>70.00</td> <td>07000 ELECTROENCEPHALOGRAPHY</td> <td>2, 645</td> <td>C C</td> <td>0</td> <td>0</td> <td>0</td> <td>70.00</td>	70.00	07000 ELECTROENCEPHALOGRAPHY	2, 645	C C	0	0	0	70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 14, 154, 730 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 100 74.00 07400 RENAL DI ALVSI S 0 0 0 0 0 0 75.00 07500 ASC (NON-DI STINCT PART) 0			21, 587		0	10 005 500		70.01
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 100 74.00 07400 RENAL DI ALYSI S 0 0 0 0 0 75.00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 0 0 76.01 03950 NUTRI TI ON/DI ABETES 0								71.00
75.00 O7500 ASC (NON-DI STINCT PART) 0 0 0 0 0 76.00 03950 NUTRI TI ON/DI ABETES 0	73.00	07300 DRUGS CHARGED TO PATIENTS	0	c	0	0		1
76.00 03950 NUTRI TI ON/DI ABETES 0			0	C	0	0		74.00
76.97 07697 CARDI AC REHABI LI TATI ON 11,958 0 0 0 0 0 OUTPATI ENT SERVICE COST CENTERS 0 <			0		0	0		75.00
OUTPATI ENT SERVICE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 89. 00 08900 FEDERALLY QUALI FIED HEALTH CENTER 0 0 0 0 0 90. 00 09000 CLINIC 21,078 0 0 0 0 0 91. 00 09100 EMERGENCY 161,605 0 0 0 0 0 92. 00 092200 OBSERVATI ON BEDS (NON-DI STINCT 0 0 0 0 0 0			11.958			0		76.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0		OUTPATIENT SERVICE COST CENTERS	,	· ~ ~		۳ ۱		1
90.00 09000 CLINIC 21,078 0 0 0 0 91.00 09100 EMERGENCY 161,605 0 0 0 0 92.00 OBSERVATI ON BEDS (NON-DI STINCT 0 0 0 0 0 0THER REI MBURSABLE COST CENTERS 0 0 0 0 0			0	C	0	0		88.00
91.00 09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT 0161, 605 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			21 078			0		89.00 90.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS					0	0		1
		09200 OBSERVATION BEDS (NON-DISTINCT						92.00
	Q1 00						0	94.00
								94.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	eu of Form CMS-2!	552-10
COST ALLOCATION - STATISTICAL BASIS			CN: 15-0044	Peri od:	Worksheet B-1	
				From 09/01/2017		
				To 08/31/2018		
				OFNEDAL	1/29/2019 4:11	pm
Cost Center Description		MAINTENANCE OF		CENTRAL	PHARMACY	
	(PRODUCTI VE	PERSONNEL	ADMI NI STRATI O		(COSTED	
	HOURS)	(NUMBER		SUPPLY	REQUIS.)	
		HOUSED)	(DI RECT NRSI N			
	11.00	12.00	HRS) 13.00	REQUIS.) 14.00	15.00	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	12.00		0 0		96.00
97. 00 09700 DURABLE MEDICAL EQUIP-KENTED	0					90.00 97.00
97. 00 109700 DURABLE MEDICAL EQUIP-SOLD 99. 00 109900 CMHC	0				-	97.00 99.00
99. 10 09900 CMRC 99. 10 09910 CORF	0					99.00 99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0					99.10
	01 410			0 0		
101.00 10100 HOME HEALTH AGENCY	81, 418	(/	0 0	0	01.00
SPECIAL PURPOSE COST CENTERS	0		1	0 0	01	
105. 00 10500 KI DNEY ACQUI SI TI ON	0	C				105.00
106.00 10600 HEART ACQUI SI TI ON	0	C		0 0		06.00
107.00 10700 LIVER ACQUISITION	0	C		0 0		07.00
108.00 10800 LUNG ACQUI SI TI ON	0	C		0 0		08.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	C)	0 0		09.00
110.00 11000 INTESTINAL ACQUISITION	0	C		0 0		10.00
111.00 11100 I SLET ACQUI SI TI ON	0	C		0 0		111.00
113.00 11300 INTEREST EXPENSE						13.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						14.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	C		0 0		15.00
116. 00 11600 H0SPI CE	0	C		0 0		16.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 559, 346	C)	0 34, 060, 238	100 1	18.00
NONREI MBURSABLE COST CENTERS			1	-		
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	C		0 0		90.00
191. 00 19100 RESEARCH	0	C		0 0		91.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	C		0 0		92.00
192.01 19201 OTHER NRCC	0	C		0 0	0 1	92.01
192. 02 19202 LTC	0	C		0 0	0 1	92.02
193.00 19300 NONPALD WORKERS	0	C		0 0	0 1	93.00
194. 00 07950 MARKETI NG	0	C		0 0	0 1	94.00
200.00 Cross Foot Adjustments					2	200.00
201.00 Negative Cost Centers					2	201.00
202.00 Cost to be allocated (per Wkst. B,	719, 070	C		0 2, 393, 520	6, 533, 344 2	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 280958	0. 000000	0. 00000	0 0.070273	65, 333. 440000 2	203.00
204.00 Cost to be allocated (per Wkst. B,	12, 561	C		0 41,744	113, 820 2	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 004908	0. 000000	0. 00000	0 0.001226	1, 138. 200000 2	205.00
206.00 NAHE adjustment amount to be allocated					2	206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,					2	207.00
Parts III and IV)						

	Financial Systems ALLOCATION - STATISTICAL BASIS	BAPTIST HEA	LTH FLOYD Provider C		In Lieu of Form C Period: Worksheet	
					From 09/01/2017 To 08/31/2018 Date/Time	
	Cost Center Description	MEDI CAL RECORDS & LI BRARY (TI ME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY RESI DENCY (ASSI GNED	/	4:11 pm
		16.00	17.00	TI ME) 23.00	_	
	GENERAL SERVICE COST CENTERS	16.00	17.00	23.00		
1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA					1.00 2.00 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	01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02300 PARAMED ED PRGM-PHARMACY RESI DENCY	1, 378 0 0	0		0	11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 23. 00
30 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1, 228	0		o	30.00
30. 00 31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 46. 00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T 03300 BURN I NTENSI VE CARE UNI T 03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER 04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY 04600 OTHER LONG TERM CARE	1, 228 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	30.00 31.00 32.00 33.00 34.00 40.00 41.00 42.00 43.00 44.00 45.00 46.00
50.00	ANCI LLARY SERVI CE COST CENTERS	90	0		0	50.00
51.00	05100 RECOVERY ROOM	0	0		0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	0		0	53.00 54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0	56.00
57.00	05700 CT SCAN	0	0		0	57.00
		0	0		0	58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0		0	59.00 60.00
60.01	06001 BLOOD LABORATORY	0	0		0	60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM					61.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORING PROCESSING & TRA	0	0			62.00 63.00
64.00		0	0		0	64.00
65.00	06500 RESPI RATORY THERAPY	7	0		0	65.00
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	5	0		0	66.00 67.00
	06800 SPEECH PATHOLOGY	0	0		0	68.00
69.00	06900 ELECTROCARDI OLOGY	5	0		0	69.00
	07000 ELECTROENCEPHALOGRAPHY 07001 SLEEP DI SORDER	0	0		0	70.00
70.01	07001 SLEEP DISORDER 07100 MEDICAL SUPPLIES CHARGED TO PAT	0			0	70.01
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	10	0	73.00
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0			0	74.00 75.00
76.00		0	0		o	76.00
76.97	07697 CARDIAC REHABILITATION	0	0		0	76. 97
88.00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC		0		ol	88.00
88.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	88.00
90.00	09000 CLI NI C	0	0		0	90.00
91.00	09100 EMERGENCY	38	0		0	91.00
92.00	09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REIMBURSABLE COST CENTERS					92.00
94.00		0	0		0	94.00
95.00	09500 AMBULANCE SERVI CES	0	0		0	95.00

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS- COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0044 Period: From 09/01/2017 To 08/31/2018 Worksheet B- Cost Center Description MEDICAL RECORDS & LI BRARY (TIME SPENT) SOCIAL SERVICE TIME) PARAMED ED PRGM-PHARMACY (ASSIGNED PARAMED ED PRGM-PHARMACY (ASSIGNED	pared:
Cost Center Description MEDICAL RECORDS & LI BRARY (TI ME SPENT) SOCI AL SERVICE PARAMED ED PRGM-PHARMACY RESI DENCY (ASSI GNED PARAMED ED PRGM-PHARMACY (ASSI GNED	96.00 97.00 99.10 99.00
Cost Center Description MEDICAL RECORDS & LI BRARY (TI ME SPENT) SOCI AL SERVICE PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) PARAMED ED PRGM-PHARMACY (ASSI GNED	1 pm 96.00 97.00 99.00 99.10 100.00
Cost Center Description MEDICAL SOCIAL SERVICE PARAMED ED RECORDS & LI BRARY (ASSI GNED RESI DENCY (TI ME SPENT) TI ME) (ASSI GNED	96.00 97.00 99.00 99.10 100.00
RECORDS & PRGM-PHARMACY LI BRARY (ASSI GNED RESI DENCY (TI ME SPENT) TI ME) (ASSI GNED	97.00 99.00 99.10 100.00
LI BRARY (ASSI GNED RESI DENCY (TI ME SPENT) TI ME) (ASSI GNED	97.00 99.00 99.10 100.00
(TIME SPENT) TIME) (ASSI GNED	97.00 99.00 99.10 100.00
	97.00 99.00 99.10 100.00
	97.00 99.00 99.10 100.00
	97.00 99.00 99.10 100.00
16.00 17.00 23.00	97.00 99.00 99.10 100.00
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0	99.00 99.10 100.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0	99. 10 100. 00
99. 00 09900 CMHC 0 0	100. 00
99. 10 09910 CORF 0 0 0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 0 0	101.00
101.00 10100 HOME HEALTH AGENCY 0 0	
SPECIAL PURPOSE COST CENTERS	
105.00 10500 KIDNEY ACQUISITION 0 0	105.00
106.00 HEART ACQUISITION 0 0 0	106.00
107.00 10700 LIVER ACQUISITION 0 0 0	107.00
108.00 LUNG ACQUISITION 0 0 0	108.00
109.00 PANCREAS ACQUISITION 0 0 0	109.00
110.00 INTESTINAL ACQUISITION 0 0	110.00
111.00 11100 I SLET ACQUI SI TI ON 0 0	111.00
113.00 11300 I NTEREST EXPENSE	113.00
114.00 ITI LI ZATI ON REVI EW-SNF	114.00
115. OO 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0	115.00
	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) 1, 378 0 100	118.00
NONREI MBURSABLE COST CENTERS	1110.00
190. OO 1900OO GEFT FLOWER COFFEE SHOP & CAN OO OO	190.00
191.00 19100 RESEARCH 0 0 0	191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFICES 0 0 0 0	192.00
192. 01 19201 OTHER NRCC 0 0 0	192.00
192.02 1920 LTC 0 0 0	192.01
192. 02 19202 LTC 0 0 0	192.02
	194.00
200.00 Cross Foot Adjustments	200.00
201.00 Negative Cost Centers	201.00
202.00 Cost to be allocated (per Wkst. B, 9, 114, 817 0 420, 611	202. 00
Part I)	
203.00 Unit cost multiplier (Wkst. B, Part I) 6,614.526125 0.000000 4,206.110000	203.00
204.00 Cost to be allocated (per Wkst. B, 158,777 0 7,328	204.00
Part II)	
205.00 Unit cost multiplier (Wkst. B, Part 115.222787 0.000000 73.280000	205.00
	001 05
206.00 NAHE adjustment amount to be allocated 0	206.00
(per Wkst. B-2)	007.00
207.00 NAHE unit cost multiplier (Wkst. D, 0.000000	207.00
Parts III and IV)	I

Health Financial Systems	BAPTIST HEA	ALTH FLOYD		In Lie	u of Form CMS-:	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	1	Period: From 09/01/2017 Fo 08/31/2018		pared:
		Title	e XVIII	Hospi tal	1/29/2019 4:1 PPS	<u> </u>
				Costs		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	(4,400,000	1	(4 4 9 9 9 9	40.074	(4.440.454	
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	64, 123, 380 7, 025, 280		64, 123, 380 7, 025, 280		64, 142, 654 7, 025, 280	
32. 00 03200 CORONARY CARE UNIT	7,023,200				7,023,200	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	C			0 0	0	
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	C			0 0	0	34.00
40. 00 04000 SUBPROVIDER - IPF	C)	(0 0	0	40.00
41. 00 04100 SUBPROVI DER - I RF 42. 00 04200 SUBPROVI DER					0	41.00 42.00
43. 00 04300 NURSERY	2,045,646		2, 045, 646	5 0 6 0	2, 045, 646	42.00
44.00 04400 SKI LLED NURSI NG FACI LI TY	2,010,010		(0 0	0	44.00
45.00 04500 NURSING FACILITY	C			0 0	0	45.00
46.00 O4600 OTHER LONG TERM CARE	C		(0 0	0	46.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	21, 846, 801		21, 846, 80	1 0	21, 846, 801	50.00
51. 00 05100 RECOVERY ROOM	21, 840, 801		21, 840, 80		21, 840, 801	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4, 203, 804		4, 203, 804		4, 203, 804	52.00
53. 00 05300 ANESTHESI OLOGY	C			0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 438, 223		12, 438, 223		12, 438, 223	1
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	C				0	55.00 56.00
57. 00 05700 CT SCAN	1, 800, 094		1, 800, 094	4 0	1, 800, 094	
58. 00 05800 MRI	939, 046		939, 040		939, 046	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	6, 365, 667	7	6, 365, 66	7 0	6, 365, 667	59.00
60. 00 06000 LABORATORY	15, 983, 531		15, 983, 53	1 0	15, 983, 531	60.00
60. 01 06001 BLOOD LABORATORY	C			0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD					0	61.00 62.00
63. 00 06300 BLOOD STORI NG PROCESSI NG & TRA	C			0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	103, 917	7	103, 91	7 0	103, 917	64.00
65.00 06500 RESPI RATORY THERAPY	5,097,020				5, 097, 020	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	8, 135, 444		8, 135, 444		8, 135, 444 0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	588, 440	-	588, 440		588, 440	
69. 00 06900 ELECTROCARDI OLOGY	4, 174, 946		4, 174, 946	-	4, 174, 946	
70.00 07000 ELECTROENCEPHALOGRAPHY	464, 016		464, 010	6 0	464, 016	70.00
70. 01 07001 SLEEP DI SORDER	1, 361, 354		1, 361, 354		1, 361, 354	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24, 864, 138		24, 864, 138		24, 864, 138	1
73. 00 07200 DRUGS CHARGED TO PATIENTS	18, 478, 462 24, 401, 231		18, 478, 462 24, 401, 23		18, 478, 462 24, 401, 231	
74. 00 07400 RENAL DIALYSIS	21, 101, 201			0 0	0	
75.00 07500 ASC (NON-DISTINCT PART)	C			0 0	0	75.00
76. 00 03950 NUTRI TI ON/DI ABETES	0		(0 0	0	1
76. 97 07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	1, 168, 882	2	1, 168, 882	2 0	1, 168, 882	76.97
88. 00 08800 RURAL HEALTH CLINIC	C			0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	C			0 0	0	1
90. 00 09000 CLINIC	2, 754, 685		2, 754, 68		2, 754, 685	
91.00 09100 EMERGENCY	9, 780, 437		9, 780, 43		9, 780, 437	1
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS	5, 173, 502	<u> </u>	5, 173, 502	2	5, 173, 502	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	C)	(0 0	0	94.00
95. 00 09500 AMBULANCE SERVI CES	C			0 0	0	
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	C			0 0	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 99. 00 09900 CMHC					0	97.00 99.00
99. 10 09910 CORF					0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	C					100.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	5, 574, 076	1	5, 574, 070		5, 574, 076	
105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON			1			105.00 106.00
107. 00 10700 LIVER ACQUISITION						106.00
108. 00 10800 LUNG ACQUI SI TI ON						107.00
109.00 10900 PANCREAS ACQUI SI TI ON	C				0	109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	C					110.00
111.00 11100 I SLET ACQUI SI TI ON	C			ו	0	111.00
113.00 11300 I NTEREST EXPENSE 114.00 11400 UTI LI ZATI ON REVI EW-SNF						113.00 114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	C			D	0	115.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-:	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	
		Title	XVIII	Hospi tal	PPS	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj.		Di sal I owance		
	Part I, col.					
	26)					
	1.00	2.00	3.00	4.00	5.00	
116. 00 11600 HOSPI CE	0			0	0	116.00
200.00 Subtotal (see instructions)	248, 892, 022	0	248, 892, 02	2 19, 274	248, 911, 296	200.00
201.00 Less Observation Beds	5, 173, 502		5, 173, 50	2	5, 173, 502	201.00
202.00 Total (see instructions)	243, 718, 520	0	243, 718, 52	19, 274	243, 737, 794	202.00

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	BAPTIST HEAL	_TH FLOYD Provider C		<u>In Lie</u> Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	pared:
			e XVIII	Hospi tal	PPS	
Cost Center Description	I npati ent	Charges Outpatient	Total (col. 6 + col. 7)	o Cost or Other Ratio	TEFRA I npati ent	
	6.00	7.00	8.00	9.00	Ratio 10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
30. 00 03000 ADULTS & PEDI ATRI CS	69, 958, 804		69, 958, 80			30.00
31.00 03100 INTENSIVE CARE UNIT	7, 175, 898		7, 175, 89	8		31.00
32.00 03200 CORONARY CARE UNI T	0			0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0			0		33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	0			0		34.00
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF	0			0		40.00
42. 00 04200 SUBPROVIDER - TRP	0			0		41.00 42.00
43. 00 04300 NURSERY	3, 488, 532		3, 488, 53	2		43.00
44.00 04400 SKI LLED NURSI NG FACI LI TY	0			0		44.00
45.00 04500 NURSING FACILITY	0			0		45.00
46.00 04600 OTHER LONG TERM CARE	0			0		46.00
ANCI LLARY SERVI CE COST CENTERS	75 044 044	00 057 004	1 (0, 000, 10		0,00000	50.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	75, 941, 241	92, 357, 884 0		5 0. 129809 0 0. 000000	0. 000000 0. 000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	7, 137, 909	2, 170, 220			0. 000000	1
53. 00 05300 ANESTHESI OLOGY	,, 13,, ,0,	2, 170, 220) , 300, 12	0.000000	0.000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	21, 501, 247	76, 661, 728	98, 162, 97		0.000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C		0 0. 000000	0. 000000	55.00
56. 00 05600 RADI 0I SOTOPE	0	C		0 0. 000000	0.00000	1
57. 00 05700 CT SCAN	23, 423, 672	50, 112, 447			0.00000	
	9, 440, 021	26, 957, 914			0.00000	
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	75, 305, 094 71, 659, 654	96, 431, 677 104, 037, 229			0. 000000 0. 000000	
60. 01 06001 BLOOD LABORATORY	, 1, 03, 034	104, 037, 227	175, 070, 00	0.000000	0. 000000	
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	Ő		0 0.000000	0. 000000	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	C		0 0. 000000	0. 000000	62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0	C		0 0. 000000	0. 000000	
64.00 06400 I NTRAVENOUS THERAPY	107, 729	316, 001			0.00000	
65. 00 06500 RESPI RATORY THERAPY	25, 799, 168	2, 887, 192			0.00000	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	9, 281, 101	32, 217, 301	41, 498, 40	2 0. 196042 0 0. 000000	0. 000000 0. 000000	
68. 00 06800 SPEECH PATHOLOGY	1, 787, 225	607, 828	2, 395, 05		0. 000000	
69. 00 06900 ELECTROCARDI OLOGY	26, 747, 050	54, 220, 808			0. 000000	
70.00 07000 ELECTROENCEPHALOGRAPHY	116, 357	956, 373			0. 000000	70.00
70. 01 07001 SLEEP DI SORDER	26, 565	10, 489, 303			0.00000	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PAT	21, 297, 477	19, 377, 364			0.00000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	19, 945, 411	10, 130, 084			0. 000000	
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	59, 071, 112	62, 382, 696		8 0. 200910 0 0. 000000	0. 000000 0. 000000	
75. 00 07500 ASC (NON-DI STINCT PART)	0	0		0 0.000000		
76. 00 03950 NUTRI TI ON/DI ABETES	0	0		0 0.000000		
76. 97 07697 CARDI AC REHABI LI TATI ON	4, 483	2, 630, 491	2, 634, 97	4 0. 443603	0. 000000	76.97
OUTPATIENT SERVICE COST CENTERS	-1		1	-		
88.00 08800 RURAL HEALTH CLINIC	0	0		0		88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90. 00 09000 CLINIC	1, 188, 533	7, 636, 912	8, 825, 44	0 5 0. 312130	0. 000000	89.00 90.00
91. 00 09100 EMERGENCY	20, 736, 788	60, 762, 908			0. 000000	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	5, 655, 802	15, 144, 056			0.00000	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S	0	C		0 0.000000	0.00000	
95. 00 09500 AMBULANCE SERVICES	0	0		0 0.00000	0.00000	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0.00000	0.00000	
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 99. 00 09900 CMHC	0			0 0. 000000	0. 000000	97.00 99.00
99. 10 09910 CORF	0	0		0		99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0		100.00
101.00 10100 HOME HEALTH AGENCY	0	6, 205, 608	6, 205, 60	8		101.00
SPECIAL PURPOSE COST CENTERS			1			l
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		0		105.00
106. 00 10600 HEART ACQUI SI TI ON 107. 00 10700 LI VER ACQUI SI TI ON	0	0				106.00 107.00
108. 00 10800 LUNG ACQUISITION	0	U O		0		107.00
109.00 10900 PANCREAS ACQUISITION	0			0		109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	C		0		111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF		~				114.00
115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 116. 00 11600 HOSPI CE	0	0		0		115. 00 116. 00
	U U	U	1	~		1110.00

Health Financial Systems	BAPTI ST HE	ALTH FLOYD		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHA	RGES	Provider C	1	Period: From 09/01/2017 Fo 08/31/2018		
		Title	XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
			+ col. 7)	Ratio	Inpati ent	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
200.00 Subtotal (see instruction	ns) 556, 796, 873	3 734, 694, 024	1, 291, 490, 89	7		200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	556, 796, 873	3 734, 694, 024	1, 291, 490, 89	7		202.00

89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 90.00 09000 CLINIC 0.312130 90.00 91.00 09100 EMERGENCY 0.120006 91.00 92.00 09200 0SERVATION BEDS (MON-DISTINCT 0.248728 92.00 074.00 09400 HOME PROGRAM DIALYSIS 0.000000 94.00 94.00 09400 HABULANCE SERVICES 0.000000 95.00 95.00 09500 AURULANCE SERVICES 0.000000 95.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 99.10 09910 CORF 99.00 99.00 99.00 100.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 105.00 105.00 10500 KIDREY ACQUISITION 105.00 106.00 10600 HEART ACQUISITION 106.00 <t< th=""><th>Health Financial Systems</th><th>BAPTI ST HEALT</th><th>TH FLOYD</th><th>In Lieu</th><th>u of Form CMS-2552-10</th></t<>	Health Financial Systems	BAPTI ST HEALT	TH FLOYD	In Lieu	u of Form CMS-2552-10
Image: Second	COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044		
Cost Conter Description PPS Input of PR input of P					Date/Time Prepared:
Cost Entitle Description PPS Inpati ant Atton PPS Inpati ant Atton PPS Inpati ant Atton 0 MAXINEL MOUTINE SERVICE COST CENTERS 11.00 10.00 31.00 31.00 31.00 Display Charter Atton 41.00 31.00 31.00 31.00 Display Charter Atton 0.000000 0.129899 31.00 31.00 Display Charter Atton 0.000000 0.129899 31.00 31.00			Title XVIII	Hospi tal	
Insertion Insertion Insertion 11.00 30.00	Cost Center Description	PPS Inpatient		noopritui	
UNATTINE NUMBER SERVICE CAST CONTENS 30.00 0.00000000000000000000000000000000000					
30.00 3000 (ABULES & PULATINGS 31.00 30.00 3000 (ABULES & PULATINGS 41.00 40.00 40.00 41.00 40.00 41.00 41.00 41.00 44.00 44.00 42.00 44.00 44.00 44.00 64.00 60.00 45.00 50.00 670.00 674.010 60.00 51.00 50.00 670.00 674.010 60.00 51.00 50.00 670.00 674.010 60.00 51.00 50.00 670.00 674.010 60.00 51.00 50.00 670.00 674.010 60.00 51.00 50.00 670.00 60.00 60.00 51.00 50.00 670.00 60.00 60.00 60.00	INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
32 00 Display Control Mark Link Link Cont. UNIT 32. 00 34 00 Display Control Mark Link Link Cont. UNIT 33. 00 34 00 Display Control Mark Link Link Cont. UNIT 33. 00 34 00 Display Control Mark Link Link Cont. UNIT 34. 00 34 00 Display Control Mark Link Link Cont. UNIT 43. 00 42 00 Display Control Mark Link Link Cont. UNIT 43. 00 43 00 Display Control Mark Link Link Cont. UNIT 43. 00 44 00 Display Control Mark Link Link Link Link Link Link Link Lin					30.00
30 0.300 SUB SUB <td>31.00 03100 INTENSIVE CARE UNIT</td> <td></td> <td></td> <td></td> <td>31.00</td>	31.00 03100 INTENSIVE CARE UNIT				31.00
34.00 Oxador SLUEG CAL. THENSIVE CARE. UNIT 44.00 44.00 Oxador SLUEG CAL. THENSIVE CARE. UNIT 45.00 41.00 FUNDERSIVE TALL 45.00 41.00 FUNDERSIVE TALL 45.00 42.00 FUNDERSIVE TALL 45.00 43.00 FUNDERSIVE TALL 45.00 44.00 FUNDERSIVE TALL 45.00 44.00 FUNDERSIVE TALL 45.00 45.00 FUNDERSIVE TALL 45.00 46.00 FUNDERSIVE TALL 45.00 47.00 FUNDERSIVE TALL 57.00 47.00 FUNDERSIVE TALL 57.00 47.00					
40.00 0.0000 SUBPROVIDER - IPF 40.00 41.00 0.00000 SUBPROVIDER - IPF 41.00 42.00 0.4000 SUBPROVIDER - IPF 41.00 42.00 0.4000 SUBPROVIDER - IPF 41.00 42.00 0.4000 SUBPROVIDER - IPF 41.00 43.00 0.4000 SUBPROVIDER - IPF 41.00 44.00 0.4000 SUBPROVIDER - IPF 41.00 45.00 0.4000 SUBPROVIDER - IPF 41.00 46.00 SUBPROVIDER - IPF 0.128800 45.00 50.00 SUBPROVIDER - IPF 0.00000 51.00 52.00 SUBPROVIDER - IPF 0.00000 51.00 52.00 SUBPROVIDER - IPF 0.00000 51.00 52.00 SUBPROVIDER - IPF 0.00000 52.00 52.00 SUBPROVIDER - IPF 0.0247479 53.00 52.00 SUBPROVIDER - IPF 0.024749 54.00 52.00 SUBPROVIDER - IPF 0.024749 54.00 50.00 SU					
11.00 OHTOQ SUBFRIMU DER - IRF 41.00 41.00 OHTOQ SUBFRIMU DER - IRF 42.00 41.00 OHTOQ SUBFRIMU DER - IRF 43.00 41.00 OHTOQ SUBFRIMU DER - IRF 43.00 41.00 OHTOQ SUBFRIMU DER - IRF 43.00 41.00 OHTOQ SUBFRIMU DER - IRF 44.00 41.00 OHTOQ SUBFRIMU DER - IRF 45.00 42.00 OHTOQ SUBFRIMU DER - IRF 45.00 43.00 OHTOQ SUBFRIMU DER - IRF 45.00 43.00 OHTOQ SUBFRIMU DER - IRF 45.00 43.00 OHTOQ SUBFRIMU DER - IRF 45.00 44.00 OHTOQ SUBFRIMU DER - IRF 45.00					
42.00 Dot200 SUPPROVIDER 42.00 43.00 Dot200 SUPPROVIDER 43.00 44.00 Dot200 SUPPROVIDER 43.00 44.00 Dot200 SUPPROVIDER 43.00 45.00 Dot200 SUPPROVIDER 43.00 45.00 Dot200 SUPPROVIDER 50.00 45.00 Dot200 SUPPROVIDER 50.00 51.00 DST00 RECOVERY ROM 0.129000 51.00 51.00 DST00 RECOVERY ROM 0.129000 53.00 51.00 DST00 RECOVERY ROM 0.129000 53.00 51.00 DST00 RECOVERY ROM 0.000000 53.00 51.00 DST00 RECOVERY ROM 0.000000 53.00 52.00 DST00 RECOVERY ROM 0.000000 53.00 52.00 DST00 RECOVERY ROM 0.000000 53.00 50.00 DST00 RECOVERY ROM 0.000000 63.00 50.00 DST00 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
44.00 0.44.00 SAILLED NURSING FACILLITY 44.00 45.00 0.4500 MURSING FACILLITY 45.00 46.00 Decol DITA'L LOW TIAN CARE 0.129400 57.00 STORD FECONEY ROM 0.00000 57.00 STORD FUNCTION CONT PLANENTIC 0.00000 57.00 STORD FERONEUTIC 0.00000 57.00 STORD CONT FERONEUTIC 0.0024779 57.00 STORD CARE STORD STORD FERONEUTIC 0.0024779 50.00 STORD CARE STORD STORD FERONEUTIC 0.0024779 50.00 STORD CARE STORD STORD FERONEUTIC 0.00000 50.00 STORD CARE STORD STORD FERONEUTIC 0.00000 50.00 STORD CARE STORD STORD FERONEUTIC 0.000000 50.00 STORD CARE STORD STORD FERONEUTIC 0.000000 50.0					
45.00 Descon WRSING FACILITY 45.00 45.00 Descon WRSING FACILITY 45.00 50.00 Descon WRSING FACILITY 45.00 50.00 Descon WRSING FACILITY 50.00 50.00 DEscon WRSING FACILITY 0.000000 50.00 DEscon WRSING FACILITY 0.0000000	43. 00 04300 NURSERY				43.00
40.00 DHER LUNG TERM CARE 46.00 MOLLUARY SERVE COORD CENTERS 50.00 50.00 DESCON PERATINE ROOM 0.129809 50.01 DESCON PERATINE ROOM 0.00000 51.00 DESCON PERATINE ROOM 0.00000 52.00 DESCON PERATINE ROOM 0.00000 52.00 DESCON PERATINE ROOM 0.00000 52.00 DESCON PERATINE ROOM 0.00000 53.00 DESCON PERATINE ROOM 0.00000 55.00 DESCON ROOM 0.00000 50.00 DESCON ROOM 0.00000 50.00 DESCON ROOM 0.00000 50.00 DESCON ROOM 0.00000 50.00 DESCON ROOM 0.00000 60.00 DESCON ROOM 0.00000 61.00 DESCON ROOM 0.00000 61.00 DESCON ROOM 0.000000 62.00 DESCON ROOM 0.000000 61.00 DESCON ROOM 0.000000 61.00 DESCON ROOM 0.000000 62.00 DESCON ROOM <td></td> <td></td> <td></td> <td></td> <td></td>					
Mathematical and Stress Construction Construction <thconstruction< th=""> Construction Con</thconstruction<>					
0.0 DECOD OPERATINE ROUM 0. 12980 0. 12080 0.0 DESCON DELIVERY ROUM & LAGOR ROUM 0. 451627 52.00 0.0 DESCON DELIVERY ROUM & LAGOR ROUM 0. 451627 52.00 0.0 DESCON DELIVERY ROUM & LAGOR ROUM 0. 451627 52.00 0.0 DESCON DELIVERY ROUM & LAGOR ROUM 0. 451627 55.00 0.0 DESCON ADDI SUDOR TE CONCORD 0. 000000 55.00 0.0 DESCON ADDI SUDOR TE CONCORD 0. 000000 56.00 0.0 DESCON ADDI SUDOR THE ADDI SUDOR TE CONCORD 56.00 56.00 0.0 DESCON ADDI SUDOR THE ADDI SUDOR THE ADDI SUDOR TE CONCORD 56.00 56.00 0.0 DESCON ADDI SUDOR THE ADDI SUDOR THE ADDI SUDOR THE ADDI SUDOR TE CONCORD 66.00					46.00
51.00 05100 RECOVERY ROOM 0.000000 \$1.00 52.00 05200 RELAVERY ROOM 0.451627 \$2.00 53.00 05300 AMESINES 10.00Y 0.000000 \$3.00 53.00 05300 AME INESTICE 10.00Y 0.000000 \$3.00 53.00 05300 AMU IOLOT- HERAPEUTIC 0.000000 \$3.00 53.00 05300 RAU IOLOT- HERAPEUTIC 0.000000 \$5.00 54.00 05300 RAU IOLOT- HERAPEUTIC 0.0024779 \$7.00 54.00 05400 RAU IOLOT- HERAPEUTIC 0.024779 \$7.00 54.00 05400 RAU INCAL IESTICES PROV 0.09772 \$6.00 65.00 IABOR ALCAL TERESTRY 0.000000 \$6.10 \$6.00 65.00 IABOR ALCAL TERESTRY 0.000000 \$6.10 \$6.00 65.00 GACON CHERAL CALLES SERVICES-PROV 0.017761 \$6.00 \$6.00 66.00 GACON CHERAL CALLES SERVICES-PROV 0.017761 \$6.00 \$6.00 \$6.00 \$6.00 \$6.00 </td <td></td> <td>0, 129809</td> <td></td> <td></td> <td>50.00</td>		0, 129809			50.00
52.00 DS200 DELUYERY ROLL & LABOR ROUL 0.451627 52.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 53.00 55.00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
54.00 65400 RADI DLOC-HARMESTIC 0.124710 54.00 55.00 05500 MADI DLOC-HARMESTIC 0.000000 55.00 56.00 15500 0.001000-HARMESTIC 0.000000 56.00 56.00 15500 0.002479 57.00 57.00 50.00 05000 CATHETERI ZATI ON 0.02479 56.00 50.00 05000 ADRATAN 0.0223799 56.00 50.00 05000 ADRATAN 0.00000 66.00 60.01 06000 PLODU LABORATORY 0.000000 67.00 60.01 06400 DADROSTORY 0.000000 63.00 60.00 06400 DATRALES FERLES N.B.0.00 0.000000 63.00 60.00 06400 DATRALES FERLES N.B.4 TRA 0.424543 64.00 60.00 06400 DATRALES FERLES N.B.4 TRA 0.424543 65.00 60.00 06400 DATRALES PLATORY 0.424543 65.00 60.00 06400 DATRALES PLATORY 0.424543	52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 451627			
B. DD DSDD FADICLORY-THERAPEUTIC D. 000000 55. DD S. DD DSGD DSGD S. DD S. DD S. DD S. DD DSGD C. SCANI D. 024479 S. DD S. DD DSGD C. CATHETERI ZATION D. 025790 S. DD S. DD DSGD CARDIA C. CATHETERI ZATION D. 037060 S. DD D. DD DSGD CARDIA C. CATHETERI ZATION D. 000000 C. DD D. DD DSGD CARDIA C. CATHETERI ZATION D. 000000 C. DD D. DD DSGD DSGD CARDIA C. CATHETERI ZATHON D. 000000 C. DD D. DD DSGD DSGD DSGD DSGD C. SDGD C. SDGD D. DASDD DSGD DSGD DSGD DSGDD C. SDGD C. SDGD D. DD DSGD DSGD DSGDD DSGDD C. SDGD C. SDGD C. SDGD D. DD DSGD DSGDD DSGDD DSGDD C. SDGD C. SDGDD SDGDDD SDGDDD <td></td> <td></td> <td></td> <td></td> <td></td>					
56. 00 05000 FADI 03 STOPE 0.00000 56. 00 57. 00 05700 05700 (5700 (5700) 58. 00 05800 (81) 0.024749 57. 00 58. 00 05800 (81) 0.021479 0.0000 (400RATORY 0.00000 (400RATORY 0.010000 (400RATORY 0.000000 (400RATORY					
57.00 05700 CT SCAN 0.024479 57.00 58.00 05800 08070 CARDIAC CATHETERIZATION 0.027790 58.00 50.00 05000 CARDIAC CATHETERIZATION 0.090772 60.00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
58. 00 05800 MRI 0.022709 58. 00 05900 59. 00 60.00					
60.00 0c000 LABORATORY 0.090972 60.00 61.00 0c010 Decol LABORATORY 0.000000 61.01 61.00 0c010 PRP CLINICAL LAB SERVICES-PRGM 0.000000 62.00 62.00 0c2000 Decol LABORATORY 0.000000 62.00 62.00 0c2000 Decol LABORATORY 0.000000 63.00 63.00 Decol UNTRAVENUS THERAPY 0.177681 63.00 60.00 Decol Decol CLUPATIONAL THERAPY 0.1964042 66.00 60.00 Decol DECUPATIONAL THERAPY 0.1964042 68.00 60.00 Decol DECUPATIONAL THERAPY 0.000000 67.00 60.00 Decol DECUPATIONAL THERAPY 0.000000 70.00 70.01 OT000 DECUPATIONAL THERAPY 0.000000 70.00 70.00 OT000					
60.01 0c001 0c000 60.01 60.01 0c0000 60.00 60.00 62.00 0c200 MHOLE BLODD & PACKED RED BLODD 0.000000 62.00 63.00 0c300 DRODS STORINE, PROCESSING TRA 0.000000 62.00 64.00 Dec000 INTRAVENUS THERAPY 0.245243 64.00 65.00 Dec000 CCUPATI NAL THERAPY 0.177681 65.00 66.00 Dec000 CCUPATI NAL THERAPY 0.177681 66.00 0.000000 CHCRONCOULDAGY 0.245560 68.00 0.000000 CLCTROCADIDLOGY 0.245560 70.00 0.00000 CLCTROCADIDLOGY 0.245560 70.00 0.00000 CLCTROCADIDLOGY 0.245576 70.00 0.00000 CLCTROCADIDLOGY 0.245576 70.00 0.00000 CLCTROCADIDLOGY 0.245677 70.01 71.00 OT200 DRUEL DIALYSIS 0.000000 72.00 70.00 CTGADLARCED TO PATI ENTS 0.200910 73.00 74.00 70.00	59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 037066			59.00
61.00 61.00 61.00 61.00 62.00 63.00 66.00 68.00 68.00 68.00 68.00 68.00 68.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 70.01 71.00 70.01 71.00 70.01 71.00 70.01 72.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
62.00 b200 WHOLE BLOOD 3 PACKED RED BLOOD 0.000000 63.00 63.00 b6300 BLOOD STORING PROCESSING & THERAPY 0.245243 64.00 66.00 b6600 PHSPICAL THERAPY 0.17661 65.00 0.00 b6600 PHSPICAL THERAPY 0.177661 65.00 0.000000 CEAN CALL THERAPY 0.000000 67.00 0.00 B6000 SPECH PATHOLACK PHERAPY 0.000000 0.00 0.6000 SPECH PATHOLACK PHERAPY 0.05553 0.00 0.00000 CLECTROCAPHALOGRAPHY 0.432556 70.00 0.00 0.0000 ELECTROCAPHALOGRAPHY 0.432556 70.00 0.00 0.0000 PHL ESC CHARGED TO PATI ENTS 0.200910 73.00 71.00 07300 PHAL DIALYSIS 0.000000 74.00 73.00 07600 ASC (NN-DI STILKET PATS) 0.000000 76.00 70.00 70.00 ASC (NN-DI STILKET PATS) 0.000000 76.00 70.00 76.00 ASC (NN-					
63.00 63.00 63.00 63.00 63.00 64.00 64.00 64.00 64.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 66.00 68.00 66.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 68.00 70.01 70.01 70.01 70.01 71.00 70.01 71.00 70.00 70.00 72.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.00 73.					
64.00 06400 INTRAVENUIS THERAPY 0.245243 64.00 06500 06500 RESPIRATORY THERAPY 0.175611 65.00 06700 06700 0COCUPATIONAL THERAPY 0.175611 65.00 06800 SPECEH PATHOLOGY 0.245690 68.00 68.00 0700 0700 ELECTROACHINE 0.432556 70.00 07100 0700 ELECTROACHINE 0.611290 71.00 07100 D7000 ELECTROACHINE 0.611290 71.00 07100 D7000 EVECLECTROACHINE 0.611290 71.00 07100 D7100 IMP. DEV. CHARGED TO PAT ELETS 0.611403 72.00 07200 D7200 DRUGS CHARGED TO PAT ELETS 0.000000 74.00 75.00 D7500 ASC (NON-DI STI NCT PART) 0.000000 75.00 76.00 D7600 ASC (NON-DI STI NCT PART) 0.000000 76.00 70.01 O7000 ERMAL DI ALZY ISI S 0.000000 76.00 70.02 OT2700 CASC (NON-DI STI NCT PART) 0.130000 90.00 70.00 D7600 CASC (NON-DI STI NCT PART)					
65:00 06500 RESPI RATORY THERAPY 0.177681 65.00 66:00 06600 0670.00 67.00 66.00 66:00 06600 0570.00 67.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 71.00 72.00 <td></td> <td></td> <td></td> <td></td> <td></td>					
67:00 06700 0CCUPATI INAL THERAPY 0.00000 67:00 70:00 70:00 70:00 70:00 70:00 70:00 71:00 71:00 71:00 71:00 71:00 71:00 72:0					
68:00 66800 SPEECH PATHOLOGY 0.245690 68:00 69:00 69:00 69:00 70:00 10:00 70:00 10:00 70:00 10:00 70:00 10:00 70:00 <td>66. 00 06600 PHYSI CAL THERAPY</td> <td>0. 196042</td> <td></td> <td></td> <td>66.00</td>	66. 00 06600 PHYSI CAL THERAPY	0. 196042			66.00
69:00 06900 LLCTROCARDIOLOCY 0.01553 69:00 70:00 7000 10001 SLEEP DI SORDER 0.129457 70.01 71:00 07001 SLEEP DI SORDER 0.129457 70.01 71:00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.614403 71.00 72:00 07200 DRUG CHARGED TO PATI ENTS 0.209910 73.00 73:00 07300 REMAL DI ALYSIS 0.000000 75.00 70:00 07500 ASC (NON-DI STINCT PART) 0.000000 75.00 70:00 07500 ASC (NON-DI STINCT PART) 0.000000 75.00 70:01 0714 ENT SERVICE COST CENTERS 0.000000 76.90 88:00 08800 RURAL HEALTH CLIN C 89:00 89:00 89:00 09000 CLINC 0.120006 91:00 91:00 09100 ENERGENCY 0.120006 91:00 91:00 09200 ORF FEDERALY CES NOT CENTERS 92.00 0714 CR REIMBURSABLE COST CENTERS 0.000000 95:00 97:00 09700 OURABLE MEDI CAL EQUI P-RNTEEN					
70.00 07000 LECTROENCEPHALOGRAPHY 0.432556 70.00 70.01 07010 ISEEP D ISORDER 0.129457 70.01 71.00 07100 NEDICAL SUPPLIES CHARGED TO PAT 0.611290 71.00 72.00 07200 INPL. DEV. CHARGED TO PATI ENTS 0.200010 72.00 73.00 07300 REUGA LOLAL SUPPLIES CHARGED TO PATI ENTS 0.200010 74.00 74.00 07400 REUAL DIALYSIS 0.000000 74.00 75.00 07500 NEUGS CHARGED TO PATI ENTS 0.200010 74.00 76.00 750.00 0350 NUTRI TOW/DIABETES 0.000000 76.00 76.07 70.72 (Abdi AC EHABLITAT CLINIC 88.00 89.00 89.00 89.00 80.00 08900 (RURAL HEALT CLINIC 0.312130 91.00 91.00 91.00 91.00 91.00 09400 (PMEP AGREENCY 0.120006 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
70.01 07001 SLEEP DI SORDER 0.129457 70.01 71.00 07100 MPLL ES CHARGED TO PAT 0.611290 71.00 72.00 07300 MPLL ES CHARGED TO PATIENTS 0.614403 72.00 73.00 07300 RUSS CHARGED TO PATIENTS 0.200010 73.00 74.00 740.00 740.00 740.00 740.00 75.00 ASC (NON-DI STIENT PART) 0.000000 75.00 0.02750 ASC (NON-DI STIET PART) 0.000000 75.00 0.0750 OTTATIENT SERVICE COST CENTES 0.000000 76.00 0.0750 OFFORALLY OUALL FIED HEALTH CENTER 88.00 89.00 90.00 08000 RUAL HEALTH CLINIC 88.00 99.00 91.00 09000 CEINES 0.000000 90.00 92.00 DESERVIT ON BEDS (NOIL-DI STINCT 0.246728 90.00 07100 DIMER REI MBURSABLE COST CENTERS 0.000000 95.00 07100 OVERDICALLY MURI FIED HEALTH CENTER 99.00 99.00 09700					
71.00 07100 MCDICAL SUPPLIES CHARGED TO PATIENTS 0.611290 71.00 72.00 07200 DVDO INPL. DEV. CHARGED TO PATIENTS 0.614403 72.00 73.00 07400 REMAL DI ALYSIS 0.000000 73.00 74.00 07400 REMAL DI ALYSIS 0.000000 73.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 76.00 76.00 03950 NUTR TI ON.DI ABETES 0.000000 76.00 80.00 R8000 RROD (RIAL HEALTH CLINIC 88.00 89.00 09000 RINAL TH CLINIC 0.312130 90.00 90.00 09000 CINIC 0.342006 91.00 92.00 092000 DEMERGENCY 0.120006 91.00 91.00 92000 MBULANCE SERVICES 0.000000 95.00 91.00 99000 MBULANCE SERVICES 0.000000 95.00 91.00 99000 MBULANCE SERVICES 0.000000 95.00 91.00 99000 MBULANCE SERVICES 0.000000 95.00 91.00 099000 MBULANCE SERVICES <td></td> <td></td> <td></td> <td></td> <td></td>					
73.00 O73.00 DRUGS CHARGED TO PATLENTS 0.200910 73.00 73.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 74.00 75.00 76.97 77.00 74.00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
74.00 07400 REAL DIALYSIS 0.000000 75.00 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 75.00 007500 ASC (NON-DISTINCT PART) 0.000000 75.00 007507 07697 (CARDIA C REHABILITATION 0.443603 76.97 007697 07697 (CARDIA C REHABILITATION 0.443603 76.97 007600 FEDERALLY QUALIFIED HEALTH CENTER 88.00 88.00 90.00 09000 CLINIC 0.312130 99.00 0.00000 09000 CLINIC 0.248728 91.00 0.00000 09000 CLINIC 0.248728 92.00 0.000000 09500 AMBULANCE SERVICES 0.000000 95.00 95.00 09500 AMBULANCE SERVICES 0.000000 97.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 97.00 09700 ORABLE MEDICAL EQUIP-RENTED 0.000000 99.00 99.10 099701 CORF 99.00					
75.00 07500 0.000000 75.00					
76.00 03950 NUTR'TI ON/DIABETES 0.00000 76.00 76.07 07697 CARDIA C. REHABILLTATION 0.443603 76.97 00TPATIENT SERVICE COST CENTERS 88.00 088007 RURAL HEALTH CLINIC 88.00 89.00 09000 FEDERALLY OUALIFIED HEALTH CENTER 89.00 99.00 99.00 90.00 09000 CEMERGENCY 0.120006 90.00 90.00 91.00 09000 CBSERVATION BEDS (NON-DISTINCT 0.248728 92.00 0THER REIMBURSABLE COST CENTERS 0.000000 95.00 095000 DURABLE MEDICAL EQUIP-RENTED 0.000000 95.00 095000 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 97.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 97.00 97.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 97.00 97.00 09700 DURABLE MEDICAL EQUIP PROME 100.00 100.00 100.00 100.00 000000 DURABLE MEDICAL EQUIP SOLD 0.000000 97.00 99.10 099710 CORF 100.00 100.					
76.97 07497 024D1AC REHABLITATION 0.434303 76.97 0UTPATIENT SERVICE COST CENTERS 0UTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 89.00 99.00 09000 CLINIC 99.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 90.00 91.00 91.00 90.00					
OUTPATI ENT SERVICE COST CENTERS 88.00 088000 FEDERALLY OUAL FED HEALTH CENTER 88.00 98000 FEDERALLY OUAL FIED HEALTH CENTER 88.00 90.00 90.00 90.00 90.00 91.00 92.00 94.00					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 90.00 09000 CLINIC 0.312130 90.00 91.00 09100 EMERGENCY 0.120006 91.00 92.00 09200 0SERVATION BEDS (MON-DISTINCT 0.248728 92.00 074.00 09400 HOME PROGRAM DIALYSIS 0.000000 94.00 94.00 09400 HABULANCE SERVICES 0.000000 95.00 95.00 09500 AURULANCE SERVICES 0.000000 95.00 97.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 99.10 09910 CORF 99.00 99.00 99.00 100.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 10000 IAR SERVICES-NOT APPRVD PRGM 105.00 105.00 10500 KIDREY ACQUISITION 105.00 106.00 10600 HEART ACQUISITION 106.00 <t< td=""><td>OUTPATIENT SERVICE COST CENTERS</td><td></td><td></td><td></td><td></td></t<>	OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC 0.312130 90.00 91.00 09100 EMERGENCY 0.120006 91.00 09200 09200 (DESERVATION BEDS (NON-DISTINCT 0.248728 92.00 07HER REIMBURSABLE COST CENTERS 92.00 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 95.00 99500 AUBLANCE SERVICES 0.000000 96.00 09700 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 99.00 09900 CMFC 99.00 99.00 09900 CMFC 99.00 00.01000 LAR SERVICES-NOT APPRVD PRGM 100.00 10.00 1000 LAR SERVICES-NOT APPRVD PRGM 100.00 100.00 10000 LAR SERVICES 101.00 001000 LAR SERVICES-NOT APPRVD PRGM 105.00 100.00 10000 LAR SERVICES-NOT APPRVD PRGM 100.00 10000 10100 HEALTH AGENCY 101.00 1000					88.00
91.00 99100 EMERGENCY 0.120006 91.00 09200 OBSERVATION BEDS (NON-DISTINCT 0.248728 92.00 07000 OBSERVATION BEDS (NON-DISTINCT 0.248728 92.00 94.00 O94001 HOME PROGRAM DIALYSIS 0.000000 94.00 95.00 09500 MBULANCE SERVICES 0.000000 95.00 97.00 09400 DURABLE MEDICAL EQUIP-RENTED 0.000000 97.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 97.00 99.10 09910 CRF 99.10 000000 99.10 09910 CRF 99.10 100.00 100.00 10000 IAR SERVICES-NOT APPRVD PRGM 100.00 101.00 101.00 10100 HARE HAGENCY 101.00 101.00 105.00 10500 KI DNEY ACQUISITION 105.00 106.00 105.00 10500 KI DNEY ACQUISITION 105.00 106.00 106.00 IARAT AGUISITION 107.00 108.00 108.00 109.00 PANCRAS ACQUISITION 108.00 109.00 111.00 111.00		0.010100			89.00
92.00 09200 0BSERVATI ON BEDS (NON-DI STINCT 0.248728 92.00 0THER REIMBURSABLE COST CENTERS 0 0 94.00 94.00 94.00 94.00 94.00 94.00 94.00 94.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 95.00 96.00 97.00 0URABLE MEDI CAL EQUI P-RENTED 0.000000 97.00 97.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 99.00 101.00 100.00 188 SERVI CES-NOT APPRVD PRGM 99.10 100.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 101.00 105.00 105.00 105.00 105.00 105.00 105.00 106.00 106.00 106.00 106.00 106.00 106.00 106.00 106.00 106.00 107.00 107.00 108.00<					
OTHER REI MBURSABLE COST CENTERS 94.00 94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 95.00 09500 AMBULANCE SERVI CES 0.000000 95.00 97.00 09400 DURABLE MEDI CAL EQUI P-RENTED 0.000000 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0.000000 97.00 099700 CMHC 99.00 99.00 99.10 09910 CORF 99.10 100.00 100.00 10000 I& SERVI CES - NOT APPRVD PRGM 100.00 101.00 10100 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 105.00 10500 HIDBAY ACQUI SI TI ON 105.00 106.00 10600 HEART ACQUI SI TI ON 105.00 108.00 108.00 108.00 108.00 108.00 108.00 109.00 109.00 109.00 109.00 109.00 111.00 111.00 111.00 111.00 111.00					
94.00 09400 HOME PROGRAM DI ALYSI S 0.000000 94.00 95.00 09500 AMBULANCE SERVI CES 0.000000 95.00 97.00 09700 DURABLE MEDI CAL EQUI P-RENTED 0.000000 97.00 99.00 09900 CMHC 0.000000 97.00 99.10 99.10 09900 CMF 99.10 0.000000 99.10 100.00 10000 I & SERVI CES-NOT APPRVD PRGM 100.00 101.00 101.00 10100 HOME HEALTH AGENCY 101.00 101.00 SPECIAL PURPOSE COST CENTERS 105.00 105.00 106.00 106.00 106.00 106.00 108.00 LINEY ACQUI SI TI ON 105.00 100.00 108.00 109.00 111.00 11000 INTER ACQUI SI TI ON 106.00 100.00 100.00 100.00 111.00 11000 INTEREST EXPENSE 111.00 110.00 1100.00 1100.00 1100.00 111.00 113.00 INTEREST EXPENSE 113.00 111.00 111.00 111.00 111.00 111.00 11		0.210720			,,2.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 97.00 99.00 09900 CMHC 99.00 99.00 99.10 09910 CORF 99.10 99.10 100.00 1000 1& SERVICES-NOT APPRVD PRGM 100.00 101.00 1010 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUISITION 105.00 106.00 10600 LIVER ACQUISITION 106.00 106.00 106.00 107.00 10700 LIVER ACQUISITION 106.00 108.00 109.00 109.00 INBACREAS ACQUISITION 106.00 108.00 109.00 10	94. 00 09400 HOME PROGRAM DI ALYSI S				94.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 97.00 99.00 09900 CMHC 99.00 99.10 09910 CORF 100.00 100.00 LON RESERVICES-NOT APPRVD PRGM 100.00 101.00 10100 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 105.00 105.00 10500 KI DNEY ACQUI SI TI ON 105.00 106.00 10600 HEART ACQUI SI TI ON 107.00 108.00 10800 LUNG ACQUI SI TI ON 107.00 108.00 10900 INTERSTINAL ACQUI SI TI ON 107.00 111.00 INTERST AL AQUI SI TI ON 108.00 109.01 INTERSTINAL ACQUI SI TI ON 109.00 111.00 INTERST ALAQUI SI TI ON 111.00 111.00 INTERST EXPENSE 113.00 111.00 INTERST EXPENSE 113.00 114.00 I1400 UT ILIZATI ON REVIEW-SNF 114.00 115.00 I1500 AMBULATORY SURGI CAL CENTER (D. P.) 115.00 116.00 I1600 Subtotal (see instructions) <					95.00
99.00 09900 CMHC 99.00 99.00 99.10 09910 CORF 99.00 100.00 10000 I & SERVI CES-NOT APPRVD PRGM 100.00 101.00 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 105.00 10500 KI DNEY ACQUI SI TI ON 105.00 106.00 10600 HEART ACQUI SI TI ON 105.00 107.00 10700 LI VER ACQUI SI TI ON 105.00 10800 LING ACQUI SI TI ON 106.00 109.00 PANCREAS ACQUI SI TI ON 107.00 109.00 PANCREAS ACQUI SI TI ON 108.00 109.00 INTESTI NAL ACQUI SI TI ON 109.00 101.00 INTERST EXPENSE 110.00 111.00 INTERST EXPENSE 111.00 113.00 I1400 UTI LI ZATI ON REVIEW-SNF 113.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 114.00 116.00 I1600 HOSPI CE 116.00 116.00					
99.10 09910 CORF 99.10 100.00 1& R SERVICES-NOT APPRVD PRGM 100.00 101.00 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KI DNEY ACQUISITION 105.00 106.00 10600 HEART ACQUISITION 106.00 107.00 10700 LIVER ACQUISITION 106.00 108.00 10800 LUNG ACQUISITION 107.00 108.00 10800 LUNG ACQUISITION 107.00 101.00 INTESTINAL ACQUISITION 108.00 101.00 INTERSTINAL ACQUISITION 109.00 111.00 ISLET ACQUISITION 110.00 113.00 INTEREST EXPENSE 111.00 114.00 ISLET ACQUISITION 113.00 114.00 ITACON SUBICATORY SUBGICAL CENTER (D. P.) 115.00 114.00 ISUDATORY SUBGICAL CENTER (D. P		0.000000			
100.00 1000 I&R SERVICES-NOT APPRVD PRGM 100.00 101.00 10100 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 106.00 10600 HEART ACQUISITION 105.00 106.00 10700 LIVER ACQUISITION 106.00 107.00 10700 LIVER ACQUISITION 106.00 108.00 10800 LUNG ACQUISITION 108.00 109.00 10900 PANCREAS ACQUISITION 108.00 101.00 INTESTINAL ACQUISITION 109.00 111.00 INTERSTINAL ACQUISITION 110.00 111.00 INTERSTINAL ACQUISITION 111.00 111.00 INTERSTINAL ACQUISITION 111.00 111.00 INTERSTINAL ACQUISITION 111.00 111.00 INTERSTING					
101.00 10100 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 10500 10500 10500 10500 105.00 105.00 105.00 106.00 106.00 10600 HEART ACQUISITION 105.00 106.00 10600 HEART ACQUISITION 106.00 10600 10700 LIVER ACQUISITION 106.00 10600 10700 10700 LIVER ACQUISITION 107.00 10700 10700 10700 10700 10800 10800 10800 10800 109.00 109.00 109.00 109.00 109.00 109.00 109.00 109.00 110.00 111					100.00
105.00 10500 KI DNEY ACQUI SI TI ON 105.00 106.00 10600 HEART ACQUI SI TI ON 106.00 107.00 10700 LI VER ACQUI SI TI ON 107.00 108.00 10800 LUNG ACQUI SI TI ON 108.00 109.00 PANCREAS ACQUI SI TI ON 108.00 109.00 PANCREAS ACQUI SI TI ON 109.00 110.00 INTESTI NAL ACQUI SI TI ON 109.00 111.00 INTESTI NAL ACQUI SI TI ON 110.00 111.00 INTEREST EXPENSE 111.00 113.00 INTEREST EXPENSE 113.00 114.00 UTI LI ZATI ON REVI EW-SNF 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 116.00 1000 HOSPI CE 116.00 200.00 Subtotal (see instructions) 200.00					
106.00 10600 HEART ACQUISITION 106.00 107.00 10700 LIVER ACQUISITION 107.00 108.00 10800 LUNG ACQUISITION 108.00 109.00 10900 PANCREAS ACQUISITION 108.00 101.00 11000 INTESTINAL ACQUISITION 109.00 111.00 INTESTINAL ACQUISITION 110.00 111.00 ISLET ACQUISITION 110.00 113.00 INTERST EXPENSE 111.00 114.00 UTILIZATION REVIEW-SNF 113.00 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115.00 116.00 1000 Subtotal (see instructions) 200.00		1			
107.00 10700 LIVER ACQUISITION 107.00 108.00 10800 LUNG ACQUISITION 108.00 109.00 10900 PANCREAS ACQUISITION 109.00 110.00 INTESTINAL ACQUISITION 109.00 111.00 INTEST ACQUISITION 110.00 111.00 ISLET ACQUISITION 110.00 113.00 INTEREST EXPENSE 111.00 114.00 INTEREST EXPENSE 113.00 115.00 INTERD REVIEW-SNF 115.00 116.00 INSPICE 116.00 200.00 Subtotal (see instructions) 200.00					
108.00 10800 LUNG ACQUISITION 108.00 109.00 10900 PANCREAS ACQUISITION 109.00 110.00 1100 INTESTINAL ACQUISITION 110.00 111.00 ISLET ACQUISITION 110.00 113.00 INTEREST EXPENSE 111.00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 11500 MBULATORY SURGICAL CENTER (D. P.) 116.00 10501CE 116.00 200.00 Subtotal (see instructions) 200.00					
109.00 10900 PANCREAS ACQUISITION 109.00 110.00 11000 INTESTINAL ACQUISITION 110.00 111.00 ISLET ACQUISITION 111.00 113.00 INTEREST EXPENSE 111.00 114.00 UTILIZATION REVIEW-SNF 113.00 115.00 11500 MBULATORY SURGICAL CENTER (D. P.) 116.00 105PICE 116.00 200.00 Subtotal (see instructions) 200.00					
110.00 11000 INTESTINAL ACQUISITION 110.00 111.00 11100 ISLET ACQUISITION 111.00 113.00 INTEREST EXPENSE 113.00 114.00 UTILIZATION REVIEW-SNF 114.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 115.00 116.00 HOSPICE 116.00 200.00 Subtotal (see instructions) 200.00					109.00
111.00 11100 I SLET ACQUI SI TI ON 111.00 113.00 11300 INTEREST EXPENSE 113.00 114.00 11400 UTI LI ZATI ON REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 115.00 116.00 200.00 Subtotal (see instructions) 200.00					
114.00 11400 UTI LI ZATI ON REVIEW-SNF 114.00 115.00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 115.00 116.00 11600 BOSPI CE 116.00 200.00 Subtotal (see instructions) 200.00 200.00					
115.00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 115.00 116.00 11600 HOSPICE 116.00 200.00 Subtotal (see instructions) 200.00					
116.00 11600 H0SPI CE 116.00 200.00 Subtotal (see instructions) 200.00					
200.00 Subtotal (see instructions) 200.00					
					200.00
					201.00

Health Financial Systems	BAPTIST HEAL	TH FLOYD	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
202.00 Total (see instructions)					202.00

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	BAPTI ST HEA		1	In Lie Period: From 09/01/2017 To 08/31/2018	u of Form CMS-: Worksheet C Part I Date/Time Pre 1/29/2019 4:1	pared:
			e XIX	Hospi tal	Cost	<u>, pii</u>
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	(1.100.000	1	(
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 I NTENSIVE CARE UNIT	64, 123, 380 7, 025, 280		64, 123, 380 7, 025, 280		64, 142, 654 7, 025, 280	30.00 31.00
32. 00 03200 CORONARY CARE UNIT	7,025,280				7,025,280	32.00
33. 00 03300 BURN INTENSIVE CARE UNIT	C			0 0	0	33.00
34.00 03400 SURGI CAL INTENSI VE CARE UNIT	C			0 0	0	34.00
40. 00 04000 SUBPROVIDER - IPF	C			0 0	0	40.00
41. 00 04100 SUBPROVI DER - I RF 42. 00 04200 SUBPROVI DER					0	41.00 42.00
43. 00 04300 NURSERY	2,045,646		2,045,640	6 0	2, 045, 646	42.00
44. 00 04400 SKILLED NURSING FACILITY	2/010/010		(0 0	0	44.00
45.00 04500 NURSING FACILITY	C			o c	0	45.00
46.00 O4600 OTHER LONG TERM CARE	C		(0 0	0	46.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	21, 846, 801		21, 846, 80	1 0	21, 846, 801	50.00
51. 00 05100 RECOVERY ROOM	21, 840, 801				21, 840, 801	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	4, 203, 804		4, 203, 804		4, 203, 804	52.00
53. 00 05300 ANESTHESI OLOGY	C			0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 438, 223		12, 438, 223		12, 438, 223	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0			0 0	0	55.00 56.00
57. 00 05700 CT SCAN	1, 800, 094		1, 800, 094		1, 800, 094	57.00
58. 00 05800 MRI	939, 046		939, 040		939, 046	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	6, 365, 667		6, 365, 66	7 0	6, 365, 667	59.00
60. 00 06000 LABORATORY	15, 983, 531		15, 983, 53	1 0	15, 983, 531	60.00
60. 01 06001 BLOOD LABORATORY	C				0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD					0	61.00 62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA	C			0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	103, 917		103, 91	7 0	103, 917	64.00
65. 00 06500 RESPI RATORY THERAPY	5,097,020				5, 097, 020	65.00
66. 00 06600 PHYSICAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	8, 135, 444	0	8, 135, 44	4 0	8, 135, 444 0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	588, 440		588, 440	-	588, 440	68.00
69. 00 06900 ELECTROCARDI OLOGY	4, 174, 946		4, 174, 946	-	4, 174, 946	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	464,016		464, 010	6 0	464, 016	70.00
70. 01 07001 SLEEP DI SORDER	1, 361, 354		1, 361, 354		1, 361, 354	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24, 864, 138		24, 864, 138		24, 864, 138	
73. 00 07300 DRUGS CHARGED TO PATIENTS	18, 478, 462 24, 401, 231		18, 478, 462 24, 401, 23		18, 478, 462 24, 401, 231	
74. 00 07400 RENAL DI ALYSI S	21, 101, 201			0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	C			o c	0	75.00
76. 00 03950 NUTRI TI ON/DI ABETES	C		(0 0	0	76.00
76. 97 07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	1, 168, 882		1, 168, 882	2 0	1, 168, 882	76.97
88. 00 08800 RURAL HEALTH CLINIC	C			0 0	0	88.00
89.00 08900 FEDERALLY QUALI FIED HEALTH CENTER	C		1	0 0	0	89.00
90. 00 09000 CLINIC	2, 754, 685		2, 754, 68		2, 754, 685	90.00
91.00 09100 EMERGENCY	9, 780, 437		9, 780, 43		9, 780, 437	91.00
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS	5, 173, 502		5, 173, 502	2	5, 173, 502	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	C			0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	C			o c	0	95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	C		(0 0	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 99. 00 09900 CMHC				0	0	97.00 99.00
99. 10 09910 CORF					0	99.00 99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	C				0	100.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	5, 574, 076		5, 574, 070	1	5, 574, 076	
105. 00 10500 KI DNEY ACQUI SI TI ON	0					105.00
106. 00 10600 HEART ACQUI SI TI ON 107. 00 10700 LI VER ACQUI SI TI ON						106. 00 107. 00
108. 00 10800 LUNG ACQUISITION						107.00
109. 00 10900 PANCREAS ACQUI SI TI ON	C					109.00
110.00 11000 INTESTINAL ACQUISITION	C				0	110. 00
111.00 11100 I SLET ACQUI SI TI ON	C				0	111.00
113. 00 11300 I NTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF						113.00 114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	C			b	0	114.00
		1	ı ``	1	0	

Health Financial Systems	BAPTIST HEA	LTH FLOYD			In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES					Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	
		T	itle	e XIX	Hospi tal	Cost	
					Costs		
Cost Center Description	Total Cost	Therapy Lir	ni t	Total Costs		Total Costs	
	(from Wkst. B,	Adj .			Di sal I owance		
	Part I, col. 26)						
	1.00	2.00		3.00	4.00	5.00	
116. 00 11600 H0SPI CE	0				0	0	116.00
200.00 Subtotal (see instructions)	248, 892, 022		0	248, 892, 02	19, 274	248, 911, 296	200. 00
201.00 Less Observation Beds	5, 173, 502			5, 173, 50)2	5, 173, 502	201.00
202.00 Total (see instructions)	243, 718, 520		0	243, 718, 52	20 19, 274	243, 737, 794	202.00

	cial Systems OF RATIO OF COSTS TO CHARGES	BAPTI ST HEAL	_TH FLOYD Provider C	CN: 15-0044	In Lie Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	epared:
				e XIX	Hospi tal	Cost	- p
	Cost Center Description	I npati ent	Charges Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent	
		6.00	7.00	8.00	9.00	Ratio 10.00	
I NPAT	IENT ROUTINE SERVICE COST CENTERS						
	ADULTS & PEDIATRICS	69, 958, 804		69, 958, 80			30.00
	I NTENSI VE CARE UNI T	7, 175, 898		7, 175, 89	8		31.00
	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0			0		32.00 33.00
	SURGICAL INTENSIVE CARE UNIT	0			0		34.00
	SUBPROVIDER - IPF	0			0		40.00
	SUBPROVIDER - IRF	0			0		41.00
	SUBPROVI DER	0			0		42.00
	NURSERY	3, 488, 532		3, 488, 53			43.00
	SKILLED NURSING FACILITY NURSING FACILITY	0			0		44.00 45.00
	OTHER LONG TERM CARE	0			0		46.00
	LARY SERVICE COST CENTERS				<u> </u>		10.00
	OPERATI NG ROOM	75, 941, 241	92, 357, 884	168, 299, 12	. 129809	0. 000000	50.00
	RECOVERY ROOM	0	C		0 0.000000	0. 000000	
	DELIVERY ROOM & LABOR ROOM	7, 137, 909	2, 170, 220	9, 308, 12		0.00000	
		0	0		0 0.00000	0.00000	
	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	21, 501, 247	76, 661, 728	98, 162, 97	0. 126710 0. 000000	0. 000000 0. 000000	
	RADI OL SOTOPE	0	0		0 0.000000	0.000000	
	CT SCAN	23, 423, 672	50, 112, 447	73, 536, 11		0. 000000	
58.00 05800	MRI	9, 440, 021	26, 957, 914			0. 000000	
	CARDI AC CATHETERI ZATI ON	75, 305, 094	96, 431, 677			0. 000000	
	LABORATORY	71, 659, 654	104, 037, 229	175, 696, 88		0.00000	
	BLOOD LABORATORY	0	0	0	0 0.00000	0. 000000	
	PBP CLINICAL LAB SERVICES-PRGM WHOLE BLOOD & PACKED RED BLOOD	0	0		0 0.000000 0 0.000000	0. 000000 0. 000000	
	BLOOD STORING PROCESSING & TRA	0	0		0 0.000000	0. 000000	
	I NTRAVENOUS THERAPY	107, 729	316, 001	423, 73		0.000000	
	RESPI RATORY THERAPY	25, 799, 168	2, 887, 192			0. 000000	
66.00 06600	PHYSI CAL THERAPY	9, 281, 101	32, 217, 301	41, 498, 40	0. 196042	0. 000000	66.00
	OCCUPATIONAL THERAPY	0	C		0 0.000000	0.00000	
	SPEECH PATHOLOGY	1, 787, 225	607, 828			0.00000	
	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	26, 747, 050 116, 357	54, 220, 808 956, 373			0. 000000 0. 000000	
	SLEEP DI SORDER	26, 565	10, 489, 303			0. 000000	
	MEDICAL SUPPLIES CHARGED TO PAT	21, 297, 477	19, 377, 364			0. 000000	
	IMPL. DEV. CHARGED TO PATIENTS	19, 945, 411	10, 130, 084			0. 000000	
	DRUGS CHARGED TO PATIENTS	59, 071, 112	62, 382, 696	121, 453, 80		0. 000000	
	RENAL DIALYSIS	0	0		0 0.00000	0.00000	
	ASC (NON-DI STINCT PART)	0	0		0 0.000000		
	NUTRI TI ON/DI ABETES CARDI AC REHABI LI TATI ON	4, 483	2, 630, 491	2, 634, 97		0. 000000 0. 000000	
	TIENT SERVICE COST CENTERS	4,403	2,030,471	2,004,77	- 0. ++3003	0.00000	/0. //
	RURAL HEALTH CLINIC	0	C)	0 0.000000	0. 000000	88.00
	FEDERALLY QUALIFIED HEALTH CENTER	0	C		0 0.000000	0. 000000	
	CLINIC	1, 188, 533	7, 636, 912			0.00000	
	EMERGENCY	20, 736, 788	60, 762, 908			0.00000	
	OBSERVATION BEDS (NON-DISTINCT REIMBURSABLE COST CENTERS	5, 655, 802	15, 144, 056	20, 799, 85	0. 248728	0. 000000	92.00
	HOME PROGRAM DI ALYSI S	0	0		0 0.00000	0. 000000	94.00
	AMBULANCE SERVICES	0	0		0 0.000000	0. 000000	
	DURABLE MEDICAL EQUIP-RENTED	0	0		0 0.000000	0. 000000	
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	C		0 0.000000	0. 000000	97.00
99.00 09900		0	C		0		99.00
99.10 09910		0	0		0		99.10
	I &R SERVICES-NOT APPRVD PRGM	0			0		100.00
	HOME HEALTH AGENCY AL PURPOSE COST CENTERS	0	6, 205, 608	6, 205, 60	18		101.00
	KIDNEY ACQUISITION	0	C		0		105.00
	HEART ACQUISITION	0	0		0		106.00
	LIVER ACQUISITION	0	C		0		107.00
	LUNG ACQUISITION	0	C		0		108.00
	PANCREAS ACQUISITION	0	C		0		109.00
	INTESTINAL ACQUISITION	0	0		0		110.00
	I SLET ACQUI SI TI ON I NTEREST EXPENSE	0	C		U		111.00 113.00
	UTILIZATION REVIEW-SNF						113.00
	AMBULATORY SURGICAL CENTER (D. P.)	0	C		0		115.00
	HOSPI CE			1	0	1	116.00

Heal th Financi	ial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-	2552-10
COMPUTATION O	F RATIO OF COSTS TO CHARGES		Provider C		Period: From 09/01/2017 To 08/31/2018		
			Titl	e XIX	Hospi tal	Cost	
			Charges				
C	Cost Center Description	I npati ent	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	Inpati ent	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
200.00	Subtotal (see instructions)	556, 796, 873	734, 694, 024	1, 291, 490, 89	7		200.00
201.00 L	ess Observation Beds						201.00
202.00 T	Total (see instructions)	556, 796, 873	734, 694, 024	1, 291, 490, 89	7		202.00

Health Financial Systems	BAPTIST HEALT	H FLOYD	In Lieu	J of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 09/01/2017	Worksheet C Part I
			To 08/31/2018	Date/Time Prepared: 1/29/2019 4:11 pm
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT				30.00 31.00
32.00 03200 CORONARY CARE UNI T				32.00
33.00 03300 BURN INTENSIVE CARE UNIT				33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T 40. 00 04000 SUBPROVI DER - I PF				34.00 40.00
40. 00 04000 SUBPROVIDER - TPP 41. 00 04100 SUBPROVIDER - TRF				40.00
42. 00 04200 SUBPROVI DER				42.00
				43.00
44. 00 04400 SKI LLED NURSI NG FACI LI TY 45. 00 04500 NURSI NG FACI LI TY				44.00 45.00
46.00 04600 OTHER LONG TERM CARE				46.00
ANCI LLARY SERVICE COST CENTERS	1			
50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM	0. 000000 0. 000000			50.00 51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000			53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0. 000000			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0. 000000 0. 000000			55.00 56.00
57. 00 05700 CT SCAN	0. 000000			57.00
58.00 05800 MRI	0. 000000			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0. 000000			59.00 60.00
60. 01 06000 LABORATORY 60. 01 06001 BLOOD LABORATORY	0. 000000 0. 000000			60.00
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0. 000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0. 000000			62.00
63. 00 06300 BLOOD STORI NG PROCESSI NG & TRA 64. 00 06400 I NTRAVENOUS THERAPY	0. 000000 0. 000000			63.00 64.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000			65.00
66.00 06600 PHYSI CAL THERAPY	0. 000000			66.00
67.00 06700 OCCUPATI ONAL THERAPY 68.00 06800 SPEECH PATHOLOGY	0. 000000 0. 000000			67.00 68.00
69. 00 06900 ELECTROCARDI OLOGY	0.000000			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000			70.00
70. 01 07001 SLEEP DI SORDER	0. 000000			70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000 0. 000000			71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000			73.00
74.00 07400 RENAL DI ALYSI S	0. 000000			74.00
75. 00 07500 ASC (NON-DI STI NCT PART) 76. 00 03950 NUTRI TI ON/DI ABETES	0. 000000 0. 000000			75.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000			76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000 0. 000000			88.00 89.00
90. 00 09000 CLINIC	0. 000000			90.00
91. 00 09100 EMERGENCY	0. 000000			91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT OTHER REI MBURSABLE COST CENTERS	0. 000000			92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0. 000000			94.00
95. 00 09500 AMBULANCE SERVICES	0. 000000			95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0. 000000			96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 99. 00 09900 CMHC	0. 000000			97.00 99.00
99. 10 09910 CORF				99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM				100.00
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS				101.00
105. 00 10500 KI DNEY ACQUI SI TI ON				105.00
106. 00 10600 HEART ACQUI SI TI ON				106.00
107.00 10700 LIVER ACQUISITION				107.00
108.00 10800 LUNG ACQUI SI TI ON 109.00 10900 PANCREAS ACQUI SI TI ON				108.00 109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON				110.00
111.00 11100 I SLET ACQUI SI TI ON				111.00
113. 00 11300 I NTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF				113.00 114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)				114.00
116.00 11600 HOSPI CE				116.00
200.00Subtotal (see instructions)201.00Less Observation Beds				200. 00 201. 00
	1			1201.00

Health Financial Systems	BAPTIST HEALT	TH FLOYD	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	From 09/01/2017	Worksheet C Part I Date/Time Pre 1/29/2019 4:1	
		Title XIX	Hospi tal	Cost	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
202.00 Total (see instructions)					202.00

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CA	API TAL COSTS	Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet D Part I Date/Time Pre 1/29/2019 4:1	pared: 1 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient		
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	1, 117, 521	C	1, 117, 52		21.56	
31.00 INTENSIVE CARE UNIT	122, 415		122, 41	4, 602	26.60	31.00
32.00 CORONARY CARE UNIT	0			0 0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0			0 0	0.00	34.00
40. 00 SUBPROVIDER - IPF	0	C		0 0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	C		0 0	0.00	41.00
42. 00 SUBPROVI DER	0	0		0 0	0.00	42.00
43.00 NURSERY	35,644		35, 64	2, 640	13.50	43.00
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44.00
45.00 NURSING FACILITY	0			0 0	0.00	45.00
200.00 Total (lines 30 through 199)	1, 275, 580		1, 275, 58	59, 067		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	24, 584	530, 031				30.00
31.00 INTENSIVE CARE UNIT	2, 536	67, 458				31.00
32.00 CORONARY CARE UNIT	0	C				32.00
33.00 BURN INTENSIVE CARE UNIT	0	C				33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40. 00 SUBPROVIDER - IPF	0	C				40.00
41.00 SUBPROVIDER - IRF	0	C				41.00
42. 00 SUBPROVI DER	0	C				42.00
43.00 NURSERY	0	C				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
45.00 NURSING FACILITY	0	C				45.00
200.00 Total (lines 30 through 199)	27, 120	597, 489				200.00

APPORTIONMENT OF INPATIEN	T ANCILLARY SERVICE CAPIT.	AL COSTS	Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Pre	nared [.]
						Date/Time Pre 1/29/2019 4:1	1 pm
		1		XVIII	Hospi tal	PPS	
Cost Center D	escription	Capi tal	Total Charges			Capital Costs	
		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
		Part II, col.	8)	2)			
		<u>26)</u> 1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE (OST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROC		380, 958	168, 299, 125	0.00226	73, 883, 262	167, 272	50.00
51.00 05100 RECOVERY ROOM		0	100, 277, 120	0.00000		0,272	1
52. 00 05200 DELIVERY ROOM		73, 294	9, 308, 129			10, 668	•
53. 00 05300 ANESTHESI OLOG		, 3, 2,4	, 500, 127	0.00000		0	
54. 00 05400 RADI OLOGY-DI A		216, 900	98, 162, 975			30, 797	
55. 00 05500 RADI OLOGY-THE		210, 700	0, 102, 773	0.00000		0	•
6. 00 05600 RADI 0I SOTOPE		0		0.00000		0	
57. 00 05700 CT SCAN		31, 380	73, 536, 119			5, 429	
58. 00 05800 MRI		16, 370					
59. 00 05900 CARDI AC CATHE	TERI ZATI ON	110, 988				2,007	•
0. 00 06000 LABORATORY		278, 466				60, 097	
0. 01 06001 BLOOD LABORAT	OPV	270,400	175, 070, 005	0.00000		00,077	•
51. 00 06100 PBP CLINICAL		0		0.00000	0	0	61.00
2.00 06200 WHOLE BLOOD &		0	0	0. 00000	0	0	•
3. 00 06300 BLOOD STORING		0		0.00000		0	
54. 00 06400 I NTRAVENOUS T		1, 810	423, 730			139	
5. 00 06500 RESPI RATORY T		88, 799				45, 432	
6. 00 06600 PHYSI CAL THER		141, 714		1		17, 230	•
57. 00 06700 OCCUPATIONAL		0	41, 490, 402	0.00000		0	•
8. 00 06800 SPEECH PATHOL		10, 251	2, 395, 053			4, 759	
9. 00 06900 ELECTROCARDI C		72, 772				11, 338	
0. 00 07000 ELECTROENCEPH		8, 100				449	
0. 01 07001 SLEEP DI SORDE		23, 727	10, 515, 868			29	
1.00 07100 MEDICAL SUPPL		433, 099				106, 627	
2.00 07200 IMPL. DEV. CH		321, 879				111, 989	
3. 00 07300 DRUGS CHARGED		417, 709				102, 282	•
4. 00 07400 RENAL DIALYSI		0				02,202	
5. 00 07500 ASC (NON-DI ST		0		1		0	
6. 00 03950 NUTRI TI ON/DI A		0		0.00000		0	
6. 97 07697 CARDI AC REHAB		20, 377	2, 634, 974			35	
OUTPATIENT SERVICE		20, 377	2,004,774	0.00770			/0. //
88. 00 08800 RURAL HEALTH		0	0	0.0000	0 0	0	88.00
39. 00 08900 FEDERALLY QUA	LIFIED HEALTH CENTER	0	-			0	
0. 00 09000 CLINIC	LITED HEALTH VENTER	48,009	-			2, 159	
01.00 09100 EMERGENCY		170, 450				23, 240	•
2.00 09200 OBSERVATION B	EDS (NON-DISTINCT	90, 133				13, 114	
OTHER REIMBURSABLE		70,133	20, 177, 000	0.0043	5, 020, 319	13, 114	12.00
24. 00 09400 HOME PROGRAM		0	0	0.0000	0 0	0	94.00
25. 00 09500 AMBULANCE SER				0.00000	0	0	95.00
96.00 09600 DURABLE MEDIC		0	0	0. 00000	0 0	0	•
		0	-	0.00000		0	
7.00 09700 DURABLE MEDIC							

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER F	ASS THROUGH COST	TS Provider C	F	veriod: rom 09/01/2017 o 08/31/2018		
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School				All Other	
	Post-Stepdown	g	Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments	0031	Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	20	2.00	5.00	-
	0	0		0	0	1 20 00
	0	, s	-	-		1
31.00 03100 INTENSIVE CARE UNIT	0	0	i i	-	0	
32. 00 03200 CORONARY CARE UNI T	0	0	0	0	0	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0 0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0 0	0	0	34.00
40. 00 04000 SUBPROVIDER - IPF	0	0	0 0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	l a) c	0	0	41.00
42. 00 04200 SUBPROVI DER	0			0	0	
43. 00 04300 NURSERY	0			0	0	1
44. 00 04400 SKI LLED NURSI NG FACI LI TY	0			0	0	44.00
	0			0		44.00
45. 00 04500 NURSI NG FACI LI TY	0			0		1
200.00 Total (lines 30 through 199)	0	0		0		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)	minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	C	51, 825	0.00	24, 584	30.00
31.00 03100 INTENSIVE CARE UNIT			4, 602	0.00		1
32. 00 03200 CORONARY CARE UNI T						
33. 00 03300 BURN I NTENSI VE CARE UNI T				0.00		1
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T				0.00		•
	0					1
	0			0.00		
41.00 04100 SUBPROVIDER - IRF	0	0		0.00		
42. 00 04200 SUBPROVI DER	0	0) C	0.00		
43. 00 04300 NURSERY		0	2, 640	0.00	0	43.00
44.00 04400 SKILLED NURSING FACILITY		0	0 0	0.00	0	44.00
45.00 04500 NURSING FACILITY		0	0 0	0.00	0	45.00
200.00 Total (lines 30 through 199)		0	59, 067		27, 120	200.00
Cost Center Description	Inpatient					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	7.00					
	0					20.00
30. 00 03000 ADULTS & PEDIATRICS	0					30.00
31.00 03100 I NTENSI VE CARE UNI T	0					31.00
32.00 03200 CORONARY CARE UNI T	0					32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0					34.00
40. 00 04000 SUBPROVIDER - IPF	0					40.00
41.00 04100 SUBPROVIDER - IRF	0					41.00
42. 00 04200 SUBPROVI DER	0					42.00
43. 00 04300 NURSERY	0					43.00
44. 00 04400 SKILLED NURSING FACILITY	0					43.00
	0					1
45. 00 04500 NURSI NG FACI LI TY	0					45.00
200.00 Total (lines 30 through 199)	0					200. 00

Health Financial Systems	BAPTIST HEAL				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S THROUGH COSTS	ERVICE OTHER PASS			Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Pre 1/29/2019 4:1	
			XVIII	Hospi tal	PPS	
Cost Center Description			Nursing Schoo	I Allied Health	Allied Health	
		Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVICE COST CENTERS					0	50.00
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
51.00 O5100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0	C		0 0	0	56.00
57.00 05700 CT SCAN	0	C)	0 0	0	57.00
58. 00 05800 MRI	0	C		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	C)	0 0	0	59.00
60. 00 06000 LABORATORY	0	C)	0 0	0	60.00
60. 01 06001 BLOOD LABORATORY	0	C		o o	0	60.01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	-			-		61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		0 0	0	62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA	0	C		0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	C		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	1	0 0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	1	0 0	0	67.00
	0	0	1	0 0	0	1
68. 00 06800 SPEECH PATHOLOGY	0		1			68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	1	0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
70. 01 07001 SLEEP DI SORDER	0	0		0 0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	C		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	420, 611	73.00
74. 00 07400 RENAL DI ALYSI S	0	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	C)	0 0	0	75.00
76. 00 03950 NUTRI TI ON/DI ABETES	0	0)	0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS	· · ·					1
88.00 08800 RURAL HEALTH CLINIC	0	C		0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		o o	0	89.00
90. 00 09000 CLINIC	0	C		0 0	0	90.00
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS	0			~	0	,2.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	C		0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0	0			0	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	C		o o	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	0	
	0	0		0 0		
200.00 Total (lines 50 through 199)	i U	U	1	U U	420, 611	∠00. 00

Health Financial Systems	BAPTIST HEA				eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY THROUGH COSTS	SERVICE OTHER PAS	S Provider C		Period: From 09/01/2017 To 08/31/2018		pared: 1 pm
		Title	XVIII	Hospi tal	PPS	i pii
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS			1		0.00000	
50. 00 05000 OPERATING ROOM	0			0 168, 299, 125		
51.00 05100 RECOVERY ROOM	0	-		0 0	0.000000	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 9, 308, 129		
53. 00 05300 ANESTHESI OLOGY	0	0		0 0	0.000000	
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0	0		0 98, 162, 975		1
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OLSOTOPE	0	0		0 0 0 0	0.000000	
	0	, °		-	0.000000	1
57. 00 05700 CT SCAN	0	0		0 73, 536, 119		1
58. 00 05800 MRI	0	-		0 36, 397, 935		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 171, 736, 771	0.000000	1
60. 00 06000 LABORATORY	0	0		0 175, 696, 883		
60. 01 06001 BLOOD LABORATORY	0	0		0 0	0. 000000	
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	-		0 0	0.000000	
63. 00 06300 BLOOD STORING PROCESSING & TRA	0	-		0 0	0.000000	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 423, 730		
65. 00 06500 RESPI RATORY THERAPY	0	0		0 28, 686, 360		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 41, 498, 402		
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0.000000	
68.00 06800 SPEECH PATHOLOGY	0	0		0 2, 395, 053		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 80, 967, 858		
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 1, 072, 730		
70. 01 07001 SLEEP DI SORDER	0	0		0 10, 515, 868		
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0	0		0 40, 674, 841	0.000000	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 30, 075, 495		1
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	420, 611	420, 61			
74.00 07400 RENAL DIALYSIS	0	-		0 0	0.000000	1
75. 00 07500 ASC (NON-DI STI NCT PART)	0	0		0 0	0.000000	
76. 00 03950 NUTRI TI ON/DI ABETES	0	-		0 0	0.000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 2, 634, 974	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS					0.000000	
88. 00 08800 RURAL HEALTH CLINIC	0	-		0 0		
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	-		0 0		1
90. 00 09000 CLINIC	0			0 8, 825, 445		
91.00 09100 EMERGENCY	0	-		0 81, 499, 696		1
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT	0	0	1	0 20, 799, 858	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS		2	1		0.000000	04.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0. 000000	
95. 00 09500 AMBULANCE SERVICES	_	_			0.000000	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	-		0 0		
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	-			0. 000000	97.00
200.00 Total (lines 50 through 199)	0	420, 611	420, 61	1 1, 204, 662, 055	I	200.00

Health Financial Systems	BAPTIST HEALT				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY : THROUGH COSTS	SERVICE OTHER PASS	Provider CC		Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Pre 1/29/2019 4:1	pared: 1 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	3	Costs (col. 9	
	7)	10.00	x col. 10)	10.00	x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0. 000000	73, 883, 262	1	0 64, 966, 048	0	50.00
51. 00 05100 PERATING ROOM	0. 000000	/3, 883, 202		0 04, 966, 048	0	50.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	1, 354, 872		0 281, 775	0	51.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	1, 334, 672		0 201, 775	0	52.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0. 000000	13, 935, 327		0 25, 983, 724	0	53.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	13, 435, 327		0 25, 783, 724	0	55.00
56. 00 05600 RADI OLOGI - THERAFEUTIC	0. 000000	0		0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	12, 714, 173		0 14, 523, 557	0	57.00
58. 00 05800 MRI	0. 000000	4, 641, 840		0 8, 699, 235	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	4, 041, 040		0 0,077,235	0	59.00
60. 00 06000 LABORATORY	0. 000000	37, 916, 308		0 14, 093, 519	0	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	J7, 710, 300 0		0 14,075,517	0	60.00
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0.000000	0		0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0, 000000	0		0 0	0	62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA	0. 000000	0		0 0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000	32, 594		0 191, 386	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0, 000000	14, 674, 457		0 1, 723, 500	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	5, 045, 529		0 259, 932	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	0,010,029		0 0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0, 000000	1, 111, 931		0 50, 254	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	12, 611, 923		0 20, 238, 673	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	59, 433		0 229, 852	0	70.00
70. 01 07001 SLEEP DI SORDER	0, 000000	12, 954		0 3, 611, 623	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 000000	10,013,814		0 5, 906, 082	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	10, 464, 341		0 3, 590, 938	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.003463	29, 741, 751	102, 99		77, 310	
74. 00 07400 RENAL DIALYSIS	0. 000000	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0		0 0	0	75.00
76.00 03950 NUTRI TI ON/DI ABETES	0.000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0.000000	4, 483		0 1, 282, 136	0	76.97
OUTPATIENT SERVICE COST CENTERS						1
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	1	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0 0	0	89.00
90. 00 09000 CLINIC	0. 000000	396, 901		0 1, 982, 862	0	90.00
91.00 09100 EMERGENCY	0. 000000	11, 114, 529		0 13, 082, 101	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0. 000000	3, 026, 519		0 4, 274, 063	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94. 00 09400 HOME PROGRAM DI ALYSI S	0. 000000	0		0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES						95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0		0 0	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000	0	102, 99	0 0 6 207, 295, 701	0 77, 310	97.00

	Cost to Charge Ratio From Worksheet C, Part I, col. 9 1.00 0.129809 0.00000 0.451627 0.000000		XVIII Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 3.00	(see inst.) 4.00	Worksheet D Part V Date/Time Prep 1/29/2019 4:11 PPS Costs PPS Services (see inst.)	pared: 1 pm
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	Rati o From Worksheet C, Part I, col. 9 1.00 0.129809 0.000000 0.451627 0.000000	PPS Reimbursed Services (see inst.) 2.00 64,966,048 0	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 3.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 4.00	PPS Costs PPS Services (see inst.)	
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	Rati o From Worksheet C, Part I, col. 9 1.00 0.129809 0.000000 0.451627 0.000000	Services (see inst.) 2.00 64,966,048 0	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 3.00	Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 4.00	PPS Services (see inst.)	
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	Rati o From Worksheet C, Part I, col. 9 1.00 0.129809 0.000000 0.451627 0.000000	Services (see inst.) 2.00 64,966,048 0	Reimbursed Services Subject To Ded. & Coins. (see inst.) 3.00	Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 4.00	(see inst.)	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR 53. 00 05300 ANESTHESI OLOGY 54. 00 05400	Worksheet C, Part I, col. 9 1.00 0.129809 0.00000 0.451627 0.000000	i nst.) 2.00 64,966,048 0	Services Subject To Ded. & Coins. (see inst.) 3.00	Services Not Subject To Ded. & Coins. (see inst.) 4.00		
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR 53. 00 05300 ANESTHESI OLOGY 54. 00 05400	Part I, col. 9 1.00 0.129809 0.00000 0.451627 0.000000	2.00 64,966,048 0	Subject To Ded. & Coins. (see inst.) 3.00	Subject To Ded. & Coins. (see inst.) 4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR 53. 00 05300 ANESTHESI OLOGY 54. 00 05400	1.00 0.129809 0.00000 0.451627 0.00000	64, 966, 048 0	Ded. & Coins. (see inst.) 3.00	Ded. & Coins. (see inst.) 4.00	5.00	
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 129809 0. 000000 0. 451627 0. 000000	64, 966, 048 0	(see inst.) 3.00	(see inst.) 4.00	5.00	
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 129809 0. 000000 0. 451627 0. 000000	64, 966, 048 0	3.00	4.00	5.00	<u> </u>
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM 52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000 0. 451627 0. 000000	0				
51.00 05100 RECOVERY ROOM 52.00 05200 DELI VERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY 54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000 0. 451627 0. 000000	0				
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 451627 0. 000000			0 0	8, 433, 178	50.00
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	281 775		0 0	0	51.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		201,775		0 0	127, 257	52.00
	0 10/710	0		0 0	0	53.00
55_00_05500 RADI 0L0GY-THERAPEUTLC	0. 126710	25, 983, 724		0 0	3, 292, 398	54.00
	0. 000000	0		0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0. 000000	0		0 0	0	56.00
57.00 05700 CT SCAN	0. 024479	14, 523, 557		0 0	355, 522	57.00
58.00 05800 MRI	0. 025799	8, 699, 235		0 0	224, 432	58.00
59.00 O5900 CARDI AC CATHETERI ZATI ON	0. 037066	0		0 0	0	59.00
60. 00 06000 LABORATORY	0.090972	14, 093, 519		0 0	1, 282, 116	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0. 000000	0		0 0 0 0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 63.00 06300 BLOOD STORING PROCESSING & TRA	0. 000000 0. 000000	0		0 0	0	62.00 63.00
64. 00 06400 INTRAVENOUS THERAPY	0. 245243	191, 386		0 0	46, 936	
65. 00 06500 RESPIRATORY THERAPY	0. 177681	1, 723, 500		0 0	306, 233	
66. 00 06600 PHYSI CAL THERAPY	0. 196042	259, 932		0 0	50, 958	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	237, 732		0 0	00, 750	67.00
68. 00 06800 SPEECH PATHOLOGY	0. 245690	50, 254		0 0	12, 347	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 051563	20, 238, 673		0 0	1,043,567	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 432556	229, 852		0 0	99, 424	
70. 01 07001 SLEEP DI SORDER	0. 129457	3, 611, 623		o o	467, 550	
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT	0. 611290	5, 906, 082		o o	3, 610, 329	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 614403	3, 590, 938		o o	2, 206, 283	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 200910	22, 324, 441		0 351, 506	4, 485, 203	73.00
74.00 07400 RENAL DIALYSIS	0. 000000	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75.00
76.00 03950 NUTRI TI ON/DI ABETES	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 443603	1, 282, 136		0 0	568, 759	76.97
OUTPATIENT SERVICE COST CENTERS	0,000000					00.00
88.00 08800 RURAL HEALTH CLINIC	0. 000000				0	88.00
89. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 90. 00 09000 CLI NI C	0.000000	1 000 0/0		_	0	89.00
90.00 09000 CETNIC 91.00 09100 EMERGENCY	0. 312130	1, 982, 862		0 0 0 0	618, 911	90.00 91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	0. 120006 0. 248728	13, 082, 101 4, 274, 063		0 0	1, 569, 931 1, 063, 079	
072.00 09200 0BSERVATION BEDS (NON-DISTINCT	0. 240720	4, 274, 003		<u>v</u> v	1,003,079	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0. 000000			0		94.00
95. 00 09500 AMBULANCE SERVICES	0. 000000			0		95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0		0 0	0	96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000	0		0 0	0	
200.00 Subtotal (see instructions)		207, 295, 701		0 351, 506	29, 864, 413	
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						1
202.00 Net Charges (line 200 - line 201)		207, 295, 701		0 351, 506	29, 864, 413	202.00

70. 01 07001 SLEEP DI SORDER 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 73. 00 07300 RUGS CHARGED TO PATI ENTS 0 0 73. 0 74. 00 07400 RENAL DI ALYSI S 0 0 0 74. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 76. 00 03950 NUTRI TI ONZO LABETES 0 0 0 76. 01 03950 NUTRI TI ONZO LABETES 0 0 0 76. 0 76. 02 03950 NUTRI TI ONZO LABETES 0 0 0 76. 0 76. 02 03950 NUTRI TI ONZO LABETES 0 0 0 76. 0 76. 02 03950 NUTRI TI ONZO LABETES 0 0 0 88. 0 77. 02 07697 CARDI AC REHABI LI TATI ON 0 0 0 89. 0 79. 00 08800 RUTA E COST CENTERS 0 0 0 90. 0	Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	eu of Form CMS-:	2552-10
Cost Center Description Costs Reinbursed Subject To bub & Coints Reinbursed Subject To bub & Coints (cee A Coints (cee Cost) Cost Reinbursed Subject To bub & Coints (cee Cost) Cost Reinbursed Subject To Cost Cost Subject To Cost <td>APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND</td> <td>O VACCINE COST</td> <td>Provider CO</td> <td>CN: 15-0044</td> <td>From 09/01/2017</td> <td>Part V Date/Time Pre</td> <td></td>	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider CO	CN: 15-0044	From 09/01/2017	Part V Date/Time Pre	
Cost Center Description Cost Services Services Services Subject To Ded. & Coins. Cost Relinbursed Services Subject To Ded. & Coins. 00 0500 0 0 0 0 0 00 0500 0 0 0 0 0 0 00 0500 0FEATINE ROW 0			Title	XVIII	Hospi tal	PPS	
Relimbursed Subject To Subject To Dock & Coins (see inst.) Relimbursed Subject To Dock & Coins (see inst.) Relimbursed Subject To Dock & Coins (see inst.) Point Subject To Subject		Cos	sts				
Services Subject To Ded. & Coins. (see inst.) Services Not Subject To Ded. & Coins. (see inst.) Services Not Subject To Ded. & Coins. (see inst.) ANDILLARY SERVICE COST CENTERS 0 0 0 0 50.00 05000 (PERNTING ROOM 0 0 0 0 51.00 05000 (PERNTING ROOM 0 0 0 0 0 52.00 05200 (PERNTING ROOM & LABOR ROM 0 0 0 50 0 53.00 05200 (PERNTING ROOM & LABOR ROM 0 0 0 51 0 54.00 05400 (RADI LOGY - II AGNESTIC 0 0 0 55 0 55 0 55 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56 0 56	Cost Center Description	Cost					
Subject To Ded. & Coins. (see inst.) Subject To Ded. & Coins. (see inst.) Subject To Ded. & Coins. (see inst.) 0.00 0.0000 0 0 0 0.01 0.0000 0 0 0 0.01 0.0000 0.0000 0 0 0 0.01 0.01000 DEV ER (ROUM LABOR ROUM 0 0 0 0 0 0.01 0.01000 DEV ER (ROUM LABOR ROUM 0 0 0 0 0 0 0.01 0.01000 DEV ER (ROUM LABOR ROUM 0 0 <td></td> <td>Reimbursed</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Reimbursed					
Ded. & Coins. Ded. & Coins. Cose Cose <thcos< th=""> Cose<</thcos<>							
Image: Inst.) Gene Inst.) Gene Inst.) 6.00 7.00 7.00 51.00 05000 (SERVICE COST CENTERS 50.0 52.00 05200 (SERVICE ROM 0 0 51.00 05000 RECOVERY ROM 0 0 52.00 05200 RECOVERY ROM 0 0 53.00 05300 ANESTHESIOLOGY 0 0 54.00 05400 RADIOLOGY-INERAPCUIC 0 0 55.00 05500 RADIOLOGY-INERAPCUIC 0 0 56.00 05500 MRI 0 0 55.0 57.00 05700 CLABORAC CATHERIZATION 0 0 55.0 58.00 05800 MRI 0 0 60.0 60.0 59.00 05900 CLABORATORY 0 0 60.0 60.0 60.0 60.00 06000 HITGAVENOUS THERAPY 0 0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0 66.0<		2					
Includer 6.00 7.00 50.00 05000 0PERATING ROOM 0 0 51.00 05000 0PERATING ROOM 0 0 52.00 05000 DELIVERY ROOM 0 0 52.00 05200 DELIVERY ROOM 20 53.0 53.00 05300 ARSTHESI LOGGY 0 0 54.00 05400 RADIOLOGY-THERAPEUTIC 0 0 55.00 05500 CTSAN 0 0 56.00 05600 CRADIA CCATHERAPEUTIC 0 0 58.00 05600 CRADIA CCATHERAPEUTIC 0 0 59.00 05600 CRADIA CCATHERAPEUTIC 0 0 59.00 05600 CRADIA CCATHERAPENTON 0 0 60.00 06000 CRADIA CCATHERAPENTON 0 0 60.00 06000 LABORATORY 0 0 60.0 61.00 06000 HINGDA LABORATORY 0 0 60.0							
NUCLULARY SERVICE COST CONTERS 0.00 GGOO DEFRATING ROOM 0 0 0 51.0 55.00 57.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 50.00 6							
50.00 05000 0FEATING ROOM 0 0 50.0 51.00 05100 RECOVERY ROOM 0 51.0 52.00 05200 DELI VERY ROOM 0 0 53.00 05300 ARSTHESI LOGOY 0 0 54.00 05400 RADI LOGY-THERAPEUTIC 0 0 55.00 05500 RADI LOGY-THERAPEUTIC 0 0 56.00 05600 RADI LOGY-THERAPEUTIC 0 0 57.00 05700 CTASCAN 0 0 58.00 05600 CRADI AC CATHETERI ZATI ON 0 0 59.00 05600 CRADI AC CATHETERI ZATI ON 0 0 60.00 06000 LABORATORY 0 0 60.00 06000 LABORATORY 0 0 61.00 06000 0 0 62.0 62.00 06200 HADOR ARDORTORY 0 0 63.00 06000 0 0 62.0<		6.00	7.00				
51.00 05100 PECOVERY ROM 51.00 53.00 55.00 55.0 53.00 05300 NESTHESI 0LOGY 0 0 53.00 54.00 05400 ARDIOLOGY-THERAPUTIC 0 0 55.0 55.00 05500 RADIOLOGY-THERAPUTIC 0 0 55.6 55.00 DS500 RADIOLOGY-THERAPUTIC 0 0 55.6 56.00 DS500 RADIOLOGY-THERAPUTIC 0 0 55.6 57.00 DS500 RADIOLOGY-THERAPUTIC 0 0 55.6 58.00 DS500 RADIOLAC CATHETERIZATION 0 0 56.0 59.00 DS500 LABORATORY 0 0 60.0 60.0 60.00 DAGODI LABORATORY 0 0 60.0 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>50.00</td>		0	0				50.00
52.00 05200 DELIVERY ROUM & LABOR ROUM 0 52.00 53.00 55.00							1
53.00 05300 AVESTRESI LODGY 0 0 54.00 54.00 05600 PARID LOGY-THERAPUTI C 0 0 55.00 55.00 05500 PARID LOGY-THERAPUTI C 0 0 55.00 56.00 05500 PARID LOGY-THERAPUTI C 0 0 55.00 56.00 05500 PARID LOGY-THERAPUTI C 0 0 55.00 58.00 05500 PARID LOGY-THERAPUTI C 0 0 55.00 58.00 05500 LAGE CATHETERIZATION 0 0 56.0 59.00 05500 LAGE CATHETERIZATION 0 0 60.0 60.00 LAGE CATHETERIZATION 0 0 60.0 60.00 60.00 LAGE CATHETERIZATION 0 0 60.00 60.00 61.00 CATHETERIZATION 0 0 60.00 60.00 60.00 62.00 LAGE CATHETERIZATION 0 0 61.0 62.0 62.0 62.0 62.0		-					1
54.00 05400 RADI OLGOY - DI AGNOSTI C 0 54.00 55.00<		0					1
55.00 OS500 RADIO LOGOT-THERAPEUTIC 0 0 55.00 S56.00 RADIO STOPE 0 0 56.00 66.00		0	-				1
56.00 OSCOQ CT SCAN O S6.0 S7.00		0	-				1
57.00 OSTOQ CT SCAN 0 57.0 58.00 OBSOD MRI 0 0 58.0 59.00 OBSOD CADIAC CATHETERIZATION 0 0 59.0 60.00 OBSOD CABORATORY 0 0 60.0 60.0 60.00 60.0 66.0 67.0 60.0 70.0 70.0 70.0 70.0 70.0		0	-				1
58.00 OSB00 MRI 0 58.00 66.00 67.00 <th< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td>1</td></th<>		0					1
59:00 059:00 CARDIAC CATHETERI ZATION 0 0 60:00		0	-				1
60 000 0 000 0 000 0 0 000		0					1
60 01 06001 BLOOD LABORATORY 0 0 61 00 06100 PBP CLI NI CAL LAB SERVI CES-PROM 0 61.0 62 00 06200 WHOLE BLOOD & PACKED RED BLOOD 0 0 63 00 06300 BLOOD STORI NG PROCESSING & TRA 0 0 0 64.0 06400 INTRAVENUOS THERAPY 0 0 64.0 66.00 06000 INTRAVENUOS THERAPY 0 0 66.0 66.00 06000 PHSTATORY THERAPY 0 0 66.0 66.00 06000 PHSTATORY THERAPY 0 0 66.0 67.00 05000 PECH PATHOLOGY 0 0 68.0 69.00 06900 ELECTROCARDIOLOGY 0 0 70.0 70.00 70.00 TISORDER 0 0 70.0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 71.0 72.00 72.00 73.00 73.00 73.00 73.00		0	-				1
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM 0 61.00 62.00 6		0	-				1
62.00 Info.200 MPACED RED BLOOD 0 62.00 MPACED RED RED BLOOD 62.0 63.00 06300 BLOOD STORING PROCESSING & TRA 0 0 63.0 64.00 06400 INTRAVENOUS THERAPY 0 0 64.0 65.00 06500 PESPI RATORY THERAPY 0 0 65.0 66.00 06600 PHSI CAL THERAPY 0 0 66.0 66.00 06000 PECH PATHORY THERAPY 0 0 67.0 67.00 06700 OCCUPATI ONAL THERAPY 0 0 67.0 68.00 06800 PECH PATHOLOGY 0 0 67.0 70.01 07000 ELECTROCARDI OLOGY 0 0 70.0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 71.0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT ENTS 0 70.621 73.0 73.00 07300 ASC (NON-DI STINCT PART) 0 0 74.0 74.0 74.0		0	0				1
63:00 06:00 INTRAVENOUS THERAPY 0 0 64:00 06:00 INTRAVENUS THERAPY 0 0 65:00 06:00 RESPI RATORY THERAPY 0 0 66:00 06:00 RESPI RATORY THERAPY 0 0 66:00 06:00 RESPI RATORY THERAPY 0 0 67:00 06:00 OCOUDAT INAL THERAPY 0 0 68:00 DEECH PATHOLOGY 0 0 66:0 69:00 06:00 ELECTROCARDIOLOGY 0 0 70:01 07000 ELEP DI SORDER 0 0 71:00 07000 KELEP DI SORDER 0 0 71:00 07000 RELAGE TO PATI ENTS 0 0 73:00 07:00 RENAGE TO PATI ENTS 0 0 74:00 07:00 RENAGE TO PATI ENTS 0 0 75:00 07:00 RENAGE TO PATI ENTS 0 0 75:0 76:00 07:00 RENAGE TO PATI ENTS 0 0 75:0 76:00 07:00		0	0				1
64.00 06400 INTRAVENOUS THERAPY 0 0 64.0 65.00 06500 RESPI RATORY THERAPY 0 0 0 66.00 06600 PHYSI CAL THERAPY 0 0 0 67.00 06700 OCCUPATI ONAL THERAPY 0 0 0 68.00 66800 SPECTH PATHOLOGY 0 0 66.0 69.00 06900 ELECTROCARDIOLOGY 0 0 0 70.01 07000 ELECTROCARDIOLOGY 0 0 0 70.0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 71.0 72.0 72.00 07300 DRUL. DEV. CHARGED TO PATI ENTS 0 70.0 73.0 73.0 73.0 73.0 73.0 73.0 73.0 73.0 73.0 74.00 70.0 74.00 70.0 74.0 74.00 76.0 75.0 75.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0 76.0		0					
65:00 06500 RESPI RATORY THERAPY 0 0 66:00 06600 PHYSI CAL THERAPY 0 0 67:00 06700 000 000 66:00 68:00 06800 SPEECH PATHOLOGY 0 0 69:00 06900 ELECTROCARDIOLOGY 0 0 70:00 07000 ELECTROCARDIOLOGY 0 0 70:01 07000 ELECTROCARDIOLOGY 0 0 70:01 07000 ELECTROCARDIOLOGY 0 0 71:00 07000 ELECTROCARDIOLOGY 0 0 72:00 07000 ELECTROCARDIOLOGY 0 0 71:00 07100 MPL. CAL SUPPLIES CHARGED TO PATIENTS 0 0 73:00 07300 DRUGS CHARGED TO PATIENTS 0 0 73.0 74:00 07400 RNAL DIALYSIS 0 0 73.0 76:00 07500 ASC (NON-DI STINCT PART) 0 0 76.0 76:07 07507 ASC (NON-DI STINCT PART) 0 0 76.0		0					1
66.00 06600 PHYSI CAL THERAPY 0 0 67.00 067000 0CCUPATI ONAL THERAPY 0 0 68.00 068000 SPEECH PATHOLOGY 0 0 69.00 06900 ELECTROCARDI OLOGY 0 0 67.01 07000 ELECTROCARDI OLOGY 0 0 70.01 07000 ELECTROCARDI OLOGRAPHY 0 0 70.01 07001 SLEEP DI SORDER 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 72.00 172.00 172.00 172.00 73.00 0 73.00 07300 DRUSS CHARGED TO PATI ENTS 0 0 73.0 73.00 07300 DRUSS CHARGED TO PATI ENTS 0 0 74.0 75.00 07500 ASC (NON-DI STINCT PART) 0 0 75.0 75.0 76.07 07500 ASC (NON-DI STINCT PART) 0 0 0 75.0 76.70 0767 CARDI AC REHABLI LTATI ON 0 0 75.0 76.70 0767 CARDI AC REHABLI LTATI ON 0 0 0 76.00 08800 RURAL HEALTH CLINIC 0 0 79.00 07697 CARDI A		-					1
67.00 06700 CCUPATIONAL THERAPY 0 0 67.0 68.00 068000 SPECH PATHOLOGY 0 0 68.0 69.00 06900 ELECTROCARDIOLOGY 0 0 68.0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 70.0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.0 71.00 07100 DRUGS CHARGED TO PATIENTS 0 0 73.0 73.0 73.00 07400 RENAL DIALYSIS 0 0 74.0 <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td></td> <td>1</td>		0	-				1
68.00 06800 SPEECH PATHOLOGY 0 0 68.00 69.00 06900 ELECTROCARDIOLOGY 0 0 0 69.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00 72.00 70.00 70.00 72.00 70.00 70.00 70.00 70.00 70.00 70.00 72.00 70.00 70.00 72.00 70.00 72.00 70.00 72.00 70.00 72.00 73.00 70.00 70.00 74.00 70.00 74.00 70.00 <t< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td>1</td></t<>		0					1
69.00 06900 ELECTROCARDIOLOGY 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 71.00 07010 SLEEP DI SORDER 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 71.00 072001 INPL. DEV. CHARGED TO PATI ENTS 0 0 73.00 07300 RRUGS CHARGED TO PATI ENTS 0 0 74.00 07400 RENAL DI ALYSI S 0 0 73.00 00 07400 RENAL DI ALYSI S 0 0 74.00 00 07500 ASC (NON-DI STI NCT PART) 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 76.00 00 03950 RURAL HEALTH CLINIC 0 0 88.0 99.00 08800 RURAL HEALTH CLINIC 0 0 90.00 09000 0000 0 0 0 90.00 0 91.00 09000 OPICOLINIC 0 0 0 90.00 90.00 <		0	-				1
70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 70.01 07001 SLEEP DI SORDER 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PAT 0 0 71.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 72.00 07300 DRUGS CHARGED TO PATI ENTS 0 0 74.00 07400 RENAL DI ALYSIS 0 0 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 76.00 03950 NUTRI TI ON/DI ABETES 0 0 76.0 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 76.0 00000 CLINT C COST CENTERS 0 0 0 76.0 76.0 00000 GB900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 99.0 99.0 99.0 99.0 90.00 09000 CLINI C 0 0 0 99.0 99.0 91.00 09100 EMERGENCY 0 0 99.0 99.0 99.0 99.0 99.0		0	-				1
70. 01 O7001 SLEEP DI SORDER 0 0 71. 00 O7100 MEDI CAL SUPPLIES CHARGED TO PATI 0 0 72. 00 O7200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 73. 00 O7300 DRUGS CHARGED TO PATI ENTS 0 0 74. 00 O7400 RENAL DI ALYSI S 0 0 0 75. 00 O7500 ASC (NON-DI STI NCT PART) 0 0 0 75. 0 76. 00 O3950 NUTR TI ON// DABTES 0 0 0 75. 0 76. 07 O7697 CARDI AC REHABI LI TATI ON 0 0 0 76. 0 76. 07 O7697 CARDI AC REHABI LI TATI ON 0 0 0 76. 0 70. 00 O9500 RURAL HEALTH CLINIC 0 0 0 88. 0 80. 00 RURAL HEALTH CLINIC 0 0 0 90. 0 90.00 91.00 92.00 92.00 92.00 92.00 92.00 0 92.00 92.00 92.00 92.00 92.00 92.00 92.00 92.00		0	-				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATI ENTS 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 70.621 74.00 07400 RENAL DI ALYSIS 0 0 74.60 75.00 07500 ASC (NON-DI STI NCT PART) 0 0 75.60 76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 76.07 07697 CARDI AC REHABI LI TATI ON 0 0 76.62 76.97 07697 CARDI AC REHABI LI TATI ON 0 0 76.62 71.00 08800 RURAL HEALTH CLINIC 0 0 76.62 79.00 09000 CLINIC 0 0 88.0 88.00 08900 FEDERALLY QUALI FIED HEALTH CENTER 0 0 90.0 90.00 90.00 09000 CLINIC 0 0 0 90.0 90.0 90.0 91.00 09100 EMEGENCY 0 0 0 90.0 90.0 90.0 <td< td=""><td></td><td>0</td><td>-</td><td></td><td></td><td></td><td>70.00</td></td<>		0	-				70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 70.621 74.00 07400 RENAL DIALYSIS 0 0 75.00 07500 ASC (NON-DISTINCT PART) 0 0 76.00 03950 NUTRITION/DIABETES 0 0 76.07 07697 (CARDIAC REHABILITATION 0 0 76.0 008800 RURAL HEALTH CLINIC 0 0 76.0 09000 CHORENCY 0 0 88.0 91.00 OPGENCY 0 0 90.0 92.00 09200 DESERVATION BEDS (NON-DISTINCT 0 0 92.00 09200 DESERVATION BEDS (NON-DISTINCT 0 0 94.00 09400 HOME PROGRAM DIALYSIS 0 0 92.0 95.00 09500 AMBURABLE COST CENTERS 95.0 9500 9500 94.0 95.00 09500 MBURABLE COST CENTERS 0 0 94.0 95.00 09500 MBURABLE MEDI CAL EQUI P-RENTED <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>71.00</td>		0					71.00
73.00 07300 DRUGS CHARGED TO PATIENTS 0 70, 621 73.00 74.00 07400 RENAL DI ALYSI S 0 0 74.00 75.00 07500 ASC (NON-DI STINCT PART) 0 0 75.00 76.00 0350 NUTRI TI ON/DI ABETES 0 0 76.00 07697 CARDI AC REHABILITATI ON 0 0 76.00 00UTPATI ENT SERVICE COST CENTERS 0 0 0 76.00 09000 FEDERALLY QUALIFIED HEALTH CENTER 0 0 76.00 70.00 90.00 09000 FEDERALLY QUALIFIED HEALTH CENTER 0 0 90.00		0					72.00
74.00 07400 RENAL DI ALYSI S 0 0 74.00 75.00 7500 ASC (NON-DI STI NCT PART) 0 0 75.00 76.00 03950 NUTRI TI ON/DI ABETES 0 0 76.00 76.97 707697 CARDIA C REHABI LI TATI ON 0 0 76.00 0UTPATI ENT SERVICE COST CENTERS 0 0 0 76.00 88.00 08900 RURAL HEALTH CLINIC 0 0 88.0 89.00 08900 FDERALLY QUALIFIED HEALTH CENTER 0 0 90.00 90.00 09000 CLINIC 0 0 90.00 91.00 DMERGENCY 0 0 91.00 90.00 92.00 92.00 D9200 DBSERVATI ON BEDS (NON-DI STI NCT 0 0 91.00 92.00 95.00 09400 HOMERASABLE COST CENTERS 0 0 92.00 95.00 99500 AMBULANCE SERVI CES 0 94.00 94.00 95.00 9500 95.00 95.00 96.00 97.00 97.00 97.00 97.00 <td< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td>73.00</td></td<>		0					73.00
75.00 07500 ASC (NON-DI STINCT PART) 0 0 75.00 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>74.00</td>		0					74.00
76.00 03950 NUTRITION/DIABETES 0 0 76.00 76.00 76.97 07697 CARDIAC REHABILITATION 0 0 76.00 76.00 OUTPATIENT SERVICE COST CENTERS 0 0 0 76.00 76.00 76.00 88.00 08800 RURAL HEALTH CLINIC 0 0 0 88.00 89.00 09000 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.00 90.00 90000 CLINIC 90.00 <t< td=""><td></td><td>0</td><td>-</td><td></td><td></td><td></td><td>75.00</td></t<>		0	-				75.00
76. 97 07697 CARDI AC REHABILITATION 0 0 76. 97 0UTPATI ENT SERVICE COST CENTERS 0 0 0 88. 0 08800 RURAL HEALTH CLINIC 0 0 88. 0 89. 0 09000 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 99. 0 90. 0 09000 CLINIC 0 0 90. 0 90. 0 90. 0 90. 0 0 90. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0 92. 0		-					76.00
OUTPATI ENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 88.0 89.0 89.0 89.0 89.0 89.0 89.0 89.0 89.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0							76.97
88.00 08800 RURAL HEALTH CLINIC 0 0 88.0 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.0 90.00 09000 CLINIC 0 0 90.0 91.00 09100 EMERGENCY 0 0 91.0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT 0 0 91.0 92.00 09200 OBSERVATION BEDS (NON-DISTINCT 0 0 92.0 09400 HOME PROGRAM DIALYSIS 0 0 0 94.0 95.00 09500 AMBULANCE SERVICES 0 95.0 95.0 95.0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 95.0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 97.0 200.00 Subtotal (see instructions) 0 70,621 200.0 201.0 201.00 Less PBP Clinic Lab. Services-Program 0 70,621 201.0 201.0							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 89.0 90.00 09000 CLINIC 0 0 90.0 91.00 09000 EMERGENCY 0 0 90.0 92.00 09200 DSERVATION BEDS (NON-DISTINCT 0 0 91.0 92.00 09200 DSERVATION BEDS (NON-DISTINCT 0 0 91.0 94.00 09400 HOME PROGRAM DIALYSIS 0 0 94.0 94.00 09400 HOME PROGRAM DIALYSIS 0 0 95.0 95.00 09500 AMBULANCE SERVICES 0 95.0 95.0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 95.0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 97.0 200.00 Subtotal (see instructions) 0 70, 621 200.0 200.0 201.00 Less PBP Clinic Lab. Services-Program 0 0 201.0 201.0 0		0	0				88.00
90.00 09000 CLINIC 0 0 90.0 91.00 09100 EMERGENCY 0 0 91.0 92.00 09200 DBSERVATION BEDS (NON-DISTINCT 0 0 91.0 94.00 09400 HOME PROGRAM DIALYSIS 0 0 94.0 95.00 09500 AMBULANCE SERVICES 0 95.0 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 95.0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 96.0 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 97.0 200.00 Subtotal (see instructions) 0 70,621 200.0 201.00 Less PBP Clinic Lab. Services-Program 0 201.0 201.0 201.0							89.00
91.00 09100 EMERGENCY 0 0 91.0 92.00 09200 OBSERVATI ON BEDS (NON-DISTINCT 0 0 92.0 0THER REI MBURSABLE COST CENTERS 0 0 94.00 94.00 90400 HOME PROGRAM DI ALYSI S 0 0 94.00 95.00 95.00 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 95.00 96.00 97.00 00700 DURABLE MEDI CAL EQUI P-SOLD 0 0 96.00 97.00 97.00 00700 ULRABLE MEDI CAL EQUI P-SOLD 0 0 97.00 90.00							90.00
92.00 09200 0BSERVATION BEDS (NON-DISTINCT 0 0 92.0 0THER REIMBURSABLE COST CENTERS 94.0 09400 HOME PROGRAM DI ALYSI S 0 0 94.0 94.0 94.00 95.00 09500 AMBULANCE SERVICES 0 95.00 96.00 00600 DURABLE MEDI CAL EQUI P-RENTED 0 0 96.00 96.00 97.00 09700 DURABLE MEDI CAL EQUI P-RENTED 0 0 96.00 97.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 97.00 97.00 200.00 Subtotal (see instructions) 0 70, 621 200.00 201.00 201.00 0 70, 621 201.00 201.00 201.00 0 0 97.00 201.00 0 0 201.00 0 0 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00 201.00		0	0				91.00
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 94.0 95. 00 09500 AMBULANCE SERVI CES 0 95.0 95.0 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 96.0 96.0 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 97.0 97.00 00700 DURABLE MEDI CAL EQUI P-SOLD 0 97.0 97.00 00700 DURABLE MEDI CAL EQUI P-SOLD 0 97.00 97.00 00.00 200.00		0	0				92.00
94.00 09400 HOME PROGRAM DI ALYSIS 0 0 94.0 95.00 09500 AMBULANCE SERVICES 0 95.0 95.0 96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 96.0 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 97.0 200.00 Subtotal (see instructions) 0 70,621 200.0 201.00 Less PBP Clinic Lab. Services-Program 0 0 201.0							
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 96.0 97.00 97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 97.00		0	0				94.00
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD 0 0 97.0 200.00 Subtotal (see instructions) 0 70,621 200.0 201.00 201.00 0 70,621 200.0 201.00 201.00 201.00 0 0 0 201.00 <td>95. 00 09500 AMBULANCE SERVICES</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>95.00</td>	95. 00 09500 AMBULANCE SERVICES	0					95.00
200.00Subtotal (see instructions)070,621200.0201.00Less PBP Clinic Lab. Services-Program00201.00nl y Charges0000	96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
201.00 Less PBP Clinic Lab. Services-Program 0 201.0 0nly Charges 0 0	97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
201.00 Less PBP Clinic Lab. Services-Program 0 201.0 0nly Charges 0 0	200.00 Subtotal (see instructions)	0	70, 621				200.00
	201.00 Less PBP Clinic Lab. Services-Program	0					201.00
202.00 Net Charges (line 200 - line 201) 0 70,621 202.0	3 0						
	202.00 Net Charges (line 200 - line 201)	0	70, 621				202.00

PPORTIONMENT OF MEDICAL, OTHER HEALTH	SERVICES AND VACCINE COST	Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Pre 1/29/2019 4:1	
			e XIX	Hospi tal	Cost	
			Charges		Costs	
Cost Center Description		PPS Reimbursed		Cost	PPS Services	
	Ratio From	Servi ces (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
	1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
D. 00 05000 OPERATING ROOM	0. 129809		2, 295, 00	06 0	0	50.00
I. 00 05100 RECOVERY ROOM	0. 00000			0 0	0	
2. 00 05200 DELIVERY ROOM & LABOR ROOM					0	
	0. 451627					
	0. 000000			39 0	0	
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 126710		2, 187, 93		0	
5. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			0 0	0	
5. 00 05600 RADI 0I SOTOPE	0. 000000			0 0	0	
7. 00 05700 CT SCAN	0. 024479				0	
3. 00 05800 MRI	0. 025799			0 0	0	
9.00 05900 CARDI AC CATHETERI ZATI ON	0. 037066			0 0	0	59.0
0. 00 06000 LABORATORY	0. 090972		1, 885, 49	98 0	0	
0. 01 06001 BLOOD LABORATORY	0. 000000			0 0	0	60. 0
I. 00 06100 PBP CLINICAL LAB SERVICES-F	RGM 0. 000000			0 0		61.0
2.00 06200 WHOLE BLOOD & PACKED RED BL	00D 0. 000000	0 0		0 0	0	62.0
3.00 06300 BLOOD STORING PROCESSING 8	TRA 0. 000000	0 0		0 0	0	63.0
1.00 06400 INTRAVENOUS THERAPY	0. 245243	3 C	53, 10	01 0	0	64.0
5. 00 06500 RESPI RATORY THERAPY	0. 177681	0	139, 79	96 0	0	65.0
5. 00 06600 PHYSI CAL THERAPY	0. 196042	2 0	530, 16	62 0	0	66.0
7.00 06700 OCCUPATIONAL THERAPY	0. 000000	ol o		0 0	0	67.0
3. 00 06800 SPEECH PATHOLOGY	0. 245690		15, 71	0	0	68.0
9. 00 06900 ELECTROCARDI OLOGY	0. 051563	3 C	2, 307, 85	51 0	0	69.0
0. 00 07000 ELECTROENCEPHALOGRAPHY	0. 432556		27,68		0	70.0
0. 01 07001 SLEEP DI SORDER	0. 129457	/ c			0	70.0
I. 00 07100 MEDICAL SUPPLIES CHARGED TO	PAT 0. 611290	ol a			0	71.0
2.00 07200 IMPL. DEV. CHARGED TO PATIE		sl c		0 0	0	72.0
3. 00 07300 DRUGS CHARGED TO PATIENTS	0. 200910		1, 348, 56	57 0	0	
1. 00 07400 RENAL DIALYSIS	0. 000000			0 0	0	
5.00 07500 ASC (NON-DISTINCT PART)	0. 000000			0 0	0	
5. 00 03950 NUTRI TI ON/DI ABETES	0. 000000			0 0	0	
5. 97 07697 CARDI AC REHABI LI TATI ON	0. 443603			0 0	0	
OUTPATIENT SERVICE COST CENTERS		<u>, </u>		0		
3. 00 08800 RURAL HEALTH CLINIC	0. 000000				0	88. 0
2. 00 08900 FEDERALLY QUALIFIED HEALTH					0	
0. 00 09000 CLINIC	0. 312130		94	14 0	0	
I. 00 09100 EMERGENCY	0. 120006		1		0	
2. 00 09200 OBSERVATI ON BEDS (NON-DI STI				0 0	0	
OTHER REIMBURSABLE COST CENTERS	0. 248720			0 0	0	92.0
1. 00 09400 HOME PROGRAM DIALYSIS	0. 000000	1		0		94.0
						94.0
	0. 000000		1		0	
5. 00 09600 DURABLE MEDICAL EQUIP-RENTE				0 0	0	
7. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0. 000000			0 0	0	
00.00 Subtotal (see instructions)			15, 042, 24		0	200.0
01.00 Less PBP Clinic Lab. Servio	es-Program			0 0		201.0
Only Charges	221)	-	45 040 -		-	000 -
02.00 Net Charges (line 200 - lin		0	15, 042, 24	13 0	0	202.0

Health F	inancial Systems	BAPTIST HEA	LTH FLOYD		In Lie	eu of Form CMS-	2552-10
APPORTI	ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018		
			Titl	e XIX	Hospi tal	Cost	
		Cos	sts				
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)	-			
		6.00	7.00				
	NCI LLARY SERVI CE COST CENTERS	297, 912	0				50.00
	05100 RECOVERY ROOM	297, 912	0				51.00
	5200 DELIVERY ROOM & LABOR ROOM	35, 565	0				52.00
	5300 ANESTHESI OLOGY	0,000	0				53.00
	15500 ANESTIESTOLOGT 15400 RADI OLOGY-DI AGNOSTI C	277, 234	0				54.00
	05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
	05600 RADI OLOGI - THERAPEOTIC	0	0				56.00
	5700 CT SCAN	28, 194	0	1			57.00
	5700 CT SCAN	20, 194	0				58.00
	05900 CARDI AC CATHETERI ZATI ON	0					59.00
	6000 LABORATORY	171, 528	-				60.00
	6001 BLOOD LABORATORY	0	0	1			60.00
	6100 PBP CLINICAL LAB SERVICES-PRGM	0					61.00
	6200 WHOLE BLOOD & PACKED RED BLOOD	0	o				62.00
	6300 BLOOD STORING PROCESSING & TRA	0	0				63.00
	06400 I NTRAVENOUS THERAPY	13, 023		1			64.00
	06500 RESPI RATORY THERAPY	24, 839		1			65.00
	06600 PHYSI CAL THERAPY	103, 934)			66.00
	6700 OCCUPATI ONAL THERAPY	0	0)			67.00
68.00 0	06800 SPEECH PATHOLOGY	3, 860	0				68.00
69.00 0	06900 ELECTROCARDI OLOGY	119,000	0				69.00
70.00 0	7000 ELECTROENCEPHALOGRAPHY	11, 974	0				70.00
70.01 0	07001 SLEEP DI SORDER	23, 542	0				70.01
71.00 0	7100 MEDICAL SUPPLIES CHARGED TO PAT	1, 131	0				71.00
72.00 0	7200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 0	7300 DRUGS CHARGED TO PATIENTS	270, 941	0				73.00
74.00 0	07400 RENAL DI ALYSI S	0	0				74.00
75.00 0	07500 ASC (NON-DISTINCT PART)	0	0				75.00
	03950 NUTRI TI ON/DI ABETES	0	0				76.00
	07697 CARDI AC REHABI LI TATI ON	0	0				76.97
	UTPATIENT SERVICE COST CENTERS	-	-	1			
	08800 RURAL HEALTH CLINIC	0					88.00
	8900 FEDERALLY QUALIFIED HEALTH CENTER	0		1			89.00
	99000 CLINIC	295		1			90.00
1	09100 EMERGENCY	340, 308		1			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT	0	0				92.00
	THER REIMBURSABLE COST CENTERS						04 00
	19400 HOME PROGRAM DI ALYSI S 19500 AMBULANCE SERVI CES	0	0	1			94.00 95.00
	09600 DURABLE MEDICAL EQUIP-RENTED	0	0				95.00
	09700 DURABLE MEDICAL EQUIP-RENTED	0		1			96.00
200.00	Subtotal (see instructions)	1, 723, 280		1			200.00
200.00	Less PBP Clinic Lab. Services-Program	1, 723, 200		1			200.00
201.00	Only Charges						201.00
202.00	Net Charges (line 200 - line 201)	1, 723, 280	0				202.00
		,					

	Financial Systems BAPTIST HEALTH ATION OF INPATIENT OPERATING COST BAPTIST HEALTH	Provider CCN: 15-0044	In Lie Period: From 09/01/2017	Worksheet D-1	
			To 08/31/2018	Date/Time Pre 1/29/2019 4:1	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	-			1.00	
	PART I – ALL PROVIDER COMPONENTS				
00	Inpatient days (including private room days and swing-bed days			51, 825	
00 00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed day		ivate room davs.	51, 825 0	2
	do not complete this line.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
00 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		or 31 of the cost	47, 645 0	
00	reporting period	Sin days) thi bagn becchibe	i si oi the cost	0	
00	Total swing-bed SNF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7
~~	reporting period			0	
00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) arter December s	I OF THE COST	0	8
00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	24, 584	9
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII on	alv (including private r	(aveb moo	0	10
. 00	through December 31 of the cost reporting period (see instruct		oom days)	0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII on		room days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12
	through December 31 of the cost reporting period	3 · · · · · · · ·	5 /	_	
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar ye			0	13
	Medically necessary private room days applicable to the Progra			0	
	Total nursery days (title V or XIX only)			0	
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 c	of the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	- s after December 31 of t	the cost	0.00	20
. 00	reporting period			0.00	
	Total general inpatient routine service cost (see instructions		ing ported (line	64, 142, 654	
. 00	Swing-bed cost applicable to SNF type services through December 5 x line 17)	er al of the cost report	ing period (ine	0	22
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportir	ng period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through December 7 x line 19)	r 31 of the cost reporti	ng period (line	0	24
5.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
00	x line 20) Total aving had east (ass instructions)			0	2
	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 64, 142, 654	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		<u> </u>		
	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	d and observation bed ch	narges)	0	28
	Semi -private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
	Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	ctions)	0.00	
	Average per diem private room cost differential (line 34 x lin			0.00	
	Private room cost differential adjustment (line 3 x line 35)			0	
. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	fferential (line	64, 142, 654	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			4 007 /0	1
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 237. 68 30, 427, 125	
	Medically necessary private room cost applicable to the Progra			0	
00	Total Program general inpatient routine service cost (line 39	+ line 40)		30, 427, 125	1 11

	Financial Systems ATION OF INPATIENT OPERATING COST	BAPTIST HEAL	TH FLOYD Provider CCN		eri od:	u of Form CMS- Worksheet D-1	
				F T	rom 09/01/2017 o 08/31/2018	Date/Time Pre 1/29/2019 4:1	
			Title	(VIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Costlr		Average Per em (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	C	42.00
12 00	Intensive Care Type Inpatient Hospital Units	7 025 290	4 602	1, 526. 57	2 524	2 071 202	12 00
43.00 44.00	I NTENSI VE CARE UNI T CORONARY CARE UNI T	7, 025, 280 0	4, 602 0	1, 526. 57			
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0		
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	C	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wks	st D-3 col 3	Line 200)			41, 142, 592	2 48.00
49.00	Total Program inpatient costs (sum of lines 4			5)		75, 441, 099	
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpa	atient routine s	ervices (from)	Vkst. D, sum (of Parts I and	597, 489	50.00
51.00	<pre>III) Pass through costs applicable to Program inpa</pre>	atient ancillary	services (fro	n Wkst D sur	n of Parts II	818, 170	51 00
01.00	and IV)	terent anorrary	301 11 003 (11 0	, intot: D, Su		010, 170	
52.00	Total Program excludable cost (sum of lines 5	,				1, 415, 659	
53.00	Total Program inpatient operating cost exclud		ated, non-phys	cian anesthe	tist, and	74, 025, 440	53.00
	medical education costs (line 49 minus line 5 TARGET AMOUNT AND LIMIT COMPUTATION)2)					
54.00	Program di scharges					C	54.00
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					C	
57.00 58.00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and tar	get amount (III	ne 56 minus i	ne 53)		
59.00	Lesser of lines 53/54 or 55 from the cost reg	ortina period e	ndina 1996, up	dated and com	bounded by the		
	market basket	51	5		, ,		
60.00	Lesser of lines 53/54 or 55 from prior year of					0.00	
61.00	If line 53/54 is less than the lower of lines which operating costs (line 53) are less than					C	61.00
	amount (line 56), otherwise enter zero (see i		(11163 54 X 0), 01 1/001	the target		
62.00	Relief payment (see instructions)					C	
63.00	Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)			C	63.00
64.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	s through Decem	per 31 of the	reportin	n period (See	C	64.00
01.00	instructions) (title XVIII only)	is through becom					
65.00	Medicare swing-bed SNF inpatient routine cost	s after Decembe	r 31 of the co	st reporting p	period (See	C	65.00
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routir	no costs (lino 6	1 plus lips (F			c	66.00
00.00	CAH (see instructions)	le costs (Title o	+ prus rine os		UTTY). FUT	L L	00.00
67.00	Title V or XIX swing-bed NF inpatient routine	e costs through l	December 31 of	the cost rep	orting period	C	67.00
	(line 12 x line 19)						
68.00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after De	cember 31 of t	ne cost repor	ting period	C	68.00
69.00	Total title V or XIX swing-bed NF inpatient r	outine costs (li	ne 67 + line	58)		C	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NU			,			
70.00	Skilled nursing facility/other nursing facili						70.0
71.00 72.00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line 7		ne 70 ÷ line 2)			71.0
73.00	Medically necessary private room cost applica		(line 14 x line	35)			73.0
74.00	Total Program general inpatient routine servi			,			74.0
75.00	Capital-related cost allocated to inpatient r	routine service (costs (from Wo	rksheet B, Pa	rt II, column		75.0
76.00	26, line 45) Per diem capital-related costs (line 75 ÷ lin	2)					76.0
77.00	Program capital -related costs (line 9 x line						77.0
78.00	Inpatient routine service cost (line 74 minus						78.0
	Aggregate charges to beneficiaries for excess						79.0
30.00	Total Program routine service costs for compa		st limitation	line 78 minus	s line 79)		80.0
1.00 2.00	Inpatient routine service cost per diem limit Inpatient routine service cost limitation (li						81. C
3.00	Reasonable inpatient routine service cost (s)				83.0
34.00	Program inpatient ancillary services (see ins	structions)					84.0
35.00	Utilization review - physician compensation (85.0
36.00	Total Program inpatient operating costs (sum		ough 85)				86. 0
	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					4, 180	87.0
87,00							
87.00 88.00	Adjusted general inpatient routine cost per o	liem (line 27 ÷ 🛛	ine 2)			1, 237. 68	8 88.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 09/01/2017	Worksheet D-1	
				To 08/31/2018	Date/Time Pre 1/29/2019 4:1	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	1, 117, 521	64, 142, 654	0.01742	2 5, 173, 502	90, 133	90.00
91.00 Nursing School cost	0	64, 142, 654	0.00000	5, 173, 502	0	91.00
92.00 Allied health cost	0	64, 142, 654	0.00000	5, 173, 502	0	92.00
93.00 All other Medical Education	0	64, 142, 654	0.00000			93.00

	Financial Systems BAPTIST HEALTH ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0044	Period: From 09/01/2017	u of Form CMS-2 Worksheet D-1	
			To 08/31/2018	Date/Time Prep 1/29/2019 4:1	
	Cost Center Description	Title XIX	Hospi tal	Cost	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				-
00	Inpatient days (including private room days and swing-bed days	s, excluding newborn)		51, 825	1
00	Inpatient days (including private room days, excluding swing-b			51, 825	2
00	Private room days (excluding swing-bed and observation bed day do not complete this line.	(s). If you have only pr	ivate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation be	ed days)		47, 645	4
00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private roc	om davs) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)	5			
00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private room	n davs) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable to newborn days)	o the Program (excluding	swing-bed and	946	9
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10
	through December 31 of the cost reporting period (see instruct				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er		oom days) after	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12
	through December 31 of the cost reporting period				
. 00	Swing-bed NF type inpatient days applicable to titles V or XIX after December 31 of the cost reporting period (if calendar ve			0	13
. 00	Medically necessary private room days applicable to the Progra			0	14
. 00	Total nursery days (title V or XIX only)			2, 640	
. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			53	16
. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17
. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	s after December 31 of	the cost	0.00	19
. 00	reporting period			0.00	
. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
	reporting period				
. 00 . 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ing pariod (line	64, 123, 380	21
. 00	5 x line 17)	er si or the cost report	riig period (rine	0	22
. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through December	- 31 of the cost reporti	ng period (line	0	24
	7 x line 19)	·	0 1 1	0	
. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
. 00	x line 20) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		64, 123, 380	
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	and abcomuction had ab	05700)	0	1 20
	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)		arges)	0	28
. 00	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 ÷	+ line 28)		0.00000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
	Average per diem private room charge differential (line 32 mir	nus line 33)(see instruc	tions)	0.00	
. 00	Average per diem private room cost differential (line 34 x lin		-	0.00	35
	Private room cost differential adjustment (line 3 x line 35)	and antivate read	fforontial (1)	0	36
. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost di	Tierential (Tine	64, 123, 380	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			1 007 04	
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 237. 31 1, 170, 495	
	Medically necessary private room cost applicable to the Progra			1, 170, 495	40
	Total Program general inpatient routine service cost (line 39			1, 170, 495	

	Financial Systems ATION OF INPATIENT OPERATING COST	BAPTIST HEAL	Provider CC		eriod:	u of Form CMS- Worksheet D-1	
					rom 09/01/2017 o 08/31/2018	Date/Time Pre 1/29/2019 4:1	
				e XIX	Hospi tal	Cost	
	Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2, 045, 646	2, 640	774.87	53	41, 068	42.00
43.00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	7,025,280	4, 602	1, 526. 57	92	140, 444	43.00
44.00	CORONARY CARE UNIT	,, 023, 200	4,002	0.00			
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00			
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	C	
47.00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.00
	cost center beschiption					1.00	
48.00	Program inpatient ancillary service cost (Wks					1, 483, 908	
49.00	Total Program inpatient costs (sum of lines 4	11 through 48)(s	ee instructio	ns)		2, 835, 915	49.00
50.00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpa	ationt routing s	ervices (from	Wkst D sum	of Parts 1 and	C	50.00
50.00		attent foutthe s		WKSL. D, SUII	or Farts Fanu		50.00
51.00	Pass through costs applicable to Program inpa	atient ancillary	services (fr	om Wkst. D, su	m of Parts II	C	51.00
F0 00	and IV)						50.00
52.00 53.00	Total Program excludable cost (sum of lines 5 Total Program inpatient operating cost exclud		ated non-nbw	sician anostho	tist and		
55.00	medical education costs (line 49 minus line 5		ated, non-phy.	si ci all'alles the	tist, and		33.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
	Program di scharges					0	
55.00 56.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
57.00	Difference between adjusted inpatient operati	ng cost and tar	get amount (l	ine 56 minus l	ine 53)		
58.00	Bonus payment (see instructions)	0				C	58.00
59.00	Lesser of lines 53/54 or 55 from the cost rep	oorting period e	ndi ng 1996, u	pdated and com	pounded by the	0.00	59.00
60.00	market basket Lesser of lines 53/54 or 55 from prior year of	cost report und	ated by the m	arket hasket		0.00	60.00
61.00	If line 53/54 is less than the lower of lines				he amount by	0.00	
	which operating costs (line 53) are less than		(lines 54 x	60), or 1% of	the target		
(2.00	amount (line 56), otherwise enter zero (see i	nstructions)					42.00
62.00 63.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)				
00.00	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine cost	ts through Decem	ber 31 of the	cost reportin	g period (See	C	64.00
65.00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cost	ts after Decombo	r 21 of the c	ost roporting	noriad (Soo	C	65.00
05.00	instructions) (title XVIII only)			JSt Teporting	period (see		05.00
66.00	Total Medicare swing-bed SNF inpatient routir	ne costs (line 6	4 plus line 6	5)(title XVIII	only). For	C	66.00
(7.00	CAH (see instructions)	anata through	December 21 e	f the east ran	onting poriod		47.00
67.00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through	December 31 0	r the cost rep	orting period	C	67.00
68.00	Title V or XIX swing-bed NF inpatient routine	e costs after De	cember 31 of	the cost repor	ting period	C	68.00
	(line 13 x line 20)			(0)			
69.00	Total title V or XIX swing-bed NF inpatient r PART III - SKILLED NURSING FACILITY, OTHER NU			,		0	69.00
70.00	Skilled nursing facility/other nursing facili						70.00
71.00	Adjusted general inpatient routine service co	ost per diem (li					71.00
72.00	Program routine service cost (line 9 x line 7		(1)	25)			72.00
73.00 74.00	Medically necessary private room cost applica Total Program general inpatient routine servi			le 35)			73.00
75.00	Capital -related cost allocated to inpatient r			orksheet B, Pa	rt II, column		75.00
	26, line 45)						
76.00	Per diem capital -related costs (line 75 ÷ lin						76.00
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77.00
	Aggregate charges to beneficiaries for excess		ovider record	s)			79.00
80.00	Total Program routine service costs for compa		st limitation	(line 78 minu	s line 79)		80.00
	Inpatient routine service cost per diem limit						81.00
82.00 83.00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (s	,					82.00 83.00
84.00	Program inpatient ancillary services (see ins		2				84.00
85.00	Utilization review - physician compensation (s)				85.00
86. 00	Total Program inpatient operating costs (sum	of lines 83 thr					86.00
07 00	PART IV - COMPUTATION OF OBSERVATION BED PASS					4, 180	87.00
	Total observation bed days (see instructions)						
87.00 88.00	Adjusted general inpatient routine cost per o	diem (line 27 ÷	line 2)			1, 237. 31	88.00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 09/01/2017	Worksheet D-1	
				To 08/31/2018	Date/Time Pre 1/29/2019 4:1	
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital-related cost	1, 117, 521	64, 123, 380	0.01742	B 5, 171, 956	90, 137	90.00
91.00 Nursing School cost	0	64, 123, 380	0.00000	5, 171, 956	0	91.00
92.00 Allied health cost	0	64, 123, 380	0.00000	5, 171, 956	0	92.00
93.00 All other Medical Education	0	64, 123, 380	0.00000	5, 171, 956	0	93.00

Heal th Financial Systems BAPTIST HEA	ALTH FLOYD		In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Pre 1/29/2019 4:1	pared:
	Title	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos To Charges	Program	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS			34, 739, 152		30.00
31. 00 03100 I NTENSI VE CARE UNI T			5, 557, 314		31.00
32. 00 03200 CORONARY CARE UNIT			0		32.00
33. 00 03300 BURN INTENSIVE CARE UNIT			0		33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T			0		34.00
40. 00 04000 SUBPROVI DER - I PF 41. 00 04100 SUBPROVI DER - I RF			0		40.00
41.00 04200 SUBPROVIDER - TRP 42.00 04200 SUBPROVIDER			0		41.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVICE COST CENTERS		1			10.00
50. 00 05000 OPERATI NG ROOM		0. 12980	73, 883, 262	9, 590, 712	50.00
51.00 05100 RECOVERY ROOM		0.0000			1
52.00 05200 DELIVERY ROOM & LABOR ROOM		0.45162	1, 354, 872	611, 897	52.00
53. 00 05300 ANESTHESI OLOGY		0.0000		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1267		1, 765, 745	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.0000			
56. 00 05600 RADI 0I SOTOPE		0.0000		0	
57. 00 05700 CT SCAN		0. 0244			•
58. 00 05800 MRI		0.02579			
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0370		0	
60. 00 06000 LABORATORY		0.0909			
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINI CAL LAB SERVI CES-PRGM		0.0000		0	1
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD		0.00000		0	1
63. 00 06300 BLOOD STORING PROCESSING & TRA		0.00000		0	
64. 00 06400 I NTRAVENOUS THERAPY		0. 24524			
65. 00 06500 RESPI RATORY THERAPY		0. 17768			•
66. 00 06600 PHYSI CAL THERAPY		0. 19604			
67.00 06700 OCCUPATI ONAL THERAPY		0.0000			
68.00 06800 SPEECH PATHOLOGY		0. 2456	90 1, 111, 931	273, 190	68.00
69. 00 06900 ELECTROCARDI OLOGY		0.05156	53 12, 611, 923	650, 309	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 43255			•
70. 01 07001 SLEEP DI SORDER		0. 1294			•
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT		0.61129			•
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0.61440			
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS		0.2009		5, 975, 415	
74. 00 07400 RENAL DIALYSIS 75. 00 07500 ASC (NON-DI STINCT PART)		0.0000		0	
76. 00 03950 NUTRI TI ON/DI ABETES		0.00000			
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 44360			76.97
OUTPATI ENT SERVICE COST CENTERS		0.11000		1,707	1
88. 00 08800 RURAL HEALTH CLINIC		0.0000	00	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.0000		0	
90. 00 09000 CLINIC		0. 31213	30 396, 901	123, 885	90.00
91. 00 09100 EMERGENCY		0. 12000	06 11, 114, 529		
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT		0. 24872	3, 026, 519	752, 780	92.00
OTHER REI MBURSABLE COST CENTERS		1	1		
94. 00 09400 HOME PROGRAM DI ALYSI S		0.0000	0 0	0	•
95. 00 09500 AMBULANCE SERVICES		0.0000		_	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0.0000		0	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 200.00 Total (sum of lines 50 through 94 and 96 through 98)		0.0000	242, 756, 941	0 41, 142, 592	
201.00 Less PBP Clinic Laboratory Services-Program only char	mes (line 61)		242, 730, 941	41, 142, 392	200.00
202.00 Net charges (line 200 minus line 201)	903 (THE 01)		242, 756, 941		201.00
		1	1 212,700,741	I	1-02.00

	ST HEALTH FLOYD			u of Form CMS-	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0044	Period: From 09/01/2017	Worksheet D-3	
			To 08/31/2018		
	Ti †I	e XIX	Hospi tal	1/29/2019 4:1 Cost	I pm
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2) 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS			2, 285, 473		30.00
			1, 501, 395		31.00
32. 00 03200 CORONARY_CARE_UNI T 33. 00 03300 BURN_INTENSI VE_CARE_UNI T			0		32.00 33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T			0		34.00
40. 00 04000 SUBPROVIDER - IPF			0		40.00
41.00 04100 SUBPROVIDER - IRF			0		41.00
42. 00 04200 SUBPROVI DER			0		42.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVI CE COST CENTERS		0.1000	1 07(001	054 550	1 50 00
50. 00 05000 OPERATI NG ROOM 51. 00 05100 RECOVERY ROOM		0. 1298		256, 553 0	1
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 4516		165, 994	•
53. 00 05300 ANESTHESI OLOGY		0.0000		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1267		85, 293	•
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.0000		0	
56. 00 05600 RADI OI SOTOPE		0.0000	0 00	0	56.00
57.00 05700 CT SCAN		0. 0244		14, 078	
58. 00 05800 MRI		0. 0257		0	•
59. 00 05900 CARDI AC CATHETERI ZATI ON		0.0370		0	•
		0.0909		199, 483	
60. 01 06001 BLOOD LABORATORY		0.0000		0	•
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD		0.0000		0	61.00 62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA		0.0000		0	•
64.00 06400 I NTRAVENOUS THERAPY		0. 2452		0	•
65. 00 06500 RESPI RATORY THERAPY		0. 1776			
66. 00 06600 PHYSI CAL THERAPY		0. 1960	42 212, 130	41, 586	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0.0000	0 00	0	•
68.00 06800 SPEECH PATHOLOGY		0. 2456		9, 461	
69.00 06900 ELECTROCARDI OLOGY		0.0515		95, 550	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 4325		693	•
70. 01 07001 SLEEP DI SORDER 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT		0. 1294		197 9, 882	
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS		0. 6144		9,002	
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 2009		341, 968	
74.00 07400 RENAL DI ALYSI S		0.0000		0	•
75.00 07500 ASC (NON-DISTINCT PART)		0.0000	0 00	0	75.00
76. 00 03950 NUTRI TI ON/DI ABETES		0.0000		0	
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 4436	03 0	0	76.97
OUTPATI ENT SERVI CE COST CENTERS 88. 00 08800 RURAL HEALTH CLINIC		0.0000			00 00
88. 00 08800 RURAL HEALTH CLINIC 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.0000		0	
90. 00 09000 CLINIC		0. 3121		0	
91. 00 09100 EMERGENCY		0. 1200			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT		0. 2487		0	
OTHER REIMBURSABLE COST CENTERS					1
94.00 09400 HOME PROGRAM DI ALYSI S		0.0000	0 00	0	
95. 00 09500 AMBULANCE SERVI CES					95.00
96.00 O9600 DURABLE MEDICAL EQUIP-RENTED		0.0000		0	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD		0.0000		0	
200.00 Total (sum of lines 50 through 94 and 96 through			11, 283, 860	1, 483, 908	
201.00Less PBP Clinic Laboratory Services-Program only202.00Net charges (line 200 minus line 201)	(Time of)		11, 283, 860		201.00
		1	11, 203, 800	I	1202.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Pre	
		Title XVIII	Hospi tal	1/29/2019 4:1 PPS	I pm
		· ·		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00	DRG Amounts Other than Outlier Payments			0	1.00
. 01	DRG amounts other than outlier payments for discharges occurr	ing prior to October 1 (see	4, 178, 664	1.01
. 02	instructions) DRG amounts other than outlier payments for discharges occurr	ing on or after October	1 (See	54, 359, 756	1.02
. 02	instructions)	ing on or arter betaber	1 (300	34, 337, 730	1.02
. 03	DRG for federal specific operating payment for Model 4 BPCI f	for discharges occurring	prior to October	0	1.03
. 04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI f	for discharges occurring	on or after	0	1.04
	October 1 (see instructions)				
2.00	Outlier payments for discharges. (see instructions)			1, 618, 775	2.00
2. 01 2. 02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruct	ions)		0	2.0
. 00	Managed Care Simulated Payments			15, 330, 933	3.00
. 00	Bed days available divided by number of days in the cost repo	orting period (see instru	ictions)	212. 12	4.00
. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	portiod onding on	0.00	5.0
. 00	or before 12/31/1996. (see instructions)	st recent cost reporting	period ending on	0.00	5.00
. 00	FTE count for allopathic and osteopathic programs that meet t	he criteria for an add-c	on to the cap for	0.00	6.00
	new programs in accordance with 42 CFR 413.79(e)	under 42 CED \$412 105(f)	(1)(1,y)(D)(1)	0.00	7 0
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified ACA § 5503 reduction amount to the IME cap as specified under			0.00 0.00	7.00 7.0
	cost report straddles July 1, 2011 then see instructions.		v)(b)(2) 11 the	0100	
8. 00	Adjustment (increase or decrease) to the FTE count for allopa			0.00	8.00
	affiliated programs in accordance with 42 CFR 413.75(b), 413. 1998), and 67 FR 50069 (August 1, 2002).	/9(C)(2)(IV), 64 FR 2634	10 (May 12,		
8. 01	The amount of increase if the hospital was awarded FTE cap sl	ots under § 5503 of the	ACA. If the cost	0.00	8. 0 [.]
	report straddles July 1, 2011, see instructions.				
8. 02	The amount of increase if the hospital was awarded FTE cap sl under \S 5506 of ACA. (see instructions)	ots from a closed teachi	ng hospital	0.00	8. 02
. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin	nes (8, 8,01 and 8,02) (see	0.00	9.00
	instructions)				
0.00	FTE count for allopathic and osteopathic programs in the curr FTE count for residents in dental and podiatric programs.	rent year from your recor	ds	0.00	10.00
2.00	Current year allowable FTE (see instructions)				12.00
3.00	Total allowable FTE count for the prior year.			0.00	13.0
4.00	Total allowable FTE count for the penultimate year if that ye	ear ended on or after Sep	otember 30, 1997,	0.00	14.0
5.00	otherwise enter zero. Sum of lines 12 through 14 divided by 3.			0.00	15.0
6.00	Adjustment for residents in initial years of the program				16.00
7.00	Adjustment for residents displaced by program or hospital clo	osure			17.0
8.00 9.00	Adjusted rolling average FTE count Current year resident to bed ratio (line 18 divided by line 4			0.00 0.000000	18.0
20.00	Prior year resident to bed ratio (see instructions)	•).		0.000000	
1. 00	Enter the lesser of lines 19 or 20 (see instructions)			0.00000	21.0
2.00	IME payment adjustment (see instructions)			0	
2. 01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 42	2 of the MMA		0	22. 0
3. 00	Number of additional allopathic and osteopathic IME FTE resid		FR 412.105	0.00	23. 0
	(f)(1)(iv)(C).			0.00	
4.00 5.00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -0-, then enter the	lower of line 23 or line	24 (see	0.00	24. 0 25. 0
.0.00	instructions)		21 (300	0.00	20.0
6.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	
7.00 8.00	IME payments adjustment factor. (see instructions) IME add-on adjustment amount (see instructions)			0. 000000 0	27.0 28.0
8. 00	IME add-on adjustment amount - Managed Care (see instructions)	3)		0	28.00 28.0
9.00	Total IME payment (sum of lines 22 and 28)			0	29.0
9. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.0)1)		0	29.0
0. 00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instruc	tions)	4.96	30. 0
1.00	Percentage of Medicaid patient days (see instructions)			16.01	
	Sum of lines 30 and 31			20.97	
2.00 3.00	Allowable disproportionate share percentage (see instructions				33.0

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Pre 1/29/2019 4:1	
		Title XVIII	Hospi tal	PPS	трш
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Adjustment		1		
5.00	Total uncompensated care amount (see instructions)		5, 977, 483, 147		
5. 01	Factor 3 (see instructions)		0. 000274158		
5. 02	Hospital uncompensated care payment (If line 34 is zero, enter	r zero on this line) (se	e 1, 638, 778	1, 966, 458	35. C
F 00	instructions)		104 (04	1 004 004	05.0
5.03	Pro rata share of the hospital uncompensated care payment amou	. , , , , , , , , , , , , , , , , , , ,	134, 694		
6. 00	Total uncompensated care (sum of columns 1 and 2 on line 35.03 Additional payment for high percentage of ESRD beneficiary dis		1, 939, 525		36.0
0. 00	Total Medicare discharges on Worksheet S-3, Part I excluding of		0		40.0
0.00	652, 682, 683, 684 and 685 (see instructions)		0		-0.0
			Before 1/1	On/After 1/1	
			1.00	1.01	
1.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	83, 684 an 685. (see	0	0	41.C
	instructions)	-			
1. 01	Total ESRD Medicare covered and paid discharges excluding MS-E	DRGs 652, 682, 683, 684	t 0	0	41. C
	an 685. (see instructions)				
2.00	Divide line 41 by line 40 (if less than 10%, you do not qualif		0.00		42.0
3.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682	2, 683, 684 an 685. (see	0		43.0
4.00	instructions) Ratio of average length of stay to one week (line 43 divided b	by Lips 11 divided by 7	0. 000000		44.0
4.00	days)	by The 41 divided by 7	0.00000		44.0
5.00	Average weekly cost for dialysis treatments (see instructions))	0.00	0.00	45.0
6.00	Total additional payment (line 45 times line 44 times line 41.		0		46.0
7.00	Subtotal (see instructions)		63, 050, 896		47.0
8. 00	Hospital specific payments (to be completed by SCH and MDH, sm	mall rural hospitals	0		48. (
	only. (see instructions)				
				Amount	
		×		1.00	
9.00	Total payment for inpatient operating costs (see instructions)			63, 050, 896	
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I and			5, 089, 081	50.0
1.00	Exception payment for inpatient program capital (Wkst. L, Pt.			0	51.0
2.00 3.00	Direct graduate medical education payment (from Wkst. E-4, lir Nursing and Allied Health Managed Care payment	The 49 see first detroits).		4, 992	52. 53.
4.00	Special add-on payments for new technologies			2, 786	
4.01	Islet isolation add-on payment			2, 700	54.
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69	9)		0	55.
6.00	Cost of physicians' services in a teaching hospital (see intru			0	56.
7.00	Routine service other pass through costs (from Wkst. D, Pt. II	II, column 9, lines 30 t	hrough 35).	0	57.
8.00	Ancillary service other pass through costs from Wkst. D, Pt. I	IV, col. 11 line 200)		102, 996	58.
9.00	Total (sum of amounts on lines 49 through 58)			68, 250, 751	59.
0.00	Primary payer payments			46, 434	
1.00	Total amount payable for program beneficiaries (line 59 minus	line 60)		68, 204, 317	
2.00	Deductibles billed to program beneficiaries			5, 799, 676	
3.00	Coinsurance billed to program beneficiaries			86, 387	
4.00 5.00	Allowable bad debts (see instructions)			733, 888	
5.00 6.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		477, 027 121, 518	65. 66.
5.00 7.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			62, 795, 281	67.
8.00	Credits received from manufacturers for replaced devices for a	applicable to MS-DRGs (see instructions)	02, 795, 281	68.
5.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).			0	69.
9.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		- /	0	70.
	Rural Community Hospital Demonstration Project (§410A Demonstr	ration) adjustment (see	instructions)	0	70.
0. OO		- ·		0	70.
0. 00 0. 50	Demonstration payment adjustment amount before sequestration			0	70.
0. 00 0. 50 0. 87				0	10.
D. 00 D. 50 D. 87 D. 88	Demonstration payment adjustment amount before sequestration	ructions)		0	
D. 00 D. 50 D. 87 D. 88 D. 89 D. 90	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	ructions)		0	70. 70.
 O. 00 S0 S0 87 88 89 90 91 	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0 0	70. 70. 70.
 0.00 50 50 87 88 89 90 91 92 	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	ructions)		0 0 0	70. 70. 70. 70.
9.00 0.00 0.50 0.87 0.88 0.90 0.91 0.92 0.93 0.94	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0 0	70. 70. 70. 70. 70.

alth Financial Systems BAPTIST H LCULATION OF REIMBURSEMENT SETTLEMENT	EALTH FLOYD Provider C	CN: 15-0044	Peri od:	u of Form CMS-2 Worksheet E	
			From 09/01/2017 To 08/31/2018	Part A Date/Time Pre	pare
				1/29/2019 4:1	
	Title	XVIII	Hospi tal	PPS	
		FF Y	<u>(yyyy)</u> 0	<u>Amount</u> 1.00	
.96 Low volume adjustment for federal fiscal year (yyyy) (Ent	er in column O		0	0	70
the corresponding federal year for the period prior to 10					
0.97 Low volume adjustment for federal fiscal year (yyyy) (Ent			0	0	70
the corresponding federal year for the period ending on c	or after 10/1)			_	
. 98 Low Volume Payment-3				0	
.99 HAC adjustment amount (see instructions) .00 Amount due provider (line 67 minus lines 68 plus/minus li	poc (0 % 70)			0 62, 330, 870	
.01 Sequestration adjustment (see instructions)	nes 04 & 70)			1, 246, 617	
. 02 Demonstration payment adjustment amount after sequestrati	on			1, 240, 017	1
. 00 Interim payments				60, 904, 082	
.00 Tentative settlement (for contractor use only)				0	73
.00 Balance due provider/program (line 71 minus lines 71.01,	71.02, 72, and			180, 171	74
73)					
0.00 Protested amounts (nonallowable cost report items) in acc	ordance with			1, 781, 070	75
CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			1
00 Operating outlier amount from Wkst. E, Pt. A, line 2, or	sum of 2 03			0	90
plus 2.04 (see instructions)	3011 01 2.05			0	
.00 Capital outlier from Wkst. L, Pt. I, line 2				0	91
.00 Operating outlier reconciliation adjustment amount (see i	nstructions)			0	92
.00 Capital outlier reconciliation adjustment amount (see ins				0	93
.00 The rate used to calculate the time value of money (see i				0.00	
.00 Time value of money for operating expenses (see instructi				0	95
.00 Time value of money for capital related expenses (see ins	structions)			0	96
		I	Drior to 10/1	Om/After 10/1	
		1	Prior to 10/1		
HSP Bonus Payment Amount		1	Prior to 10/1 1.00	0n/After 10/1 2.00	
HSP Bonus Payment Amount 0.00 HSP bonus amount (see instructions)		1		2.00	100
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			1.00	2.00	100
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions)			1.00 0 0.0000000000	2.00 0 0.000000000	100
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct			1.00	2.00 0 0.000000000	100
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment 			1.00 0 0.0000000000 0	2.00 0 0.000000000 0	100 101 102
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 	tions)		1.00 0 0.000000000 0 0.0000	2.00 0 0.000000000 0 0.0000	100 101 102 103
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct	itions)	stment	1.00 0 0.0000000000 0	2.00 0 0.000000000 0 0.0000	100 101 102 103
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 	i ons) i ons) Adj u		1.00 0 0.000000000 0 0.0000	2.00 0 0.000000000 0 0.0000	100 101 102 103 104
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 	i ons) i ons) Adj u		1.00 0 0.000000000 0 0.0000	2.00 0 0.000000000 0 0.0000	100 101 102 103 104
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment amount for HSP bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 	ions) ions) onstration) Adju n period under t		1.00 0 0.000000000 0 0.0000	2.00 0 0.000000000 0 0.0000	100 101 102 103 104 200
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 	ions) ions) onstration) Adju n period under t		1.00 0 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000 0	100 101 102 103 104 200
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 	ions) ions) onstration) Adju n period under t		1.00 0 0.000000000 0 0.0000	2.00 0.000000000 0 0.0000 0	100 101 102 103 104 200 201 201
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstration Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 	ions) ions) onstration) Adju n period under t line 49)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0 0.000000000 0 0.0000 0	100 101 102 103 104 200 201 201
 10.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 11.00 HVBP adjustment factor (see instructions) 12.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 13.00 HRR adjustment factor (see instructions) 14.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstration Cost Reimbursement 11.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 20.00 Medicare discharges (see instructions) 13.00 Case-mix adjustment factor (see instructions) 14.00 Medicare of Demonstration Cost Reimbursement 15.00 Medicare discharges (see instructions) 16.00 Case-mix adjustment factor (see instructions) 17.00 Medicare of Demonstration Cost Reimbursement 18.00 Case-mix adjustment factor (see instructions) 19.00 Case-mix adjustment factor (see instructions) 10.00 Case-mix adjustment factor (see instructions) 11.00 Medicare of Demonstration Target Amount Limitation (N/ 	ions) ions) onstration) Adju n period under t line 49)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0 0.000000000 0 0.0000 0	100 101 102 103 104 200 201 201
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/ period) 	ions) ions) onstration) Adju n period under t line 49)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0 0.000000000 0 0.0000 0	100 101 102 103 104 200 201 202 203
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment factor (see instructions) 2.00 HRR Adjustment for HSP Bonus Payment (see instruct HRR Adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem O. 00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/ period) 4.00 Medicare target amount 	ions) onstration) Adju on period under t line 49) A in first year	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0 rati on	100 101 102
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 	ions) onstration) Adju on period under t line 49) A in first year	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0 rati on	100 101 102 103 104 200 201 202 203 204 204 205
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Computation of Demonstration Target Amount Limitation (N/ period) 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 5.00 Medicare to Medicare Part A Inpatient Reimbursement 	ions) ions) onstration) Adju n period under t line 49) A in first year 205)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0 rati on	100 101 102 103 104 200 201 202 203 204 205 206
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstration Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient routine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see 	ions) ions) onstration) Adju n period under t line 49) A in first year 205) instructions)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	100 101 102 103 104 200 201 202 203 204 205 206 206 207
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 0.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/ period) 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient notine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt 	ions) ions) onstration) Adju n period under t line 49) A in first year 205) instructions)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	100 101 102 103 104 200 201 202 203 204 205 206 206 207 208
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment factor (see instructions) 2.00 HRR Adjustment for HSP Bonus Payment (see instruct HRR Adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem O Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient routine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt 9.00 Adjustment to Medicare IPPS payments (see instructions) 	ions) ions) onstration) Adju n period under t line 49) A in first year 205) instructions)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	100 101 102 103 104 200 202 203 202 203 204 205 206 207 208 207 208
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, 2.00 Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient routine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt 9.00 Adjustment to Medicare IPPS payments (see instructions) 	ions) ions) onstration) Adju on period under t line 49) A in first year 205) instructions) A line 59)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	100 101 102 103 104 201 202 203 204 205 206 206 207 208 207 208 209 210
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/ period) 4.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient routine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see Medicare Part A inpatient service costs (from Wkst. E, Pt 9.00 Adjustment to Medicare IPPS payments (see instructions) 0.00 Reserved for future use 1.00 Total adjustment to Medicare IPPS payments (see instructions) 	ions) ions) onstration) Adju on period under t line 49) A in first year 205) instructions) A line 59)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0.0000 0	100 101 102 103 104 200 201 202 203 204 205 206 206 207
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment (see instruct HRR Adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Case-mix adjustment factor (see instructions) 3.00 Medicare target amount 5.00 Case-mix adjusted target amount (line 203 times line 204) 6.00 Medicare inpatient routine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see Medicare Part A inpatient service costs (from Wkst. E, Pt 9.00 Adjustment to Medicare IPPS payments (see instructions) 0.00 Reserved for future use 1.00 Total adjustment to Medicare IPPS payments (see instructions) 	ions) ions) onstration) Adju n period under t line 49) A in first year 205) instructions) A line 59) ons)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0 0.0000 0 0	100 101 102 103 104 200 201 202 203 204 205 206 207 208 207 208 207 208 207 208 207 208 207 208 207 208 207 208
 0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions) 2.00 HVBP adjustment for HSP Bonus Payment 3.00 HRR adjustment for HSP Bonus Payment 3.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instruct Rural Community Hospital Demonstration Project (§410A Dem 0.00 Is this the first year of the current 5-year demonstratic Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement 1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Medicare discharges (see instructions) 3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/ period) 4.00 Medicare target amount 5.00 Case-mix adjustment factor exit (line 203 times line 204) 6.00 Medicare inpatient voltine cost cap (line 202 times line Adjustment to Medicare Part A Inpatient Reimbursement 7.00 Program reimbursement under the §410A Demonstration (see 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt 9.00 Adjustment to Medicare IPPS payments (see instructions) 0.00 Reserved for future use 1.00 Total adjustment to Medicare IPPS payments (see instructions) 	ions) ions) onstration) Adju n period under t line 49) A in first year 205) instructions) A line 59) ons)	he 21st	1.00 0.000000000 0 0.0000 0	2.00 0.000000000 0.0000 0 0.0000 0	100 101 102 103 104 201 202 203 204 205 206 207 208 207 208 207 208 207 208

	Financial Systems BAPTIST HEALTH ATION OF REIMBURSEMENT SETTLEMENT	FLOYD Provider CCN: 15-0044	Period:	u of Form CMS-2 Worksheet E	2552-10
0,12002			From 09/01/2017 To 08/31/2018	Part B	pared:
		Title XVIII	Hospi tal	1/29/2019 4:1 PPS	1 pm
			nospi tui		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			70, 621	1.00
2.00 3.00	Medical and other services reimbursed under OPPS (see instructi OPPS payments	ons)		29, 787, 103 29, 207, 388	2.00 3.00
4.00	Outlier payment (see instructions)			228, 438	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00 6.00	Enter the hospital specific payment to cost ratio (see instruct Line 2 times line 5	lons)		0. 000 0	5.00 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00 9.00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV	/ col 12 lino 200		0 77, 310	8.00 9.00
9.00 10.00	Organ acquisitions	, cor. 13, trile 200		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			70, 621	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				
12.00	Ancillary service charges			351, 506	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, lir	ne 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			351, 506	14.00
15.00	Aggregate amount actually collected from patients liable for pa			0	
16.00	Amounts that would have been realized from patients liable for		on a chargebasis	0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.13(e) Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.00
	Total customary charges (see instructions)			351, 506	
19.00	Excess of customary charges over reasonable cost (complete only instructions)	/ifline 18 exceeds li	ne 11) (see	280, 885	19.00
20.00	Excess of reasonable cost over customary charges (complete only	/ifline 11 exceeds li	ne 18) (see	0	20.00
21 00	instructions)			70 (21	21 00
21.00 22.00	Lesser of cost or charges (see instructions) Interns and residents (see instructions)			70, 621 0	21.00 22.00
23.00	Cost of physicians' services in a teaching hospital (see instru	uctions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			29, 513, 136	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line			5, 713, 219	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) pl instructions)	us the sum of lines 22	2 and 23] (see	23, 870, 538	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, lir	ne 50)		0	28.00
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36) Subtotal (sum of lines 27 through 29)			0 23, 870, 538	
31.00	Primary payer payments			35, 336	
32.00	Subtotal (line 30 minus line 31)			23, 835, 202	32.00
33 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE Composite rate ESRD (from Wkst. I-5, line 11)	S)		0	33.00
	Allowable bad debts (see instructions)			1, 311, 366	
35.00	Adjusted reimbursable bad debts (see instructions)			852, 388	
36.00 37.00	Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (see instructions)	ictions)		738, 784 24, 687, 590	
38.00	MSP-LCC reconciliation amount from PS&R			1, 049	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39. 50 39. 97	Pioneer ACO demonstration payment adjustment (see instructions) Demonstration payment adjustment amount before sequestration			0	39.50 39.97
39. 98	Partial or full credits received from manufacturers for replace	ed devices (see instruc	ctions)	0	39.98
39. 99 40. 00	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99 40.00
40.00	Subtotal (see instructions) Sequestration adjustment (see instructions)			24, 686, 541 493, 731	40.00
	Demonstration payment adjustment amount after sequestration			0	40. 02
41.00 42.00	Interim payments Tentative settlement (for contractors use only)			24, 120, 693 0	41.00 42.00
43.00	Balance due provider/program (see instructions)			72, 117	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter 1,	0	44.00
	§115.2 TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	
91.00 92.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0	91.00 92.00
92.00 93.00	Time Value of Money (see instructions)			0.00	92.00 93.00
01 00	Total (sum of lines 91 and 93)			0	94.00

NALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 15-0044	Period: From 09/01/2017 To 08/31/2018		parec
		Title	XVIII	Hospi tal	PPS	
		I npati en	t Part A	Pa	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00 . 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment		60, 748, 5	82 0	24, 065, 793 0	1. (2. (3. (
. 00	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.1
01	ADJUSTMENTS TO PROVIDER	04/19/2017	155, 5	00 04/19/2017	54, 900	3.
02				0	0	3.
. 03				0	0	3.
. 04 . 05				0	0	3. 3.
. 05	Provider to Program			0	0	J. J.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53				0	0	3.
. 54 . 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		155, 5	0	0 54, 900	3. 3.
,,,	3. 50-3. 98)		100, 0	00	34, 700	J.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E–3, line and column as appropriate)		60, 904, 0	82	24, 120, 693	4.
	TO BE COMPLETED BY CONTRACTOR					
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					5.
01	TENTATI VE TO PROVI DER			0	0	5
02				0	0	5
03				0	0	5
50	Provider to Program TENTATIVE TO PROGRAM			0	0	-
50 51	I ENTATIVE TO PROGRAM			0	0	5
52				0	0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5
00 01	Determined net settlement amount (balance due) based on the cost report. (1) SETTLEMENT TO PROVIDER		180, 1	71	72, 117	6
02	SETTLEMENT TO PROGRAM		, 1	0	0	6
00	Total Medicare program liability (see instructions)		61, 084, 2	53	24, 192, 810	
				Contractor Number	NPR Date (Mo/Day/Yr)	
	Name of Contractor	()	1.00	2.00	8

Heal th	Financial Systems BAPTIST	HEALTH FLOYD	In Lie	u of Form CMS	-2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018		epared:
		Title XVIII	Hospi tal	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPOR				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCUL				
1.00	Total hospital discharges as defined in AARA §4102 from		e 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines	s 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines	s 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 2				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 line 168	e of certified HIT technology	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (see instruction	ons)			8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestra	ation (see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions	5)			30.00
	Other Adjustment (specify)	-			31.00
	Balance due provider (line 8 (or line 10) minus line 30	and line 31) (see instruction	is)		32.00

	Financial Systems BAPTIST HEALTH ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Peri od:	u of Form CMS-2 Worksheet E-3	
ALCUL	ATTON OF REFWOORSEWENT SETTEEMENT	FIOVIDEI CON. 13-0044	From 09/01/2017 To 08/31/2018	Part VII Date/Time Pre	pared
			llaani tal	1/29/2019 4:1	1 pm
		Title XIX	Hospi tal	Cost Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	VICES FOR TITLES V OR >		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
. 00	Inpatient hospital/SNF/NF services		2, 835, 915		1.(
. 00	Medical and other services			1, 723, 280	2. (
. 00	Organ acquisition (certified transplant centers only)		0		3.
. 00	Subtotal (sum of lines 1, 2 and 3)		2, 835, 915	1, 723, 280	4.
. 00	Inpatient primary payer payments		0		5.
. 00	Outpatient primary payer payments		0.005.045	0	
. 00	Subtotal (line 4 less sum of lines 5 and 6)		2, 835, 915	1, 723, 280	7.
	COMPUTATION OF LESSER OF COST OR CHARGES				-
. 00	Reasonable Charges Routine service charges		0		8.
. 00	Ancillary service charges		11, 283, 860	15, 042, 243	
0.00	Organ acquisition charges, net of revenue		0	13, 042, 243	10.
1.00	Incentive from target amount computation		0		111.
2.00	Total reasonable charges (sum of lines 8 through 11)		11, 283, 860	15, 042, 243	
	CUSTOMARY CHARGES				
3.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13.
	basi s				
4.00	Amounts that would have been realized from patients liable for		on 0	0	14.
	a charge basis had such payment been made in accordance with 4	2 CFR §413.13(e)			
5.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.00000	0. 000000	
6.00	Total customary charges (see instructions)		11, 283, 860		
7.00	Excess of customary charges over reasonable cost (complete onl line 4) (see instructions)	y IT line 16 exceeds	8, 447, 945	13, 318, 963	17.
8. 00	Excess of reasonable cost over customary charges (complete onl	vifling 4 exceeds li	0	0	18.
0.00	16) (see instructions)		0	0	10.
9.00	Interns and Residents (see instructions)		0	0	19.
0.00	Cost of physicians' services in a teaching hospital (see instr	uctions)	0	0	20.
1.00	Cost of covered services (enter the lesser of line 4 or line 1		2, 835, 915	1, 723, 280	21.
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be		ders.		
2.00	Other than outlier payments		0	0	22.
3.00	Outlier payments		0	0	
4.00	Program capital payments		0		24.
5.00	Capital exception payments (see instructions)		0	_	25.
6.00	Routine and Ancillary service other pass through costs		0	0	
7.00	Subtotal (sum of lines 22 through 26)		0	0	
8.00 9.00	Customary charges (title V or XIX PPS covered services only) Titles V or XIX (sum of lines 21 and 27)		2 925 015	1 722 290	
9.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		2, 835, 915	1, 723, 280	29.
0. 00	Excess of reasonable cost (from line 18)		0	0	30.
1.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2, 835, 915		
2.00	Deducti bl es		2,000,710	0	
3.00	Coinsurance		0	0	
4.00	Allowable bad debts (see instructions)		0	0	
5.00	Utilization review		0		35.
6.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	2, 835, 915	1, 723, 280	36.
7.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
8.00	Subtotal (line 36 ± line 37)		2, 835, 915	1, 723, 280	
9.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.
	Total amount payable to the provider (sum of lines 38 and 39)		2, 835, 915	1, 723, 280	
0.00			2, 835, 915	1, 723, 280	1 41
1. 00	Interim payments		2,035,915		
	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accordan		2, 835, 915	1, 723, 280 0 0	42.

	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the General Fund column	Provider C		Period: From 09/01/2017 To 08/31/2018	Worksheet G Date/Time Pre 1/29/2019 4:1	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
00	CURRENT ASSETS Cash on hand in banks	14, 374, 909		0 0	0	1.
00	Temporary investments	0		0 0	0	
00	Notes receivable	0		0 0	0	3.
00	Accounts receivable	156, 540, 557		0 0	0	4.
00	Other receivable	357, 862		0 0	0	
00	Allowances for uncollectible notes and accounts receivable	-109, 462, 732		0 0	0	
00 00	Inventory Prepaid expenses	4, 121, 598 443, 204			0	
00	Other current assets	21, 067, 522		0 0	0	
. 00	Due from other funds	21,007,022		0 0	0	
	Total current assets (sum of lines 1-10)	87, 442, 920		0 0	0	
	FI XED ASSETS					1
. 00	Land	2, 197, 277		0 0	0	12
. 00	Land improvements	1, 133, 925		0 0	0	
	Accumulated depreciation	-236, 333		0 0	0	
. 00	Buildings	140, 630, 255			0	
. 00	Accumulated depreciation Leasehold improvements	-8, 245, 826 2, 030, 951		0	0	
	Accumulated depreciation	-245, 661			0	
	Fixed equipment	545, 884		0 0	0	
	Accumulated depreciation	-183, 862		0 0	0	20
	Automobiles and trucks	0		0 0	0	21
	Accumulated depreciation	0		0 0	0	
	Major movable equipment	33, 649, 172		0 0	0	
	Accumulated depreciation	-16, 131, 311			0	
	Minor equipment depreciable Accumulated depreciation	0			0	
	HIT designated Assets	0			0	
	Accumulated depreciation	0		0 0	0	
. 00	Minor equipment-nondepreciable	0		0 0	0	29
. 00	Total fixed assets (sum of lines 12-29)	155, 144, 471		0 0	0	30
~~	OTHER ASSETS				2	1
. 00 . 00	Investments Deposits on Leases	0			0	
. 00	Due from owners/officers	0			0	
. 00	Other assets	11, 361, 587		0 0	0	
. 00	Total other assets (sum of lines 31-34)	11, 361, 587		0 0	0	
. 00	Total assets (sum of lines 11, 30, and 35)	253, 948, 978		0 0	0	36
	CURRENT LI ABI LI TI ES		1	1		
	Accounts payable	17, 636, 124		0 0	0	
. 00	Salaries, wages, and fees payable Payroll taxes payable	13, 104, 662 0			0	
	Notes and Loans payable (short term)	0			0	
	Deferred income	0		0 0	0	
. 00	Accelerated payments	0				42
. 00	Due to other funds	0		0 0	0	43
	Other current liabilities	8, 516, 018		0 0	0	
. 00	Total current liabilities (sum of lines 37 thru 44)	39, 256, 804		0 0	0	45
. 00	LONG TERM LIABILITIES Mortgage payable	0		0 0	0	46
. 00	Notes payable	0		0 0	0	
00	Unsecured Loans	0		0 0	0	
. 00	Other long term liabilities	0		0 0	0	
. 00	Total long term liabilities (sum of lines 46 thru 49)	0		0 0	0	50
00	Total liabilities (sum of lines 45 and 50)	39, 256, 804		0 0	0	51
~~	CAPI TAL ACCOUNTS	044 (00 474				1 - 0
00	General fund balance	214, 692, 174		o		52
00 00	Specific purpose fund Donor created - endowment fund balance - restricted			0		53
. 00	Donor created - endowment fund balance - restricted			0		55
. 00	Governing body created - endowment fund balance			0		56
. 00	Plant fund balance - invested in plant				0	
. 00	Plant fund balance - reserve for plant improvement,				0	58
<i>.</i>	replacement, and expansion					
. 00	Total fund balances (sum of lines 52 thru 58)	214, 692, 174		0 0	0	
00	Total liabilities and fund balances (sum of lines 51 and	253, 948, 978	1	0	0	60

Heal th	Financial Systems	BAPTIST HEAL	TH FLOYD			In Lie	eu of Form CMS-	2552-10
STATEN	IENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0044			1/29/2019 4:	epared:
		General	Fund	Speci al	Pur	pose Fund	Endowment Fund	I
1 00	Fund halanasa at hasinning of pariod	1.00	2.00	3.00		4.00	5.00	1.00
$\begin{array}{c} 1. 00\\ 2. 00\\ 3. 00\\ 4. 00\\ 5. 00\\ 6. 00\\ 7. 00\\ 8. 00\\ 9. 00\\ 10. 00\\ 11. 00\\ 12. 00\\ 13. 00\\ 14. 00\\ 15. 00\\ 16. 00\\ 17. 00\\ 18. 00\\ 18. 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17)		210, 018, 157 4, 674, 017 214, 692, 174 0 214, 692, 174			0 0 0 0 0		5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		214, 692, 174			0		19.00
		Endowment Fund	PI ant	Fund				
		6.00	7.00	8.00				
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0 0 0 0 0		0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0 0 0 0	0 0 0 0 0 0		0 0 0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

	Financial Systems BAPTIST HEALTH		21 15 0044			2552-10
STATE	MENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	JN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet G-2 Parts I & II Date/Time Pre	
					1/29/2019 4:1	1 pm
	Cost Center Description		Inpati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					-
1 00	General Inpatient Routine Services		00.040.0	47	00 040 047	1 4 00
1.00	Hospi tal		98, 840, 2		98, 840, 247	
2.00	SUBPROVIDER - IPF			0	0	
3.00	SUBPROVIDER - IRF			0	0	
4.00	SUBPROVIDER			0	0	
5.00	Swing bed - SNF			0	0	
6.00	Swing bed - NF			0	0	
7.00	SKILLED NURSING FACILITY			0	0	
8.00	NURSI NG FACI LI TY			0	0	
9.00	OTHER LONG TERM CARE		00.040.0	0	0	
10.00	Total general inpatient care services (sum of lines 1-9)		98, 840, 2	47	98, 840, 247	10.00
11 00	Intensive Care Type Inpatient Hospital Services		10.004.0	10	10 004 010	111 00
11.00	INTENSIVE CARE UNIT		13, 234, 3		13, 234, 310	
12.00	CORONARY CARE UNIT			0	0	
13.00	BURN INTENSIVE CARE UNIT			0	0	
14.00	SURGI CAL I NTENSI VE CARE UNI T			0	0	
15.00	OTHER SPECIAL CARE (SPECIFY)		40.004.0	10	40.004.040	15.00
16.00	Total intensive care type inpatient hospital services (sum of	lines	13, 234, 3	10	13, 234, 310	16.00
17.00	11-15) Total inpatient routine care services (sum of lines 10 and 16	`	112, 074, 5	- 7	112, 074, 557	17.00
18.00	Ancillary services)	445, 726, 1		1, 069, 565, 212	
19.00	Outpati ent services		24, 525, 2		103, 378, 391	
20.00	RURAL HEALTH CLINIC		24, 525, 2	0 18,853,137		
	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	
21.00 22.00	HOME HEALTH AGENCY					
22.00	AMBULANCE SERVICES			6, 205, 608	0, 203, 808	
23.00	CMHC			0 0	0	
24.00	CORF			0 0	0	
25.00	AMBULATORY SURGICAL CENTER (D. P.)			0 0	0	
26.00	HOSPICE			0 0	0	
27.00	PART B SERVICES			0 1, 267, 124		
27.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst	582, 325, 9		1, 292, 490, 892	
20.00	G-3, line 1)	LU WKSL.	502, 525, 7	29 /10, 104, 903	1, 292, 490, 092	20.00
	PART II - OPERATING EXPENSES					1
29.00	Operating expenses (per Wkst. A, column 3, line 200)			271, 441, 256		29.00
30.00	ADD (SPECIFY)			0		30.00
31.00				0		31.00
32.00				0		32.00
33.00				0		33.00
34.00				0		34.00
35.00				0		35.00
36.00	Total additions (sum of lines 30-35)			0		36.00
37.00	DEDUCT (SPECIFY)			0		37.00
38.00				0		37.00
39.00				0		39.00
40.00				0		40.00
40.00				0		40.00
41.00	Total deductions (sum of lines 37-41)			с 		41.00
42.00	Total operating expenses (sum of lines 29 and 36 minus line 4))(transfor		271, 441, 256		42.00
40.00	protar operating expenses (sum or rines 27 and 30 millus rine 4.		1	271,441,230		1 43.00

Heal th	Financial Systems	BAPTIST HEALTH FLOYD	In Lie	u of Form CMS-2	2552-10
STATEM	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0044	Peri od:	Worksheet G-3	
			From 09/01/2017 To 08/31/2018	Date/Time Pre	narod
			10 00/31/2018	1/29/2019 4:1	1 pm
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I,			1, 292, 490, 892	1.00
2.00	Less contractual allowances and discounts on pa	tients' accounts		1, 017, 700, 147	2.00
3.00	Net patient revenues (line 1 minus line 2)			274, 790, 745	3.00
4.00	Less total operating expenses (from Wkst. G-2,			271, 441, 256	4.00
5.00	Net income from service to patients (line 3 min	us line 4)		3, 349, 489	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			27, 492	7.00
8.00	Revenues from telephone and other miscellaneous	communication services		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			671, 502	11.00
12.00	Parking lot receipts			317, 666	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			1, 321, 103	
15.00	Revenue from rental of living quarters			0	
16.00	Revenue from sale of medical and surgical suppl			0	
17.00	Revenue from sale of drugs to other than patien			0	
18.00	Revenue from sale of medical records and abstra			0	
	Tuition (fees, sale of textbooks, uniforms, etc			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and	canteen		0	20.00
21.00	Rental of vending machines			158, 864	
22.00	Rental of hospital space			13, 061	
23.00	Governmental appropriations			0	23.00
24.00	I DENTIFIED ON TRIAL BALANCE			751, 876	
25.00	Total other income (sum of lines 6-24)			3, 261, 564	
	Total (line 5 plus line 25)			6, 611, 053	
27.00				1, 937, 036	
	Total other expenses (sum of line 27 and subscr			1, 937, 036	
29.00	Net income (or loss) for the period (line 26 mi	nus line 28)		4, 674, 017	29.00

Home He Agence instructions) Other Chased Services Other Chased Service Other Chased Serv	/31/2018 Date/Time Prepared 1/29/2019 4:11 pm Health PPS
Agenc Sal ari es Employee Benefits TransportationContracted/Pur (see instructions) Other Services Other Chased	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Sal aries Employee Benefits Transportation (see instructions) Transportation (see chasted Services Other Services 1.00 2.00 3.00 4.00 5.0 Capital Related - Bidg, & Fixtures 0 0 0 0 5.0 2.00 Capital Related - Movable Equipment 0 0 0 0 0 0 3.00 Plant Operation & Maintenance 0 <	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Image: Construct Construction 1.00 2.00 3.00 4.00 5.0 1.00 General SERVICE COST CENTERS 0	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
GENERAL SERVICE COST CENTERS Capital Related - Bidg. & Fixtures 2.00 Capital Related - Movable Equipment 0 3.00 Plant Operation & Maintenance 0 0 0 0 4.00 Transportation 0 5.00 Administrative and General 2,902,809 0 6.00 Skilled Nursing Care 0 0 6.00 Skilled Nursing Care 0 0 7.00 Physical Therapy 0 0 0 9.00 Speech Pathology 0 0 0 0 11.00 Meme Healt h ide 0 0 0 0 12.00 Supplies (see instructions) 0 0 0 0 13.00 Drugs 0 0 0 0 0 14.00 DME 0 0 0 0 0 14.00 DME 0 0 0 0 0 15.00 H	0 0 1. 7, 829 7, 829 2. 0 0 3. 0 243, 762 4. 841, 123 4, 108, 535 5. 0 0 6. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
Fixtures Capital Related - Movable Capital Related - Movable 0 Equipment 0 3.00 Plant Operation & Maintenance 0 0.00 Transportation 0 0 4.00 Transportation 0 0 0 5.00 Administrative and General 2,902,809 0 50,896 313,707 6.00 Skilled Nursing Care 0 0 0 0 0 6.00 Skilled Nursing Care 0 0 0 0 0 6.00 Skilled Nursing Care 0 0 0 0 0 7.00 Physical Therapy 0 0 0 0 0 7.00 Supplies (see instructions) 0 0 0 0 7.00 Supplies (see instructions) 0 0 0 0 7.00 Prugs 0 0 0 0 0 7.00 Prugs 0 0 0 0 0 0 7.00 Prugs 0	0 0 3. 0 0 3. 0 243, 762 4. 841, 123 4, 108, 535 5. 0 0 6. 0 0 7. 0 0 7. 0 0 7. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 139
2.00 Capital Related - Movable Equipment 0 0 0 3.00 Plant Operation & Maintenance 0 <t< td=""><td>0 0 3. 841, 123 4, 108, 535 0 0 6. 0 0 6. 0 0 7. 0 0 6. 0 7. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 95, 644 95, 644 12. 139 139 13.</td></t<>	0 0 3. 841, 123 4, 108, 535 0 0 6. 0 0 6. 0 0 7. 0 0 6. 0 7. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 95, 644 95, 644 12. 139 139 13.
Equipment Plant Operation & Maintenance O 0	0 0 3. 841, 123 4, 108, 535 0 0 6. 0 0 6. 0 0 7. 0 0 6. 0 7. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 95, 644 95, 644 12. 139 139 13.
3.00 Plant Operation & Maintenance 0 0 0 0 4.00 Transportation 0 0 243,762 0 0 Skilled Nursing Care 0 0 0 0 0.00 Skilled Nursing Care 0 0 0 0 0.00 Spech Pathology 0 0 0 0 0.00 Spech Pathology 0 0 0 0 0.00 Medical Social Services 0 0 0 0 0.00 Medical Social Services 0 0 0 0 0.00 Medical Social Services 0 0 0 0 1.00 HA REIMBURSABLE SERVICES 0 0 0 0 12.00 Supplies (see instructions) 0 0 0 0 0 13.00 Drugs 0 0 0 0 0 0 0 14.00 DME 0 0 0 0 0 0 0 14.00 DME 0	0 243, 762 4. 841, 123 4, 108, 535 5. 0 0 6. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
5.00 Administrative and General 2,902,809 0 50,896 313,707 1 HHA REIMBURSABLE SERVICES 0	841, 123 4, 108, 535 5. 0 0 6. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
HHA REI MBURSABLE SERVICES 6.00 Skilled Nursing Care 0	0 0 6. 0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
6.00 Skilled Nursing Care 0 0 0 0 7.00 Physical Therapy 0 0 0 0 0 8.00 Occupational Therapy 0 0 0 0 0 0 9.00 Speech Pathology 0 <td>0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.</td>	0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
7.00 Physical Therapy 0 0 0 0 8.00 Occupational Therapy 0 0 0 0 9.00 Speech Pathology 0 0 0 0 9.00 Medical Social Services 0 0 0 0 10.00 Medical Social Services 0 0 0 0 11.00 Home Heal th Aide 0 0 0 0 12.00 Supplies (see instructions) 0 0 0 0 13.00 Drugs 0 0 0 0 0 14.00 Mee 0 0 0 0 0 HHA MONREI MBURSABLE SERVICES 0 0 0 0 0 16.00 Respiratory Therapy 0 0 0 0 0 17.00 Heal th Promotion Activities 0 0 0 0 0 17.00 Heal th Promotion Activities 0 0 0 0 0 18.00 Clinic 0 0	0 0 7. 0 0 8. 0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
8.00 Occupational Therapy 0	0 0 9. 0 0 10. 0 0 11. 95, 644 95, 644 12. 139 139 13.
10.00 Medical Social Services 0<	0 0 10. 0 0 11. 95,644 95,644 12. 139 139 13.
11.00 Home Heal th Ai de 0 0 0 0 12.00 Supplies (see instructions) 0 0 0 0 13.00 Drugs 0 0 0 0 0 14.00 DME 0 0 0 0 0 0 15.00 Home Dial ysis Aide Services 0 0 0 0 0 0 16.00 Respiratory Therapy 0 0 0 0 0 0 17.00 Heal th Promotion Activities 0 </td <td>0 0 11. 95, 644 95, 644 12. 139 139 13.</td>	0 0 11. 95, 644 95, 644 12. 139 139 13.
12.00 Supplies (see instructions) 0 0 0 0 13.00 Drugs 0 0 0 0 0 14.00 DME 0 0 0 0 0 0 HHA NONREI MBURSABLE SERVICES HHA NONREI MBURSABLE SERVICES 15.00 Home Dial ysis Aide Services 0 0 0 0 0 16.00 Respiratory Therapy 0 0 0 0 0 0 17.00 Private Duty Nursing 0 0 0 0 0 0 18.00 Clinic 0 0 0 0 0 0 19.00 Health Promotion Activities 0 0 0 0 0 20.00 Day Care Program 0 0 0 0 0 0 21.00 Homemaker Service 0 0 0 0 0 0 0 23.00 All Others (speci fy) 0 0 0 0 0 0 0 0	95, 644 95, 644 12. 139 139 139
13.00 Drugs 0 0 0 0 14.00 DME 0 0 0 0 HHA NONREI MBURSABLE SERVI CES 0 0 0 0 15.00 Home Di al ysi s Ai de Servi ces 0 0 0 0 16.00 Respi ratory Therapy 0 0 0 0 17.00 Pri vate Duty Nursing 0 0 0 0 18.00 Clinic 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 20.00 Day Care Program 0 0 0 0 21.00 Home Deli vered Meals Program 0 0 0 0 22.00 Home Meal S (specify) 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.00 All Others (specify) 0 0 0 0 0 24.00 Total (sum of Lines 1-23) 2, 902, 809 0 294, 658 313, 707 0<	139 139 13.
HHA NONREI MBURSABLE SERVICES 15.00 Home Dialysis Aide Services 0 0 0 0 16.00 Respiratory Therapy 0 0 0 0 0 17.00 Private Duty Nursing 0 0 0 0 0 18.00 Clinic 0 0 0 0 0 18.00 Clinic 0 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 20.00 Day Care Program 0 0 0 0 0 21.00 Home Belivered Meals Program 0 0 0 0 0 22.00 Homemaker Service 0 0 0 0 0 0 23.00 All Others (specify) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	014.
15.00 Home Dialysis Aide Services 0 0 0 0 16.00 Respiratory Therapy 0 0 0 0 0 17.00 Private Duty Nursing 0 0 0 0 0 18.00 Clinic 0 0 0 0 0 18.00 Clinic 0 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 20.00 Day Care Program 0 0 0 0 21.00 Home Delivered Meals Program 0 0 0 0 22.00 Homemaker Service 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.00 Telemedicine 0 0 0 0 0 24.00 Total (sum of lines 1-23) 2, 902, 809 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 Adj ustments Net Expenses for Al location (col . 8 + col . 9) <td></td>	
16.00 Respiratory Therapy 0 0 0 0 17.00 Private Duty Nursing 0 0 0 0 18.00 Clinic 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 20.00 Day Care Program 0 0 0 0 21.00 Home Delivered Meals Program 0 0 0 0 22.00 Homemaker Service 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.50 Tel emedicine 0 0 0 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 7.00 8.00 9.00 10.00 10.00 0 0 0 0	
17.00 Private Duty Nursing 0 0 0 0 18.00 Clinic 0 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 0 20.00 Day Care Program 0 0 0 0 0 20.00 Home Delivered Meals Program 0 0 0 0 0 21.00 Homemaker Service 0 0 0 0 0 0 22.00 Homemaker Service 0 0 0 0 0 0 23.00 All Others (specify) 0 0 0 0 0 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 7.00 8.00 9.00 10.00 10.00 General Service COST CENTERS 1.00 General Related - Bldg. & 0<	0 0 15. 0 0 16.
18.00 Clinic 0 0 0 0 19.00 Heal th Promotion Activities 0 0 0 0 20.00 Day Care Program 0 0 0 0 20.00 Home Delivered Meals Program 0 0 0 0 21.00 Home Delivered Meals Program 0 0 0 0 22.00 Homemaker Service 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.00 Tel emedicine 0 0 0 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 2, 902, 809 0 294, 658 313, 707 0 24.00 Total (sum of lines 1-23) 7.00 8.00 9.00 10.00 0 1.00 Enverse Trial Balance (col. 6 + col. 7) 9) 7.00	0 0 16. 0 0 17.
20.00 Day Care Program 0 0 0 0 21.00 Home Delivered Meals Program 0 0 0 0 0 22.00 Homemaker Service 0 0 0 0 0 0 23.00 All Others (specify) 0 0 0 0 0 0 23.00 Telemedicine 0	0 0 18.
21.00 Home Delivered Meals Program 0 0 0 0 22.00 Homemaker Service 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.00 Telemedicine 0 0 0 0 24.00 Total (sum of lines 1-23) 2,902,809 0 294,658 313,707 Reclassificati on Reclassified Adjustments Net Expenses for Allocation (col. 6 + (col. 7) 9) 7.00 8.00 9.00 10.00	0 0 19.
22.00 Homemaker Service 0 0 0 0 23.00 All Others (specify) 0 0 0 0 23.50 Tel emedicine 0 0 0 0 0 24.00 Total (sum of lines 1-23) 2,902,809 0 294,658 313,707 0 Reclassificati on Reclassified Trial Balance (col. 6 + col. 7) Adjustments Net Expenses for Allocation (col. 8 + col. 9) 7.00 8.00 9.00 10.00 GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures	0 0 20.
23.00 All Others (specify) 0 0 0 0 23.50 Telemedicine 0 0 0 0 0 24.00 Total (sum of lines 1-23) 2,902,809 0 294,658 313,707 0 Reclassificati on Reclassified Trial Balance (col. 6 + col.7) Adjustments for Allocation (col. 8 + col. 9) 7.00 8.00 9.00 10.00 EXERVICE COST CENTERS Capital Related - Bldg. & Fixtures	0 0 21. 0 0 22.
23.50 Tel emedicine 0 0 0 0 0 24.00 Total (sum of lines 1-23) 2,902,809 0 294,658 313,707 0 Reclassificati on Reclassified Trial Balance (col. 6 + col.7) Adjustments for Allocation (col. 8 + col. 9) 7.00 8.00 9.00 10.00 GENERAL SERVICE COST CENTERS Capital Related - Bldg. & Fixtures 0 0 0 0 0	0 0 22.
GENERAL SERVICE COST CENTERS Recl assi fi cati on Recl assi fi ed Tri al Balance (col. 6 + col.7) Adjustments Net Expenses for Allocation (col. 8 + col. 9) 1.00 GENERAL SERVICE COST CENTERS 7.00 8.00 9.00 10.00 Fixtures Fixtures 0 0 0 0	0 0 23.
on Trial Balance (col. 6 + col. 7) for Allocation (col. 8 + col. 9) 1.00 GENERAL SERVICE COST CENTERS 7.00 8.00 9.00 10.00 Expital Related - Bldg. & Fixtures 0 0 0 0 0	944, 735 4, 455, 909 24.
I.00 GENERAL SERVICE COST CENTERS (col. 6 + col. col. 7) (col. 8 + col. 9) 1.00 General Related - Bldg. & fixtures 0 0 0 0 0 0	
col.7) 9) 7.00 8.00 9.00 10.00 GENERAL SERVICE COST CENTERS 1.00 Capital Related - Bldg. & Fixtures 0 0 0 0	
GENERAL SERVICE COST CENTERS 1.00 Capital Related - Bldg. & 0 0 0 0 Fixtures 0 0 0 0 0	
1.00 Capital Related - Bldg. & 0 0 0 0 0 Fixtures	
Fixtures	1.
	1.
2.00 Capital Related - Movable 0 7,829 0 7,829 Equipment	2.
3.00 Plant Operation & Maintenance 0 0 0 0	3.
4.00 Transportation 0 243,762 0 243,762 5.00 Advisition 2.100,541 1.000,004 730,244 1.200,004	4.
5. 00 Administrative and General -2, 109, 541 1, 998, 994 -738, 344 1, 260, 650 HHA REIMBURSABLE SERVICES	5.
6.00 Skilled Nursing Care 985, 047 985, 047 0 985, 047	6.
7.00 Physical Therapy 768,979 768,979 0 768,979	7.
8.00 Occupational Therapy 184, 524 184, 524 0 184, 524	8.
9.00 Speech Pathol ogy 92, 257 92, 257 0 92, 257 10.00 Medical Social So	9.
10.00 Medical Social Services 32,270 32,270 0 32,270 11.00 Home Health Aide 46,464 46,464 0 46,464	10.
12.00 Supplies (see instructions) 0 95,644 0 95,644	12.
13. 00 Drugs 0 139 0 139	13.
14.00 DME 0 0 0	14.
HHA NONREI MBURSABLE SERVI CES 15.00 Home Dialysis Aide Services 0 0 0	15.
16.00 Respiratory Therapy 0 0 0 0	15.
17.00Private Duty Nursing0000000	17.
18.00 Clinic 0 0 0	
19.00 Heal th Promotion Activities 0 0 0 20.00 Day Care Program 0 0 0	18.
20.00 Day Care Program 0 0 0 0 21.00 Home Delivered Meals Program 0 0 0 0 0	18. 19.
22.00 Homemaker Service 0 0 0 0	18. 19. 20.
	18. 19. 20. 21.
23.00 All Others (specify) 0 0 0 0	18. 19. 20. 21. 22. 23.
23.00 All Others (specify) 0 0 0 0 23.50 Telemedicine 0 0 0 0 24.00 Total (sum of lines 1-23) 0 4,455,909 -738,344 3,717,565	18. 19. 20. 21. 22.

COST 4	Financial Systems ALLOCATION - HHA GENERAL SERVICE	COST	BAPTIST HEAL	Provider C	CN: 15-0044	In Lie Period:	u of Form CMS-2 Worksheet H-1	2552-10
031 7	LEUCATION - THA GENERAL SERVICE			HHA CCN:	15-7152	From 09/01/2017 To 08/31/2018	Part I Date/Time Prej 1/29/2019 4:1	pared: 1 pm
						Home Health Agency I	PPS	
			Capital Rela	ited Costs		Agency		
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	BI dgs & Fixtures	Movable Equipment	Plant Operation & Maintenance		Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A. 00	
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	0	0				0	1.00
2 00	Fixtures	7,000		7 000				2.00
2.00	Capital Related – Movable Equipment	7, 829		7, 829			0	2.00
3.00	Plant Operation & Maintenance	0 243, 762	0	0		0 0 243, 762	0	3.00 4.00
4.00 5.00	Transportation Administrative and General	1, 260, 650	0	0 7, 829		0 243, 762 0 0	1, 268, 479	
	HHA REIMBURSABLE SERVICES	005 047				0 440 500		
6.00 7.00	Skilled Nursing Care Physical Therapy	985, 047 768, 979	0	0 0		0 113, 508 0 80, 573	1, 098, 555 849, 552	6.00 7.00
8.00	Occupational Therapy	184, 524	0	0		0 22, 024	206, 548	8.00
9.00 10.00	Speech Pathology Medical Social Services	92, 257 32, 270	0	0		0 7, 737 0 1, 487	99, 994 33, 757	
11.00	Home Heal th Ai de	46, 464	0	0		0 18, 433	64, 897	11.00
12.00	Supplies (see instructions)	95, 644	0	0		0 0	95, 644	
13.00 14.00	Drugs DME	139 0	0	0 0		0 0	139 0	
	HHA NONREI MBURSABLE SERVI CES		-1	_				
15.00 16.00	Home Dialysis Aide Services Respiratory Therapy	0	0	0		0 0	0	15.00 16.00
17.00	Private Duty Nursing	0	Ö	0		0 0	0	
18.00 19.00	Clinic Health Promotion Activities	0	0	0		0 0	0	18.00 19.00
20.00	Day Care Program	0	0	0		0 0	0	20.00
21.00	Home Delivered Meals Program	0	0	0		0 0	0	21.00
22.00 23.00	Homemaker Service All Others (specify)	0	0	0		0 0	0	22.00 23.00
23.50	Tel emedi ci ne	0	0	0		0 0	0	23.50
24.00	Total (sum of lines 1-23)	3, 717, 565 Admi ni strati ve	0 Total (cols.	7, 829		0 243, 762	3, 717, 565	24.00
		& General	4A + 5)			-		
	GENERAL SERVICE COST CENTERS	5.00	6.00					
1.00	Capital Related - Bldg. &							1.00
2.00	Fixtures Capital Related - Movable							2.00
	Equi pment							
3.00 4.00	Plant Operation & Maintenance Transportation							3.00 4.00
5.00	Administrative and General	1, 268, 479						5.00
6. 00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	568, 985	1, 667, 540					6.00
7.00	Physical Therapy	440, 017	1, 289, 569					7.00
8.00 9.00	Occupational Therapy Speech Pathology	106, 979 51, 791	313, 527 151, 785					8.00 9.00
10.00	Medical Social Services	17, 484	51, 241					10.00
11.00	Home Health Aide	33, 613	98, 510					11.00
12.00 13.00	Supplies (see instructions) Drugs	49, 538 72	145, 182 211					12.00 13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0					15.00
15.00		0	0					16.00
16.00	Respiratory Therapy	, v	1					17.00
16. 00 17. 00	Private Duty Nursing	0	0					12 00
16. 00 17. 00 18. 00	Private Duty Nursing Clinic Health Promotion Activities	0	0 0 0					
16.00 17.00 18.00 19.00 20.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program	0 0 0 0	0 0 0					19.00 20.00
15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program		-					18.00 19.00 20.00 21.00 22.00
16.00 17.00 18.00 19.00 20.00 21.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0 0 0 0 0 0	0 0 0 0					19.00 20.00

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - HHA STATISTICAL BAS	SI S		Provider C HHA CCN:	CN: 15-0044 15-7152	Period: From 09/01/2017 To 08/31/2018	Date/Time Pre 1/29/2019 4:1	pared:
						Home Health	PPS	
		Capital Re	ated Costs			Agency I		
		•	1					
		BI dgs &	Movable	Plant		onReconciliation		
		Fixtures	Equipment (DOLLAR VALUE)	Operation & Maintenance	(MI LEAGE)		& General (ACCUM. COST)	
		(SUDARE TELT)	(DOLLAR VALUE)	(SQUARE FEET)			(ACCOM. COST)	
		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 Capital Related - Movable		7, 444			0		2.00
2.00	Equipment		7,444			0		2.00
3.00	Plant Operation & Maintenance	0	0	C		0		3.00
4.00	Transportation (see	0	0	C	31, 6	33		4.00
	instructions)							
5.00	Administrative and General	0	7, 444	C		0 -1, 268, 479	2, 449, 086	5.00
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	0	0	C	14.7	30 0	1, 098, 555	6.00
7.00	Physical Therapy		0		10, 4		849, 552	
8.00	Occupational Therapy	0	0		2,8		206, 548	
9.00	Speech Pathology	0	0	C	1,0	04 0	99, 994	9.00
10.00	Medical Social Services	0	0	C		93 0	33, 757	
11.00	Home Health Aide	0	0	C	2,3		64, 897	
12.00	Supplies (see instructions)	0	0	C		0 0	95, 644	
13.00 14.00	Drugs DME		0			0 0	139 0	
14.00	HHA NONREI MBURSABLE SERVI CES		0		/	0 0	0	14.00
15.00	Home Dialysis Aide Services	0	0	C		0 0	0	15.00
16.00	Respiratory Therapy	0	0	C		0 0	0	16.00
17.00	Private Duty Nursing	0	0	C		0 0	0	17.00
18.00	Clinic	0	0	C		0 0	0	
19.00	Health Promotion Activities	0	0	C		0 0	0	
20.00 21.00	Day Care Program	0	0			0 0	0	
21.00	Home Delivered Meals Program Homemaker Service		0			0 0	0	
22.00	All Others (specify)		0 0			0 0	0	
23.50	Tel emedi ci ne		0			0 0	0	
24.00	Total (sum of lines 1-23)	0	7,444	C	31, 6	33 -1, 268, 479	2, 449, 086	
25.00	Cost To Be Allocated (per	0	7, 829	C	243, 7	62	1, 268, 479	25.00
24 00	Worksheet H-1, Part I)	0.000000	1 051700	0,00000	7 7050	10	0 517040	24 00
∠o. UU	Unit Cost Multiplier	0. 000000	1. 051720	0.00000	7.7059	40	0. 517940	∠o. ∪0

	n Financial Systems ATION OF GENERAL SERVICE COSTS 1	TO HHA COST CEN	BAPTIST HEA TERS	Provider CO	CN: 15-0044 15-7152	Period: From 09/01/2017 To 08/31/2018	Worksheet H-2 Part I Date/Time Pre 1/29/2019 4:1	pared:
						Home Health Agency I	PPS	
			CAPI TAL REL	ATED COSTS		Agency		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		ADMI NI STRATI VE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00 2.00 3.00 4.00 5.00 6.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 17.00 18.00 19.50 20.00 21.00	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	0 1, 667, 540 1, 289, 569 313, 527 151, 785 51, 241 98, 510 145, 182 211 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	266, 2 207, 8 49, 8 24, 9 8, 7 12, 5	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	352, 174 85, 468 41, 563	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.50
	6 decimal places. Cost Center Description	MAI NTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI N	G DI ETARY	CAFETERI A	
		REPAI RS 6.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	11.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 14.00 17.00 18.00 19.00 19.00 20.00 21.00	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) (2)					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	7, 456 7, 616 4, 621 1, 317 601 339 925 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 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 17.00 18.00 19.00 19.50

(1) 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.

	Financial Systems ATION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	BAPTI ST HEAL	Provider C	CN: 15-0044	Pr	In Lie eriod:	u of Form CMS-2 Worksheet H-2	
	THON OF BENERKE SERVICE COSTS I			HHA CCN:	15-7152		rom 09/01/2017	Part I	pared:
							Home Health Agency I	PPS	
	Cost Center Description	MAINTENANCE OF	NURSI NG	CENTRAL	PHARMACY		MEDICAL	SOCIAL SERVICE	
		PERSONNEL	ADMI NI STRATI ON	SERVICES & SUPPLY			RECORDS & LI BRARY		
		12.00	13.00	14.00	15.00		16.00	17.00	
1.00	Administrative and General	C		0		0	0	-	1.00
2.00 3.00	Skilled Nursing Care Physical Therapy		-	0		0	0		2.00 3.00
4.00	Occupational Therapy		-	0		0	0	-	4.00
5.00	Speech Pathology	C	0	0		0	0		5.00
6.00	Medical Social Services	C	-	0		0	0	-	6.00
7.00 8.00	Home Health Aide Supplies (see instructions)			0		0	0	-	7.00 8.00
9.00	Drugs		0	0		0	0		9.00
10.00	DME	c c	0	0		0	0	-	10.00
11.00	Home Dialysis Aide Services	C	-	0		0	0		11.00
12.00	Respiratory Therapy			0		0	0		12.00
13.00 14.00	Private Duty Nursing Clinic			0		0	0	-	13.00 14.00
15.00	Health Promotion Activities		-	0		0	0		15.00
16.00	Day Care Program	C	-	0		0	0		16.00
17.00	Home Delivered Meals Program	C	-	0		0	0		17.00
18.00 19.00	Homemaker Service All Others (specify)			0		0	0	-	18.00 19.00
19.50	Tel emedi ci ne		-	0		0	0	-	19.50
20.00	Total (sum of lines 1-19) (2)	C	0	0		0	0	0	20.00
21.00	Unit Cost Multiplier: column								21.00
	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	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost	Subtotal		Allocated HHA A&G (see Part	Total HHA Costs	
		RESIDENCY	ľ	& Post				00313	
				Stepdown					
		23.00	24.00	Adjustments 25.00	26.00		27.00	28.00	
1.00	Administrative and General	20.00		0		02	27.00	20.00	1.00
2.00	Skilled Nursing Care	C		0			118, 420		
3.00	Physical Therapy	C C	1, 854, 202	0			91, 637		
4.00 5.00	Occupational Therapy Speech Pathology		450, 185 218, 884	0			22, 249 10, 817		4.00 5.00
6.00	Medical Social Services			0			3, 677		6.00
7.00	Home Health Aide	C		0			6, 826		7.00
8.00	Supplies (see instructions)	C		0			8, 863		
9.00 10.00	Drugs DME			0		61 0	13 0		
11.00	Home Dialysis Aide Services		1	0		0	0	0	11.00
12.00	Respiratory Therapy	C	0	0		0	0	0	12.00
	Private Duty Nursing	C	0	0		0	0	0	13.00
13.00			0	0		0	0	0	14.00 15.00
14.00	Clinic Health Promotion Activities			0		-	0		16.00
14. 00 15. 00	Health Promotion Activities			0		0	0	0	
14.00 15.00 16.00 17.00	Health Promotion Activities Day Care Program Home Delivered Meals Program			0 0		0 0	0	0	17.00
14.00 15.00 16.00 17.00 18.00	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service			0		0	0	0	18.00
14.00 15.00 16.00 17.00 18.00 19.00	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)			0 0 0		0	000000000000000000000000000000000000000	0 0 0	18. 00 19. 00
14.00 15.00 16.00 17.00 18.00 19.00 19.50	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine			0		0 0 0 0	0 0 0 0 262 502	0 0 0	18. 00 19. 00 19. 50
14.00 15.00 16.00 17.00 18.00 19.00	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)			0 0 0 0		0 0 0 0	0 0 0 0 262, 502 0. 049421	0 0 0 5, 574, 076	18. 00 19. 00 19. 50
$\begin{array}{c} 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ 20.\ 00\\ \end{array}$	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum			0 0 0 0		0 0 0 0		0 0 0 5, 574, 076	18.00 19.00 19.50 20.00
$\begin{array}{c} 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ 20.\ 00\\ \end{array}$	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column			0 0 0 0		0 0 0 0		0 0 0 5, 574, 076	18.00 19.00 19.50 20.00

(1) 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.

Health Financial Systems ALLOCATION OF GENERAL SERVICE COSTS	TO HHA COST CEN	BAPTIST HEA TERS STATISTICA		CN: 15-0044	Peri od:	u of Form CMS-2 Worksheet H-2	
BASI S			HHA CCN:	15-7152	From 09/01/2017 To 08/31/2018		pared: 1 pm
					Home Health Agency I	PPS	
	CAPI TAL REI	LATED COSTS					
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliati	onADMI NI STRATI VE & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	
	1.00	2.00	4.00	5A	5.00	6.00	
 Administrative and General Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Ob Drugs Ob ME Ob Home Dialysis Aide Services Mealth Promotion Activities Ob Private Duty Nursing Ob Halth Promotion Activities Ob Day Care Program Ob Home Belivered Meals Program Ob Halt Others (specify) So Telemedicine Ob Total (sum of lines 1-19) Ob Unit cost multiplier 			771, 756 995, 092 776, 821 186, 405 93, 198 32, 600 46, 937 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$ \begin{smallmatrix} 206, 483\\ 0 & 1, 933, 778\\ 0 & 1, 497, 407\\ 0 & 363, 400\\ 0 & 176, 720\\ 0 & 59, 963\\ 0 & 111, 068\\ 0 & 145, 182\\ 0 & 211\\ 0 & 0\\ 0$		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG	DI ETARY	CAFETERI A	MAI NTENANCE OF PERSONNEL (NUMBER HOUSED)	22.00
1.00Administrative and General2.00Skilled Nursing Care3.00Physical Therapy4.00Occupational Therapy5.00Speech Pathology6.00Medical Social Services7.00Home Health Aide8.00Supplies (see instructions)9.00Drugs10.00DME11.00Home Dialysis Aide Services12.00Respiratory Therapy13.00Private Duty Nursing14.00Clinic15.00Health Promotion Activities16.00Day Care Program17.00Home Delivered Meals Program18.00Homemaker Service19.00All Others (specify)19.50Telemedicine20.00Total (sum of lines 1-19)21.00Unit cost to be allocated22.00Unit cost multiplier		8.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 25.00 20.00 21.00

Heal th	Financial Systems		BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-2	2552-10
ALLOCA BASI S	TION OF GENERAL SERVICE COSTS	TO HHA COST CENT	TERS STATISTICAL	Provider CO	CN: 15-0044 15-7152	Period: From 09/01/2017 To 08/31/2018	Worksheet H-2 Part II Date/Time Pre 1/29/2019 4:1	pared:
						Home Health	PPS	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	Agency I SOCIAL SERVICE	PARAMED ED	
	cost center bescription	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	SOUTHE SERVICE	PRGM-PHARMACY	
			SUPPLY	REQUIS.)	LIBRARY	(ASSI GNED	RESI DENCY	
		(DI RECT NRSI NG	(COSTED	· · ·	(TIME SPENT)) TIME)	(ASSI GNED	
		HRS)	REQUIS.)				TIME)	
	T	13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	0	0		0 0	0	1.00
2.00	Skilled Nursing Care	0	0	0		0 0	0	2.00
3.00	Physical Therapy	0	0	0		0 0	0	3.00
4.00	Occupational Therapy	0	0	0		0 0	0	4.00
5.00	Speech Pathol ogy	0	0	0		0 0	0	5.00
6.00	Medical Social Services Home Health Aide	0	0	0		0 0	0	6.00
7.00 8.00		0	0	0		0 0	0	7.00 8.00
8.00 9.00	Supplies (see instructions) Drugs	0	0	0		0 0	0	9.00
9.00 10.00	DME	0	0	0		0 0	0	10.00
11.00	Home Dialysis Aide Services	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	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	Tel emedi ci ne	0	0	0		0 0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0		0 0	0	20.00
21.00	Total cost to be allocated	0	0	0		0 0	0	21.00
22.00	Unit cost multiplier	0. 000000	0. 000000	0.000000	0.0000	0. 000000	0. 000000	22.00

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider C		Period:	Worksheet H-3	
				HHA CCN:		From 09/01/2017 To 08/31/2018	Part I Date/Time Pre 1/29/2019 4:1	pared: 1 pm
				Title	e XVIII	Home Health Agency I	PPS	
	Cost Center Description		Facility Costs		Total HHA	Total Visits	Average Cost	
		H-2, Part I, col. 28, line	(from Wkst.	Ancillary Costs (from	Costs (cols. + 2)	1	Per Visit (col. 3 ÷ col.	
			11-2, Fait I)	Part II)	+ 2)		4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	IE PROGRAM LIM	TATION COST, OF	2	
	Cost Per Visit Computation	1			1	1		
1.00	Skilled Nursing Care	2.00			2, 514, 61			1.00
2.00	Physical Therapy	3.00		0	1			
3.00 4.00	Occupational Therapy Speech Pathology	4. 00 5. 00		C				
4.00 5.00	Medi cal Soci al Servi ces	6. 00	78, 082	(78, 08			5.00
6.00	Home Heal th Aide	7.00			144, 94			
7.00	Total (sum of lines 1-6)		5, 385, 612	C				7.00
					Program Visit			
						rt B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t Deductibles &			
			1.00	0.00	Coi nsurance	4.00	F 00	
	Limitation Cost Computation	0	1.00	2.00	3.00	4.00	5.00	
8.00	Skilled Nursing Care		31140	(8, 91	4		8.00
8.01	Skilled Nursing Care		99915	C				8.01
9.00	Physical Therapy		31140	C	6, 22	7		9.00
9.01	Physical Therapy		99915	C				9.01
10.00	Occupational Therapy		31140	C	1, 87			10.00
10.01	Occupational Therapy		99915	C	4			10.01
11.00	Speech Pathol ogy		31140	0	63			11.00
11. 01 12. 00	Speech Pathology Medical Social Services		99915 31140	(1			11.01 12.00
12.00	Medical Social Services		99915			4		12.00
13.00	Home Heal th Aide		31140	(13.00
13.01	Home Heal th Ai de		99915	C) _,	9		13.01
14.00	Total (sum of lines 8-13)			C	20, 22	7		14.00
	Cost Center Description		Facility Costs	Shared	Total HHA	Total Charges		
		Part I, col.	(from Wkst.	Ancillary	Costs (cols.		÷ col. 4)	
		28, line	H-2, Part I)	Costs (from Part II)	+ 2)	Records)		
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computa	ations						
15.00		8.00						
16.00	Cost of Drugs	9.00		(4 0	0. 000000	16.00
			Program Visits		Cost of Services			
			Par	t B	Jervices	Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to	Subject to	
			Deductibles &			Deductibles &		
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	RUGRAM CUSI, A	GGREGATE UF IF	IE PRUGRAM LIM	TATION COST, OF	<	
1 00	Cost Per Visit Computation	0	9, 037					1 1 00
1.00 2.00	Skilled Nursing Care Physical Therapy	0			1	1, 542, 706 1, 191, 040		1.00 2.00
2.00	Occupational Therapy		6, 400 1, 920		1	317, 376		3.00
4.00	Speech Pathol ogy	0	648			148, 256		4.00
5.00	Medi cal Soci al Servi ces	0	129			52, 190		5.00
6.00	Home Heal th Ai de	0				126, 815		6.00
7.00	Total (sum of lines 1-6)	0				3, 378, 383		7.00
		•	· · · ·		•		•	•

APPUKI	IONMENT OF PATIENT SERVICE COST	ſS		Provider C	CN: 15-0044	Peri od:	Worksheet H-3	
				HHA CCN:	15-7152	From 09/01/2017 To 08/31/2018	Part I Date/Time Pre 1/29/2019 4:1	pared
				Ti tl e	XVIII	Home Health Agency I	PPS	
	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation	0.00	7.00	0.00	9.00	10.00	11.00	
3. 00 3. 01 3. 00 9. 00 9. 01 0. 01 0. 01 1. 00 1. 01 2. 00 2. 01	Skilled Nursing Care Skilled Nursing Care Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Speech Pathology Speech Pathology Medical Social Services Medical Social Services							8. (8. (9. (10. (11. (11. (12. (12. (
3.00 3.01	Home Health Aide Home Health Aide							13.0
	Total (sum of lines 8-13)							14.0
1.00		Prog	ram Covered Cha	irges	Cost of Services			11.0
			Par	+ R		Part B		
	Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8. 00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa							
	Cost of Medical Supplies	0	147, 048	0		0 116, 091	C	15. (
6.00	Cost of Drugs		0	0		0	C	16. (
	Cost Center Description	Total Program Cost (sum of cols. 9-10) 12.00						-
	PART I - COMPUTATION OF LESSER	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LI	MITATION COST, OR	1	
	BENEFICIARY COST LIMITATION Cost Per Visit Computation							-
	Skilled Nursing Care	1, 542, 706						1.0
2.00	Physi cal Therapy	1, 191, 040						2.0
3.00	Occupational Therapy	317, 376						3. (
1.00	Speech Pathol ogy	148, 256						4.0
5.00 5.00	Medical Social Services Home Health Aide	52, 190 126, 815						5.0
7.00	Total (sum of lines 1-6)	3, 378, 383						7.0
	Cost Center Description	6/ 8/ 8/ 888						
		12.00						1
	Limitation Cost Computation					· · · · · · · · · · · · · · · · · · ·		
	Skilled Nursing Care							8. (
. 01	Skilled Nursing Care							8.
	Physical Therapy Physical Therapy							9. 9.
	Occupational Therapy							10.
. 01	Occupational Therapy							10.
. 01 0. 00		1						11.
0. 01 0. 00 0. 01	Speech Pathol ogy							11.
0. 01 0. 00 0. 01 1. 00								
9. 01 10. 00 10. 01 11. 00 11. 01	Speech Pathology							12.
9. 01 10. 00 10. 01 11. 00 11. 01 12. 00 12. 01	Speech Pathology Speech Pathology Medical Social Services Medical Social Services							12. 12.
9.00 9.01 10.00 10.01 11.00 11.01 12.00 12.01 13.00	Speech Pathology Speech Pathology Medical Social Services Medical Social Services Home Health Aide							12. 12. 13.
0.01 0.00 0.01 1.00 1.01 2.00 2.01 3.00 3.01	Speech Pathology Speech Pathology Medical Social Services Medical Social Services Home Health Aide Home Health Aide							12. 12.

Health Financial Systems		BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF PATIENT SERVICE C	ISTS		Provider C		Period: From 09/01/2017	Worksheet H-3 Part II	
			HHA CCN:	15-7152	To 08/31/2018	Date/Time Pre 1/29/2019 4:1	pared: 1 pm
			Titl∈	e XVIII	Home Health	PPS	
		.			Agency I		
Cost Center Descriptio	n From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
	Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
	9, line		provi der	Costs (col.	1 Indicated		
			records)	x col. 2)			
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF C	OST OF HHA SERVIO	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	ITS		
1.00 Physical Therapy	66.00	0. 196042	C)	0 col. 2, line 2	. 00	1.00
2.00 Occupational Therapy	67.00	0. 000000	0		Ocol. 2, line 3	. 00	2.00
3.00 Speech Pathology	68.00	0. 245690	0		0 col. 2, line 4	. 00	3.00
4.00 Cost of Medical Supplies	71.00	0. 611290	0		0 col. 2, line 1	5.00	4.00
5.00 Cost of Drugs	73.00	0. 200910	0		Ocol. 2, line 1	6. 00	5.00

Heal th	Financial Systems BAPTIST HEALTH	FLOYD		In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CC	N: 15-0044	Period: From 09/01/2017	Worksheet H-4 Part I-II	
		HHA CCN:	15-7152	To 08/31/2018		
		Title	XVIII	Home Health	PPS	
				Agency I Par	t B	
			Part A	Not Subject to Deductibles &	Subject to	
		_	1.00	Coinsurance	Coi nsurance	
_	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTO	MARY CHARGES	1.00	2.00	3.00	
	Reasonable Cost of Part A & Part B Services		,			
1.00	Reasonable cost of services (see instructions)			0 0		1.00
2.00	Total charges			0 0	0	2.00
3.00	Customary Charges Amount actually collected from patients liable for payment for	services		0 0	0	3.00
5.00	on a charge basis (from your records)	301 11 003		0	0	5.00
4.00	Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in a			0 0	0	4.00
5.00	with 42 CFR §413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)		0, 0000	0. 00000	0.000000	5.00
5.00 6.00	Total customary charges (see instructions)		0.0000	0 0.000000	0.000000	6.00
7.00	Excess of total customary charges over total reasonable cost (complete		0 0	0	7.00
0 00	only if line 6 exceeds line 1)			0	0	0.00
8.00	Excess of reasonable cost over customary charges (complete onl 1 exceeds line 6)	y II IIIe		0 0	0	8.00
9.00	Primary payer amounts			0 0	0	9.00
				Part A	Part B	
				Services 1.00	Services 2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1.00	2.00	
10.00	Total reasonable cost (see instructions)			0		10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			0	3, 449, 951	11.00
12.00 13.00	Total PPS Reimbursement - Full Episodes with Outliers Total PPS Reimbursement - LUPA Episodes			0	66, 318 74, 579	
14.00	Total PPS Reimbursement - PEP Epi sodes			0	34, 663	
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	10, 253	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0	16.00
17.00 18.00	Total Other Payments DME Payments			0	0	17.00 18.00
19.00	Oxygen Payments			0	0	19.00
20.00	Prosthetic and Orthotic Payments			0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsu	irance)		_	0	21.00
22.00 23.00	Subtotal (sum of lines 10 thru 20 minus line 21) Excess reasonable cost (from line 8)			0	3, 635, 764 0	22.00 23.00
23.00	Subtotal (line 22 minus line 23)			0	3, 635, 764	23.00
25.00	Coinsurance billed to program patients (from your records)			-	0	25.00
26.00	Net cost (line 24 minus line 25)			0	3, 635, 764	26.00
27.00	Reimbursable bad debts (from your records)	-+				27.00
28.00 29.00	Reimbursable bad debts for dual eligible beneficiaries (see in Total costs - current cost reporting period (line 26 plus line			0	3, 635, 764	28.00 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	. 27)		0	0,000,701	30.00
30. 50	Pioneer ACO demonstration payment adjustment (see instructions	5)		0	0	30. 50
30.99	Demonstration payment adjustment amount before sequestration			0	0	30.99
31.00 31.01	Subtotal (see instructions) Sequestration adjustment (see instructions)			0	3, 635, 764 72, 715	31.00 31.01
31.01	Demonstration payment adjustment amount after sequestration			0	12, 113	31.01
32.00	Interim payments (see instructions)			0	3, 563, 049	32.00
33.00	Tentative settlement (for contractor use only)			0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, a		Dub 15 0	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordan chapter 1, §115.2	ice with CMS	PUD. 15-2,	0	0	35.00
	1			1	I I	1

	SIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED	Provider CO	CN: 15-0044		eriod:	Worksheet H-5	
PRC	IGRAM BENEFI CI ARI ES	HHA CCN:	15-7152	Fi To	rom 09/01/2017 o 08/31/2018	Date/Time Prep 1/29/2019 4:11	
					Home Health Agency I	PPS	
		I npati en	t Part A			t B	
	-	mm/dd/yyyy	Amount		mm/dd/yyyy	Amount	
		1.00	2.00	0	3.00	4.00	4
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0		3, 563, 049 0	1 2
0	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
	Program to Provider						
1 2				0		0	3
13				0		0	3
)4				0		0	3
15				0		0	3
~	Provider to Program		[0		0	
0 1				0		0	() ()
2				0		0	3
3				0		0	З
64				0		0	З
9	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0		0	3
0	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0		3, 563, 049	2
	TO BE COMPLETED BY CONTRACTOR						
0	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5
	Program to Provider		[
)1)2				0		0	5
)2)3				0		0	5
-	Provider to Program			-			
0				0		0	5
1				0		0	5
2 9	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		0	- E - E
0	5.50-5.98) Determined net settlement amount (balance due) based on			U		0	6
	the cost report. (1)						
)1	SETTLEMENT TO PROVIDER			0		0	6
)2	SETTLEMENT TO PROGRAM			0		0	6
00	Total Medicare program liability (see instructions)		L	U	Contractor	3, 563, 049 NPR Date	7
					Number	(Mo/Day/Yr)	
		()		1.00	2.00	

ALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0044	Period: From 09/01/2017 To 08/31/2018	Worksheet L Parts I-III Date/Time Pre	parec
	Title XVIII	Hospi tal	1/29/2019 4:1 PPS	1 pm
		nospi tui	110	
			1.00	
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
.00 Capital DRG other than outlier			4, 713, 248	
.01 Model 4 BPCI Capital DRG other than outlier			0	1
00 Capital DRG outlier payments			171, 278	
01 Model 4 BPCI Capital DRG outlier payments			0	
00 Total inpatient days divided by number of days in t	the cost reporting period (see inst	ructions)	144.18	
00 Number of interns & residents (see instructions)			0.00	
00 Indirect medical education percentage (see instruct			0.00	
00 Indirect medical education adjustment (multiply lin 1.01) (see instructions)	5		0	
00 Percentage of SSI recipient patient days to Medicar 30) (see instructions)		, part A line	4.96	
00 Percentage of Medicaid patient days to total days ((see instructions)		16.01	
00 Sum of lines 7 and 8			20.97	
0.00 Allowable disproportionate share percentage (see ir			4.34	
.00 Disproportionate share adjustment (see instructions			204, 555	
.00 Total prospective capital payments (see instruction	ns)		5, 089, 081	12.
			1 00	
PART II – PAYMENT UNDER REASONABLE COST			1.00	
00 Program inpatient routine capital cost (see instruct	stions)		0	1 1.
00 Program inpatient ancillary capital cost (see instruct			0	
00 Total inpatient program capital cost (see fist			0	
00 Capital cost payment factor (see instructions)	1110 2)		0	
00 Total inpatient program capital cost (line 3 x line	A)		0	
oo Tiotai inpatient program capital cost (inne 5 x inne	5 4)		0	
			1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS 00 Program inpatient capital costs (see instructions)			0	1
00 Program inpatient capital costs for extraordinary of	rincumstances (see instructions)		0	
00 Net program inpatient capital costs (line 1 minus l	, , ,		0	
00 Applicable exception percentage (see instructions)			0.00	
00 Capital cost for comparison to payments (line 3 x l	ine 4)		0.00	
00 Percentage adjustment for extraordinary circumstance			0.00	
00 Adjustment to capital minimum payment level for ext	· · · · · · · · · · · · · · · · · · ·	line 6)	0.00	
00 Capital minimum payment level (line 5 plus line 7)			0	
00 Current year capital payments (from Part I, line 12	2. as applicable)		0	-
0.00 Current year comparison of capital minimum payment		less line 9)	0	
.00 Carryover of accumulated capital minimum payment le Worksheet L, Part III, line 14)			0	
. 00 Net comparison of capital minimum payment level to	capital payments (line 10 plus lin	e 11)	0	12.
8.00 Current year exception payment (if line 12 is posit			0	
00 Carryover of accumulated capital minimum payment le			0	
		5 m · · · ·	-	
(if line 12 is negative, enter the amount on this l				1
5.00 Current year allowable operating and capital paymer	nt (see instructions)		0	15.
	, ,		0 0	

- 16.00 Current year operating and capital costs (see instructions)
 17.00 Current year exception offset amount (see instructions)