This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interF@RM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPI RES 03-31-2022 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION PANDI der CCN: 15-0044 Peri od: Worksheet S From 09/01/2021 Parts I-III SETTLEMENT SUMMARY 08/31/2022 Date/Time Prepared: 1/30/2023 6:48 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 1/30/2023 Time: 6:48 pm use only ] Manually prepared cost report ] If this is an amended report enter the number of times the provider resubmitted this cost report ] Medicare Utilization. Enter "F" for full or "L" for low. 6. Date Received: 7. Contractor No. 10. NPR Date: Contractor ]Cost Report Status 11. Contractor's Vendor Code: (1) As Submitted use only (2) Settled without Audit 8. [ N ] Initial Report for this Provider CCN 2. [ O ] If line 5, column 1 is 4: Enter (3) Settled with Audit 9. [ N ] Final Report for this Provider CCN | number of times reponded = 0-9

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

(3) Settled with Audit

(4) Reopened (5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD ( 15-0044 ) for the cost reporting period beginning 09/01/2021 and ending 08/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regul ati ons.

SI GNATUF	RE OF CHIEF FIN	ANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		
	1		2	SIGNATURE STATEMENT	
1	Christ	topher Graff	'	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	n 1
2 Si gnato	ry Printed Name	Christopher Graff			2
3 Si gnato	ry Title	SYSTEM VP, FINANCIAL OPERATIONS			3
4 Date	•	(Dated when report is electronic			4

		Title	XVIII			
Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
	1.00	2.00	3.00	4. 00	5. 00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospi tal	0	258, 700	-229, 117	0	1, 445, 304	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 1						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	258, 700	-229, 117	0	1, 445, 304	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 dis a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to com and review the information collection is estimated 673 hours per response, including the time to review instructions, search exis 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 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 R

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.

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0044 Peri od: Worksheet S-2 From 09/01/2021 Part I Date/Time Prepared: 08/31/2022 1/30/2023 6:48 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1850 STATE STREET 1.00 PO Box: 1.00 Zip Code: 47150-4990 County: FLOYD 2.00 City: NEW ALBANY State: IN 2.00 Component Name CCN CBSA Provi der Date Payment System (P. T, O, or N)
V | XVIII | XIX Number Number Certi fied Type 1.00 2.00 3.00 4.00 5. 00 6. 00 7. 00 8. 00 Hospital and Hospital-Based Component Identification: 3.00 BAPTIST HEALTH FLOYD 150044 31140 07/01/1966 N 3.00 Hospi tal Subprovider - IPF 4.00 4.00 5.00 Subprovider - IRF 5.00 Subprovider - (Other) 6.00 6.00 Swi ng Beds - SNF Swi ng Beds - NF 7.00 7 00 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospital-Based NF 10.00 Hospi tal -Based OLTC 11.00 11.00 12.00 Hospi tal -Based HHA 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospi tal -Based Hospi ce 14 00 15.00 Hospital -Based Health Clinic - RHC 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospi tal -Based (CMHC) I 17.00 17.10 Hospital-Based (CORF) I 17.10 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From To: 1 00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 09/01/2021 08/31/2022 20.00 21.00 Type of Control (see instructions) 21.00 1. 00 2. 00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for N 22.00 disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 22.01 Did this hospital receive interim uncompensated care payments for this cost 22.01 reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires final uncompensated care 22.02 Ν Ν payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. 22.03 Did this hospital receive a geographic reclassification from urban to rural N Ν 22.03 Ν as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 22.04 Did this hospital receive a geographic reclassification from urban to rural 22 04 N Ν as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? 23 00 Ν In column 1, enter 1 if date of admission, 2 if census days, or 3 if da**t**e of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.

Health Financial Systems BAPTI	ST HEALTH	FI OYD			n Lieu of	Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION		Provi der Co	CN: 15-0044	Peri od:	Wo	rksheet S-2	
				From 09/0 To 08/3	1/2022 Da	rt I te/Time Pro	
	In-State	In-State	Out-of	Out-of	Medi cai d	30/2023 6:4 Other	48 pm
	Medicaid paid days		State Medi cai d	State Medicaid	HMO days	Medi cai d days	
	paru uays	unpai d days	spaid days	eligible		uays	
	1. 00	2.00	3. 00	unpaid days 4.00	5. 00	6. 00	1
24.00 If this provider is an IPPS hospital, enter the	1, 27			0	7, 34		24.00
in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-s	tate						
Medicaid paid days in column 3, out-of-state Medica	i d						
eligible unpaid days in column 4, Medicaid HMO paid eligible but unpaid days in column 5, and other	and						
Medicaid days in column 6.				0	,		25 20
25.00 If this provider is an IRF, enter the in-state Medipaid days in column 1, the in-state Medicaid eliquit		0	0	0	(		25. 00
unpaid days in column 2, out-of-state Medicaid days	in						
column 3, out-of-state Medicaid eligible unpaid day column 4, Medicaid HMO paid and eligible but unpaid							
days in column 5.				literia e e (De	Cib-i		
				1. (		e of Geogra 2.00	
26.00 Enter your standard geographic classification (not reporting period. Enter "1" for urban or "2" for ru	wage) sta <sup>.</sup> Iral	tus at the	begi nni ng c	of the cost	1		26. 00
27.00 Enter your standard geographic classification (not	wage) sta				1		27. 00
reporting period. Enter in column 1, "1" for urban the effective date of the geographic reclassificati			appl i cabl e	e, enter			
35.00 If this is a sole community hospital (SCH), enter t			SCH status	in effect	o		35. 00
in the cost reporting period.				Begi nı		Endi ng:	
36.00 Enter applicable beginning and ending dates of SCH	status. Si	ubscript li	ne 36 for n	1.( number of	00	2. 00	36.00
periods in excess of one and enter subsequent dates	S.			1			
37.00 If this is a Medicare dependent hospital (MDH), enterfect in the cost reporting period.		•			0		37. 00
37.01 Is this hospital a former MDH that is eligible for accordance with FY 2016 OPPS final rule? Enter "Y"	the MDH to	ransitional	payment in	tructions)			37. 01
38.00 If line 37 is 1, enter the beginning and ending dat							38. 00
than 1, subscript this line for the number of periodates.	ds in exc	ess of one	and enter s	subsequent			
dates.				Y/		Y/N	
39.00 Does this facility qualify for the inpatient hospit	al pavmen	t adiustmen	t for low v	olume N		2. 00 N	39. 00
hospitals in accordance with 42 CFR §412.101(b)(2)(	(i), (ii),	or (iii)?	Enter in co	olumin 1 "Y"			
for yes or "N" for no. Does the facility meet the m CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in colu							
i nstructi ons)		•		1		N	40.00
40.00 Is this hospital subject to the HAC program reducti for no in column 1, for discharges prior to October	on adjusti 1. Enter	ment? Enter "Y" for ye:	"Y" for ye s or "N" fo	esopr"N" N ornoin		N	40. 00
column 2, for discharges on or after October 1. (se						XIX XIX	
						2. 00 3. 00	
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital paym	nent for di	sproportio	nate share	in accorda	nce wNth	Y I N	45. 00
42 CFR Section §412.320? (see instructions)							
46.00 Is this facility eligible for additional payment exto 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt						N N	46. 00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS	capital?	Enter "Y	for yes or	"N" for no.	N	N N	47. 00
48.00 Is the facility electing full federal capital payme Teaching Hospitals					N	N N	48. 00
56.00 Is this a hospital involved in training residents i							56. 00
for no in column 1. For column 2, if the response t involved in training residents in approved GME prog							
are you are impacted by CR 11642 (or applicable CRs	s) MA dire	ct GME paym	ent reducti	on? Enter '	'Y' for		
yes; otherwise, enter "N" for no in column 2. 57.00 If line 56 is yes, is this the first cost reporting	period d	uring which	resi dents	in approved	d GME		57. 00
programs trained at this facility? Enter "Y" for y did residents start training in the first month of							
"N" for no in column 2. If column 2 is "Y", comple	ete Worksh		•		r		
Wkst. D, Parts III & IV and D-2, Pt. II, if applica 58.00 If line 56 is yes, did this facility elect cost rei		t for nhysi	cians' serv	vices as de	fined in		58. 00
CMS Pub. 15-1, chapter 21, §2148? If yes, complete	Wkst. D-5			as de			
59.00 Are costs claimed on line 100 of Worksheet A? If y	es, comple	ete Wkst. D	-2, Pt. I.		N		59. 00

ealth Financial Systems BAPTI OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION I		LTH FLOYD	CCN: 15-0044 F	eriod:	of Form CMS-2 Worksheet S-2	
OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION I	DATA	Provider	F	rom 09/01/2021 o 08/31/2022	Part I Date/Time Pre 1/30/2023 6:4	epared:
			NAHE 413. 85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1. 00	2.00	3. 00	
0.00 Are you claiming nursing and allied health education programs that meet the criteria under 42 CFR 413.85 Enter "Y" for yes or "N" for no in column 1. If colimpacted by CR 11642 (or subsequent CR) NAHE MA pays "Y" for yes or "N" for no in column 2. 0.01 If line 60 is yes, complete columns 2 and 3 for each	? (see lumn 1 ment ac	e instructions is "Y", are y djustement? E	s) you	Y 23. 00	1	60. 00
instructions)		`	Direct GME			00.01
	Y/N	IME	DIFECT GME	I ME	Direct GME	
	1.00	2. 00	3. 00	4.00	5. 00	(1.00
1.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. instructions)	on N (see			0.00	0.00	61.00
1.01 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 instructions)						61. 01
1.02 Enter the current year total unweighted primary car	e and					61. 02
I.03 Enter the base line FTE count for primary care and/general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	or					61. 03
.04 Enter the number of unweighted primary care/or surg allopathic and/or osteopathic FTEs in the current c reporting period. (see instructions).						61. 04
1.05 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 (lin 61.04 minus line 61.03). (see instructions)	e					61. 05
1.06 Enter the amount of ACA §5503 award that is being u for cap relief and/or FTEs that are nonprimary care general surgery. (see instructions)	or					61. 06
	Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
1 10 06 the FTFe to the 14 of the 16		1. 00	2. 00	3.00	4. 00	(1.16
1.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents each new program. (see instructions) Enter in colum the program name. Enter in column 2, the program co Enter in column 3, the IME FTE unweighted count. En in column 4, the direct GME FTE unweighted count.	n 1, de.			0.00	0.00	61. 10
1. 20 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 instructi Enter in column 1, the program name. Enter in column				0.00	0. 00	61. 20
the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME unweighted count.	FTE					
ACA Provisions Affecting the Health Resources and S	ervi co	s Administrati	ion (HDSA)		1. 00	
2.00 Enter the number of FTE residents that your hospital hospital received HRSA PCRE funding (see instruction	l trair ns)	ned in this co	ost reporting			62. 00
2.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pro- Teaching Hospitals that Claim Residents in Nonprovi	ogram.	(see instruct		nto your hospit	al 0.00	62. 01
3.00 Has your facility trained residents in nonprovider for yes or "N" for no in column 1. If yes, complete	setting	gs during this			r "Y" N	63. 00

Health Financial Systems	R∆PTI	ST HEALTH FLOYD		Inlieu	ı of Form CMS-2	2552_10
HOSPITAL AND HOSPITAL HEALTH CARE CON				eriod: com 09/01/2021	Worksheet S-2	pared:
			Unwei ghted FTEs		Ratio (col. 1/ (col. 1 + col.	
			Nonprovi der	Hospi tal	2))	
			Si te 1. 00	2. 00	3. 00	
Section 5504 of the ACA Base Ye reporting period that begins or	ear FTE Residents in	Nonprovider Settings	sThis base ye	ear is your cos	st	
64.00 Enter in column 1, if line 63 i the base year period, the number FTEs attributable to rotations in column 2 the number of unweitrained in your hospital. Enter by (column 1 + column 2)). (see	s yes, or your faciler of unweighted non- occurring in all non ghted non-primary ca in column 3 the rat	ity trained resident primary care residen provider settings. pre resident FTEs tha	s in 0.00 t Enter t	0. 00	0. 000000	64. 00
	Program Name	Program Code	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	1.00	2.00	Si te 3. 00	4. 00	5. 00	
65.00 Enter in column 1, if line 63 yes, or your facility trained residents in the base year period, the program name associated with primary care Ff for each primary care program i 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 resider FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	is Es n re t	2.00	Unwei ghted FTEs Nonprovi der	0.00 Unwei ghted FTEs in		65.00
			Nonprovi der Si te	Hospi tal	2))	
Section 5504 of the ACA Curren	Year FTF Residents	in Nonprovider Satti	1.00	2.00	3. 00	
reporting periods beginning on	or after July 1, 201	10	J			
66.00 Enter in column 1 the number of attributable to rotations occur column 2 the number of unweightrained in your hospital. Enter by (column 1 + column 2)). (see	ring in all nonprovi ed non-primary care in column 3 the rat	der settings. Enter resident FTEs that	in	0. 00	0. 000000	66. 00
	Program Name	Program Code	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	1. 00	2. 00	Si te 3. 00	4.00	5. 00	
67.00 Enter in column 1, the program name associated with each of you primary care programs in which you trained residents. Enter in column 2, the program code. Entin 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 residented pri	er t		0.00	0.00	0.000000	67.00

	of Form CMS-2	
From 09/01/2021	Worksheet S-2 Part I Date/Time Pre	
	1/30/2023 6: 4	
Inpatient Psychiatric Facility PPS	2.00 3.00	
70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? N Enter "Y" for yes or "N" for no.		70. 00
71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42	0	71. 00
CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in		
accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column is Y, indicate which program year began during this cost reporting period. (see instructions)	2	
Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovident?		75. 00
Enter "Y" for yes and "N" for no. 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most		76. 00
recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR		
412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		
program year began durring this cost reporting perrod. (see instructions)	1.00	
Long Term Care Hospital PPS	1. 00	
80.00 ls this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. 81.00 ls this a LTCH co-located within another hospital for part or all of the cost reporting period? Ente	N r "Y" N	80. 00 81. 00
for yes and "N" for no.  TEFRA Provi ders		
85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no 86.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(		85. 00 86. 00
Enter "Y" for yes and "N" for no.  87.00 Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(E)	(vi)?N	87. 00
Enter "Y" for yes or "N" for no.	XIX	
Title V and XIX Services	2. 00	
90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes orN "N" for no in the applicable column.	Υ	90. 00
91.00 Is this hospital reimbursed for title V and/or XIX through the cost report either in full on 9	Υ	91. 00
in part? Enter "Y" for yes or "N" for no in the applicable column. 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see	N	92. 00
instructions) Enter "Y" for yes or "N" for no in the applicable column. 93.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" N	N	93. 00
for yes or "N" for no in the applicable column. 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicableN	N	94. 00
column. 95.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 0.00	0. 00	95. 00
96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicableN	N	96. 00
97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.  98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post  Y	0. 00 Y	97. 00 98. 00
stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1	'	70.00
for title V, and in column 2 for title XIX.  98.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Y	Υ	98. 01
Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		
98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed Y costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title	Υ	98. 02
V, and in column 2 for title XIX. 98.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) N	N	98. 03
reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		
98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient N services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for	N	98. 04
title XIX.  98.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst.Y	Υ	98. 05
C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2	T	90.03
for title XIX. 98.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I Y	Υ	98. 06
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  105.00Does this hospital qualify as a CAH?  N		105. 00
106.00 on this facility qualifies as a CAH, has it elected the all-inclusive method of payment for N outpatient services? (see instructions)		106. 00
107.00Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for L&R N training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)		107. 00
Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train 1&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes		
or "N" for no in column 2. (see instructions)		

Health Financial Systems BAPTIST HEALTH FLOYD		In Liou	of Form CMS-	2552 10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CO		eri od:	Worksheet S-	
	F	rom 09/01/2021 0 08/31/2022	Part I Date/Time Pr	anared.
			1/30/2023 6:	
		V 1. 00	XI X 2. 00	_
108.00 s this a rural hospital qualifying for an exception to the CRNA fee sci	hedul e? See 4		2.00	108. 00
Section §412.113(c). Enter "Y" for yes or "N" for no.				
Physi cal 1.00	Occupational 2.00	Speech 3.00	Respi ratory 4.00	
109.00 If this hospital qualifies as a CAH or a cost provider, are	2.00	0.00	1. 00	109. 00
therapy services provided by outside supplier? Enter "Y" for				
yes or "N" for no for each therapy.				
			1. 00	
110.00 Did this hospital participate in the Rural Community Hospital Demonstra			N	110.00
Demonstration)for the current cost reporting period? Enter "Y" for yes of Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200			ete	
morkonoet 2, Tart II, Times 200 timeagn 210, and norkoneet 2 2, Times 200	5 till 54gil 2157			
111 OOLE this facility must be a control of the control of	Community Ho	1.00	2. 00	111 00
111.00 If this facility qualifies as a CAH, did it participate in the Frontier Integration Project (FCHIP) demonstration for this cost reporting period				111.00
or "N" for no in column 1. If the response to column 1 is Y, enter the i	integration pr	ong of		
the FCHIP demo in which this CAH is participating in column 2. Enter all		"A" for		
Ambulance services; "B" for additional beds; and/or "C" for tele-health	servi ces.			
	1. 00	2. 00	3. 00	
112.00 Did this hospital participate in the Pennsylvania Rural Health Model	N			112. 00
demonstration for any portion of the current cost reporting period? En "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in co				
2, the date the hospital began participating in the demonstration. In				
column 3, enter the date the hospital ceased participation in the				
demonstration, if applicable. Miscellaneous Cost Reporting Information				
115.00 s this an all-inclusive rate provider? Enter "Y" for yes or "N" for no				0115.00
column 1. If column 1 is yes, enter the method used (A, B, or E only) i				
column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes				
psychiatric, rehabilitation and long term hospitals providers) based on	the			
definition in CMS Pub. 15-1, chapter 22, §2208.1.	I NIII NI			11/ 00
116.00 s this facility classified as a referral center? Enter "Y" for yes or for no.	'N" N			116. 00
117.00 is this facility legally-required to carry malpractice insurance? Enter	"Y" Y			117. 00
for yes or "N" for no. 118.00 s the malpractice insurance a claims-made or occurrence policy? Enter	 1 if 1			118.00
the policy is claim-made. Enter 2 if the policy is occurrence.				118.00
	Premi ums	Losses	Insurance	
	1. 00	2.00	3. 00	
118.01 List amounts of malpractice premiums and paid losses:		300, 001	764, 71	2118.01
		1. 00	2. 00	_
118.02 Are mal practice premiums and paid losses reported in a cost center other		. N		118. 02
Administrative and General? If yes, submit supporting schedule listing amounts contained therein.	cost centers	and		
119. 00 DO NOT USE THIS LINE				119. 00
120.00 s this a SCH or EACH that qualifies for the Outpatient Hold Harmless p			N	120. 00
and applicable amendments? (see instructions) Enter in column 1, "Y" for Is this a rural hospital with < 100 beds that qualifies for the Outpation	,			
provision in ACA §3121 and applicable amendments? (see instructions) En				
for yes or "N" for no.				101 00
121.00Did this facility incur and report costs for high cost implantable device patients? Enter "Y" for yes or "N" for no.	ces charged to	Y		121.00
122.00 Does the cost report contain healthcare related taxes as defined in §190	03(w)(3) of th	e Y	5. 00	122. 00
Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", en	ter in column	2 the		
Worksheet A line number where these taxes are included.  Transplant Center Information				
125.00 Does this facility operate a transplant center? Enter "Y" for yes and "I	N" for no. If	yes, N		125.00
enter certification date(s) (mm/dd/yyyy) below.				101 51
126.00 olf this is a Medicare certified kidney transplant center, enter the cercolumn 1 and termination date, if applicable, in column 2.	urication dat	ein		126. 00
127.00 of this is a Medicare certified heart transplant center, enter the certified heart transplant center, enter the certified heart transplant center.	ification date	in		127. 00
column 1 and termination date, if applicable, in column 2.				400 -
128.00 of this is a Medicare certified liver transplant center, enter the certification column 1 and termination date, if applicable, in column 2.	ification date	in		128. 00
129.00 of this is a Medicare certified lung transplant center, enter the certified lung transplant center, enter the certified lung transplant center.	fication date	in		129. 00
column 1 and termination date, if applicable, in column 2.				4.00
130.00 of this is a Medicare certified pancreas transplant center, enter the cocolumn 1 and termination date, if applicable, in column 2.	ertification d	ate in		130.00
KAZI GIIILI I GIIG TELIILII II GILVIL GALE. T.L. ADDIT CADI E. T.H. CULUIIII Z.		1		1

Health Financial Systems BAPTIST HEA	ALTH FLOYD		In Lieu	ı of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der CC	F	eriod: rom 09/01/2021 o 08/31/2022	Worksheet S- Part I Date/Time Pr	2 epared:
				1/30/2023 6:	48 pm
121 ONLE this is a Madisary cartified intestinal transplant or	tor onter the	aanti fi aati ar	1.00	2. 00	121 00
131.00If this is a Medicare certified intestinal transplant cer in column 1 and termination date, if applicable, in colum		certification	date		131. 00
132.00 If this is a Medicare certified islet transplant center, column 1 and termination date, if applicable, in column 2		ification date	in		132. 00
33.00 Removed and reserved	۷.				133.00
34.00 If this is an organ procurement organization (0P0), enter termination date, if applicable, in column 2.	the OPO number	r in column 1	and		134.00
All Providers					
40.00 Are there any related organization or home office costs a 10? Enter "Y" for yes or "N" for no in column 1. If yes,	as defined in CM and home office	MS Pub. 15-1, e costs are cl	chapterY ai med		140.00
enter in column 2 the home office chain number. (see inst	ructions)				
1.00 2.0  If this facility is part of a chain organization, enter of		rough 143 the	3.00	ess	
of the home office and enter the home office contractor r	name and contra	ctor number.			
41.00 Name: BAPTIST HEALTHCARE SYSTEM, INC. Contractor's Name: Cl 42.00 Street: 2701 EASTPOINT PKWY PO Box:	I GNA	Contracto	r's Number:1510	)1	141. 00 142. 00
43. 00Ci ty: LOUI SVI LLE State: K	Y	Zip Code:	4022	23	143.00
				1.00	-
44.00Are provider based physicians' costs included in Workshee	et A?			Y	144. 00
			1.00	2. 00	-
45.00 If costs for renal services are claimed on Wkst. A, line			ent Y		145. 00
services only? Enter "Y" for yes or "N" for no in column dialysis facility include Medicare utilization for this c					
for yes or "N" for no in column 2.					
46.00 Has the cost allocation methodology changed from the prev for yes or "N" for no in column 1. (See CMS Pub. 15-2, ch					146. 00
approval date (mm/dd/yyyy) in column 2.					
				1. 00	+
47.00 Was there a change in the statistical basis? Enter "Y" for				N	147.00
148.00Was there a change in the order of allocation? Enter "Y" 149.00Was there a change to the simplified cost finding method?			or no.	N N	148. 00 149. 00
	Part A	Part B	Title V	Title XIX	
Does this facility contain a provider that qualifies for	1.00 an exemption f	2.00 rom the appli	3.00 cation of the	4.00	
lower of costs or charges? Enter "Y" for yes or "N" for r				3.	
(See 42 CFR §413.13) 55.00(Hospi tal	N	N	N	N	155. 00
56. 00Subprovi der – I PF	N	N	N	N	156. 00
57. 0QSubprovi der - I RF 58. 0QSUBPROVI DER	N	N	N	N I	157. 00 158. 00
59. OOSNF	N N	N	N	N	159.00
160.00 HOME HEALTH AGENCY 161.00 CMHC	N	N N	N N	N N	160. 00 161. 00
161. 10CORF	<u> </u>	N	N	N	161. 10
				1. 00	1
Multicampus 65.00 is this hospital part of a Multicampus hospital that has	one or more car	mpusos in diff	Foront CRSAc2	Enter N	165. 00
"Y" for yes or "N" for no.	one or more car	iipuses III ui II	erent CBSAS?		105.00
Name 0	County		Code CBSA	FTE/Campus	-
166.00  fline 165 is yes, for each campus	1. 00	2.00 3.	00 4.00	5. 00	0166.00
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					
i nstructi ons)					
Hoalth Information Tochnology (UIT) incentive in the Area	si can Possyon	and Dainyaat-	ont Act	1. 00	
Health Information Technology (HIT) incentive in the Amer 67.00 Is this provider a meaningful user under §1886(n)? Enter			ent ACL	Y	167. 00
68.00 If this provider is a CAH (line 105 is "Y") and is a mean	ningful user (li		), enter the		168. 00
reasonable cost incurred for the HIT assets (see instruct 68.01 If this provider is a CAH and is not a meaningful user, d		der qualify fo	or a hardship e	xception	168. 01
under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no.	(see instructi	i ons)	·	l '	1
69.00 If this provider is a meaningful user (line 167 is "Y") a transition factor. (see instructions)	and is not a CAF	н (IIne 105 is	s "N"), enter 1	ine 9.9º	9169.00
(				•	1

Health Financial Systems	BAPTIST HEALTH	H FLOYD	In Lieu	of Form CMS-2	<u> 2552-10</u>
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA		Peri od: From 09/01/2021	Worksheet S-2	2
				Date/Time Pre	
			Begi nni ng	Endi ng	
			1. 00	2. 00	
170.00Enter in columns 1 and 2 the EHR beg	inning date and ending o	late for the reporting p	eri od		170. 00
			1. 00	2. 00	
171.00 If line 167 is "Y", does this provid	er have any days for inc	lividuals enrolled in se	ction N	C	171. 00
1876 Medicare cost plans reported on	Wkst. S-3, Pt. I, line	2, col. 6? Enter "Y" fo	r yes and		
"N" for no in column 1. If column 1 in column 2. (see instructions)	is yes, enter the number	of section 1876 Medica	re days		
11 cor a.m. 2. (see 111stractions)			ı	1	I

	Financial Systems BAPTIST HEA				of Form CMS-	
HOSPI TA	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0044	Period: From 09/01/2021	Worksheet S-: Part II	2
				To 08/31/2022	Date/Time Pro	
				Y/N	1/30/2023 6: - Date	48 pm 1
				1.00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter	N for all NO	responses. E			
Ŀ	the mm/dd/yyyy format.		•			_
	COMPLETED BY ALL HOSPITALS					_
1.00	Provider Organization and Operation Has the provider changed ownership immediately prior to t	ho hogi ppi pa	of the cost r	oborti naN		1.00
	period? If yes, enter the date of the change in column 2.			epor triigv		1.00
			Y/N	Date	V/I	
			1. 00	2. 00	3. 00	
	Has the provider terminated participation in the Medicare enter in column 2 the date of termination and in column 3					2.00
	enter in cordinal 2 the date of termination and in cordinal 3 or "I" for involuntary.	s, v roi vori	untar y			
	Is the provider involved in business transactions, includ	ling managemen	N			3.00
	contracts, with individuals or entities (e.g., chain home					
	medical supply companies) that are related to the provide					
	medical staff, management personnel, or members of the bo					
	through ownership, control, or family and other similar r instructions)	erationships?	(see			
1	That do thous		Y/N	Type	Date	
			1. 00	2. 00	3. 00	
	Financial Data and Reports		1	<b>.</b>		4
	Column 1: Were the financial statements prepared by a Ce Accountant? Column 2: If yes, enter "A" for Audited, "C"			А	12/07/2022	4.00
	"R" for Reviewed. Submit complete copy or enter date avai					
	(see instructions) If no, see instructions.	Table III cord				
5. 00	Are the cost report total expenses and total revenues dif	ferent from t	ose N			5. 00
	on the filed financial statements? If yes, submit reconci	liation.				
				Y/N	Legal Oper.	
	Approved Educational Activities			1. 00	2. 00	
s. 00	Column 1: Are costs claimed for a nursing program? Colum	nn 2: If yes,	is the provi	deris N		6.00
	the legal operator of the program?		•			
	Are costs claimed for Allied Health Programs? If "Y" see			Υ		7. 00
	Were nursing programs and/or allied health programs appro	oved and/or re	newed during	the costN		8.00
	reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approve	ad araduate me	dical educati	on N		9.00
	program in the current cost report? If yes, see instructi		arcar caacati			7.00
10.00	Was an approved Intern and Resident GME program initiated		n the current	cost N		10.00
	reporting period? If yes, see instructions.			.]		
	Are GME cost directly assigned to cost centers other than	ı I & Rin an <i>ı</i>	Approved Teac	ching N		11.00
l	Program on Worksheet A? If yes, see instructions.				Y/N	
					1, 00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If y				Y	12.00
	If line 12 is yes, did the provider's bad debt collection	n policy change	e during this	cost reporting	peri od∕i?	13.00
	lf yes, submit copy. If line 12 is yes, were patient deductibles and/or co-pay	ments waived?	If ves see	instructions	N	14. 00
	Bed Complement	micrits war vea:	11 yes, see	THIS ET UC ET OHS.	14	1 14.00
	Did total beds available change from the prior cost repor	ting period?	lf yes, see i	nstructions.	N	15.00
			t A		t B	
		Y/N	2. 00	Y/N 3. 00	<u>Date</u> 4. 00	
					4.00	
ı	PS&R Data	1. 00	2.00	0.00		
	PS&R Data Was the cost report prepared using the PS&R Report only?			N		16. 00
6.00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date	If N of	2.00			16. 00
6. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4 .(see instruction	If N of s)		N	10 (05 (0000	
6. 00 7. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4 .(see instruction Was the cost report prepared using the PS&R Report for to	If N of s) tals Y	12/05/2022	N	12/05/2022	
6. 00 7. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4 (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either column	If N of s) tals Y mn 1		N	12/05/2022	
6. 00 7. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions)	If N of s) tals Y mn 1		N	12/05/2022	
6. 00 7. 00 8. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Report to 19 yes.	If N of s) tals Y mn 1 4. port N		N	12/05/2022	17. 00
<ul><li>6. 00</li><li>7. 00</li><li>8. 00</li></ul>	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Redata for additional claims that have been billed but are	If N of s) tals Y mn 1 4. port N not		N Y	12/05/2022	17. 00
6. 00 7. 00 8. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Redata for additional claims that have been billed but are included on the PS&R Report used to file this cost report	If N of s) tals Y mn 1 4. port N not		N Y	12/05/2022	17. 00
6. 00 7. 00 8. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4 (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Redata for additional claims that have been billed but are included on the PS&R Report used to file this cost report yes, see instructions.	If N of s) tals Y mn 1 4. port N not ? If		N Y N	12/05/2022	16. 00 17. 00 18. 00
6. 00 7. 00 8. 00 9. 00	Was the cost report prepared using the PS&R Report only? either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and (see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Redata for additional claims that have been billed but are included on the PS&R Report used to file this cost report	If N of s) tals Y mn 1 4. port N not ? If		N Y	12/05/2022	17. 00

Health Financial Systems BAPTIST HEALT HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0044	Period: From 09/01/2021	Worksheet S	S-2552-10 S-2	
				Date/Time F		
	Descri	pti on	Y/N	Y/N	,, 10 p	
		)	1. 00	3. 00		
20.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	ort		N	N	20. 00	
	Y/N 1.00	<u>Date</u> 2.00	Y/N 3. 00	Date 4.00		
21.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00	
				1. 00		
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS	HOSPI TALS)				
Capital Related Cost  22.00 Have assets been relifed for Medicare purposes? If yes, see	e instruction	าร			<del> </del> 22, 00	
23.00 Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.			during the cost		23. 00	
24.00 Were new leases and/or amendments to existing leases entergyes, see instructions	ed into durir	ng this cost	reporting perio	d? If	24. 00	
25.00 Have there been new capitalized leases entered into during instructions.	the cost rep	oorting peri	od? If yes, see		25. 00	
26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	he cost repor	rting period	? If yes, see		26. 00	
27.00 Has the provider's capitalization policy changed during the Interest Expense					27. 00	
28.00 Were new loans, mortgage agreements or letters of credit en yes, see instructions.		_			28. 00	
29.00 Did the provider have a funded depreciation account and/or as a funded depreciation account? If yes, see instructions		•			29. 00	
Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.  Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						
	Purchased Services  .00 Have changes or new agreements occurred in patient care services furnished through contractual					
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 appresee instructions.		ning to comp	etitive bidding?	If no,	33. 00	
Provider-Based Physicians  34.00 Are services furnished at the provider facility under an all	rrangement wi	th provider	-based physician	s? If	34.00	
yes, see instructions. 35.00 If line 34 is yes, were there new agreements or amended exi	istina aareem	ments with t	he provider-base	4	35. 00	
physicians during the cost reporting period? If yes, see in					00.00	
			Y/N 1. 00	2.00		
Home Office Costs					0	
36.00 Were home office costs claimed on the cost report? 37.00 If line 36 is yes, has a home office cost statement been pu	repared by th	ne home offi	cePlf		36. 00 37. 00	
yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home of			of the		38. 00	
provider? If yes, enter in column 2 the fiscal year end of 39.00 If line 36 is yes, did the provider render services to other instructions.			yes, see		39. 00	
40.00 If line 36 is yes, did the provider render services to the instructions.	home office?	? If yes, s	ee		40. 00	
Thisti detrons.						
Cost Report Preparer Contact Information		00	2.	00		
41.00 Enter the first name, last name and the title/position helps by the cost report preparer in columns 1, 2, and 3,	dLI E		KOTTAK		41.00	
respectively.  42.00 Enter the employer/company name of the cost report prepar	APTIST HEALTH	ICARE SYSTEM,			42. 00	

Health Financial Systems	BAPTIST HEAL	TH FLOYD	In Lieu	of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSE	MENT QUESTIONNAIRE	Provider CCN: 15-0044	Peri od:	Worksheet S-2	<u>)</u>
			From 09/01/2021 To 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared: 18 pm
		3. 00	_		
Cook Donard Donardon Control Informat	! L	3.00			
Cost Report Preparer Contact Informat					
41.00 Enter the first name, last name and t	he title/position he	RÐI MBURSEMENT MANAGER			41. 00
by the cost report preparer in column	s 1, 2, and 3,				
respectively.					
42.00 Enter the employer/company name of the	e cost report prepare	er.	i		42.00
43.00 Enter the telephone number and email			İ		43.00
report preparer in columns 1 and 2, r					
proport proparer in cordinas rand z, r	cspectively.		1		l

Health Financial Systems BAPTIST HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10

Period: Worksheet S-3 From 09/01/2021 Part I To 08/31/2022 Date/Time Prepared: Provi der CCN: 15-0044

				T	o 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared:
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
	Component		No. or beus	,	CAR ROULS	II LI E V	
		Line Number	2.00	Available	4.00	Г 00	
1 00	III	1.00	2.00	3.00	4. 00	5. 00	1 00
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 an		216	78, 840	0. 00	0	1. 00
	exclude Swing Bed, Observation Bed and Hosp	ı ce					
	days)(see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)			,			2.00
3.00	HMO IPF Subprovider			,			3.00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6. 00
7.00	Total Adults and Peds. (exclude observation		216	78, 840	0. 00	0	7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00	32	11, 680	0. 00	0	8. 00
9.00	CORONARY CARE UNIT	32. 00	0	0	0.00	0	9. 00
10.00	BURN INTENSIVE CARE UNIT	33. 00		0	0. 00	0	10.00
11. 00	SURGICAL INTENSIVE CARE UNIT	34. 00		o o	0. 00		
12. 00	OTHER SPECIAL CARE (SPECIFY)		_			_	12.00
	NURSERY	43. 00				0	
14. 00	Total (see instructions)	10.00	248	90, 520	0. 00		
	CAH visits		240	70, 320	0.00	0	
16. 00	SUBPROVI DER - I PF	40. 00	0	0		0	
	SUBPROVIDER - I RF	41. 00				0	•
18. 00	SUBPROVI DER	42.00				0	•
	SKILLED NURSING FACILITY	44. 00				0	•
20.00		45. 00 45. 00				0	•
	NURSING FACILITY					U	
	OTHER LONG TERM CARE	46. 00		9		0	21.00
22.00	HOME HEALTH AGENCY	101.00		ŀ		0	
	AMBULATORY SURGI CAL CENTER (D. P. )	115.00					23. 00
	HOSPI CE	116.00		0			24. 00
	HOSPICE (non-distinct part)	30.00				0	24. 10
25.00	CMHC - CMHC	99. 00				0	
25. 10	CMHC - CORF	99. 10				0	
	RURAL HEALTH CLINIC	88. 00				0	
	FEDERALLY QUALIFIED HEALTH CENTER	89. 00				0	
	Total (sum of lines 14-26)		248			_	27. 00
	Observation Bed Days			,		0	
	Ambulance Trips						29. 00
	Employee discount days (see instruction)						30. 00
31.00	Employee discount days - IRF						31. 00
	Labor & delivery days (see instructions)		0	0			32. 00
32.01	Total ancillary labor & delivery room						32. 01
	outpatient days (see instructions)						1
33.00	LTCH non-covered days						33. 00
33. 01	LTCH site neutral days and discharges						33. 01

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				0 08/31/2022	1/30/2023 6: 4	
	I/P Days	/ O/P Visits	/ Tri ps	Full Time	Equi val ents	l piii
Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
Somponerie	I II the Aviii	II ti o xi x	Patients	& Residents	Payrol I	
	6. 00	7. 00	8. 00	9. 00	10. 00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 ar		781	52, 635			1.00
exclude Swing Bed, Observation Bed and Hosp	oli ce					
days)(see instructions for col. 2 for the						
portion of LDP room available beds)						
2.00 HMO and other (see instructions)	14, 865	8, 197				2. 00
3.00 HMO IPF Subprovider	0	0				3. 00
4.00 HMO IRF Subprovider	0	0				4. 00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	C	)		5. 00
6.00 Hospital Adults & Peds. Swing Bed NF		0	C	)		6. 00
7.00 Total Adults and Peds. (exclude observation	n 18, 857	781	52, 635			7. 00
beds) (see instructions)						
8. 00 INTENSIVE CARE UNIT	2, 499	162	3, 732			8. 00
9. 00 CORONARY CARE UNIT	0	0	O	1		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	O	)		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	C	1		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)		0.0	0.000			12.00
13. 00 NURSERY	04 05/	90	2, 232		1 04/ 00	13.00
14.00 Total (see instructions)	21, 356	1, 033	58, 599	0. 00	1, 346. 38	
15.00 CAH visits 16.00 SUBPROVIDER - LPF	0	0	0	0. 00	0.00	15. 00 16. 00
16. 00 SUBPROVI DER - I PF 17. 00 SUBPROVI DER - I RF	0	0	0	0.00	0.00	17. 00
18. 00   SUBPROVIDER - TRF	U	0		0.00		18.00
19.00 SKILLED NURSING FACILITY	0	0		0.00		19. 00
20. 00 NURSING FACILITY	· ·	0		0.00		20. 00
21. 00 OTHER LONG TERM CARE		ŏ		0.00		21. 00
22. 00 HOME HEALTH AGENCY	0	0	Ö	0.00		22. 00
23. 00 AMBULATORY SURGICAL CENTER (D. P.)	J	Ğ		0.00	0.00	
24. 00 HOSPICE	0	0	0			24. 00
24.10 HOSPICE (non-distinct part)	Ĭ	Ĭ	432		0.00	24. 10
25. 00 CMHC - CMHC	0	o	C	0.00	0. 00	25. 00
25. 10 CMHC - CORF	0	ō	Ö	0.00		25. 10
26.00 RURAL HEALTH CLINIC	0	o	C	0. 00	0. 00	26. 00
26. 25 FEDERALLY QUALIFIED HEALTH CENTER	0	o	C	0. 00		•
27.00 Total (sum of lines 14-26)				0.00	1, 346. 38	27. 00
28.00 Observation Bed Days		219	11, 497	•	•	28. 00
29.00 Ambulance Trips	0					29. 00
30.00 Employee discount days (see instruction)			C			30. 00
31.00 Employee discount days - IRF			C	)		31. 00
32.00 Labor & delivery days (see instructions)	0	169	363			32.00
32.01 Total ancillary labor & delivery room			C			32. 01
outpatient days (see instructions)				1		[
33.00 LTCH non-covered days	0			1		33. 00
33.01 LTCH site neutral days and discharges	0			1		33. 01

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				1"	0 08/31/2022	1/30/2023 6:4	
		Full Time		Disch	arges	17 007 2020 0. 1	O DIII
		Equi val ents			3		
	Component	onpaid Workers	Title V	Title XVIII	Title XIX	Total All	
		lonpara normor				Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 an	d 8	0	4, 511	938	11, 777	1.00
	exclude Swing Bed, Observation Bed and Hosp	i ce					
	days)(see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)			2, 470	1, 130		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7.00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0. 00	0	4, 511	938	11, 777	14.00
15.00	CAH visits						15. 00
16.00	SUBPROVIDER - IPF	0. 00	0	0	0	0	16. 00
17. 00	SUBPROVIDER - IRF	0. 00	0	0	0	0	
	SUBPROVI DER	0. 00	0		0	0	
	SKILLED NURSING FACILITY	0. 00		,			19. 00
	NURSING FACILITY	0. 00					20. 00
	OTHER LONG TERM CARE	0. 00				0	
	HOME HEALTH AGENCY	0. 00					22. 00
	AMBULATORY SURGICAL CENTER (D. P.)	0. 00		,			23. 00
	HOSPI CE	0. 00					24. 00
	HOSPICE (non-distinct part)						24. 10
	CMHC - CMHC	0. 00					25. 00
	CMHC - CORF	0. 00					25. 10
	RURAL HEALTH CLINIC	0.00					26. 00
	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
	Total (sum of lines 14-26)	0. 00					27. 00
	Observation Bed Days						28. 00
	Ambul ance Tri ps						29. 00
	Employee discount days (see instruction)						30.00
	Employee discount days - IRF						31.00
	Labor & delivery days (see instructions)						32.00
32. 01	Total ancillary labor & delivery room						32. 01
22.00	outpatient days (see instructions)						22.00
	LTCH non-covered days			0			33.00
33. 01	LTCH site neutral days and discharges			0			33. 01

	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES							1
1. 00	Total salaries (see	200. 00	114, 257, 995	0	114, 257, 995	2, 808, 157. 51	40. 69	1.00
2. 00	instructions) Non-physician anesthetist Part		0	0	0	0. 00	0.00	2.00
3. 00	Non-physician anesthetist Part		0	0	0	0. 00	0.00	3.00
4. 00	B Physician-Part A -		0	0	0	0. 00	0.00	4.00
4. 01	Administrative Physicians - Part A - Teaching		0	0	0	0. 00	0.00	•
5. 00	Physician and Non Physician-Part B		0	0	0	0. 00	0. 00	5.00
6. 00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0. 00	0. 00	6.00
7. 00	Interns & residents (in an approved program)	21. 00	0	0	0	0. 00	0.00	7. 00
7. 01	Contracted interns and residents (in an approved		0	0	0	0. 00	0. 00	7. 01
8. 00	programs) Home office and/or related		0	0	0	0. 00	0.00	8.00
9.00	organization personnel	44. 00	0	0	0	0.00	0.00	•
10.00	Excluded area salaries (see instructions)		1, 334, 125	55, 150	1, 389, 275	43, 327. 11	32. 06	10.00
11.00	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		9, 678, 709	0	9, 678, 709	72, 823. 14	132. 91	11.00
12. 00	Care Contract Labor: Top Level management and other management		0	0	0	0. 00	0. 00	12. 00
13.00	and administrative services Contract Labor: Physician-Part		42, 375	0	42, 375	428. 50	98. 89	13.00
14. 00	A - Administrative Home office and/or related organization salaries and		0	0	0	0. 00	0. 00	14.00
14. 01	wage-related costs Home office salaries		23, 548, 512	0	23, 548, 512	573, 159. 00	41. 09	14. 01
14.02	Related organization salaries Home office: Physician Part A -		0	0	0	0. 00 0. 00	0.00	14. 02 15. 00
	Administrative Home office and Contract		0	0	0	0. 00		16.00
	Physicians Part A - Teaching Home office Physicians Part A -		0	0	0	0. 00		16. 01
	Teaching Home office contract Physicians		0	0	0	0. 00	0. 00	16. 02
	Part A - Teaching WAGE-RELATED COSTS							-
17. 00	Wage-related costs (core) (see instructions)		24, 859, 562	0	24, 859, 562			17. 00
18. 00	Wage-related costs (other) (see instructions)	•						18. 00
	Excluded areas Non-physician anesthetist Part		357, 867 0	0	357, 867 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	0	0			21.00
22. 00	B Physician Part A - Administrative		0	0	0			22. 00
	Physician Part A - Teaching		0	0	0			22. 01
24.00	Physician Part B Wage-related costs (RHC/FQHC) Interns & residents (in an		0	0	0			23. 00 24. 00 25. 00
	approved program) Home office wage-related (core) Related organization		6, 171, 299 0	0	6, 171, 299 0			25. 50 25. 51
25. 52	wage-related (core) Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25. 52

Heal th F	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lie	ı of Form CMS-2	2552-10
	L WAGE INDEX INFORMATION			Provi der C	F	Period: From 09/01/2021	Worksheet S-3	B epared:
		Wkst. A Line	mount Reported	Reclassi fi cati	Adjusted	Paid Hours	Average Hourly	
		Number	,	on of Salaries	Sal ari es		Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1. 00	2.00	3. 00	4.00	5. 00	6. 00	
25.53 H	lome office: Physicians Part .	A	0	0	C	)		25. 53
-	Teaching - wage-related							
	(core)							
	VERHEAD COSTS - DIRECT SALARI							1
	imployee Benefits Department	4. 00		321	46, 211			26. 00
	dministrative & General	5. 00		-785, 235				27. 00
	dministrative & General unde	ſ	520, 512	0	520, 512	9, 130. 49	57. 01	28. 00
	contract (see inst.)							
	laintenance & Repairs	6. 00		0	C	0. 00		29. 00
	peration of Plant	7. 00		7, 056				30.00
	aundry & Linen Service	8. 00		0	82, 273			31.00
	lousekeepi ng	9. 00	2, 203, 090	25, 979	2, 229, 069	•		32. 00
	lousekeeping under contract		0	0	C	0. 00	0.00	33. 00
	(see instructions)							
34.00 D		10. 00	2, 796, 850	-1, 521, 457	1, 275, 393	59, 555. 22		34.00
35.00 D	Dietary under contract (see		0	0	C	0.00	0.00	35.00
	nstructions)							
36.00 C	Cafeteri a	11. 00		1, 542, 545	1, 542, 545	72, 707. 60	21. 22	36. 00
37.00 M	laintenance of Personnel	12. 00	0	0	C	0. 00	0.00	37. 00
38. 00 N	lursing Administration	13. 00	1, 535, 069	14, 896	1, 549, 965	45, 229. 71		
39.00 C	Central Services and Supply	14. 00	843, 096	1, 714	844, 810	35, 213. 98	23. 99	39. 00
40.00 P	Pharmacy	15. 00	4, 762, 588	-41, 479	4, 721, 109	84, 623. 66	55. 79	40.00
41.00 M	ledical Records & Medical	16. 00	3, 359, 108	1, 962	3, 361, 070	75, 007. 81	44. 81	41.00
	Records Library							[
42.00 S	Social Service	17. 00		0	C	0. 00		42. 00
43.00 0	Other General Service	18. 00	0	0	<b> </b> C	0.00	0.00	43. 00

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lieu	u of Form CMS-2	552-10
HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 15-0044 Period From 0		From 09/01/2021 To 08/31/2022	Date/Time Pre 1/30/2023 6:4	pared: 8 pm
			mount Reported				Average Hourly	
		Line Number		on of Salaries			Wage (col. 4 ÷	
				,	(col.2 ± col.		col . 5)	
				Norksheet A-6)	_	col. 4		
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see instruction	s)	114, 778, 507	0	114, 778, 507	2, 817, 288. 00	40. 74	1.00
2.00	Excluded area salaries (see		1, 334, 125	55, 150	1, 389, 275	43, 327. 11	32. 06	2.00
	instructions)							
3.00	Subtotal salaries (line 1 min	ıs	113, 444, 382	-55, 150	113, 389, 232	2, 773, 960. 89	40. 88	3.00
	line 2)							
4.00	Subtotal other wages & relate	d	33, 269, 596	0	33, 269, 596	646, 410. 64	51. 47	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		31, 030, 861	0	31, 030, 86	0.00	27. 37	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		177, 744, 839	-55, 150	177, 689, 689	3, 420, 371. 53	51. 95	6.00
7.00	Total overhead cost (see		21, 559, 927	-753, 698	20, 806, 229	637, 550. 48	32. 63	7.00
	instructions)					,		
				ļ ļ	<u>.</u>	1	ı	

Health Financial Systems	BAPTIST HEALTH FLOYD	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0044	Peri od: From 09/01/2021 To 08/31/2022 Worksheet S-3 Part IV Date/Time Prepared: 1/30/2023 6:48 pm

	To 08/31/2022	Date/Time Pre 1/30/2023 6:4	pared: 8 pm
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	2, 827, 283	1. 00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5. 00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	84, 456	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	12, 760, 077	8. 02
8.03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	62, 733	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	
	Disability Insurance (If employee is owner or beneficiary)	158, 835	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	682, 311	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106	Non 0	16. 00
	cumulative portion)		
	TAXES		
17.00	FICA-Employers Portion Only	8, 398, 152	17. 00
18.00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unempl oyment Insurance	-4, 793	19. 00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (	see 0	21. 00
	instructions))		
22.00	Day Care Cost and Allowances	0	22. 00
23.00	Tuition Reimbursement	248, 375	23. 00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25, 217, 429	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25. 00
		•	-

Health Financial Systems	BAPTIST HEALTH FLOYD	In Lieu	of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0044	Peri od:	Worksheet S-3	3
		From 09/01/2021 To 08/31/2022		narod
		10 00/31/2022	1/30/2023 6: 4	
Cost Center Description	<u> </u>	Contract Labor		
		1. 00	2. 00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital -Based Component Ident		1		
1.00 Total facility's contract labor and benefit	t cost	9, 678, 709	25, 217, 429	
2. 00 Hospi tal		9, 678, 709	24, 859, 562	
3. 00 SUBPROVIDER - I PF		0	0	3.00
4. 00 SUBPROVIDER - IRF		0	0	4. 00 5. 00
5.00   Subprovider - (Other) 6.00   Swing Beds - SNF		0	0	6.00
7. 00 Swing Beds - NF		0	0	7. 00
8. 00 SKILLED NURSING FACILITY		0	0	
9. 00 NURSING FACILITY		0	0	
10.00 OTHER LONG TERM CARE I		J	O	10.00
11.00 Hospi tal -Based HHA		0	0	11. 00
12.00 AMBULATORY SURGICAL CENTER (D. P. ) I		0	0	
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 Hospi tal -Based-CMHC		0	0	16. 00
16.10 Hospital-Based-CMHC 10		0	0	16. 10
17.00 RENAL DIALYSIS I		0	0	17. 00
18.00 Other		0	357, 867	18. 00

	Financial Systems BAPTIST HEALTH FLOYD				u of Form CMS-2			
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA Provide	er CCN	I: 15-0044	Peri od: From 09/01/2021	Worksheet S-1	10		
					Date/Time Pre	enared.		
					1/30/2023 6: 4			
					1. 00			
	Uncompensated and indigent care cost computation							
1. 00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided Medicaid (see instructions for each line)	by I	ine 202 col	umn 8)	0. 143584	1.00		
2. 00	Net revenue from Medicaid				37, 154, 608	2.00		
3. 00	Did you receive DSH or supplemental payments from Medicaid?					3.00		
4. 00 5. 00	If line 3 is yes, does line 2 include all DSH and/or supplemental p If line 4 is no, then enter DSH and/or supplemental payments from N	,		ii cai d?	0	4.00		
6. 00	Medicaid charges	eui ca	ıu		300, 958, 585	•		
7. 00	Medicaid cost (line 1 times line 6)				43, 212, 837			
8. 00	Difference between net revenue and costs for Medicaid program (line	7 mi	nus sum of	lines 2 and 5;	f < 6,058,229	8.00		
	zero then enter zero)							
0.00	Children's Health Insurance Program (CHIP) (see instructions for ea	ch lir	ne)		1			
	Net revenue from stand-alone CHIP Stand-alone CHIP charges				0			
	Stand-alone CHIP cost (line 1 times line 10)				0			
	Difference between net revenue and costs for stand-alone CHIP (line	11 m	inus line 9	; if < zero the	_	1		
	zero)			•				
	Other state or local government indigent care program (see instruct	ons 1	for each li	ne)		_		
	Net revenue from state or local indigent care program (Not included				1	13.00		
	Charges for patients covered under state or local indigent care pro State or local indigent care program cost (line 1 times line 14)	gram	(NOT INCIUO	lea in lines 6 o	r 10) 0 0			
	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; 0) 16							
	if < zero then enter zero)							
	Grants, donations and total unreimbursed cost for Medicaid, CHIP an	d sta	te/local in	digent care				
	programs (see instructions for each line)							
	Private grants, donations, or endowment income restricted to fundin Government grants, appropriations or transfers for support of hospi				0			
	Total unreimbursed cost for Medicaid , CHIP and state and local ind			ams (sum of lin	-			
. ,	and 16)	gont	oa. o p. og.	ame (eam er iiii	0,0,1200,22,	.,,,,,		
			Uni nsured	Insured	Total (col. 1			
		<u> </u>	pati ents	pati ents	+ col . 2)			
	Uncompensated Care (see instructions for each line)		1. 00	2. 00	3. 00			
	Charity care charges and uninsured discounts for the entire facilit	v (sle	e 20,094,63	321, 911	20, 416, 545	20.00		
	instructions)	´ `						
21 00		(see	2, 885, 26	321, 911	2 207 170			
21.00	Cost of patients approved for charity care and uninsured discounts instructions)				3, 207, 179	21.00		
	instructions) Payments received from patients for amounts previously written off	as		0 0				
22. 00	instructions)	as	2, 885, 26		0	22. 00		
22. 00	instructions) Payments received from patients for amounts previously written off charity care	as	2, 885, 26		0 3, 207, 179	22. 00		
22. 00	instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)			321, 911	0 3, 207, 179 1. 00	22. 00		
22. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care prog	ys beg	yond a Leng	321, 911 oth of stay limi	0 3, 207, 179 1. 00 t N	22.00		
22. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient da	ys beg	yond a Leng	321, 911 oth of stay limi	0 3, 207, 179 1. 00 t N	22.00		
22. 00 23. 00 24. 00 25. 00 26. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient da imposed on patients covered by Medicaid or other indigent care prog If line 24 is yes, enter the charges for patient days beyond the in limit Total bad debt expense for the entire hospital complex (see instructions)	ys begram? digen	yond a Leng t care prog	321, 911 oth of stay limi	3, 207, 179  1.00 t N stay 0 13, 926, 905	22. 00 23. 00 24. 00 25. 00 26. 00		
22. 00 23. 00 24. 00 25. 00 26. 00 27. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care proglif line 24 is yes, enter the charges for patient days beyond the inlimit Total bad debt expense for the entire hospital complex (see instruct Medicare reimbursable bad debts for the entire hospital complex (see	ys be ram? digen tions; e ins	yond a leng t care prog ) tructions)	321, 911 oth of stay limi	3, 207, 179  1.00 t N  stay 0  13, 926, 905 454, 124	22. 00 23. 00 24. 00 25. 00 26. 00 27. 00		
22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care prog If line 24 is yes, enter the charges for patient days beyond the inlimit Total bad debt expense for the entire hospital complex (see instruct Medicare reimbursable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instructions)	ys be ram? digen tions; e ins	yond a leng t care prog ) tructions)	321, 911 oth of stay limi	3, 207, 179  1.00 t N  stay 0  13, 926, 905 454, 124 698, 653	22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01		
22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01 28. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care prog If line 24 is yes, enter the charges for patient days beyond the inlimit Total bad debt expense for the entire hospital complex (see instruct Medicare reimbursable bad debts for the entire hospital complex (see inon-Medicare bad debt expense (see instructions)	ys be ram? digen tions e ins nstru	yond a leng t care prog ) tructions) ctions)	th of stay limi	3, 207, 179  1.00 t N  stay 0  13, 926, 905 454, 124 698, 653 13, 228, 252	22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01 28. 00		
22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 27. 01 28. 00 29. 00	Instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care prog If line 24 is yes, enter the charges for patient days beyond the inlimit Total bad debt expense for the entire hospital complex (see instruct Medicare reimbursable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instruct Medicare allowable bad debts for the entire hospital complex (see instructions)	ys be ram? digen tions e ins nstru	yond a leng t care prog ) tructions) ctions)	th of stay limi	3, 207, 179  1.00 t N  stay 0  13, 926, 905 454, 124 698, 653	24. 00 25. 00 26. 00 27. 00 27. 01 28. 00 29. 00		

		T				
Health Financial Systems RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	DE EXPENSES	Provider CC	N: 15 0044   D	<u>In Lieu</u> eriod:	of Form CMS-2 Worksheet A	2552-10
RECEASSITICATION AND ADJUSTMENTS OF TRIAL BALANCE	OI EXPENSES	Frovider CC	N. 13-0044   F	rom 09/01/2021		
					Date/Time Pre 1/30/2023 6:4	epared: 18 pm
Cost Center Description	Sal ari es	Other '	•			
			+ col . 2)	ons (See A-6)		
					(col. 3 +-	
	1.00	2.00	3. 00	4. 00	col . 4) 5.00	
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	1.00	2.00	3.00	4.00	<u>5.00</u>	97. 00
99. 00 09900 CMHC	0	0	0	0	0	•
99. 10 09910 CORF	0	0	0	0	0	
100.0010000   &R SERVICES-NOT APPRVD PRGM	0	ő	0	0	•	100.00
101. 0010100 HOME HEALTH AGENCY	0	ő	0	0		101.00
SPECIAL PURPOSE COST CENTERS	-1	-1	-	,		
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	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		111. 00
113. 00 11300 INTEREST EXPENSE		0	0	0		113. 00
114. OO 11400 UTILIZATION REVIEW-SNF	0	0	0	0		114. 00
115. OO 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)	113, 335, 511	234, 385, 496	347, 721, 007	6, 032, 349	353, 753, 356	118.00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	٥	ام				190. 00
190.0019000161F1 FLOWER COFFEE SHOP & CAN	93, 433	25, 609	119, 042	0	119, 042	
191. 0019100 RESEARCH 192. 0019200 PHYSI CLANS PRI VATE OFFI CES	93, 433	648, 022	648, 022		971, 386	
192. 01 19201 OTHER NRCC	0	040, 022	048, 022	-1, 279	-1, 279	•
192. 0219202 LTC	0	ő	0	1,277		192. 02
193. 0019300 NONPALD WORKERS	0	ő	0	0		193.00
194. 0007950 MARKETI NG	0	ő	0	0		194.00
194. 0107951 PHARMACY RETAIL	412, 014	6, 499, 230	6, 911, 244	-6, 354, 434	556, 810	
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	417, 037	217, 829	634, 866		634, 866	
200.00 TOTAL (SUM OF LINES 118 through 199)	114, 257, 995	241, 776, 186	356, 034, 181		356, 034, 181	
	•	•				•

Health Financial Systems BAPTIST HERECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0044

				To	
	Cost Center Description		Net Expenses		
		(See A-8) 6.00	For Allocation 7.00	3	
	GENERAL SERVICE COST CENTERS	6.00	7.00		
1.00	00100 CAP REL COSTS-BLDG & FIXT	0	5, 499, 267	7	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	5, 489, 711		2.00
3. 00 4. 00	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0 142, 636		3. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	-24, 587, 719	1	l control of the cont	5. 00
7. 00	00700 OPERATION OF PLANT	0	9, 138, 574	l control of the cont	7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	0	1, 243, 492	l control of the cont	8. 00
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	-54, 421	3, 406, 407 2, 165, 885		9. 00 10. 00
11. 00		-1, 299, 840		l control of the cont	11. 00
	01200 MAINTENANCE OF PERSONNEL	0	0		12. 00
	01300 NURSI NG ADMI NI STRATI ON	0	2, 459, 410	l control of the cont	13. 00
15.00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	-1, 408	3, 550, 777 6, 050, 763		14. 00 15. 00
	01600 MEDI CAL RECORDS & LI BRARY	-173, 706		l e e e e e e e e e e e e e e e e e e e	16. 00
17.00	01700 SOCI AL SERVI CE	0		II and the second secon	17. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	571, 476	ol .	23. 00
30.00	O3000 ADULTS & PEDIATRICS	-8, 774, 175	43, 216, 653	al .	30.00
	03100 INTENSIVE CARE UNIT	0,774,179	12, 232, 356	l e e e e e e e e e e e e e e e e e e e	31. 00
	03200 CORONARY CARE UNIT	0	0		32. 00
	03300 BURN INTENSIVE CARE UNIT	0	0		33.00
	03400  SURGI CAL   INTENSI VE CARE UNI T   04000  SUBPROVI DER -   PF		0		34. 00 40. 00
	04100 SUBPROVI DER – I RF	0	Ö		41. 00
	04200 SUBPROVI DER	0	0		42. 00
43.00	04300 NURSERY	-65, 137	1, 062, 127		43.00
	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY		0		44. 00 45. 00
	04600 OTHER LONG TERM CARE	0	Ö		46. 00
	ANCILLARY SERVICE COST CENTERS				
	05000 OPERATING ROOM	-3, 391, 822		l control of the cont	50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	-159, 833	3, 856, 121 3, 314, 595	l control of the cont	51. 00 52. 00
	05300 ANESTHESI OLOGY	0	0,011,070	l e e e e e e e e e e e e e e e e e e e	53. 00
	05400 RADI OLOGY-DI AGNOSTI C	0	7, 653, 242	l control of the cont	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	10, 000		l e e e e e e e e e e e e e e e e e e e	55.00
57.00	05600 RADI OI SOTOPE 05700 CT SCAN		0 2, 351, 111		56. 00 57. 00
	05800 MRI	Ö	1, 079, 865	l e e e e e e e e e e e e e e e e e e e	58. 00
	05900 CARDIAC CATHETERIZATION	-114, 167	1		59. 00
	06000 LABORATORY	-15, 809			60.00
	06001 LABORATORY - PATHOLOGY 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		60. 01 61. 00
	06200 WHOLE BLOOD & PACKED RED BLOOD	0	1, 058, 854	Í	62.00
	06300 BLOOD STORING PROCESSING & TRA	0	0		63. 00
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	4, 866, 426		64.00
	06600 PHYSI CAL THERAPY		6, 380, 600 1, 425, 512		65. 00 66. 00
67.00	06700 OCCUPATI ONAL THERAPY	Ö	488, 460		67. 00
	06800 SPEECH PATHOLOGY	0	655, 993	l control of the cont	68. 00
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-3, 446 -8, 670			69. 00 70. 00
	07100 MEDI CAL SUPPLI ES CHARGED TO PAT	32, 561		l control of the cont	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		l control of the cont	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	20, 841, 533		73. 00
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	1, 257, 854 0	l control of the cont	74. 00 75. 00
	03950 NUTRI TI ON/DI ABETES				76. 00
76. 01	03020 WOUND CARE CENTER	-9, 082	1, 624, 194	4	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	614, 205	5	76. 97
88 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC				88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89. 00
90.00	09000 CLI NI C	Ö	1, 738, 028		90.00
	09100 EMERGENCY	-612, 792	13, 652, 835	5	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				92. 00
94. 00	09400 HOME PROGRAM DIALYSIS	0	0		94. 00
95.00	09500 AMBULANCE SERVICES	-6, 000			95. 00
	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
	09700 DURABLE MEDICAL EQUIP-SOLD 09900 CMHC	0	0		97. 00 99. 00
, , . 00	STATE   STAT			1	, , , , , , ,

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Period: From 09/01/2021 To 08/31/2022 Provi der CCN: 15-0044 Worksheet A Date/Time Prepared: 1/30/2023 6:48 pm Cost Center Description Adjustments Net Expenses

oost center bescription	,	The C Expenses		
		For Allocation		
	6. 00	7. 00		
99. 10  09910  CORF	0	0	99. 10	0
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00	Ю
101.00 10100 HOME HEALTH AGENCY	0	0	101. 00	0
SPECIAL PURPOSE COST CENTERS				
105. 00 10500 KIDNEY ACQUISITION	0	0	105. 0	0
106. 00 10600 HEART ACQUISITION	0	0	106. 0	0
107.00 10700 LIVER ACQUISITION	0	0	107. 0	0
108. 00 10800 LUNG ACQUISITION	0	O	108.00	0
109. 00 10900 PANCREAS ACQUISITION	0	o	109.00	Ю
110. Od 11000 INTESTINAL ACQUISITION	0	o	110.00	0
111.0011100 ISLET ACQUISITION	0	o	111.00	0
113. 00 11300   NTEREST EXPENSE	0	o	113.00	0
114. OO 11400 UTILIZATION REVIEW-SNF	0	ol	114.00	0
115. OC 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	ol	115.00	0
116. 0011600 HOSPI CE	0	o	116. 0	O
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-39, 235, 466	314, 517, 890	118.0	
NONREI MBURSABLE COST CENTERS	,,,	, ,		
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190. 0	00
191. 0019100 RESEARCH	0	119, 042	191.0	
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	971, 386	192.00	
192. 01/19201 OTHER NRCC	0	-1, 279	192.0	
192. 0219202 LTC	0	., _ , ,	192.0	
193. 00 19300 NONPALD WORKERS	0	0	193. 0	
194. 0007950 MARKETI NG	0	0	194.0	
194. 0107951 PHARMACY RETAIL	Ö	556, 810	194. 0	
194. 0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	634, 866	194. 0	
200.00 TOTAL (SUM OF LINES 118 through 199)	-39, 235, 466		200. 0	
233. 34   TOTAL (30m of Lines 110 through 177)	37, 233, 400	310, 770, 713	<b>2</b> 00. 00	J

Health Financial Systems RECLASSIFICATIONS BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10

Peri od: From 09/01/2021 To 08/31/2022 Date/Ti me Prepared: 1/30/2023 6:48 pm Provi der CCN: 15-0044

					1/30/202	23 6: 48 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73. 00	0	20, 531, 522		1.00
3.00		0. 00	0	0		3. 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
11.00		0.00	0	0		11.00
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	•			15. 00
	O CURRILEC LAND ANTE AND DV	/FC	0	20, 531, 522		
1 00	B - SUPPLIES IMPLANTS AND DY			12 002 0/0		1 00
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00		13, 802, 069		1. 00
2 00	PAT	TC 70.00		20 102 (17		2.00
2.00	IMPL. DEV. CHARGED TO PATIENTS			20, 103, 617		2.00
3.00	DRUGS CHARGED TO PATIENTS	73. 00		310, 011		3.00
4. 00	ADMINISTRATIVE & GENERAL	5. 00		1, 039, 655		4.00
5. 00	PHARMACY	15. 00		789		5. 00
6. 00	CLI NI C	90. 00		438		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
11.00		0. 00	0	0		11.00
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	O		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		<u> </u>	약	9		27. 00
	0		0	35, 256, 579		
4 00	C - PHARMACY RESIDENCY	00.00	50.000	04 000		
1. 00	PARAMED ED PRGM-PHARMACY	23. 00	50, 283	91, 089		1. 00
	RESI DENCY	+	— - <sub></sub>	— <u></u>		
	0		50, 283	91, 089		
1 00	D - CAFETERIA RECLASS	11 00	1 540 545	1 201 004		1 00
1. 00	CAFETERI A	<u>11.</u> 00	1, 542, 545	<u>1, 291, 094</u>		1. 00
	U E DI DO 10 EL VE DEDDEGLATION		1, 542, 545	1, 291, 094		
1 00	E - BLDG & FIXT DEPRECIATION			E 000 (01		1 00
1. 00	CAP REL COSTS-BLDG & FIXT	1.00	의	5, 822, 631		1. 00
	F - MOVABLE DEPRECIATION		0	5, 822, 631		
1 00	CAP REL COSTS-MVBLE EQUIP	2 00	٥	F 400 711		1 00
1. 00	CAP REL COSTS-MVBLE EQUIP		— — — }	5, 489, 711 5, 489, 711		1. 00
	C LD ANGLLLADY COST DECLAS		<u> </u>	5, 489, 711		
1 00	G - IP ANCILLARY COST RECLAS		2 224 222	/ 4E 4E0		1 00
1.00	INTENSIVE CARE UNIT	31. 00	3, 334, 222	645, 150		1.00
2.00	OPERATING ROOM	50.00	1, 306, 610	252, 701		2.00
3.00	RECOVERY ROOM	51. 00	2, 054	397		3. 00
4. 00	DELIVERY ROOM & LABOR ROOM	52.00	159, 191	30, 789		4.00
5. 00	RADI OLOGY-DI AGNOSTI C	54. 00	3, 396	657		5. 00
6. 00	CARDI AC CATHETERI ZATI ON	59. 00	92, 310	17, 853		6. 00
7. 00	LABORATORY	60.00	115, 717	22, 381		7. 00
8. 00	WHOLE BLOOD & PACKED RED BLO		63, 811	12, 322		8. 00
9. 00	INTRAVENOUS THERAPY	64. 00	17, 506	3, 384		9. 00
10.00	RESPI RATORY THERAPY	65. 00	86, 449	16, 720		10. 00
11.00	RENAL DIALYSIS	74. 00	104, 749	20, 231		11. 00
12.00	WOUND CARE CENTER	76. 01	2, 116	409		12. 00
13.00	EMERGENCY	<u>91.</u> 00	2 <u>5, 6</u> 77	<u>4, 9</u> 66		13. 00
	0		5, 313, 808	1, 027, 960		

Health Financial Systems RECLASSIFICATIONS BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10 Provi der CCN: 15-0044

Peri od: From 09/01/2021 To 08/31/2022 Date/Ti me Prepared: 1/30/2023 6: 48 pm

COST CENTER   1714   150   150   1714   17			Lnorocco			1/30/2023 6	. 40 pili
1.00		Cost Contor	Increases	Coloru	Othor		
H - OP ANCILLARY COST RECLASS   1.00   109,065   21,091   1.00							1
1.00   OPERATING ROOM				4.00	5.00		
2. 00 RECOVERY ROOM	1 00			100.0(3	21 001		1 1 00
3.00 ADDIOCY-DIAGNOSTIC 54,00 4,022 771 4.00 CT SCAN FIRST SCAN 57,00 1,402 2711 4.00 CT SCAN 57,00 1,402 2711 4.00 CT SCAN 57,00 1,402 2711 5.56 CARDIAC CATHETER ZATION 59,00 2,771 5.36 CARDIAC CATHETER ZATION 60,00 20,278 3,922 6.00 MINULE BLOOD & PACKED RED BLOOD 62,00 3,693 714 7,00 MINULE BLOOD & PACKED RED BLOOD 62,00 3,693 714 7,00 MINULE BLOOD & PACKED RED BLOOD 62,00 3,693 714 7,00 MINULE BLOOD & PACKED RED BLOOD 62,00 3,246,006 627,811 8.0 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 10.00 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 10.00 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 10.00 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 11.00 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 11.00 DO CHITCHORNEEPHALOGRAPHY 70,00 1,086 210 11.00 DO CHITCHORNEEPHALOGRAPHY 70,00 7,056 1,660 10.00 DO CHITCHORNEEPHALOGRAPHY 70,00 7,056 1,660 10.00 DO PERATION OF PLANT 7,00 7,056 1,660 10.00 DO PERATION OF PLANT 7,00 7,056 1,660 5.00 DO PERATION OF PLANT 7,00 1,896 3,508 6.00 DO PERATION OF PLANT 10,00 12,088 4,966 5.00 DO BETARY 10,00 12,088 4,966 5.00 DO DETARY 10,00 1,1714 404 7,00 1,714 404 7,00 1,700 PROMISE SAMPLEY 15,00 1,896 4,966 5.00 DO DETARY 15,00 1,896 4,000 11,896 3,508 6.00 DO WINDOWN AND AND AND AND AND AND AND AND AND AN							
4.00							
5.00 CARDIAC CATHETERIZATION 59.00 2,771 5.56 00 LARDATORY 60.00 20,278 3,922 6.60 10 NATAMENTORY 60.00 70,278 3,922 6.60 10 NATAMENOUS THERAPY 64.00 3,246,006 627,811 8.00 10 NATAMENOUS THERAPY 65.00 76 15 9,00 11.00 MOUND CARE CENTER 76.01 2.574 498 11.00 11.00 CHETCRICONCEPHALOGRAPHY 70.00 1.086 210 10.00 11.00 CHETCRICONCEPHALOGRAPHY 70.00 1.086 210 11.00 11.00 CHING 90.00 25,605 50.984 11.00 11.00 CHING 90.00 75,740 90 1.120.631 11.00 CHING 90.00 70.00 1.00 90.00 90.00				., .	- 1		
ABORATORY   0.0   0.0   2.0   2.78   3.922							
7.00 MHOLE BLOOD & PACKED RED BLOOD & 2.00   3.693   714   8.00   1714 MEXPONDS THERAPY   6.5.00   3.246,006   627,811   8.00   9.00   RESPIRATIONY THERAPY   6.5.00   7.6   15   9.00   10.00							
B. 00   NTRAVENUS THERAPY   64. 00   3. 246. 006   627, 811   9. 00   10. 00   ELECTROENCEPHALOGRAPHY   70. 00   1. 086   210   11. 00							
9.00 RESPIRATORY THERAPY 65.00 1.086 210 10.00 11.00 PARTICIPATION THERAPY 70.00 1.086 210 11.00 PARTICIPATION THERAPY 70.00 1.086 210 11.00 PARTICIPATION THERAPY 70.00 1.086 210 11.00 PARTICIPATION THERAPY 70.00 1.25.74 498 111.00 PARTICIPATION PARTICIP	7.00	WHOLE BLOOD & PACKED RED BLO	OD 62. 00	3, 693	714		7. 00
10.00   LECTROENCEPHALOGRAPHY   70.00   1.086   210   11.00   12.00			64. 00	3, 246, 006	627, 811		8. 00
11.00   WOUND CARE CENTER   76.01   2,574   4.98     12.00     1.00     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10     1.00     1.10       1.00     1.10     1.00   1.00   1.00     1.00   1.00   1.00     1.00     1.00     1.00     1.00     1.00	9.00	RESPI RATORY THERAPY	65. 00	76	15		9. 00
12.00   CLINIC   90.00   263,605   50,984     12.00	10.00	ELECTROENCEPHALOGRAPHY	70. 00	1, 086	210		10.00
1.00	11.00	WOUND CARE CENTER	76. 01	2, 574	498		11. 00
COVID EXPENSES   1.00	12.00	CLINIC	90. 00	263, 605	50, 984		12. 00
COVID EXPENSES   1.00			$+$		1, 120, 631		
1.00		I - COVID EXPENSES					
2.00	1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	321	76		1.00
HOUSEKEEPING							
5.00							
6.00							
7.00							
B. 00							
9. 00   MEDI CAL RECORDS & LI BRARY   16. 00   1, 962   462   11. 00   ADULTS & PEDI ATRI CS   30. 00   292, 093   708, 214   11. 00   12. 00   INTENSI VE CARE UNIT   31. 00   34, 790   303, 557   12. 00   10. 00   NURSERY   43. 00   5, 572   1, 312   13. 00   14. 00   OPERATING ROOM   50. 00   64, 774   15, 254   15. 00   15. 00   RECOVERY ROOM   51. 00   66, 684   1, 574   15. 00   16. 00   DELI VERY ROOM & LABOR ROOM   52. 00   17, 042   4, 013   16. 00   17. 00   RADIOLOGY-DI AGNOSTIC   54. 00   60, 387   14, 221   17. 00   17. 00   RADIOLOGY-DI AGNOSTIC   54. 00   60, 387   14, 221   17. 00   17. 00   RADIOLOGY-DI AGNOSTIC   58. 00   4, 182   985   22. 00   17. 0					•		
11. 00   ADULTS & PEDI ATRICS   30. 00   292, 093   708, 214   11. 00     17		· ·		-,	,		
12. 00   NTENSIVE CARE UNIT   31. 00   34,790   303,557   12. 00		•					
13. 00   NURSERY							
14. 00   OPERATING ROOM		•					
15. 00   RECOVERY ROOM   51. 00   6.684   1.574   15. 00   16. 00   DELI VERY ROOM & LABOR ROOM   52. 00   17, 042   4, 013   16. 00   17. 00   RADI OLOGY-DI AGNOSTI C   54. 00   60, 387   14, 221   17. 00   17. 00   CT SCAN   57. 00   8, 481   1, 997   19. 00   19. 00   CT SCAN   58. 00   4, 182   985   22. 00   20. 00   MRI   58. 00   4, 182   985   22. 00   22. 00   LABORATORY   60. 00   57, 471   3, 416, 594   22. 00   23. 00   INTRAVENDUS THERAPY   64. 00   5, 491   1, 293   23. 00   24. 00   RESPI RATORY THERAPY   65. 00   25, 739   253, 783   24. 00   25. 00   PHYSI CAL THERAPY   66. 00   9, 323   2, 195   25. 00   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   0 CCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00							
16. 00 17. 00 18. 481 1. 1, 997 19. 00 20. 00 20. 00 21. 00 22. 00 24. 00 25. 230 25. 230 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 39 25. 00 26. 00 26. 00 26. 00 27. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 29. 20. 00 29. 20. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 20. 00 29. 0							
17. 00							
19.00   CT SCAN   57.00   8, 481   1, 997   20.00   MRI   58.00   4, 182   985   20.00							
20.00   MRI							
21.00   CARDI AC CATHETERI ZATI ON   59.00   25,230   5,942   21.00   22.00   LABORATORY   60.00   57,471   3,416,594   22.00   23.00   INTRAVENOUS THERAPY   64.00   5,491   1,293   23.00   24.00   RESPI RATORY THERAPY   65.00   25,739   253,783   24.00   25.00   PHYSI CAL THERAPY   66.00   9,323   2,195   25.00   26.00   0CCUPATI ONAL THERAPY   67.00   2,993   705   26.00   0CCUPATI ONAL THERAPY   67.00   2,993   705   26.00   27.00   SPEECH PATHOLOGY   68.00   3,334   785   27.00   28.00   ELECTROCARDI OLOGY   69.00   1,767   416   28.00   30.00   WOUND CARE CENTER   76.01   2,982   702   30.00   31.00   CARDI AC REHABI LI TATI ON   76.97   3,589   845   33.00   26.00   27.							
22.00   LABORATORY							
23. 00   INTRAVENOUS THERAPY   64. 00   5, 491   1, 293   23. 00   24. 00   RESPI RATORY THERAPY   65. 00   25, 739   253, 783   24. 00   25. 00   PHYSI CAL THERAPY   66. 00   9, 323   2, 195   25. 00   26. 00   OCCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00   27. 00   SPEECH PATHOLOGY   68. 00   3, 334   785   27. 00   28. 00   ELECTROCARDI OLOGY   69. 00   1, 767   416   28. 00   30. 00   WOUND CARE CENTER   76. 01   2, 982   702   30. 00   31. 00   CARDI AC REHABI LI TATI ON   76. 97   3, 589   845   31. 00   33. 00   EMERGENCY   91. 00   66, 624   111, 869   33. 00   34. 00   PHARMACY RETAIL   194. 01   4, 867   1, 146   34. 00   0   0   323, 364   00   0   0   323, 364   00   0   0   323, 364   00   0   0   0   323, 364   00   0   0   0   0   1, 132, 167   00   0   0   0   1, 132, 167   00   0   0   0   0   0   0   0   0							
24. 00     RESPI RATORY THERAPY     65. 00     25, 739     253, 783     24. 00       25. 00     PHYSI CAL THERAPY     66. 00     9, 323     2, 195     25. 00       26. 00     OCCUPATI ONAL THERAPY     67. 00     2, 993     705     26. 00       27. 00     SPEECH PATHOLOGY     68. 00     3, 334     785     27. 00       28. 00     ELECTROCARDI OLOGY     69. 00     1, 767     416     28. 00       30. 00     WOUND CARE CENTER     76. 01     2, 982     702     30. 00       31. 00     CARDI AC REHABI LI TATI ON     76. 97     3, 589     845     31. 00       33. 00     EMERGENCY     91. 00     66, 624     111, 869     33. 00       9HARMACY RETAIL     194. 01     4, 867     1, 146     34. 00       0     785, 235     4, 866, 671     1       J - PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON     1. 00     323, 364     1. 00       K - DI ALYSI S EXPENSE     12. 00     0     323, 364     1. 00       L - OVERHEAD EXPENSES     0     0     1, 132, 167     1. 00       1. 00     CENTRAL SERVI CES & SUPPLY     14. 00     0     685, 188     1. 00			60. 00				
25. 00   PHYSI CAL THERAPY   66. 00   9, 323   2, 195   25. 00     26. 00   OCCUPATI ONAL THERAPY   67. 00   2, 993   705   26. 00     27. 00   SPEECH PATHOLOGY   68. 00   3, 334   785   27. 00     28. 00   ELECTROCARDI OLOGY   69. 00   1, 767   416   28. 00     30. 00   WOUND CARE CENTER   76. 01   2, 982   702   30. 00     31. 00   CARDI AC REHABI LI TATI ON   76. 97   3, 589   845   31. 00     33. 00   EMERGENCY   91. 00   66, 624   111, 869   33. 00     34. 00   PHARMACY RETAI L   194. 01   4, 867   1, 146   34. 00     34. 00   PHYSI CI ANS PRI VATE OFFI CES   192. 00   0   323, 364   0     0			64. 00	5, 491	1, 293		23. 00
26. 00 27. 00 27. 00 28. 00 27. 00 28. 00 28. 00 28. 00 29. 00 29. 00 20	24.00	RESPI RATORY THERAPY	65. 00	25, 739	253, 783		24. 00
27. 00 SPEECH PATHOLOGY 68. 00 3, 334 785 27. 00 28. 00 ELECTROCARDI OLOGY 69. 00 1, 767 416 28. 00 30. 00 WOUND CARE CENTER 76. 01 2, 982 702 30. 00 31. 00 CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00 33. 00 EMERGENCY 91. 00 66, 624 111, 869 33. 00 4. 00 PHARMACY RETAIL 194. 01 4, 867 1, 146 0 34. 00  1. 00 PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON  1. 00 PHYSI CI ANS PRI VATE OFFI CES 192. 00 0 323, 364  1. 00    CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 845 31. 00   CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 845 845 845 845 845 845 845 845 845	25.00	PHYSI CAL THERAPY	66. 00	9, 323	2, 195		25.00
28. 00   ELECTROCARDI OLOGY   69. 00   1, 767   416   28. 00   30. 00   WOUND CARE CENTER   76. 01   2, 982   702   30. 00   31. 00   CARDI AC REHABI LI TATI ON   76. 97   3, 589   845   31. 00   33. 00   EMERGENCY   91. 00   66. 624   111, 869   33. 00   34. 00   PHARMACY RETAIL   194. 01   4, 867   1, 146   0   785, 235   4, 866, 671   0   1. 00   PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON	26.00	OCCUPATI ONAL THERAPY	67. 00	2, 993	705		26. 00
30. 00 WOUND CARE CENTER 76. 01 2, 982 702 30. 00 31. 00 CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00 33. 00 EMERGENCY 91. 00 66, 624 111, 869 33. 00 34. 00 PHARMACY RETAIL 194. 01 4, 867 1, 146 0  1. 00 PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON 785, 235 4, 866, 671  1. 00 PHYSI CI ANS PRI VATE OFFI CES 192. 00 0 323, 364 0 1. 00    Compared to the compared t	27.00	SPEECH PATHOLOGY	68. 00	3, 334	785		27. 00
31. 00 CARDI AC REHABI LI TATI ON 76. 97 3, 589 845 31. 00 33. 00 EMERGENCY 91. 00 66, 624 111, 869 33. 00 34. 00 PHARMACY RETAI L 194. 01 4, 867 1, 146 0  1. 00 PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON  1. 00 PHYSI CI ANS PRI VATE OFFI CES 192. 00 0 323, 364 0 1. 00    CARDI AC REHABI LI TATI ON 785, 235 4, 866, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 866, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 866, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 866, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 867, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 867, 671 192. 00 0 323, 364 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 867, 671 192. 00 0 1, 132, 167 0 1. 00   CARDI AC REHABI LI TATI ON 785, 235 4, 867, 671 192. 00 19	28.00	ELECTROCARDI OLOGY	69. 00	1, 767	416		28. 00
33. 00 34. 00 PHARMACY RETAIL 194. 01	30.00	WOUND CARE CENTER	76. 01	2, 982	702		30. 00
33. 00 34. 00 PHARMACY RETAIL 194. 01	31.00	CARDI AC REHABI LI TATI ON	76. 97	3, 589	845		31. 00
34. 00 PHARMACY RETAIL 194. 01 4, 867 1, 146 0 785, 235 4, 866, 671  J - PHYSICIAN OFFICE BLDG DEPRECIATION  1. 00 PHYSICIANS PRIVATE OFFICES 192. 00 0 323, 364 0 1. 00  K - DIALYSIS EXPENSE  1. 00 RENAL DIALYSIS	33.00		91. 00		111, 869		33.00
Test					1		
1. 00 PHYSI CI AN OFFI CE BLDG DEPRECI ATI ON  1. 00 PHYSI CI ANS PRI VATE OFFI CES 192. 00 0 323, 364 0 1. 00 0 323, 364	01.00	0	— — <u>·                                 </u>				000
1. 00 PHYSICIANS PRIVATE OFFICES 192. 00 0 323, 364 0 1. 00 0 323, 364		J - PHYSICIAN OFFICE BLDG DE	PRECLATION	. 55, 250	., 200, 07 1		7
0 323, 364  K - DI ALYSI S EXPENSE  1. 00 RENAL DI ALYSI S 74.00 0 1, 132, 167 0 0 1, 132, 167 L - OVERHEAD EXPENSES  1. 00 CENTRAL SERVI CES & SUPPLY 14.00 0 685, 188 TOTALS 0 685, 188	1 00			0	323 364		1 1 00
1. 00	1.00	0		— — <del>1</del>			1.00
1. 00 RENAL DI ALYSI S 74. 00 0 1, 132, 167 0 1. 00 1, 132, 167		K - DIALYSIS EXPENSE		<u> </u>	323, 304		-
0	1 00		74 00	ΔΙ	1 132 167		1 100
L - OVERHEAD EXPENSES  1. 00	1.00	ncinal di Alisis					1.00
1. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 685, 188 1. 00 TOTALS 0 685, 188		I OVEDHEVD EADENGES		U	1, 132, 107		-
TOTALS 0 685, 188	1 00		14 00	ما	40E 100		1 1 00
	1.00			— — — 泮			1.00
500. 00   or and Total . The eases       13, 465, 761   77, 638, 607	E00 00			12 405 041			E00 00
	500.00	pranu rotar. THCLEases		13, 483, 901	11,038,007		1300.00

Provi der CCN: 15-0044

Peri od: From 09/01/2021 To 08/31/2022 Date/Ti me Prepared: 1/30/2023 6: 48 pm

		Decreases				1/30/2023 6:	48 pm
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10.00		
1 00	A - DRUGS ADMINISTRATIVE & GENERAL	5. 00	٥	3, 107, 872	٥		1 00
1. 00 3. 00	PHARMACY	15. 00	0	10, 990, 188	0		1. 00 3. 00
5. 00	OPERATING ROOM	50.00	Ö	6, 138			5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	23, 198			6. 00
7. 00	MRI	58. 00	0	614	0		7. 00
8. 00 9. 00	CARDI AC CATHETERI ZATI ON INTRAVENOUS THERAPY	59. 00 64. 00	0	33, 711 45	0		8. 00 9. 00
	RESPIRATORY THERAPY	65. 00	0	3, 029			10.00
	ELECTROCARDI OLOGY	69. 00	Ö	64	Ö		11. 00
	WOUND CARE CENTER	76. 01	0	2, 643	0		12. 00
	CLINIC	90.00	0	2, 294			13.00
	OTHER NRCC PHARMACY RETAIL	192. 01 194. 01	0	1, 279 6, 360, 447			14. 00 15. 00
13.00	0	194.01	— — — }	20, 531, 522	<u> </u>		15.00
	B - SUPPLIES IMPLANTS AND DY	YES		20/001/022			İ
1.00	OPERATION OF PLANT	7. 00		249			1.00
	DI ETARY	10. 00		179			2. 00
3. 00 4. 00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13. 00 14. 00		82 15, 930			3. 00 4. 00
5. 00	CENTRAL SERVICES & SUFFET	14.00		15, 750	0		5. 00
6. 00	ADULTS & PEDIATRICS	30. 00		1, 314, 540			6.00
	INTENSIVE CARE UNIT	31. 00		331, 615			7. 00
8.00	NURSERY	43.00		2, 633			8. 00
	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00		19, 307, 187 587	0		9. 00 10. 00
	DELIVERY ROOM & LABOR ROOM	52. 00		76, 050			11.00
	RADI OLOGY-DI AGNOSTI C	54. 00		1, 353, 375			12.00
13.00	RADI OLOGY-THERAPEUTI C	55. 00		4, 177	0		13. 00
	CT SCAN	57. 00		1, 466			14.00
	MRI CARDI AC CATHETERI ZATI ON	58. 00 59. 00		16, 741 12, 047, 060	0		15. 00 16. 00
17. 00	LABORATORY	60.00		6, 351	0		17. 00
	INTRAVENOUS THERAPY	64. 00		70, 610			18. 00
	RESPI RATORY THERAPY	65. 00		32, 790			19. 00
	PHYSI CAL THERAPY	66. 00		31	0		20.00
	SPEECH PATHOLOGY ELECTROCARDI OLOGY	68. 00 69. 00		9, 253 121, 666	0		21. 00 22. 00
	RENAL DIALYSIS	74. 00		312	0		23. 00
	WOUND CARE CENTER	76. 01		359, 471	0		24. 00
	CARDIAC REHABILITATION	76. 97		18	0		25. 00
	WOUND CARE CENTER	04.00		104.007	0		26. 00
27. 00	EMERGENCY	91.00		18 <u>4, 2</u> 06 35, 256, 579			27. 00
	C - PHARMACY RESIDENCY		<u> </u>	33, 230, 379			t
1.00	PHARMACY	15. 00	<u>50, 2</u> 83	9 <u>1, 0</u> 89	0		1.00
	0		50, 283	91, 089			ļ
1 00	D - CAFETERIA RECLASS	10.00	1 540 545	1 201 004	٥		1 00
1. 00	DI ETARY	10.00	1, 54 <u>2, 5</u> 45 1, 542, 545	<u>1, 291, 094</u> 1, 291, 094			1.00
	E - BLDG & FIXT DEPRECIATION	\ \	1, 342, 343	1, 271, 074			i
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	<u>5, 822, 6</u> 31	9		1.00
	0		0	5, 822, 631			ļ
1 00	F - MOVABLE DEPRECIATION	F 00	٥	F 400 711	٥		1 00
1. 00	ADMINISTRATIVE & GENERAL		— — — }	5, 489, 711 5, 489, 711	9		1. 00
	G - IP ANCILLARY COST RECLAS	SS	<u> </u>	3, 407, 711			i
1.00	ADULTS & PEDIATRICS	30. 00	5, 313, 808	1, 027, 960			1.00
2.00		0. 00	0	0	ı "		2. 00
3.00		0. 00 0. 00	0	0	0		3.00
4. 00 5. 00		0.00	0	0	0		4. 00 5. 00
6. 00		0.00	ő	0	Ö		6. 00
7. 00		0. 00	Ō	0	0		7. 00
8. 00		0. 00	0	0	0		8. 00
9.00		0.00	0	0	0		9.00
10. 00 11. 00		0. 00 0. 00		0	0		10. 00 11. 00
12.00		0.00	0	0	0		12.00
13.00		0.00	o	0	0		13. 00
	lo lo	l l	5, 313, 808	1, 027, 960			I

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

Provider CCN: 15-0044

Period:
From 09/01/2021
To 08/31/2022 6: 48 pm

			-			1/30/2023 6:	48 pm
		Decreases					
	Cost Center	Li ne #	Salary		Wkst. A-7 Ref.		
	6.00	7. 00	8. 00	9. 00	10. 00		
1 00	H - OP ANCILLARY COST RECLAS		F 700 400	1 110 501			4
1.00	ADULTS & PEDIATRICS	30. 00	5, 783, 439	1, 118, 581	0		1.00
2.00	INTENSIVE CARE UNIT	31. 00	10, 651	2, 050	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	0		8. 00
9.00		0. 00	0	0	0		9.00
10.00		0. 00	0	0	_		10.00
11.00		0.00	U	0	0		11.00
12.00		0.00		0	<u>├</u> — — Ч		12. 00
	U COVI D EVDENCES		5, 794, 090	1, 120, 631			4
1 00	I - COVID EXPENSES ADMINISTRATIVE & GENERAL	5. 00	785, 235	4 044 471	0		1 00
1.00	ADMINISTRATIVE & GENERAL	0.00	· · · · · · · · · · · · · · · · · · ·	4, 866, 671			1. 00 2. 00
2. 00 4. 00	1	0.00	0	0			4.00
5. 00	1	0.00	0	0			
6. 00	•	0.00	0	0			5. 00 6. 00
7. 00	1	0.00	Ö	0			7. 00
8. 00	1	0.00	Ö				8.00
9. 00		0.00	Ö	0			9. 00
11.00		0.00		0			11. 00
12.00		0.00	Ö	0			12. 00
13. 00		0.00	Ö	0			13. 00
14. 00		0.00	Ö	0	0		14. 00
15. 00		0.00	0	0	0		15. 00
16. 00		0.00	0	0			16. 00
17. 00		0.00	0	0			17. 00
19. 00		0.00	0	0			19. 00
20.00		0.00	Ö	0			20.00
21.00		0.00	Ö	0			21. 00
22. 00		0.00	o	0			22. 00
23. 00		0. 00	Ö	0			23. 00
24.00		0. 00	Ő	0			24. 00
25. 00		0. 00	o	0			25. 00
26. 00		0. 00	o	0			26. 00
27. 00		0. 00	o	0			27. 00
28. 00		0. 00	0	0			28. 00
30.00		0. 00	o	0	0		30.00
31.00		0. 00	o	0	0		31.00
33.00		0. 00	o	0	0		33. 00
34.00		0. 00	o	0	0		34.00
			785, 235	4, 866, 671			I
	J - PHYSICIAN OFFICE BLDG DE	EPRECI ATI ON					1
1.00	CAP REL COSTS-BLDG & FIXT	1. 00	0	323, 364	9		1. 00
	0 — — — — — —	$$ $\top$	<sub>0</sub>	323, 364			
	K - DIALYSIS EXPENSE						1
1.00	ADULTS & PEDIATRICS	30. 00	0	1, 132, 167	0		1.00
	0			1, 132, 167			
	L - OVERHEAD EXPENSES						
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	<u>685, 1</u> 88	0		1. 00
	TOTALS		0	685, 188			
500.00	Grand Total: Decreases		13, 485, 961	77, 638, 607			500.00
	•	•	·				

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der C	CN: 15-0044	Peri od: From 09/01/2021 To 08/31/2022	Worksheet A-7 Part I	7 epared:
			Acquisition:	S		
	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
	Bal ances				Retirements	
	1.00	2.00	3. 00	4. 00	5. 00	
PART I - ANALYSIS OF CHANGES IN CAPITAL AS	SSET BALANCES					
1. 00 Land	2, 111, 661	0		0 0	0	1.00
2.00 Land Improvements	1, 115, 901	0		0 0	0	2.00
3.00 Buildings and Fixtures	139, 885, 793	3, 263, 641		0 3, 263, 641	0	3.00
4.00 Building Improvements	2, 896, 162	0		0 0	0	4.00
5.00 Fixed Equipment	2, 329, 734	2, 265, 512		0 2, 265, 512	. 0	5. 00
6.00 Movable Equipment	48, 472, 223	4, 832, 633		0 4, 832, 633	212, 020	6.00
7.00 HIT designated Assets	0	0		0 0	0	7. 00
8.00 Subtotal (sum of lines 1-7)	196, 811, 474	10, 361, 786		0 10, 361, 786	212, 020	8. 00
9.00 Reconciling Items	0	0		0 0	0	9. 00
10.00 Total (line 8 minus line 9)	196, 811, 474	10, 361, 786		0 10, 361, 786	212, 020	10.00
	Endi ng Bal ance	Fully				
		Depreciated				
		Assets				
	6. 00	7. 00				
PART I - ANALYSIS OF CHANGES IN CAPITAL AS	SSET BALANCES					
1. 00 Land	2, 111, 661	0				1.00
2.00 Land Improvements	1, 115, 901	0				2.00
3.00 Buildings and Fixtures	143, 149, 434	0				3. 00
4.00 Building Improvements	2, 896, 162	0				4. 00
5.00 Fixed Equipment	4, 595, 246	0				5. 00
6.00 Movable Equipment	53, 092, 836	0				6. 00
7.00 HIT designated Assets	0	0				7. 00
8.00 Subtotal (sum of lines 1-7)	206, 961, 240	0				8. 00
9.00 Reconciling Items	0	0				9. 00
10.00 Total (line 8 minus line 9)	206, 961, 240	0				10.00

10.00

10.00 Total (line 8 minus line 9)

Heal th	n Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu of Form CMS-2552-10		
RECONCILIATION OF CAPITAL COSTS CENTERS			Provi der C		Period: From 09/01/2021 To 08/31/2022	Worksheet A-7 Part II Date/Time Pre 1/30/2023 6:4	pared:
			SU	MMARY OF CAPI	TAL		
	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 WO	RKSHEET A, COL	UMN 2, LINES 1	and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0		0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0	0	2. 00
3.00	Total (sum of lines 1-2)	0	0		0	0	3. 00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
	(	api tal -Rel ate	of cols. 9				
		Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WO	RKSHEET A, COL	UMN 2, LINES 1	and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

Health Financial Systems	BAPTIST HEA	ALTH FLOYD		In Lieu	ı of Form CMS-2	552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der C	CN: 15-0044	eri od:	Worksheet A-7	
				rom 09/01/2021 o 08/31/2022	Part III   Date/Time Pre	pared.
					1/30/2023 6: 4	
	COMF	PUTATION OF RA	TI 0S	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capitalized	Gross Assets	Ratio (see	Insurance	
· ·		Leases	for Ratio	instructions)		
			(col. 1 - col.	, i		
			2)			
	1. 00	2. 00	3. 00	4. 00	5. 00	
PART III - RECONCILIATION OF CAPITAL COSTS						
1.00 CAP REL COSTS-BLDG & FIXT	153, 868, 404		153, 868, 404		0	1. 00
2. 00 CAP REL COSTS-MVBLE EQUI P	53, 092, 836		53, 092, 836		0	2. 00
3.00 Total (sum of lines 1-2)	206, 961, 240		206, 961, 240		0	3. 00
	ALLOCA	TION OF OTHER (	CAPITAL	SUMMARY U	F CAPITAL	
Cost Center Description	Taxes	0ther	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate	cols. 5	·		
		d Costs	through 7)			
	6. 00	7. 00	8. 00	9. 00	10. 00	
PART III - RECONCILIATION OF CAPITAL COSTS	CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT	0	0	(	5, 499, 267	0	1. 00
2. 00 CAP REL COSTS-MVBLE EQUIP	0	0	C	5, 489, 711		2. 00
3.00 Total (sum of lines 1-2)	0	0		10, 988, 978	0	3. 00
		SU	MMARY OF CAPI	ΓAL		
Cost Center Description	Interest	nsurance (see	Taxes (see	Other	Total (2) (sum	
· ·				Capi tal -Relate		
		,	ŕ	d Costs (see	through 14)	
				instructions)		
	11. 00	12. 00	13. 00	14. 00	15. 00	
PART III - RECONCILIATION OF CAPITAL COSTS	CENTERS					
1.00 CAP REL COSTS-BLDG & FLXT	0	0	(	0	5, 499, 267	1. 00
2. 00 CAP REL COSTS-MVBLE EQUIP	0	0	C	0	5, 489, 711	2. 00
3.00 Total (sum of lines 1-2)	0	0	(	0	10, 988, 978	3.00

	Financial Systems MENTS TO EXPENSES		BAPTIST HEAL	Provider CCN: 15-0044	Peri od:	of Form CMS-2 Worksheet A-8	
					From 09/01/2021 To 08/31/2022	Date/Time Pre	epared:
				Expense Classification of		1/30/2023 6: 4	P8 pm
				o/From Which the Amount is	to be Adjusted		
	Cost Center Description	Rasis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
1 00		1.00	2. 00	3. 00	4. 00	5. 00	1.00
	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			CAP REL COSTS-BLDG & FIXT	1.00	0	
2. 00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		OC	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2.00
3. 00	Investment income - other (chapter 2)		0		0. 00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0. 00	0	4. 00
5. 00	Refunds and rebates of expens	es	О		0. 00	0	5. 00
6. 00	(chapter 8) Rental of provider space by		O		0. 00	0	6.00
	suppliers (chapter 8) Telephone services (pay	A	-143 924A	DMINISTRATIVE & GENERAL	5. 00	0	7.00
	stations excluded) (chapter 2 Television and radio service	1)				0	
	(chapter 21)	A	-55, 55UA	DMINISTRATIVE & GENERAL	5. 00		
9. 00 10. 00	Parking Iot (chapter 21) Provider-based physician	A-8-2	0 -12, 943, 254		0. 00	0	
11. 00	adjustment Sale of scrap, waste, etc.		0		0. 00	0	11.00
	(chapter 23) Rel ated organization	A-8-1	-2, 213, 546				12.00
	transactions (chapter 10)	A-6-1	-2, 213, 340				
14.00	Laundry and linen service Cafeteria-employees and guest		0 -1, 299, 840 C	AFETERI A	0. 00 11. 00	0	
15.00	Rental of quarters to employe and others	9	0		0. 00	0	15. 00
16.00	Sale of medical and surgical supplies to other than patien	tc	0		0. 00	0	16. 00
17. 00	Sale of drugs to other than	ıs	0		0. 00	0	17. 00
18. 00	patients Sale of medical records and	В	0		0. 00	0	18. 00
19. 00	abstracts Nursing and allied health		0		0. 00	0	19.00
	education (tuition, fees, books, etc.)						
	Vendi ng machi nes	В	-54, 421 D	I ETARY	10. 00	0	
	Income from imposition of interest, finance or penalty		0		0. 00	0	21.00
22. 00	charges (chapter 21) Interest expense on Medicare		0		0. 00	0	22. 00
	overpayments and borrowings trepay Medicare overpayments	0					
23. 00	Adjustment for respiratory	A-8-3	OR	ESPI RATORY THERAPY	65. 00		23. 00
	therapy costs in excess of limitation (chapter 14)						
24. 00	Adjustment for physical thera costs in excess of limitation		0 P	PHYSI CAL THERAPY	66. 00		24. 00
25 00	(chapter 14) Utilization review -		OU	ITILIZATION REVIEW-SNF	114. 00		25. 00
23.00	physicians' compensation			THE ZATION REVIEW-SIN	114.00		25.00
26. 00	(chapter 21) Depreciation - CAP REL		oc	CAP REL COSTS-BLDG & FIXT	1. 00	0	26. 00
27. 00	COSTS-BLDG & FLXT Depreciation - CAP REL		oc	AP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
	COSTS-MVBLE EQUIP Non-physician Anesthetist			** Cost Center Deleted **			28. 00
29.00	Physicians' assistant		0		0. 00	0	29. 00
30.00	Adjustment for occupational therapy costs in excess of	A-8-3	00	CCUPATI ONAL THERAPY	67. 00		30.00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see	A	-385, 059 A	DULTS & PEDIATRICS	30. 00		30. 99
	instructions) Adjustment for speech patholo			SPEECH PATHOLOGY	68. 00		31. 00
31.00	costs in excess of limitation		05	. LEGIT I MINOLOGI	00.00		31.00
32.00	(chapter 14) CAH HIT Adjustment for		0		0.00	0	32. 00
22.00	Depreciation and Interest EDUCATION RECLASSES	В	-2 3221	DULTS & PEDIATRICS	30. 00	0	33. 00

Health Financial Systems		BAPTIST HEA	ALTH FLOYD	In Lieu	ı of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provi der CCN: 15-0044	Peri od:	Worksheet A-8	
				From 09/01/2021 To 08/31/2022	Date/Time Pre	narodi
				10 00/31/2022	1/30/2023 6:4	
			Expense Classification of			
			to/From Which the Amount i	s to be Adjusted		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
· ·	1.00	2. 00	3.00	4. 00	5. 00	
33.01 MANAGEMENT FEE	В		ADMINISTRATIVE & GENERAL	5. 00		33. 01
33. 02 OTHER REVENUE	В		ADMINISTRATIVE & GENERAL	5. 00		00.02
33. 03 LOBBYING DUES	В		ADMINISTRATIVE & GENERAL	5. 00		33. 03
33. 04 ADVERTISING & CHARLITABLE DONATIONS	В	-64, 479	ADMINISTRATIVE & GENERAL	5. 00	0	33. 04
33. 05 ADVERTI SI NG	В	-3 116	ELECTROCARDI OLOGY	69. 00	0	33. 05
33. 06 BAD DEBT EXPENSE	В		ADMINISTRATIVE & GENERAL	5. 00		•
33. 07 AMORTI ZATI ON OF GOODWILL	B		ADMINISTRATIVE & GENERAL	5. 00		33. 07
33.08 PHYSICIAN RECRUITMENT	В		ADMINISTRATIVE & GENERAL	5. 00	0	33. 08
33. 09 PROVI DER TAX	В	-20, 991, 686	ADMINISTRATIVE & GENERAL	5. 00	0	33. 09
33.10 OTHER REVENUE PHARMACY	В	-1, 408	PHARMACY	15. 00	0	33. 10
	(B)	0		0. 00		33. 11
	(B)	0		0.00		33. 12
	(B)	0		0. 00 0. 00		33. 13 33. 14
, , ,	β) Β)	0		0.00		33. 14
	B)	0		0.00		33. 16
, , ,	B)	0		0.00		33. 17
	B)	0		0.00	0	33. 18
	<b>B</b> )	0		0. 00		33. 19
	β)	0		0. 00		33. 20
	β)	0		0. 00		33. 21
	β)	0		0.00		33. 22
	β) Β)	0		0. 00 0. 00		33. 23 33. 24
	B)	0		0.00		33. 25
, , ,	B)	Ö		0.00		33. 26
, , ,	B)	0		0.00		33. 27
	B)	0		0. 00		33. 28
33.29 OTHER ADJUSTMENTS (SPECIFY) (		0		0. 00	0	33. 29
50.00 TOTAL (sum of lines 1 thru 49	))	-39, 235, 466				50.00
(Transfer to Worksheet A,						
column 6, line 200.)			+- CMC Dub 15 1			L

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

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

Heal th	Financial Systems	BAPTIST HE	ALTH FLOYD	In Lieu	u of Form CMS-	2552-10		
	ENT OF COSTS OF SERVICES FROM	M RELATED ORGANIZATIONS AND H		Period: From 09/01/2021	Worksheet A-	3-1		
OFFI CE	COSTS			To 08/31/2022				
	Li ne No.	Cost Center	Expense Items	Amount of A	mount Included	d		
				Allowable Cost	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	5. 00	ADMINISTRATIVE & GENERAL	A&G	53, 224, 219	55, 470, 326	1.00		
2.00	71. 00	MEDICAL SUPPLIES CHARGED TO	SUPPLI ES	32, 561	0	2.00		
3.00	0.00			0	0	3.00		
4.00	0.00			0	0	4.00		
5.00	TOTALS (sum of lines 1-4).			53, 256, 780	55, 470, 326	5. 00		
	Transfer column 6, line 5 to							
	Worksheet A-8, column 2, lir	e						
	14.0							

\* 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 not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office										
Symbol (1)	Name	Percentage of	Name	Percentage of						
		Ownershi p		Ownershi p						
1. 00	2. 00	3. 00	4. 00	5. 00						
B. INTERRELATIONSHIP TO RELA	ATED ORGANIZATION(S) AND/OR H	HOME OFFICE:	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 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under tit 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) 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 Systems		BAPTIST HEALTH	H FLOYD	In Lieu	of Form CMS-2552-10
STATEME OFFI CE		S FROM RELATE	O ORGANIZATIONS AND HOME	Provider CCN: 15-0044	From 09/01/2021	Worksheet A-8-1 Date/Time Prepared: 1/30/2023 6:48 pm
1	let Adjustments/kst. A-7 (col. 4 minus col. 5)* 6.00 7.00	)				
	A. COSTS INCURRED AND A CLAIMED HOME OFFICE CO		EQUIRED AS A RESULT OF T	RANSACTIONS WITH RELATE	ED ORGANIZATIONS (	)R
1. 00 2. 00 3. 00 4. 00 5. 00	-2, 246, 107 32, 561 0 0 -2, 213, 546	0 0 0				1. 00 2. 00 3. 00 4. 00 5. 00
appropr	riate. Positive amounts	ncrease cost	s as appropriate) are tr and negative amounts de and/or 2, the amount all	crease cost. For related	l organization or	home office cost which
R	elated Organization(s) Home Office	and/or				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title

6. 00	HEALTHCARE	6	6.00
7.00		7	7.00
8.00		8	8.00
9.00		9	9.00
9. 00 10. 00 100. 00		10	0.00
100.00		100	0.00

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

INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

Type of Business 6.00

- 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 organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in

PROVIDER BASED PHYSICIAN ADJUSTMENT Provi der CCN: 15-0044 | Peri od: | From 09/01/2021 | To 08/31/2022 | Date/Time Prepared:

							10 08/31/2022	2 Date/IIme Pro 1/30/2023 6:4	eparea: 18 nm
	Wkst. A Line #	(	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount F	hysi ci an/Provi	TO PIII
			I denti fi er	Remuneration	Component	Component		der Component	
					·	•		Hours	
	1. 00		2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1.00	5. 00			47, 878	0	47, 878	211, 500		1. 00
2.00	16. 00			229, 530	120, 000	109, 530	211, 500		2.00
3.00	30. 00			8, 391, 065	8, 384, 137	6, 928	211, 500		3.00
4.00	43. 00			65, 950	64, 750	1, 200	211, 500		4.00
5.00	50. 00			3, 407, 901	3, 389, 451	18, 450	271, 900		5.00
6. 00	52. 00			159, 833	159, 833	0	211, 500		6. 00
7. 00	55. 00			-10, 000	-10, 000	0	260, 300		7. 00
8. 00	59. 00			114, 167	114, 167	0	211, 500		8. 00
9.00	60.00			84, 750	0	84, 750	211, 500		9. 00
10.00	70.00			24, 431	5, 000	19, 431	211, 500		10.00
11.00	76. 01			19, 250	6, 750	12, 500	211, 500		11.00
12.00	95.00			6,000	6, 000	10.075	211, 500		12.00
13.00	91. 00	DR.	M	655, 167	612, 792	42, 375	211, 500		13. 00
200. 00	Miss to A I I see (		On at On at an (Dharat at an	13, 195, 922	12, 852, 880	343, 042	Donat dalam		200.00
	Wkst. A Line #	'	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
			l denti fi er	Limit				of Malpractice	
					Li mi t	Conti nui ng Educati on	of col. 12	Insurance	
	1. 00		2. 00	8. 00	9. 00	12.00	13. 00	14. 00	
1. 00	5. 00	DR		38, 436	1, 922	12.00	13.00		1. 00
2. 00	16. 00			55, 824	2, 791	0	_		2. 00
3. 00	30.00			4, 271	214	0	0		3. 00
4. 00	43. 00			813	41	Ö	0	0	4. 00
5. 00	50. 00			16, 079	804	Ö	0	0	5. 00
6. 00	52.00			0	0	0	0	0	6. 00
7. 00	55. 00	DR.	G	0	0	0	0	0	7. 00
8. 00	59. 00	DR.	Н	0	0	0	0	0	8.00
9. 00	60.00	DR.	1	68, 941	3, 447	0	0	0	9. 00
10.00	70. 00	DR.	J	15, 761	788	0	0	0	10.00
11.00	76. 01	DR.	K	10, 168	508	0	0	0	11.00
12.00	95. 00			0	0	0	0	0	12.00
13.00	91.00	DR.	M	43, 622	2, 181	0	0	0	13.00
200.00				253, 915	12, 696	0	0	0	200.00
	Wkst. A Line #	(	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
			Identifier (	omponent Share	e Limit	Di sal I owance			
				of col. 14					
1 00	1.00	DD	2.00	15. 00	16.00	17. 00	18. 00		1 00
1.00	5.00			0	38, 436	9, 442	9, 442		1. 00
2.00	16.00			0	55, 824	53, 706	173, 706		2.00
3.00	30.00			0	4, 271	2, 657	8, 386, 794		3.00
4.00	43.00			0	813	387	65, 137		4.00
5. 00	50.00			0	16, 079	2, 371	3, 391, 822		5.00
6. 00 7. 00	52. 00 55. 00			0	0	0	159, 833		6. 00 7. 00
	55.00 59.00		-	0		0	-10, 000		7. 00 8. 00
8. 00 9. 00	60.00			0	68, 941	15, 809	114, 167 15, 809		8. 00 9. 00
9. 00 10. 00	70.00			0	15, 761	3, 670	8, 670		9. 00 10. 00
11. 00	76. 00 76. 01			0	10, 168	2, 332	9, 082		11. 00
12.00	95. 00				10, 100	2, 332	6, 000		12. 00
13. 00	91. 00			0	43, 622		612, 792		13. 00
200. 00		٥.٠.	***	0		90, 374	· ·		200.00
200.00	۱ ا	1			200, 710	,0,014	, , 10, 204	1	_00.00

	Financial Systems	BAPTIST HEA				of Form CMS-2	2552-10
COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der C	F	eriod: rom 09/01/2021 o 08/31/2022	Date/Time Pre	
			CAPI TAL REL	LATED COSTS		1/30/2023 6: 4	ю рііі
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
		for Cost			BENEFI TS		
		Allocation (from Wkst A			DEPARTMENT		
		col. 7)					
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	4. 00	4A	
1. 00	00100 CAP REL COSTS-BLDG & FLXT	5, 499, 267	5, 499, 267				1. 00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	5, 489, 711	110 515	5, 489, 711	2/2 222		2.00
4. 00 5. 00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	142, 636 59, 750, 980			262, 232 7, 411	60, 250, 799	4. 00 5. 00
7. 00	00700 OPERATION OF PLANT	9, 138, 574	76, 470	141, 319	3, 227	9, 359, 590	7. 00
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	1, 243, 492 3, 406, 407	72, 536 18, 331			1, 318, 371 3, 434, 573	8. 00 9. 00
10.00	01000 DI ETARY	2, 165, 885	36, 772			2, 260, 410	
11.00	01100 CAFETERI A	1, 533, 799	159, 058	0	3, 542	1, 696, 399	
12.00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	2, 459, 410	0 16, 114	0 211, 893	0 3, 559	0 2, 690, 976	12. 00 13. 00
	01400 CENTRAL SERVICES & SUPPLY	3, 550, 777	180, 669		1, 940	3, 770, 723	
	01500 PHARMACY	6, 050, 763	109, 652			6, 528, 105	
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	4, 296, 736	93, 460 0	956 0	7, 717 0	4, 398, 869 0	16. 00 17. 00
	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	571, 476	5, 142	Ö	941	577, 559	
30.00	O3000 ADULTS & PEDIATRICS	43, 216, 653	1, 616, 322	310, 712	67, 438	45, 211, 125	30. 00
31.00	03100 INTENSIVE CARE UNIT	12, 232, 356				12, 650, 182	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33. 00 34. 00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	33. 00 34. 00
40.00	04000 SUBPROVI DER - I PF	0	0	Ö	0	0	40. 00
41.00	04100 SUBPROVI DER - I RF	0	0	0	0	0	41.00
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY	1, 062, 127	42, 668	20, 033	1, 969	0 1, 126, 797	42. 00 43. 00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0	0	0	0	45. 00 46. 00
40.00	ANCILLARY SERVICE COST CENTERS		0		l o	0	40.00
50.00	05000 OPERATI NG ROOM	18, 852, 891	682, 490			21, 140, 251	
51.00	O5100 RECOVERY ROOM   O5200 DELIVERY ROOM & LABOR ROOM	3, 856, 121 3, 314, 595	0 287, 661	9, 199 63, 946	, ,	3, 872, 587 3, 671, 912	
53. 00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
54.00	05400 RADI OLOGY - DI AGNOSTI C	7, 653, 242	315, 722			8, 682, 337	
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	2, 519, 682	0	463, 913 0	1, 279 0	2, 984, 874 0	55. 00 56. 00
57.00	05700 CT SCAN	2, 351, 111				2, 459, 912	57. 00
	05800 MRI	1, 079, 865	18, 220 124, 713			1, 168, 340	
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	5, 463, 663 15, 930, 422	124, 713 224, 955		7, 859 10, 549	6, 046, 977 16, 191, 753	59. 00 60. 00
60. 01	06001 LABORATORY - PATHOLOGY	0	0	0	0	0	60. 01
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	0 1, 058, 854	4, 322	,	155	0 1, 063, 331	61. 00 62. 00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0		0	0	63. 00
64.00	06400 I NTRAVENOUS THERAPY	4, 866, 426	0	2, 657	9, 053	4, 878, 136	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	6, 380, 600 1, 425, 512	26, 277 7, 547		8, 827 2, 629	6, 462, 531 1, 435, 688	
67.00	06700 OCCUPATI ONAL THERAPY	488, 460			971	491, 260	
	06800 SPEECH PATHOLOGY	655, 993	0	23, 030		680, 189	
69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	2, 510, 821 550, 054	133, 535 122, 408		4, 220 841	2, 802, 159 682, 784	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	13, 834, 630		0	0	13, 834, 630	
	07200 IMPL. DEV. CHARGED TO PATIENTS	20, 103, 617	0	0	0	20, 103, 617	72. 00
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	20, 841, 533 1, 257, 854	0	0	241	20, 841, 533 1, 258, 095	
75.00	07500 ASC (NON-DISTINCT PART)	0	ő	Ö	0	1, 230, 073	75. 00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	0	0	0	76. 00
	03020   WOUND CARE CENTER   07697   CARDI AC REHABILITATION	1, 624, 194 614, 205	0 39, 820	1, 929 6, 216	1	1, 626, 901 661, 244	
	OUTPATIENT SERVICE COST CENTERS	311,200	07, 320	5,210	1,000		
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	88. 00 89. 00
90.00	09000 CLINIC	1, 738, 028	62, 839	249, 840	3, 067	2, 053, 774	90.00
91.00	09100 EMERGENCY	13, 652, 835	320, 399			14, 051, 617	91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS			L		0	92. 00
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94. 00
			-				

Health Financial Systems COST ALLOCATION - GENERAL SERVICE COSTS	BAPTIST HEA	LTH FLOYD Provider C	CN: 15-0044 Pe	In Lieu eriod: rom 09/01/2021 o 08/31/2022	of Form CMS-2552-10 Worksheet B Part I Date/Time Prepared:
			' '	00/01/2022	1/30/2023 6: 48 pm
		CAPI TAL REL	ATED COSTS		
		DI DO A FLVT	18/DLE EQUID	END! 0\/EE	
Cost Center Description	Net Expenses for Cost	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal
	Allocation			BENEFITS DEPARTMENT	
	(from Wkst A			DEFARIMENT	
	col. 7)				
	0	1.00	2. 00	4. 00	4A
95. 00 09500 AMBULANCE SERVICES	81, 633	0	0	120	81, 753 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 99. 10
100. 0010000  &R SERVICES-NOT APPRVD PRGM 101. 0010100 HOME HEALTH AGENCY	0	0	0	0	0 100.00 0 101.00
SPECIAL PURPOSE COST CENTERS	U	U	U	<u> </u>	0101.00
105. 00 10500 KI DNEY ACQUISITION	0	0	0	ol	0 105.00
106. 00 10600 HEART ACQUISITION	0	0	0	0	0106.00
107. 0010700 LIVER ACQUISITION	Ö	0	Ö	0	0107.00
108. 0010800 LUNG ACQUISITION	0	0	O	Ö	0 108.00
109. 0010900 PANCREAS ACQUISITION	0	0	0	0	0 109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113. 00 11300 I NTEREST EXPENSE					113.00
114. 0011400 UTI LI ZATI ON REVI EW-SNF					114.00
115. Od 11500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0	0 115.00
116.0d11600 HOSPICE 118.0d SUBTOTALS (SUM OF LINES 1 through 11	0 7) 314, 517, 890	5, 496, 829	5, 479, 052	260, 102	0 116. 00 314, 502, 663 118. 00
NONREI MBURSABLE COST CENTERS	7) 314, 317, 690	5, 490, 629	5, 479, 052	200, 102	314, 502, 663 118.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0190.00
191. 0019100 RESEARCH	119, 042	0	Ö	215	119, 257 191. 00
192. 0019200 PHYSICIANS PRIVATE OFFICES	971, 386	0	0	O	971, 386 192. 00
192. 01 19201 OTHER NRCC	-1, 279	0	0	0	-1, 279 192. 01
192. 02 <mark>19202</mark> LTC	0	0	0	0	0 192. 02
193. OQ19300 NONPALD WORKERS	0	0	0	0	0 193.00
194. 00 07950 MARKETI NG	0	2, 438	0	0	2, 438 194. 00
194. 01 07951 PHARMACY RETAIL	556, 810	0	10, 659	957	568, 426 194. 01
194. 02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	634, 866	0	0	958	635, 824 194. 02
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers		0			0 200. 00 0 201. 00
202.00 TOTAL (sum lines 118 through 201)	316, 798, 715	5, 499, 267	5, 489, 711	262, 232	316, 798, 715 202. 00
202. 04   TOTAL (Sum TITIES TTO CHI OUGH 201)	1 310, 790, 715	5, 477, 207	5, 407, 711	202, 232	510, 770, 713 goz. 00

| Period: | Worksheet B | From 09/01/2021 | Part | | To 08/31/2022 | Date/Time Prepared: Provi der CCN: 15-0044

				T-	0 08/31/2022	Date/Time Pre 1/30/2023 6:4	
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	, , , , , , , , , , , , , , , , , , ,
		& GENERAL 5.00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	10. 00	
	GENERAL SERVICE COST CENTERS	0.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	7. 55	10.00	
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	60, 250, 799					5. 00
7.00	00700 OPERATION OF PLANT	2, 198, 109	1				7.00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	309, 621 806, 613	170, 669 43, 130		4, 284, 316		8. 00 9. 00
10.00	01000 DI ETARY	530, 860	1		32, 677	2, 910, 468	•
11.00		398, 401	374, 246	0	141, 344	0	
12. 00 13. 00		631, 978	37, 915	0	0 14, 320	0	•
14. 00		885, 558			160, 548	0	1
15.00		1, 533, 132	•		97, 440	0	15. 00
16.00		1, 033, 079	219, 901	0	83, 051	0	16. 00
17. 00 23. 00		135, 640	12, 099	0	4, 570	0	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS						20.00
30.00		10, 617, 839	., ,		,	2, 719, 141	30.00
31. 00 32. 00		2, 970, 908	344, 467	154, 025	130, 097	63, 329 0	1
33. 00	, ,			Ö	0	0	•
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
40.00	, ,	0	0	0	0	0	
41. 00 42. 00		0		0	0	0	1
	04300 NURSERY	264, 629	100, 394	0	37, 916	0	•
44.00		0	0	0	0	0	
45. 00 46. 00		0	0	0	0	0	
40.00	ANCILLARY SERVICE COST CENTERS	J		<u> </u>	U		40.00
50.00	1 1	4, 964, 809		192, 814	606, 482	22, 764	•
51. 00 52. 00	1 1	909, 481 862, 352	1	0 43, 070	0 255, 624	1, 506 0	1
53. 00		002, 332	070, 633	43,070	255, 624	0	•
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 039, 056	742, 860	145, 956	280, 560	446	•
55.00		701, 001	0	0	0	0	
56. 00 57. 00	1 1	577, 713	93, 692	0	35, 385	0	56. 00 57. 00
58. 00	•	274, 386	· ·		16, 191	0	
59.00	, ,	1, 420, 139				12, 407	1
60. 00 60. 01	06000 LABORATORY 06001 LABORATORY - PATHOLOGY	3, 802, 649	529, 296	6	199, 902	0	1
61. 00			٥		O,	O	61. 00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	249, 724	10, 170	0	3, 841	0	62. 00
63.00		0	0	0	0	0	
65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	1, 145, 635 1, 517, 732			23, 350	0	1
	06600 PHYSI CAL THERAPY	337, 173			6, 707	0	
67.00		115, 373	1		1, 625	0	
68.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	159, 743 658, 090	1	_	0 118, 663	0	
	07000 ELECTROENCEPHALOGRAPHY	160, 353				2, 565	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	3, 249, 077		_	0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	4, 721, 355 4, 894, 655		0	0	0	
	07400 RENAL DIALYSIS	295, 465		2, 242	0	0	•
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
76.00		0	0	0	0	0	
76. 01	03020 WOUND CARE CENTER 07697 CARDI AC REHABI LI TATI ON	382, 079 155, 294		0	35, 385	0	
, 0, 71	OUTPATIENT SERVICE COST CENTERS	100, 274	75, 672		55, 565		1
	08800 RURAL HEALTH CLINIC	0	0		0	0	
89. 00 90. 00	•	0 482, 331	0 147, 852		0 55, 840	0	
91.00	, ,	3, 300, 036	1		284, 716	88, 310	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		1				92.00
04.00	OTHER REIMBURSABLE COST CENTERS					^	04 00
	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	19, 200	0	0	0	0	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	Ö	o	0	96.00
	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	
99. 00 99. 10	09900 CMHC 09910 CORF	0	0	0	0	0	•
	I. sleen	•			<u> </u>		

In Lieu of Form CMS-2552-10 Health Financial Systems BAPTIST HEALTH FLOYD

Period: From 09/01/2021 COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 15-0044 Worksheet B Part I Date/Time Prepared: 1/30/2023 6:48 pm 08/31/2022 Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY LINEN SERVICE & GENERAL **PLANT** 10.00 9. 00 5. 00 7.00 8.00 100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON 0 105. 00 106. 00 10600 HEART ACQUISITION 0 106.00 107. 00 10700 LIVER ACQUISITION 0 107.00 108. 0010800 LUNG ACQUISITION 0108.00 109. 0010900 PANCREAS ACQUISITION 110. 0011000 INTESTINAL ACQUISITION 0 109.00 0 0 110.00 111.0011100 I SLET ACQUISITION 0 111.00 113. 00 11300 | INTEREST EXPENSE 113.00 114. 00 11400 UTILIZATION REVIEW-SNF 114.00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00 116. 00 11600 HOSPI CE 0 116.00 SUBTOTALS (SUM OF LINES 1 through 117) 5<u>9, 711, 268</u> 1<u>1, 551, 962</u> 1, 798, 661 4, 282, 149 2, 910, 468 118. 00 118.00 NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN 0 190. 00 0 0 0 191. 0019100 RESEARCH 28, 008 0 0191.00 192. 00 19200 PHYSI CLANS PRI VATE OFFI CES 0 192.00 228, 131 C 192. 01 19201 OTHER NRCC 0 192.01 192. 0219202 LTC 193. 0019300 NONPALD WORKERS 194. 0007950 MARKETING 0 192. 02 0 193.00 0 194.00 573 5, 737 2, 167

133, 495

149, 324

11, 557, 699

1, 798, 661

4, 284, 316

60, 250, 799

0 194. 01

0 194. 02 200.00

0 201. 00

2, 910, 468 202. 00

194. 01 07951 PHARMACY RETAIL

201.00

202.00

194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT 200.00 Cross Foot Adjustments

TOTAL (sum lines 118 through 201)

Cross Foot Adjustments

Negative Cost Centers

COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 15-0044 Period: Worksheet B From 09/01/2021 Part I To 08/31/2022 Date/Time Prepared:

CAFETERIA   MAINTENANCE OF PRESONNEL   CONTINUES   CENTROL
SIPPLY
CENERAL SERVICE COST CENTERS
CEMERAL SERVICE COST CENTERS   1.00   00100 CAPP REL COSTS-BUBG & FIXT   1.00   00100 CAPP REL COSTS-BUBG & FIXT   2.00   00200 CAPP REL COSTS-BUBG & FIXT   4.00   00400 CAPP REL COSTS-BUBG & FIXT   4.00   00500 ADMIN STRATI VE & CEMERAL   7.00   7
2.00 00200 CAP REL COSTS-MMBLE EQUIP   4.00 04000 CHIPLYCE BERNEFITS DEPARTMENT   4.00 04000 CHIPLYCE BERNEFITS DEPARTMENT   4.00 04000 CHIPLYCE BERNEFITS DEPARTMENT   4.00 04000 CHIPLYCE DEPARTMENT   5.00 05000 ADMIN STRATIVE & CENERAL   7.00 07000 CHEARTMENT & LINEN SERVICE   3.00 08000 LAURRORY & LINEN SERVICE   3.00 07000 CHEARTMENT & LINEN SERVICE   3.00 07000 CHEARTMENT & CHIPLY &
4.00 OOAGO EMPLOYEE BENEFITS DEPARTMENT 7.00 OOSGO ADMIN ISTRATI UP & GENERAL 9.00 COROLLAINDRY & LINEN SERVICE 9.00 COROLLAIN SERVICE 9.00
5.00
7.00 007000 DETARTION OF PLANT 9.00 00900 LAUNDRY & LINEN SERVICE 9.00 00900 LAUNDRY & LINEN SERVICE 9.00 01000 CAFETERI A 11.00 011000 CAFETERI A 12.610,390 111.00 011000 CAFETERI A 12.610,390 112.00 11200 MAINTENANCE OF PERSONNEL 9.00 01300 MAINTENANCE OF PERSONNEL 9.00 01500 PHARMACY CES & SUPPLY 9.1289 0 0 0 5.5,279,911 15.00 01500 PHARMACY CES & SUPPLY 9.1289 0 0 0 5.5,542 8,571,506 16.00 117.00 01500 PHARMACY CES & SUPPLY 9.05 0 0 0 0 1,533 10.12 0 0 100 MEDI CAL RECORDS & LI BRARY 10.00 10 00 MEDI CAL RECORDS & LI BRARY 10.00 10 00 MEDI CAL RECORDS & LI BRARY 10.00 10 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9.00   0.00900
10.00   01000   01   01   01   01   01
11.00   01100   CAFETRIA
12.00   01200   MAINTENANCE OF PERSONNEL   0   0   0   0   13.00   01300   MURSING ADMINISTRATION   0   48.792   0   3.423, 981   14.00   01400   CENTRAL SERVI CES & SUPPLY   37,987   0   0   0   63,542   8,571,506   15.00   150.00   150.00   150.00   150.00   150.00   150.00   150.00   150.00   150.00   150.00   170.00   1
13.00   01300   JURIS IN G ADMINI STRATION   48, 792   0   3, 423, 981   13.0   14.00   1400   01400   CENTRAL SERVICES & SUPPLY   37, 987   0   0   0   5, 279, 911   14.00   1400   01400   CENTRAL SERVICES & SUPPLY   37, 987   0   0   0   0   63, 542   8, 571, 506   15.00   17.00   01700   SOCIAL SERVICE & SUPPLY   80, 915   0   0   0   0   0   0   0   0   0
15.00   01500   PHARMACY
16.00   01600   MEDICAL RECORDS & LIBRARY   80.915   0   0   1.533   0   16.00   0.7
17.0 0   0   0   0   0   0   0   0   0   0
23.00
INPATIENT ROUTINE SERVICE COST CENTERS
33.00   03100   INTENSIVE CARE UNIT   194,041   0   394,193   338,510   0   31.0   32.00   03200   CORDNARY CARE UNIT   0   0   0   0   0   0   32.0   33.00   03300   BURN   INTENSIVE CARE UNIT   0   0   0   0   0   0   0   44.00   04000   SUBPROVI DER - IPF   0   0   0   0   0   0   0   41.00   04100   SUBPROVI DER - IPF   0   0   0   0   0   0   0   0   42.00   04200   SUBPROVI DER - IPF   0   0   0   0   0   0   0   0   43.00   04300   SUBPROVI DER - IPF   0   0   0   0   0   0   0   0   0   44.00   04400   SUBPROVI DER   1PF   0   0   0   0   0   0   0   0   0   44.00   04400   SUBPROVI DER   1PF   0   0   0   0   0   0   0   0   0   44.00   04400   SUBPROVI DER   1PF   0   0   0   0   0   0   0   0   0   44.00   04400   SVILLED NURSI NG FACI LITY   0   0   0   0   0   0   0   0   0
32.00 03200 CORONARY CARE UNIT
33.00   03300   BURN INTENSIVE CARE UNIT   0   0   0   0   0   0   0   33.00   40.00   03400   SUBPROVI DER - I PF   0   0   0   0   0   0   0   0   41.00   04000   SUBPROVI DER - I PF   0   0   0   0   0   0   0   0   41.00   04100   SUBPROVI DER - I PF   0   0   0   0   0   0   0   0   41.00   04100   SUBPROVI DER - I RF   0   0   0   0   0   0   0   0   42.00   04200   SUBPROVI DER - I RF   0   0   0   0   0   0   0   0   43.00   04300   SUBPROVI DER - I RF   0   0   0   0   0   0   0   0   44.00   04400   SUBPROVI DER - I RF   0   0   0   0   0   0   0   0   43.00   04300   SUBPROVI DER - I RF   0   0   0   0   0   0   0   0   44.00   04400   SKILLED   NURSI NG FACI LI TY   0   0   0   0   0   0   0   0   46.00   04500   AURSI NG FACI LI TY   0   0   0   0   0   0   0   0   46.00   04500   AURSI NG FACI LI TY   0   0   0   0   0   0   0   0   46.00   04500   AURSI NG FACI LI TY   0   0   0   0   0   0   0   0   46.00   05400   OFERATI NG ROOM   244, 759   0   462, 948   1, 628, 454   0   50.00   51.00   05500   05000   OFERATI NG ROOM   60, 094   0   123, 758   112, 987   0   52.00   52.00   05200   DELI VERY ROOM   & LABOR ROOM   60, 094   0   123, 758   112, 987   0   52.00   53.00   05300   AURSTHESI SI OLOGY   0   0   0   0   0   0   54.00   05400   RADI OLOGY-DI AGNOSTI C   143, 358   0   27, 502   101, 366   0   54.00   55.00   05500   RADI OLOGY-THERAPEUTI C   16, 082   0   4, 584   9, 724   0   55.00   55.00   05500   CABOL OLOGY-THERAPEUTI C   16, 082   0   4, 584   9, 724   0   55.00   55.00   05500   CABOL OLOGY-THERAPEUTI C   15, 1314   0   4, 584   59, 178   0   60.00   60.00   06000   LABORATORY   7 - ATHOLOGY   0   0   0   118, 644   0   57.00   60.01   06000   LABORATORY   7 - ATHOLOGY   0   0   0   0   0   0   60.00   06000   LABORATORY   7 - ATHOLOGY   0   0   0   0   0   0   61.00   06000   LABORATORY   7 - ATHOLOGY   13, 366   0   0   0   0   0   0   62.00   06000   WHOLE BLOOD & PACKED RED BLOOD   1, 573   0   4, 584   205, 031   0   6.00   63.00   063000   WHOLE BLOOD & PACKED RED BLOO
34.00   03400   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   0   0   34.00   40.00   04000   SUBPROVI DER -   FF   0   0   0   0   0   0   41.00   04100   SUBPROVI DER -   RF   0   0   0   0   0   0   42.00   04200   O4200   O4200   O4200   43.00   04300   NURSERY   18.383   0   36.669   4.488   0   43.00   44.00   04400   SVILLED NURSI NG FACI LI TY   0   0   0   0   0   0   45.00   04500   NURSI NG FACI LI TY   0   0   0   0   0   0   46.00   04500   NURSI NG FACI LI TY   0   0   0   0   0   0   46.00   04600   O4600   O4600   O5600   O5600   46.00   04600   O4600   O5600   O5600   O5600   46.00   04600   O5600   O5600   O5600   O5600   46.00   04600   O5600   O5600   O5600   46.00   04600   O5600   O5600   O5600   46.00   04600   O5600   O5600   O5600   46.00   O5600   O5600   O5600   46.00   O5600   O5600   46.00   O5600   O5600   46.00   O5600   O5600
40. 00 04000 SUBPROVI DER - I PF
42. 00   04200   SUBPROVI DER   0 0 0 0 0 0 0 0 0 42. 04
43.00   04300   NURSERY   18, 383   0   36, 669   4, 488   0   43, 044. 00   04400   SKILLED NURSING FACILITY   0   0   0   0   0   0   0   0   0
44. 00 04400   SKI LLED NURSI NG FACILITY
45. 00   04500   NURSI NC FACI LITY   0   0   0   0   0   0   0   0   0
46. 00   04600  OTHER LONG TERM CARE   0   0   0   0   0   0   46. 00
50.00     05000     0FERATI ING ROOM     244, 759     0   462, 948     1, 628, 454     0   50.00     10   10   10   10   10   10   1
51. 00   05100   RECOVERY ROOM & LABOR ROOM   60,094   0   123,758   112,987   0   52. 00   05200   DELI VERY ROOM & LABOR ROOM   60,094   0   123,758   112,987   0   53. 00   0   0   0   0   0   0   0   0   0
52. 00         05200 DELL VERY ROOM & LABOR ROOM         60, 094         0         123, 758         112, 987         0         52. 0           53. 00         05300 ANESTHESI OLOGY         0         0         0         0         0         0         0         53. 0           54. 00         05400 RADI OLOGY-DIAGNOSTI C         143, 358         0         27, 502         101, 366         0         55. 00           55. 00         05500 RADI OLOGY-THERAPEUTI C         16, 082         0         4, 584         9, 724         0         55. 00           56. 00         05600 RADI OLOGY-THERAPEUTI C         16, 082         0         0         0         0         0         0         0         55. 00         0         0         0         0         55. 00         0         0         0         0         0         0         0         0         55. 00         0         0         0         0         0         0         55. 00         0         0         0         0         0         0         55. 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0
53. 00   05300   ANESTHESI OLOGY   0   0   0   0   53. 00   54. 00   05400   RADI OLOGY-DI AGNOSTI C   143, 358   0   27, 502   101, 366   0   54. 00   55. 00   05500   RADI OLOGY-THERAPEUTI C   16, 082   0   4, 584   9, 724   0   55. 00   56. 00   05600   RADI OLOGY-THERAPEUTI C   0   0   0   0   0   57. 00   05700   CT SCAN   27, 112   0   0   118, 644   0   57. 00   58. 00   05800   MRI   13, 369   0   0   15, 173   0   58. 00   59. 00   05900   CARDI AC CATHETERI ZATI ON   85, 491   0   123, 758   422, 208   0   59. 00   60. 00   06000   LABORATORY   PATHOLOGY   151, 314   0   4, 584   59, 178   0   60. 00   60. 01   06001   LABORATORY - PATHOLOGY   0   0   0   0   0   61. 00   06100   PBP CLI NI CAL LAB SERVI CES-PRGM   61. 00   62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD   1, 573   0   4, 584   0   0   62. 00   63. 00   06300   BLOOD STORI NG   PROCESSI NG & TRA   0   0   0   0   0   64. 00   06400   INTRAVENOUS THERAPY   95, 543   0   187, 929   47, 470   0   64. 00   65. 00   06500   RESPI RATORY THERAPY   93, 756   0   4, 584   205, 031   0   65. 00   66. 00   06600   PHYSI CAL THERAPY   93, 756   0   4, 584   205, 031   0   65. 00   67. 00   06700   OCCUPATI ONAL THERAPY   11, 999   0   0   0   248   0   66. 00   68. 00   06800   SPECCH PATHOLOGY   46, 569   0   9, 167   17, 565   0   69. 00   70. 00   07000   ELECTROCARDI OLOGY   46, 569   0   9, 167   17, 565   0   69. 00   71. 00   07000   IMPL. DEV. CHARGED TO PATI   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   74. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   75. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   75. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   75. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   7
55. 00         05500 RADI OLOGY-THERAPEUTI C         16, 082         0         4,584         9,724         0         55. 00           56. 00         05600 RADI OI SOTOPE         0         0         0         0         0         0         0         55. 00           57. 00         05700 CT SCAN         27, 112         0         0         118, 644         0         57. 00           58. 00         05800 MRI         13, 369         0         0         15, 173         0         58. 00           59. 00         05900 CARDI AC CATHETERI ZATI ON         85, 491         0         123, 758         422, 208         0         59. 00           60. 01         06000 LABORATORY         PATHOLOGY         0         0         4, 584         59, 178         0         60. 0           61. 00         06100 PBP CLI NI CAL LAB SERVI CES-PRGM         0         0         0         0         0         0         0         60. 0           62. 00         06200 WHOLE BLOOD & PACKED RED BLOOD         1, 573         0         4, 584         0         0         62. 00           63. 00         06300 BLOOD STORI NG PROCESSI NG & TRA         0         0         0         0         0         0         0
56. 00       05600       RADI OI SOTOPE       0       0       0       0       56. 00         57. 00       05700       CT SCAN       27, 112       0       0       118, 644       0       57. 00         58. 00       05800       MRI       13, 369       0       0       15, 173       0       58. 00         59. 00       05900       CARDI AC CATHETERI ZATI ON       85, 491       0       123, 758       422, 208       0       59. 00         60. 00       06000       LABORATORY       151, 314       0       4, 584       59, 178       0       60. 00         60. 01       06100       PBP CLI NI CAL LAB SERVI CES-PRGM       0       0       0       0       0       0       0       0       0       0       60. 0
57. 00       05700       CT SCAN       27, 112       0       0       118, 644       0       57. 00         58. 00       05800 MRI       13, 369       0       0       15, 173       0       58. 00         59. 00       05900 CARDI AC CATHETERI ZATI ON       85, 491       0       123, 758       422, 208       0       59. 00         60. 00       06000 LABORATORY       PATHOLOGY       0       0       4, 584       59, 178       0       60. 0         61. 00       061. 00       Depth CLI NI CAL LAB SERVI CES-PRGM       0       0       0       0       0       0       0       0       0       0       0       60. 0
58. 00       05800 MRI       13, 369       0       0       15, 173       0       58. 00         59. 00       05900 CARDI AC CATHETERI ZATI ON       85, 491       0       123, 758       422, 208       0       59. 00         60. 00       06000 LABORATORY       151, 314       0       4, 584       59, 178       0       60. 01         60. 01       06001 LABORATORY - PATHOLOGY       0       0       0       0       0       0       0       60. 01         61. 00       06100 PBP CLI NI CAL LAB SERVI CES-PRGM       0       0       0       0       0       0       60. 01 <td< td=""></td<>
59. 00       05900 CARDI AC CATHETERI ZATI ON       85, 491       0       123, 758       422, 208       0       59. 00         60. 00       06000 LABORATORY       151, 314       0       4, 584       59, 178       0       60. 00         60. 01 06001 LABORATORY - PATHOLOGY       0 </td
60. 01 06001 LABORATORY - PATHOLOGY 0 0 0 0 0 0 0 0 60. 0 61. 00 610. 00 610. 00 PBP CLINICAL LAB SERVICES-PRGM 62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD 1,573 0 4,584 0 0 0 62. 00 63. 00 6300 BLOOD STORING PROCESSING & TRA 0 0 0 0 63. 00 64. 00 06400 INTRAVENOUS THERAPY 95,543 0 187,929 47,470 0 64. 00 65. 00 06500 RESPIRATORY THERAPY 93,756 0 4,584 205,031 0 65. 00 66. 00 06600 PHYSICAL THERAPY 93,756 0 4,584 205,031 0 65. 00 66. 00 06700 0CCUPATIONAL THERAPY 11,999 0 0 0 248 0 66. 00 66. 00 06800 SPEECH PATHOLOGY 13,367 0 0 545 0 68. 00 69. 00 06900 ELECTROCARDIOLOGY 46,569 0 9,167 17,565 0 69. 00 07000 ELECTROCARDIOLOGY 13,366 0 0 0.07100 MEDICAL SUPPLIES CHARGED TO PAT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
61. 00   06100   PBP CLINICAL LAB SERVICES-PRGM   62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD   1,573   0   4,584   0   0   62. 00   63. 00   63. 00   63. 00   64. 00   64. 00   64. 00   64. 00   64. 00   64. 00   65. 00   6
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD   1,573   0   4,584   0   0   62.00   63. 00   06300   BLOOD STORING   PROCESSING & TRA   0   0   0   0   64. 00   06400   INTRAVENOUS   THERAPY   95,543   0   187,929   47,470   0   64.00   65. 00   06500   RESPIRATORY   THERAPY   93,756   0   4,584   205,031   0   65.00   66. 00   06600   PHYSICAL   THERAPY   29,979   0   0   248   0   66.00   67. 00   06700   OCCUPATI   ONAL   THERAPY   11,999   0   0   0   0   68. 00   06800   SPEECH   PATHOLOGY   13,367   0   0   545   0   68.00   69. 00   06900   ELECTROCARDI   OLOGY   46,569   0   9,167   17,565   0   69.00   70. 00   07100   MEDI   CAL   SUPPLI   ES CHARGED   TO PAT   72. 00   07200   IMPL.   DEV.   CHARGED   TO PATI   ENTS   0   0   0   0   8,571,506   73.00   73. 00   07300   DRUGS   CHARGED   TO PATI   ENTS   0   0   0   0   8,571,506   73.00
63. 00   06300   BLOOD STORING   PROCESSING & TRA   0 0 0 0 0 0 0 0 63. 00   64. 00   06400   INTRAVENOUS   THERAPY   95, 543   0 187, 929   47, 470   0 64. 00   65. 00   06500   RESPIRATORY   THERAPY   93, 756   0 4, 584   205, 031   0 65. 00   66. 00   06600   PHYSI CAL   THERAPY   29, 979   0 0 248   0 66. 00   67. 00   06700   0CCUPATI ONAL   THERAPY   11, 999   0 0 0 0 0 67. 00   68. 00   06800   SPECH   PATHOLOGY   13, 367   0 0 545   0 68. 00   69. 00   06900   ELECTROCARDI OLOGY   46, 569   0 9, 167   17, 565   0 69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   13, 366   0 0 0 6, 806   0 70. 00   71. 00   07100   MEDI CAL   SUPPLIES   CHARGED   TO PATI   ENTS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
64. 00   06400   INTRAVENOUS THERAPY   95, 543   0   187, 929   47, 470   0   64. 00   65. 00   06500   RESPIRATORY THERAPY   93, 756   0   4, 584   205, 031   0   65. 00   66. 00   06600   PHYSI CAL THERAPY   29, 979   0   0   248   0   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   11, 999   0   0   0   0   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   13, 367   0   0   545   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   46, 569   0   9, 167   17, 565   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   13, 366   0   0   0   0, 806   0   71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PAT   0   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   07300   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0   0
66. 00   06600   PHYSI CAL THERAPY   29, 979   0   0   248   0   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   11, 999   0   0   0   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   13, 367   0   0   545   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   46, 569   0   9, 167   17, 565   0   69. 00   07000   ELECTROENCEPHALOGRAPHY   13, 366   0   0   6, 806   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PAT   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   8, 571, 506   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   8, 571, 506   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0
67. 00 06700 OCCUPATI ONAL THERAPY 11, 999 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 13, 367 0 0 545 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 46, 569 0 9, 167 17, 565 0 69. 00 07000 ELECTROENCEPHALOGRAPHY 13, 366 0 0 6, 806 0 70. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 0 0 0 0 0 0 72.00 172. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 8, 571, 506 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 8, 571, 506 73. 00
68. 00   06800   SPEECH PATHOLOGY   13, 367   0   0   545   0   68. 00   69. 00   69. 00   69. 00   70. 00   70. 00   70. 00   70. 00   71. 00   71. 00   71. 00   71. 00   71. 00   72. 00   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   74
69. 00   06900   ELECTROCARDI OLOGY   46, 569   0   9, 167   17, 565   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   13, 366   0   0   6, 806   0   70. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PAT   0   0   0   0   0   0   0   71. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   0   0   72. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0   0
70. 00   07000   ELECTROENCEPHALOGRAPHY   13, 366   0   0   6, 806   0   70. 00   71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PAT   0   0   0   0   0   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   8, 571, 506   73. 00   07300   0
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 8,571,506 73.00
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 8,571,506 73.00
74.00 07400 NEINE DINEISIS
75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 75.00
76.00 03950 NUTRI TI ON/DI ABETES 0 0 0 0 76.00
76. 01 03020 WOUND CARE CENTER 9, 889 0 18, 335 20, 324 0 76. 0
76. 97   07697   CARDI AC REHABI LI TATI ON   11, 839   0   18, 335   1, 697   0   76. 9°   0   0   0   0   0   0   0   0   0
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   CLI NI C   27, 534   0   22, 918   3, 184   0   90. 00
91. 00 09100 EMERGENCY 218, 940 0 421, 695 579, 084 0 91. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT 92. 00 OTHER REIMBURSABLE COST CENTERS
94. 00   09400   HOME   PROGRAM   DI ALYSI   S   O   O   O   O   O   94. 00
95. 00 09500 AMBULANCE SERVICES 2, 243 0 0 1, 141 0 95. 0
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 96. 00
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD   0 0 0 97. 00 99. 00   99. 00   09900   CMHC 0 0 0 99. 00
77. 00  07700  Simile

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	of Form CMS-	<u> 2552-10</u>
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der (		eri od:	Worksheet B	
				rom 09/01/2021	Part I Date/Time Pre	
			To	08/31/2022	1/30/2023 6:4	epareu: 18 nm
Cost Center Description	CAFETERI A	MAINTENANCE OF	F NURSI NG	CENTRAL	PHARMACY	TO PIII
out content book per on	07.11 2.1 2.11.71	PERSONNEL	ADMI NI STRATI ON	SERVICES &		
				SUPPLY		
	11. 00	12. 00	13. 00	14. 00	15. 00	
99. 10 09910 CORF	0	(	0	0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	(	o o	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	(	o o	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KIDNEY ACQUISITION	0	(	0	0	0	105.00
106. 00 10600 HEART ACQUISITION	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	0	109. 00
110.00 11000 INTESTINAL ACQUISITION	0	(	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	(	0	0	0	111. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-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)	2, 575, 451	(	3, 423, 981	5, 267, 223	8, 571, 506	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	(	0	0		190. 00
191. 00 19100 RESEARCH	2, 703	(	0	0		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	(	0	60		192. 00
192. 01 19201 OTHER NRCC	0	(	0	0		192. 01
192. 02 19202 LTC	0	(	0	0		192. 02
193. 00 19300 NONPALD WORKERS	0	(	0	0		193. 00
194. 00 <mark>07950</mark> MARKETI NG	0	(	0	0		194. 00
194. 01 <mark>07951 PHARMACY RETAIL</mark>	12, 167	(	0	12, 535		194. 01
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	20, 069	(	0	93	0	194. 02
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	(	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	2, 610, 390	(	3, 423, 981	5, 279, 911	8, 571, 506	202. 00

Health Financial S	Systems	BAPTIST HEALTH F	FLOYD	In Lieu	of Form CMS-2552-10
COST ALLOCATION -	GENERAL SERVICE COSTS	Pi	rovi der (	From 09/01/2021	Worksheet B Part I Date/Time Prepared:

				To	com 09/01/2021 0 08/31/2022	l Date/Time Pre	pared:
	Cost Center Description	NEDI CAL RECORDS	SOCIAL SERVICE		Subtotal	1/30/2023 6: 4 Intern &	8 pm
		& LI BRARY		PRGM-PHARMACY RESIDENCY		Residents Cost & Post	
						Stepdown	
		16. 00	17. 00	23. 00	24. 00	Adjustments 25.00	
1 00	GENERAL SERVICE COST CENTERS	1		1			1 00
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 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						5.00
7. 00 8. 00	OO7OO  OPERATION OF PLANT   OO8OO  LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG						9. 00
	01000 DI ETARY						10.00
	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL						11. 00 12. 00
	01300 NURSING ADMINISTRATION						13. 00
	01400 CENTRAL SERVICES & SUPPLY						14. 00
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	5, 817, 348					15. 00 16. 00
	01700 SOCIAL SERVICE	0,017,340	0				17. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	739, 424		]	23. 00
30 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	1, 057, 700	0	739, 424	70, 037, 064	0	30. 00
	03100 INTENSIVE CARE UNIT	176, 283	0	1	17, 416, 035	1	31.00
	03200 CORONARY CARE UNIT	0	0	0	0	0	32. 00
	03300  BURN INTENSIVE CARE UNIT   03400  SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	33. 00 34. 00
	04000 SUBPROVI DER - I PF		0	0	0	0	40.00
41.00	04100 SUBPROVI DER - I RF	0	0	0	0	0	41. 00
	04200 SUBPROVI DER	117 522	0	0	1 704 700	0	42.00
	04300 NURSERY 04400 SKILLED NURSING FACILITY	117, 522 0	0	0	1, 706, 798 0	0	43. 00 44. 00
	04500 NURSING FACILITY	Ö	0	0	Ö	Ö	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46. 00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	528, 850	0	0	31, 397, 959	0	50. 00
	05100 RECOVERY ROOM	0	0		5, 020, 595	1	51. 00
	05200 DELIVERY ROOM & LABOR ROOM   05300 ANESTHESIOLOGY	0	0	0	5, 806, 632	0	52. 00 53. 00
	05400 RADI OLOGY-DI AGNOSTI C	411, 328	0	ő	12, 574, 769	_	54. 00
	05500 RADI OLOGY-THERAPEUTI C	0	0	0	3, 716, 265	0	55. 00
56. 00 57. 00	05600  RADI 01 S0T0PE   05700  CT SCAN	0 176, 283	0	0	0 3, 488, 741	0	56. 00 57. 00
58. 00	05800 MRI	58, 761	0	ő	1, 589, 089	Ö	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	117, 522	0	0	8, 644, 560		59. 00
60. 00 60. 01	06000  LABORATORY   06001  LABORATORY - PATHOLOGY	1, 469, 027	0	0	22, 407, 709	0	60. 00 60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM	l ĭ	0		0	Ĭ	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	1, 333, 223	0	
	06300 BLOOD STORING PROCESSING & TRA 06400 INTRAVENOUS THERAPY	0	0	0	0 6, 354, 713	0	63. 00 64. 00
	06500 RESPIRATORY THERAPY	58, 761	0	ő	8, 427, 572		65. 00
	06600 PHYSI CAL THERAPY	0	0	0	1, 827, 553		66. 00
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	0	624, 560 853, 844	1	67. 00 68. 00
	06900 ELECTROCARDI OLOGY	352, 567	0	Ö	4, 413, 237		69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0	0	1, 268, 383		70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 MPL. DEV. CHARGED TO PATIENTS	0	0	0	17, 083, 707 24, 824, 972		71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	34, 307, 694		73.00
74.00	07400 RENAL DIALYSIS	0	0	0	1, 563, 176		74. 00
	07500 ASC (NON-DISTINCT PART) 03950 NUTRITION/DIABETES	0	0	0	0	0	75.00
	03020 WOUND CARE CENTER	58, 761	0	0	2, 116, 289	0	76. 00 76. 01
	07697 CARDIAC REHABILITATION	0	0	0	977, 486		76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	1 0	0	l ol	0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89. 00
90.00	09000 CLI NI C	O	0	o	2, 793, 433		90. 00
	09100 EMERGENCY	1, 233, 983	0	0	21, 227, 206	1 1	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					0	92.00
	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94. 00
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	104, 337 0	0	
70.00	107000 DOMANDEE MEDITONE EQUIT - NENTED	<u>'</u>	0	<u> </u>	0	. 0	70.00

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044 | Period: | Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CC	F	Period: From 09/01/2021 To 08/31/2022	Date/Time Pre 1/30/2023 6:4	
Cost Center Description	IEDICAL RECORD <b>S</b> O			Subtotal	Intern &	
	& LI BRARY		PRGM-PHARMACY		Residents Cost	
			RESI DENCY		& Post	
					Stepdown	
					Adjustments	
	16. 00	17. 00	23. 00	24. 00	25. 00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	(	0	0	97.00
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	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	(	0		105. 00
106. 00 10600 HEART ACQUISITION	0	0	(	0		106. 00
107.00 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	0	109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	(	0	0	110. 00
111.00 11100 ISLET ACQUISITION	0	0	(	0	0	111. 00
113. 00 11300 INTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-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)	5, 817, 348	0	739, 424	313, 907, 601	0	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	(	149, 968	0	191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	(	1, 199, 577	0	192. 00
192. 01 19201 OTHER NRCC	0	0	(	-1, 279	0	192. 01
192. 02 19202 LTC	0	0	(	0	0	192. 02
193. 00 19300 NONPALD WORKERS	0	0	(	o	0	193. 00
194. 00 07950 MARKETI NG	0	0	(	10, 915	0	194. 00
194. 01 07951 PHARMACY RETAIL	0	0	(	726, 623	0	194. 01
194. 02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0	(	805, 310	0	194. 02
200.00 Cross Foot Adjustments			(	ol ol	0	200. 00
201.00 Negative Cost Centers	0	0	(	ol ol	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	5, 817, 348	0	739, 424	316, 798, 715	0	202. 00
-	•	•		•	•	

Health Financial Systems

COST ALLOCATION - GENERAL SERVICE COSTS

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

Provider CCN: 15-0044

Period: Worksheet B From 09/01/2021 Part I

Date/Time Prepared:

08/31/2022

1/30/2023 6:48 pm Cost Center Description Total 26. 00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 100900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 11.00 11.00 01100 CAFETERI A 01200 MAINTENANCE OF PERSONNEL 12.00 12.00 13 00 01300 NURSING ADMINISTRATION 13 00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 15.00 01500 PHARMACY 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 23.00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDLATRICS 70, 037, 064 30 00 03100 INTENSIVE CARE UNIT 31.00 17, 416, 035 31.00 32.00 03200 CORONARY CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 33.00 0 34 00 03400 SURGICAL INTENSIVE CARE UNIT 0 34 00 40.00 04000 SUBPROVIDER - IPF 0 40.00 41.00 04100 SUBPROVI DER - I RF 41.00 42.00 04200 SUBPROVI DER 42.00 1, 706, 798 43 00 104300 NURSERY 43 00 44.00 04400 SKILLED NURSING FACILITY 44.00 04500 NURSING FACILITY 45.00 0 45.00 04600 OTHER LONG TERM CARE 46.00 46,00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 31, 397, 959 50.00 05100 RECOVERY ROOM 51.00 5,020,595 51.00 5, 806, 632 52.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 53 00 05300 ANESTHESI OLOGY 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 12, 574, 769 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 3, 716, 265 55.00 05600 RADI OI SOTOPE 56.00 56,00 57.00 05700 CT SCAN 3, 488, 741 57.00 58.00 05800 MRI 1,589,089 58.00 59.00 05900 CARDIAC CATHETERIZATION 8, 644, 560 59.00 22, 407, 709 60.00 106000 LABORATORY 60.00 06001 LABORATORY - PATHOLOGY 60.01 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM 61.00 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD 62.00 1, 333, 223 62.00 63.00 06300 BLOOD STORING PROCESSING & TRA 63.00 06400 INTRAVENOUS THERAPY 64.00 6.354.713 64.00 65.00 06500 RESPIRATORY THERAPY 8, 427, 572 65.00 06600 PHYSI CAL THERAPY 1, 827, 553 66.00 66.00 67.00 06700 OCCUPATI ONAL THERAPY 624, 560 67.00 68.00 06800 SPEECH PATHOLOGY 853, 844 68.00 06900 ELECTROCARDI OLOGY 69 00 4 413 237 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1, 268, 383 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 17, 083, 707 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 24, 824, 972 72.00 07300 DRUGS CHARGED TO PATIENTS 73 00 34, 307, 694 73 00 74.00 07400 RENAL DIALYSIS 1, 563, 176 74.00 75.00 07500 ASC (NON-DISTINCT PART) 75.00 76.00 03950 NUTRI TI ON/DI ABETES 76.00 03020 WOUND CARE CENTER 76 01 2, 116, 289 76 01 76.97 07697 CARDIAC REHABILITATION 977, 486 76.97 DUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89 00 89.00 90.00 09000 CLI NI C 2, 793, 433 90.00 91.00 09100 EMERGENCY 21, 227, 206 91.00 09200 OBSERVATION BEDS (NON-DISTINCT 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS 94.00 94.00 09500 AMBULANCE SERVICES 104, 337 95.00 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 97.00 09700 DURABLE MEDICAL EQUIP-SOLD 0 97.00 09900 CMHC 99 00 0 99.00 99. 10 09910 CORF 99.10 0 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 100.00

Health Financial Systems	BAPTIST HEALTI	H FLOYD	In Lieu	of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 15-0044	Peri od:	Worksheet B
				Part I
			To 08/31/2022	Date/Time Prepared: 1/30/2023 6:48 pm
Cost Center Description	Total		<u> </u>	173072023 6.48 pili
cost center bescriptron	26. 00			
101. 00 10100 HOME HEALTH AGENCY	0	·		101.00
SPECIAL PURPOSE COST CENTERS	•			
105. 00 10500 KI DNEY ACQUI SI TI ON	0			105.00
106. 00 10600 HEART ACQUISITION	0			106.00
107. Od 10700 LI VER ACQUI SI TI ON	0			107.00
108.0010800 LUNG ACQUISITION	0			108.00
109. 0010900 PANCREAS ACQUISITION	0			109.00
110.0011000 INTESTINAL ACQUISITION	0			110.00
111.0011100  SLET ACQUISITION	0			111.00
113. 0011300   NTEREST EXPENSE				113.00
114.0011400 UTILIZATION REVIEW-SNF				114.00
115. OO 11500 AMBULATORY SURGICAL CENTER (D. P. )	0			115.00
116. 0011600 HOSPI CE	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	313, 907, 601			118.00
NONREI MBURSABLE COST CENTERS				
190. 00 19000 GLFT FLOWER COFFEE SHOP & CAN	0			190.00
191. 00 19100 RESEARCH	149, 968			191.00
192, 00 19200 PHYSICIANS PRIVATE OFFICES	1, 199, 577			192. 00
192, 01 19201 OTHER NRCC	-1, 279			192. 01
192, 02 19202 LTC	0			192. 02
193. 00 19300 NONPALD WORKERS	o			193. 00
194. 0007950 MARKETI NG	10, 915			194. 00
194. 0107951 PHARMACY RETAIL	726, 623			194. 01
194. 0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	805, 310			194. 02
200.00 Cross Foot Adjustments	0			200.00
201.00 Negative Cost Centers	ا			201.00
202.00 TOTAL (sum lines 118 through 201)	316, 798, 715			202. 00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				F 00

5, 971

54, 887

62, 839

320, 399

249, 840

56, 992

318, 650

432, 278

0 88.00

90.00

91 00

92.00

95.00

0 89.00

0 94.00

55

1, 398

9, 755

09000 CLINIC

09100 EMERGENCY

95.00 09500 AMBULANCE SERVICES

08800 RURAL HEALTH CLINIC

08900 FEDERALLY QUALIFIED HEALTH CENTER

09200 OBSERVATION BEDS (NON-DISTINCT

OTHER REIMBURSABLE COST CENTERS

09400 HOME PROGRAM DIALYSIS

88.00

89.00

90.00

91 00

92.00

94.00

Health Firensial Contame	DADTI CT. UEA	LTU FLOVO		lm II a	
Health Financial Systems ALLOCATION OF CAPITAL RELATED COSTS	BAPTI ST HEA	Provider C	F	Period: From 09/01/2021 From 08/31/2022	Worksheet B Part II Date/Time Prepared: 1/30/2023 6:48 pm
		CAPI TAL REL	_ATED COSTS		
Cost Center Description	Directly Assigned New Capital Related Costs		MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT
	0	1. 00	2.00	2A	4. 00
96. 00   09600   DURABLE   MEDI CAL   EQUI P-RENTED   97. 00   09700   DURABLE   MEDI CAL   EQUI P-SOLD   99. 00   09900   CMHC   99. 10   09910   CORF   100. 00   10000   I&R   SERVI CES-NOT   APPRVD   PRGM   101. 00   10100   HOME   HEALTH   AGENCY   SPECI   AL   PURPOSE   COST   CENTERS	0 0 0 0 0	0 0 0 0 0	0 0 0 0	0 0	0 96.00 0 97.00 0 99.00 0 99.10 0 100.00 0 101.00
105. Od 10500 KI DNEY ACQUI SI TI ON		0	C	0	0105.00
106. 0010600 HEART ACQUISITION 107. 0010700 LIVER ACQUISITION 108. 0010800 LUNG ACQUISITION 109. 0010900 PANCREAS ACQUISITION 110. 0011000 INTESTINAL ACQUISITION 111. 0011100 ISLET ACQUISITION	0 0 0	0 0 0 0			0 106.00 0 107.00 0 108.00 0 109.00 0 110.00 0 111.00
113. 0011300   NTEREST EXPENSE 114. 0011400   UTI LI ZATI ON REVI EW-SNF 115. 0011500   AMBULATORY SURGI CAL CENTER (D. P. ) 116. 0011600   HOSPI CE 118. 00   SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	0 0 13, 638, 894	0 0 5, 496, 829	0 0 5, 479, 052	0 0 24, 614, 775	113. 00 114. 00 0 115. 00 0 116. 00 118, 625
190. 0019000 GIFT FLOWER COFFEE SHOP & CAN 191. 0019100 RESEARCH 192. 0019200 PHYSICIANS PRIVATE OFFICES 192. 0119201 OTHER NRCC 192. 0219202 LTC 193. 0019300 NONPAID WORKERS 194. 0007950 MARKETING 194. 0107951 PHARMACY RETAIL 194. 0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT 200. 00 Cross Foot Adjustments Negative Cost Centers 202. 00 TOTAL (sum lines 118 through 201)	0 0 44, 272 0 0 0 0 0 0	0 0 0 0 0 2, 438 0 0 0 5, 499, 267	10, 659 5, 489, 711	0 0 0	0 190.00 98 191.00 0 192.00 0 192.01 0 192.02 0 193.00 0 194.00 436 194.01 437 194.02 200.00 0 201.00 119,596 202.00

| Period: | Worksheet B | From 09/01/2021 | Part | I | To 08/31/2022 | Date/Time Prepared: Provi der CCN: 15-0044

COST. CONTITUTE PRICE PORT CHITERS   COMMINISTRATIVE OPERATION OF LAURIOUS # BUSSECLEPING   DIFFARY					Т	o 08/31/2022	Date/Time Pre 1/30/2023 6:4	
Building   September   Septe		Cost Center Description						
1.00   1.00							10.00	
2.00 00000 GOOD CAR PET COSTS WANTE FOULD 4 0.00000 GOOD CAR PET COSTS WANTE FOULD 4 0.00000 GOOD CAR PET COSTS WANTE FOULD 4 0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 11,885,408   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,709   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,890   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CEMERAL 17,990   0.00000 GOOD CAR WAS TRAIT VE & CE	1 00		ı		I			1 00
4. 00 00000 GENERATINE DEPARTMENT 00 000000 ADMINISTRATIVE & CEREMENT 11, 885, 408 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 13, 811 11, 855, 408 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 00000 ADMINISTRATIVE & CEREMENT 10, 70 00 0000 ADMINISTRATIVE & CEREMENT 10, 70 00 00 00 00 00 00 00 00 00 00 00 00		l l						•
2.00   DOYCOL DEFEATION OF PLANT	4.00							4. 00
8.00   00000   LAURDRY & LINEN SERVICE   61,077   10,009   145,862   9,00   10,00   101000   157AP   10,00   10700   101000   157AP   10,00								
9.00   090000   MUSIEKEEP IN R					1			•
10.00   101000 DIFFARY   104, 720   5, 074   0   1, 426   204, 365   10.00   11.00					1			•
12 0.0 0 1200 MINITERNACE OF PRESONNEL 0 0 0 0 0 13 0.0 12 0.0 1 12 0.0 1 12 0.0 1 13 0.0 13 0.0 133 MINISTRA MAD MINISTRATION 1 124, 464 2, 274 1 0 0 0 0 0 0 13 0.0 13 0.0 13 1.0 13 0.0 133 MINISTRA MAD MINISTRATION 1 124, 464 2, 274 1 13 0 0 1 0 0 0 0 1 10 0.0 1					1	1, 426		•
13.00   01300   MIRSING ADM INI STRATION   124.668   2,224   0   7.009   0   14.00		l l	78, 591		1			
14.00 0 1400 CENTRAL SERVICES & SUPPLY			124 449		_	-		
15.00 0 1500 PHARMACY  0 1500 0 1500 PHARMACY  17.00 0 1500 PHARMACY  17.00 0 1500 PHARMACY  17.00 0 1500 PHARMACY  17.00 0 1700 SOCIAL STRYLGE  17.00 0 1700 SOCIAL STRYLGE  18.00 0 2000 PHARMACY  18.00 0 2					1			
17.00   0.1700   SCHALE SERVICE   0   0   0   17.00					1		0	
23.00			203, 791		ľ	3, 626		
IMPART INT PROUTINE SERVICE COST CENTERS   2,094,540   223.044   69,238   62,699   190,931   30   31 0.00   330.00   03000 QUITS A PEDI TRICS   2,094,540   223.044   69,238   62,699   190,931   30   31 0.00   33 0.00   330.00   300.00			26 757	-	_	100		1
30.00   30.00   ADULTS & PEDIATRICS   2.04   469, 238   62, 699   109, 931   30.00   31.00   301.00   31.00   31.00   31.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   33.00	23.00		20, 737	/10	0	177	O	23.00
32.00 0 3300 (DRINARY CARE UNIT 0 0 0 0 0 0 33.00 34.00 0 3400 (DRIN INTERIS) VE CARE UNIT 0 0 0 0 0 0 33.00 34.00 3400 (DRIN INTERIS) VE CARE UNIT 0 0 0 0 0 0 33.00 34.00 3400 (DRIN INTERIS) VE CARE UNIT 0 0 0 0 0 0 0 34.00 34.00 41.		03000 ADULTS & PEDIATRICS			1		·	1
33.00   03000   SURN INTENSIVE CARE UNIT   0   0   0   0   0   0   0   0   0			586, 058					
34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0		
40.00   04000 SUBPROYI DET - I PF			Ö	Ö	ő	0		
42 0.0   04200   NURSERY   0   0   0   0   0   0   42 0.00	40.00	04000 SUBPROVI DER - I PF	0	0	0	0	0	40. 00
43.00			0	0	0	0		1
44. 00   04400   NURSING FACILITY			52 202	5 888	0	1 655	_	1
A6 00   OHAGOD   OHAGOD   TERN LONG TERN LOARE   O			0	0,000	Ö	0		
MOLILLARY SERVICE COST CENTERS   979, 386   94, 179   15, 636   26, 476   1, 598   50, 00   510, 00   5000   00   106   51, 00   51, 00   5200   05200   DELIVERY ROOM   LABOR ROOM   179, 409   0   0   0   0   0   0   53, 00   53, 00   5300   DELIVERY ROOM   LABOR ROOM   179, 409   0   0   0   0   0   0   0   53, 00   53, 00   5300   DELIVERY ROOM   LABOR ROOM   179, 409   0   0   0   0   0   0   0   0   53, 00   53, 00   5300   ANESTHESI OLLOGY   0   0   0   0   0   0   0   0   53, 00   55, 00   5500   05500   RADIO LOGY-THERAPEUTI C   138, 283   0   0   0   0   0   0   0   0   55, 00   5500   05500   RADIO LOGY-THERAPEUTI C   138, 283   0   0   0   0   0   0   0   0   0			0	0	0	0		•
50.00	46. 00		0	0	0	0	0	46. 00
51.00   05100   RECOVERY ROOM   179, 409   0   0   0   106   51.00   52.00   0520   0ELI VERY ROOM   LABOR ROOM   170, 112   39, 695   3, 493   11, 159   0   52.00   52.00   0530   0ELI VERY ROOM   LABOR ROOM   170, 112   39, 695   3, 493   11, 159   0   52.00   53.00   0530   0ANESTHESI OLOGY   0   0   0   0   0   0   0   0   0	50.00		979, 386	94, 179	15, 636	26, 476	1, 598	50.00
53.00   05300   ABSTHESI OLOGY   0 0 0 0 0 0 5 3.00					_	0		
54 00   05400   RADIO LOGY-DIAGNOSTIC   402,235   43,567   11,836   12,248   31   54,00   55,00   05500   RADIOLOGY-DIAGNOSTIC   0 0 0 0 0 0 0 0 0 55,00   05500   RADIOLOGY-THERAPEUTIC   0 0 0 0 0 0 0 0 0 0 55,00   05600   RADIOLOGY-THERAPEUTIC   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			_	39, 695	3, 493	11, 159		•
55.00   05500   RADIO LOGY-THERAPEUTIC   138, 283		l l	ı	/3 567	11 836	12 248		
56.00   05600   RADIO I SOTOPE   0 0 0 0 0 0 0 0 0 56.00		l l				12, 240		•
S8.00   05800 MR    54,127   2,514   0   707   0   58.00	56.00		0	0	0	0	0	
59.00   05900   CARDI AC CATHETERI ZATI ON   280, 144   17, 210   957   4, 838   871   59.00					•			
60.00   06000   LABORATORY   PATHOLOGY   0   0   0   0   0   0   0   0   0					1			
60.01					1			
62.00   66200   MPOLE BLOOD & PACKED RED BLOOD   49, 262   596   0   168   0   62.00   63.00   06300   BLOOD STORING PROCESSING & TRA   0   0   0   0   0   0   63.00   06400   INTRAVENOUS THERAPY   225, 994   0   0   0   0   0   65.00   06500   RESPIRATORY THERAPY   299, 396   3, 626   0   1,019   0   65.00   66.00   06600   PHYSI CAL THERAPY   297, 396   3, 626   0   1,019   0   65.00   67.00   06700   OCCUPATI ONAL THERAPY   22,759   252   0   71   0   67.00   68.00   06800   SPEECH PATHOLOGY   31,512   0   0   0   0   68.00   69.00   06900   ELECTROCARDI OLOGY   129, 818   18, 427   7,644   5,180   0   69.00   71.00   07000   ELECTROCARDI OLOGY   131,632   16,891   464   4,749   180   70.00   72.00   07100   MEDICAL SUPPLIES CHARGED TO PAT   640,931   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   931,360   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   945,547   0   0   0   0   0   0   74.00   07400   RENAL DIALYSIS   58,285   0   182   0   0   0   0   76.00   03950   NUTRI TI ON/DI ABETES   0   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75,371   0   0   0   0   0   76.01   0700   0700   08000			0		ľ			1
63.00   06300   BLOOD STORI NG   PROCESSING & TRA   0   0   0   0   0   0   63.00   64.00   06400   INTRAVENOUS THERAPY   225, 994   0   0   0   0   0   64.00   65.00   06500   RESPIRATORY THERAPY   299, 396   3, 626   0   1,019   0   65.00   66.00   06600   PHYSI CAL   THERAPY   299, 396   3, 626   0   1,019   0   65.00   66.00   06700   OCCUPATI ONAL   THERAPY   227, 759   252   0   71   0   67.00   68.00   06800   SPEECH PATHOLOGY   31, 512   0   0   0   0   0   68.00   69.00   06900   ELECTROCARDI OLOGY   129, 818   18, 427   7, 644   5, 180   0   69.00   70.00   07000   ELECTROCARDI OLOGY   129, 818   18, 427   7, 644   5, 180   0   69.00   71.00   07100   MEDI CAL   SUPPLIES CHARGED TO PAT   640, 931   0   0   0   0   0   0   71.00   07100   MEDI CAL   SUPPLIES CHARGED TO PAT   640, 931   0   0   0   0   0   0   72.00   07200   IMPL   DEV.   CHARGED TO PATI   ENTS   931, 360   0   0   0   0   0   0   73.00   07300   ROTSOC   CHARGED TO PATI   ENTS   965, 547   0   0   0   0   0   0   74.00   07400   RENAL DI ALYSI   S   58, 285   0   182   0   0   0   0   75.00   07500   ASC   (NON-DII STI NCT PART)   0   0   0   0   0   0   76.01   03950   NUTRI TI ON/DI ABETES   0   0   0   0   0   0   76.01   03950   NUTRI TI ON/DI ABETES   0   0   0   0   0   76.01   03950   NUTRI TI ON/DI ABETES   0   0   0   0   0   76.01   03950   ROTRI TI ORDI STI NCT PART   0   0   0   0   76.07   07697   CARDI AC REHABI LI TATI ON   30, 634   5, 495   0   1, 545   0   76.07   07697   CARDI AC REHABI LI TATI ON   30, 634   5, 495   0   1, 545   0   76.00   09900   CHINI C   95, 147   8, 671   0   2, 438   0   90.00   79.00   09900   CHINI C   95, 147   8, 671   0   0   0   0   0   79.00   09900   CHINE REI MEDI CAL EQUI P-RINTED   0   0   0   0   0   79.00   09900   DURABLE MEDI CAL EQUI P-RINTED   0   0   0   0   0   79.00   09900   CMRAL EQUI P-RINTED   0   0   0   0   0   79.00   09900   CMRAL EQUI P-RINTED   0   0   0   0   0   79.00   09900   CMRAL EQUI P-RINTED   0   0   0   0   79.00   09900   CMRAL EQUI P-SOLD   0   0   0			40.040	50/		110		1
64.00   06400   INTRAVENOUS THERAPY   225, 994   0   0   0   0   0   64.00   65.00   06500   RESPI RATORY THERAPY   299, 396   3, 626   0   1, 019   0   65.00   66.00   06600   PHYSI CAL THERAPY   266, 513   1, 041   0   293   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   22, 759   252   0   71   0   67.00   68.00   06600   PHYSI CAL THERAPY   22, 759   252   0   71   0   67.00   68.00   06600   PHYSI CAL THERAPY   22, 759   252   0   0   0   0   0   68.00   69.00   06900   ELECTROCARDI OLOGY   31, 512   0   0   0   0   0   0   0   69.00   06900   ELECTROCARDI OLOGY   129, 818   18, 427   7, 644   5, 180   0   69.00   71.00   07100   MEDI CAL SUPPLI ES CHARGED TO PAT   640, 931   0   0   0   0   0   0   71.00   07100   MEDI CAL SUPPLI ES CHARGED TO PAT   640, 931   0   0   0   0   0   0   72.00   07200   IMPL DEV. CHARGED TO PATI ENTS   931, 360   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATI ENTS   965, 547   0   0   0   0   0   0   74.00   07400   RENAL DI ALYSIS   58, 285   0   182   0   0   74.00   75.00   07500   ASC (NON-DI STI NCT PART)   0   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75, 371   0   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75, 371   0   0   0   0   0   76.01   03020   WOUND CARE CENTER   75, 371   0   0   0   0   0   76.01   07607   CARDI AC REHABI LI TATI ON   30, 634   5, 495   0   1, 545   0   76.01   07607   CARDI AC REHABI LI TATI ON   95, 147   8, 671   0   2, 438   0   79.00   09000   CLINI C   95, 147   8, 671   0   2, 438   0   79.00   09000   CLINI C   95, 147   8, 671   0   2, 438   0   79.00   09000   CLINI C   95, 147   8, 671   0   2, 438   0   79.00   09000   MBURSABLE COST CENTERS   79.00   09000   UMABLE MEDI CAL EQUI P-RONTED   0   0   0   0   0   79.00   09000   UMABLE MEDI CAL EQUI P-RONTED   0   0   0   0   79.00   09000   CMHC   0   0   0   0   0		· ·	49, 262	_	_	168		
65. 00   06500   RESPI RATORY THERAPY   299, 396   3, 626   0   1, 019   0   65. 00   66. 00   06600   06600   06600   06600   06600   06600   06600   06600   06600   06600   67. 00   06700   0CCUPATI ONAL THERAPY   22, 759   252   0   71   0   67. 00   68. 00   06800   06900   06800   06900   0   0   0   0   0   0   69. 00   06900   06900   06900   06800   06900   069. 00   0   0   0   69. 00   06900   06900   06900   06900   06900   069. 00   0   0   0   69. 00   06900   06900   06900   06900   069. 00   0   0   0   71. 00   07000   06100   06100   069. 00   0   0   0   71. 00   07100   0600   0600   0600   0   0   0   72. 00   07200   1MPL DEV. CHARGED TO PAT   640, 931   0   0   0   0   0   73. 00   07300   07300   07400   0   0   0   0   0   0   0   0   0			225, 994			0		
67. 00   06700   OCCUPATI ONAL THERAPY   22, 759   252   0   71   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   31, 512   0   0   0   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   129, 818   18, 427   7, 644   5, 180   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   31, 632   16, 891   464   4, 749   180   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PAT   640, 931   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   931, 360   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   965, 547   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSIS   58, 285   0   182   0   0   0   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   76. 01   03020   WOUND CARE CENTER   75, 371   0   0   0   0   0   76. 01   03020   WOUND CARE CENTER   75, 371   0   0   0   0   76. 07   07697   CARDI AC REHABI LITATI ON   30, 634   5, 495   0   1, 545   0   76. 07   09900   CLINIC   95, 147   8, 671   0   2, 438   0   90. 00   79. 00   09000   CLINIC   975, 147   8, 671   0   2, 438   0   90. 00   79. 00   09000   CLINIC   975, 00   0   0   0   0   79. 00   09400   HOME PROGRAM DI ALYSIS   0   0   0   0   79. 00   09500   AMBULANCE SERVI CES   3, 787   0   0   0   0   79. 00   09500   OMBABLE MEDI CAL EQUI P-RENTED   0   0   0   0   79. 00   09700   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   79. 00   09900   OURABLE MEDI CAL EQUI P-SOLD   0   0   0   0   79.					0	1, 019	0	
68. 00			•	· ·	1			
69. 00   06900   ELECTROCARDI OLOGY   129, 818   18, 427   7, 644   5, 180   0 69. 00   70. 00   70000   ELECTROCARDI OLOGRAPHY   31, 632   16, 891   464   4, 749   180   70. 00   71. 00   07100   MEDIC CAL SUPPLI ES CHARGED TO PAT   640, 931   0 0 0 0 0 0   0. 71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   931, 360   0 0 0 0 0   0. 72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   965, 547   0 0 0 0 0   0 0   0. 73. 00   73. 00   07500   ASC (NON-DI STI NCT PART)   0 0 0 0 0 0   0. 75. 00   0. 76.						/1		
70. 00   07000   ELECTROENCEPHALOGRAPHY   31, 632   16, 891   464   4, 749   180   70. 00   71. 00   7100   MEDI CAL SUPPLIES CHARGED TO PAT   640, 931   0   0   0   0   0   72. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   931, 360   0   0   0   0   0   0   72. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   965, 547   0   0   0   0   0   0   73. 00   74. 00   07400   RENAL DI ALYSI S   58, 285   0   182   0   0   74. 00   75. 00   75. 00   75. 00   75. 00   75. 00   75. 00   0   0   0   0   0   0   0   0   0				-	_	5, 180		
72. 00	70.00	07000 ELECTROENCEPHALOGRAPHY					180	
73. 00					0	0		
74. 00		l l			0	0		
76. 00					182	0		
76. 01			0	0	0	0	0	
76. 97 O7697 CARDI AC REHABI LI TATI ON 30, 634 5, 495 0 1, 545 0 76. 97 OUTPATI ENT SERVI CE COST CENTERS  88. 00 08800 RURAL HEALTH CLINI C 0 0 0 0 0 0 88. 00 89. 00 08900 FEDERALLY QUALI FI ED HEALTH CENTER 0 0 0 0 0 0 0 89. 00 90. 00 90. 00 0 0 0 0 0 89. 00 91. 00 99100 EMERGENCY 650, 983 44, 213 23, 920 12, 429 6, 201 91. 00 91. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT 0 094. 00 094. 00 09500 AMBULANCE SERVI CES 3, 787 0 0 0 0 0 95. 00 96. 00 97. 00 97. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 90. 00 0 0 0 0 0 99. 00 99. 00 09900 CMHC 0 0 0 0 0 0 0 0 99. 00 0 0 0 0 0 0 99. 00 0 0 0			0	0	0	0		
SECTION   SERVICE COST CENTERS   SECTION   S				5. 495		1.545		
89. 00	70.77		00,001	0, 170		1,010	<u> </u>	70.77
90. 00			0		•			
91. 00			0 05 147			-		
92. 00			•	· ·	1			
94. 00			000, 700	11,210	20, 720	12, 127	0, 201	
95. 00   09500   AMBULANCE SERVI CES   3, 787   0   0   0   95. 00   96. 00   96. 00   96. 00   97. 00   09700   DURABLE   MEDI CAL   EQUI   P-SOLD   0   0   0   0   0   97. 00   99. 00   09900   CMHC   0   0   0   0   0   99. 00   0   0   99. 00   0   0   0   0   0   0   0   0   0	0		1		1			
96. 00   09600   DURABLE   MEDI CAL   EQUI   P-RENTED   0 0 0 0 0 96. 00 97. 00   097. 00   097. 00   09900   CMHC   0 0 0 0 0 99. 00   099. 00			0 2 707			-		
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD			3, 787	n	0	0		
99.00   09900   CMHC   0   0   0   0   99.00	97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	Ö	Ö	Ö	0	97. 00
99. TO [D99 TO] CORF [ 0] 0] 0] 99. 10			0	0	0	0		
	99. 10	IOAA IOLOOKE	<u> </u>		<u> </u>	0	0	99. 10

Period: From 09/01/2021 Part II Date/Time Prepared: 1/30/2023 6:48 pm 08/31/2022 Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY LINEN SERVICE & GENERAL **PLANT** 9.00 10.00 5. 00 7.00 8.00 100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 100.00 101. 00 10100 HOME HEALTH AGENCY 0 101.00 SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON 0 105. 00 106. 00 10600 HEART ACQUISITION 0 106.00 107. 00 10700 LIVER ACQUISITION 0000 0 107.00 108. 0010800 LUNG ACQUISITION 0108.00 109. 0010900 PANCREAS ACQUISITION 110. 0011000 INTESTINAL ACQUISITION 0 109.00 0 0 110.00 111.0011100 I SLET ACQUISITION 0 111.00 113. 00 11300 | INTEREST EXPENSE 113.00 114. 00 11400 UTILIZATION REVIEW-SNF 114.00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 115.00 116. 00 11600 HOSPI CE 0 116.00 SUBTOTALS (SUM OF LINES 1 through 117) 11, 778, 978 677, 503 145, 862 186, 934 204, 365 118. 00 118.00 NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN 0 190. 00 0000000 191. 0019100 RESEARCH 0 5, 525 0 0191.00 0 192.00 192. 00 19200 PHYSI CLANS PRI VATE OFFI CES 45, 002 0 192. 01 19201 OTHER NRCC 0 0 192.01 192. 0219202 LTC 193. 0019300 NONPALD WORKERS 194. 0007950 MARKETING 0 192. 02 0 0 193.00 C 0 194.00 113 336 95 194. 01 07951 PHARMACY RETAIL 26, 334 0 194. 01 194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT 200.00 Cross Foot Adjustments 29, 456 0 0 0 194. 02 200.00 Cross Foot Adjustments

11, 885, 408

677, 839

145, 862

187, 029

0 201. 00

204, 365 202. 00

201.00

202.00

Negative Cost Centers

TOTAL (sum lines 118 through 201)

Heal th	Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	of Form CMS-2	<u> 2552-10</u>
	ATION OF CAPITAL RELATED COSTS		Provi der	CCN: 15-0044 P	eriod: rom 09/01/2021 o 08/31/2022	Worksheet B Part II Date/Time Pre	enared:
	Cost Center Description	CAFETERI A	MAINTENANCE O PERSONNEL		CENTRAL	1/30/2023 6: 4 PHARMACY	18 pm
			PERSUNNEL	ADMINISTRATION	SUPPLY		
	GENERAL SERVICE COST CENTERS	11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	00100 CAP REL COSTS-BLDG & FLXT						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
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
	01100 CAFETERI A	267, 383					10. 00 11. 00
12.00	01200 MAINTENANCE OF PERSONNEL	0		o			12. 00
	01300 NURSI NG ADMI NI STRATI ON	4, 998		0 362, 145			13. 00 14. 00
15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	3, 891 9, 351			429, 412 5, 168	807, 783	•
	01600 MEDICAL RECORDS & LIBRARY	8, 288		o o	125	0	16. 00
17.00	01700 SOCIAL SERVICE	0		0	0	0	17. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY INPATIENT ROUTINE SERVICE COST CENTERS	979		0 0	U	0	23. 00
30.00	03000 ADULTS & PEDIATRICS	71, 803		0 148, 830	121, 222	0	30.00
	03100 I NTENSI VE CARE UNIT	19, 876		0 41, 693	27, 531	0	31.00
	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0			0	0	32. 00 33. 00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	0		o o	Ö	0	34.00
	04000 SUBPROVI DER - I PF	0		0 0	0	0	40.00
41. 00 42. 00	04100 SUBPROVI DER - I RF 04200 SUBPROVI DER	0			0	0	41. 00 42. 00
43. 00	04300 NURSERY	1, 883		0 3, 878	365	0	43. 00
44.00	04400 SKILLED NURSING FACILITY	0	1	0 0	0	0	
	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0			0	0	45. 00 46. 00
40.00	ANCILLARY SERVICE COST CENTERS	0		<u> </u>	<u> </u>	<u> </u>	40.00
50.00	05000 OPERATING ROOM	25, 071		0 48, 965	132, 441	0	50.00
51.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	7, 463 6, 155		0 15, 514 0 13, 090	1, 422 9, 189	0	51. 00 52. 00
	05300 ANESTHESI OLOGY	0, 133		0 13,070	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	14, 684	1	0 2, 909	8, 244	0	54.00
55. 00 56. 00	05500  RADI OLOGY-THERAPEUTI C   05600  RADI OI SOTOPE	1, 647		0 485	791 0	0	55. 00 56. 00
57. 00	05700 CT SCAN	2, 777		o o	9, 649	0	57. 00
58.00	05800 MRI	1, 369		0 0	1, 234	0	58. 00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	8, 757 15, 499		0 13, 090 0 485	34, 338 4, 813	0	59. 00 60. 00
	06001 LABORATORY - PATHOLOGY	13, 477		0 703	4, 013	0	60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORING PROCESSING & TRA	161		0 485	0	0	62. 00 63. 00
	06400 I NTRAVENOUS THERAPY	9, 786		0 19, 877	3, 861	0	64. 00
65.00	06500 RESPI RATORY THERAPY	9, 603		0 485	16, 675	0	65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	3, 071 1, 229		0	20	0	66. 00 67. 00
	06800 SPEECH PATHOLOGY	1, 369			44	0	68.00
	06900 ELECTROCARDI OLOGY	4, 770		970		0	69. 00
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT	1, 369 0		0	554	0	70. 00 71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0			0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0		0 0	0	807, 783	73. 00
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	253		0 485	26	0	74. 00 75. 00
	03950 NUTRI TI ON/DI ABETES				0	0	76.00
76. 01	03020 WOUND CARE CENTER	1, 013		0 1, 939		0	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 213		0 1, 939	138	0	76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	O		0 0	ol	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		o o	0	0	89. 00
	09000 CLINIC	2, 820		0 2, 424		0	90.00
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	22, 426		0 44, 602	47, 096	0	91. 00 92. 00
	OTHER REIMBURSABLE COST CENTERS						1
	09400 HOME PROGRAM DI ALYSI S	0		0	0	0	
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	230 0			93 0	0	•
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	Ö		o o	ő	0	97. 00
99.00	09900 CMHC	0		0 0	0	0	99. 00

Health Financial Systems	BAPTIST HEALTH FLOYD	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 15-0044	Peri od: Worksheet B From 09/01/2021 Part II To 08/31/2022 Date/Time Prepared:

			Т		Date/Time Pro 1/30/2023 6:4	epared: 18 pm
Cost Center Description	CAFETERI A	MAINTENANCE OF		CENTRAL	PHARMACY	
		PERSONNEL	ADMI NI STRATI ON			
				SUPPLY		
	11. 00	12. 00	13. 00	14. 00	15. 00	
99. 10 09910 CORF	0	0	[ C	0	0	, , ,
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	C	0		100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	C	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0	C	0		105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	C	0		106. 00
107.00 10700 LIVER ACQUISITION	0	0	C	0		107. 00
108. 00 10800 LUNG ACQUISITION	0	0	C	0		108. 00
109. 00 10900 PANCREAS ACQUISITION	0	0	C	0		109. 00
110. 00 11000 INTESTINAL ACQUISITION	0	0	C	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0	C	0		111. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	C	0	0	115. 00
116. 00 11600 HOSPI CE	0	0	C	0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	263, 804	0	362, 145	428, 380	807, 783	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	C	0	0	190. 00
191. 00 19100 RESEARCH	277	0	C	0		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	C	5	0	192. 00
192. 01 19201 OTHER NRCC	0	0	C	0	0	192. 01
192. 02 19202 LTC	0	0	C	0	0	192. 02
193. 00 19300 NONPALD WORKERS	0	0	C	0	0	193. 00
194. 00 07950 MARKETI NG	0	0	C	0	0	194. 00
194. 01 07951 PHARMACY RETAIL	1, 246	0	C	1, 019	0	194. 01
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	2, 056	0	C	8	0	194. 02
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	C	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	267, 383	0	362, 145	429, 412	807, 783	202. 00

				To	o 08/31/2021 o 08/31/2022	Date/Time Pre	
	Cost Center Description	NEDICAL RECORDS	I SOCIAL SERVICE	PARAMED ED	Subtotal	1/30/2023 6: 4 Intern &	8 pm
		& LI BRARY		PRGM-PHARMACY		Residents Cost	
				RESI DENCY		& Post Stepdown	
						Adjustments	
	CENEDAL CEDVICE COCT CENTEDO	16. 00	17. 00	23. 00	24. 00	25. 00	
1. 00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FLXT						1. 00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 7. 00	OO5OO   ADMINISTRATIVE & GENERAL   OO7OO   OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 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
13.00	01300 NURSING ADMINISTRATION						13.00
	01400 CENTRAL SERVI CES & SUPPLY						14.00
	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	326, 662					15. 00 16. 00
	01700 SOCI AL SERVI CE	0	0				17. 00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	34, 216			23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS	59, 393	0	1	4, 999, 501	0	20 00
30.00	03000   ADULTS & PEDIATRICS   03100   INTENSIVE CARE UNIT	9, 899	0		4, 999, 501 1, 135, 101	0	30. 00 31. 00
32.00	03200 CORONARY CARE UNIT	0	0		0	0	32. 00
	03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34. 00 40. 00	03400  SURGICAL INTENSIVE CARE UNIT   04000  SUBPROVIDER - IPF	0	0		0	0	34. 00 40. 00
41.00	04100 SUBPROVI DER - I RF	Ö	0		0	Ö	41. 00
42.00	04200 SUBPROVI DER	0	0		0	0	42.00
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	6, 599	0		136, 069	0	43. 00 44. 00
45.00	04500 NURSING FACILITY	0	0		0	0	45. 00
46.00	04600 OTHER LONG TERM CARE	0	0		0	0	46. 00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	29, 697	0	1	3, 912, 442	0	50. 00
51.00	05100 RECOVERY ROOM	29, 097	0		216, 427	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		620, 217	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0		1 71/ 254	0	53. 00
54. 00 55. 00	05400  RADI OLOGY-DI AGNOSTI C   05500  RADI OLOGY-THERAPEUTI C	23, 097	0		1, 716, 254 1, 591, 893	0	54. 00 55. 00
56.00	05600 RADI OI SOTOPE	Ö	0		0	Ö	56. 00
57.00	05700 CT SCAN	9, 899	0		250, 698		57.00
58. 00 59. 00	05800 MRI   05900 CARDIAC CATHETERIZATION	3, 300 6, 599	0		151, 009 960, 755		58. 00 59. 00
60.00	06000 LABORATORY	82, 489	0		1, 150, 320		60.00
	06001 LABORATORY - PATHOLOGY	0	0		0	0	60. 01
	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		55, 065	0	61. 00 62. 00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0		0 0 0 0	0	63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	0		266, 303	0	64. 00
	06500 RESPI RATORY THERAPY	3, 300	0		424, 480		65. 00
67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	0		79, 684 26, 583		66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0		56, 487	0	68. 00
	06900 ELECTROCARDI OLOGY	19, 798	0		575, 777		69.00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		222, 527 640, 931	0	70. 00 71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	Ö	0		931, 360	-	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	0		1, 773, 330	_	73. 00
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0		59, 341	0	74. 00 75. 00
	03950 NUTRI TI ON/DI ABETES	0	0		0	0	76.00
76. 01	03020 WOUND CARE CENTER	3, 300	0		586, 636		76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0		129, 759	0	76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	n n	0		0	0	88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	o	89. 00
	09000 CLINIC	0	0		431, 807	0	90.00
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	69, 292	0		1, 363, 195	0	91. 00 92. 00
7∠. UU	OTHER REIMBURSABLE COST CENTERS					<u> </u>	72. UU
94.00	09400 HOME PROGRAM DIALYSIS	0	0		0	0	94. 00
	09500 AMBULANCE SERVICES	0	0		4, 165	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	<u> </u>	0	<u> </u>	0	<u> </u>	96.00

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044 | Period: | Worksheet B

near th Financial Systems	DAI II 31 IILAL				OI IOIIII CW3-2	1002-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der C	F	eriod: rom 09/01/2021 o 08/31/2022	Date/Time Pre	
Cost Contar Description	EDI CAL RECORDS		PARAMED ED	Subtotal	1/30/2023 6: 4	β pm
Cost Center Description	& LIBRARY		PRGM-PHARMACY		Intern & Residents Cost	
	& LI DRAKT		RESI DENCY			
			RESI DENCY		& Post Stepdown	
	16. 00	17. 00	23. 00	24. 00	Adjustments 25.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	16.00	17.00	23.00	24.00	25.00	97. 00
99. 00 1099001 CMHC	0	0		0	0	97.00
99. 10 09910 CORF	0	0		0	0	
100.0010000 I & SERVI CES-NOT APPRVD PRGM	0	0		0		100.00
	0	0		0		100.00
101. Od 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	<u> </u>	U		<u>U</u>	U	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON		0	l		0	105.00
106. 00 10600 HEART ACQUISITION	0	0				106.00
107. 0010700 LI VER ACQUI SI TI ON	0	0				107.00
108. 0010800 LUNG ACQUISITION	0	0				107.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	0				109.00
110. 0011000   NTESTINAL ACQUISITION	0	0		0		110.00
111. 0011100   SLET ACQUISITION	0	0		0		111.00
113. 0011300   NTEREST EXPENSE	· ·	U		i o		113.00
114. 0011400 UTILIZATION REVIEW-SNF				1		114. 00
115. 0011500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0		115.00
116. 0011600 HOSPI CE	0	0		0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	326, 662	0	0	24, 468, 116		118.00
NONREI MBURSABLE COST CENTERS	320, 002	<u> </u>	<u> </u>	24, 400, 110	U	1 10.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0	0	190. 00
191. 0019100 RESEARCH	0	0		5, 900		191. 00
192. 0019200 PHYSICIANS PRIVATE OFFICES	0	0		89, 279		192. 00
192. 01 19201 OTHER NRCC	0	0		0		192. 01
192. 0219202 LTC	0	0		0		192. 02
193. OQ 1930O NONPALD WORKERS	0	0		0		193. 00
194. 0007950 MARKETI NG	0	0		2, 982		194. 00
194. 0107951 PHARMACY RETAIL	0	0		39, 694		194. 01
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0		31, 957		194. 02
200.00 Cross Foot Adjustments	1	J	34, 216			200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	326, 662	0	34, 216	24, 672, 144		202.00
		-,				

Health Financial Systems

BAPTIST HEALTH FLOYD

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period: From 09/01/2021 To 08/31/2022 Date/Time Prepared: 1/20/00030 (Appared)

		To 08/31/2022 Date/Time Pro	
Cost Center Description	Total	173072023 0	FO PIII
OFNEDAL CEDILLOS COCT CENTEDO	26. 00		
1.00 O0100 CAP REL COSTS-BLDG & FLXT	T		1.00
2. 00   00200 CAP REL COSTS-BEDG & TTXT			2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
7.00 00700 OPERATION OF PLANT			7. 00
8. 00   00800   LAUNDRY & LINEN SERVICE			8.00
9. 00   00900 HOUSEKEEPI NG 10. 00   01000 DI ETARY	1		9. 00 10. 00
11. 00 01100 CAFETERI A			11. 00
12.00 01200 MAINTENANCE OF PERSONNEL			12. 00
13.00 01300 NURSING ADMINISTRATION			13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY			14. 00
15. 00 01500 PHARMACY			15. 00
16. 00   01600   MEDI CAL RECORDS & LI BRARY			16.00
17. 00 O1700 SOCIAL SERVICE 23. 00 O2300 PARAMED ED PRGM-PHARMACY RESIDENCY			17. 00 23. 00
INPATIENT ROUTINE SERVICE COST CENTERS	L		23.00
30. 00 03000 ADULTS & PEDIATRICS	4, 999, 501		30.00
31.00 03100 INTENSIVE CARE UNIT	1, 135, 101		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   INTENSI VE CARE UNIT	0		34.00
40. 00   04000   SUBPROVI DER -   PF	0		40.00
41. 00   04100  SUBPROVI DER - I RF 42. 00   04200  SUBPROVI DER	0		41. 00 42. 00
43. 00 04300 NURSERY	136, 069		43. 00
44.00 04400 SKILLED NURSING FACILITY	0		44. 00
45.00 04500 NURSING FACILITY	0		45. 00
46.00 O4600 OTHER LONG TERM CARE	0		46. 00
ANCILLARY SERVICE COST CENTERS	1		
50. 00   05000   OPERATI NG ROOM	3, 912, 442		50.00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	216, 427 620, 217		51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY	020, 217		53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 716, 254		54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 591, 893		55.00
56. 00 05600 RADI OI SOTOPE	0		56.00
57.00 05700 CT SCAN	250, 698		57. 00
58. 00   05800   MRI	151, 009		58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	960, 755		59.00
60. 00   06000   LABORATORY 60. 01   06001   LABORATORY - PATHOLOGY	1, 150, 320 0		60. 00 60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM			61. 00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD	55, 065		62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0		63.00
64.00 06400 INTRAVENOUS THERAPY	266, 303		64. 00
65. 00 06500 RESPIRATORY THERAPY	424, 480		65.00
66. 00 06600 PHYSI CAL THERAPY	79, 684		66.00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	26, 583		67.00
69. 00 06900 ELECTROCARDI OLOGY	56, 487 575, 777		68. 00 69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	222, 527		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	640, 931		71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	931, 360		72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	1, 773, 330		73. 00
74. 00   07400   RENAL DI ALYSI S	59, 341		74.00
75. 00 07500 ASC (NON-DISTINCT PART)	0		75. 00
76. 00   03950   NUTRI TI ON/DI ABETES 76. 01   03020   WOUND CARE CENTER	0 586, 636		76. 00 76. 01
76. 01 03020 WOUND CARE CENTER 76. 97 07697 CARDIAC REHABILITATION	129, 759		76. 01
OUTPATIENT SERVICE COST CENTERS	127, 137		1 ' ' ' '
88.00 08800 RURAL HEALTH CLINIC	0		88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	О		89. 00
90. 00 09000 CLI NI C	431, 807		90.00
91. 00   09100   EMERGENCY	1, 363, 195		91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS			04 00
94.00 O9400 HOME PROGRAM DIALYSIS 95.00 O9500 AMBULANCE SERVICES	4, 165		94. 00 95. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	4, 103		96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	Ö		97. 00
99. 00 09900 CMHC	0		99. 00
99. 10 09910 CORF	0		99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		100.00

Health Financial Systems	BAPTIST HEALT			of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Peri od:	Worksheet B
				Part II
			10 00/31/2022	Date/Time Prepared: 1/30/2023 6:48 pm
Cost Center Description	Total			77 0 07 2 0 2 0 1 1 0 0 1 1
· ·	26. 00			
101.00 10100 HOME HEALTH AGENCY	0	•		101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0			105. 00
106. 00 10600 HEART ACQUISITION	0			106. 00
107.00 10700 LIVER ACQUISITION	0			107. 00
108. 00 10800 LUNG ACQUISITION	0			108. 00
109. 00 10900 PANCREAS ACQUISITION	0			109. 00
110.00 11000 INTESTINAL ACQUISITION	0			110.00
111.00 11100 ISLET ACQUISITION	0			111. 00
113. 00 11300 INTEREST EXPENSE				113. 00
114.00 11400 UTILIZATION REVIEW-SNF				114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0			115. 00
116. 00 11600 HOSPI CE	0			116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	24, 468, 116			118. 00
NONREI MBURSABLE COST CENTERS				
190.0019000 GIFT FLOWER COFFEE SHOP & CAN	0			190. 00
191. 00 19100 RESEARCH	5, 900			191. 00
192. 00 19200 PHYSICIANS PRIVATE OFFICES	89, 279			192. 00
192. 01 19201 OTHER NRCC	0			192. 01
192. 02 19202 LTC	0			192. 02
193. OQ19300 NONPALD WORKERS	0			193. 00
194. 0007950 MARKETI NG	2, 982			194. 00
194. 01 07951 PHARMACY RETAIL	39, 694			194. 01
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	31, 957			194. 02
200.00 Cross Foot Adjustments	34, 216			200. 00
201.00 Negative Cost Centers	0			201. 00
202.00 TOTAL (sum lines 118 through 201)	24, 672, 144			202. 00

	Financial Systems	BAPTIST HEA				of Form CMS-2	
COST A	ALLOCATION - STATISTICAL BASIS		Provi der C	CN: 15-0044   F	Period: From 09/01/2021	Worksheet B-1	
				Τ	o 08/31/2022	Date/Time Pre	
		CAPI TAL REL	_ATED_COSTS			173072023 0.2	FO DIII
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS DEPARTMENT		& GENERAL (ACCUM. COST)	
				(GROSS		(ACCOM. COST)	
				SALARI ES)			
	GENERAL SERVICE COST CENTERS	1.00	2. 00	4. 00	5A	5. 00	
1. 00	00100 CAP REL COSTS-BLDG & FLXT	496, 206					1. 00
2. 00	00200 CAP REL COSTS-MVBLE EQUIP	1,0,200	5, 489, 711				2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	10, 784	-	114, 211, 784			4. 00
5. 00	00500 ADMI NI STRATI VE & GENERAL	35, 295					5.00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	6, 900 6, 545				9, 359, 590 1, 318, 371	7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG	1, 654				3, 434, 573	
10.00	01000 DI ETARY	3, 318	54, 825			2, 260, 410	
11.00	01100 CAFETERI A	14, 352	0	1, 542, 545	0	1, 696, 399	
12. 00 13. 00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	0 1, 454	211, 893	1, 549, 965	0	0 2, 690, 976	12. 00 13. 00
	01400 CENTRAL SERVI CES & SUPPLY	16, 302	37, 337	844, 810		3, 770, 723	
15.00	01500 PHARMACY	9, 894	356, 850			6, 528, 105	
	01600 MEDI CAL RECORDS & LI BRARY	8, 433	956	3, 361, 070	0	4, 398, 869	
	01700 SOCIAL SERVICE 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0 464	0	409, 835	0	0 577, 559	17. 00 23. 00
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	101		407, 033	,	377,337	23.00
	03000 ADULTS & PEDIATRICS	145, 843	310, 712				30. 00
	03100 I NTENSI VE CARE UNIT	13, 210	251, 936	8, 487, 691	0	12, 650, 182	
32.00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0	0			0	32. 00 33. 00
	03400 SURGICAL INTENSIVE CARE UNIT	Ö	0		ő	0	34. 00
	04000 SUBPROVI DER - I PF	0	0	C	0	0	40. 00
	04100 SUBPROVI DER - I RF	0	0	C	0	0	41.00
42.00	04200 SUBPROVI DER 04300 NURSERY	3, 850	20, 033	857, 791	0	0 1, 126, 797	42. 00 43. 00
	04400 SKILLED NURSING FACILITY	0,030	20, 033	037,771	Ö	0	44. 00
45.00	04500 NURSING FACILITY	0	0	C	0	0	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0	C	0	0	46. 00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	61, 582	1, 583, 960	9, 107, 186	0	21, 140, 251	50. 00
	05100 RECOVERY ROOM	01, 302	9, 199			3, 872, 587	
	05200 DELIVERY ROOM & LABOR ROOM	25, 956	63, 946	2, 486, 934	0	3, 671, 912	52.00
	05300 ANESTHESI OLOGY	0	701 5(0	C 144 103	0	0	53.00
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	28, 488	701, 562 463, 913	5, 144, 107 557, 255		8, 682, 337 2, 984, 874	54. 00 55. 00
	05600 RADI OI SOTOPE	Ö	403, 713	337, 233	Ö	2, 704, 074	56. 00
	05700 CT SCAN	3, 593	66, 350	1, 146, 007	0	2, 459, 912	57. 00
	05800 MRI	1, 644		1		1, 168, 340	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	11, 253 20, 298		3, 423, 038 4, 594, 651		6, 046, 977 16, 191, 753	
	06001 LABORATORY - PATHOLOGY	20, 270	25, 027	4, 374, 031		0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM				0		61. 00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	390	0	67, 504	0	1, 063, 331	
	06300 BLOOD STORING PROCESSING & TRA 06400 INTRAVENOUS THERAPY	0	2, 657	3, 943, 059		0 4, 878, 136	63. 00 64. 00
	06500 RESPIRATORY THERAPY	2, 371	46, 827			6, 462, 531	
	06600 PHYSI CAL THERAPY	681	0	1, 145, 165		1, 435, 688	
	06700 OCCUPATI ONAL THERAPY	165	0	422, 901		491, 260	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0 12, 049	23, 030 153, 583			680, 189 2, 802, 159	
	07000 ELECTROENCEPHALOGRAPHY	11, 045	· ·	366, 425		682, 784	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	C	0	13, 834, 630	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C	0	20, 103, 617	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	0	104, 749	0	20, 841, 533 1, 258, 095	
	07500 ASC (NON-DISTINCT PART)		0	104, 747	0	1, 236, 093	75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	Ċ	0	0	76. 00
	03020 WOUND CARE CENTER	0	1, 929	1		1, 626, 901	
76. 97	07697 CARDI AC REHABI LI TATI ON	3, 593	6, 216	436, 952	0	661, 244	76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC	l ol	O	C	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	Ö	Ö	[ c	o o	0	89. 00
	09000 CLINIC	5, 670				2, 053, 774	
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	28, 910	56, 992	9, 316, 695	9	14, 051, 617	91. 00 92. 00
7Z. UU	OTHER REIMBURSABLE COST CENTERS			l			72.00
94.00	09400 HOME PROGRAM DIALYSIS	0	0	C	0	0	94. 00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der C	CN: 15-0044 P	eri od:	Worksheet B-1	
				rom 09/01/2021		
				o 08/31/2022	Date/Time Pre	epared:
	CAPITAL REI	LATED COSTS			1/30/2023 0.4	lo pili
	ONIT THE REI	LATED COSTS				
Cost Center Description	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
2001 2011101 20001 1 pt 1 011		(DOLLAR VALUE)			& GENERAL	
	(**************************************	(,	DEPARTMENT		(ACCUM. COST)	
			(GROSS		,	
			SALARI ES)			
	1. 00	2. 00	4.00	5A	5. 00	
95. 00 09500 AMBULANCE SERVICES	0	0	52, 089	0	81, 753	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	C	o	0	96. 00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	C	o	0	97. 00
99. 00 09900 CMHC	0	0	C	0	0	99. 00
99. 10 09910 CORF	0	0	C	0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	C	0		100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	C	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KIDNEY ACQUISITION	0	0	C	0		105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	C	0		106. 00
107.00 10700 LIVER ACQUISITION	0	0	C	0		107. 00
108. 00 10800 LUNG ACQUISITION	0	0	C	0		108. 00
109. 00 10900 PANCREAS ACQUISITION	0	0	C	0		109. 00
110. 0011000 I NTESTI NAL ACQUI SI TI ON	0	0	C	0		110. 00
111. 00 11100   SLET ACQUI SITION	0	0	C	0		111. 00
113. 0011300 INTEREST EXPENSE						113. 00
114. OO 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115. OO 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	1	0		115.00
116. 00 11600 HOSPI CE	405 004	0	,	(0.050.700		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117 NONREIMBURSABLE COST CENTERS	495, 986	5, 479, 052	113, 284, 433	-60, 250, 799	254, 251, 864	118.00
190. 0019000 GLFT FLOWER COFFEE SHOP & CAN	1 0	0			0	190. 00
191. 0019100 RESEARCH			93, 433		119, 257	
192. 0019200 PHYSI CLANS PRI VATE OFFI CES			73, 433		971, 386	
192. 01/19201 OTHER NRCC				1, 279		192.00
192. 0219202 LTC		١		0		192. 02
193. 0019300 NONPALD WORKERS						193. 00
194. 0007950 MARKETI NG	220	ĺ	ĺ	o o		194. 00
194. 0107951 PHARMACY RETAIL	0	10, 659	416, 881	Ő	568, 426	
194. 0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT		0	417, 037		635, 824	
200.00 Cross Foot Adjustments	1	Ĭ		]		200.00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, Pa	irt 5, 499, 267	5, 489, 711	262, 232		60, 250, 799	
	1				•	
203.00 Unit cost multiplier (Wkst. B, Part I	11. 082629	1. 000000	0. 002296		0. 234851	203. 00
204.00 Cost to be allocated (per Wkst. B, Pa			119, 596	j	11, 885, 408	204. 00
205 00 Unit cost multiplier (Wkst R Part L	II)	l	0 001047	'I	0 046328	205 00

0. 046328 205. 00 206. 00

207.00

0. 001047

205. 00 206. 00 207. 00 Unit cost multiplier (Wkst. B, Part II)
NAHE adjustment amount to be allocated
(per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D,
Parts III and IV)

	Financial Systems LLOCATION - STATISTICAL BASIS	BAPTIST HEAL		F	Period: From 09/01/2021	Worksheet B-	1
				ין	o 08/31/2022	Date/Time Pro	epar 48 p
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	(POUNDS OF	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERI A (PRODUCTI VE HOURS)	
		7. 00	LAUNDRY) 8. 00	9.00	10.00	11. 00	
	GENERAL SERVICE COST CENTERS						
00	00100 CAP REL COSTS-BLDG & FLXT						1.
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						4.
00	00500 ADMINISTRATIVE & GENERAL						5.
00	00700 OPERATION OF PLANT	443, 227					7
	00800 LAUNDRY & LINEN SERVICE	6, 545	1, 434, 246				8
00	00900 HOUSEKEEPI NG	1, 654	0	435, 028			9
	01000 DI ETARY	3, 318	0	-,			10
	01100 CAFETERI A	14, 352	0	14, 352	1	2, 419, 814	
	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	1 454	0	1 45/	1	45 220	
	01400 CENTRAL SERVICES & SUPPLY	1, 454 16, 302	0	1, 454 16, 302	1	45, 230 35, 214	•
	01500 PHARMACY	9, 894	0	9, 894		84, 624	
	01600 MEDICAL RECORDS & LIBRARY	8, 433	0	8, 433		75, 008	1
. 00	01700 SOCIAL SERVICE	0	0	C	0	0	17
. 00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	464	0	464	0	8, 858	23
00	INPATIENT ROUTINE SERVICE COST CENTERS	145 043	/00.010	145.040	105 0/1	(40,005	1 20
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	145, 843	680, 818			649, 805 179, 875	
	03200 CORONARY CARE UNIT	13, 210	122, 819 0	13, 210	4, 543	179, 875	1
	03300 BURN INTENSIVE CARE UNIT	o o	0		Ó	0	1
	03400 SURGICAL INTENSIVE CARE UNIT	0	0	d	Ö	0	1
. 00	04000 SUBPROVI DER - I PF	0	0	l c	0	0	40
	04100 SUBPROVI DER - I RF	0	0	C	0	0	
	04200 SUBPROVI DER	0	0		0	0	
	04300 NURSERY	3, 850	0	3, 850	.1	17, 041	
	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0		1	0	
	04600 OTHER LONG TERM CARE		0	`		0	
. 00	ANCILLARY SERVICE COST CENTERS	<u> </u>			,		1 "
. 00	05000 OPERATING ROOM	61, 582	153, 749	61, 582	1, 633	226, 890	50
	05100 RECOVERY ROOM	0	0	C	108	67, 539	
	05200 DELIVERY ROOM & LABOR ROOM	25, 956	34, 344	25, 956		55, 707	
	05300   ANESTHESTOLOGY   05400   RADI OLOGY-DI AGNOSTI C	20 400	114 205	20 400	0	122 002	
	05500 RADI OLOGY-THERAPEUTI C	28, 488	116, 385	28, 488	.1	132, 892 14, 908	
	05600 RADI OI SOTOPE		0			14, 700	1
	05700 CT SCAN	3, 593	0	3, 593	s o	25, 133	
. 00	05800 MRI	1, 644	0			12, 393	
	05900 CARDIAC CATHETERIZATION	11, 253	9, 408			79, 250	59
	06000 LABORATORY	20, 298	5	20, 298	0	140, 267	
	06001 LABORATORY - PATHOLOGY	0	0		0	0	
	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	390	0	390		1, 458	61
	06300 BLOOD STORING PROCESSING & TRA	390	0	390	1	1, 436	1
	06400 I NTRAVENOUS THERAPY	0	0			88, 568	
	06500 RESPI RATORY THERAPY	2, 371	Ö	2, 371	o	86, 911	
	06600 PHYSI CAL THERAPY	681	0	681		27, 790	
	06700 OCCUPATI ONAL THERAPY	165	0	165	1	11, 123	
	06800 SPEECH PATHOLOGY	12.040	75 111	12.046	′I	12, 391	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	12, 049 11, 045	75, 166 4, 563			43, 169 12, 390	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	11, 045 ∩	4, 363 N	11,045	0 184	12, 390	1
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			0	
	07300 DRUGS CHARGED TO PATIENTS	0	Ö		ol ol	0	
00	07400 RENAL DIALYSIS	0	1, 788	(	0	2, 290	74
	07500 ASC (NON-DISTINCT PART)	0	0	(	0	0	
	03950 NUTRI TI ON/DI ABETES	0	0	<u> </u>	0	0	
	03020 WOUND CARE CENTER	3 503	0	3 500		9, 167 10, 975	
71	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	3, 593	0	3, 593	o <sub>l</sub> U	10, 975	76
00	08800 RURAL HEALTH CLINIC	0	0		)	0	88
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	
	09000 CLINIC	5, 670	Ö	5, 670	o o	25, 524	
	09100 EMERGENCY	28, 910	235, 201	1		202, 956	1
00	09200 OBSERVATION BEDS (NON-DISTINCT				<u> </u>		92
	OTHER REIMBURSABLE COST CENTERS			1			
	09400 HOME PROGRAM DIALYSIS	0	0		0	0	
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0			2, 079 0	
00							

Health Financial Systems	BAPTIST HEA	NITH FLOVD		In lieu	u of Form CMS-2	2552_10
COST ALLOCATION - STATISTICAL BASIS	DATE TIES		F	Period: From 09/01/2021 To 08/31/2022	Worksheet B-1	l epared:
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERI A (PRODUCTI VE HOURS)	
	7. 00	8. 00	9. 00	10. 00	11. 00	
99. 00   09900   CMHC 99. 10   09910   CORF 100. 0010000   Lar Services-NOT   APPRVD   PRGM 101. 0010100   HOME   HEALTH   AGENCY	000000000000000000000000000000000000000	0 0	0	0 0	0	99. 00 99. 10 100. 00 101. 00
SPECIAL PURPOSE COST CENTERS				,		101.00
105. 00 10500 KIDNEY ACQUISITION 106. 0010600 HEART ACQUISITION 107. 0010700 LIVER ACQUISITION 108. 0010800 LUNG ACQUISITION	0 0 0 0	0 0 0 0		1	0	105. 00 106. 00 107. 00 108. 00
109. 0010900 PANCREAS ACQUISITION 110. 0011000 INTESTINAL ACQUISITION 111. 0011100 ISLET ACQUISITION 113. 0011300 INTEREST EXPENSE	000000000000000000000000000000000000000	0 0	C C	0 0	0	109. 00 110. 00 111. 00 113. 00
114. 0011400 UTILIZATION REVIEW-SNF 115. 0011500 AMBULATORY SURGICAL CENTER (D.P.) 116. 0011600 HOSPICE 118. 00 SUBTOTALS (SUM OF LINES 1 through 1 NONREIMBURSABLE COST CENTERS	0 0 17) 443, 007	0 0 1, 434, 246	434, 808	0 0 0 208, 786	0	114. 00 115. 00 116. 00 118. 00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN 191. 00 19100 RESEARCH 192. 00 19200 PHYSI CI ANS PRI VATE OFFI CES 192. 01 19201 OTHER NRCC 192. 02 19202 LTC 193. 00 19300 NONPAID WORKERS 194. 00 07950 MARKETI NG 194. 0107951 PHARMACY RETAIL 194. 02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT 200. 00 Cross Foot Adjustments 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B,		0	220 C		2, 506 0 0 0 0 0 11, 279 18, 604	194. 02 200. 00 201. 00
203.00 Unit cost multiplier (Wkst. B, Part Cost to be allocated (per Wkst. B,		1	h .			•
205.00 206.00 NAHE adjustment amount to be alloca (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0. 101699	0. 429924	0. 978825	0. 110497	205. 00 206. 00 207. 00

Heal th	Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	u of Form CMS-2	<u> 2552-10</u>
COST A	LLOCATION - STATISTICAL BASIS		Provi der Co	CN: 15-0044 Pe Fr To	eriod: com 09/01/2021 o 08/31/2022	Worksheet B-1 Date/Time Pre	
	Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S. )	PHARMACY (COSTED REQUIS.)	1/30/2023 6: 4 MEDI CAL RECORDS & LI BRARY (TI ME SPENT)	
		12. 00	13. 00	14.00	15. 00	16. 00	
1. 00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FLXT						1.00
2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 23. 00	OO200 CAP REL COSTS-MVBLE EQUIP OO400 EMPLOYEE BENEFITS DEPARTMENT OO500 ADMINISTRATIVE & GENERAL OO700 OPERATION OF PLANT OO800 LAUNDRY & LINEN SERVICE OO900 HOUSEKEEPING O1000 DI ETARY O1100 CAFETERIA O1200 MAINTENANCE OF PERSONNEL O1300 NURSING ADMINISTRATION O1400 CENTRAL SERVICES & SUPPLY O1500 PHARMACY O1600 MEDICAL RECORDS & LIBRARY O1700 SOCIAL SERVICE O2300 PARAMED ED PRGM-PHARMACY RESIDENCY	0 0 0 0 0	747 0 0 0 0 0	11, 451, 551 137, 816 3, 325 0 0	100 0 0 0	99 0 0	2.00 4.00 5.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
31.00 32.00 33.00 34.00 40.00 41.00 42.00 43.00 44.00 45.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03200 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04500 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0 0 0 0 0 0 0 0	307 86 0 0 0 0 0 0 8 0 0	3, 232, 765 734, 191 0 0 0 0 0 0 9, 733 0 0	0 0 0 0 0 0 0 0	18 3 0 0 0 0 0 0 2 0 0	31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00
51. 00 52. 00 53. 00 54. 00 55. 00 56. 00 57. 00 58. 00 60. 01 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 71. 00 72. 00 73. 00 74. 00 75. 00 76. 01 76. 97	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 LABORATORY - PATHOLOGY 06100 PBP CLINI CAL LAB SERVI CES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORI NG PROCESSI NG & TRA 06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES 03020 WOUND CARE CENTER		101 32 27 0 6 1 0 0 27 1 0 41 1 0 0 0 0 2 1 0 0 0 41 1 0 0 0 0 0 0 0 0 0 1 0 0 0 0	3, 531, 939 37, 925 245, 056 0 219, 852 21, 091 0 257, 326 32, 909 915, 723 128, 350 0 102, 958 444, 690 537 0 1, 183 38, 096 14, 762 0 0 695 0 44, 081 3, 680	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 7 0 0 3 1 1 2 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	51. 00 52. 00 53. 00 54. 00 55. 00 56. 00 57. 00 58. 00 60. 01 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 00 76. 01 76. 97
89. 00 90. 00 91. 00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	0 0 0 0	0 0 5 92	0 0 6, 905 1, 255, 970	0 0 0 0	0 0 0 21	88. 00 89. 00 90. 00 91. 00 92. 00
95.00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0 0	0 0 0	0 2, 475 0	0 0 0	0 0 0	94. 00 95. 00 96. 00

Health Financial Systems	BAPTIST HEA	ITH FLOVD		Inlie	ı of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS	DAI 1131 HEA	Provi der C	CN: 15-0044 P	eri od:	Worksheet B-1	
			F	rom 09/01/2021		
				o 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared: 18 nm
Cost Center Description	MAINTENANCE OF	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	ro piii
· ·	PERSONNEL	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	
	NUMBER HOUSED	(DIRECT NRSING	SUPPLY	REQUIS.)	LI BRARY	
		HRS)	(COSTED		(TIME SPENT)	
			REQUIS.)			
	12. 00	13. 00	14. 00	15. 00	16. 00	
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	C	0	0	
99. 00 09900 CMHC	0	0	0	0	0	,,,,,,
99. 10 09910 CORF	0	0	0	0	0	
100.0010000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101. 00 10100 HOME HEALTH AGENCY	1 0	0	C	0	0	101. 00
SPECIAL PURPOSE COST CENTERS  105. OQ 10500 KI DNEY ACQUI SI TI ON	0	0	C	0	0	105. 00
106. 0010600 HEART ACQUISITION		0				105.00
107. 0010700LLVER ACQUISITION		0		0		107.00
108. 00 10800 LUNG ACQUISITION		0				107.00
109. 0010900 PANCREAS ACQUI SI TI ON		0				109.00
110. 0011000   NTESTI NAL ACQUI SI TI ON		0				110.00
111. 00 11100   SLET ACQUISITION		0	Ö			111.00
113. 0011300   NTEREST EXPENSE	Ĭ	J	Ĭ		Ü	113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )	0	0	C	o	0	115.00
116. 0011600 HOSPI CE	0	0	C	o		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117	0	747	11, 424, 033	100	99	118.00
NONREI MBURSABLE COST CENTERS						1
190.0019000 GIFT FLOWER COFFEE SHOP & CAN	0	0	C	0		190. 00
191. 00 19100 RESEARCH	0	0	C	0		191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	131	0		192. 00
192. 01 19201 OTHER NRCC	0	0	C	0		192. 01
192. 0219202 LTC	0	0	C	0		192. 02
193. 00 19300 NONPALD WORKERS	0	0	C	0		193. 00
194. 00 07950 MARKETI NG	0	0	0	0		194. 00
194. 01 07951 PHARMACY RETAIL	0	0	27, 186			194. 01
194. 02 07952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	1 0	0	201		0	194. 02
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers						200. 00 201. 00
201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Pa	nt o	3, 423, 981	E 270 011	0 571 504	E 017 240	
202.00   Cost to be allocated (per wkst. B, Pa	ا <sup>ر</sup> 0	3, 423, 981	5, 279, 911	8, 571, 506	5, 817, 348	202.00
203.00 Unit cost multiplier (Wkst. B, Part I	0. 000000	4. 583. 642570	0 461065	85, 715. 060000	58 761 000000	203 00
204.00 Cost to be allocated (per Wkst. B, Part I		362, 145				
204.00   Cost to be allocated (per wkst. b, Fa	Τ' '	302, 143	727,412	007,703	320,002	204.00

0. 000000

484. 799197

 0. 037498
 8, 077. 830000
 3, 299. 616162
 205. 00 206. 00

207. 00

11)

205.00 206. 00

207.00

Unit cost multiplier (Wkst. B, Part II)
NAHE adjustment amount to be allocated
(per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D,
Parts III and IV)

Heal th Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10 Peri od: From 09/01/2021 To 08/31/2022 COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 15-0044 Worksheet B-1 Date/Time Prepared: 1/30/2023 6:48 pm Cost Center Description SOCIAL SERVICE PARAMED ED ASSIGNED TIME PRGM-PHARMACY RESI DENCY (ASSI GNED TIME) 17.00 23. 00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 2.00 2.00 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 5. 00 5. 00 7. 00 7.00 8.00 8.00

	00900 HOUSEKEEPING				9.00
	01000 DI ETARY				10.00
	01100 CAFETERI A				11.00
	01200 MAINTENANCE OF PERSONNEL				12. 00
	01300 NURSI NG ADMINI STRATI ON				13. 00
	01400 CENTRAL SERVICES & SUPPLY				14. 00
	01500 PHARMACY				15. 00
	01600 MEDI CAL RECORDS & LI BRARY				16. 00
	01700 SOCI AL SERVI CE				17. 00
	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		100		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS		, 100		7 20.00
	03000 ADULTS & PEDIATRICS	0	100		30.00
	03100   NTENSI VE CARE UNIT			1	31. 00
	03200 CORONARY CARE UNIT				32. 00
	03300 BURN INTENSIVE CARE UNIT				33.00
	03400 SURGI CAL INTENSI VE CARE UNIT				34.00
	04000 SUBPROVI DER - I PF				40.00
	04100 SUBPROVI DER – I RF				41.00
	04200 SUBPROVI DER	Ö	ol o		42. 00
	04300 NURSERY		ol o		43. 00
	04400 SKILLED NURSING FACILITY		ol o		44. 00
	04500 NURSING FACILITY				45. 00
	04600 OTHER LONG TERM CARE		1		46. 00
	ANCI LLARY SERVI CE COST CENTERS		<u> </u>		1 70.00
	05000 OPERATI NG ROOM	0	) C		50.00
	05100 RECOVERY ROOM			l control of the cont	51.00
	05200 DELIVERY ROOM & LABOR ROOM		•	•	52. 00
	05300 ANESTHESI OLOGY		ol o		53. 00
	05400 RADI OLOGY-DI AGNOSTI C				54. 00
	05500 RADI OLOGY-THERAPEUTI C				55. 00
	05600 RADI OI SOTOPE				56.00
	05700 CT SCAN				57.00
	05800 MRI				58.00
	05900 CARDI AC CATHETERI ZATI ON				59.00
	06000 LABORATORY				60.00
	06001 LABORATORY - PATHOLOGY				60.00
	06100 PBP CLINICAL LAB SERVICES-PRGM		1		61. 00
	06200 WHOLE BLOOD & PACKED RED BLOOD				62.00
	06300 BLOOD STORING PROCESSING & TRA				63.00
	06400 INTRAVENOUS THERAPY				64. 00
	06500 RESPIRATORY THERAPY				65.00
	06600 PHYSI CAL THERAPY				66.00
	06700 OCCUPATI ONAL THERAPY				67.00
	06800 SPEECH PATHOLOGY				68.00
	06900 ELECTROCARDI OLOGY				69.00
	07000 ELECTROENCEPHALOGRAPHY				70.00
	07100 MEDI CAL SUPPLI ES CHARGED TO PAT				71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS				72.00
	07300 DRUGS CHARGED TO PATIENTS				73. 00
	07400 RENAL DIALYSIS				74.00
	07500 ASC (NON-DISTINCT PART)				75. 00
	03950 NUTRI TI ON/DI ABETES				76. 00
	03020 WOUND CARE CENTER				76. 00
76 97	07697 CARDI AC REHABI LI TATI ON				76. 97
	OUTPATIENT SERVICE COST CENTERS		7		1 '0. 7/
	08800 RURAL HEALTH CLINIC				88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
	09000 CLINIC		1	` <b>}</b>	90.00
	09100 EMERGENCY		1	<b>)</b>	91.00
			1		92.00
					1 /2.00
					94.00
		1		•	95.00
	,	1	1	•	96.00
70.00	07000 PORADEL MEDICAL EQUIF-RENTED		7	1	70.00
92. 00 94. 00 95. 00	09100 EMERGENCT 09200 OBSERVATION BEDS (NON-DISTINCT 0THER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	000000000000000000000000000000000000000			

Health Financial Systems	BAPTIST HEALTH FLOYD	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Peri od: Worksheet B-1 From 09/01/2021

COST ALLOCATION - STATISTICAL BASIS		FI OVI dei CCN	. 13-0044	From 09/01/2021 To 08/31/2022	Date/Time Prepared:
	boot at officer of	DADAMED ED			1/30/2023 6:48 pm
Cost Center Description	SOCIAL SERVICE (ASSIGNED TIME)PI	PARAMED ED			
	ASSIGNED TIME PI	RESI DENCY			
		(ASSI GNED			
		TIME)			
	17. 00	23. 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	0			101. OC
SPECIAL PURPOSE COST CENTERS					
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0			105.00
106. 0010600 HEART ACQUISITION	0	0			106.00
107. 0010700 LIVER ACQUISITION	0	0			107.00
108. 00 10800 LUNG ACQUI SI TI ON	0	0			108.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	0			109.00
110. OO 11000 I NTESTI NAL ACQUI SI TI ON	0	0			110.00
111. 0011100   I SLET ACQUI SI TI ON		U			111.00
113. 00111300  I NTEREST EXPENSE 114. 0011400  UTI LI ZATI ON REVI EW-SNF	1				113. 00 114. 00
115. 0011500 AMBULATORY SURGICAL CENTER (D. P. )		0			115.00
116. 0011600 HOSPI CE		0			116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)		100			118.00
NONREI MBURSABLE COST CENTERS	<u>/                                    </u>	100			110.00
190. 00 19000 GI FT FLOWER COFFEE SHOP & CAN	0	0			190.00
191. 00 19100 RESEARCH	l o	ō			191. 00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	Ó	o			192. 00
192. 01 19201 OTHER NRCC	0	О			192. 01
192. 02 19202 LTC	0	0			192. 02
193. 00 19300 NONPALD WORKERS	0	0			193.00
194. 00 <mark>07950 MARKETI NG</mark>	0	0			194. 00
194. 01 07951 PHARMACY RETAIL	0	0			194. 01
194.0207952 NON HOSP ENVIRON SVCS/PROPERTY MGMT	0	0			194. 02
200.00 Cross Foot Adjustments	1				200.00
201.00 Negative Cost Centers	l				201.00
202.00 Cost to be allocated (per Wkst. B, Pa	1 <sup>t</sup> 0	739, 424			202. 00
Dest 1	0 000000	7 204 240000			202 00
203.00 Unit cost multiplier (Wkst. B, Part I)		7, 394. 240000			203.00
204.00 Cost to be allocated (per Wkst. B, Pai	1t 0	34, 216			204.00
205.00 Unit cost multiplier (Wkst. B, Part I	0. 000000	342. 160000			205. 00
206.00 NAHE adjustment amount to be allocated		542. 100000			206. 00
(per Wkst. B-2)	1	٩			200.00
207.00 NAHE unit cost multiplier (Wkst. D,		0. 000000			207. 00
Parts III and IV)		0.000000			207.00
1 1. 4. 65 4.14	1	ı			Į.

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lieu	ı of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der C	F	eriod: rom 09/01/2021	Worksheet C Part I	
				o 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared: 18 pm
		Title	XVIII	Hospi tal Costs	PPS	1
Cost Center Description		Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B, Part I, col.	Adj .		Di sal I owance		
	26) 1. 00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		2.00				
30.00   03000   ADULTS & PEDIATRICS 31.00   03100   INTENSIVE CARE UNIT	70, 037, 064 17, 416, 035		70, 037, 064 17, 416, 035		70, 039, 721 17, 416, 035	•
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32. 00
33.00   03300   BURN INTENSIVE CARE UNIT 34.00   03400   SURGICAL INTENSIVE CARE UNIT	0			0	0	33. 00 34. 00
40. 00   04000   SUBPROVI DER -   1 PF 41. 00   04100   SUBPROVI DER -   1 RF	0		C	0	0	40. 00 41. 00
42. 00   04200   SUBPROVI DER	Ö		ď	0	0	42. 00
43.00   04300   NURSERY 44.00   04400   SKILLED NURSING FACILITY	1, 706, 798 0		1, 706, 798	387 0	1, 707, 185 0	1
45.00 04500 NURSING FACILITY	0		Ö	0	0	45. 00
46.00 O4600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	]0		<u> </u>	0	0	46. 00
50. 00 05000 OPERATING ROOM	31, 397, 959		31, 397, 959		31, 400, 330	1
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	5, 020, 595 5, 806, 632		5, 020, 595 5, 806, 632		5, 020, 595 5, 806, 632	
53. 00   05300  ANESTHESI OLOGY 54. 00   05400  RADI OLOGY-DI AGNOSTI C	0 12, 574, 769		12, 574, 769	0	0 12, 574, 769	
55. 00 05500 RADI OLOGY-THERAPEUTI C	3, 716, 265		3, 716, 265		3, 716, 265	55. 00
56. 00   05600   RADI 01 SOTOPE 57. 00   05700   CT   SCAN	3, 488, 741		3, 488, 741	0	0 3, 488, 741	56. 00 57. 00
58. 00   05800 MRI 59. 00   05900 CARDIAC CATHETERIZATION	1, 589, 089		1, 589, 089		1, 589, 089	1
60. 00 06000 LABORATORY	8, 644, 560 22, 407, 709		8, 644, 560 22, 407, 709		8, 644, 560 22, 423, 518	1
60. 01   06001   LABORATORY - PATHOLOGY 61. 00   06100   PBP CLI NI CAL LAB SERVI CES-PRGM	0		0	0	0	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	1, 333, 223		1, 333, 223	0	1, 333, 223	62. 00
63.00 06300 BLOOD STORING PROCESSING & TRA 64.00 06400 INTRAVENOUS THERAPY	0 6, 354, 713		6, 354, 713	0	0 6, 354, 713	
65.00 06500 RESPIRATORY THERAPY	8, 427, 572	0	8, 427, 572	0	8, 427, 572	65. 00
66. 00   06600   PHYSI CAL THERAPY 67. 00   06700   OCCUPATI ONAL THERAPY	1, 827, 553 624, 560	0	1, 827, 553 624, 560		1, 827, 553 624, 560	
68. 00   06800  SPEECH PATHOLOGY 69. 00   06900  ELECTROCARDI OLOGY	853, 844 4, 413, 237	0	853, 844 4, 413, 237		853, 844 4, 413, 237	
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 268, 383		1, 268, 383	3, 670	1, 272, 053	70. 00
71.00 O7100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS	17, 083, 707 24, 824, 972		17, 083, 707 24, 824, 972		17, 083, 707 24, 824, 972	
73.00 07300 DRUGS CHARGED TO PATIENTS	34, 307, 694		34, 307, 694	0	34, 307, 694	73. 00
74.00   07400   RENAL DIALYSIS 75.00   07500   ASC (NON-DISTINCT PART)	1, 563, 176 0		1, 563, 176 0	0	1, 563, 176 0	74. 00 75. 00
76. 00   03950   NUTRI TI ON/DI ABETES 76. 01   03020   WOUND   CARE   CENTER	0 2, 116, 289		2, 116, 289	0 2, 332	0 2, 118, 621	76. 00 76. 01
76.97 O7697 CARDIAC REHABILITATION	977, 486		977, 486		977, 486	1
OUTPATIENT SERVICE COST CENTERS  88. 00   08800   RURAL HEALTH CLINIC	I ol		T 0	O	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0 700 400	0	0	89. 00
90. 00   09000   CLI NI C 91. 00   09100   EMERGENCY	2, 793, 433 21, 227, 206		2, 793, 433 21, 227, 206		2, 793, 433 21, 227, 206	
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	12, 556, 104		12, 556, 104		12, 556, 104	92.00
94.00 09400 HOME PROGRAM DIALYSIS	0		C	0		94. 00
95. 00 O9500 AMBULANCE SERVICES 96. 00 O9600 DURABLE MEDICAL EQUIP-RENTED	104, 337 0		104, 337 0	0	104, 337 0	1
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		C	0	0	97. 00
99. 00   09900  CMHC 99. 10   09910  CORF	0				0	99. 00 99. 10
100. OQ10000   &R SERVICES-NOT APPRVD PRGM 101. OQ10100 HOME HEALTH AGENCY	0		C			100. 00 101. 00
SPECIAL PURPOSE COST CENTERS	. 9		<u> </u>	1		1
105. OQ 10500 KI DNEY ACQUISITION 106. OQ 10600 HEART ACQUISITION	0		0			105. 00 106. 00
107.00 10700 LIVER ACQUISITION	Ŏ		Ö		0	107. 00
108. 0d 10800 LUNG ACQUISITION 109. 0d 10900 PANCREAS ACQUISITION	0					108. 00 109. 00
110. OQ11000 INTESTINAL ACQUISITION	0		0		0	110. 00 111. 00
111. Oq11100   SLET ACQUISITION 113. Oq11300   NTEREST EXPENSE	"					113. 00
114. OQ11400 UTILIZATION REVIEW-SNF 115. OQ11500 AMBULATORY SURGICAL CENTER (D. P.)	0		n			114. 00 115. 00
	<u>.                                    </u>					

Health Fina	ncial Systems	BAPTIST HEA	ALTH	I FLOYD		In Lieu	of Form CMS-2	2552-10
COMPUTATION	OF RATIO OF COSTS TO CHARGES			Provi der C		Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Pre 1/30/2023 6:4	epared:
				Title	XVIII	Hospi tal	PPS	
						Costs		
	Cost Center Description	Total Cost	The	erapy 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)	326, 463, 705	1	0	326, 463, 70	5 27, 226	326, 490, 931	200. 00
201. 00	Less Observation Beds	12, 556, 104	l		12, 556, 10	)4	12, 556, 104	201. 00
202. 00	Total (see instructions)	313, 907, 601	Ì	0	313, 907, 60	27, 226	313, 934, 827	202. 00

Cost Center Description			Title	XVIII	Hospi tal	PPS	о р
NPATI ENT ROUTINE SERVICE COST CENTERS   9, 156, 125   99, 156, 125   30, 00   30000 ADULTS & PEDI ATRIC S   99, 156, 125   31, 00   30000 ADULTS & PEDI ATRIC S   99, 156, 125   31, 00   30, 00   31,							
NEWLILLER SOUTH NE SERVICE COST CENTERS   6.00   7.00   8.00   9.00   10.00	Cost Center Description	I npati ent	Outpati ent				
BOAT   STATE   BOAT   STATE				+ col . /)	Ratio		
MRATI ENT ROUTINE SERVICE COST CENTERS   95, 156, 325   30, 00   300		6.00	7 00	8 00	9 00		
31 0.0 03000 INTENSIVE CARE UNIT	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7, 00	0.00	71.00	101.00	
32.00 GIZDO CORDINARY CASE INIT 0 0 32.00 33.00 GIZDO CORDINARY CASE INIT 0 0 0 33.00 GIZDO CORDINARY CASE INIT 0 0 0 0 34.00 GIZDO CORDINARY CASE INIT 0 0 0 0 0 44.00 44.00 42.00 QIZDO CORDINARY CASE INIT 0 0 0 0 0 44.00 44.00 42.00 QIZDO CORDINARY CASE INIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•						
33.00   33.00   81.00   1.00   1.00   33.00   34.00	•	46, 111, 620		46, 111, 620			
34. 00 0 04000 SUBRENIVER - 18FF		0		C			
40.00   0.0000 SUBPROVIDER - I FIF		0					
1-10   0   1100   SURPROVIDER - IRF		0					
4.00   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00	•	0					
44.00   0400   SILLED NURSING FACILITY   0   0   0   0   0   0   0   0   0		0		C			
45.00   descripting Facility   0   0   0   45.00   46.		4, 618, 890		4, 618, 890			
46. 00   AGOO] OFTHER LONG TERM CAPE   0   0   0   0   0   0   0   0   0		0		C			
MICH LARY SERVICE COST CENTERS		0		C			
50.00   50000   GPERATING ROOM   113, 083, 205   163, 765, 783   276, 818, 968   0. 113424   0. 000000   50.		0		<u> </u>			46.00
51.00   05100   BECOVERY ROOM   1.0 ATO, 319.00   20, 924, 125   26, 998, 074   0. 185961   0. 000000   51.00   53.00   05000   DELIVERY ROOM   1.0 ATO, 318.00   0. 000000   0. 000000   53.00   0. 0000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 0000000   53.00   0. 000000   53.00   0. 000000   53.00   0. 000000000   0. 0000000   0. 000000   0. 000000   0. 000000   0. 000000   0. 00000000		113 053 205	163 765 783	276 818 988	0 113424	0.00000	50 00
52.00   05200   BELIVERY ROOM & LABOR ROOM   10, 473, 810   801, 119   11, 274, 929   0.515004   0.000000   53.00   0.5000   0.5000   0.5000   53.00   0.5000   0.5000   0.5000   0.5000   53.00   0.5000   0.5000   0.000000   53.00   0.0000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.000000							
53.00   03000   ANESTHESI OLOGY   0   18, 402, 60   18, 941, 945   173, 344, 63   0, 0000000   54, 00   550, 00   05500   ANESTHESI OLOGY   17, 174, 174, 63   17, 344, 63   0, 072542   0, 0000000   54, 00   550, 00   05500   ANESTHESI OLOGY   17, 174, 174, 63   17, 344, 63   0, 072542   0, 0000000   54, 00   0, 00000000   54, 00   0, 00000000   54, 00   0, 00000000   54, 00   0, 000000000000   54, 00   0, 000000000   54, 00   0, 00000000000000000000000000000							
55.00   05500 (RADI OLOCY-THERAPEUTI C   2, 383, 306   81, 303, 563   83, 135, 599   0. 044552   0. 000000   56. 00   57. 00   05700 (CT SCAN   46, 347, 872   77, 022, 534   143, 370, 406   0. 024334   0. 000000   56. 00   58. 00   05800 (MRI   7. 304, 227   22, 305, 778   29, 340, 00   0. 054161   0. 000000   56. 00   0. 05000 (MRI   7. 704, 227   22, 305, 778   29, 340, 00   0. 054161   0. 000000   56. 00   0. 05000 (ABDI AC CATHETERI ZATI ON   98, 257, 640   136, 533, 271   234, 790, 911   0. 036618   0. 000000   60. 00   0. 0000000   60. 00   0. 0000000   60. 00   0. 000000   60. 00		0	0	C	0. 000000		
56. 00   05600 RADI OI STOPPE			138, 941, 945	173, 344, 635			
57.00	55. 00   05500 RADI OLOGY-THERAPEUTI C	2, 383, 036	81, 030, 563	83, 413, 599			
58. 00   G6500 MC   CARDIAC CATHETERIZATION   98, 257, 640   136, 553, 271   234, 790, 10   0.036818   0.000000   59, 00   0.00000   CARDIAC CATHETERIZATION   98, 257, 640   136, 553, 271   234, 790, 10   0.036818   0.000000   59, 00   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0		0	07 000 504	142 270 407			
99. 00   05900   CARDATORY   PATHOLOGY   0.00000   059. 00   0.00000   0.000000   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.00000000							
60 00   06000   LABORATORY - PATHOLOGY   77, 011, 314   113, 261, 432   190, 272, 746   0.117766   0.000000   0.00000   0.01   0.001   0.00000   0.000000   0.01   0.01   0.00000   0.0000000   0.0000000   0.0000000   0.00000000		98 257 640					
0.0   0.0							
62.00   06.200   MHOLE BLOOD & PACKED RED BLOOD   7, 144, 202   1, 571, 437   8, 715, 639   0, 152969   0, 000000   63, 00   64.00   06.400   06.400   0170RAVENOUS THERAPY   376, 186   26, 779, 081   27, 155, 267   0, 234014   0, 000000   64, 00   06.600   06.600   08590   RESPIR ATORY HERAPY   28, 818, 543   14, 776, 817   43, 595, 360   0, 193314   0, 000000   65, 00   06.600   08500   RESPIR ATORY HERAPY   7, 557, 699   1, 862, 345   9, 420, 044   0, 194007   0, 000000   65, 00   06.600   07.600   0		0	0	C			
63.0 0 66300 BLOOD STORING PROCESSING & TRA 64.00 06400 INTRAVENOUS THERAPY 28, 818, 543 14, 776, 817 43, 595, 567 0, 234014 0, 000000 64, 00 65.00 06500 RESPIRATORY THERAPY 28, 818, 543 14, 776, 817 43, 595, 567 0, 194007 0, 194007 0, 00700 06700 OCUPATI ONAL THERAPY 7, 557, 699 1, 682, 345 9, 420, 044 0, 194007 0, 194007 0, 00700 06700 OCUPATI ONAL THERAPY 7, 557, 699 1, 682, 345 9, 420, 044 0, 194007 0, 194007 0, 00700 06700 OCUPATI ONAL THERAPY 1, 557, 699 1, 682, 345 1, 470 1, 192, 212 1, 4, 253, 682 0, 146828 0, 000000 0, 000000 0, 00 0, 000000 0, 00 0, 000000 0, 00 0, 000000 0, 00 0, 000000 0, 00 0, 000000 0, 00 0, 000000 0, 00	61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	C	0. 000000	0. 000000	61.00
44.00   0x400   INTRAVENOUS THERAPY   376, 186   26, 779, 081   27, 155, 267   0.234014   0.000000   65.00   65.00   0x500   RESPIRATORY THERAPY   28, 818, 543   14, 776, 817   4, 795, 817   6, 99   1.862, 345   9, 420, 044   0.194007   0.000000   65.00   66.00   0x500   0x50	•	7, 144, 202	1, 571, 437	8, 715, 639			
65.00   0.6500   RESPIRATORY THERAPY   28, B18, 543   14, 776, B17   43, 595, 360   0.193314   0.00000   65. 00   66. 00   0.6600   PHYSI CAT. HTERAPY   7, 557, 699   1, 862, 345   9, 420, 0.44   0.194007   0.000000   66. 00   0.6700   0.000000   67. 00   0.000000   69. 00   0.0000000   0.000000   0.0000000   0.0000000   0.00000000		0	0	C			
66.00   06600   PMYSI CAL THERAPY   7,557,699   1,862,345   9,420,044   0.194007   0.000000   66.00   67.00   06700   OCCUPATIONAL THERAPY   3,534,470   719,212   4,253,682   0.146828   0.000000   67.00   68.00   06800   SEECH PATHOLOGY   32,849,144   7,78,440,155   0.000000   0.000000   0.000000   70.00   07000   ELECTROCREPHALOGRAPHY   368,301   7,577,622   7,945,923   0.159627   0.000000   71.00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PAT   38,277,828   33,740,247   2,2017,875   0.237215   0.000000   71.00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   103,491,314   120,985,331   224,476,645   0.110590   0.000000   72.00   73.00   07300   RINGL DIALYSIS   5,631,796   0.000000   73.00   74.00   07400   RINAL DIALYSIS   5,631,796   0.000000   74.0					0. 234014		
67. 00   06700   06700   06700   06700   06700   06700   06870   06800					0. 193314		
68.00   06800   SPEECH PATHOLOGY   33, 395, 683   1, 602, 278   4, 997, 961   0, 170838   0, 000000   68. 00   69.00   06900   ELECTROCARDIOLOGY   32, 2849, 144   78, 440, 156   0, 000000   0, 000000   0, 000000   71.00   07100   07100   MEDICAL SUPPLIES CHARGED TO PAT   38, 277, 828   33, 740, 047   27, 20, 178, 875   0, 237215   0, 000000   71, 000000   71.00   07100   MEDICAL SUPPLIES CHARGED TO PAT   38, 277, 828   33, 740, 047   27, 20, 178, 875   0, 237215   0, 000000   72, 000000   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   103, 491, 314   120, 985, 331   224, 476, 645   0, 110590   0, 000000   72, 000000   73.00   07300   DRUGS CHARGED TO PATIENTS   90, 929, 499   61, 875, 241   152, 804, 740   0, 224520   0, 000000   73, 000   75.00   07500   ASC (NON-DISTINCT PART)   0   0   0, 0000000   0, 000000   75, 000   76.01   03956   ONDRID STINCT PART)   0   0   0, 0000000   0, 000000   76, 01   76.00   03956   ONDRID STINCT PART)   0   0   0, 0000000   0, 000000   76, 01   76.01   03956   ONDRID STINCT PART)   0   0   0, 0000000   0, 000000   76, 01   76.01   03956   ONDRID STINCT PART)   0   0   0, 0000000   0, 000000   76, 01   76.01   03956   ONDRID STINCT   ONDRID ST							
69.00   06900   CELETROCARDI OLOCY   32, 849, 144   78, 440, 156   111, 289, 300   0. 039656   0. 000000   69.00							
71.00   07100   MEDI CAL SUPPLIES CHARGED TO PAT   38, 277, 828   33, 740, 047   72, 017, 875   0. 237215   0. 000000   71. 00   72. 00   72.0			78, 440, 156				
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   103, 491, 314   120, 985, 331   224, 476, 645   0. 110590   0. 000000   72. 00   73. 00   07300   DRIUGS CHARGED TO PATIENTS   90, 929, 499   61, 875, 241   152, 804, 740   0. 224520   0. 0000000   73. 00   74. 00   07400   RENAL DIALYSIS   5, 631, 796   0. 5, 631, 796   0. 277563   0. 000000   74. 00   75. 00   07500   ASC (NON-DISTINCT PART)   5, 631, 796   0. 5, 631, 796   0. 277563   0. 000000   75. 00   76. 00   03950   NUTRI TI ON/DIABETES   0. 0   0. 0. 000000   0. 000000   76. 00   76. 00   03950   NUTRI TI ON/DIABETES   37, 293   8, 404, 171   8, 441, 464   0. 250702   0. 000000   76. 00   76. 97   76. 9	70.00 07000 ELECTROENCEPHALOGRAPHY		7, 577, 622			0. 000000	70.00
73.00   07300   DRUGS CHARGED TO PATIENTS   90,929,499   61,875,241   152,804,740   0.224520   0.000000   73.00   74.00   07400   RENAL DI ALYSIS   5,631,796   0   5,631,796   0.277563   0.000000   74.00   75.00	•		33, 740, 047	72, 017, 875	0. 237215		
74. 00   07400   RENAL DIALYSIS   5, 631, 796   0   5, 631, 796   0   0.000000   74. 00   75. 00   75. 00   75.00   ASC (NON-DISTINCT PART)   0   0   0   0.000000   0.000000   76. 00   76. 00   0.000000   0.000000   76. 00   76. 01   0.000000   0.000000   76. 00   76. 01   0.000000   0.000000   76. 00   76. 01   0.000000   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00   76. 01   0.000000   76. 00	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						
75. 00   07500   ASC (NON-DI STINCT PART)	73. 00 07300 DRUGS CHARGED TO PATIENTS						
76. 00 03950 NUTRI TI ON/DI ABETES		5,631,796	0	5,631,796			
76. 07   0302Q   WOUND CARE CENTER   37, 293   8, 404, 171   8, 441, 464   0. 250702   0. 000000   76. 01   76. 97   07697   CARDI AC REHABI LITATI ON   0   1, 700, 029   1, 700, 029   0. 574982   0. 000000   76. 97   0769	76.00 03950 NUTRI TI ON/DI ARETES	0	0				
76. 97   07697  CARDI AC REHABILITATI ON ODITATIENT SERVICE COST CENTERS   0.000000   76. 97		37. 293	8, 404, 171	8. 441. 464			
88. 00							
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0   0   0   0   0   0   0   0   0	OUTPATIENT SERVICE COST CENTERS						
90. 00   09000   CLINIC   1, 412   1, 247, 032   1, 248, 444   2, 237532   0, 000000   90. 00   91. 00   91. 00   92. 00   09200   DERERGENCY   24, 980, 886   99, 590, 992   124, 571, 878   0, 170401   0, 000000   91. 00   92. 00   09200   DESERVATI ON BEDS (NON-DISTINCT   15, 798, 398   46, 356, 460   62, 154, 858   0, 202013   0, 000000   92. 00   00   00   00   00   00   00   00		0	0	C			
91. 00   09100   EMERGENCY   24, 980, 886   99, 590, 992   124, 571, 878   0. 170401   0. 000000   91. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT   15, 798, 398   46, 356, 460   62, 154, 858   0. 202013   0. 000000   92. 00   094. 00   094. 00   09500		1 412	1 247 022	1 249 444	2 227522	0.000000	
92. 00   09200  OBSERVATI ON BEDS (NON-DI STI NCT   15, 798, 398   46, 356, 460   62, 154, 858   0. 202013   0. 000000   92. 00			99 590 992				
94. 00   09400   HOME   PROGRAM DI ALYSIS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
95. 00							
96. 00	•	0	0	C			
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0 0 0.000000 97. 00 99. 00 09900 CMHC 0 0 0 0 0 0 99. 00 99. 10 09910 CORF 0 0 0 0 0 0 99. 00 101. 0010000 I &R SERVICES-NOT APPRVD PRGM 0 0 0 0 0 100. 00 101. 0010100 HOME HEALTH AGENCY 0 0 0 0 101. 00 SPECIAL PURPOSE COST CENTERS 105. 0010500 KI DNEY ACQUISITION 0 0 0 106. 00 107. 0010700 LIVER ACQUISITION 0 0 0 106. 00 108. 0010600 HEART ACQUISITION 0 0 0 0 106. 00 109. 0010900 PANCREAS ACQUISITION 0 0 0 0 109. 00 109. 0010900 PANCREAS ACQUISITION 0 0 0 0 109. 00 110. 0011000 INTESTINAL ACQUISITION 0 0 0 0 109. 00 111. 0011100 INTESTINAL ACQUISITION 0 0 0 0 110. 00 111. 0011100 INTESTINAL ACQUISITION 0 0 0 0 110. 00 111. 0011100 INTESTINAL ACQUISITION 0 0 0 0 110. 00 111. 0011100 INTERST EXPENSE 1113. 00 114. 00111400 UTILIZATION REVIEW-SNF 1114. 00 115. 0011500 AMBULATORY SURGICAL CENTER (D. P. )		0	302, 877	302, 877			
99. 00 09900 CMHC 0 0 0 0 99.10 CORF 0 0 0 0 99.10 CORF 0 0 0 0 99.10 1.00 1.00 1.00 1.00 1.00		0	0				
99. 10		0	0		0.000000	0.000000	
100. 00 10000   &R SERVICES-NOT APPRVD PRGM		0	0				
101. 00 10100 HOME HEALTH AGENCY 0 0 0 1010. 00 SPECIAL PURPOSE COST CENTERS  105. 00 10500 KI DNEY ACQUI SI TI ON 0 0 0 105. 00 106. 00 10600 HEART ACQUI SI TI ON 0 0 0 0 106. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 0 0 107. 0		0	0	Ċ			
105. 00 10500 KI DNEY ACQUI SI TI ON	101.001010 HOME HEALTH AGENCY	0	0	C			
106. 00 10600 HEART ACQUISITION 0 0 0 0 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 107. 00 108. 00 108. 00 108. 00 108. 00 108. 00 109. 0							
107. 00 10700 LI VER ACQUI SI TI ON 0 0 0 0 107. 00 108. 00 10800 LUNG ACQUI SI TI ON 0 0 0 0 108. 00 109. 00 109. 00 109. 00 109. 00 109. 00 110. 00		0	0	C			
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 ISLET ACQUISITION 0 0 0 0 111. 00 113. 00 11300 INTEREST EXPENSE 113. 00 114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. ) 0 0 0 0 115. 00		0	0				
109. 00 10900 PANCREAS ACQUISITION 0 0 0 109. 00 110. 00 11000 I NTESTI NAL ACQUISITION 0 0 0 1110. 00 111. 00 11100 I SLET ACQUISITION 0 0 0 1111. 00 113. 00 11300 I NTEREST EXPENSE 114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 0 115. 00		0	0		]		
110. 00 11000   INTESTINAL ACQUISITION		0	0				
111. 00 11100   SLET ACQUI SI TI ON 0 0 111. 00 113. 00 113.00   INTEREST EXPENSE 114. 00 11400   UTI LI ZATI ON REVI EW-SNF 115. 00 11500   AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 0 115. 00		ő	0				
114. 00 11400 UTI LI ZATI ON REVI EW-SNF 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0 115. 00	111.0011100 ISLET ACQUISITION	0	0	C	[		111. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 115. 00							
		_	_	_			
110. 00  11000  1100   110. 00   110. 00		0					
	TTO. OQTTOOQHOOFT GE	U	U		1		110.00

Health Fina	ancial Systems	BAPTIST HEA	LTH FLOYD	In Lieu of Form CMS-2552-1			
COMPUTATIO	N OF RATIO OF COSTS TO CHARGES		Provi der C		Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Pro 1/30/2023 6:4	epared: 48 pm
			Title	: XVIII	Hospi tal	PPS	
			Charges				
	Cost Center Description	Inpatient	Outpati ent	Total (col. (	Cost or Other	TEFRA	
				+ col . 7)	Ratio	Inpatient	
						Ratio	
		6. 00	7. 00	8. 00	9. 00	10. 00	
200. 00 201. 00	Subtotal (see instructions) Less Observation Beds		1, 281, 847, 678				200. 00 201. 00
202. 00	Total (see instructions)	904, 387, 232	1, 281, 847, 678	2, 186, 234, 91	이		202. 00

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2021
To 08/31/2022
Part I
To 08/31/2022
1/30/2023 6:48 pm

			10 00/31/2022	1/30/2023 6: 4	
	Inno i ii il	Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio 11.00				
INPATIENT ROUTINE SERVICE COST CENTERS	11100				
30.00 03000 ADULTS & PEDIATRICS					30.00
31.00 03100 INTENSIVE CARE UNIT					31. 00
32. 00 03200 CORONARY CARE UNIT					32.00
33. 00 03300 BURN INTENSIVE CARE UNIT					33.00
34.00   03400   SURGI CAL INTENSI VE CARE UNIT 40.00   04000   SUBPROVI DER - I PF					34.00
40. 00   04000   SUBPROVI DER -   1 PF 41. 00   04100   SUBPROVI DER -   1 RF	1				40. 00 41. 00
42. 00   04200   SUBPROVI DER					42.00
43. 00 04300 NURSERY					43.00
44.00 04400 SKILLED NURSING FACILITY					44. 00
45.00 04500 NURSING FACILITY	1				45.00
46.00 04600 OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0. 113433				50.00
51.00 05100 RECOVERY ROOM	0. 185961				51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 515004				52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000				53.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C	0. 072542				54.00
55. 00   05500  RADI OLOGY-THERAPEUTI C 56. 00   05600  RADI OI SOTOPE	0. 044552 0. 000000				55. 00 56. 00
57. 00 05700 CT SCAN	0. 000000				57.00
58. 00   05800   MRI	0. 054161				58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 036818				59. 00
60. 00 06000 LABORATORY	0. 117849				60.00
60. 01 06001 LABORATORY - PATHOLOGY	0. 000000				60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0. 000000				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0. 152969				62.00
63.00 06300 BLOOD STORING PROCESSING & TRA	0. 000000				63. 00
64. 00 06400 I NTRAVENOUS THERAPY	0. 234014				64.00
65. 00 06500 RESPI RATORY THERAPY	0. 193314				65.00
66. 00 06600 PHYSI CAL THERAPY	0. 194007				66.00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	0. 146828 0. 170838				67. 00 68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 170636				69. 00
70. 00 07000 ELECTROEARD OCCUPACION TO THE TOTAL OCCUPACION OCCUPA	0. 160089				70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 237215				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 110590				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 224520				73.00
74.00 07400 RENAL DIALYSIS	0. 277563				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000				75.00
76. 00 03950 NUTRI TI ON/DI ABETES	0. 000000				76. 00
76. 01 03020 WOUND CARE CENTER	0. 250978				76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 574982				76. 97
OUTPATIENT SERVICE COST CENTERS	T T				00 00
88. 00 08800 RURAL HEALTH CLINIC	1				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90.00 09000 CLINIC	2. 237532				89. 00 90. 00
91. 00 09100 EMERGENCY	0. 170401				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	0. 202013				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0. 000000				94.00
95. 00 09500 AMBULANCE SERVICES	0. 344486			İ	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000				96. 00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000			ļ	97.00
99. 00 09900 CMHC					99.00
99. 10 09910 CORF					99. 10
100. Od 10000 I &R SERVI CES-NOT APPRVD PRGM					100. 00 101. 00
101. OQ 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	1				105.00
106. 00 10600 HEART ACQUISITION					106.00
107. 00 10700 LIVER ACQUISITION	1				107. 00
108. 00 10800 LUNG ACQUISITION					108.00
109. 0010900 PANCREAS ACQUISITION					109.00
110. 0011000   NTESTINAL ACQUISITION	1				110.00
111.0011100 ISLET ACQUISITION				İ	111. 00
113.00 11300 INTEREST EXPENSE					113. 00
114.00 11400 UTILIZATION REVIEW-SNF					114. 00
115. OO 11500 AMBULATORY SURGICAL CENTER (D. P.)					115.00
116. 00 11600 HOSPI CE					116.00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds	1				201. 00

Health Financial Systems	BAPTIST HEALTH	H FLOYD	In Lieu	of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES			From 09/01/2021	Worksheet C Part I Date/Time Pre 1/30/2023 6:4	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient Ratio 11.00				
202.00 Total (see instructions)	11100	·	<del>.</del>		202. 00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	ı of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES			CCN: 15-0044			
			أ	Peri od: From 09/01/2021 To 08/31/2022 Hospi tal	Date/Time Pre	epared:
		Ti tl	e XIX		Cost	TO PIII
Cost Center Description	Total Cost	Therapy Limit	Total Costs	Costs RCE	Total Costs	
· ·	(from Wkst. B,	Ādj .		Di sal I owance		
	Part I, col. 26)					
INPATIENT ROUTINE SERVICE COST CENTERS	1. 00	2. 00	3.00	4. 00	5. 00	
30. 00 03000 ADULTS & PEDIATRICS	70, 037, 064		70, 037, 064	2, 657	70, 039, 721	30. 00
31.00   03100   NTENSIVE CARE UNIT 32.00   03200   CORONARY CARE UNIT	17, 416, 035		17, 416, 035	0	17, 416, 035 0	31. 00 32. 00
33. 00 03300 BURN INTENSIVE CARE UNIT	0				0	•
34.00   03400 SURGICAL INTENSIVE CARE UNIT 40.00   04000 SUBPROVIDER - IPF	0			0	0	34. 00 40. 00
41. 00   04100   SUBPROVI DER -   1 PF	0				0	•
42. 00   04200 SUBPROVI DER 43. 00   04300 NURSERY	0 1, 706, 798		1, 706, 798	0 3 387	1 707 195	42. 00 43. 00
44.00 04400 SKILLED NURSING FACILITY	1, 700, 798		1, 700, 790	0	1, 707, 185 0	1
45.00 04500 NURSING FACILITY 46.00 04600 OTHER LONG TERM CARE	0		(	0	0	45. 00 46. 00
ANCI LLARY SERVI CE COST CENTERS	J O			J U	0	46.00
50. 00 05000 OPERATI NG ROOM	31, 397, 959		31, 397, 959	1	31, 400, 330	
51.00   05100 RECOVERY ROOM 52.00   05200 DELIVERY ROOM & LABOR ROOM	5, 020, 595 5, 806, 632		5, 020, 595 5, 806, 632	1	5, 020, 595 5, 806, 632	
53. 00 05300 ANESTHESI OLOGY	0			0	0	53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C	12, 574, 769 3, 716, 265		12, 574, 769 3, 716, 269		12, 574, 769 3, 716, 265	
56. 00 05600 RADI OI SOTOPE	0		2 400 746	0	0	56. 00
57.00   05700   CT   SCAN 58.00   05800   MRI	3, 488, 741 1, 589, 089		3, 488, 74° 1, 589, 089		3, 488, 741 1, 589, 089	
59. 00 05900 CARDI AC CATHETERI ZATI ON	8, 644, 560		8, 644, 560	0	8, 644, 560	59. 00
60. 00   06000   LABORATORY 60. 01   06001   LABORATORY - PATHOLOGY	22, 407, 709		22, 407, 709	9 15, 809 0 0	22, 423, 518 0	1
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0		1 222 224	0	0	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 63.00 06300 BLOOD STORING PROCESSING & TRA	1, 333, 223		1, 333, 223	0	1, 333, 223 0	62. 00 63. 00
64.00 06400 INTRAVENOUS THERAPY	6, 354, 713		6, 354, 713	1	6, 354, 713	•
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	8, 427, 572 1, 827, 553		8, 427, 572 1, 827, 553		8, 427, 572 1, 827, 553	•
67. 00 06700 OCCUPATI ONAL THERAPY	624, 560		624, 560	0	624, 560	67. 00
68.00   06800   SPEECH PATHOLOGY 69.00   06900   ELECTROCARDI OLOGY	853, 844 4, 413, 237	C	853, 844 4, 413, 237		853, 844 4, 413, 237	•
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 268, 383		1, 268, 383	3, 670	1, 272, 053	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 07200 MPL. DEV. CHARGED TO PATIENTS	17, 083, 707 24, 824, 972		17, 083, 707 24, 824, 972		17, 083, 707 24, 824, 972	
73.00 07300 DRUGS CHARGED TO PATIENTS	34, 307, 694		34, 307, 694	1 0	34, 307, 694	73. 00
74.00   07400   RENAL DI ALYSI S 75.00   07500   ASC (NON-DI STI NCT PART)	1, 563, 176 0		1, 563, 176		1, 563, 176 0	1
76. 00 03950 NUTRI TI ON/DI ABETES	0		(	0	0	76. 00
76. 01   03020   WOUND CARE CENTER 76. 97   07697   CARDI AC REHABI LI TATI ON	2, 116, 289 977, 486		2, 116, 289 977, 486	1	2, 118, 621 977, 486	•
OUTPATIENT SERVICE COST CENTERS	1					]
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	•
90. 00 09000 CLINIC	2, 793, 433		2, 793, 433	1	2, 793, 433	
91.00   09100   EMERGENCY 92.00   09200   OBSERVATION   BEDS (NON-DISTINCT	21, 227, 206 12, 556, 104		21, 227, 206 12, 556, 104		21, 227, 206 12, 556, 104	
OTHER REIMBURSABLE COST CENTERS						
94.00   09400 HOME PROGRAM DIALYSIS 95.00   09500 AMBULANCE SERVICES	104, 337		104, 337	0 7 0	0 104, 337	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0			0	0	96. 00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 99.00 09900 CMHC					0	
99. 10 09910 CORF	0				0	99. 10
100.0d10000 I&R SERVICES-NOT APPRVD PRGM 101.0d10100 HOME HEALTH AGENCY	0					100. 00 101. 00
SPECIAL PURPOSE COST CENTERS						1
105. 0010500 KIDNEY ACQUISITION 106. 0010600 HEART ACQUISITION	0					105. 00 106. 00
107.0010700 LIVER ACQUISITION	Ö				0	107. 00
108. 0010800 LUNG ACQUISITION 109. 0010900 PANCREAS ACQUISITION	0					108. 00 109. 00
110.0011000 INTESTINAL ACQUISITION	0				0	110.00
111. 00111100   SLET ACQUISITION 113. 0011300   NTEREST EXPENSE	0				0	111. 00 113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.)	0		] (	)	0	115. 00

Health Fina	BAPTIST HEA	BAPTIST HEALTH FLOYD			In Lieu of Form CMS-2552-10			
COMPUTATION	OF RATIO OF COSTS TO CHARGES	Provi der CCN: 15-00			Period: From 09/01/2021 To 08/31/2022	Worksheet C Part I Date/Time Pre 1/30/2023 6:4	epared:	
				Ti tl	e XIX	Hospi tal	Cost	
						Costs		
	Cost Center Description			erapy Limit	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	HOSPI CE	0				0	0	116. 00
200. 00	Subtotal (see instructions)	326, 463, 705		0	326, 463, 70	5 27, 226	326, 490, 931	200. 00
201. 00	Less Observation Beds	12, 556, 104			12, 556, 10	4	12, 556, 104	201. 00
202. 00	Total (see instructions)	313, 907, 601	1	0	313, 907, 60	1 27, 226	313, 934, 827	202. 00

Title XIX	30. 00 31. 00 32. 00 33. 00 40. 00 41. 00
Inpatient   Outpatient   Total (col. 6	31. 00 32. 00 33. 00 34. 00 40. 00
NPATIENT ROUTINE SERVICE COST CENTERS   95, 156, 325   95, 156, 325   31.00   03100   ADULTS & PEDIATRICS   95, 156, 325   46, 111, 620   46, 111, 620   32.00   03200   CORONARY CARE UNIT   0   0   0   0   0   0   0   0   0	31. 00 32. 00 33. 00 34. 00 40. 00
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   03000   ADULTS & PEDIATRICS   95,156,325   95,156,325   31.00   03100   INTENSIVE CARE UNIT   46,111,620   46,111,620   32.00   03200   CORONARY CARE UNIT   0   0   0   0   0   0   0   0   0	31. 00 32. 00 33. 00 34. 00 40. 00
31. 00	31. 00 32. 00 33. 00 34. 00 40. 00
32. 00	32. 00 33. 00 34. 00 40. 00
33. 00	33. 00 34. 00 40. 00
34. 00	34. 00 40. 00
40. 00   04000   SUBPROVI DER -   I PF   0   0   0   0   0   0   0   0   0	40.00
41. 00   04100   SUBPROVI DER -   I RF   0   0   04200   SUBPROVI DER   0   0   0   0   0   0   0   0   0	
42. 00   04200   SUBPROVI DER   0   0	
	42.00
43. 00   04300   NURSERY 4, 618, 890 4, 618, 890 4, 618, 890	43.00
44.00 04400 SKI LLED NURSI NG FACI LI TY 0 0	44.00
45. 00   04500   NURSI NG FACILITY   0   0	45.00
46. 00 O4600 OTHER LONG TERM CARE O O O	46. 00
50. 00   05000   OPERATI NG ROOM   113, 053, 205   163, 765, 783   276, 818, 988   0. 113424   0. 000000	50.00
51. 00   05100   RECOVERY ROOM   6, 073, 949   20, 924, 125   26, 998, 074   0. 185961   0. 000000	51. 00
52.00   05200   DELI VERY ROOM & LABOR ROOM   10,473,810   801,119   11,274,929   0.515004   0.000000	52.00
53. 00   05300   ANESTHESI OLOGY   0   0   0. 000000   0. 000000	53. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C   34, 402, 690   138, 941, 945   173, 344, 635   0. 072542   0. 000000	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C   2, 383, 036   81, 030, 563   83, 413, 599   0. 044552   0. 000000   56. 00   05600   RADI OI SOTOPE   0   0   0   0   0   0   0   0   0	55. 00 56. 00
57. 00   05700   CT   SCAN   46, 347, 872   97, 022, 534   143, 370, 406   0. 024334   0. 000000	57. 00
58. 00   05800   MRI   7, 304, 227   22, 035, 778   29, 340, 005   0. 054161   0. 000000	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON 98, 257, 640   136, 533, 271   234, 790, 911 0. 036818 0. 000000	59.00
60. 00   06000   LABORATORY   77, 011, 314   113, 261, 432   190, 272, 746   0. 117766   0. 000000	60.00
60. 01   06001   LABORATORY - PATHOLOGY	60. 01
61. 00   06100   PBP CLINICAL LAB SERVICES-PRGM	61. 00 62. 00
63. 00   06300   BLOOD STORING   PROCESSING & TRA   0   0   0   0   0   0   0   0   0	63.00
64. 00   06400  I NTRAVENOUS THERAPY 376, 186 26, 779, 081 27, 155, 267 0. 234014 0. 000000	64. 00
65. 00   06500   RESPI RATORY THERAPY   28, 818, 543   14, 776, 817   43, 595, 360   0. 193314   0. 000000	65.00
66. 00   06600   PHYSI CAL THERAPY   7, 557, 699   1, 862, 345   9, 420, 044   0. 194007   0. 000000	66.00
67. 00 06700 0CCUPATI ONAL THERAPY 3, 534, 470 719, 212 4, 253, 682 0. 146828 0. 000000	67.00
68. 00   06800   SPEECH PATHOLOGY   3, 395, 683   1, 602, 278   4, 997, 961   0. 170838   0. 000000   69. 00   06900   ELECTROCARDI OLOGY   32, 849, 144   78, 440, 156   111, 289, 300   0. 039656   0. 000000	68. 00 69. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   368, 301   7, 577, 622   7, 945, 923   0. 159627   0. 000000	70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PAT 38, 277, 828 33, 740, 047 72, 017, 875 0. 237215 0. 000000	71. 00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS 103, 491, 314 120, 985, 331 224, 476, 645 0.110590 0.000000	72.00
73. 00   07300   DRUGS CHARGED TO PATI ENTS   90, 929, 499   61, 875, 241   152, 804, 740   0. 224520   0. 000000	73.00
74. 00   07400   RENAL DI ALYSI S   5,631,796   0 5,631,796   0.277563   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000	74. 00 75. 00
75. 00   07500   ASC (NON-DI STI NCT PART) 0 0 0. 000000 0. 000000 0. 000000 0. 000000	76. 00
76. 01 03020 WOUND CARE CENTER 37, 293 8, 404, 171 8, 441, 464 0. 250702 0. 000000	76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON 0 1, 700, 029 1, 700, 029 0. 574982 0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS	
88.00   08800   RURAL HEALTH CLINIC   0 0 0 0.000000   0.000000   89.00   08900   FEDERALLY QUALIFIED HEALTH CENTER   0 0 0 0.000000   0.000000	
90. 00   09000   CLINIC   1, 247, 032   1, 248, 444   2. 237532   0. 000000	
91.00   09100   EMERGENCY   24,980,886   99,590,992   124,571,878   0.170401   0.000000	91. 00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT 15, 798, 398 46, 356, 460 62, 154, 858 0. 202013 0. 000000	92.00
OTHER REIMBURSABLE COST CENTERS	04.00
94.00   09400   HOME PROGRAM DI ALYSIS   0 0 0 0.000000   0.000000   95.00   09500   AMBULANCE SERVICES   0 302,877   302,877   0.344486   0.000000	94. 00 95. 00
96. 00   09600   DURABLE   MEDI CAL   EQUI P-RENTED   0   0   0   0   0   0   0   0   0	96.00
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD   0 0 0. 000000   0. 000000	97. 00
99. 00   09900   CMHC   0   0   0   0	99. 00
99. 10 09910 CORF 0 0	99. 10
100.0Q10000   &R SERVICES-NOT APPRVD PRGM	100. 00 101. 00
SPECIAL PURPOSE COST CENTERS	101.00
105. 0d 10500 KI DNEY ACQUI SI TI ON 0 0 0	105.00
106. OQ 10600 HEART ACQUISITION 0 0 0	106. 00
	107.00
	108. 00 109. 00
	109.00
	111.00
	113. 00
114. OQ 11400 UTI LI ZATI ON REVI EW-SNF	114. 00
	115.00
116. 0Q11600 HOSPI CE 0 0 0	116. 00

Health Fina	ancial Systems	BAPTIST HEA	BAPTIST HEALTH FLOYD			In Lieu of Form CMS-2552-10		
COMPUTATI O	N OF RATIO OF COSTS TO CHARGES		Provi der C		Period: From 09/01/2021 To 08/31/2022	Date/Time Pro	epared:	
			Ti +I	e XIX	Hospi tal	1/30/2023 6: 4 Cost	48 pm	
				C ALA I	Tiospi tai	COST		
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o		
		6. 00	7. 00	8. 00	9. 00	10. 00		
200. 00 201. 00 202. 00	Subtotal (see instructions) Less Observation Beds Total (see instructions)		1, 281, 847, 678 1, 281, 847, 678				200. 00 201. 00 202. 00	

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:
From 09/01/2021
To 08/31/2022

Date/Time Prepared:
1/30/2023 6: 48 pm

March   Marc			Title XIX	Hospi tal	1/30/2023 6: 48 pr Cost	<u>m</u>
BRAILER BUILDE SERVIC GOST CHATES   11.00	Cost Center Description	PPS Inpatient	I HE ALA	поѕрі таї	COST	
INATI ENT ROUTH & SERVICE COST CENTERS   30.00   30.						
30. 00 35000 ARMITS & PERIATRICS 30. 00 35000 ARMITS & PERIATRICS 31. 00 35000 ARMITS & PERIATRICS & PERIATRI		11. 00				
31.00		1			20	00
32.00   32300 CRISTIANEY CARF UNIT   33.00   333.00   33300 CRISTIANEY CARF UNIT   33.00   33.00   33300 CRISTIANEY CARF UNIT   34.00   42.00						
33.00   33.00   BURR INTERSIVE CARE UNIT   33.00   34.						
40.00   00000 SUBRROVIDER - 1 IFF						
41.00   01100 SUBPROVIDER - LIFE						
42.00   0.1200 SUBPROVIDER						
43.00   04.00   MIRSTER     44.00						
44.00 0 0400 [MISH IN FACILITY   44.00 04.00 04.00 MISH IN FACILITY   45.00 04.00 04.00 MISH IN FACILITY   45.00 04.00 04.00 MISH INFORMATION   45.00 04.00 04.00 MISH INFORMATION   45.00 04.00 04.00 MISH INFORMATION   45.00 04.00 04.00 MISH INFORMATION   45.00 04.00 04.00 04.00 04.00 04.00 05.						
45.00 O GASQ MIRSING FACILITY						
MICHELARY SERVICE COST CENTERS						
50.00   50.00   FORTATIN CROWN   0.000000   55.00	46.00 O4600 OTHER LONG TERM CARE				46.	. 00
51.00   51.00   52.0						
52.00   0.0200   DELI VERY RODM & LABOR RODM   0.0000000   53.00   5		1			1	
53.00   63.00   ANESTHESI OLOGY   0.000000   55.00		1				
54. 00 05400 RADIO LOGY-PLICARPOSTIC 0.000000 55. 00 550 00 5500 RADIO LOGY-THERAPUTIC 0.000000 55. 00 5600 RADIO LOGY-THERAPUTIC 0.000000 55. 00 550 00 5500 RADIO LOGY-THERAPUTIC 0.000000 57. 00 6700 CT SCAN 0.00000 57. 00 6700 CT SCAN 0.000000 55. 00 550 00 5600 RADIO LOGY-THERAPUTIC 0.000000 57. 00 6700 CT SCAN 0.00000 55. 00 5600 RADIO LABORATORY 0.000000 55. 00 5600 RADIO LABORATORY 0.000000 56. 00 6600 RADIO LABORATORY 0.000000 56. 00 6600 RADIO LABORATORY 0.000000 56. 00 6600 RADIO RADI		1			1	
55.0 0 5500 RADI OLOGY-THERAPEUTI C 0.000000 55.0 0 55.0 0 5700 RADI OLOGY-THE RAPEUTI C 0.000000 55.0 0 570.0 0 5700 CT SCAN 0.000000 55.0 0 570.0 0 5700 CT SCAN 0.000000 55.0 0 580.0 0 5800 MINI C 0.000000 55.0 0 59.0 0 5900 CARDI AGC ATHETEI ZATI ON 0.000000 59.0 0 60.0 0 60000 LABORATORY PATHOLOGY 0.000000 60.0 0 60.0 0 60000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 60000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 60000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 60000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 60.0 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7 0 60.0 0 6000 MINI C 1.000 ADDRIVER PATHOLOGY 0.000000 7.7		1			•	
57.00   05700   CT SCAN   0.000000   55.00   55.00   550.00   55		1			•	
S.B. 00   OSEGO MRI	56. 00 05600 RADI OI SOTOPE	0. 000000			56.	. 00
59.00   05900 CARDIAC CATHETERIATION   0.000000   59.00   0.00   0600 CARDIAC CATHETERIATION   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.0000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000	•	1				
60.00   GOODD LABORATORY   PATHOLOGY   0.000000   60.01   GOODD LABORATORY - PATHOLOGY   0.000000   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   61.00   62.00		1			•	
0.00   0.000   0.0000   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1			•	
1-10   06-100   PBP CLINICAL LAB SERVICES-PREM   0.000000   0.000000   0.62.00   0.00000   0.62.00   0.00000   0.62.00   0.000000   0.63.00   0.63.00   0.6300   0.6000   0.000000   0.65.00   0.65.00   0.6500   0.000000   0.65.00   0.650.00   0.6500   0.000000   0.65.00   0.650.00   0.6500   0.000000   0.65.00   0.6500   0.6500   0.6500   0.6500   0.6500   0.000000   0.65.00   0.6500		1				
C. 2. 00   06-200   MHOLE BLOOD & PACKED RED BLOOD   0.0000000   0.0000000   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.64.00   0.65.00		1				
63.00   06.300   06.000   STORI NG PROCESSING & TRA   0.000000   06.40   06.40   06.40   01.17M2APUROUS THERAPY   0.000000   06.50   06.50   RESPI RATORY THERAPY   0.000000   06.50   06.50   RESPI RATORY THERAPY   0.000000   06.50   06.50   06.50   PHASTORY THERAPY   0.000000   06.50		1				
64.00   06400   INTRAVENOUS THERAPY   0.000000   65.00   06500   RESPIRATORY THERAPY   0.000000   65.00   066.00   RESPIRATORY THERAPY   0.000000   67.00						
66. 00   06600   PHYSI (CAL THERAPY   0. 000000   67. 00   68. 00   06800   08800   08	64.00 06400 INTRAVENOUS THERAPY				64.	. 00
67. 00   06700   06CUPATI ONAL THERAPY   0.000000   68. 00   680. 00   680.00   690.00   710.	65.00 06500 RESPIRATORY THERAPY	0. 000000			65.	. 00
68. 00 06800 SPEECH PATHOLOGY						
69. 00   06900   0610   0610   0610   0710   0610   0710						
70. 00   07000   07000   07000   07000   07000   07000   07000   07000   071000   07100   071000   071000   071000   071000   071000   07100						
71.00   07100   MEDICAL SUPPLIES CHARGED TO PAT   0.000000   72.00						
17.2 00   07.200   IMPL DEV. CHARGED TO PATIENTS   0.000000   72.00   73.00						
73.00   07300   DRICS CHARGED TO PATIENTS   0.000000   74.00   74.00   74.00   74.00   74.00   74.00   74.00   74.00   74.00   75.00						
75. 00   07500   ASC (NON-DISTINCT PART)   0. 000000   75. 00   76. 00   03950   NUTRITION/DIABETES   0. 000000   76. 01   03020   WOUND CARE CENTER   0. 000000   76. 01   76. 97   07697 (CARDIAC REHABILITATION   0. 000000   76. 97   07697 (CARDIAC REHABILITATION   0. 000000   76. 97   07697 (CARDIAC REHABILITATION   0. 000000   88. 00   08800   RURAL HEALTH CLINIC   0. 000000   89. 00   09800 FEDERALLY QUALIFIED HEALTH CENTER   0. 000000   99. 00   09000   CLINIC   90. 00   09000   CLINIC   90. 00   09000   09000   0910   00100   09100   EMERGENCY   0. 000000   91. 00   09100   EMERGENCY   0. 000000   91. 00   09100   EMERGENCY   92. 00   09200   0BSERVATION BEDS (NON-DISTINCT   0. 000000   91. 00   09500   AMBULANCE SERVICES   0. 000000   95. 00   09500   AMBULANCE SERVICES   0. 000000   96. 00   09500   AMBULANCE SERVICES   0. 000000   96. 00   09700   DURABLE MEDICAL EQUIP-RENTED   0. 000000   97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0. 000000   99. 10   09910   CORF   99. 00   99. 10   09910   CORF   99. 00   99. 10   09910   CORF   99. 10   09910   09					1	
76. 00 03950 NUTRITION/DIABETES 0.000000 76. 01 03020 WOUND CARE CENTER 0.000000 76. 01 03020 WOUND CARE CENTER 0.000000 76. 01 76. 97 07697[CARDIAC REHABILLITATION 0.000000] 76. 97 001767T[CARDIAC REHABILLITATION 0.000000] 76. 97 001767T[CARDIAC REHABILLITATION 0.000000] 76. 97 001767T[CARDIAC REHABILLITATION 0.000000] 88. 00 089. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0.000000 89. 00 09000 CLINIC 0.000000 89. 00 09000 CLINIC 0.000000 99. 00 09000000		0. 000000			74.	. 00
76. 01 03020 WOUND CARE CENTER		1				
76. 97   07697 CARDI AC REHABILITATION   0.000000   76. 97		1			1	
OUTPATI ENT SERVI CE COST CENTERS   88. 00   08800   RURAL HEALTH CLINIC   0.0000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000		1			•	
88. 00   08800 RURAL HEALTH CLINIC   0. 000000   89. 00   99. 00		0.000000			70.	. ,,
90. 00   09000   CLINIC   0.000000   91. 00   91. 00   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT   0.000000   92. 00   OTHER REIMBURSABLE COST CENTERS   94. 00   09400   HOME PROGRAM DIALYSIS   0.000000   95. 00   09500   AMBULANCE SERVICES   0.000000   95. 00   09500   AMBULANCE SERVICES   0.000000   96. 00   97. 00   09700   DURABLE MEDICAL EQUIP-RENTED   0.000000   97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0.000000   97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0.000000   99. 00   09900   CMHC   99. 00   09910   CORF   99. 10   100. 00   100. 01   18R SERVICES-NOT APPRVD PRGM   100. 00   100. 00   100. 01   18R SERVICES-NOT APPRVD PRGM   101. 00   10000   18R SERVICES-NOT APPRVD PRGM   101. 00   10000   18R SERVICES-NOT APPRVD PRGM   101. 00   100000   100000   100000   100000   100000   100000		0. 000000			88.	. 00
91. 00   09100   BMERGENCY   0.000000   92.00   005ERNATION BEDS (NON-DISTINCT   0.000000   0.000000   97. 00   99. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   95. 00   09500   AMBULANCE SERVICES   0.000000   95. 00   09500   AMBULANCE SERVICES   0.000000   96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0.000000   97. 00   99. 00   09900   CMHC   99. 00   99. 00   99. 00   09900   CMHC   99. 10   09910   CORF   99. 10   100. 00   100. 00   18.R SERVICES-NOT APPRVD PRGM   100. 00   101. 00   10	1 1	1			1	
92. 00   09200    0BSERVATI ON BEDS (NON-DISTINCT   0.000000   0THER REIMBURSABLE COST CENTERS   94. 00   09400  HOME PROGRAM DIALYSIS   0.000000   95. 00   95. 00   09500  AMBULANCE SERVICES   0.000000   95. 00   96. 00   09700  DURABLE MEDI CAL EQUI P-RENTED   0.000000   97. 00   09700  DURABLE MEDI CAL EQUI P-SOLD   0.000000   99. 00   09900  CMHC   99. 00   09900  CMHC   99. 10   00910  CORF   99. 10   00910  CORF   99. 10   001000  HOME HEALTH AGENCY   99. 10   101. 0010100  HOME HEALTH AGENCY   97. 00   00500  KI DNEY ACQUI SITI ON   105. 00   10500  KI DNEY ACQUI SITI ON   106. 00   10500  KI DNEY ACQUI SITI ON   107. 00   10800  LIVER ACQUI SITI ON   109. 00   10900  PANCREAS ACQUI SITI ON   109. 00   10900  PANCREAS ACQUI SITI ON   109. 00   110.00   INTESTI NAL ACQUI SITI ON   110. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   INTESTI NAL ACQUI SITI ON   111. 00   IN						
OTHER REIMBURSABLE COST CENTERS   94.00   09400  HOME PROGRAM DI ALYSI S   0.000000   95.00   09500  AMBULANCE SERVI CES   0.000000   95.00   09500  AMBULANCE SERVI CES   0.000000   95.00   09600  DURABLE MEDI CAL EQUI P-RENTED   0.000000   97.00   09700  DURABLE MEDI CAL EQUI P-SOLD   0.000000   97.00   99.00   09900  CMHC   99.10   09910  CORF   99.10   09910  CORF   99.10   000000   18R SERVI CES-NOT APPRVD PRGM   100.00   100.00   18R SERVI CES-NOT APPRVD PRGM   100.00   101.00   HOME HEALTH AGENCY   101.00   105.00   105.00   KI DNEY ACQUI SI TI ON   105.00   105.00   105.00   KI DNEY ACQUI SI TI ON   106.00   107.00   10700   LI VER ACQUI SI TI ON   108.00   108.00   10800   LUNG ACQUI SI TI ON   109.00   10900   PANCREAS ACQUI SI TI ON   109.00   109.00   10900   PANCREAS ACQUI SI TI ON   111.00   111.00   111.00   111.00   11500   KI TESTI NAL ACQUI SI TI ON   110.00   111.00   111.00   11500   KI TESTI NAL ACQUI SI TI ON   111.00   111.00   111.00   11500   KI TESTI NAL ACQUI SI TI ON   111.00   111.00   111.00   11500   MBULATORY SURGI CAL CENTER (D. P. )   115.00   116.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   116.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   116.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   MSULATORY SURGI CAL CENTER (D. P. )   115.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100						
94. 00		0.000000			72.	. 00
95. 00   09500   AMBULANCE SERVICES   0. 000000   96. 00   96. 00   96. 00   9700   DURABLE MEDI CAL EQUI P-RENTED   0. 000000   97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD   0. 000000   97. 00   09900   CMHC   99. 00   09910   CORF   99. 10   09910   CORF   99. 10   10000   I &R SERVICES-NOT APPRVD PRGM   100. 00   10100   HOME HEALTH AGENCY   99. 10   10100   HOME HEALTH AGENCY   99. 10   105. 00   10500   KI DNEY ACQUI SI TI ON   105. 00   106. 00   HEART ACQUI SI TI ON   106. 00   10700   LI VER ACQUI SI TI ON   106. 00   109. 00   10900   PANCREAS ACQUI SI TI ON   108. 00   109. 00   10900   PANCREAS ACQUI SI TI ON   109. 00   109. 00   109. 00   INTESTI NAL ACQUI SI TI ON   109. 00   110. 00   INTESTI NAL ACQUI SI TI ON   111. 00   11100   INTESTI NAL ACQUI SI TI ON   110. 00   113. 00   11300   INTEREST EXPENSE   114. 00   11400   UTI LI ZATI ON REVIEW-SNF   114. 00   11500   AMBULATORY SURGI CAL CENTER (D. P. )   115. 00   116. 00   1050   CE   1000   CO   1000   CO   CO   CO   CO   CO   CO   CO	94.00 O9400 HOME PROGRAM DIALYSIS	0. 000000			94.	. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0.000000 99. 00 09900 CMHC 99. 10 09910 CORF 99. 00 09900 CMHC 99. 10 09910 CORF 100. 00 10000 I &R SERVICES-NOT APPRVD PRGM 100. 00 101.00 10100 HOME HEALTH AGENCY 101.00 00 101.00 HOME HEALTH AGENCY 101.00 00 101.00 HOME HEALTH AGENCY 101.00 00 101.00 HOME HEALTH ACQUISITION 105. 00 105.00 KI DNEY ACQUISITION 106. 00 107. 00 107.00 LIVER ACQUISITION 106. 00 109.00 HEART ACQUISITION 108. 00 109.00 PANCREAS ACQUISITION 108. 00 109.00 PANCREAS ACQUISITION 109. 00 110. 00 11000 I INTESTI NAL ACQUISITION 109. 00 111. 00 111.00 I INTESTI NAL ACQUISITION 111. 00 111. 00 111. 00 111. 00 111. 00 111. 01 111. 01 111. 00 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 111. 01 111. 00 AMBULATORY SURGICAL CENTER (D. P.) 115. 00 115.00 AMBULATORY SURGICAL CENTER (D. P.) 116. 00 116.00 HOSPICE 1.00 00 00 00 00 00 00 00 00 00 00 00 00		0. 000000			95.	. 00
99. 00 99. 10 99. 10 99. 10 99. 10 100. 00 10000   Lar Services-Not Apprvd PrgM 100. 00 101. 00 10100   HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 105. 00 106. 00 10500   KI DNEY ACQUI SI TI ON 106. 00 10600   HEART ACQUI SI TI ON 107. 00 10700   LI VER ACQUI SI TI ON 108. 00 10800   LUNG ACQUI SI TI ON 109. 00 10900   PANCREAS ACQUI SI TI ON 100. 00 110. 00 11000   INTESTI NAL ACQUI SI TI ON 110. 00 11000   INTESTI NAL ACQUI SI TI ON 111. 00 11100   I SLET ACQUI SI TI ON 111. 00 11100   I SLET ACQUI SI TI ON 111. 00 11100   I SLET ACQUI SI TI ON 111. 00 11100   I SLET ACQUI SI TI ON 111. 00 11100   SUBTRANCE SERVICES SE						
99. 10 09910 CORF 100. 00 10000 I &R SERVI CES-NOT APPRVD PRGM 101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON 107. 00 10700 LI VER ACQUI SI TI ON 108. 00 10800 LUNG ACQUI SI TI ON 109. 00 10900 PANCREAS ACQUI SI TI ON 100. 01 1000 INTESTI NAL ACQUI SI TI ON 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 REVI EW-SNF 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 116. 00 11600 HOSPI CE 200. 00 Subtotal (see instructions)		0. 000000				
100. 00   10000   1 &R SERVI CES-NOT APPRVD PRGM   100. 00   101. 00   10100   HOME   HEALTH   AGENCY   101. 00   105. 00   105. 00   105.00   KI DNEY   ACQUI SI TI ON   106. 00   10600   HEART   ACQUI SI TI ON   107. 00   10700   LI VER   ACQUI SI TI ON   108. 00   108. 00   109. 00   10900   PANCREAS   ACQUI SI TI ON   109. 00   109. 00   10900   PANCREAS   ACQUI SI TI ON   109. 00   100   INTESTI NAL   ACQUI SI TI ON   110. 00   111. 00   11100   INTESTI NAL   ACQUI SI TI ON   111. 00   113. 00   INTEREST   EXPENSE   113. 00   114. 00   114. 00   115. 00   115. 00   115. 00   115. 00   AMBULATORY   SURGI CAL   CENTER   (D. P. )   116. 00   116. 00   100. 00   Subtotal   (see instructions)   200. 00						
101. 00 10100 HOME HEALTH AGENCY  SPECIAL PURPOSE COST CENTERS  105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON 107. 00 10700 LI VER ACQUI SI TI ON 108. 00 10800 LUNG ACQUI SI TI ON 109. 00 10900 PANCREAS ACQUI SI TI ON 109. 00 10900 PANCREAS ACQUI SI TI ON 110. 00 11000 I NTESTI NAL ACQUI SI TI ON 111. 00 11100 I SLET ACQUI SI TI ON 113. 00 11300 I NTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 116. 00 11600 HOSPI CE 200. 00 Subtotal (see instructions)						
SPECIAL PURPOSE COST CENTERS   105. 00   10500   KI DNEY ACQUI SI TI ON   105. 00   106. 00   106.00   106. 00   106.00   107. 00   107. 00   107. 00   107. 00   107. 00   107. 00   108.00   LUNG ACQUI SI TI ON   108. 00   109. 00   1						
105. 00 106.00 10600 HEART ACQUISITION 106. 00 10600 HEART ACQUISITION 107. 00 10700 LIVER ACQUISITION 108. 00 10800 LUNG ACQUISITION 109. 00 10900 PANCREAS ACQUISITION 109. 00 11000 INTESTINAL ACQUISITION 110. 00 11100 ISLET ACQUISITION 111. 00 11100 ISLET ACQUISITION 113. 00 11300 INTEREST EXPENSE 114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 116. 00 11600 HOSPICE 200. 00 Subtotal (see instructions)					101.	. 00
107. 00 10700 LI VER ACQUI SI TI ON 108. 00 10800 LUNG ACQUI SI TI ON 109. 00 10900 PANCREAS ACQUI SI TI ON 109. 00 110. 00 11000 I NTESTI NAL ACQUI SI TI ON 110. 00 111. 00 11100 I SLET ACQUI SI TI ON 113. 00 11300 I NTERST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 116. 00 116. 00 11600 HOSPI CE 116. 00 200. 00 Subtotal (see instructions) 109. 00					105.	. 00
108. 00 10800 LUNG ACQUISITION 109. 00 10900 PANCREAS ACQUISITION 110. 00 11000 INTESTINAL ACQUISITION 111. 00 11100 ISLET ACQUISITION 113. 00 11300 INTERST EXPENSE 114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 116. 00 11600 HOSPICE 200. 00 Subtotal (see instructions)						
109. 00 10900 PANCREAS ACQUISITION 110. 00 11000 INTESTINAL ACQUISITION 111. 00 11100 ISLET ACQUISITION 113. 00 11300 INTERST EXPENSE 114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 116. 00 11600 HOSPICE 200. 00 Subtotal (see instructions)					•	
110. 00 11000   INTESTINAL ACQUISITION						
111. 00 11100   SLET ACQUISITION						
113. 00 11300   INTEREST EXPENSE						
114. 00 11400 UTILIZATION REVIEW-SNF 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115. 00 11600 HOSPICE 116. 00 200. 00 Subtotal (see instructions) 200. 00						
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 116. 00 11600 HOSPICE 116. 00 200. 00 Subtotal (see instructions) 200. 00						
116.00 11600 HOSPICE 116.00 200.00 Subtotal (see instructions) 200.00						
	116. 0011600 HOSPI CE				116.	. 00
201.00 Less Observation Beds 201.00						
	201.00 Less Observation Beds				201.	. 00

Health Financial Systems	BAPTIST HEALTH	H FLOYD	In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES			From 09/01/2021	Worksheet C Part I Date/Time Pre 1/30/2023 6:4		
		Title XIX	Hospi tal	Cost		
Cost Center Description	PPS Inpatient Ratio 11.00					
202.00 Total (see instructions)					202.00	

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	ı of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPI			CCN: 15-0044	Period: From 09/01/2021	Worksheet D Part I	
				To 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared: 18 pm
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related	Swing Bed	Reduced	Total Patient		
	Cost (from	Adjustment	Capi tal	Days	3 / col. 4)	
	Wkst. B, Part		Related Cos			
	II, col. 26)		(col . 1 - col	l .		
			2)			
LAIDATI ENT DOUTINE CEDALOE COCT CENTEDO	1. 00	2. 00	3. 00	4. 00	5. 00	
30.00 ADULTS & PEDIATRICS	4 000 501		4 000 50	1 (4 122	77. 96	30.00
31.00 INTENSIVE CARE UNIT	4, 999, 501 1, 135, 101	C	1 .,,,,,		77. 96 304. 15	
32. 00 CORONARY CARE UNIT	1, 135, 101		1, 135, 10	3, 732	0.00	
33.00 BURN INTENSIVE CARE UNIT				0		33.00
34. 00 SURGICAL INTENSIVE CARE UNIT						34.00
40. 00 SUBPROVI DER - I PF		_			0.00	
41. 00 SUBPROVI DER - I RF				0		41.00
42. 00 SUBPROVI DER				0		42. 00
43. 00 NURSERY	136, 069	Č	136, 06	2, 232	60. 96	
44.00 SKILLED NURSING FACILITY	0			0 0		44. 00
45. 00 NURSING FACILITY	0			o o		45. 00
200.00 Total (lines 30 through 199)	6, 270, 671		6, 270, 67	71 70, 096		200. 00
Cost Center Description	Inpatient	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	_			
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS	10.057	4 470 000	,			
30. 00 ADULTS & PEDIATRICS	18, 857					30.00
31. 00 I NTENSI VE CARE UNI T	2, 499	760, 071				31.00
32.00 CORONARY CARE UNIT 33.00 BURN INTENSIVE CARE UNIT	0		(			32. 00 33. 00
33.00 BURN INTENSIVE CARE UNIT 34.00 SURGICAL INTENSIVE CARE UNIT						34.00
40. 00 SUBPROVI DER – I PF						40.00
41. 00 SUBPROVI DER - I RF	0					41.00
42. 00 SUBPROVI DER						42. 00
43. 00 NURSERY	0	Č				43. 00
44.00 SKILLED NURSING FACILITY		ĺ				44. 00
45. 00 NURSING FACILITY	0					45. 00
200.00 Total (lines 30 through 199)	21, 356	2, 230, 163	В			200. 00
• • • • • • • • • • • • • • • • • • • •	•	•	•			•

Health Financial Systems	BAPTIST HEA	ITH FLOYD		In lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI		Provi der C	CN: 15-0044 P	eri od:	Worksheet D	1002 10
		1	F	rom 09/01/2021	Part II	
				o 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared:
		Title	XVIII	Hospi tal	PPS	ю рііі
Cost Center Description	apital Relate				Capital Costs	
Social Social Person	Cost (from	(from Wkst. C,	to Charges	Program	(column 3 x	
		Part I, col.		Charges	column 4)	
	11, col. 26)	8)	2)	J	,	
	1.00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3, 912, 442	276, 818, 988			480, 241	
51.00 05100 RECOVERY ROOM	216, 427	26, 998, 074			15, 287	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	620, 217	11, 274, 929			766	
53. 00 05300 ANESTHESI OLOGY	0	0	0. 000000		0	53.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	1, 716, 254	173, 344, 635		16, 505, 061	163, 417	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	1, 591, 893	83, 413, 599			21, 613	
56. 00   05600   RADI 01 SOTOPE 57. 00   05700   CT   SCAN	250, 698	143, 370, 406	0. 000000 0. 001749		0 35, 328	56. 00 57. 00
58. 00 105800 MRI	151, 009		0. 001749	20, 199, 235	35, 328 14, 942	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	960, 755	234, 790, 911	0. 003147		154, 252	
60. 00 06000 LABORATORY	1, 150, 320	190, 272, 746			175, 184	
60. 01 06001 LABORATORY - PATHOLOGY	1, 130, 320	170, 272, 740	0. 000040		173, 104	60.00
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	Ĭ	Ü	0.00000		Ü	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	55, 065	8, 715, 639	0. 006318	2, 661, 521	16, 815	
63.00 06300 BLOOD STORING PROCESSING & TRA	0	0	0. 000000		0	63. 00
64.00 06400 INTRAVENOUS THERAPY	266, 303	27, 155, 267	0. 009807	96, 514	947	64.00
65.00 06500 RESPIRATORY THERAPY	424, 480	43, 595, 360	0. 009737	10, 940, 860	106, 531	65. 00
66.00 06600 PHYSI CAL THERAPY	79, 684	9, 420, 044	0. 008459	3, 388, 599	28, 664	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	26, 583	4, 253, 682	0. 006249		8, 637	67. 00
68.00 06800 SPEECH PATHOLOGY	56, 487	4, 997, 961	0. 011302		19, 113	
69. 00 06900 ELECTROCARDI OLOGY	575, 777	111, 289, 300				
70. 00 07000 ELECTROENCEPHALOGRAPHY	222, 527	7, 945, 923	0. 028005		5, 219	
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	640, 931	72, 017, 875	0. 008900		106, 514	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	931, 360	224, 476, 645			157, 689	
73.00   O7300   DRUGS CHARGED TO PATIENTS 74.00   O7400   RENAL DIALYSIS	1, 773, 330 59, 341	152, 804, 740			372, 581 30, 482	
75. 00 07500 ASC (NON-DISTINCT PART)	59, 341	5, 631, 796	0. 010537	2, 892, 816	30, 482	75.00
76. 00 03950 NUTRI TI ON/DI ABETES		0	0. 000000		0	76.00
76. 01 03020 WOUND CARE CENTER	586, 636	8, 441, 464	0. 069495		1, 414	
76. 97 07697 CARDI AC REHABI LI TATI ON	129, 759	1, 700, 029	0. 076328		0	
OUTPATIENT SERVICE COST CENTERS	1277707	1,700,027	0.070020	<u> </u>	<u> </u>	70.77
88. 00 08800 RURAL HEALTH CLINIC	0	0	0. 000000	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90. 00 09000 CLINIC	431, 807	1, 248, 444	0. 345876	0	0	90.00
91.00 09100 EMERGENCY	1, 363, 195	124, 571, 878	0. 010943	11, 022, 670	120, 621	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	896, 267	62, 154, 858	0. 014420	8, 060, 267	116, 229	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0. 000000	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES						95. 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0			0	96.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	10,000,547	0	0. 000000		0	97.00
200.00   Total (lines 50 through 199)	19,089,547	2, 040, 045, 198	I	281, 384, 192	2, 223, 120	<b>μ</b> υυ. υυ

Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	BAPTIST HEA		20N-15 0044 Tr		of Form CMS-2	<u> 2552-10</u>
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH C	os is provider c	F	eriod: rom 09/01/2021 o 08/31/2022	Worksheet D Part III Date/Time Pre 1/30/2023 6:4	epared: 48 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing Program			Allied Health	All Other	
	Post-Stepdown	Program	Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0			739, 424	0	
31.00 03100 INTENSIVE CARE UNIT	0		•	0	0	
32.00 O3200 CORONARY CARE UNIT	0	C		0	0	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	C	) <b> </b>	0	0	
40. 00   04000   SUBPROVI DER -   PF	0	C	) C	0	0	
41. 00   04100   SUBPROVI DER - I RF	0	C	) <b> </b>	0	0	41. 00
42. 00   04200   SUBPROVI DER	0	C	) C	0	0	
43. 00   04300   NURSERY	0	C	0	0	0	43. 00
44.00 04400 SKILLED NURSING FACILITY	0	C	0	0		44.00
45.00 04500 NURSING FACILITY	0	C	0	0		45. 00
200.00 Total (lines 30 through 199)	0	C	0	739, 424		200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	I npati 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			T	_		_
30. 00 03000 ADULTS & PEDI ATRI CS	0			11. 53	18, 857	
31.00 03100 INTENSIVE CARE UNIT		C	3, 732		•	
32.00 O3200 CORONARY CARE UNIT		C		0. 00	0	
33.00 03300 BURN INTENSIVE CARE UNIT		C		0. 00		
34.00 03400 SURGICAL INTENSIVE CARE UNIT	_	C		0. 00		
40. 00   04000   SUBPROVI DER -   PF	0	C		0. 00		
41. 00   04100   SUBPROVI DER - I RF	0	C		0. 00		
42. 00   04200   SUBPROVI DER	0	C	0	0. 00		
43. 00   04300   NURSERY		C	2, 232	0. 00		
44.00 04400 SKILLED NURSING FACILITY		C	0	0. 00		
45. 00 04500 NURSING FACILITY		C	0	0. 00		
200.00 Total (lines 30 through 199)	<b>.</b>	739, 424	70, 096	1	21, 356	200.00
Cost Center Description	Inpatient					
	Program					
	Pass-Through					
	Cost (col. 7 x	1				
	col. 8)					
INDATIONE DOUTING CERVICE COST CENTERS	9. 00					
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	017 401					
30. 00   03000   ADULTS & PEDI ATRI CS	217, 421					30.00
31. 00   03100   NTENSI VE CARE UNIT	0					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 INTENSI VE CARE UNIT	0					34.00
40. 00   04000   SUBPROVI DER - I PF	0 0	•				40.00
41 00 04100 CURDDOVIDED LDE	. ()	I				41.00
41. 00 04100 SUBPROVI DER - I RF						
42. 00 04200 SUBPROVI DER	0					42.00
42. 00   04200 SUBPROVI DER 43. 00   04300 NURSERY	0					43. 00
42.00   04200 SUBPROVI DER 43.00   04300 NURSERY 44.00   04400 SKILLED NURSI NG FACILITY	0 0					43. 00 44. 00
42. 00   04200 SUBPROVI DER 43. 00   04300 NURSERY	0					43. 00

llaal the Firemai al C		DADTICT HE	ALTIL FLOVO		la li a		NEEO 1/
Health Financial S APPORTIONMENT OF I THROUGH COSTS	,	BAPTIST HE ANCILLARY SERVICE OTHER F		CCN: 15-0044	Peri od: From 09/01/2021	worksheet D Part IV Date/Time Pre 1/30/2023 6:4	pared
			Ti tl (	e XVIII	Hospi tal	PPS	
Cost (	Center Description	Non Physiciar Anesthetist Cost		Nursi ng Program	Allied Health Post-Stepdown Adjustments		
		1. 00	2A	2.00	3A	3.00	
ANCI LLARY SI	ERVICE COST CENTERS		•	•			
50 00 05000 OPERAT	TING POOM				0	0	50.0

	Cost Center Description	Non Physician		Nursi ng		Allied Health	
		Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2. 00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00		C	0	C	0	0	50.00
51.00	05100 RECOVERY ROOM	C	0	C	0	0	51. 00
52.00		C	0	C	0	0	52.00
	05300 ANESTHESI OLOGY	C	0	C	0	0	53.00
54.00	•	C	0	C	0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	C	0	C	0	0	55.00
56.00		C	0	C	0	0	56.00
57.00		C	0	C	0	0	57. 00
58.00		C	0	C	0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	C	0	C	0	0	59. 00
60.00	06000 LABORATORY	C	0	C	0	0	60.00
60. 01		C	0	C	0	0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61. 00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	C	0	C	0	0	62. 00
63.00	06300 BLOOD STORING PROCESSING & TRA	C	0	C	0	0	63. 00
64.00	06400 INTRAVENOUS THERAPY	C	0	C	0	0	64. 00
65.00	06500 RESPI RATORY THERAPY	C	0	C	0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	C	0	C	0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	C	0	C	0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	C	0	C	0	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	C	0	C	0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	C	0	C	0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	C	0	C	0	0	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	C	0	C	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	C	0	C	0	0	73. 00
74.00	07400 RENAL DIALYSIS	C	0	C	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	C	0	C	0	0	75. 00
76.00	03950 NUTRI TI ON/DI ABETES	C	0	C	0	0	76. 00
76. 01	03020 WOUND CARE CENTER	C	0	C	0	0	76. 01
76. 97	07697 CARDIAC REHABILITATION	C	0	C	0	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	C	0	C	0	0	88. 00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	C	0	C	0	0	89. 00
90.00		C	0	C	0	0	90.00
91.00	09100 EMERGENCY	C	0	C	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	C	)	C		132, 555	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	C	0	C	0	0	94. 00
95.00	09500 AMBULANCE SERVICES						95. 00
96.00		0	0	C	0	0	96.00
97.00		0	0	0	0	0	97. 00
200. C		C	0	C	0	132, 555	200. 00
	-						

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY THROUGH COSTS	SERVICE OTHER P	ASS Provider C	[ ]	Period: From 09/01/2021	Worksheet D	
		Titl∈	: XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(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)		(see	
					instructions)	
	4. 00	5. 00	6. 00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS						l
50. 00 05000 OPERATI NG ROOM	0	0	l .	276, 818, 988	0. 000000	
51.00 05100 RECOVERY ROOM	0	0	l .	26, 998, 074	0. 000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	(	11, 274, 929	0. 000000	
53. 00   05300   ANESTHESI OLOGY	0	0	(	0	0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		173, 344, 635	0. 000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	1	83, 413, 599	0. 000000	
56. 00 05600 RADI OI SOTOPE	0	0	9	0	0. 000000	
57. 00 05700 CT SCAN	0	0	1	143, 370, 406	0. 000000	
58. 00   05800   MRI	0	0	1	29, 340, 005	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	1	234, 790, 911	0. 000000	•
60. 00 06000 LABORATORY	0		1	190, 272, 746	0. 000000	10
60. 01 06001 LABORATORY - PATHOLOGY 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	1	٥	0. 000000	
61.00   06100   PBP CLINICAL LAB SERVICES-PRGM 62.00   06200   WHOLE BLOOD & PACKED RED BLOOD		0	}	0 715 420	0 000000	61. 00 62. 00
63.00 06300 BLOOD STORING PROCESSING & TRA				8, 715, 639	0. 000000 0. 000000	
64.00 06400 I NTRAVENOUS THERAPY			}	27, 155, 267	0. 000000	•
65. 00 06500 RESPIRATORY THERAPY			1	43, 595, 360	0. 000000	
66. 00 06600 PHYSI CAL THERAPY			1	9, 420, 044	0. 000000	
67. 00 06700 OCCUPATI ONAL THERAPY			1	4, 253, 682	0. 000000	
68. 00 06800 SPEECH PATHOLOGY					0. 000000	
69. 00 06900 ELECTROCARDI OLOGY					0. 000000	•
70. 00 07000 ELECTROENCEPHALOGRAPHY				7, 945, 923	0. 000000	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	ĺ		72, 017, 875	0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		224, 476, 645	0. 000000	•
73.00 07300 DRUGS CHARGED TO PATIENTS	0	ĺ	l .	152, 804, 740		
74.00 07400 RENAL DIALYSIS	0	ĺ		5, 631, 796	0. 000000	
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0	0. 000000	
76. 00 03950 NUTRI TI ON/DI ABETES	0	0		o o	0. 000000	
76.01 03020 WOUND CARE CENTER	0	0	(	8, 441, 464	0. 000000	76. 01
76.97 07697 CARDIAC REHABILITATION	0	0	(	1, 700, 029	0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS						I
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0. 000000	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0. 000000	
on an Inganalarinia	1	I 0	d (	1 2/8 ///	0 000000	

132, 555

132, 555

0. 000000

0. 000000

0.002133

0. 000000

0. 000000

0.000000 97.00

1, 248, 444 124, 571, 878

62, 154, 858

132, 555 2, 040, 045, 198

132, 555

90.00

91.00

92.00

94.00

95.00

96.00

200.00

90. 00 09000 CLINIC

92.00

91.00 09100 EMERGENCY

09200 OBSERVATION BEDS (NON-DISTINCT

94.00 OP500 AMBULANCE SERVICES

OTHER REI MBURSABLE COST CENTERS

95.00 OP500 AMBULANCE SERVICES

96.00 09600 DURABLE MEDICAL EQUIP-RENTED

97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 200. 00 Total (lines 50 through 199)

	Financial Systems	BAPTIST HEA				of Form CMS-2	<u> 2552-10</u>
	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	SERVICE OTHER PA	ASS Provi der C	CN: 15-0044	Peri od:	Worksheet D	
THROUG	SH COSTS				From 09/01/2021 To 08/31/2022	Part IV	onarod:
					10 00/31/2022	Date/Time Pro 1/30/2023 6:4	apareu. 48 nm
			Title	XVIII	Hospi tal	PPS	ТО рііі
	Cost Center Description	Outpati ent	Inpatient	Inpatient	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.	3	Costs (col. 8		Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9. 00	10. 00	11.00	12. 00	13. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0. 000000	33, 977, 694	. (	37, 963, 731	0	50.00
51.00	05100 RECOVERY ROOM	0. 000000	1, 907, 003		4, 549, 080	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	13, 916		ol o	0	52.00
53.00	05300 ANESTHESI OLOGY	0. 000000	0		0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	16, 505, 061		32, 288, 778	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 000000	1, 132, 495		24, 960, 219	0	55.00
56.00	05600 RADI OI SOTOPE	0. 000000	0	) (	0	0	56.00
57.00	05700 CT SCAN	0. 000000	20, 199, 235	(	21, 245, 960	0	57.00
58.00	05800 MRI	0. 000000	2, 903, 143		5, 246, 582	0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	37, 695, 963		47, 469, 450	0	59.00
60.00	06000 LABORATORY	0. 000000	28, 975, 151		10, 820, 053	0	60.00
60.01	06001 LABORATORY - PATHOLOGY	0. 000000	0		0	0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0. 000000	2, 661, 521	(	549, 661	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0. 000000	0	)	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0. 000000	96, 514	. (	6, 770, 823	0	64.00
65.00	06500 RESPIRATORY THERAPY	0. 000000	10, 940, 860		3, 403, 396	0	65.00
66.00	06600 PHYSI CAL THERAPY	0. 000000	3, 388, 599	(	118, 669	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000	1, 382, 077	(	44, 196	0	67.00
68.00	06800 SPEECH PATHOLOGY	0. 000000	1, 691, 137	'	139, 180	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0. 000000	13, 651, 700	)	25, 698, 830	0	69. 00
	07000 ELECTROENCEPHALOGRAPHY	0. 000000	186, 370	)	1, 726, 135	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 000000	11, 967, 910		7, 496, 903	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	38, 006, 567	1	38, 508, 994	0	
	07300 DRUGS CHARGED TO PATIENTS	0. 000000	32, 105, 179		25, 786, 439	0	, 0. 00
	07400 RENAL DIALYSIS	0. 000000	2, 892, 816	•	0	0	
	07500 ASC (NON-DISTINCT PART)	0. 000000	0	1	0	0	, 0. 00
	03950 NUTRI TI ON/DI ABETES	0. 000000	0	1	۲ °	0	, 0. 00
	03020 WOUND CARE CENTER	0. 000000	20, 344		2, 405, 658		
76. 97	07697 CARDIAC REHABILITATION	0. 000000	0	)	663, 953	0	76. 97
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0. 000000	0	I I	0	0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0	1	0	0	
	09000 CLI NI C	0. 000000	0	1		0	
91. 00	09100 EMERGENCY	0. 000000	11, 022, 670		15, 820, 020		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0. 002133	8, 060, 267	17, 193	9, 679, 284	20, 646	92. 00
04.65	OTHER REIMBURSABLE COST CENTERS		_		.l _	_	
	09400 HOME PROGRAM DIALYSIS	0. 000000	0	'	0	0	, 00
	09500 AMBULANCE SERVICES	0.000000	^		1	_	95. 00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0	η (	0	0	96.00

0.000000

281, 384, 192

17, 193

323, 523, 088

0 97.00

20, 646 200. 00

96.00 | 09600 | DURABLE MEDI CAL EQUI P-RENTED 97.00 | 09700 | DURABLE MEDI CAL EQUI P-SOLD 200.00 | Total (lines 50 through 199)

Health Financial Systems	BAPTIST HEA				of Form CMS-2	<u> 2552-10</u>
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES	AND VACCINE COST	T Provider C	CN: 15-0044	Peri od: From 09/01/2021	Worksheet D Part V	
				To 08/31/2022	Date/Time Pre	epared:
					1/30/2023 6: 4	18 pm
		Title	XVIII	Hospi tal	PPS	
Cost Contar Deceriation	Coot to Charge	DDC Doi mburgood	Charges	Coot	Costs PPS Services	
Cost Center Description	Cost to Charge Ratio From	Servi ces (see		Cost Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Servi ces Not	(See Thist.)	
	Part I, col. 9	11131.	Subject To	Subject To		
	di t 1, doi: )		Ded. & Coins.			
			(see inst.)	(see inst.)		
	1.00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
60.00 05000 OPERATING ROOM	0. 113424	37, 963, 731	•	0	4, 305, 998	
1.00 05100 RECOVERY ROOM	0. 185961	4, 549, 080	1	0 0	845, 951	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 515004	0	•	0	0	52.00
33. 00 05300 ANESTHESI OLOGY	0. 000000	0	l .	0 0	0	53.00
54. 00   05400 RADI OLOGY-DI AGNOSTI C 55. 00   05500 RADI OLOGY-THERAPEUTI C	0. 072542	32, 288, 778	2		2, 342, 293	
5. 00   05500   RADI OLOGY-THERAPEUTI C 6. 00   05600   RADI OI SOTOPE	0. 044552 0. 000000	24, 960, 219 0	<b>5</b>	0 0	1, 112, 028 0	55. 00 56. 00
7. 00 05700 CT SCAN	0. 024334	21, 245, 960			516, 999	•
8. 00   05800 MRI	0. 054161	5, 246, 582			284, 160	
9. 00 05900 CARDIAC CATHETERIZATION	0. 034101	47, 469, 450	•	0 0	1, 747, 730	•
0. 00 06000 LABORATORY	0. 117766	10, 820, 053		o o	1, 274, 234	
0. 01 06001 LABORATORY - PATHOLOGY	0. 000000	0		0 0	0	60. 01
o1.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0. 000000			0 0		61. 00
2.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0. 152969	549, 661		0 0	84, 081	62. 00
3.00 06300 BLOOD STORING PROCESSING & TRA	0. 000000	0		0	0	63. 00
4.00 06400 I NTRAVENOUS THERAPY	0. 234014	6, 770, 823	•	0	1, 584, 467	64. 00
5. 00 06500 RESPIRATORY THERAPY	0. 193314	3, 403, 396		0 0	657, 924	
66. 00 06600 PHYSI CAL THERAPY	0. 194007	118, 669	B .	0	23, 023	•
77. 00 06700 OCCUPATI ONAL THERAPY	0. 146828	44, 196			6, 489	
8. 00   06800   SPEECH PATHOLOGY 9. 00   06900   ELECTROCARDI OLOGY	0. 170838 0. 039656	139, 180 25, 698, 830			23, 777 1, 019, 113	
O. 00   07000   ELECTROCARDI GLOGT	0. 039636	1, 726, 135		0	275, 538	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 237215	7, 496, 903		0 0	1, 778, 378	
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 110590	38, 508, 994	l .	0 0	4, 258, 710	
3.00 07300 DRUGS CHARGED TO PATIENTS	0. 224520	25, 786, 439		0 109, 777	5, 789, 571	
4. 00 07400 RENAL DI ALYSI S	0. 277563	0		0 0	0	1
5.00 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
76.01 03020 WOUND CARE CENTER	0. 250702	2, 405, 658		0 0	603, 103	76. 01
76. 97 07697 CARDIAC REHABILITATION	0. 574982	663, 953		0 0	381, 761	76. 97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88. 00
9.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89. 00
0. 00 09000 CLI NI C	2. 237532	167, 094	•	0	373, 878	1
1. 00 09100 EMERGENCY	0. 170401	15, 820, 020		0	2, 695, 747	91.00
2.00 O9200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0. 202013	9, 679, 284	L	0 0	1, 955, 341	92. 00
4.00 09400 HOME PROGRAM DIALYSIS	0. 000000			0 0		94.00
T. OO IO/TUUIIIUWE IINUUNAW DIMEIJIJ	. U. UUUUUU			UI U		1 7 T. UU

0. 000000 0. 344486

0. 000000

0.000000

323, 523, 088

323, 523, 088

25

25

109, 777

109, 777

94.00

95.00

96. 00 97. 00

201. 00

0

0

33, 940, 294 200. 00

33, 940, 294 202. 00

200.00

201.00

202.00

94.00 09400 HOME PROGRAM DIALYSIS

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Only Charges Net Charges (line 200 - line 201)

95.00 09500 AMBULANCE SERVICES

Health Finan	ncial Systems	BAPTIST HEALT	TH FLOVD		In lieu	of Form CMS-	.2552_10
	NT OF MEDICAL, OTHER HEALTH SERVICES A		Provi der C	CN: 15-0044	Peri od: From 09/01/2021	Worksheet D Part V Date/Time Pr 1/30/2023 6:	epared:
			Title	XVIII	Hospi tal	PPS	то рііі
		Cost	S		-		
	Cost Center Description	Subject To Ded. S & Coins. (see inst.)	Cost Reimbursed Services Not Subject To ed. & Coins. (see inst.) 7.00				
ANCI LI	LARY SERVICE COST CENTERS						
51. 00 05100 52. 00 05200 53. 00 05300 54. 00 05400 55. 00 05500 56. 00 05600 57. 00 05700 58. 00 05800 59. 00 05900 60. 01 06001 61. 00 06100 62. 00 06200 63. 00 06300 64. 00 06400 65. 00 06500 66. 00 06600 67. 00 06700 68. 00 06800 69. 00 06900 70. 00 07100 72. 00 07200 73. 00 07300 74. 00 07400 75. 00 07500 76. 01 03020 76. 97 07697 0UTPA	CARDI AC CATHETERI ZATI ON LABORATORY LABORATORY - PATHOLOGY PBP CLI NI CAL LAB SERVI CES-PRGM WHOLE BLOOD & PACKED RED BLOOD BLOOD STORI NG PROCESSI NG & TRA I NTRAVENOUS THERAPY RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPECH PATHOLOGY ELECTROCARDI OLOGY ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY MEDI CAL SUPPLI ES CHARGED TO PAT I MPL. DEV. CHARGED TO PATI ENTS DRUGS CHARGED TO PATI ENTS RENAL DI ALYSI S ASC (NON-DI STI NCT PART) NUTRI TI ON/DI ABETES WOUND CARE CENTER CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS	0 0 0 0 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				50. 00 51. 00 52. 00 53. 00 54. 00 55. 00 56. 00 57. 00 58. 00 60. 00 60. 01 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00 71. 00 72. 00 73. 00 74. 00 75. 00 76. 01 76. 01 76. 01 76. 97
89. 00 08900 90. 00 09000 91. 00 09100 92. 00 <u>09200</u>	OBSERVATION BEDS (NON-DISTINCT	0 0	0 0 0				88. 00 89. 00 90. 00 91. 00 92. 00
94. 00	REIMBURSABLE COST CENTERS  HOME PROGRAM DIALYSIS  AMBULANCE SERVICES  DURABLE MEDICAL EQUIP-RENTED  DURABLE MEDICAL EQUIP-SOLD  Subtotal (see instructions)  Less PBP Clinic Lab. Services-Program  Only Charges  Net Charges (line 200 - line 201)	0 0 0 0 0 2 0	0 0 0 24, 647 24, 647				94. 00 95. 00 96. 00 97. 00 200. 00 201. 00

Health Financial Systems	S	BAPTIST HEA	LTH FLOYD		In Lie	u of Form CMS-2	2552-10
	L, OTHER HEALTH SERVICES				Period: From 09/01/2021	Worksheet D	
			Ti tl	e XIX	Hospi tal	Cost	
				Charges	_	Costs	
Cost Center	Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Servi ces Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins	. Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE	COST CENTERS						
50.00 05000 OPERATING RO	OOM	0. 113424	0		0 1, 630, 413	0	50.00
51.00 05100 RECOVERY ROO	DM	0. 185961	0		0 235, 479	0	51.00
52. 00 05200 DELIVERY RO	OM & LABOR ROOM	0. 515004	0		0 21, 734	0	52.00
53. 00 05300 ANESTHESI OLO	OGY	0. 000000	0		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI	I AGNOSTI C	0. 072542	0	ĺ	0 1, 413, 667	0	54.00
55. 00 05500 RADI OLOGY-TI	HERAPEUTI C	0. 044552	0	ĺ	0 744, 795	0	55.00
56. 00 05600 RADI 0I SOTOPI	E	0. 000000	0	i	0 0	0	56.00
57.00 05700 CT SCAN		0. 024334	0		0 1, 486, 628	0	57.00
58. 00 05800 MRI		0. 054161	0		0 176, 992	<b>l</b> 0	58.00
59.00 05900 CARDI AC CATH	HETERI ZATI ON	0. 036818	0		0 530, 713	0	59.00
60.00 06000 LABORATORY		0. 117766	0		0 222, 802	0	60.00
60. 01 06001 LABORATORY	- PATHOLOGY	0. 000000	0		0 0	0	
	L LAB SERVICES-PRGM	0. 000000			o o		61.00
	& PACKED RED BLOOD	0. 152969	0		0 32, 149	0	1
	NG PROCESSING & TRA	0. 000000	0	Ì	0 0	l o	
64. 00 06400 I NTRAVENOUS		0. 234014	0	Ì	0 484, 525	0	
65. 00 06500 RESPI RATORY		0. 193314	0	Ì	0 174, 195	0	
66.00 06600 PHYSI CAL THE		0. 194007	0	Ì	0 17, 116	1	
67. 00 06700 OCCUPATI ONAL		0. 146828	0	Ì	0 4, 590		•
68.00 06800 SPEECH PATHO		0. 170838	0	Ì	0 13, 494	l o	
69. 00 06900 ELECTROCARDI		0. 039656	0	Ì	0 660, 250		
70. 00 07000 ELECTROENCE		0. 159627	0	ľ	0 65, 263	0	•
	PLIES CHARGED TO PAT	0. 237215	0		0 164, 259		
72. 00 07200 I MPL. DEV. (		0. 110590	0		0 675, 659		
73. 00 07300 DRUGS CHARGE		0. 224520	0		0 336, 334	ĺ	•
74. 00 07400 RENAL DI ALYS		0. 277563	0		0 000,000	l ő	
75. 00 07500 ASC (NON-DIS		0. 000000	0		0	l ő	
76. 00 03950 NUTRI TI ON/DI		0. 000000	١	1	ol o	0	
76. 01 03020 WOUND CARE (		0. 250702	0		0 225, 072	l ő	
76. 97 07697 CARDI AC REHA		0. 574982	١		0 220,072	0	
OUTPATIENT SERVICE		0.074702			<u>~i</u>		1
88. 00 08800 RURAL HEALTH							88. 00
	UALIFIED HEALTH CENTER			1		1	89.00
90. 00 09000 CLINIC	S.E. LED HENEIH OUNTER	2. 237532	n	1	0 7, 471	0	
91 00 09100 EMERGENCY		0 170401	0		0 2 101 291	-	

0. 170401

0. 202013

0. 000000

0. 344486

0. 000000

0. 000000

92.00

94.00

95.00

97.00

201. 00

0 200.00

0 202. 00

0 91.00

0 96.00

0

2, 101, 291

12, 230, 957

12, 230, 957

806, 066

91.00

92.00

97.00

200.00

201.00

202.00

09100 EMERGENCY

94.00 09400 HOME PROGRAM DIALYSIS

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

09700 DURABLE MEDICAL EQUIP-SOLD

95. 00 09500 AMBULANCE SERVICES

09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Only Charges Net Charges (line 200 - line 201)

Health Financial Systems	BAPTIST HEAL	TH FLOYD		In Lie	u of Form CMS-	-2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICE	CES AND VACCINE COST	Provi der C	CN: 15-0044	Peri od: From 09/01/202	Worksheet D 1 Part V 2 Date/Time Pr	repared:
		<del></del>	VI V	<del>                                     </del>	1/30/2023 6:	48 pm
	Coo		e XIX	Hospi tal	Cost	
Cost Center Description	Cost Reimbursed	Cost	1			
cost center bescription	Servi ces	Rei mbursed				
	Subject To Ded.					
	& Coins. (see	Subject To				
		Ded. & Coins.				
		(see inst.)	_			
	6. 00	7. 00				
ANCILLARY SERVICE COST CENTERS			ı			
50. 00 05000 OPERATING ROOM	0	184, 928				50.00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	0	43, 790 11, 193				51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY		11, 193				53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	102, 550				54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	Ŏ	33, 182				55. 00
56. 00   05600 RADI OI SOTOPE	l o	00, 102				56. 00
57. 00 05700 CT SCAN	o	36, 176				57. 00
58. 00 05800 MRI	o	9, 586				58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	О	19, 540				59. 00
60. 00 06000 LABORATORY	0	26, 239				60.00
60. 01 06001 LABORATORY - PATHOLOGY	0	0				60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0					61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	4, 918 0				62.00
63.00 06300 BLOOD STORING PROCESSING & TRA 64.00 06400 INTRAVENOUS THERAPY	0	J	1			63. 00 64. 00
65. 00 06500 RESPIRATORY THERAPY		113, 386 33, 674				65. 00
66. 00 06600 PHYSI CAL THERAPY	0	3, 321				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	Ö	674				67. 00
68. 00 06800 SPEECH PATHOLOGY	o	2, 305				68. 00
69. 00 06900 ELECTROCARDI OLOGY	o	26, 183				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	10, 418				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	38, 965				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	74, 721				72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	75, 514				73. 00
74.00   07400   RENAL DI ALYSI S 75.00   07500   ASC (NON-DI STI NCT PART)		0	1			74.00
75. 00   07500   ASC   (NON-DI STI NCT PART) 76. 00   03950   NUTRI TI ON/DI ABETES		0	}			75. 00 76. 00
76. 01   03020   WOUND CARE CENTER		56, 426				76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0, 420	ł			76. 97
OUTPATIENT SERVICE COST CENTERS	1 9		<u> </u>			7
88. 00 08800 RURAL HEALTH CLINIC						88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	≀					89. 00
90. 00 09000 CLINIC	0	16, 717				90.00
91. 00 09100 EMERGENCY	0	358, 062				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	0	162, 836				92.00
OTHER REIMBURSABLE COST CENTERS						1
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0				94.00
95. 00 09500 AMBULANCE SERVICES	0	^				95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				96. 00 97. 00
200.00 Subtotal (see instructions)	0	1, 445, 304				200.00
201. 00 Less PBP Clinic Lab. Services-Pro	ogram 0	1, 445, 504				200.00
Only Charges	~ ····					Γ σ

1, 445, 304

202.00

202. 00

Only Charges Net Charges (line 200 - line 201)

	Financial Systems BAPTIST HEALTI			of Form CMS-	
COMPUT	ATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0044	Period: From 09/01/2021	Worksheet D-	
			To 08/31/2022	Date/Time Pro 1/30/2023 6:4	epared: 48 pm
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	<u>'</u>			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				-
	Inpatient days (including private room days and swing-bed days			64, 132	
2. 00 3. 00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed			64, 132 vs. do 0	•
	not complete this line.	3,	private room da	ys, do 0	3.00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation Total swing-bed SNF type inpatient days (including private		mhar 31 of the c	52, 635 ost 0	•
5. 00	reporting period	Toom days) through becch	ilber 31 of the c	0	3.00
6. 00	Total swing-bed SNF type inpatient days (including private reporting period (if calendar year, enter 0 on this line)	room days) after Decemb	er 31 of the cos	t 0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private re	oom days) through Decemb	per 31 of the co	st 0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private re	nom davs) after Decembe	r 31 of the cost	0	8.00
	reporting period (if calendar year, enter 0 on this line)	<i>3</i> ,			1
9. 00	Total inpatient days including private room days applicable newborn days) (see instructions)	to the Program (exclud	ng swing-bed an	d 18, 857	9. 00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	e room days) thr	ough 0	10.00
11. 00	December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	room days) aft	er O	11.00
	December 31 of the cost reporting period (if calendar year,	enter 0 on this line)			
12.00	Swing-bed NF type inpatient days applicable to titles V or December 31 of the cost reporting period	XIX only (including pri	vate room days)	through 0	12. 00
13.00	Swing-bed NF type inpatient days applicable to titles V or 1	3 · 3 ·	vate room days)	after O	13. 00
14. 00	December 31 of the cost reporting period (if calendar year, Medically necessary private room days applicable to the Pro		ed days)	0	14. 00
15.00	Total nursery days (title V or XIX only)	gram (exertaining swring b	sa aays)	0	15. 00
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to serv	ices through December 3	1 of the cost re	oorting 0.00	17. 00
18. 00	period Medicare rate for swing-bed SNF services applicable to serv	ices after December 31	of the cost repo	rting 0.00	18. 00
19. 00	period Medicaid rate for swing-bed NF services applicable to services applicable to services.	ces through December 31	of the cost rep	orting 0.00	19. 00
20. 00	Medicald rate for swing-bed NF services applicable to servingeriod	ces after December 31 o	f the cost repor	ting 0.00	20.00
	Total general inpatient routine service cost (see instruction		arting pariod (	70, 039, 721 ine 5 x 0	1
22.00	Swing-bed cost applicable to SNF type services through Decelline 17)	liber 31 of the cost rep	orting period (i	ine 5 x 0	22.00
23. 00	Swing-bed cost applicable to SNF type services after Decembline 18)	er 31 of the cost repor	ting period (lin	e 6 x 0	23. 00
24. 00	Swing-bed cost applicable to NF type services through Decemline 19)	per 31 of the cost repo	rting period (li	ne 7 x 0	24. 00
25. 00	Swing-bed cost applicable to NF type services after Decembeline 20)	r 31 of the cost report	ng period (line	8 x 0	25. 00
	Total swing-bed cost (see instructions)	t (11 - 01 - 1 - 1 - 1 - 1 - 1	<b>,</b>	0	
27.00	General inpatient routine service cost net of swing-bed cos PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	τ (Tine 21 minus line 2	5)	70, 039, 721	27. 00
	General inpatient routine service charges (excluding swing-	oed and observation bed	charges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	1
31.00	General inpatient routine service cost/charge ratio (line 2	7 ÷ line 28)		0. 000000	31. 00
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4	1		0.00	32.00
	Average per diem private room charge differential (line 32)		ructions)		34.00
35.00	Average per diem private room cost differential (line 34 x	line 31)	•	0. 00	35. 00
	Private room cost differential adjustment (line 3 x line 35 General inpatient routine service cost net of swing-bed cos		differential (	0 i ne <b>'70</b> 1. 039. 721	
37.00	minus line 36)			20,00,,721	]
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AI	DILISTMENTS			-
38. 00	Adjusted general inpatient routine service cost per diem (s	ee instructions)		1, 092. 12	38. 00
39.00	Program general inpatient routine service cost (line 9 x li	ne 38)		20, 594, 107	39. 00
	Medically necessary private room cost applicable to the Program general inpatient routine service cost (line		)	0 20, 594, 107	40.00
. 1. 00	1.5.c rogram gonerar impatriont routine service cost (ITHE	5, 11110 40)		20,074,107	1 00

Heal th	Financial Systems BAPTIST HEALTH FLOYD In Lieu	of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST  Provider CCN: 15-0044   Period: From 09/01/2021	Worksheet D-1	1
		Date/Time Pre 1/30/2023 6:4	pared: 18 pm
	Cost Center Description Total Inpatient Total Average Per Program Days	PPS Program Cost	
	Cost   npatient DaysDiem (col. 1 ÷	(col. 3 x col.	
	1.00 2.00 3.00 4.00	4) 5. 00	
42.00	NURSERY (title V & XIX only) 0 0 0.00 0	0	42. 00
43.00	Intensive Care Type Inpatient Hospital Units         17,416,035         3,732         4,666.68         2,499	11, 662, 033	43. 00
	CORONARY CARE UNIT         0         0         0.00         0           BURN INTENSIVE CARE UNIT         0         0         0.00         0	0	
	SURGICAL INTENSIVE CARE UNIT 0 0.00 0	0	•
47.00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description		47. 00
	·	1. 00	
	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200) Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	33, 745, 262 66, 001, 402	
	PASS THROUGH COST ADJUSTMENTS		
50. 00 51. 00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts I	and 12,1,347,584 I an 21,240,313	50. 00 51. 00
	[ I V)		
	Total Program excludable cost (sum of lines 50 and 51) Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and me	4, 687, 897 edi c <b>á1</b> , 313, 505	
	education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION		1
54.00	Program discharges	0	54.00
	Target amount per discharge Target amount (line 54 x line 55)	0.00	55. 00 56. 00
	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	
	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by t	0 the 0.00	58. 00 59. 00
	market basket		
	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by	0.00 www.ch 0	
01.00	operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount		01.00
62 00	56), otherwise enter zero (see instructions) Relief payment (see instructions)	0	62.00
	Allowable Inpatient cost plus incentive payment (see instructions)	0	
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST  Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (SE	ee 0	64. 00
4F 00	instructions)(title XVIII only)	0	65. 00
65. 00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	U	65.00
66. 00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For (see instructions)	CAH O	66. 00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting peri	od (line 0	67. 00
68. 00	12 x line 19) Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period	(line 0	68. 00
	13 x line 20)	•	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY	0	69. 00
	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37) Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		70. 00 71. 00
72.00	Program routine service cost (line 9 x line 71)		72.00
	Medically necessary private room cost applicable to Program (line 14 x line 35) Total Program general inpatient routine service costs (line 72 + line 73)		73. 00 74. 00
	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, colu	nn 26,	75. 00
76. 00	line 45) Per diem capital-related costs (line 75 ÷ line 2)		76. 00
77.00	Program capital-related costs (line 9 x line 76)		77. 00
	Inpatient routine service cost (line 74 minus line 77) Aggregate charges to beneficiaries for excess costs (from provider records)		78. 00 79. 00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
	Inpatient routine service cost per diem limitation Inpatient routine service cost limitation (line 9 x line 81)		81. 00 82. 00
83.00	Reasonable inpatient routine service costs (see instructions)		83. 00
	Program inpatient ancillary services (see instructions) Utilization review - physician compensation (see instructions)		84. 00 85. 00
	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST Total observation bed days (see instructions)	11, 497	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1, 092. 12	88. 00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	12, 556, 104	I 89. 00

Health Financial Systems	BAPTIST HEA	LTH FLOYD		In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der Co		Peri od:	Worksheet D-1	
				From 09/01/2021 To 08/31/2022	Date/Time Pre 1/30/2023 6:4	epared: 18 pm
		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 Capi tal -related cost	4, 999, 501	70, 039, 721	0. 07138	1 12, 556, 104	896, 267	90.00
91.00 Nursing Program cost	0	70, 039, 721	0. 00000	0 12, 556, 104	0	91.00
92.00 Allied health cost	739, 424	70, 039, 721	0. 01055	7 12, 556, 104	132, 555	92.00
93.00 All other Medical Education	0	70, 039, 721	0. 00000	0 12, 556, 104	0	93. 00

Health Financial Systems INPATIENT ANCILLARY SERVICE COST A	BAPTI ST	Provi don C	CN: 15-0044	Peri od:	worksheet D-3	
INPATTENT ANCILLARY SERVICE COST A	PPORTIONMENT	Provider C		From 09/01/2021		
				To 08/31/2022	Date/Time Pre 1/30/2023 6:4	
		Titl∈	XVIII	Hospi tal	PPS	то рііі
Cost Center Description	n		Ratio of Cos	'	Inpatient	
			To Charges	Program Charges	Program Costs (col. 1 x col.	
				Charges	2)	
			1.00	2. 00	3. 00	
30.00 O3000 ADULTS & PEDIATRICS	ST CENTERS		1	24 494 120		30.00
31. 00   03100   NTENSI VE CARE UNIT				36, 686, 120 15, 447, 147		31.00
32.00 03200 CORONARY CARE UNIT				0		32. 00
33. 00 03300 BURN INTENSIVE CARE UNI				0		33.00
34. 00   03400   SURGI CAL   I NTENSI VE CARI 40. 00   04000   SUBPROVI DER -   I PF	E UNI I			0		34. 00 40. 00
41. 00 04100 SUBPROVI DER - I RF				0		41. 00
42. 00 04200 SUBPROVI DER				0		42. 00
43. 00 04300 NURSERY	'nc					43. 00
ANCILLARY SERVICE COST CENTE 50.00 05000 OPERATING ROOM	.RS		0. 11343	33, 977, 694	3, 854, 192	50.00
51. 00 05100 RECOVERY ROOM			0. 18596		354, 628	1
52.00 05200 DELIVERY ROOM & LABOR I	ROOM		0. 51500		7, 167	
53. 00   05300   ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C			0. 00000 0. 07254	1	0 1, 197, 310	
55. 00 05500 RADI OLOGY-THERAPEUTI C			0. 07254		50, 455	
56. 00 05600 RADI OI SOTOPE			0. 00000		0	1
57. 00 05700 CT SCAN			0. 02433		491, 528	•
58. 00   05800   MRI 59. 00   05900   CARDI AC   CATHETERI ZATI 0I	M		0. 05416 0. 03681		157, 237 1, 387, 890	•
60. 00 06000 LABORATORY	•		0. 11784		3, 414, 693	1
60. 01 06001 LABORATORY - PATHOLOGY			0. 00000		0	
61.00 06100 PBP CLINICAL LAB SERVIO 62.00 06200 WHOLE BLOOD & PACKED RI			0.00000	1	407 120	
62.00 06200 WHOLE BLOOD & PACKED RI 63.00 06300 BLOOD STORING PROCESSI			0. 15296 0. 00000		407, 130 0	1
64.00 06400 INTRAVENOUS THERAPY			0. 23401	1	22, 586	1
65. 00 06500 RESPIRATORY THERAPY			0. 19331		2, 115, 021	1
66. 00   06600   PHYSI CAL THERAPY 67. 00   06700   OCCUPATI ONAL THERAPY			0. 19400 0. 14682		657, 412 202, 928	1
68. 00 06800 SPEECH PATHOLOGY			0. 17083		288, 910	
69. 00 06900 ELECTROCARDI OLOGY			0. 03965	6 13, 651, 700	541, 372	
70. 00 07000 ELECTROENCEPHALOGRAPHY	ED TO DAT		0. 16008 0. 23721		29, 836	•
71.00 07100 MEDICAL SUPPLIES CHARGI 72.00 07200 MPL. DEV. CHARGED TO I			0. 23721		2, 838, 968 4, 203, 146	•
73. 00 07300 DRUGS CHARGED TO PATIE			0. 22452		7, 208, 255	•
74.00 07400 RENAL DIALYSIS			0. 27756		802, 939	1
75. 00   07500   ASC   (NON-DISTINCT PART) 76. 00   03950   NUTRITION/DIABETES	)		0. 00000 0. 00000	1	0	
76. 01 03020 WOUND CARE CENTER			0. 25097			76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON			0. 57498			76. 97
OUTPATIENT SERVICE COST CENT	ERS		0.00000	ol	-	00 00
88.00   08800 RURAL HEALTH CLINIC 89.00   08900 FEDERALLY QUALIFIED HEA	ALTH CENTER		0. 00000 0. 00000	1	0	
90. 00 09000 CLINIC	NETTI GENTER		2. 23753		0	
91.00 09100 EMERGENCY			0. 17040	11, 022, 670		1
92. 00 09200 OBSERVATION BEDS (NON-I			0. 20201	3 8, 060, 267	1, 628, 279	92. 00
94.00 09400 HOME PROGRAM DIALYSIS	LNJ		0. 00000	0 0	0	94.00
95.00 09500 AMBULANCE SERVICES				1	Ü	95. 00
96. 00 09600 DURABLE MEDICAL EQUIP-I			0. 00000		0	
97.00 09700 DURABLE MEDICAL EQUIP-9 200.00 Total (sum of lines 50	SOLD through 94 and 96 through	98)	0. 00000	0 281, 384, 192	0 33, 745, 262	
	tory Services-Program only		}	201, 304, 192		200.00
202.00 Net charges (line 200 m		. 3 (	1	281, 384, 192		202. 00

Health Financial Systems BAPTIST HEAL	ΓΗ FLOYD		In Lieu	u of Form CMS-2	<u> 2552-10</u>
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 15-0	0044 Pe	riod: com 09/01/2021	Worksheet D-3	3
		To		Date/Time Pre	epared:
				1/30/2023 6: 4	
Coot Contar Departation	Title XIX	of Coot	Hospi tal	Cost	
Cost Center Description		of Cost narges	Inpatient Program	Inpatient Program Costs	
	10 01	iai ges	Charges	(col. 1 x col.	
			g	2)	
	1.	00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			1 701 045		20.00
30.00   03000   ADULTS & PEDIATRICS 31.00   03100   INTENSIVE CARE UNIT			1, 791, 845 1, 036, 480		30.00
32. 00 03200 CORONARY CARE UNIT			1, 030, 400		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   SUBPROVI DER - I PF			0		40.00
41. 00   04100  SUBPROVI DER -   RF			0		41.00
42. 00   04200  SUBPROVI DER 43. 00   04300  NURSERY			191, 593		42. 00 43. 00
ANCI LLARY SERVI CE COST CENTERS			171, 373		43.00
50. 00 05000 OPERATING ROOM		). 113424	1, 852, 507	210, 119	50.00
51.00 05100 RECOVERY ROOM		). 185961	108, 556	20, 187	51.00
52.00 O5200 DELIVERY ROOM & LABOR ROOM	•	). 515004	273, 970	· ·	
53. 00   05300   ANESTHESI OLOGY	•	0.000000	0	0	
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C		). 072542 ). 044552	554, 837 65, 327	40, 249 2, 910	
56. 00   05600 RADI 01 SOTOPE	•	0.000000	05, 327	2, 910	1
57. 00 05700 CT SCAN	•	0.024334	870, 205	21, 176	•
58. 00 05800 MRI	•	0. 054161	144, 291	7, 815	58. 00
59.00   05900 CARDI AC CATHETERI ZATI ON	•	0. 036818	625, 970		
60. 00   06000   LABORATORY	•	). 117766	1, 553, 946		
60. 01   06001   LABORATORY - PATHOLOGY 61. 00   06100   PBP   CLI NI CAL   LAB   SERVI CES-PRGM	•	0.000000	0	0	1
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD		). 000000 ). 152969	90, 222	13, 801	
63. 00 06300 BLOOD STORING PROCESSING & TRA		0.000000	0, 222	0	
64.00 06400 I NTRAVENOUS THERAPY	•	. 234014	13, 545	3, 170	1
65.00 06500 RESPI RATORY THERAPY		). 193314	614, 640	118, 819	•
66. 00 O6600 PHYSI CAL THERAPY	•	). 194007	130, 228	25, 265	•
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	•	). 146828 ). 170838	52, 439 69, 084		•
69. 00   06900   ELECTROCARDI OLOGY	•	0. 039656	518, 537	20, 563	•
70. 00 07000 ELECTROENCEPHALOGRAPHY		). 159627	4, 005	639	•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	•	). 237215	389, 836	92, 475	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	•	). 110590	1, 371, 657	151, 692	•
73. 00 O7300 DRUGS CHARGED TO PATIENTS	•	). 224520	1, 673, 671	375, 773	
74.00   07400   RENAL DIALYSIS 75.00   07500   ASC (NON-DISTINCT PART)	•	). 277563	125, 012	34, 699	74. 00 75. 00
76. 00 03950 NUTRI TI ON/DI ABETES	•	0.000000	0	0	1
76. 01   03020   WOUND CARE CENTER	•	250702	636		•
76. 97 O7697 CARDI AC REHABI LI TATI ON		. 574982	0		1
OUTPATIENT SERVICE COST CENTERS					
88. 00   08800   RURAL HEALTH CLINIC		0.000000	0		88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 90.00 09000 CLINIC		0. 000000 2. 237532	0	0	
91. 00 09100 EMERGENCY		). 170401	491, 473		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT		. 202013	278, 254		1
OTHER REIMBURSABLE COST CENTERS					1
94. 00 09400 HOME PROGRAM DI ALYSI S	(	000000	0	0	
95. 00 09500 AMBULANCE SERVICES	,	000000		_	95.00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED 97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD		0.000000	0	0	
200.00 Total (sum of lines 50 through 94 and 96 through 98)		,. 000000	11, 872, 848		•
201.00 Less PBP Clinic Laboratory Services-Program only char	ges (line 61)		0	., 5.5, . 10	201.00
202.00 Net charges (line 200 minus line 201)	]		11, 872, 848		202. 00
		•			

Heal th F	inancial Systems BAP	TIST HEALTH	FLOYD		In Lie	u of Form CN	/S-25	552-10
CALCULA	TION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 1	F	Period: From 09/01/2021 To 08/31/2022	Worksheet Part A Date/Time 1/30/2023	Prep	
			Title XVI	11	Hospi tal	PP:	S	
						1. 00		
P	ART A - INPATIENT HOSPITAL SERVICES UNDER IPPS							
1.00 D	RG Amounts Other than Outlier Payments						0	1.00
1. 01 D	RG amounts other than outlier payments for disch	arges occuri	ring prior to	October 1	(see instructi	pns) 3,876,0	033	1.01
1. 02 D	RG amounts other than outlier payments for disch	arges occuri	ing on or aft	er October	1 (see instru	ctio 43)685,0	030	1.02
	RG for federal specific operating payment for Mossee instructions)	del 4 BPCI 1	for di scharges	occurri ng	prior to Octo	ber 1	0	1. 03
1. 04 D	RG for federal specific operating payment for Mo	del 4 BPCI 1	or di scharges	occurri na	on or after 0	ctober 1	0	1.04

DART A - INPATIENT HOSPITAL SERVICES UNDER IPPS   1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS  1.00 DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions) 3.876,033 1.01  1.01 DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions) 3.876,033 1.02  1.03 DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 0 (see instructions)  1.04 DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 0 (see instructions)  2.00 DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 0 (see instructions)  2.01 Outlier payments for discharges (see instructions)  2.02 Outlier payments for discharges occurring prior to October 1 (see instructions)  3.03 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.04 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.05 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.06 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.07 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.08 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.09 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.00 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.00 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.01 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.01 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.01 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.02 Outlier payments for discharges occurring prior to October 1 (see Instructions)  3.03 Outlier payments divided by unstructions  4.00 Outlier payments divided by Octobe
1.00   DRG Amounts Other than Outlier Payments for discharges occurring prior to October 1 (see instructions) 3, 876,033 1.01   DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions) 3, 876,033 1.01   DRG amounts other than outlier payments for discharges occurring on or after October 1 0   1.03   DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 0   1.04   Csee instructions)   0   1.03   DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 0   1.04   Csee instructions)   2.00   Outlier payments for discharges (see instructions)   0   2.01   Outlier payments for discharges (see instructions)   0   2.02   Outlier payments for discharges occurring prior to October 1 (see instructions)   37,717   0.02   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,7717   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,7717   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,679,722   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,7717   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,679,722   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,679,722   0.00   0.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   3,679,722   0.00   0
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(see instructions)  1.04 DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after 0 tober 1 0 1.04 (see instructions)  2.00 Outlier payments for discharges, (see instructions)  2.01 Outlier payments for discharges occurring prior to 0ctober 1 (see instructions)  3.02 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  3.04 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  3.05 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  3.06 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  4.07 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  5.08 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  5.09 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  5.00 Outlier payments for discharges occurring on or after 0ctober 1 (see instructions)  6.00 Fit count for all opathic and osteopathic programs for the most recent cost reporting period ending on or obefore 12/31/1996 (see instructions)  7.00 MACA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)  8.00 ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost on One programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 20069 (August 1, 2002)  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost on One programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 20069 (August 1, 2002)  8.01 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00 From 10 Country of all opathic and osteopathic programs in the current year from your records  8.02 Out of the country of a country of the program in the current year from your
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2.00   Outlier payments for discharges. (see instructions)
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Managed Care   Simulated Payments   0   3.00
Bed days available divided by number of days in the cost reporting period (see instructions)   215.32   4.00
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6.00 FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)  7.00 MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)  7.01 ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.  8.00 Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost sold programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).  8.02 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost sold programs in the current year from a closed teaching hospital under § 0.00 8.01 for a line of the programs in the current year from your records 0.00 10.00 FTE count for allopathic and osteopathic programs in the current year from your records 0.00 11.00 FTE count for residents in dental and podiatric programs. 0.00 12.00 Current year allowable FTE (see instructions) 0.00 12.00 Total allowable FTE count for the prior year 0.00 13.00 Total allowable FTE count for the prior year 0.00 13.00 Total allowable FTE count for the prior year 0.00 14.00 Adjustment for residents in initial years of the program 0.00 16.00 Adjustment for residents in count of the prior year of the prior year resident to bed ratio (line 18 divided by line 4). 0.00 17.00 0.000000 0.000000 0.000000 0.000000 0.000000
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8.00 Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00 5506 of ACA. (see instructions)  9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  9.00 FTE count for allopathic and osteopathic programs in the current year from your records 0.00 10.00 11.00 1
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50069 (August 1, 2002).  8. 01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost  1 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost  2 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00  3 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  4 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  5 Current for allopathic and osteopathic programs in the current year from your records  6 Current year allowable FTE count for the prior year.  7 Sum of lines 12 through 14 divided by 3.  8 Current year esidents in initial years of the program  8 Current year residents displaced by program or hospital closure  8 Current year resident to bed ratio (line 18 divided by line 4).  8 Current year resident to bed ratio (see instructions)  9 Current year resident to bed ratio (see instructions)  10 Current year resident Education Adjustment for the Add-on for § 422 of the MMA  12 Sumber of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10 Current year of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10 Current year of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10 Current year of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10 Current year of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10 Current year of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105
8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00 8.02 5506 of ACA. (see instructions)  9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  9.00 FTE count for allopathic and osteopathic programs in the current year from your records  10.00 FTE count for residents in dental and podiatric programs.  Current year allowable FTE (see instructions)  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1977, 0.00 14.00 otherwise enter zero.  15.00 Sum of lines 12 through 14 divided by 3.  16.00 Adjustment for residents in initial years of the program  17.00 Adjustment for residents in splaced by program or hospital closure  18.00 Adjustment for residents to bed ratio (line 18 divided by line 4).  19.00 Current year resident to bed ratio (see instructions)  19.00 Enter the lesser of lines 19 or 20 (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)  10.00 INE payment adjustment - Managed Care (see instructions)
report straddles July 1, 2011, see instructions.  The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00 8.02 5506 of ACA. (see instructions)  9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions) 0.00 9.00 10.00 FTE count for allopathic and osteopathic programs in the current year from your records 0.00 11.00 11.00 Current year allowable FTE (see instructions) 0.00 12.00 13.00 10.10 10.00 10.
8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 0.00 5506 of ACA. (see instructions)  9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)  10.00 FTE count for allopathic and osteopathic programs in the current year from your records  11.00 FTE count for residents in dental and podiatric programs.  12.00 Current year allowable FTE (see instructions)  13.00 Total allowable FTE count for the prior year.  14.00 Total allowable FTE count for the prior year.  15.00 Sum of lines 12 through 14 divided by 3.  16.00 Adjustment for residents in initial years of the program  17.00 Adjustment for residents displaced by program or hospital closure  18.00 Adjusted rolling average FTE count  19.00 Current year resident to bed ratio (see instructions)  19.00 Enter the lesser of lines 19 or 20 (see instructions)  10.00 Enter the lesser of lines 19 or 20 (see instructions)  10.00 IME payment adjustment for the Add-on for § 422 of the MMA  19.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  10.00 P.00 O.00 O.00 O.00 O.00 O.00 O.00
5506 of ACA. (see instructions) 9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions) 10.00 FTE count for allopathic and osteopathic programs in the current year from your records 11.00 FTE count for residents in dental and podiatric programs. 12.00 Current year allowable FTE (see instructions) 13.00 Total allowable FTE count for the prior year. 14.00 Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00 14.00 15.00 Adjustment for residents in initial years of the program 16.00 Adjustment for residents displaced by program or hospital closure 17.00 Adjusted rolling average FTE count 18.00 Current year resident to bed ratio (line 18 divided by line 4). 19.00 Current year resident to bed ratio (see instructions) 20.00 Prior year resident to bed ratio (see instructions) 21.00 Enter the lesser of lines 19 or 20 (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 0.00 0.00 0.00 0.00 0.00 0.00
9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions) 10.00 FTE count for allopathic and osteopathic programs in the current year from your records 11.00 FTE count for residents in dental and podiatric programs. 12.00 Current year allowable FTE (see instructions) 13.00 Total allowable FTE count for the prior year. 14.00 Total allowable FTE count for the penultimate year if that year ended on or after September 30, 197, 0.00 14.00 otherwise enter zero. 15.00 Sum of lines 12 through 14 divided by 3. 16.00 Adjustment for residents in initial years of the program 17.00 Adjustment for residents displaced by program or hospital closure 18.00 Adjusted rolling average FTE count 19.00 Current year resident to bed ratio (line 18 divided by line 4). 19.00 Prior year resident to bed ratio (see instructions) 10.00 20.00 Prior year resident to bed ratio (see instructions) 10.00 20.00 Enter the lesser of lines 19 or 20 (see instructions) 10.00 20.00 IME payment adjustment (see instructions) 10.00 20.00 IME payment adjustment (see instructions) 10.00 20.00 IME payment adjustment for the Add-on for § 422 of the MMA 10.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 10.00 0.00 10
FTE count for allopathic and osteopathic programs in the current year from your records  FTE count for residents in dental and podiatric programs.  Current year allowable FTE (see instructions)  Total allowable FTE count for the prior year.  Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00 14.00 otherwise enter zero.  Sum of lines 12 through 14 divided by 3.  Adjustment for residents in initial years of the program  Adjustment for residents displaced by program or hospital closure  Adjusted rolling average FTE count  Current year resident to bed ratio (line 18 divided by 1ine 4).  20.00 Prior year resident to bed ratio (see instructions)  Enter the lesser of lines 19 or 20 (see instructions)  LIME payment adjustment (see instructions)  Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 11.00  10.00 11.00  0.00 12.00  11.00  0.00 12.00  13.00  14.00  15.00  16.00  17.00  Adjustment for residents displaced by program or hospital closure  0.00 16.00  17.00  18.00  19.00  20.00  20.00  20.00  21.00  22.00  22.00  23.00  Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00  23.00
12.00 Current year allowable FTE (see instructions) 13.00 Total allowable FTE count for the prior year. 14.00 Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00 14.00 otherwise enter zero. 15.00 Sum of lines 12 through 14 divided by 3. 16.00 Adjustment for residents in initial years of the program 0.00 16.00 Adjustment for residents displaced by program or hospital closure 0.00 17.00 Adjusted rolling average FTE count 0.00 18.00 19.00 Current year resident to bed ratio (line 18 divided by line 4). 0.000000 19.00 19.00 Prior year resident to bed ratio (see instructions) 0.000000 20.00 Enter the lesser of lines 19 or 20 (see instructions) 0.000000 10.000000 10.000000 10.000000 10.000000 10.000000 10.0000000 10.000000 10.000000 10.000000 10.000000 10.000000 10.0000000 10.00000000
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otherwise enter zero.  15.00 Sum of lines 12 through 14 divided by 3.  16.00 Adjustment for residents in initial years of the program  17.00 Adjustment for residents displaced by program or hospital closure  18.00 Adjusted rolling average FTE count  19.00 Current year resident to bed ratio (line 18 divided by line 4).  19.00 Prior year resident to bed ratio (see instructions)  19.00 Enter the lesser of lines 19 or 20 (see instructions)  10.000000 21.00  10.00 IME payment adjustment (see instructions)  10.000000 21.00  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)
15.00 Sum of lines 12 through 14 divided by 3.  16.00 Adjustment for residents in initial years of the program  17.00 Adjustment for residents displaced by program or hospital closure  18.00 Adjusted rolling average FTE count  19.00 Current year resident to bed ratio (line 18 divided by line 4).  19.00 Prior year resident to bed ratio (see instructions)  19.00 Enter the lesser of lines 19 or 20 (see instructions)  10.000000 21.00  10.00 IME payment adjustment (see instructions)  10.000000 21.00  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)  10.00 IME payment adjustment - Managed Care (see instructions)
16.00 Adjustment for residents in initial years of the program  17.00 Adjustment for residents displaced by program or hospital closure  18.00 Adjusted rolling average FTE count  19.00 Current year resident to bed ratio (line 18 divided by line 4).  20.00 Prior year resident to bed ratio (see instructions)  21.00 Enter the lesser of lines 19 or 20 (see instructions)  22.00 IME payment adjustment (see instructions)  23.00 IME payment adjustment - Managed Care (see instructions)  1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 16.00  1.7.00  0.00 18.00  0.000000  19.00  0.000000  20.00  21.00  22.01  1 ME payment adjustment - Managed Care (see instructions)  1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA
17.00 Adjustment for residents displaced by program or hospital closure  0.00 17.00  18.00 Adjusted rolling average FTE count  0.00 18.00  19.00 Current year resident to bed ratio (line 18 divided by line 4).  0.000000 19.00  20.00 Prior year resident to bed ratio (see instructions)  Enter the lesser of lines 19 or 20 (see instructions)  1ME payment adjustment (see instructions)  1ME payment adjustment - Managed Care (see instructions)  1ME payment adjustment - Managed Care (see instructions)  1ndirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 23.00
18.00 Adjusted rolling average FTE count  19.00 Current year resident to bed ratio (line 18 divided by line 4).  20.00 Prior year resident to bed ratio (see instructions)  Enter the lesser of lines 19 or 20 (see instructions)  21.00 IME payment adjustment (see instructions)  22.00 IME payment adjustment - Managed Care (see instructions)  1 IME payment adjustment - Managed Care (see instructions)  1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 18.00  0.000000 19.00  0.000000 20.00  21.00  22.01  1 ME payment adjustment - Managed Care (see instructions)  1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 23.00
19.00 Current year resident to bed ratio (line 18 divided by line 4).  20.00 Prior year resident to bed ratio (see instructions)  Enter the lesser of lines 19 or 20 (see instructions)  21.00 IME payment adjustment (see instructions)  22.00 IME payment adjustment - Managed Care (see instructions)  1 Managed Care (see instructions)  1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.000000  19.00  0.000000  20.00  21.00  22.01  22.01
20.00 Prior year resident to bed ratio (see instructions) 21.00 Enter the lesser of lines 19 or 20 (see instructions) 22.00 IME payment adjustment (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 22.01 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.000000 20.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 22.00 0.000000 22.00 0.000000 21.00 0.000000 22.00 0.000000 21.00 0.000000 20.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 22.00 0.000000 21.00 0.0000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 22.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.000000 21.00 0.0000000 21.00 0.0000000 21.00 0.0000000 21.00 0.00000000000000000000000000000000
21.00 Enter the lesser of lines 19 or 20 (see instructions)  22.00 IME payment adjustment (see instructions)  1ME payment adjustment - Managed Care (see instructions)  1ME payment adjustment - Managed Care (see instructions)  1ndirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.000000 21.00  22.01  22.01  23.00
22.00 IME payment adjustment (see instructions) 0 22.00 22.01 IME payment adjustment - Managed Care (see instructions) 0 22.01 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.00 23.00
22.01 IME payment adjustment - Managed Care (see instructions)  Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 23.00
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  0.00 23.00
23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.00 23.00
· · · · · · · · · · · · · · · · · · ·
24.00 IME FTE Resident Count Over Cap (see instructions) 0.00 24.00
25.00 lif the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 0.00 25.00
instructions)
26.00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00
27.00 IME payments adjustment factor. (see instructions) 0.000000 27.00
28.00 IME add-on adjustment amount (see instructions) 0 28.00
28.01 IME add-on adjustment amount - Managed Care (see instructions) 0 28.01
29.00 Total IME payment ( sum of lines 22 and 28) 0 29.00
29.01         Total IME payment - Managed Care (sum of lines 22.01 and 28.01)         0         29.01
Di sproporti onate Share Adjustment
30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 2.99 30.00
31.00 Percentage of Medicaid patient days (see instructions) 15.94 31.00
32.00 Sum of Lines 30 and 31
33.00 Allowable disproportionate share percentage (see instructions)  5.06 33.00
34.00 Disproportionate share adjustment (see instructions) 588,998 34.00

33. 00	Allowable disproportionate share percentage (see instructions)	5. 06	33.00
34.00	Disproportionate share adjustment (see instructions)	588, 998	34.00
		•	

Health Financial Systems	BAPT	IST HEALTH FLOYD	In Lieu	ı of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SE	TTLEMENT	Provi der CCN: 15-0044	Peri od:	Worksheet E	
			From 09/01/2021 To 08/31/2022	Part A   Date/Time Pre	epared:
		T: +1 - W/III		1/30/2023 6: 4	18 pm
		Title XVIII	Hospi tal Pri or to 10/1	PPS On/After 10/1	
			1. 00	2.00	
Uncompensated Care Adjust					05.00
35.00 Total uncompensated care 35.01 Factor 3 (see instruction			0. 00000000	0. 000000000	
35.02 Hospital uncompensated c		zero, enter zero on this line		919, 957	
instructions) 35.03 Pro rata share of the ho	spital uncompensated care	payment amount (see instruction	ns) 77, 786	844, 344	35. 03
36.00 Total uncompensated care		n line 35.03) eficiary discharges (lines 40 <sup>-</sup>	922, 130 Through 46)		36. 00
40.00 Total Medicare discharge	0 1 0	orrerary arbenarges (rrings re	0		40. 00
			Before 1/1	On/After 1/1	
41.00 Total ESRD Medicare disc	hargos (soo instructions)		1.00	1. 01	41.00
	red and paid discharges (s	ee instructions)		0	1
42.00 Divide line 41 by line 4			0. 00		42.00
	tient days (see instruction		0		43.00
	of stay to one week (line a dialysis treatments (see in	43 divided by line 41 divided I	oy / days)0.000000 0.00		44. 00 45. 00
	(line 45 times line 44 times		0.00	0.00	46.00
47.00 Subtotal (see instruction	ns)		49, 819, 830		47. 00
48.00 Hospital specific paymen instructions)	ts (to be completed by SCH	and MDH, small rural hospitals	s on y. (see 0		48. 00
(Thisti detrons)				Amount	
49.00 Total payment for inpation	ont operating costs (see i	netruetione)		1. 00 49, 819, 830	40.00
		L, Pt. I and Pt. II, as applica	abl e)	3, 747, 679	
		kst. L, Pt. III, see instruction		0	1
52.00 Direct graduate medical	education payment (from Wk	st. E-4, line 49 see instruction	ons).	0	
53.00 Nursing and Allied Healt 54.00 Special add-on payments				55, 804 569, 264	•
54.01 Islet isolation add-on page 54.01	· ·			0	1
	st (Wkst. D-4 Pt. III, col			0	
	ices in a teaching hospita	I (see intructions) t. D, Pt. III, column 9, lines	20 through 25)	0 217, 421	56. 00 57. 00
		st. D, Pt. IV, col. 11 line 200		17, 193	•
59.00 Total (sum of amounts on		, , , , , , , , , , , , , , , , , , , ,		54, 427, 191	
60.00 Primary payer payments	And the second s	50 ml mas 11 ms (0)		21, 569	•
61.00 Total amount payable for 62.00 Deductibles billed to pro		ne 59 minus line 60)		54, 405, 622 4, 664, 052	•
63.00 Coinsurance billed to pro				207, 667	•
64.00 Allowable bad debts (see				358, 039	
65.00 Adjusted reimbursable ba	•			232, 725	•
66.00 Allowable bad debts for 67.00 Subtotal (line 61 plus l				97, 119 49, 766, 628	1
68.00 Credits received from ma			Ss (see instructio		1
		95 and 96). (For SCH see instru	ctions)	0	
70.00 OTHER ADJUSTMENTS (SEE II		104 Domonstration) adjustment	(coo i netructions)	0	
70.50 Rural Community Hospital 70.87 Demonstration payment ad		10A Demonstration) adjustment uestration	(See Thisti uctions)	0	1
	se adjustment (contractor			0	1
	n payment adjustment amoun				70. 89
				Λ	70. 90
70.90 HSP bonus payment HVBP a					
70.90 HSP bonus payment HVBP at 70.91 HSP bonus payment HRR ad	justment amount (see instr			0	70. 91
70.90 HSP bonus payment HVBP at 70.91 HSP bonus payment HRR ad 70.92 Bundled Model 1 discount 70.93 HVBP payment adjustment	justment amount (see instruamount (see instructions) amount (see instructions)			0 0 -46, 720	70. 91 70. 92 70. 93
70.90 HSP bonus payment HVBP at 70.91 HSP bonus payment HRR ad 70.92 Bundled Model 1 discount	justment amount (see instruamount (see instructions) amount (see instructions) ee instructions)			0 0 -46, 720 -26, 758	70. 91 70. 92 70. 93

$\mathcal{M} = \mathcal{M} \cup \mathcal{M} \subseteq \mathcal{M}$	Financial Systems BAPTIST HEALTH TION OF REIMBURSEMENT SETTLEMENT	Provi der C	CN: 15-0044	Peri od:	In Lieu	Worksheet E	
					/01/2021 /31/2022	Date/Time P	
		Ti tl e	: XVIII	Hosn	oi tal	1/30/2023 6 PPS	:48 pm
		11 11 11		FY (yyyy)	n tui	Amount	
				0		1. 00	
	Low volume adjustment for federal fiscal year (yyyy) (Enter	in column (	) the	0			0 70. 9
	corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter	in column (	h tho	0			0 70. 9
	corresponding federal year for the period ending on or after		) the	U			0 70. 9
	Low Volume Payment-3	,					0 70.9
	HAC adjustment amount (see instructions)						0 70. 9
	Amount due provider (line 67 minus lines 68 plus/minus lines	s 69 & 70)				49, 693, 15	
	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration						71. C 0 71. C
	Sequestration adjustment-PARHM pass-throughs						71.0
	Interim payments					49, 141, 26	
	Interim payments-PARHM						72.0
	Tentative settlement (for contractor use only)						0 73.0
	Tentative settlement-PARHM (for contractor use only)	02 72 00	72)			250 70	73. 0
	Balance due provider/program (line 71 minus lines 71.01, 71. Balance due provider/program-PARHM (see instructions)	uz, 72, and	(3)			258, /(	00 74. 0 74. 0
	Protested amounts (nonallowable cost report items) in accord	dance with (	MS			1, 254, 76	
	Pub. 15-2, chapter 1, §115.2						
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					1	
	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	n of 2.03 pl	us				0 90.
	2.04 (see instructions) Capital outlier from Wkst. L, Pt. I, line 2						0 91.
. 00	Operating outlier reconciliation adjustment amount (see inst	tructions)					0 92.
	Capital outlier reconciliation adjustment amount (see instru						0 93.
. 00	The rate used to calculate the time value of money (see inst	tructions)				0. 0	00 94.
							1
	Time value of money for operating expenses (see instructions						
	Time value of money for operating expenses (see instructions Time value of money for capital related expenses (see instru			Pri or	to 10/1		0 96.0
					to 10/1	On/After 10/ 2.00	0 96.0
o. 00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount				. 00	On/After 10/ 2.00	0 96.0
0. 00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount HSP bonus amount (see instructions)					On/After 10/ 2.00	0 96.
0. 00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			1	. 00	0n/After 10/ 2.00	0 96.
0. 00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	uctions)		1	. 00	0n/After 10/ 2.00	0 96. 11 0 100.
0. 00	Time value of money for capital related expenses (see instru  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)	uctions)		1	. 00	0n/After 10/ 2.00	0 96. (
0. 00 1. 00 2. 00 3. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment factor (see instructions)	ons)		1	. 00	0n/After 10/ 2.00 0.000000000	0 96. ( 11 0 100. ( 0 101. ( 0 102. (
0. 00 1. 00 2. 00 3. 00 4. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HRR Adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)	ons)		1	000000000	0n/After 10/ 2.00 0.000000000	0 96. 0 100. 0 101. 0 102.
0. 00 0. 00 01. 00 02. 00 03. 00 04. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR Adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demons	ons) stration) Ad		0.00	00000000	0n/After 10/ 2.00 0.000000000	0 96.4
0. 00 1. 00 2. 00 3. 00 4. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR Adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demonstration)  Is this the first year of the current 5-year demonstration	ons) stration) Ad		0.00	00000000	0n/After 10/ 2.00 0.000000000	0 96. 0 100. 0 100. 0 102. 0 103. 0 104.
0. 00 1. 00 2. 00 3. 00 4. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR Adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demons	ons) stration) Ad		0.00	00000000	0n/After 10/ 2.00 0.000000000	0 96. ( 11 0 100. ( 0 101. ( 0 102. (
0. 00 1. 00 2. 00 3. 00 4. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HRR Adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  RURAL Community Hospital Demonstration Project (§410A Demonstration to the first year of the current 5-year demonstration procures Act? Enter "Y" for yes or "N" for no.	ons) stration) Acceriod under		0.00	00000000	0n/After 10/ 2.00 0.000000000	0 96.4
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBR Adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HIR adjustment factor (see instructions)  HIR adjustment factor (see instructions)  Lost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii  Medicare discharges (see instructions)	ons) stration) Acceriod under		0.00	00000000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 100. 0 101. 0 102. 0 103. 0 104. 200.
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00 1. 00 2. 00 3. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demons)  Is this the first year of the current 5-year demonstration procures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Case-mix adjustment factor (see instructions)	ons) stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 0 100. 0 100. 0 101. 0 102. 0 104. 200. 201. 202.
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00 1. 00 2. 00 3. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR Adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demonstration procures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A i	ons) stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 0 100. 0 100. 0 101. 0 102. 0 104. 200. 201. 202.
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00 11. 00 2. 00 3. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonster Sections)  Lost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A interpretable)	ons) stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96.4 11 0 100.4 0 100.4 0 103.4 0 104.4 200.4 200.4
. 00   1   0   0   0   0   0   0   0   0	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR Adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demonstration procures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A i	ons) stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 100. 0 100. 0 101. 0 102. 100 103. 0 104. 200. 201. 202. 203.
. 00   1   0   0   0   1   0   0   0   0	ISP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment amount for HSP bonus payment (see instructions) HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HVBR adjustment factor (see instructions) HVBR adjustment amount for HSP bonus payment (see instructions) HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) Is this the first year of the current 5-year demonstration procures Act? Enter "Y" for yes or "N" for no. HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructi	ons) stration) Acceriod under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96.1 0 100.1 0 100.1 0 101.1 0 102.1 200.1 200.1
. 00   0. 00   1. 00   1. 00   0. 00   1. 00   0. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)	ons) stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96.1 0 100.1 0 100.1 0 102.1 0 104.1 200.1 201.1 202.1 203.1
. 00   0. 00   1   1. 00   2. 00   1   3. 00   1   0. 00   1   0. 00	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demons)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cores Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A instruction)  Computation of Demonstration Target Amount Limitation (N/A instruction)  Medicare target amount  Case-mix adjustment factor (see instructions)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)	ons)  stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 100. 0 100. 0 101. 0 102. 0 104. 200. 201. 202. 203. 204. 205. 206.
. 00   1   1   0   0   0   0   0   0   0	Time value of money for capital related expenses (see instructions)  ASP Bonus Payment Amount  HSP bonus amount (see instructions)  AVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment factor (see instructions)  HVBR adjustment for HSP Bonus Payment  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Rural Community Hospital Demonstration Project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration (N/A idemonstration period)  Medicare target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 205 adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions)	ons)  stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 0 100. 0 101. 0 102. 0 104. 200. 201. 202. 203. 204. 205. 206. 207. 208.
. 00   1   0   0   0   0   0   0   0   0	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instruction)  HRR adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instruction)  HRR adjustment amount for HSP bonus payment (see instruction)  Rural Community Hospital Demonstration Project (§410A Demons)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cores Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A instruction)  Computation of Demonstration Target Amount Limitation (N/A instruction)  Medicare target amount  Case-mix adjustment factor (see instructions)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)	ons)  stration) Accepted under	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1
. 00   1	Time value of money for capital related expenses (see instructions)  ASP Bonus Payment Amount  HSP bonus amount (see instructions)  AVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment for HSP Bonus Payment  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A internation period)  Medicare target amount  Case-mix adjustment factor (see instructions)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 207 times line 208)  Medicare Part A inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)	ns) ns has beriod under ne 49) n first yea structions)	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1
. 00	Time value of money for capital related expenses (see instructions)  ASP Bonus Payment Amount  HSP bonus amount (see instructions)  AVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cores Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A interest amount case-mix adjustment factor (see instructions)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare part A inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement	ons) stration) Accepted under ne 49) n first yea  structions) A, line 59)	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 11 0 100. 00 101. 0 102. 00 103. 0 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 211.
. 00   1   1   0   0   0   1   1   0   0	Time value of money for capital related expenses (see instructions)  HSP Bonus Payment Amount  HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cores Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Computation of Demonstration Target Amount Limitation (N/A instructions)  Medicare target amount  Case-mix adjustment factor (see instructions)  Medicare target amount  Case-mix adjustment to Medicare Part A Inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Medicare Part A inpatient service costs (from Wkst. E, Pt. And Adjustment to Medicare IPPS payments (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement  Total adjustment to Medicare Part A IPPS payments (from Iine	ons) stration) Accepted under ne 49) n first yea  structions) A, line 59)	the 21st	0.000 Century	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 100. 1 0 100. 1 0 103. 0 1 104. 1 2 200. 1 2 203. 1 2 204. 2 2 205. 2 2 206. 1 2 207. 2 2 208. 2 2 209. 2 2 11. 2 2 11. 2 2 12. 2
. 00   1   1   0   0   0   0   0   0   0	Time value of money for capital related expenses (see instructions)  ASP Bonus Payment Amount  HSP bonus amount (see instructions)  AVBP Adjustment for HSP Bonus Payment  HVBP adjustment factor (see instructions)  HVBP adjustment amount for HSP bonus payment (see instructions)  HVBP adjustment factor (see instructions)  HRR adjustment factor (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  HRR adjustment amount for HSP bonus payment (see instructions)  Is this the first year of the current 5-year demonstration payment (see instructions)  Cores Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  Medicare inpatient service costs (from Wkst. D-1, Pt. II, Ii)  Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A interest amount case-mix adjustment factor (see instructions)  Medicare target amount  Case-mix adjusted target amount (line 203 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare inpatient routine cost cap (line 202 times line 204)  Medicare part A inpatient Reimbursement  Program reimbursement under the §410A Demonstration (see instructions)  Reserved for future use  Total adjustment to Medicare IPPS payments (see instructions)  Comparision of PPS versus Cost Reimbursement	ons)  ons)  stration) Address of the second	ar of the c	0.000	000000000 000000000 0 0 0000	0n/After 10/ 2.00 0.000000000	0 96. 1 0 100. 0 100. 0 101. 0 102. 0 104. 200. 201. 202. 203. 204. 205. 206.

						0 00/01/2022	1/30/2023 6: 4	
		W 10 F D 1 A	I		XVIII	Hospi tal	PPS	
		1	Amounts (from	Pre/Post	Period Prior	Peri od On/After 10/01	Total (Col 2	
		line 0	E, Part A) 1.00	Entitlement 2.00	to 10/01 3.00	4. 00	through 4) 5.00	
1. 00	DRG amounts other than outlie		0	0	3.00	0	0.00	1. 00
	payments							
1. 01	DRG amounts other than outlie	1. 01	3, 876, 033	0	3, 876, 033	3	3, 876, 033	1. 01
	payments for discharges							
1. 02	occurring prior to October 1 DRG amounts other than outlie	1. 02	12 405 020	0		12 495 020	12 495 020	1. 02
1. 02	payments for discharges	1.02	42, 685, 030	U		42, 685, 030	42, 685, 030	1.02
	occurring on or after October	1						
1.03	DRG for Federal specific	1. 03	0	0	C	j	0	1. 03
	operating payment for Model 4							
	BPCI occurring prior to Octob	er						
	1							
1. 04	DRG for Federal specific	1. 04	0	0		0	0	1. 04
	operating payment for Model 4 BPCI occurring on or after							
	October 1							
2. 00	Outlier payments for discharg	es 2.00						2.00
	(see instructions)							
2. 01	Outlier payments for discharg	es 2.02	0	0	C	O	0	2. 01
	for Model 4 BPCI							
2. 02	Outlier payments for discharg	es 2.03	87, 717	0	87, 717		87, 717	2. 02
	occurring prior to October 1							
2. 03	(see instructions) Outlier payments for discharg	es 2.04	1, 659, 922	0		1, 659, 922	1, 659, 922	2. 03
2.03	occurring on or after October		1,037,722	O		1,037,722	1,037,722	2.03
	(see instructions)	'						
3.00	Operating outlier	2. 01	0	0	C	o	0	3.00
	reconciliation							
4. 00	Managed care simulated paymen		0	0		0	0	4. 00
г оо	Indirect Medical Education Ad		0.000000	0.000000	0.000000	0.000000		F 00
5. 00	Amount from Worksheet E, Part A, line 21 (see instructions)		0. 000000	0. 000000	0. 000000	0. 000000		5. 00
6. 00	IME payment adjustment (see	22. 00	0	0	(		0	6. 00
0.00	instructions)			Ü		1		0.00
6. 01	IME payment adjustment for	22. 01	0	0	C	0	0	6. 01
	managed care (see instruction							
7 00	Indirect Medical Education Ad					0.00000		7 00
7. 00	IME payment adjustment factor	27. 00	0. 000000	0. 000000	0. 000000	0. 000000		7. 00
8. 00	(see instructions) IME adjustment (see	28. 00	0	0	,		0	8. 00
0.00	instructions)	20.00	Ŭ	O		1		0.00
8. 01	IME payment adjustment add on	28. 01	0	0	C	o	0	8. 01
	for managed care (see							
	instructions)						_	
9. 00	Total IME payment (sum of lin	es 29.00	0	0	(	O	0	9. 00
9. 01	6 and 8) Total IME payment for managed	29. 01	0	0	,		0	9. 01
7. 01	care (sum of lines 6.01 and	27.01		O		1		7.01
	8. 01)							
	Disproportionate Share Adjusti							
10.00	Allowable disproportionate	33. 00	0. 0506	0. 0506	0. 0506	0. 0506		10. 00
	share percentage (see							
11 00	i nstructi ons) Di sproporti onate share	34. 00	588, 998	0	49, 032	539, 966	588, 998	11 00
11.00	adjustment (see instructions)		300, 990	U	49,032	. 337, 700	300, 440	11.00
11. 01	Uncompensated care payments	36. 00	922, 130	0	77, 786	844, 344	922, 130	11. 01
	Additional payment for high pe			y di scharges	·		·	
12.00	Total ESRD additional payment	46. 00	0	0	C	0	0	12. 00
	(see instructions)							
13.00	Subtotal (see instructions)	47. 00 48. 00	49, 819, 830	0	4, 090, 568	45, 729, 262	49, 819, 830	
14. 00	Hospital specific payments (completed by SCH and MDH,	48.00	U	U		) I	l o	14. 00
	small rural hospitals only.)							
	(see instructions)							
15.00	Total payment for inpatient	49. 00	49, 819, 830	0	4, 090, 568	45, 729, 262	49, 819, 830	15. 00
	operating costs (see							
	instructions)		[			[ [		
16. 00		50. 00	3, 747, 679	0	307, 592	3, 440, 087	3, 747, 679	16. 00
	capital (from Wkst. L, Pt. I,							
17 00	if applicable) Special add-on payments for n	ew 54.00	569, 264	0	76, 437	492, 828	569, 265	17 00
17.00	technol ogi es	J., J., 00	307, 204	U	70,437	772,020	307, 203	17.00
17. 01	Net organ aquisition cost							17. 01
	. 5 - 4							

Heal th	Financial Systems		BAPTIST HEA	LTH FLOYD		In Lieu	u of Form CMS-2	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provi der C		Period: From 09/01/2021 To 08/31/2022	Worksheet E Part A Exhibi Date/Time Pre 1/30/2023 6:4	pared:
					XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	Dn/After 10/01	through 4)	
		0	1.00	2. 00	3.00	4. 00	5. 00	
17. 02	Credits received from manufacturers for replaced	68. 00	0	0		0	0	17. 02
18. 00	devices for applicable MS-DRG Capital outlier reconciliatio adjustment amount (see		0	0		0	0	18. 00
19. 00	instructions) SUBTOTAL			0	4, 474, 59	7 49, 662, 177	54, 136, 774	19. 00
		W/S L, line	(Amounts from L)					
		0	1.00	2. 00	3.00	4. 00	5. 00	
	Capital DRG other than outlie Model 4 BPCI Capital DRG othe		3, 467, 096 0	0	290, 03	2 3, 177, 064 0 0	3, 467, 096 0	
	than outlier							
	Capital DRG outlier payments Model 4 BPCI Capital DRG	2. 00 2. 01	145, 366 0	0	6, 24	9 139, 117 0 0	145, 366 0	
22. 00	outlier payments Indirect medical education	5. 00	0. 0000	0. 0000	0. 000	0. 0000		22. 00
23. 00	percentage (see instructions) Indirect medical education	6. 00	0	0		0 0	0	23. 00
24. 00	adjustment (see instructions) Allowable disproportionate	10. 00	0. 0390	0. 0390	0. 039	0. 0390		24. 00
	share percentage (see instructions)							
25. 00	Disproportionate share adjustment (see instructions)	11. 00	135, 217	0	11, 31	1 123, 906	135, 217	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	3, 747, 679	0	307, 59	2 3, 440, 087	3, 747, 679	26. 00
		W/S E, Part A	(Amounts to E.					
		line	Part A)					
		0	1. 00	2. 00	3.00	4. 00	5. 00	
27.00	Low volume adjustment factor				0.00000	0. 000000		27. 00
28. 00						0	0	28. 00
29. 00	amount to Wkst. E, Pt. A, lin Low volume adjustment (transf	r 70. 97				0	0	29. 00
100. 00	amount to Wkst. E, Pt. A, lin Transfer low volume adjustmen		Υ					100. 00
	to Wkst. E, Pt. A.							

Health Financial Systems	BAPTIST HEALTH FLOYD	In Lieu of Form CMS-2552-10
HOSPITAL ACQUIRED CONDITION (HAC)	REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0044	Period: Worksheet E From 09/01/2021 Part A Exhibit 5

					rom 09/01/2021 o 08/31/2022	Part A Exhibi Date/Time Pre 1/30/2023 6:4	enared.
			Title	XVIII	Hospi tal	PPS	о р
	V	kst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2. 00	3. 00	4. 00	
1. 00	DRG amounts other than outlier payments	1. 00					1. 00
1. 01	DRG amounts other than outlier payments for	1. 01	3, 876, 033	3, 876, 033		3, 876, 033	1. 01
1. 02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	42, 685, 030		42, 685, 030	42, 685, 030	1. 02
1. 03	, and the second	for 1.03	0	0		0	1. 03
1. 04	9 1	for 1.04 1	0		0	0	1. 04
2. 00	Outlier payments for discharges (see instructions)	2. 00					2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	0	0	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	87, 717	87, 717		87, 717	2. 02
2. 03	Outlier payments for discharges occurring o or after October 1 (see instructions)	n 2. 04	1, 659, 922		1, 659, 922	1, 659, 922	2. 03
3. 00	Operating outlier reconciliation	2. 01	0	0	0	0	3. 00
4. 00	Managed care simulated payments Indirect Medical Education Adjustment	3. 00	0	0	0	0	4. 00
5. 00	Amount from Worksheet E, Part A, line 21 (sinstructions)	ee 21.00	0. 000000	0. 000000	0. 000000		5. 00
6. 00 6. 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (se	22. 00 e 22. 01	0	0	0	0	6. 00 6. 01
	instructions)	h . Add 6	C+! 100 -6	S AL - NANAA			
7. 00	Indirect Medical Education Adjustment for t IME payment adjustment factor (see	27.00	0. 000000	0. 000000	0. 000000		7. 00
	instructions)						
8. 00 8. 01	IME adjustment (see instructions) IME payment adjustment add on for managed c	28.00	0	0	0	0	8. 00 8. 01
	(see instructions)		O				
9. 00 9. 01	Total IME payment (sum of lines 6 and 8)	29. 00 29. 01	0	0	0	0	9. 00 9. 01
	Total IME payment for managed care (sum of lines 6.01 and 8.01) Disproportionate Share Adjustment	29.01	0		0	0	9.01
	Allowable disproportionate share percentage	33. 00	0. 0506	0. 0506	0. 0506		10.00
	(see instructions)						
11. 00	Disproportionate share adjustment (see instructions)	34. 00	588, 998	49, 032	539, 966	588, 998	11. 00
11. 01	Uncompensated care payments	36.00	922, 130	77, 786	844, 344	922, 130	11. 01
12 00	Additional payment for high percentage of E Total ESRD additional payment (see	SRD beneficiar 46.00	y di scharges	0	l 0	0	12. 00
	instructions)						
	Subtotal (see instructions) Hospital specific payments (completed by SC	47.00	49, 819, 830	4, 090, 568	45, 729, 262	49, 819, 830	
14.00	and MDH, small rural hospitals only.) (see instructions)	H 48. 00	0	0	J	O	14. 00
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	49, 819, 830	4, 090, 568	45, 729, 262	49, 819, 830	15. 00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	3, 747, 679		3, 440, 087	3, 747, 679	16. 00
	Special add-on payments for new technologie Net organ acquisition cost	s 54.00	569, 264	76, 437	492, 827	569, 264	17. 00 17. 01
	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	0	0	0	17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0	0	0	18. 00
19. 00	SUBTOTAL			4, 474, 597	49, 662, 176	54, 136, 773	19. 00

		T 5 Provider C	F	Period: From 09/01/2021 Fo 08/31/2022	Worksheet E Part A Exhibi Date/Time Pre 1/30/2023 6:4	epared:
		Title	XVIII	Hospi tal	PPS	
	Wkst. L, line					
	0	Wkst. L) 1.00	2.00	3. 00	4. 00	
00 Capital DRG other than outlier	1, 00	3, 467, 096				20.00
01 Model 4 BPCI Capital DRG other than outli		3,407,090	270, 032	3, 177, 004	3, 407, 070	
OO Capital DRG outlier payments	2.00	145, 366	6, 249	139, 117	_	
01 Model 4 BPCI Capital DRG outlier payments		145, 500	0, 24,	137, 117	143, 300	•
00 Indirect medical education percentage (se		0.0000	0.0000	0. 0000	_	22. 00
instructions)	0.00	0.0000	0.000	1		
00 Indirect medical education adjustment (se	e 6.00	0	(	0	0	23. 00
instructions)					_	
00 Allowable disproportionate share percenta	ge 10.00	0. 0390	0. 0390	0. 0390		24.00
(see instructions)	~ <u> </u>					
00 Disproportionate share adjustment (see	11. 00	135, 217	11, 311	123, 906	135, 217	25. 00
instructions)						
OO Total prospective capital payments (see	12. 00	3, 747, 679	307, 592	3, 440, 087	3, 747, 679	26. 00
instructions)						
	Wkst. E, Pt. /					
	line	Wkst. E, Pt.				
	-	A)	2.00	2.00	4.00	
00.	0	1.00	2. 00	3. 00	4. 00	27. 00
00   00   Low volume adjustment prior to October 1	70. 96		,		0	
00 Low volume adjustment on or after October			,	1	0	
00 HVBP payment adjustment (see instructions		-46, 720	-46, 720		-46, 720	
01 HVBP payment adjustment for HSP bonus pay		-46, 720	1 .		-46, 720 0	•
(see instructions)	1110111 70. 90			1 4		30.01
00 HRR adjustment (see instructions)	70. 94	-26, 758	-9, 486	-17, 272	-26, 758	31 00
01 HRR adjustment for HSP bonus payment (see		20,700	,, 100	) ''' 2'2	20,700	•
instructions)	70.7.	Ĭ		]		"""
					(Amt. to Wkst.	
					E, Pt. A)	
	0	1. 00	2.00	3. 00	4. 00	
00 HAC Reduction Program adjustment (see	70. 99		(	0	0	32. 00
instructions)						
.00 Transfer HAC Reduction Program adjustment Wkst. E, Pt. A.	to	N				100.00

Health Financial Systems	BAPTIST HEALTH FLOYD		In Lieu	of Form CMS-2	552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der	CCN: 15-0044	Peri od: From 09/01/2021 To 08/31/2022	Worksheet E Part B Date/Time Pre 1/30/2023 6:4	
	Ti t	le XVIII	Hospi tal	PPS	
				1. 00	
PART B - MEDICAL AND OTHER HEALTH SERVI	CES				
1.00 Medical and other services (see instruc	ctions)			24, 649	1.00
2.00 Medical and other services reimbursed under OPPS (see instructions)				33, 919, 648	2.00
3.00 OPPS payments				26, 659, 732	3.00
1 00 Outlier nayment (see instructions)				425 507	4 00

	litle XVIII   Hospital	I PPS	
		1 00	
	DADT D. MEDIAN AND OTHER HEALTH OFFINE	1. 00	
4 00	PART B - MEDICAL AND OTHER HEALTH SERVICES	0.1 ( 10	4 00
1.00	Medical and other services (see instructions)	24, 649	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	33, 919, 648	
3. 00	OPPS payments	26, 659, 732	
4. 00	Outlier payment (see instructions)	425, 507	
4. 01	Outlier reconciliation amount (see instructions)	0	
5. 00	Enter the hospital specific payment to cost ratio (see instructions)	0. 000	
6. 00	Line 2 times line 5	0	
7. 00	Sum of lines 3, 4, and 4.01, divided by line 6	0. 00	
8. 00	Transitional corridor payment (see instructions)	0	8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	20, 646	9. 00
10.00	Organ acquisitions	0	10. 00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	24, 649	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	109, 802	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13. 00
	Total reasonable charges (sum of lines 12 and 13)	109, 802	14. 00
	Customary charges	·	1
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basi	s 0	15. 00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebas	s had 0	1
	such payment been made in accordance with 42 CFR §413.13(e)		
17 00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0. 000000	17 00
	Total customary charges (see instructions)	109, 802	
	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see	85, 153	
17.00	instructions)	05, 155	17.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see	0	20. 00
20.00	instructions)	O	20.00
21 00	Lesser of cost or charges (see instructions)	24, 649	21 00
	Interns and residents (see instructions)	0	
	Cost of physicians' services in a teaching hospital (see instructions)	0	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	27, 105, 885	24. 00
05 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		05 00
	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25. 00
	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	4, 258, 109	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see	22, 872, 425	27. 00
	instructions)		
	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29. 00
30.00	Subtotal (sum of lines 27 through 29)	22, 872, 425	30.00
31.00	Pri mary payer payments	14, 477	31.00
32.00	Subtotal (line 30 minus line 31)	22, 857, 948	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	340, 614	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	221, 399	35.00
	Allowable bad debts for dual eligible beneficiaries (see instructions)	216, 515	36.00
	Subtotal (see instructions)	23, 079, 347	
	MSP-LCC reconciliation amount from PS&R	491	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
	Pioneer ACO demonstration payment adjustment (see instructions)	· ·	39. 50
	Demonstration payment adjustment amount before sequestration	0	
	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39. 98
	RECOVERY OF ACCELERATED DEPRECIATION	0	39. 99
	Subtotal (see instructions)	23, 078, 856	
	,		
	Sequestration adjustment (see instructions)	136, 165	
	Demonstration payment adjustment amount after sequestration	0	
	Sequestration adjustment-PARHM pass-throughs	00 171 000	40. 03
	Interim payments	23, 171, 808	
	Interim payments-PARHM	_	41. 01
	Tentative settlement (for contractors use only)	0	
	Tentative settlement-PARHM (for contractor use only)		42. 01
	Balance due provider/program (see instructions)	-229, 117	
	Balance due provider/program-PARHM (see instructions)		43. 01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §1	15. 2 0	44.00
	TO BE COMPLETED BY CONTRACTOR		1
	Original outlier amount (see instructions)	0	
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0. 00	92.00
93.00	Time Value of Money (see instructions)	0	93. 00
94.00	Total (sum of lines 91 and 93)	0	94.00

3.00   Comparison of Corridor payment (see instructions)   0   3.00	7. 00	Sum of lines 3, 4, and 4.01, divided by line 6	0. 00	7. 00
10.00   Organ acquisitions   24,649   11.00   COMPUTATION OF LISSER OF COST OR CHARGES   24,649   11.00   COMPUTATION OF LISSER OF COST OR CHARGES   22.00   23.00			-	
11.00   Total cost (sum of lines 1 and 10) (see instructions)   24, 649   11.00				
COMPUTATION OF LESSER OF COST OR CHARGES   Reasonable charges   109,802   12.00   Ancillary service charges   109,802   12.00   13.00   Organ acquisit to charges (from Wist. D.4, Pt. III, col. 4, Iline 69)   109,802   14.00   100,802   14.00   101,802   101,802   10		o '		
Reasonable charges   10,00   20,00   10,00	11.00		24, 047	11.00
13.00   Organ acquisition charges (from West D-4, Pt. III, col. 4, line 69)				
14. 00   Total reasonable charges (sum of lines 12 and 13)   109,802   14. 00		Ancillary service charges	109, 802	12.00
Customary charges   Cust				
15.00   Aggregate amount actually collected from patients   Iable for payment for services on a charge basis   0   15.00	14. 00		109, 802	14. 00
16.00   Amounts that would have been realized from patients   Iable for payment for services on a chargebas   s had   0   16.00	1F 00			15 00
Such payment been made in accordance with 42 CFR \$413.13(e)   0.000000   17.00   17.00   18.00   17.00   18.00   17.00   18.00   17.00   18.00   17.00   18.				
17.00   Ratio of line 15 to line 16 (not to exceed 1.000000)   0.000000   17.00   17	10.00	, , , , , , , , , , , , , , , , , , , ,	i S i i au U	10.00
18.00   Total customary charges (see instructions)   109, 802   18.00   109, 902   109, 902   109,	17 00		0 000000	17 00
19. 00   Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see   15. 153   19. 00   15. 15. 15. 15. 19. 00   15. 15. 15. 15. 15. 15. 15. 15. 15. 15.				
instructions				
Instructions   24,4649   21.00		instructions)		
21.00   Lesser of cost or charges (see instructions)   22.00   22.00   23.00	20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see	0	20.00
22.00   Interns and residents (see instructions)   0.22.00   23.00   20.50   Total prospective payment (sum of lines 3.4, 4.01, 8 and 9)   27.105,885   24.00   27.00   28.00   28.0		, and the second second second second second second second second second second second second second second se		
23.00   Cost of physicians' services in a teaching hospital (see instructions)   27,105,885   24.00   26.00   Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)   27,105,885   24.00   25.00   Deductible sand coinsurance amounts (for CAH, see instructions)   4, 258,109   26.00   Deductible sand coinsurance amounts (for CAH, see instructions)   4, 258,109   26.00   Deductible sand Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)   4, 258,109   26.00   Defuctions)   22, 872, 425   27.00   Instructions)   22, 872, 425   27.00   Instructions)   22, 872, 425   27.00   Instructions)   28.00   Direct graduate medical education payments (from Wkst. E-4, line 50)   28.00   ESRD direct medical education costs (from Wkst. E-4, line 36)   22, 872, 425   30.00   28.00   Subtotal (sum of lines 27 through 29)   22, 872, 425   30.00   20.00   Subtotal (sum of lines 27 through 29)   22, 872, 425   30.00   30.00   Subtotal (sum of lines 27 through 29)   22, 875, 948   32.00   30.00   Subtotal (sum of lines 27 through 29)   22, 875, 948   32.00   30.00   Subtotal (sum of lines 27 through 29)   22, 875, 948   32.00   30.00   Subtotal (sum of lines 27 through 29)   22, 875, 948   32.00   30.00   Subtotal (sum of lines 27 through 29)   30.00   30.0		g ,		
24. 00   Total prospective payment (sum of lines 3, 4, 4, 01, 8 and 9)   27, 105, 885   24, 00   CMPUTATION OF REIMBURSEMINT SETTLEMENT			-	
COMPUTATION OF REIMBURSEMENT SETTLEMENT   25.00   25.00   26.00   Deductibles and coinsurance amounts (for CAH, see instructions)   4, 258, 109   26.00   26.00   Deductibles and Coinsurance amounts (for CAH, see instructions)   4, 258, 109   26.00   27.00   Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see   22, 872, 425   27.00   28.00   Instructions)   28.00   Incet graduate medical education payments (from Wkst. E-4, line 50)   28.00   29.00   ESRD direct medical education costs (from Wkst. E-4, line 36)   0.29, 00   29.00			-	
25.00   Deductible sand Coinsurance amounts (for CAH, see instructions)   4, 258, 109, 26, 00	24.00		27, 100, 660	24.00
26. 00   Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)   4, 258, 109   26. 00	25. 00		0	25. 00
27.00   Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see   22,872,425   27.00   28.00   29.00   ESRD direct medical education payments (from Wkst. E-4, line 50)   0   29.00   29.			-	
28. 00   Direct graduate medical education payments (from Wkst. E-4, line 50)   28. 00   0.90   0.				
29. 00   ESRO direct medical education costs (from Wkst. E-4, line 36)   22, 872, 425   30. 00   30. 00   Subtotal (sum of lines 27 through 29)   14, 477   31. 00   31. 00   Primary payer payments   14, 477   31. 00   32. 00   Subtotal (line 30 minus line 31)   22, 877, 948   32. 00   ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   33. 00   Composite rate ESRO (from Wkst. I-5, line 11)   0   33. 00   34. 00   Allowable bad debts (see instructions)   340, 614   34. 00   35. 00   Adjusted reimbursable bad debts (see instructions)   221, 399   35. 00   36. 00   Allowable bad debts for dual eligible beneficiaries (see instructions)   216, 515   36. 00   37. 00   Subtotal (see instructions)   216, 515   36. 00   37. 00   Subtotal (see instructions)   23, 079, 347   37. 00   38. 00   MSP-LCC reconciliation amount from PS&R   491   38. 00   39. 00   79. 00				
30.00   Subtotal (sum of lines 27 through 29)   22, 872, 425   30.00   31.00   Primary payer payments   14, 477   31.00   32.00   Subtotal (line 30 minus line 31)   22, 857, 948   32.00   32.00   Subtotal (line 30 minus line 31)   32.00   Subtotal (line 30 minus line 31)   32.00   33.00   34.00   AlLoWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   33.00   Composite rate ESRD (from Wisks I. 1-5, line 11)   0.33.00   34.00   Allowable bad debts (see instructions)   340, 614   34.00   35.00   Adjusted reimbursable bad debts (see instructions)   221, 399   35.00   Allowable bad debts for dual eligible beneficiaries (see instructions)   23, 079, 347   37.00   Subtotal (see instructions)   23, 079, 347   37.00   39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   0.39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   0.39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   0.39.90				
31.00   Primary payer payments   14, 477   31.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   33.00   3				
32.00   Subtotal (ine 30 minus line 31)   ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   33.00   Composite rate ESRD (from Wkst. I - 5, line 11)   0   33.00   34.00   Allowable bad debts (see instructions)   340,614   34.00   35.00   Adjusted reimbursable bad debts (see instructions)   221,399   35.00   Adjusted reimbursable bad debts (see instructions)   216,515   36.00   37.00   Subtotal (see instructions)   23,079,347   37.00   Subtotal (see instructions)   23,079,347   37.00   39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   0   39.50   Pioneer ACO demonstration payment adjustment (see instructions)   39.97   39.98   Partial or full credits received from manufacturers for replaced devices (see instructions)   0   39.99   39.99   RECOVERY of ACCELERATED DEPRECIATION   0   39.99   40.00   Subtotal (see instructions)   23,078,856   40.00   40.01   40				
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   3				
33.00   Composite rate ESRD (from Wkst. I-5, line 11)   34.00   Allowable bad debts (see instructions)   34.00   Allowable bad debts (see instructions)   34.00   35.00   Adjusted reimbursable bad debts (see instructions)   221, 399   35.00   36.00   Allowable bad debts for dual eligible beneficiaries (see instructions)   216, 515   36.00   37.00   Subtotal (see instructions)   23, 079, 347   37.00   38.00   MSP-LCC reconciliation amount from PS&R   491   38.00   39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   0 39.00   39.50   Ploneer ACO demonstration payment adjustment (see instructions)   39.50   97.00   Ploneer ACO demonstration payment adjustment amount before sequestration   39.97   39.98   Partial or full credits received from manufacturers for replaced devices (see instructions)   39.99   RECOVERY OF ACCELERATED DEPRECIATION   0 39.99   80.00   Subtotal (see instructions)   23,078,856   40.00   40.01   Sequestration adjustment (see instructions)   23,078,856   40.00   40.02   Demonstration payment adjustment amount after sequestration   40.02   Demonstration payment adjustment amount after sequestration   40.02   40.03   Sequestration adjustment (see instructions)   23,171,808   41.00   Interim payments   23,171,808   41.00   42.00	32.00		22, 857, 948	32.00
34,00   Allowable bad debts (see instructions)   340,614   34,00   35.00   Adjusted reimbursable bad debts (see instructions)   216,515   36.00   37.00   38.00   Allowable bad debts for dual eligible beneficiaries (see instructions)   216,515   36.00   37.00   38.00   MSP-LCC reconciliation amount from PS&R   23,079,347   37.00   38.00   MSP-LCC reconciliation amount from PS&R   29.00   39.00	33 00		0	33 00
35. 00       Adjusted reimbursable bad debts (see instructions)       221, 399       35. 00         36. 00       Allowable bad debts for dual eligible beneficiaries (see instructions)       216, 515       36. 00         37. 00       Subtotal (see instructions)       23, 079, 347       37. 00         38. 00       MSP-LCC reconciliation amount from PS&R       491       38. 00         39. 00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0       39. 00         39. 50       39. 97       Pioneer AGO demonstration payment adjustment (see instructions)       39. 50         39. 97       Pomonstration of Full credits received from manufacturers for replaced devices (see instructions)       0       39. 95         39. 98       Partial or full credits received from manufacturers for replaced devices (see instructions)       0       39. 99         40. 00       Subtotal (see instructions)       23, 078, 856       40. 00         40. 01       Sequestration adjustment (see instructions)       23, 078, 856       40. 00         40. 02       Demonstration payment adjustment amount after sequestration       23, 171, 808       41. 00         41. 01       Interim payments-PARHM       23, 171, 808       41. 00         42. 00       1. 01       Interim payments-PARHM       23, 171, 80       41. 00         43.				
36. 00				
38.00       MSP-LCC reconciliation amount from PS&R       491       38.00         39.00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0       39.00         39.50       Pioneer ACO demonstration payment adjustment (see instructions)       39.00         39.97       Demonstration payment adjustment amount before sequestration       0       39.97         39.98       RECOVERY OF ACCELERATED DEPRECIATION       0       39.99         40.00       Subtotal (see instructions)       23,078,856       40.01         40.01       Sequestration adjustment (see instructions)       136,165       40.01         40.02       Demonstration payment adjustment amount after sequestration       0       40.02         40.03       Sequestration adjustment (see instructions)       136,165       40.01         40.01       Demonstration payment adjustment amount after sequestration       0       40.02         40.02       Sequestration adjustment (see instructions)       23,171,808       41.00         41.01       Interim payments       23,171,808       41.00         42.01       Tentative settlement (for contractor use only)       42.01         42.01       Tentative settlement-PARHM (see instructions)       -229,117         43.01       Bal ance due provider/program-PARHM (see instructions)				
39.00   OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   39.00   39.50   39.00   39.50   39.00   39.50   39.00   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.50   39.97   39.98   39.98   39.98   39.98   39.99   Partial or full credits received from manufacturers for replaced devices (see instructions)   0 39.98   39.99   39.99   39.99   39.90   39.			23, 079, 347	37.00
99.50 Pi oneer ACO demonstration payment adjustment (see instructions) 99.97 Demonstration payment adjustment amount before sequestration 99.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 99.99 RECOVERY OF ACCELERATED DEPRECIATION 90.99 Subtotal (see instructions) 90.00 Sequestration adjustment (see instructions) 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount after sequestration 90.00 Requestration adjustment amount (see instructions) 90.00 Recompleted amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.2	38.00	MSP-LCC reconciliation amount from PS&R	491	38.00
39.97 39.98 39.98 RECOVERY OF ACCELERATED DEPRECIATION 0 39.98 39.99 RECOVERY OF ACCELERATED DEPRECIATION 0 Subtotal (see instructions) 23,078,856 40.00 40.01 Sequestration adjustment (see instructions) 136,165 40.02 Demonstration payment adjustment amount after sequestration 240.03 Sequestration adjustment-PARHM pass-throughs 23,171,808 41.00 Interim payments 1 Interim payments 1 Interim payments 2 Interim payments 2 Interim payments 2 Interim payments 2 Interim payments 2 Interim payments 3 Interim payments 4 Interim p			0	
39.98 Partial or full credits received from manufacturers for replaced devices (see instructions) 39.98 RECOVERY OF ACCELERATED DEPRECIATION 39.99 40.00 Subtotal (see instructions) 39.99 40.01 Sequestration adjustment (see instructions) 39.99 40.02 Demonstration payment adjustment amount after sequestration 39.99 40.02 Demonstration payment adjustment amount after sequestration 39.99 40.01 Temperature and subtractions adjustment amount after sequestration 39.99 40.02 Demonstration adjustment (see instructions) 40.02 Demonstration payment adjustment amount after sequestration 40.02 Sequestration adjustment-PARHM pass-throughs 40.03 Interim payments 41.01 Interim payments-PARHM 41.01 Tentative settlement (for contractors use only) 42.01 Tentative settlement (for contractor use only) 43.00 Balance due provider/program (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 To BE COMPLETED BY CONTRACTOR  90.00 Outlier reconciliation adjustment amount (see instructions) 70.00 Outlier reconciliation adjustment amount (see instructions) 71.00 The rate used to calculate the Time Value of Money 72.00 Time Value of Money (see instructions) 73.00 Time Value of Money (see instructions) 74.00 Outlier amount (see instructions) 75.20 Outlier reconciliation adjustment amount (see instructions) 76.00 Outlier reconciliation adjustment amount (see instructions) 77.00 Outlier reconciliation adjustment amount (see instructions) 78.00 Outlier reconciliation adjustment amount (see instructions) 79.00				
39.99   RECOVERY OF ACCELERATED DEPRECIATION   0   39.99   40.00   Subtotal (see instructions)   23,078,856   40.00   40.01   50.00   40.02   40.03   40.02   40.03   40.02   40.03   40.03   40.00   40.02   40.03			-	
40.00 Subtotal (see instructions) 40.01 Sequestration adjustment (see instructions) 40.02 Demonstration payment adjustment amount after sequestration 40.03 Sequestration adjustment-PARHM pass-throughs 41.01 Interim payments 42.00 Tentative settlement (for contractors use only) 42.01 Tentative settlement (for contractor use only) 43.00 Bal ance due provider/program (see instructions) 43.01 Bal ance due provider/program-PARHM (see instructions) 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.2			-	
40.01 Sequestration adjustment (see instructions) 40.02 Demonstration payment adjustment amount after sequestration 5 Sequestration adjustment-PARHM pass-throughs 6 Linter im payments 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 7 Linter im payments - PARHM 8 Linter im payments - PARHM 8 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments - PARHM 9 Linter im payments 9 Linter im payment			-	
40. 02 Demonstration payment adjustment amount after sequestration  Sequestration adjustment-PARHM pass-throughs  1. or or or or or or or or or or or or or				
40. 03   Sequestration adjustment-PARHM pass-throughs   40. 03   41. 00   1nterim payments   23, 171, 808   41. 00   41. 01   42. 00   42. 01   43. 00   44. 00   60.				
41. 01   Interim payments-PARHM				40.03
42.00 Tentative settlement (for contractors use only) 42.01 Tentative settlement-PARHM (for contractor use only) 43.00 Bal ance due provider/program (see instructions) 43.01 Bal ance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.2  90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Value of Money (see instructions) 95.00 Value of Money (see instructions) 96.00 Value of Money (see instructions) 97.00 Value of Money (see instructions) 98.00 Value of Money (see instructions) 99.00 Value of Money (see instructions)			23, 171, 808	41.00
42.01 Tentative settlement-PARHM (for contractor use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Time Value of Money (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Outlier reconciliation adjustment amount (see instructions)				
43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 TO BE COMPLETED BY CONTRACTOR  90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 943.00 Time Value of Money (see instructions) 943.00 Time Value of Money (see instructions) 95.00 Time Value of Money (see instructions) 96.00 Time Value of Money (see instructions) 97.00 Time Value of Money (see instructions)		`	0	
43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 0 44.00 TO BE COMPLETED BY CONTRACTOR  90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 O 93.00			220 117	
44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §1 5.2 0 44.00 TO BE COMPLETED BY CONTRACTOR  90.00 Original outlier amount (see instructions) 0 90.00 Outlier reconciliation adjustment amount (see instructions) 0 91.00 The rate used to calculate the Time Value of Money 0.00 92.00 Time Value of Money (see instructions) 0 93.00			-229, 117	
TO BE COMPLETED BY CONTRACTOR  90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 90.00 90.00 91.00 92.00 93.00		, , , , , , , , , , , , , , , , , , , ,	15.2	
90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 90.00 91.00 91.00 92.00 93.00 Original outlier amount (see instructions) 90.00 91.00 92.00 93.00	44.00		15. 2	44.00
91.00 Outlier reconciliation adjustment amount (see instructions)  92.00 The rate used to calculate the Time Value of Money  93.00 Time Value of Money (see instructions)  0 91.00  92.00  93.00 Time Value of Money (see instructions)	90.00		0	90.00
92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0.00 92.00 93.00 93.00				
	92.00	The rate used to calculate the Time Value of Money	0. 00	
94.00   Total (sum of lines 91 and 93) 0   94.00				
	94.00	Total (sum of lines 91 and 93)	0	94.00

Health Financial Systems	BAPTIST HEALTH	ł FLOYD	In Lieu	of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 15-0044	Peri od: From 09/01/2021	Worksheet E	
				Date/Time Pro	enared.
			10 00/01/2022	1/30/2023 6:	
		Title XVIII	Hospi tal	PPS	
				1. 00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				0	200.00

Interim payments payable on individual bills, either submitted or to be submitted to the contractor for servides rendered in the cost reporting period. If none, write "NONE" or enter a zero 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)	lealth Financial System ANALYSIS OF PAYMENTS TO	) PROVIDERS FOR SERVICES RENDERED			Period: From 09/01/2021	worksheet E-1 Part I Date/Time Pre	pared:
mm/dd/yyyy							
1.00   2.00   3.00   4.00			Inpatier	nt Part A	Par	rt B	
Total interim payments paid to provider   149,141,260   22,996,508			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
InterIm payments payable on individual bills, either submitted to to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			1.00				
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	2.00 Interim payments submitted or to rendered in the	payable on individual bills, either be submitted to the contractor for servi		49, 141, 26	0		1.00 2.00
ADJUSTMENTS TO PROVIDER	based on subsequ reporting period write "NONE" or	ent revision of the interim rate for the . Also show date of each payment. If nor enter a zero. (1)	cost				3.00
O			T		0 05/27/2022	175, 300	3. 01
O	3. 02			l l	-	-	3. 02
Provider to Program	3. 03			•	-		3. 03
Provider to Program	3. 04				0	-	3. 04 3. 0!
ADJUSTMENTS TO PROGRAM		ram			U <u>l</u>	0	3.0
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					ol	0	3. 50
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	3. 51		1		0	0	3.5
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	3. 52				0		3. 52
99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)  175,300 Sa.50-3.98)  176 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)  170 BE COMPLETED BY CONTRACTOR  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  170 TENTATIVE TO PROVIDER  180 O O O O O O O O O O O O O O O O O O O	3. 53				0		3. 53
3.50-3.98   Total interim payments (sum of lines 1, 2, and 3.99)   49,141,260   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   23,171,808   2	3. 54			•	~		3. 54
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)  TO BE COMPLETED BY CONTRACTOR  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  TENTATIVE TO PROVIDER  TENTATIVE TO PROGRAM  Provider to Program  TENTATIVE TO PROGRAM		lines 3.01-3.49 minus sum of lines			O	1/5, 300	3. 9
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  TENTATIVE TO PROVIDER  TENTATIVE TO PROVIDER  Provider to Program  TENTATIVE TO PROGRAM  TENTATIVE TO PROVIDER  TENTATIVE TO PROGRAM  TENTATIV	(transfer to Wks appropriate)	t. E or Wkst. E-3, line and column as		49, 141, 26	0	23, 171, 808	4.00
review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider  TENTATIVE TO PROVIDER  O O O O O O O O O O O O O O O O O O O	5.00 List separately	each tentative settlement payment after	desk				5. 00
Program to Provider							
TENTATIVE TO PROVIDER							
O			1		ما		F 0
O O O   Separate   O O O   Separate   O O O O O O O O O O O O O O O O O O		VI DER					5. 0° 5. 0°
Provider to Program	5. 03			i e			5. 0
TENTATIVE TO PROGRAM	• •	am	<u> </u>		<u> </u>		0.0
52   0   0   0   5     99   Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)   00   Determined net settlement amount (balance due) based on the cost report. (1)   01   SETTLEMENT TO PROVIDER   258,700   0   229,117   6     00   Total   Medicare program   Liability (see instructions)   49,399,960   22,942,691   7     Contractor   NPR Date   (Mo/Day/Yr)   1   1   1   1   1   1   1   1   1					0	0	5. 50
99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 00 Determined net settlement amount (balance due) based on the cost report. (1) 01 SETTLEMENT TO PROVIDER 258,700 0 229,117 0 229,117 0 100 Total Medicare program liability (see instructions) 49,399,960 Contractor Number (Mo/Day/Yr)	5. 51				0	0	5. 5
5.50-5.98)  Determined net settlement amount (balance due) based on the cost report. (1)  10 SETTLEMENT TO PROVIDER  258,700  SETTLEMENT TO PROGRAM  O Total Medicare program liability (see instructions)  Contractor Number (Mo/Day/Yr)	5. 52				0	-	5. 5.
Cost report. (1)		lines 5.01-5.49 minus sum of lines			0	0	5. 9
01         SETTLEMENT TO PROVIDER         258,700         0         6           02         SETTLEMENT TO PROGRAM         0         229,117         6           00         Total Medicare program liability (see instructions)         49,399,960         22,942,691         7           Contractor Number         NPR Date (Mo/Day/Yr)		ettlement amount (balance due) based on	the				6. 00
OZ SETTLEMENT TO PROGRAM OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)  OD Total Medicare program liability (see instructions)		OVI DER	1	258, 70	О	o	6.0
Contractor NPR Date Number (Mo/Day/Yr)					0	229, 117	6. 02
Number (Mo/Day/Yr)	7.00 Total Medicare p	rogram liability (see instructions)		49, 399, 96		22, 942, 691	7.00
				0			

Contractor Number 1.00

8.00 Name of Contractor

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form				u of Form CMS-:	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT Provider CCN: 15-0044 Period:			Worksheet E-1	1	
			From 09/01/2021		
			To 08/31/2022	Date/Time Pre 1/30/2023 6:4	∍parea: 48 nm
		Title XVIII	Hospi tal	PPS	то рііі
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	ON			
1.00	Total hospital discharges as defined in AARA §4102 from Wks			İ	1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, an	d 8 through 12, and plu	s for cost repor	ti ng	2.00
	periods beginning on or after 10/01/2013, line 32)				
3.00					3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of line		and plus for cos	jt	4. 00
	reporting periods beginning on or after 10/01/2013, line 32)				
5. 00	3			I	5.00
6. 00				1	6.00
7. 00	7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line				7. 00
0.00	1.50			İ	0.00
8.00					8.00
9.00					9.00
10.00	10.00 Calculation of the HIT incentive payment after sequestration (see instructions)			10.00	
20.00	I NPATI ENT HOSPI TAL SERVI CES UNDER THE I PPS & CAH				4
	30.00   Initial/interim HIT payment adjustment (see instructions)				30.00
	31.00 Other Adjustment (specify)				31. 00 32. 00
32.00	32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				

Heal th	Financial Systems BAPTIST HEALTH	f FLOYD	In Lieu	of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0044	Period: From 09/01/2021 To 08/31/2022	Worksheet E-3 Part VII Date/Time Pre 1/30/2023 6:4	epared:
		Title XIX	Hospi tal	Cost	ТО РІП
		11 619 747	Inpatient	Outpati ent	
			1. 00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH S COMPUTATION OF NET COST OF COVERED SERVICES	SERVICES FOR TITLES V OR	XIX SERVICES		
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			1, 445, 304	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1, 445, 304	4.00
5.00	Inpatient primary payer payments		0		5.00
6. 00	Outpatient primary payer payments			0	6.00
7. 00	Subtotal (line 4 less sum of lines 5 and 6)		0	1, 445, 304	•
	COMPUTATION OF LESSER OF COST OR CHARGES			, ,	
	Reasonable Charges				1
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		11, 872, 848	12, 230, 957	9. 00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11. 00
12.00	Total reasonable charges (sum of lines 8 through 11)		11, 872, 848	12, 230, 957	12. 00
	CUSTOMARY CHARGES				Ī
	Amount actually collected from patients liable for payment f Amounts that would have been realized from patients liable f			0	13. 00 14. 00
	charge basis had such payment been made in accordance with				
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	, ,	0. 000000	0. 000000	15. 00
	Total customary charges (see instructions)		11, 872, 848	12, 230, 957	16. 00
	Excess of customary charges over reasonable cost (complete of	only if line 16 exceeds	I ne 4), 872, 848	10, 785, 653	17. 00
	(see instructions)				
18.00	Excess of reasonable cost over customary charges (complete o	only if line 4 exceeds I	ine 16) 0	0	18. 00
	(see instructions)	•			
19.00	Interns and Residents (see instructions)		0	0	19. 00
20.00	Cost of physicians' services in a teaching hospital (see ins	structions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line	e 16)	0	1, 445, 304	21. 00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only b	oe completed for PPS pro			1
	Other than outlier payments		0	0	
	Outlier payments		0	0	
	Program capital payments		0		24. 00
	Capital exception payments (see instructions)		0		25. 00
	Routine and Ancillary service other pass through costs		0	0	
	Subtotal (sum of lines 22 through 26)		0	0	
	Customary charges (title V or XIX PPS covered services only)	)	0	0	28. 00
29. 00	Titles V or XIX (sum of lines 21 and 27)		0	1, 445, 304	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Excess of reasonable cost (from line 18)		0	0	
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and	6)	0	1, 445, 304	•
	Deducti bl es		0	0	
	Coi nsurance		0	0	
	Allowable bad debts (see instructions)		0	0	34.00
35. UU	Utilization review		0		35.00

0 1, 445, 304

1, 445, 304

1, 445, 304

1, 445, 304

35.00

37.00

38.00

39.00

40.00 41.00

42.00

43.00

35.00 Utilization review

1, §115.2

36.00 Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)

43.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2,

39.00 Direct graduate medical education payments (from Wkst. E-4)

42.00 Balance due provider/program (line 40 minus line 41)

40.00 Total amount payable to the provider (sum of lines 38 and 39) 41.00 Interim payments

37.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)
38.00 Subtotal (line 36 ± line 37)

Health Financial Systems BAPTIST HEALTH FLOYD In Lieu of Form CMS-2552-10

BALANCE SHEET (If you are nonproprietary and do not maintain fund-typevider CCN: 15-0044 | Period: From 09/01/2021 | To 08/31/2022 | Date/Time Prepared:

				10 08/31/2022	1/30/2023 6:4	
		General Fund	Speci fi c	Endowment Fund		
		1 00	Purpose Fund	2.22	4.00	
	CURRENT ASSETS	1. 00	2. 00	3. 00	4. 00	
1. 00	Cash on hand in banks	65, 642		0	0	1.00
2. 00	Temporary investments	00,012		o o	0	
3.00	Notes receivable	C		0	0	•
4.00	Accounts receivable	306, 102, 128	3	0	0	4. 00
5.00	Other receivable	C		0	0	•
6. 00	Allowances for uncollectible notes and accounts receivable			0	0	
7. 00	Inventory	7, 620, 781			0	
8. 00 9. 00	Prepaid expenses Other current assets	1, 587, 445			0	
10. 00	Due from other funds	1, 307, 443			0	
	Total current assets (sum of lines 1-10)	63, 632, 131	í		0	
	FIXED ASSETS	00/002/101	`	<u> </u>		1
12.00		2, 111, 661	(	0	0	12. 00
13.00	Land improvements	1, 115, 901		0	0	13. 00
	Accumulated depreciation	-699, 429	1	0	0	
	Bui I di ngs	143, 149, 435		0	0	
	Accumulated depreciation	-27, 519, 372		0	0	
	Leasehold improvements Accumulated depreciation	2, 896, 162	1		0	
	Fixed equipment	-1, 860, 739 4, 595, 246			0	
	Accumulated depreciation	-835, 344	1		0	
	Automobiles and trucks	24, 095	1	o o	0	
	Accumulated depreciation	-22, 087	1	0	0	•
23.00	Maj or movable equipment	53, 068, 741		0	0	23. 00
	Accumulated depreciation	-34, 637, 398	3	0	0	
	Minor equipment depreciable	C		0	0	
	Accumulated depreciation	C		0	0	
	HIT designated Assets Accumulated depreciation				0	
	Mi nor equi pment-nondepreci abl e				0	•
	Total fixed assets (sum of lines 12-29)	141, 386, 872			0	
00.00	OTHER ASSETS	11170007072	· · · · · · · · · · · · · · · · · · ·	<u> </u>		00.00
31.00	Investments	C	) (	0	0	31. 00
	Deposits on Leases	C		0	0	
33.00	Due from owners/officers	0		0	0	
	Other assets	20, 467, 618	•		0	
	Total other assets (sum of lines 31-34) Total assets (sum of lines 11, 30, and 35)	20, 467, 618 225, 486, 621	l .		0	
30.00	CURRENT LIABILITIES	223, 400, 021		<u> </u>	0	30.00
37.00	Accounts payable	9, 425, 130	) (	0	0	37. 00
38.00	Sal ari es, wages, and fees payable	1, 251		0	0	38. 00
39.00	Payroll taxes payable	C		0	0	
	Notes and Loans payable (short term)	C	0	0	0	•
41.00	Deferred income	C		0	0	
	Accelerated payments Due to other funds				0	42. 00 43. 00
	Other current liabilities	4, 697, 784			0	•
	Total current liabilities (sum of lines 37 thru 44)	14, 124, 165			0	
	LONG TERM LIABILITIES	, .= .,				
46.00	Mortgage payable	C	) (	0	0	46. 00
	Notes payable	C		0	0	•
	Unsecured Loans	C		0	0	•
	Other long term liabilities	101, 584, 134	•	0	0	
	Total long term liabilities (sum of lines 46 thru 49)	101, 584, 134	1		0	
51.00	Total liabilities (sum of lines 45 and 50) CAPITAL ACCOUNTS	115, 708, 299	1	0	0	51.00
52 00	General fund balance	109, 778, 322				52. 00
	Specific purpose fund	10777707022				53.00
	Donor created - endowment fund balance - restricted		]	0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55. 00
	Governing body created - endowment fund balance			0		56.00
	Plant fund balance - invested in plant				0	
58.00	Plant fund balance - reserve for plant improvement,				0	58. 00
50 00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	109, 778, 322	,		0	59. 00
	Total liabilities and fund balances (sum of lines 51 and		•			60.00
	· · · · · · · · · · · · · · · · · · ·	. ,	•			

Health Financial Systems

BAPTIST HEALTH FLOYD

In Lieu of Form CMS-2552-10

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:

From 09 (01/2021)

From 09/01/2021 Date/Time Prepared: 1/30/2023 6:48 pm 08/31/2022 General Fund Special Purpose Fund Endowment Fund 1.00 3.00 5.00 2.00 4.00 Fund balances at beginning of period 145, 312, 226 1.00 Net income (loss) (from Wkst. G-3, line 29) 2.00 -37, 319, 375 2.00 Total (sum of line 1 and line 2) 107, 992, 851 3.00 3.00 OTHER MARKET EXPENSES 4.00 27, 878, 434 4.00 5.00 RESTRICTED FUND ACTIVITY 42, 173 0 5.00 6.00 0 6.00 7.00 0 0 7.00 8.00 0 8.00 9.00 0 9.00 10 00 Total additions (sum of line 4-9) 27, 920, 607 10.00 Subtotal (line 3 plus line 10) 11.00 135, 913, 458 11.00 12.00 NET ASSET TRANSFERS 26, 135, 136 0 12.00 13.00 0 13.00 14.00 14.00 0 0 15.00 0 0 15.00 16.00 0 0 16.00 17 00 17.00 18.00 Total deductions (sum of lines 12-17) 26, 135, 136 18.00 19.00 Fund balance at end of period per balance 109, 778, 322 19.00 sheet (line 11 minus line 18) Plant Fund Endowment Fund 6.00 7.00 8.00 Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) 1.00 1.00 2.00 2.00 3.00 Total (sum of line 1 and line 2) 3.00 4.00 OTHER MARKET EXPENSES 4.00 RESTRICTED FUND ACTIVITY 0 5.00 5.00 6.00 0 6.00 7.00 7.00 8.00 8.00 9.00 9.00 0 Total additions (sum of line 4-9) 10.00 10.00 11.00 Subtotal (line 3 plus line 10) 11.00 NET ASSET TRANSFERS 12.00 12.00 13.00 13.00 14.00 14.00 15.00 15.00 16.00 16.00 C 17.00 17.00 18.00 Total deductions (sum of lines 12-17) 18.00 19.00 Fund balance at end of period per balance 19.00 sheet (line 11 minus line 18)

Health Financial Systems	BAPTIST HEALT	TH FLOYD	In Li eu	of Form CMS-2552-10
STATEMENT OF PATIENT REVENUES AND OPERA	ATING EXPENSES	Provider CCN: 15-0044	Peri od:	Worksheet G-2

From 09/01/2021 Parts I & II To 08/31/2022 Date/Time Prepared: 1/30/2023 6:48 pm Outpati ent Cost Center Description I npati ent Total 1.00 3.00 2.00 PART I - PATIENT REVENUES <u>General Inpatient Routine Services</u> 1.00 Hospi tal 95, 156, 325 95, 156, 325 1.00 2.00 SUBPROVIDER - IPF 2.00 3.00 SUBPROVIDER - IRF 0 3.00 4.00 SUBPROVI DER 0 4.00 5.00 0 Swing bed - SNF 5.00 Swing bed - NF 6.00 6.00 0 7.00 SKILLED NURSING FACILITY 0 7.00 8.00 NURSING FACILITY 0 8.00 9.00 OTHER LONG TERM CARE 9.00 10.00 Total general inpatient care services (sum of lines 1-9) 95, 156, 325 95. 156. 325 10.00 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 46, 111, 620 46, 111, 620 11.00 12.00 CORONARY CARE UNIT 0 12.00 BURN INTENSIVE CARE UNIT 13.00 0 0 13.00 14.00 SURGICAL INTENSIVE CARE UNIT 0 14.00 15.00 OTHER SPECIAL CARE (SPECIFY) 15.00 Total intensive care type inpatient hospital services (sum of lines 11-15)46,111,620 46, 111, 620 16 00 16 00 17.00 Total inpatient routine care services (sum of lines 10 and 16) 141, 267, 945 141, 267, 945 17.00 18.00 Ancillary services 717, 719, 700 1, 134, 350, 316 1, 852, 070, 016 18.00 19.00 Outpatient services 40, 780, 696 147, 497, 362 188, 278, 058 19.00 20.00 RURAL HEALTH CLINIC 20 00 0 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 21.00 22.00 HOME HEALTH AGENCY 22.00 23.00 AMBULANCE SERVICES 0 23.00 24.00 CMHC 0 24 00 24. 10 CORF 0 24.10 25.00 AMBULATORY SURGICAL CENTER (D.P.) 25.00 HOSPI CE 26.00 26, 00 0 27 00 NURSERY 4,618,890 4, 618, 890 27 00 28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-**9**04, 387, 231 1, 281, 847, 678 2, 186, 234, 909 28.00 <u>line 1)</u> PART II - OPERATING EXPENSES 29.00 Operating expenses (per Wkst. A, column 3, line 200) 356, 034, 181 29 00 30.00 OTHER MARKET EXPENSES 27, 878, 434 30.00 31.00 31.00 32.00 32.00 33.00 33.00 34.00 34.00 35.00 35.00 36.00 Total additions (sum of lines 30-35) 27, 878, 434 36.00 37.00 DEDUCT (SPECIFY) 37.00 38.00 38.00 39.00 39.00 40.00 40.00 41.00 41.00 42.00 Total deductions (sum of lines 37-41) 42.00 383, 912, 615 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to 43.00 43.00 Wkst. G-3, line 4)

DADTICT UEALTH FLOVE		NEEO 10
Health Financial Systems  BAPTIST HEALTH FLOYD  In Lieu  STATEMENT OF REVENUES AND EXPENSES  Provider CCN: 15-0044   Period:	u of Form CMS-2 Worksheet G-3	
From 09/01/2021		
To 08/31/2022	Date/Time Pre	
	1/30/2023 6: 4	18 pm
	1. 00	
1.00 Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2, 186, 234, 909	1.00
2.00 Less contractual allowances and discounts on patients' accounts	1, 851, 196, 807	
3.00 Net patient revenues (line 1 minus line 2)	335, 038, 102	3.00
4.00 Less total operating expenses (from Wkst. G-2, Part II, line 43)	383, 912, 615	4.00
5.00 Net income from service to patients (line 3 minus line 4)	-48, 874, 513	5.00
OTHER I NCOME		
6.00 Contributions, donations, bequests, etc	40, 000	
7.00 Income from investments	0	
8.00 Revenues from telephone and other miscellaneous communication services	0	
9.00 Revenue from television and radio service	0	
10.00 Purchase discounts	0	
11.00 Rebates and refunds of expenses	0	
12.00 Parking lot receipts	0	
13.00 Revenue from laundry and linen service 14.00 Revenue from meals sold to employees and quests	· ·	
15.00 Revenue from rental of living quarters	1, 299, 840 0	
16.00 Revenue from sale of medical and surgical supplies to other than patients	0	
17.00 Revenue from sale of drugs to other than patients	7, 790, 861	
18.00 Revenue from sale of medical records and abstracts	0	
19.00 Tuition (fees, sale of textbooks, uniforms, etc.)		19. 00
20.00 Revenue from gifts, flowers, coffee shops, and canteen	54, 421	
21.00 Rental of vending machines	0	
22.00 Rental of hospital space	1, 212, 166	22. 00
23.00 Governmental appropriations	0	23. 00
24.00 MI SCELLANEOUS	1, 146, 321	24. 00
24.50 COVI D-19 PHE Fundi ng	0	24. 50
25.00 Total other income (sum of lines 6-24)	11, 543, 609	25.00
26.00 Total (line 5 plus line 25)	-37, 330, 904	
27.00 LOSS ON DISPOSAL OF ASSETS	-11, 529	
28.00 Total other expenses (sum of line 27 and subscripts)	-11, 529	
29.00 Net income (or loss) for the period (line 26 minus line 28)	-37, 319, 375	29. 00

Heal th	Financial Systems BAPTIST HEALT	TH FLOYD	In Lieu	ı of Form CMS-	2552-10
	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0044	Peri od: From 09/01/2021 To 08/31/2022	Worksheet L Parts I-III	epared:
	Title XVIII Hospital				
	DADT I FULLY DROODSOTIVE METHOD			1. 00	
	PART I - FULLY PROSPECTIVE METHOD  CAPITAL FEDERAL AMOUNT				-
1. 00	Capital DRG other than outlier			3, 467, 096	1.00
1. 00	Model 4 BPCI Capital DRG other than outlier			3, 407, 070	1
2. 00	Capital DRG outlier payments			145, 366	
2. 01	Model 4 BPCI Capital DRG outlier payments			. (	1
3.00	Total inpatient days divided by number of days in the cost	reporting period (see i	nstructions)	155. 42	
4.00	Number of interns & residents (see instructions)			0. 00	
5. 00	Indirect medical education percentage (see instructions)			0.00	
6. 00	Indirect medical education adjustment (multiply line 5 by 1	the sum of lines 1 and 1	.01, columns 1 a	hd (	6. 00
7. 00	1.01)(see instructions) Percentage of SSI recipient patient days to Medicare Part A	A nationt days (Workshop	at F nart Aline	30) 2.99	7.00
7.00	(see instructions)	A patrent days (workshee	t L, part A illie	2. 7	/ /.00
8.00	Percentage of Medicaid patient days to total days (see inst	tructions)		15. 94	8.00
9.00	Sum of lines 7 and 8	,		18. 93	9.00
10.00	Allowable disproportionate share percentage (see instruction	ons)		3. 90	10.00
	Disproportionate share adjustment (see instructions)				7 11. 00
12.00	Total prospective capital payments (see instructions)			3, 747, 679	12.00
				1 00	
	PART II - PAYMENT UNDER REASONABLE COST			1. 00	
1. 00	Program inpatient routine capital cost (see instructions)				1.00
2.00	Program inpatient ancillary capital cost (see instructions)	)			
3. 00	Total inpatient program capital cost (line 1 plus line 2)	,		Ċ	
4.00	Capital cost payment factor (see instructions)			(	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			(	5.00
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			(	1.00
2.00	Program inpatient capital costs for extraordinary circumsta	ances (see instructions)		(	
3. 00	Net program inpatient capital costs (line 1 minus line 2)			(	
4. 00	Applicable exception percentage (see instructions)			0. 00	
5. 00 6. 00	Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see	instructions)		0. 00	
7. 00	Adjustment to capital minimum payment level for extraordina		2 v line 6)	0.00	
8. 00	Capital minimum payment level (line 5 plus line 7)	ary crredinstances (rine	2 X TITIC 0)		
9. 00	Current year capital payments (from Part I, line 12, as app	ol i cabl e)			9.00
	Current year comparison of capital minimum payment level to		8 less line 9)	C	10.00
	Carryover of accumulated capital minimum payment level over Part III, line 14)			neet L, (	11. 00
12.00	Net comparison of capital minimum payment level to capital	payments (line 10 plus	line 11)	(	12.00
	Current year exception payment (if line 12 is positive, ent				13.00
	Carryover of accumulated capital minimum payment level over				14.00
	line 12 is negative, enter the amount on this line)			,	
	Current year allowable operating and capital payment (see i				15. 00
	Current year operating and capital costs (see instructions)	)			16.00
17. 00	Current year exception offset amount (see instructions)			(	17. 00