## PART II - CERTIFICATION

(5) Amended

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

## CERTIFICATION BY 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 the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (180104) for the cost reporting period beginning 09/01/2012 and ending 08/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Si gned)			
	Officer o	r Administrator	of Provider(s)
			• •
Title			
11 11 0			
Date			

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	394, 364	83, 584	-173, 395	1, 325, 871	1. 00
2.00	Subprovi der - I PF	0	0	0		0	2. 00
3.00	Subprovi der - I RF	0	0	0		0	3. 00
4.00	SUBPROVI DER I	0	0	0		0	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	-130	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	394, 234	83, 584	-173, 395	1, 325, 871	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 180104 Peri od: Worksheet S-2 From 09/01/2012 Part I Date/Time Prepared: 08/31/2013 1/31/2014 9:35 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 2501 KENTUCKY AVENUE 1.00 PO Box: 1.00 State: KY 2.00 City: PADUCAH Zip Code: 42003-County: MCCRACKEN 2.00 Component Name CCN CBSA Provi der Date Payment System (P, Certi fi ed T, 0, or N) Number Number Type XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 BAPTIST HEALTH PADUCAH 180104 99918 01/04/1966 Ν 3.00 Hospi tal Subprovider - IPF 4.00 4.00 5.00 Subprovider - IRF 5.00 Subprovi der - (Other) 6.00 6.00 7.00 Swing Beds - SNF 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospi tal -Based SNF BAPTIST HEALTH TCU 185416 99918 11/22/1995 Ρ Ν 9.00 Ν 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11 00 11 00 Hospi tal -Based HHA 12.00 12.00 13.00 Separately Certified ASC 13.00 Hospi tal -Based Hospi ce 14.00 14.00 Hospital-Based Health Clinic - RHC 15.00 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 Hospital-Based (CMHC) I 17.00 Hospi tal -Based (CORF) I 17. 10 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) 09/01/2012 08/31/2013 20.00 Type of Control (see instructions) 21.00 Inpatient PPS Information 22 00 Does this facility qualify and is it currently receiving payments for disproportionate Υ Ν 22 00 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 §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 2 Ν 23.00 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method "N" for no used in the prior cost reporting period? In column 2, enter "Y" for yes or In-State In-State Out-of Out-of Medi cai d 0ther Medi cai d Medi cai d State State HMO days Medi cai d paid days el i gi bl e Medi cai d Medi cai d days unpai d el i gi bl e paid days days unpai d 1.00 3.00 4. 00 5. 00 6.00 2.00 24.00 | If this provider is an IPPS hospital, enter the 0 24 00 717 224 454 384 8.161 in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. out-of-state Medicaid paid days in col. 3 out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. 25.00 If this provider is an IRF, enter the in-state 25 00 0 O 0 0 O Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6. Urban/Rural S Date of Geogr

26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.

enter the effective date of the geographic reclassification in column 2.

effect in the cost reporting period.

Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable,

If this is a sole community hospital (SCH), enter the number of periods SCH status in

1.00

2

2.00

26. 00

27.00

35.00

27.00

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 180104 Peri od: Worksheet S-2 From 09/01/2012 Part I Date/Time Prepared: 08/31/2013 1/31/2014 9:35 am Program Code Unweighted IME Program Name Unwei ghted Direct ĞME FTE FTE Count Count 1.00 2.00 3.00 4.00 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count. 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 62.01 0.00 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Non-Provider Settings 63.00 Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions) N 63.00 Unwei ghted Unwei ghted Ratio (col. 1/ FTEs in FTES (col . 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 64.00 Enter in column 1, if line 63 is yes, or your facility trained residents 0.00 0.00 0.000000 64.00 in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Program Code Unwei ghted Unwei ghted Ratio (col. 3/ FTEs FTEs in (col. 3 + col. Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3. 00 4.00 5.00 65.00 Enter in column 1, if line 63 0.00 0.00 0.000000 65.00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ (col. 1 + col FTEs FTEs in Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 0. 00 0. 00 0.000000 66.00 66.00 FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident

FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)

Health Financial Systems BAPTIST HEAL	TH PADUCAH		ı	In Lie	u of For	m CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Peri od:		Workshe		
			From 09/01 To 08/31	/2012	Part I Date/Ti	me Pre	pared:
					1/31/20	14 9: 3	5 am
			1. 00	n	2. C		-
107.00 Column 1: If this facility qualifies as a CAH, is it eligible for I &R training programs? Enter "Y" for yes or "N" for not instructions) If yes, the GME elimination would not be on World and the program would be cost reimbursed. If yes complete Column 2: If this facility is a CAH, do I&Rs in an approved train in the CAH's excluded IPF and/or IRF unit? Enter "Y"	o in column 1. orksheet B, Pai e Worksheet D-2 d medical educa	(see rt I, column 2, Part II. ation program	N	<u> </u>	2.0		107. 00
column 2. (see instructions)  108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	CRNA fee sched	dul e? See 42	N				108. 00
	Physi cal	Occupati ona			Respi r		
109.00 If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	1.00 N	2.00 N	3. 0 N	0	4. (		109. 00
				1. 00	0 2.00	3.00	-
Miscellaneous Cost Reporting Information				1.00	3   2.00	3.00	
115.00 s this an all-inclusive rate provider? Enter "Y" for yes of enter the method used (A, B, or E only) in column 2. If colueither "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospital providers 15-1, §2208.1.  116.00 s this facility classified as a referral center? Enter "Y"	umn 2 is "E", e for long term s) based on the	enter in colu care (include e definition	mn 3 es	N		0	115. 00 116. 00
117.00 Is this facility legally-required to carry malpractice insurno.  118.00 Is the malpractice insurance a claims-made or occurrence pole	rance? Enter "\	d" for yes or		Y 1			117. 00 118. 00
claim-made. Enter 2 if the policy is occurrence.		Premi ums	Losse		Insur	ance	118.00
		1. 00	2.0	0	3.0	00	
118.01 List amounts of malpractice premiums and paid losses:			0 2	66, 500	Δ	181, 272	118. 01
			1. 00	<u> </u>	2.0	)O	
118.02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting sched and amounts contained therein.  119.00D0 NOT USE THIS LINE			N	<u> </u>	2.0		118. 02 119. 00
120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qualified Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2 "Y" for yes or "N" for no.	n column 1 "Y" ualifies for th	for yes or ne Outpatient			N		120. 00
121.00 Did this facility incur and report costs for implantable dev Enter "Y" for yes or "N" for no.	vices charged i	to patients?	Y				121. 00
Transplant Center Information  125.00 Does this facility operate a transplant center? Enter "Y" for	or yes and "N"	for no. If	N				125. 00
yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 f this is a Medicare certified kidney transplant center, en	nter the certii						126. 00
in column 1 and termination date, if applicable, in column 2 127.00 If this is a Medicare certified heart transplant center, enin column 1 and termination date, if applicable, in column 2	ter the certifi	cation date					127. 00
128.00 If this is a Medicare certified liver transplant center, en in column 1 and termination date, if applicable, in column 2	ter the certifi 2.						128. 00
129.00 f this is a Medicare certified lung transplant center, entercolumn 1 and termination date, if applicable, in column 2.  130.00 f this is a Medicare certified pancreas transplant center,			n				129. 00
date in column 1 and termination date, if applicable, in column 1 and termination date, if applicable, in column 131.00   f this is a Medicare certified intestinal transplant center	lumn 2.						131. 00
date in column 1 and termination date, if applicable, in col 132.00 f this is a Medicare certified islet transplant center, en	lumn 2. ter the certifi						132. 00
in column 1 and termination date, if applicable, in column 2 133.00 If this is a Medicare certified other transplant center, en	ter the certifi	cation date					133. 00
in column 1 and termination date, if applicable, in column 2 134.00lf this is an organ procurement organization (0P0), enter the and termination date, if applicable, in column 2.		n column 1					134. 00
All Providers  140.00 Are there any related organization or home office costs as chapter 10? Enter "Y" for yes or "N" for no in column 1. If are claimed, enter in column 2 the home office chain number.	yes, and home	office costs	Y		18H001		140. 00

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 180104 Peri od: Worksheet S-2 From 09/01/2012 Part I 08/31/2013 Date/Time Prepared: To 1/31/2014 9:35 am 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number
Name: BAPTIST HEALTHCARE SYSTEM | Contractor's Name: CIGNA 141 OO Name: BAPTIST HEALTHCARE SYSTEM Contractor's Number: 15101 141 00 142.00 Street: 2701 EASTPOINT PARKWAY PO Box: 142.00 143.00 Ci ty: LOUI SVI LLE State: Zip Code: 40223 143. 00 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144. 00 145.00 of costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient Ν 145. 00 services only? Enter "Y" for yes or "N" for no. 1. 00 2.00 146.00 Has the cost allocation methodology changed from the previously filed cost report? Ν 146.00 Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 147. 00 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. Ν 148. 00 149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for Ν 149. 00 no. Title XIX Part A Part B Title V 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155. 00 Hospi tal 155. 00 Ν Ν 156.00 Subprovider - IPF N N Ν N 156. 00 157.00 Subprovi der - IRF Ν Ν Ν Ν 157. 00 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν Ν 159. 00 160.00 HOME HEALTH AGENCY 160. 00 Ν N N Ν 161.00 CMHC Ν N 161. 00

101.00 011110							1101.00
161. 10 CORF			N		N	N	161. 10
						1.00	
Mul ti campus							
165.00 Is this hospital part of a Multica	ampus hospital that has or	ne or more campu	ses in di	fferent CE	BSAs?	N	165. 00
Enter "Y" for yes or "N" for no.	•	·					
	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1. 00	2.00	3.00	4. 00	5. 00	
166.00 If line 165 is yes, for each						0. 00	166. 00
campus enter the name in column							
0, county in column 1, state in							
column 2, zip code in column 3,							
CBSA in column 4, FTE/Campus in							
column 5							
	,		<u>'</u>				
						1.00	
Health Information Technology (HI	Γ) incentive in the Ameriα	can Recovery and	I Reinvest	ment Act			
167.00 Is this provider a meaningful user		Υ	167. 00				
168.00 If this provider is a CAH (line 10	05 is "Y") and is a meanir	ngful user (line	์ 167 is "`	Y"), enter	f the		168. 00
reasonable cost incurred for the H							
169.00 If this provider is a meaningful ι	user (line 167 is "Y") and	lis not a CAH (	line 105 i	is "N"), €	enter the	0. 7	5169.00
transition factor. (see instruction		·					
	•			Be	egi nni ng	Endi ng	
					1.00	2.00	1
170.00 Enter in columns 1 and 2 the EHR b	peginning date and ending	date for the re	porting	10,	/01/2012	09/30/2013	170. 00
period respectively (mm/dd/yyyy)							
, 33337				· ·			

	Financial Systems AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE:	BAPTIST HEALTH PADUCAH STIONNAIRE Provider		eri od:	eu of Form CMS- Worksheet S-2	
				rom 09/01/2012 o 08/31/2013	Date/Time Pro	epared:
				Y/N	1/31/2014 9:3 Date	35 am
	General Instruction: Enter Y for all YES resp	oonses Enter N for all NO re	senonses Enter	1.00	2. 00	
	mm/dd/yyyy format.		sponses. Litter	arr dates in	THE .	
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					
1. 00	Has the provider changed ownership immediatel reporting period? If yes, enter the date of	y prior to the beginning of the change in column 2. (see	the cost instructions)	N		1.00
	, , , , , , , , , , , , , , , , , , , ,		Y/N	Date	V/I	
2. 00	Has the provider terminated participation in		1. 00 N	2. 00	3. 00	2. 00
	yes, enter in column 2 the date of termination voluntary or "I" for involuntary.	on and in column 3, "V" for				
3. 00	Is the provider involved in business transact contracts, with individuals or entities (e.g. or medical supply companies) that are related	, chain home offices, drug d to the provider or its	N			3. 00
	officers, medical staff, management personnel of directors through ownership, control, or 1 relationships? (see instructions)					
			Y/N 1.00	Type 2. 00	3. 00	
	Financial Data and Reports	and he a Comit Co. I Dilli			0.00	4.00
4. 00	Column 1: Were the financial statements prepared Accountant? Column 2: If yes, enter "A" for or "R" for Reviewed. Submit complete copy or	Audited, "C" for Compiled, enter date available in	Y	A		4. 00
5. 00	column 3. (see instructions) If no, see instr Are the cost report total expenses and total	revenues different from	N			5. 00
	those on the filed financial statements? If y	yes, submit reconciliation.		Y/N	Legal Oper.	
	Approved Educational Activities			1. 00	2. 00	
6. 00	Approved Educational Activities Column 1: Are costs claimed for nursing scho	ool? Column 2: If yes, is th	ne provider is	N		6. 00
7. 00	the legal operator of the program? Are costs claimed for Allied Health Programs?	? If "Y" see instructions.		N		7. 00
8. 00	Were nursing school and/or allied health procost reporting period? If yes, see instruction	grams approved and/or renewed	during the	N		8. 00
9. 00	Are costs claimed for Intern-Resident program		st report? If	N		9. 00
10. 00	yes, see instructions. Was an Intern-Resident program been initiated	d or renewed in the current o	cost reporting	N		10.00
11. 00	period? If yes, see instructions. Are GME cost directly assigned to cost center	rs other than I & R in an App	proved	N		11. 00
	Teaching Program on Worksheet A? If yes, see				Y/N	1
					1.00	
	Bad Debts Is the provider seeking reimbursement for bad	d debts? If yes, see instruct	i ons.		Y	12. 00
13. 00	If line 12 is yes, did the provider's bad deb period? If yes, submit copy.	ot collection policy change o	during this cos	t reporting	N	13. 00
	If line 12 is yes, were patient deductibles a Bed Complement	and/or co-payments waived? If	yes, see inst	ructi ons.	N	14. 00
	Did total beds available change from the price	or cost reporting period? If	f		N	15. 00
		Description	Y/N	t A Date	Part B Y/N	
	PS&R Data	0	1.00	2. 00	3. 00	
	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R		N		N	16. 00
	Report used in columns 2 and 4 .(see instructions)					
17. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is		Y	12/13/2013	Y	17. 00
8. 00	yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments		N		N	18. 00
10.00	made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file					10.00
19. 00	this cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information?		N		N	19. 00
	other PS&R Report information? If yes, see instructions.					

 
 Heal th Financial
 Systems
 BAPTIST

 HOSPITAL
 AND
 HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE
 BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 Worksheet S-2 Part II Date/Time Prepared: 1/31/2014 9: 35 am Provi der CCN: 180104 Peri od: From 09/01/2012 To 08/31/2013 Part A Part B Description Y/N Date Y/N 3. 00 0 1.00 2.00 21.00 Was the cost report prepared only using the 21. 00 N N

21. 00	Was the cost report prepared only using the			N		N	21. 00
	provider's records? If yes, see instructions.						
	THISTI UCTI OHS.						
						1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPIT	TALS ONLY (EXCE	PT CHILDRENS H	OSPI TALS)			
	Capital Related Cost	,					
22. 00	Have assets been relifed for Medicare purpose	es? If yes, see	instructions			N	22. 00
23.00	Have changes occurred in the Medicare deprec			als made durin	a the cost	l N	23. 00
	reporting period? If yes, see instructions.				3		
24.00	Were new leases and/or amendments to existing	g Leases entere	ed into during	this cost repo	rting period?	N	24. 00
	If yes, see instructions	5	3		5 1		
25.00	Have there been new capitalized leases entere	ed into during	the cost repor	ting period? I	f yes, see	N	25. 00
	instructions.	3	•	5 1	· ·		
26.00	Were assets subject to Sec. 2314 of DEFRA acqu	uired during th	ne cost reporti	ng period? If	yes, see	N	26. 00
	instructions.	· ·	•				
27.00	Has the provider's capitalization policy char	nged during the	e cost reportir	g period? If y	es, submit	N	27. 00
	copy.	0	·				
	Interest Expense						
28.00	Were new loans, mortgage agreements or letter	rs of credit er	ntered into dur	ing the cost r	eporti ng	N	28. 00
	period? If yes, see instructions.						
29. 00	Did the provider have a funded depreciation a			bt Service Res	erve Fund)	N	29. 00
	treated as a funded depreciation account? If						
30.00	Has existing debt been replaced prior to its	scheduled matu	urity with new	debt? If yes,	see	N	30. 00
	i nstructi ons.						
31.00	Has debt been recalled before scheduled matu	rity without is	ssuance of new	debt? If yes,	see	N	31. 00
	instructions.					<u> </u>	
	Purchased Services						
32. 00	Have changes or new agreements occurred in pa			d through cont	ractual	N	32. 00
	arrangements with suppliers of services? If	yes, see instru	uctions.				
33. 00	If line 32 is yes, were the requirements of	Sec. 2135.2 app	olied pertainir	g to competiti	ve bidding? If	N	33. 00
	no, see instructions.					<u> </u>	
	Provi der-Based Physi ci ans						
34. 00	Are services furnished at the provider facil	ity under an ar	rangement with	provi der-base	d physicians?	N	34. 00
25 00	If yes, see instructions.					N	35. 00
35. 00	If line 34 is yes, were there new agreements physicians during the cost reporting period?			is with the pr	ovi dei -based	l IN	35.00
	physicians during the cost reporting period?	TT yes, see IT	istructions.		Y/N	Date	
					1, 00	2. 00	
	Home Office Costs				1.00	2.00	
36. 00	Were home office costs claimed on the cost re	onort?			N		36, 00
37. 00	If line 36 is yes, has a home office cost sta		congrad by the	homo offico?	N N		37. 00
37.00	If yes, see instructions.	atement been pr	epared by the	nome office?	IN		37.00
38. 00	1 3 .	of the home off	fica difforant	from that of	N		38. 00
36.00	00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						36.00
39. 00	If line 36 is yes, did the provider render s				N	1	39. 00
37.00	see instructions.	CIVICES TO UTIL	or charm compor	circs: ii yes,	IN		37.00
40. 00	If line 36 is yes, did the provider render so	ervices to the	home office?	If ves see	N		40. 00
10.00	instructions.	5. 1. 005 to the	011100:	300, 500			10.00
			1.	00	2.	00	
	Cost Report Preparer Contact Information						

	i nstructi ons.			
		1.00	2. 00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position	BETH	WHEELER	41.00
	held by the cost report preparer in columns 1, 2, and 3,			
	respecti vel y.			
42.00	Enter the employer/company name of the cost report	BAPTIST HEALTH		42.00
	preparer.			
43.00	Enter the telephone number and email address of the cost	502-896-5036	BWHEELER@BHSI.COM	43.00
	report preparer in columns 1 and 2 respectively			

				То	08/31/2013	Date/Time Pre 1/31/2014 9:3	
		Part B			.,		
		Date					
		4. 00					
-	PS&R Data						
16.00	Was the cost report prepared using the PS&R						16. 00
	Report only? If either column 1 or 3 is yes,						
	enter the paid-through date of the PS&R						
	Report used in columns 2 and 4 (see						
47.00	instructions)	40 (40 (0040					47.00
17. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records	12/13/2013					17. 00
	for allocation? If either column 1 or 3 is						
	yes, enter the paid-through date in columns						
	2 and 4. (see instructions)						
18.00	If line 16 or 17 is yes, were adjustments						18. 00
	made to PS&R Report data for additional						
	claims that have been billed but are not						
	included on the PS&R Report used to file						
	this cost report? If yes, see instructions.						
19. 00	If line 16 or 17 is yes, were adjustments						19. 00
	made to PS&R Report data for corrections of						
	other PS&R Report information? If yes, see instructions.						
20. 00	If line 16 or 17 is yes, were adjustments						20. 00
20.00	made to PS&R Report data for Other? Describe						20.00
	the other adjustments:						
21.00	Was the cost report prepared only using the						21. 00
	provider's records? If yes, see						
	instructions.						
	Cost Donort Droporor Contact Information		3. 00				
41. 00	Cost Report Preparer Contact Information Enter the first name, last name and the title	/nosition	REIMBURSEMENT MANAGER				41. 00
41.00	held by the cost report preparer in columns 1		KETWIDORSEWENT WANAGER				41.00
	respectively.	, 2, 414 0,					
42.00	Enter the employer/company name of the cost r	eport					42. 00
	preparer.	•					
43.00	Enter the telephone number and email address						43. 00
	report preparer in columns 1 and 2, respective	vel y.					

Health Financial Systems BAPTISHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

						om 09/01/2012	Part	
					To	08/31/2013	Date/Time Pre 1/31/2014 9:3	
							1/P Days / 0/P	o alli
							Visits / Trips	
	Component	Worksheet A	No	of Beds	Bed Days	CAH Hours	Title V	
	Colliporterit	Li ne Number	I NO.	or beus	Avai I abl e	CAR ROULS	ii tie v	
		1.00		2. 00	3. 00	4. 00	5. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		239	87, 235	0.00	0.00	1. 00
	8 exclude Swing Bed, Observation Bed and	001.00		207	0., 200	0.00	Ü	
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)		i					2. 00
3.00	HMO IPF Subprovider		i					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		ŀ				Ö	6. 00
7. 00	Total Adults and Peds. (exclude observation		ŀ	239	87, 235	0.00	0	7. 00
7.00	beds) (see instructions)			237	07, 233	0.00	U	7.00
8.00	INTENSIVE CARE UNIT	31. 00		20	7, 300	0. 00	0	8. 00
9. 00	CORONARY CARE UNIT	32. 00		12	4, 380	0.00	0	9. 00
10.00		33. 00		0	4, 300	0.00	0	10. 00
11. 00		34. 00		0	0	0.00	0	11. 00
12. 00		34.00		U	U	0.00	U	12. 00
13. 00		43. 00	ŀ				0	13. 00
14. 00		43.00	ŀ	271	98, 915	0.00	0	14. 00
15. 00				2/1	90, 913	0.00	0	15. 00
16. 00		40. 00		0	0		0	16. 00
17. 00		41. 00		0	0		0	17. 00
18. 00		42. 00		0	0		0	18.00
19. 00		44. 00		24	8, 760		0	19. 00
20. 00		45. 00	ŀ	0	0, 700		0	20. 00
			ŀ	0	0		U	
21. 00		46. 00	ŀ	U	U		0	21. 00 22. 00
22. 00		101. 00	ŀ				0	
23. 00		115. 00	ŀ	0	0			23. 00
24. 00		116. 00	ŀ	U	U			24. 00
24. 10		30. 00	ŀ				0	24. 10
25. 00		99. 00	ŀ				0	25. 00
25. 10		99. 10	ŀ				0	25. 10
26. 00		88. 00					0	26. 00
26. 25		89. 00		205			0	26. 25
27. 00				295			_	27. 00
28. 00	7						0	28. 00
29. 00	· ·							29. 00
30.00								30. 00
31.00	1 1 3							31. 00
32.00	, , , , , , , , , , , , , , , , , , , ,							32. 00
33.00	LTCH non-covered days		l					33. 00

Provi der CCN: 180104

				''	0 00/31/2013	1/31/2014 9: 3	
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
	·			Pati ents	& Residents	Payrol I	
		6.00	7. 00	8. 00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	23, 555	537	45, 177			1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	3, 764	8, 886				2. 00
3.00	HMO IPF Subprovider	0	0				3. 00
4.00	HMO IRF Subprovider	0	0				4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5. 00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6. 00
7.00	Total Adults and Peds. (exclude observation	23, 555	537	45, 177			7. 00
0.00	beds) (see instructions)	0 074	0.0	4 440			0.00
8.00	INTENSIVE CARE UNIT	2, 371	93	4, 142			8. 00
9.00	CORONARY CARE UNIT	2, 150	44	3, 500			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)		4.2	F 202			12.00
13.00	NURSERY	20.07/	43	5, 282		1 501 05	13.00
14.00	Total (see instructions)	28, 076	717	58, 101	0.00	1, 521. 05	•
15. 00 16. 00	CAH visits SUBPROVIDER - IPF	0	0	0	0.00	0.00	15. 00 16. 00
17. 00	SUBPROVIDER - I PF	0	0	0	0. 00 0. 00	0. 00 0. 00	•
18. 00	SUBPROVI DER	0	O O	0			
19. 00	SKILLED NURSING FACILITY	4, 705	0	5, 857	0.00		
20. 00	NURSING FACILITY	4, 703	0	5, 657	0.00	0.00	20.00
21. 00	OTHER LONG TERM CARE		ď	0			1
22. 00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	
23. 00	AMBULATORY SURGICAL CENTER (D. P. )	o <sub>l</sub>	ď	O	0.00		23. 00
24. 00	HOSPI CE	0	0	0			1
24. 10	HOSPICE (non-distinct part)		Ö	0	0.00	0.00	24. 10
25. 00	CMHC - CMHC	Ö	0	0	0.00	0.00	•
25. 10	CMHC - CORF	0	Ö	0	0.00		
26. 00	RURAL HEALTH CLINIC	0	o	0	0.00		26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	o	o	0	0.00		
27. 00	Total (sum of lines 14-26)		٦		0.00		27. 00
28. 00	Observation Bed Days		ol	3, 422		,	28. 00
29. 00	Ambul ance Trips	0		•			29. 00
30. 00	Employee discount days (see instruction)			0			30.00
31. 00	Employee discount days - IRF			0			31. 00
32.00	Labor & delivery days (see instructions)		337	557			32.00
33.00	LTCH non-covered days	0					33. 00
	•						•

| Peri od: | Worksheet S-3 | From 09/01/2012 | Part | To 08/31/2013 | Date/Time Prepared: Provider CCN: 180104

					To	08/31/2013	Date/Time Prep 1/31/2014 9:3	
		Full Time	<u>'</u>		Di sch	arges		
		Equi val ents	T' 11 1/		T' 11 \0.0111	T' 11 VIV	T	
	Component	Nonpaid Workers	Title V		Title XVIII	Title XIX	Total All Patients	
		11. 00	12. 00		13. 00	14. 00	15. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	11.00	12.00	0	5, 627	2, 552	12, 509	1. 00
1.00	8 exclude Swing Bed, Observation Bed and			U	5, 027	2, 332	12, 504	1.00
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
2.00	HMO and other (see instructions)				683			2.00
3.00	HMO IPF Subprovider							3. 00
4.00	HMO I RF Subprovi der							4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF							5. 00 6. 00
6. 00 7. 00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation							7. 00
7.00	beds) (see instructions)							7.00
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	5, 627	2, 552	12, 509	14. 00
15. 00	CAH visits				,	,	,	15. 00
16. 00	SUBPROVIDER - IPF	0. 00		0	0	o	0	16. 00
17. 00	SUBPROVIDER - IRF	0.00		0	0	o	0	17.00
18.00	SUBPROVI DER	0. 00		0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0. 00						19.00
20.00	NURSING FACILITY	0.00						20.00
21. 00	OTHER LONG TERM CARE	0.00					0	21.00
22. 00	HOME HEALTH AGENCY	0.00						22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	0. 00						23.00
24. 00	HOSPI CE	0. 00						24.00
24. 10	HOSPICE (non-distinct part)							24. 10
25. 00	CMHC - CMHC	0. 00						25. 00
25. 10	CMHC - CORF	0. 00						25. 10
26. 00	RURAL HEALTH CLINIC	0. 00						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0. 00						26. 25
27. 00	Total (sum of lines 14-26)	0. 00						27. 00
28. 00 29. 00	Observation Bed Days							28. 00 29. 00
	Ambulance Trips							
30. 00 31. 00	Employee discount days (see instruction) Employee discount days - IRF							30. 00 31. 00
32.00	Labor & delivery days (see instructions)							31.00
	LTCH non-covered days							33. 00
33.00	Eron hon covered days	ı I			l l	ļ	l	33.00

Provi der CCN: 180104

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: |

3.0   Non-physician anesthetist Part							08/31/2013	Date/lime Pre 1/31/2014 9:3	
PART II - MAGE DATA					on of Salaries (from	Salaries (col.2 ± col.	Related to Salaries in	Average Hourly Wage (col. 4 ÷	
SAMPLES   SAMP			1.00	2. 00				6. 00	
Total salaries (see   200.00   73,942,021   243,094   74,185,115   3,236,279.00   22.92   1.0									
Instructions	1 00		200.00	72 042 021	242 004	7/ 105 115	2 226 270 00	22.02	1 1 00
A	1.00		200.00	73, 942, 021	243, 094	74, 165, 115	3, 230, 274. 00	22. 72	1.00
## Admin is strative ## A - Teaching ## A - Description ## A - Descrip	2.00	Non-physician anesthetist Part		0	0	0	0.00	0. 00	2. 00
## Admin is strative ## A - Teaching ## A - Description ## A - Descrip	2 00	A		0			0.00	0.00	2 00
Admin In Strati We 4.0 Physic Jans - Part A - Teaching 5.00 Physic Jans - Part B 6.00 Non-physic Jans - Part B 7.00 Interns & residents (In an 21.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00	B		Ü		0	0.00	0.00	3.00
Mysiciams - Part A - Teaching	4.00	Physician-Part A -		0	0	0	0. 00	0. 00	4. 00
Physician-Part   B   0   0   0   0   0   0   0   0   0	4 01			0			0.00	0.00	4 01
Non-physician-Part B				0		] 0 0		l .	
approved program) 7-01 Contracted interns and residents. (in an approved program) 8-00 I lone office personnel 9-00 SW 10-00 SW 1				0	Ö	0			
7.01 Contracted Interns and residents (In an approved programs) 8.00 Home office personnel 44.00 1,367,106 0 1,367,106 63,756 00 21.44 9.0 1.00 Excluded area salaries (see 566,354 1,028,658 1,614,412 113,052 00 14.28 10.0 Excluded area salaries (see 177,714 0 177,714 13,052 00 14.28 10.0 Excluded area salaries (see 177,714 0 177,714 2,332,00 76.21 11.0 Exercise 177,714 10.0 Exercise 177,714 10.0 Exercise 177,714 10.0 Exercise 177,714 2,332,00 76.21 11.0 Exercise 177,714 10.0 Exercise 177,714 2,332,00 76.21 11.0 Exercise 177,714 2,332,00 76.2 Exercise 177,714 2,332,00	7. 00		21. 00	0	0	0	0.00	0. 00	7. 00
residents (in an approved programs)	7 01			0	,	0	0.00	0.00	7 01
Programs	7.01			O		J	0.00	0.00	7.01
9.00 SNF									
10. 00		·	44.00	1 247 104	0	1 247 104			
Instructions   OTHER WAGES & RELATED COSTS			44.00				·		
11.00   Contract labor (see   177,714   0   177,714   2,332.00   76,21   11.0					1, 020, 000	., 01.1, 1.12		20	]
Instructions			T	177 714	I o	177 714	2 222 00	7/ 01	11 00
12.00   Contract management and administrative services   475,035   0   475,035   2,702,00   175,81   13,00   14,00	11.00			1//, /14	0	1//, /14	2, 332.00	76. 21	11.00
13.00   Contract I abor: Physici an-Part A	12.00			0	0	0	0.00	0. 00	12. 00
A - Administrative	40.00			475 005		475 005	0.700.00	475.04	40.00
14. 00   Home office salaries & wage-related costs   10,403,383   0   10,403,383   164,599.00   63.20   14. 00   10,403,383   164,599.00   63.20   14. 00   16. 00	13.00			475, 035	0	475, 035	2, 702.00	1/5.81	13.00
15.00   Home office: Physician Part A   0   0   0   0   0   0   0   0   0	14. 00			10, 403, 383	o	10, 403, 383	164, 599. 00	63. 20	14. 00
- Administrative	45.00								45.00
16.00   Home office and Contract     0   0   0   0   0   0   0   0   0	15.00			0	0	0	0.00	0.00	15.00
WAGE-RELATED COSTS   Wage-rel ated costs (core) (see   20,010,709   0 20,010,709   17.0   18.0   Wage-rel ated costs (other) (see instructions)   19.00   Excluded areas   837,911   0 837,911   19.0   20.0   Non-physic ian anesthetist Part   0 0 0 0 0 0   22.0   Non-physic ian anesthetist Part   0 0 0 0 0 0   22.0   Non-physic ian anesthetist Part   0 0 0 0 0 0   22.0   Non-physic ian Part A - Administrative   22.0   Physician Part A - Teaching   0 0 0 0 0 0   22.0   Physician Part B   24.00   Wage-rel ated costs (RHC/FOHC)   0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0 0   24.0   Non-physician Part B   0 0 0 0 0 0 0 0   Non-physician Part B   0 0 0 0 0 0 0 0   Non-physician Part B   Non-physician Part B   0 0 0 0 0 0 0 0 0   Non-physician Part B   Non-physician Part B   Non-physician Part B   Non-physician Part A - Repair B   Non-physician Part	16. 00			0	О	0	0.00	0.00	16. 00
17.00   Wage-related costs (core) (see instructions)   18.00   Wage-related costs (other)   0   0   0   0   0   0   0   0   0									
Instructions   Wage-related costs (other)   (see instructions)   18.00   (see instructions)   19.00   Excluded areas   837,911   0   837,911   19.00   20.00   Non-physic an anesthetist Part   0   0   0   0   0   0   20.00   Non-physic an anesthetist Part   20.00   Non-physic an anesthetist Part   0   0   0   0   0   0   21.00   Non-physic an anesthetist Part   20.00   Non-physic an anesthetist Part   0   0   0   0   0   0   22.00   Non-physic an Part A - Administrative   22.01   Physician Part A - Teaching   0   0   0   0   0   22.00   Non-physician Part A - Teaching   0   0   0   0   0   23.00   Non-physician Part A - Teaching   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   0   0   23.00   Non-physician Part B   0   0   0   0   0   0   0   0   0	17 00			20 010 709	Ι ο	20 010 709		T	17. 00
Sec Instructions   Excluded areas   Say, 911   O   Say, 911   O   Say, 911   O   O   O   O   O   O   O   O   O	17.00			20,010,707		20,010,707			17.00
19.00   Excluded areas   20.00   Non-physician anesthetist Part   A   21.00   Non-physician anesthetist Part   A   22.00   Non-physician anesthetist Part   B   B   C   C   C   C   C   C   C   C	18. 00			0	0	0			18. 00
20. 00 Non-physician anesthetist Part A	19 00			837 911	0	837 911			19.00
22.00   Physician Part A - Administrative   22.00   Physician Part A - Teaching   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	Ö	0			20.00
22.00   Physician Part A - Administrative   22.00   Physician Part A - Teaching   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	04.00	Α							
Administrative   22.01   Physician Part A - Teaching   0   0   0   0   0   0   22.0	21. 00	Non-physician anesthetist Part  R		0	0	0			21.00
22. 01 Physician Part A - Teaching	22. 00	Physician Part A -		0	0	0			22. 00
23.00 Physician Part B					_	_			
24.00 Wage-related costs (RHC/FQHC)				-	-	0			22. 01
approved program   OVERHEAD COSTS - DIRECT SALARIES						_			24. 00
OVERHEAD COSTS - DIRECT SALARIES           26. 00         Employee Benefits Department         4. 00         1, 271, 650         -754, 752         516, 898         82, 543. 00         6. 26, 00         27. 00           27. 00         Administrative & General         5. 00         7, 424, 041         -30, 212         7, 393, 829         329, 837. 00         22. 42         27. 00           28. 00         Administrative & General under contract (see inst.)         0         0         0         10. 00         150. 00         28. 00           29. 00         Maintenance & Repairs         6. 00         0         0         0         0.00         0.00         0.00         29. 00           30. 00         Operation of Plant         7. 00         1, 608, 169         0         1, 608, 169         75, 621. 00         21. 27         30. 00           31. 00         Laundry & Linen Service         8. 00         398, 073         0         398, 073         32, 091. 00         12. 40         31. 00           32. 00         Housekeeping         9. 00         1, 561, 495         0         1, 561, 495         127, 089. 00         12. 29         32. 00           34. 00         Di etary         10. 00         887, 385         0         887, 385         <	25. 00			0	0	0			25. 00
26.00 Employee Benefits Department			c						-
27. 00 Administrative & General       5. 00       7, 424, 041       -30, 212       7, 393, 829       329, 837. 00       22. 42       27. 0         28. 00 Administrative & General under contract (see inst.)       1,500       0       1,500       10. 00       150. 00       28. 0         29. 00 Maintenance & Repairs       6. 00       0       0       0       0       0. 00        0. 00       0. 00       0. 00        0. 00       0. 00       0. 00        0. 00       0. 00       0. 00        0. 00       0. 00       0. 00        0. 00       0. 00       0. 00				1, 271, 650	-754, 752	516, 898	82, 543. 00	6. 26	26. 00
contract (see inst.)  29.00 Maintenance & Repairs  6.00 0  00 0  00 0  00 0  00 0  29.00  30.00 Operation of Plant  7.00 1,608,169  01,608,169  75,621.00 21.27 30.00  31.00 Laundry & Linen Service  8.00 398,073  0398,073 32,091.00 12.40 31.00  32.00 Housekeeping  9.00 1,561,495  0 1,561,495 127,089.00 12.29 32.00  33.00 Housekeeping under contract (see instructions)  34.00 Dietary  35.00 Dietary under contract (see instructions)  36.00 Cafeteria  11.00 873,784  0 873,784  0 873,784  71,941.00  12.00  13.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	27. 00	Administrative & General	5. 00				329, 837. 00	22. 42	27. 00
29.00     Maintenance & Repairs     6.00     0     0     0     0.00     0.00     29.00       30.00     Operation of Plant     7.00     1,608,169     0     1,608,169     75,621.00     21.27     30.0       31.00     Laundry & Linen Service     8.00     398,073     0     398,073     32,091.00     12.40     31.0       32.00     Housekeeping     9.00     1,561,495     0     1,561,495     127,089.00     12.29     32.0       33.00     Housekeeping under contract (see instructions)     0     0     0     0.00     0.00     33.0       34.00     Dietary     10.00     887,385     0     887,385     60,907.00     14.57     34.0       35.00     Dietary under contract (see instructions)     246,616     0     246,616     5,416.00     45.53     35.0       36.00     Cafeteria     11.00     873,784     0     873,784     71,941.00     12.15     36.0	28. 00			1, 500	0	1, 500	10. 00	150. 00	28. 00
30.00   Operation of Plant   7.00   1,608,169   0   1,608,169   75,621.00   21.27   30.00   31.00   Laundry & Linen Service   8.00   398,073   0   398,073   32,091.00   12.40   31.00   32.00   Housekeeping   9.00   1,561,495   0   1,561,495   127,089.00   12.29   32.00   33.00   Housekeeping under contract (see instructions)   10.00   887,385   0   887,385   60,907.00   14.57   34.00   35.00   Di etary under contract (see instructions)   246,616   0   246,616   5,416.00   45.53   35.00   36.00   Cafeteria   11.00   873,784   0   873,784   71,941.00   12.15   36.00   30.00   3	29 00		6 00	0	0	0	0.00	0.00	29. 00
32. 00 Housekeeping 9. 00 1, 561, 495 0 1, 561, 495 127, 089. 00 12. 29 32. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· · ·		1, 608, 169	Ö	1, 608, 169			1
33.00 Housekeeping under contract (see instructions)  34.00 Di etary  35.00 Di etary under contract (see instructions)  36.00 Cafeteria  10.00 887, 385 0 0 887, 385 60, 907. 00 14. 57 34. 0 246, 616 0 246, 616 5, 416. 00 45. 53 35. 0 36. 00 Cafeteria  11.00 873, 784 0 873, 784 71, 941. 00 12. 15 36. 0						· ·			
(see instructions) 34.00 Di etary 10.00 887, 385 0 887, 385 60, 907.00 14.57 34.00 35.00 Di etary under contract (see instructions) 36.00 Cafeteria 11.00 873, 784 0 873, 784 71, 941.00 12.15 36.00		' 9	9. 00	1, 561, 495	0		·		1
34.00 Di etary 10.00 887, 385 0 887, 385 60, 907.00 14.57 34.00 35.00 Di etary under contract (see i nstructi ons) 11.00 873, 784 0 873, 784 71, 941.00 12.15 36.00	33.00			0	0	0	0.00	0.00	33.00
i nstructi ons) 36.00   Cafeteri a   11.00   873,784   0   873,784   71,941.00   12.15   36.00		Di etary	10. 00						
36.00 Cafeteria 11.00 873, 784 0 873, 784 71, 941.00 12.15 36.0	35. 00			246, 616	0	246, 616	5, 416. 00	45. 53	35. 00
	36 00	*	11 00	873 794		873 784	71 941 00	12 15	36.00
			1	0,5,754	0	0,3,734			
38.00 Nursing Administration   13.00 1,825,191 0 1,825,191 62,095.00 29.39 38.0		Ŭ ,						29. 39	38. 00
			1					l .	1
			1					l .	
Records Library				,, . 50		, , , , , , , ,	11, 112, 50		

Health Financial Systems		BAPTIST HEAL	In Lieu of Form CMS-2552-10				
HOSPITAL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
					From 09/01/2012	Part II	
					To 08/31/2013	Date/Time Pre	pared:
						1/31/2014 9:3	5 am
	Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
			(from	(col.2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
	1. 00	2.00	3.00	4.00	5. 00	6. 00	
42.00 Social Service	17. 00	1, 801, 882	C	1, 801, 88	2 67, 263. 00	26. 79	42. 00
43 00 Other General Service	18 00	0	0		0 0 00	0.00	43 00

HOSPI T	AL WAGE INDEX INFORMATION			Provi der		Period: From 09/01/2012 Fo 08/31/2013	Worksheet S-3 Part III Date/Time Prep 1/31/2014 9:3	
		Worksheet A	Amount	Recl assi fi cati	Adj usted		Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col . 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				_		
1.00	Net salaries (see		74, 190, 137	243, 094	74, 433, 23°	1 3, 241, 705. 00	22. 96	1. 00
	instructions)							
2.00	Excluded area salaries (see		1, 953, 460	1, 028, 058	2, 981, 518	176, 808. 00	16. 86	2.00
	instructions)							
3.00	Subtotal salaries (line 1		72, 236, 677	-784, 964	71, 451, 713	3, 064, 897. 00	23. 31	3.00
	minus line 2)							
4.00	Subtotal other wages & related		11, 056, 132	0	11, 056, 132	2 169, 633. 00	65. 18	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		20, 010, 709	0	20, 010, 70	9 0.00	28. 01	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		103, 303, 518	-784, 964	102, 518, 55	4 3, 234, 530. 00	31. 70	6.00
7.00	Total overhead cost (see		23, 128, 380	-784, 964	22, 343, 416	5 1, 114, 361. 00	20. 05	7.00
	instructions)							

Health Financial Systems	BAPTI ST HEALTH PADUCAH	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 180104	Period: Worksheet S-3 From 09/01/2012 Part IV
		To 08/31/2013 Date/Time Prepared:

	To 08/31/2013	Date/Time Prep 1/31/2014 9:3	
		Amount Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	1, 054, 990	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2, 025, 700	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	14, 573	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	11, 502, 420	
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)	107, 538	
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
	Disability Insurance (If employee is owner or beneficiary)	159, 320	
	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15.00		532, 344	
16. 00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Non cumulative portion)		
	TAXES		
	FICA-Employers Portion Only	5, 164, 437	
	Medicare Taxes - Employers Portion Only	0	18. 00
	Unemployment Insurance	70, 052	
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
	Tuition Reimbursement	217, 246	
24. 00	Total Wage Related cost (Sum of lines 1 -23)	20, 848, 620	24. 00
	Part B - Other than Core Related Cost	_	
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25. 00

Heal th	Financial Systems	BAPTIST HEALTH PA	ADUCAH		In Lie	u of Form CMS-2	2552-10
	AL CONTRACT LABOR AND BENEFIT COST	·	Provider CCN: 1801		i od:	Worksheet S-3	
					m 09/01/2012	Part V	
				То	08/31/2013	Date/Time Pre 1/31/2014 9:3	
	Cost Center Description			Co	ntract Labor		J dill
					1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost						
	Hospital and Hospital-Based Component Identif	i cati on:					
1.00	Total facility's contract labor and benefit of	cost			177, 714	20, 848, 620	1. 00
2.00	Hospi tal				177, 714	20, 010, 709	2. 00
3.00	Subprovi der - I PF				0	0	3. 00
4.00	Subprovi der - I RF				0	0	4. 00
5.00	Subprovider - (Other)				0	0	5. 00
6.00	Swing Beds - SNF				0	0	6. 00
7.00	Swing Beds - NF				0	0	7. 00
8.00	Hospi tal -Based SNF				0	384, 205	8. 00
9.00	Hospi tal -Based NF				0	0	9. 00
10.00	Hospi tal -Based OLTC						10.00
11.00	Hospi tal -Based HHA				0	0	11. 00
12.00	Separately Certified ASC				0	0	12.00
13.00	Hospi tal -Based Hospi ce				0	0	13. 00
14.00	Hospital-Based Health Clinic RHC				0	0	14.00
15. 00	Hospital-Based Health Clinic FQHC				0	0	15. 00
16.00	Hospi tal -Based-CMHC				0	0	16. 00
16. 10	Hospi tal -Based-CMHC 10				0	0	16. 10
17.00	Renal Dialysis				o	0	17. 00
18.00	Other				o	453, 706	18. 00

Health Financial Systems BAPTIST HEAL	_TH PADUCAH			In Lie	u of Form CMS-	2552-10
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provi der	CCN: 180104		eri od:	Worksheet S-7	
			To	rom 09/01/2012 0 08/31/2013	Date/Time Pre	
	Group	SNF Days		Swing Bed SNF		
	1.00	2.00	_	Days 3. 00	col. 2 + 3) 4.00	
69.00	PE2	2.00	0	3.00	4.00	69. 00
70.00	PE1		0	0	Ö	
71. 00	PD2		0	0	0	
72. 00	PD1		0	0	0	72. 00
73. 00	PC2		0	0	0	73. 00
74. 00	PC1		0	0	0	74. 00
75. 00	PB2		0	0	0	
76. 00	PB1		10	0	10	
77. 00	PA2		0	0	0	
78. 00	PA1		12	0	12	
199. 00	AAA		0	0		199. 00
200. 00 TOTAL		4, 7	05	0		200. 00
				CBSA at	CBSA on/after	
				Beginning of Cost Reporting	October 1 of the Cost	
				Peri od	Reporting	
				rerrou	Period (if	
					appl i cabl e)	
			ľ	1. 00	2. 00	
SNF SERVICES						
201.00 Enter in column 1 the SNF CBSA code or 5 character non-CBSA			Ç	99918	99918	201. 00
in effect at the beginning of the cost reporting period. En						
in effect on or after October 1 of the cost reporting period	od (if applicab	T '				
		Expenses		Percentage	Associated	
					with Direct Patient Care	
					and Related	
					Expenses?	
		1, 00		2, 00	3. 00	
A notice published in the Federal Register Volume 68, No. 1	149 August 4, 2	003 provi ded	fo	r an increase	in the RUG	
payments beginning 10/01/2003. Congress expected this incre	ease to be used	for direct	pat	ient care and	rel ated	
expenses. For lines 202 through 207: Enter in column 1 the						
column 2 the percentage of total expenses for each category						
line 7, column 3. In column 3, enter "Y" for yes or "N" for			ts	increases asso	oci ated	
with direct patient care and related expenses for each cate 202.00 Staffing	egory. (see ins	tructions) 1,367,1	04	43. 71	Y	202. 00
203. 00 Recruitment		1, 307, 1	00	0.00		202.00
204.00 Retention of employees			0	0.00		204. 00
205. 00 Trai ni ng		1, 1	- 1	0.00	N	204.00
206. 00 OTHER (SPECIFY)		83, 0		2. 65		206. 00
207.00 Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	)	3, 127, 6		2.03	'	207. 00
207. 00 TOTAL SAL TOVORIDO (NOTASTICOL O 2, Tare 1, TITLE 7, COTAINIT 3,	,	3, 127, 0	50		l	1207.00

	Financial Systems BAPTIST HEALTH PAD				u of Form CMS-2	
HOSPI 7	TAL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der (	CN: 180104	Peri od:	Worksheet S-10	0
				From 09/01/2012 To 08/31/2013	Date/Time Prep 1/31/2014 9:30	
					1. 00	
	Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	ded by lin	e 202 column	n 8)	0. 260494	1. 00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				13, 383, 206	•
3.00	Did you receive DSH or supplemental payments from Medicaid?		M!!!	10	Y Y	3.00
4. 00 5. 00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from N		rom wedicald	1?	Y	4. 00 5. 00
6. 00	Medicaid charges	neui cai u			91, 534, 870	
7. 00	Medicald charges  Medicald cost (line 1 times line 6)				23, 844, 284	1
8.00	Difference between net revenue and costs for Medicaid program (li	ne 7 minu	s sum of lir	nes 2 and 5: if	10, 461, 078	1
	<pre>&lt; zero then enter zero) State Children's Health Insurance Program (SCHIP) (see instruction</pre>					
9. 00	Net revenue from stand-allone SCHIP	nis i di ea	cii i i iie)		0	9. 00
10.00	Stand-alone SCHIP charges				0	
11. 00	Stand-alone SCHIP cost (line 1 times line 10)				0	
12. 00	Difference between net revenue and costs for stand-alone SCHIP (I	ine 11 mi	nus line 9;	if < zero then	0	
	enter zero)					
	Other state or local government indigent care program (see instru					
13. 00	Net revenue from state or local indigent care program (Not included)			,		13. 00
14. 00	Charges for patients covered under state or local indigent care p 10)	orogram (N	ot included	in lines 6 or	0	14. 00
15. 00	State or local indigent care program cost (line 1 times line 14)				0	
16. 00	Difference between net revenue and costs for state or local indig	gent care	program (lir	ne 15 minus line	0	16. 00
	13; if < zero then enter zero) Uncompensated care (see instructions for each line)					
17. 00	Private grants, donations, or endowment income restricted to fund	ding chari	ty care		0	17. 00
18. 00	Government grants, appropriations or transfers for support of hos				0	
19. 00	Total unreimbursed cost for Medicaid , SCHIP and state and local			ns (sum of lines	10, 461, 078	
	8, 12 and 16)				.,	
			Uni nsured	Insured	Total (col. 1	
		-	patients	pati ents	+ col . 2)	
20. 00	Total initial obligation of patients approved for charity care (a	+ 6.11	1.00	2. 00	3. 00	20.00
20.00	charges excluding non-reimbursable cost centers) for the entire f		27, 408, 98	4, 021, 511	31, 430, 496	20. 00
21. 00	Cost of initial obligation of patients approved for charity care		7, 139, 8	76 1, 047, 579	8, 187, 455	21. 00
22. 00	times line 20) Partial payment by patients approved for charity care			0	0	22. 00
	Cost of charity care (line 21 minus line 22)		7, 139, 8	-	8, 187, 455	
23.00	cost of charity care (fille 21 millius fille 22)		7, 137, 0	1,047,379		23.00
24.00	December 20 and the control of the c			-E -+	1.00	24.00
24. 00	Does the amount in line 20 column 2 include charges for patient climposed on patients covered by Medicaid or other indigent care pr		d a rength o	or Stay IImit	N	24. 00
25. 00	If line 24 is "yes," charges for patient days beyond an indigent		aram's Lenat	h of stav limit	0	25. 00
26. 00	Total bad debt expense for the entire hospital complex (see instr		J. a 5 1 51191	5. 5.ay 111111 t	9, 207, 429	l
27. 00	Medicare bad debts for the entire hospital complex (see instructi				748, 174	
28. 00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line	,	line 27)		8, 459, 255	•
29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt exper			28)	2, 203, 585	•
	Cost of non-Medicare uncompensated care (line 23 column 3 plus li	ne 29)			10, 391, 040	30.00
30.00	Total unreimbursed and uncompensated care cost (line 19 plus line					

	Financial Systems	BAPTI ST HEALTH		CON 100104 P		u of Form CMS-2	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provi der	CCN: 180104   P	eriod: rom 09/01/2012	Worksheet A	
				Ť	o 08/31/2013	Date/Time Pre	
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	1/31/2014 9: 3 Reclassified	5 am
	cost center bescription	Sai ai i es	other	+ col . 2)	ons (See A-6)	Tri al Balance	
					(222 11 2)	(col. 3 +-	
						col . 4)	
	I	1. 00	2. 00	3.00	4. 00	5. 00	
1. 00	GENERAL SERVICE COST CENTERS O0100 NEW CAP REL COSTS-BLDG & FIXT		16, 508, 954	16, 508, 954	-9, 373, 942	7, 135, 012	1.00
2. 00	00200 NEW CAP REL COSTS-BLDG & FIXT		10, 506, 954 N	10, 506, 954			2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0		0	0	3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1, 271, 650	20, 915, 426	22, 187, 076	-997, 846	21, 189, 230	4. 00
5. 01	00510 COMMUNI CATI ONS	142, 068	474			325, 708	5. 01
5. 02	00511 I NFORMATI ON SERVI CES	575, 525	114, 234			689, 759	5. 02
5. 03 5. 04	00512 PURCH, REC, & STORES 00513 PATIENT REGISTRATION	268, 952 1, 168, 832	266, 245 114, 279			535, 197 1, 283, 111	5. 03 5. 04
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL	5, 268, 664	32, 386, 773			36, 193, 946	5. 06
7.00	00700 OPERATION OF PLANT	1, 608, 169	5, 682, 710			7, 290, 879	7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	398, 073	151, 793	549, 866	0	549, 866	8. 00
9.00	00900 HOUSEKEEPI NG	1, 561, 495	348, 235			1, 909, 730	9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	887, 385	560, 927			1, 448, 312	10. 00 11. 00
13.00	01300 NURSING ADMINISTRATION	873, 784 1, 825, 191	1, 365, 017 286, 223			2, 238, 801 2, 111, 414	13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	715, 681	30, 878, 120			4, 042, 880	14. 00
15.00	01500 PHARMACY	3, 420, 378	15, 430, 138			3, 873, 596	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	1, 092, 535	1, 114, 212			2, 206, 747	16. 00
17. 00	01700 SOCIAL SERVICE	1, 801, 882	984, 026	2, 785, 908	0	2, 785, 908	17. 00
20 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	12 470 144	714 404	14, 186, 828	O	14 104 020	20.00
30. 00 31. 00	03100 INTENSIVE CARE UNIT	13, 470, 144 2, 838, 911	716, 684 130, 739			14, 186, 828 2, 969, 650	30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT	2, 675, 070	102, 259			2, 777, 329	32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0	C		0	33. 00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	C	0	0	34.00
40. 00	04000 SUBPROVI DER - I PF	0	0	C	0	0	40. 00
41. 00	04100 SUBPROVI DER - I RF	0	0		0	0	41.00
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY	1, 538, 232	632, 876	2, 171, 108	0	0 2, 171, 108	42. 00 43. 00
44. 00	04400 SKILLED NURSING FACILITY	1, 367, 106	59, 048			1, 426, 154	44. 00
45.00	04500 NURSING FACILITY	0	0	, c		0	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0	C	0	0	46. 00
FO 00	ANCI LLARY SERVI CE COST CENTERS	( 202 F7/	7 245 024	12 720 407		12 720 407	FO 00
50. 00 51. 00	05000 OPERATI NG ROOM 05100 RECOVERY ROOM	6, 393, 576 1, 514, 521	7, 345, 921 46, 134			13, 739, 497 1, 560, 655	50. 00 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	1, 644, 157	198, 638			1, 842, 795	52. 00
53. 00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	4, 170, 853	2, 115, 626			6, 286, 479	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	1, 157, 463	632, 639	1, 790, 102	0	1, 790, 102	55. 00
56. 00 57. 00	05600	0 F07 103	0 344, 949	052 141	0	0 0E2 141	56. 00 57. 00
58. 00		507, 192 240, 416	271, 442			852, 141 511, 858	
	05900 CARDI AC CATHETERI ZATI ON	1, 478, 159	636, 505			2, 114, 664	
60.00	06000 LABORATORY	2, 769, 274	3, 531, 670			6, 300, 944	60.00
60. 01	06001 PATHOLOGY	554, 713	650, 453	1, 205, 166	0	1, 205, 166	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	C	0	0	61.00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	0 2, 183, 454	2 102 454	0	2 192 454	62.00
64. 00	06400 I NTRAVENOUS THERAPY		2, 165, 454 N	2, 183, 454	0	2, 183, 454 0	63. 00 64. 00
65. 00	06500 RESPI RATORY THERAPY	1, 294, 007	253, 750	1, 547, 757	0	1, 547, 757	65. 00
66.00	06600 PHYSI CAL THERAPY	1, 509, 700	98, 417	1, 608, 117		1, 608, 117	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	346, 072	29, 735			375, 807	67. 00
68. 00	06800 SPEECH PATHOLOGY	332, 462	33, 769			366, 231	68. 00
69. 00 70. 00	06900  ELECTROCARDI OLOGY   07000  ELECTROENCEPHALOGRAPHY	1, 001, 109 322, 550	196, 645 15, 933			1, 197, 754 338, 483	69. 00 70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	322, 330	15, 755	330, 403	9, 807, 861	9, 807, 861	70.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	l o	0	ď	17, 743, 060	17, 743, 060	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	C	14, 976, 920	14, 976, 920	73. 00
74. 00	07400 RENAL DI ALYSI S	0	0	C	0	0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0	C	0	0	75. 00
76. 00 76. 97	03950 OTHER ANCILLARY SERVICE COST CENTERS	191, 925	0 12, 774	204, 699	0	0 204, 699	76. 00 76. 97
70. 77	O7697   CARDI AC REHABI LITATION     OUTPATI ENT SERVI CE COST CENTERS	171, 725	12, 774	204, 099	U U	204, 099	70. 77
88. 00	08800 RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	o	0	89. 00
90.00	09000 CLI NI C	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	3, 157, 791	304, 118	3, 461, 909	0	3, 461, 909	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92. 00
94. 00	09400 HOME PROGRAM DIALYSIS	0	0	С	0	0	94. 00
95. 00	09500 AMBULANCE SERVICES	0	0	C		0	95. 00
		·					

Health Financial Systems	BAPTIST HEALT	H PADUCAH		In Lie	eu of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	OF EXPENSES	Provi der		eri od:	Worksheet A	
				rom 09/01/2012 o 08/31/2013		nared:
				0 00/31/2013	1/31/2014 9: 3	
Cost Center Description	Sal ari es	0ther		Recl assi fi cati		
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
	1.00	2.00	3. 00	4. 00	col . 4) 5.00	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	1.00	2.00	3.00	4.00	3. 00 0	96, 00
97. 00 097000 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97. 00
99. 00   09900   CMHC	0	0	C	0	0	99.00
99. 10   09910   CORF	o	o	C	Ō	0	99. 10
100.00 10000 L&R SERVICES-NOT APPRVD PRGM	0	O	C	0	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 LI VER ACQUI SI TI ON	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   NTESTI NAL ACQUI SI TI ON	0	0	C	0		110.00
111.00   11100   I SLET ACQUI SI TI ON 113.00   11300   I NTEREST EXPENSE		1, 063, 730	1, 063, 730	0	1, 063, 730	111.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF		1,063,730	1, 063, 730	0		114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )		0		0		115. 00
116. 00 11600 HOSPI CE		0		0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	73, 355, 667	148, 715, 694	222, 071, 361	-2, 276, 171		
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62, 224	237, 492	299, 716	0	299, 716	190. 00
191. 00 19100 RESEARCH	0	0	C	0	0	191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	524, 130	449, 229	973, 359	6, 422	979, 781	192. 00
193.00 19300 NONPALD WORKERS	0	0	C	0		193. 00
194. 00 07950 NAUTI LUS	0	0	C	0		194. 00
194. 01 07951 PR/MARKETI NG	0	0	C	1, 514, 997		
194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	000 044 :00	754, 752		
200.00   TOTAL (SUM OF LINES 118-199)	73, 942, 021	149, 402, 415	223, 344, 436	0	223, 344, 436	J200. 00

Provi der CCN: 180104

Peri od: From 09/01/2012 To 08/31/2013 Date/Ti me Prepared: 1/31/2014 9:35 am

				1/31/2014 9: 3	<u>s am</u>
	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7. 00		
	GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-213, 567			1. 00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-79, 851		•	2. 00
3.00	00300 OTHER CAPITAL RELATED COSTS	0		l .	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-937, 036		1	4. 00
5. 01 5. 02	00510   COMMUNI CATI ONS   00511   I NFORMATI ON SERVI CES	-90, 064 10, 896, 912	1		5. 01 5. 02
5. 02	00511 INFORMATION SERVICES 00512 PURCH, REC, & STORES	10, 890, 912			5. 02
5. 04	00513 PATIENT REGISTRATION		1		5. 04
5. 06	00560 OTHER ADMINISTRATIVE AND GENERAL	-13, 928, 959	,		5. 06
7. 00	00700 OPERATION OF PLANT	0			7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1	1	8. 00
9.00	00900 HOUSEKEEPI NG	0	1	1	9. 00
10.00	01000 DI ETARY	-5, 046	1, 443, 266		10.00
11. 00		-960, 569	1, 278, 232		11. 00
13. 00		0			13. 00
14. 00		0			14. 00
15. 00		-476		•	15.00
16.00		-104, 733			16.00
17. 00	01700 SOCIAL SERVICE INPATIENT ROUTINE SERVICE COST CENTERS	0	2, 785, 908		17. 00
30. 00		T 0	14, 186, 828		30.00
31. 00	1 1			•	31.00
32. 00	1			•	32. 00
33. 00		0	1 ' '	1	33. 00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00		0	0		40. 00
41. 00		0	0		41. 00
42. 00		0	0		42. 00
43. 00		-91, 878		l .	43. 00
44. 00		0			44. 00
45. 00	1	0		l .	45. 00
46. 00	04600 OTHER LONG TERM CARE ANCI LLARY SERVICE COST CENTERS	0	0		46. 00
50. 00		-2, 304, 426	11, 435, 071		50.00
51. 00		0		•	51.00
52. 00			1	1	52. 00
53.00	1 1	0	0		53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	6, 286, 479		54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	1, 790, 102		55. 00
56.00		0	1	l .	56. 00
57. 00		0	1	•	57. 00
58. 00		0		•	58. 00
59. 00		0		•	59.00
60. 00 60. 01		-20, 000		•	60. 00 60. 01
61. 00		0	1 ' '	1	61.00
62. 00	l i		1	·	62.00
63. 00			2, 183, 454		63.00
64. 00		0			64. 00
65.00	i i	-64, 649	1, 483, 108		65. 00
66. 00	06600 PHYSI CAL THERAPY	0	1, 608, 117		66. 00
67. 00		0	375, 807		67. 00
68. 00		0	366, 231	•	68. 00
69. 00	1 1	0	1, 197, 754	1	69. 00
70.00		0	338, 483	•	70.00
71. 00	1	-7, 796		•	71.00
72. 00 73. 00	1		17, 743, 060 14, 976, 920	•	72. 00 73. 00
74. 00			14, 970, 920		74.00
75. 00					75.00
76. 00					76.00
76. 97	1 1				76. 97
** * *	OUTPATIENT SERVICE COST CENTERS			·	1
88. 00		0	0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89. 00
90.00		0	0		90. 00
91. 00	i i	-18, 000	3, 443, 909		91.00
92. 00	. ,	L	L		92. 00
04.05	OTHER REIMBURSABLE COST CENTERS	-			04.55
94.00	1		0		94.00
95. 00 96. 00	1 1	0	l .	•	95. 00 96. 00
96. 00 97. 00	1		ł	·	97.00
	12 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1	

Health FinancialSystemsBAPTIST FRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10

Provider CCN: 180104 

			10 00/01/2010	1/31/2014 9:35 am
Cost Center Description	Adjustments	Net Expenses		
		For Allocation		
	6. 00	7. 00		
99. 00  09900  CMHC	0	0		99. 00
99. 10  09910  CORF	0	0		99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		100. 00
101.00 10100 HOME HEALTH AGENCY	0	0		101. 00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0		105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0		106. 00
107. 00 10700 LIVER ACQUISITION	0	0		107. 00
108.00 10800 LUNG ACQUISITION	0	0		108. 00
109.00 10900 PANCREAS ACQUISITION	0	0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0		111. 00
113.00 11300 INTEREST EXPENSE	-1, 063, 730	0		113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF	0	0		114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115. 00
116. 00 11600 HOSPI CE	0	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-8, 993, 868	210, 801, 322		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	299, 716		190. 00
191. 00 19100 RESEARCH	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-182, 906	796, 875		192. 00
193.00 19300 NONPALD WORKERS	0	0		193. 00
194. 00 07950  NAUTI LUS	0	0		194. 00
194. 01 07951 PR/MARKETI NG	0	1, 514, 997		194. 01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	754, 752		194. 02
200.00   TOTAL (SUM OF LINES 118-199)	-9, 176, 774	214, 167, 662		200. 00

Heal th Financial Systems
RECLASSIFICATIONS BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10

RECLASS	IFICATIONS			Provi der	CCN: 180104	From 09/01/2012	Date/Time Pre	epared:
						<u> </u>	1/31/2014 9.3	o alli
		Increases						
	Cost Center	Li ne #	Salary	0ther				

					00/01/2010	1/31/2014 9: 36 am
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS		0	<u>14, 976, 9</u> 20		1. 00
	TOTALS		0	14, 976, 920		
	B - CHARGEABLE PATIENT SUPPLII					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	27, 550, 921		1. 00
	PATI ENTS					
	TOTALS		0	27, 550, 921		
	C - TELEPHONE EXPENSE					
1.00	COMMUNI CATI ONS			18 <u>3, 1</u> 66		1. 00
	TOTALS		0	183, 166		
	D - DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE	2. 00	0	9, 373, 942		1. 00
	EQUI P					
	TOTALS		0	9, 373, 942		
	E - PR/MARKETING	404.04	244 224	4 040 440		1.00
1. 00	PR/MARKETI NG	1 <u>94.</u> 01	266, 884	1, 248, 113		1.00
	TOTALS	SALADI EC	266, 884	1, 248, 113		
4 00	F - PTO AND SICK ACCRUALS TO		000 045			1.00
1. 00	OTHER ADMINISTRATIVE AND	5. 06	230, 215	0		1.00
2 00	GENERAL DRIVATE OFFICES	102.00	4 247	0		2.00
2. 00 3. 00	PHYSICIANS' PRIVATE OFFICES OTHER ADMINISTRATIVE AND	192. 00 5. 06	6, 247 6, 457	0		2. 00 3. 00
3.00	GENERAL	5.06	6, 457	U		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192. 00	175	0		4. 00
4.00	TOTALS	— — <del>172.</del> 00	243. 094	— — <del>ў</del>		4.00
	G - IMPLANTABLE DEVICES		243, 074	U <sub>I</sub>		
1. 00	IMPL. DEV. CHARGED TO	72.00	0	17, 743, 060		1, 00
1.00	PATIENT	72.00	o o	17, 743, 000		1.00
	TOTALS	+		17, 743, 060		
	H - NO PAT RELATED DAY CARE SA	ALARI ES		. , , , 13, 300		
1.00	OTHER NONREI MBURSABLE COST	194, 02	754, 752	0		1. 00
1.00	CENTERS	171.02	, 5 1, , 52	٩		1.00
	TOTALS — — — —	+	754, 752	<sub>0</sub>		
500.00	Grand Total: Increases		1, 264, 730	71, 076, 122		500. 00
	1					1

Health Financial Systems RECLASSIFICATIONS BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 Provider CCN: 180104

Peri od: Worksheet A-6 From 09/01/2012 Date/Time Prepared: 1/21/2014 9:36 am

						10 08/31/2013	1/31/2014 9:36 am
		Decreases		<u> </u>		· ·	
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	1500	0	<u>14, 976, 9</u> 20	) (	<u>o</u>	1.00
	TOTALS		0	14, 976, 920			
	B - CHARGEABLE PATIENT SUPPLI	ES					
1.00	CENTRAL SERVICES & SUPPLY	1400	0	27, 550, 921	(	<u>o</u>	1.00
	TOTALS		0	27, 550, 921			
	C - TELEPHONE EXPENSE						
1.00	OTHER ADMINISTRATIVE AND	5. 06	0	183, 166	,	0	1.00
	GENERAL						
	TOTALS		0	183, 166			
	D - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	9, 373, 942		9	1.00
	FI XT						
	TOTALS		0	9, 373, 942			
	E - PR/MARKETING						
1.00	OTHER ADMINISTRATIVE AND	5. 06	266, 884	1, 248, 113	(	0	1.00
	GENERAL						
	TOTALS		266, 884	1, 248, 113			
	F - PTO AND SICK ACCRUALS TO						
1.00	EMPLOYEE BENEFITS	4. 00	0	230, 215		0	1. 00
2.00	EMPLOYEE BENEFITS	4.00	0	6, 247	(	0	2. 00
3.00	EMPLOYEE BENEFITS	4.00	0	6, 457		0	3. 00
4.00	EMPLOYEE BENEFITS	4. 00	0	<u>1</u> 75		<u>D</u>	4.00
	TOTALS		0	243, 094			
	G - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	17, 743, 060	)	O	1.00
	PATI ENTS						
	TOTALS		0	17, 743, 060			
	H - NO PAT RELATED DAY CARE S	SALARI ES					
1.00	EMPLOYEE BENEFITS	4.00	75 <u>4, 7</u> 52	0	(	<u>D</u>	1. 00
	TOTALS		754, 752	0			
500.00	Grand Total: Decreases		1, 021, 636	71, 319, 216	)		500.00

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 RECONCILIATION OF CAPITAL COSTS CENTERS Provi der CCN: 180104 Peri od: Worksheet A-7 From 09/01/2012 To 08/31/2013 Part I Date/Time Prepared: 1/31/2014 9:35 am Acqui si ti ons Begi nni ng Purchases Donati on Total Di sposal s and Retirements 5.00 Bal ances 2.00 3.00 4. 00 1.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 7, 424, 055 1.00 000000 6, 667, 172 153, 594, 696 1, 822 28, 742 2.00 Land Improvements 2.00 0 Buildings and Fixtures Building Improvements 3. 00 3.00 7, 808, 814 7, 808, 814 67, 968 20, 590 37, 785, 037 2, 032, 483 2, 032, 483 4.00 4.00 5.00 Fixed Equipment 14, 170, 089 21, 225 21, 225 5.00 6. 00 7. 00 Movable Equipment HIT designated Assets 6, 280, 655 6. 00 7. 00 117, 125, 828 6, 280, 655 10, 013, 732

7.00	THIL DESIGNATED ASSETS	l O	U	0	U	O I	7.00
8.00	Subtotal (sum of lines 1-7)	336, 766, 877	16, 143, 177	0	16, 143, 177	10, 132, 854	8. 00
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	336, 766, 877	16, 143, 177	0	16, 143, 177	10, 132, 854	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6. 00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	Γ BALANCES					
1.00	Land	7, 424, 055	0				1. 00
2.00	Land Improvements	6, 665, 350	0				2. 00
3.00	Buildings and Fixtures	161, 374, 768	0				3. 00
4.00	Building Improvements	39, 749, 552	0				4. 00
5.00	Fixed Equipment	14, 170, 724	0				5. 00
6.00	Movable Equipment	113, 392, 751	0				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	342, 777, 200	0				8. 00
9.00	Reconciling Items	0	0				9. 00
10.00	Total (line 8 minus line 9)	342, 777, 200	0				10.00
	,					•	

Heal th	Financial Systems	BAPTI ST HEAL	TH PADUCAH		In Lieu of Form CMS-2552-10			
RECONC	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 180104	Peri od:	Worksheet A-7		
					From 09/01/2012 To 08/31/2013	Part II   Date/Time Pre	pared.	
					10 00/01/2010	1/31/2014 9: 3		
			Sl	JMMARY OF CAP	'I 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 WORK	KSHEET A, COLUM	N 2, LINES 1 a	ind 2				
1.00	NEW CAP REL COSTS-BLDG & FIXT	16, 508, 954	0	)	0 0	0	1. 00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	)	0 0	0	2. 00	
3.00	Total (sum of lines 1-2)	16, 508, 954	0	1	0 0	0	3. 00	
		SUMMARY 0	F CAPITAL					
	Cost Center Description	Other	Total (1) (sum					
		Capi tal -Relate	of cols. 9					
		d Costs (see	through 14)					
		instructions)						
		14.00	15. 00					
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	IN 2, LINES 1 a	ind 2				
1.00	NEW CAP REL COSTS-BLDG & FLXT	0	16, 508, 954				1. 00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	)			2. 00	
3.00	Total (sum of lines 1-2)	0	16, 508, 954				3. 00	

Heal th	n Financial Systems	BAPTIST HEAL	TH PADUCAH		In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der		Period: From 09/01/2012 To 08/31/2013	Date/Time Pre	pared:
		COM	 PUTATION OF RAT	TLOS	ALLOCATION OF	1/31/2014 9: 3 OTHER CAPITAL	o am
					712200711101101	OTTIER OTTITIE	
	Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
			Leases	for Ratio	instructions)		
				(col . 1 - col 2)	•		
		1.00	2.00	3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	NTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	229, 384, 449		,,		0	1. 00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	113, 392, 751	l .	1, 0, 2, , 0			2.00
3.00	Total (sum of lines 1-2)	342, 777, 200		342, 777, 20			3. 00
		ALLOCATION OF OTHER CAPITAL			SUMMARY C		
	Cost Center Description	Taxes	Other	Total (sum of	f Depreciation	Lease	
			Capi tal -Relate				
			d Costs	through 7)			
	DART LLL DESCRIPTION OF CARLEY COOTS OF	6.00	7. 00	8. 00	9. 00	10. 00	
1 00	PART III - RECONCILIATION OF CAPITAL COSTS CENEW CAP REL COSTS-BLDG & FIXT	INTERS			7 002 500		1 00
1. 00 2. 00	NEW CAP REL COSTS-BLDG & FIXT	0	0		0 7, 093, 599		1. 00 2. 00
3.00	Total (sum of lines 1-2)	0	0		0 9, 326, 816 0 16, 420, 415		2. 00 3. 00
3.00	Total (Sull of Titles 1-2)	0	y U	L JMMARY OF CAPI		l 0	3.00
			30	DIVINIANT OF CALL	IAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
			instructions)	instructions)	Capi tal -Relate		
					d Costs (see	through 14)	
					instructions)		
	DART III DECONOLITATION OF CARLTY COOTS OF	11. 00	12. 00	13. 00	14.00	15. 00	
1 00	PART III - RECONCILIATION OF CAPITAL COSTS CE					( 021 445	1 00
1. 00 2. 00	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	-172, 154	l .		0 0	6, 921, 445	1. 00 2. 00
2. 00 3. 00	Total (sum of lines 1-2)	-32, 725 -204, 879	l .		0 0	// = / ./ 0 / .	
3.00	Total (Suii Of Titles 1-2)	-204,879	ı u	I	U <sub>I</sub> U	10, 210, 536	3.00

ADUCAH In Lieu of Form CMS-2552-10

Provider CCN: 180104 | Period: | Worksheet A-8 | From 09/01/2012 | To 08/31/2013 | Date/Time Prepared:

				T.	o 08/31/2013		
				Expense Classification on To/From Which the Amount is		1/31/2014 9: 3!	3 alli
				10/FI OIII WIII CII THE AMOUNT IS	to be Aujusteu		
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - NEW CAP	1. 00 B	2. 00 -172, 154	3.00 NEW CAP REL COSTS-BLDG &	4.00	5. 00 11	1. 00
	REL COSTS-BLDG & FIXT (chapter 2)			FIXT			
2. 00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	O	2. 00
3. 00	Investment income - other		0		0.00	0	3. 00
4. 00	(chapter 2) Trade, quantity, and time		0		0.00	0	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5. 00
6. 00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6. 00
7. 00	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter		0		0.00	0	7. 00
8. 00	21) Television and radio service (chapter 21)		0		0.00	0	8. 00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	0 -2, 818, 403		0.00	0 0	
11. 00	adjustment Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11. 00
12. 00	Related organization transactions (chapter 10)	A-8-1	-2, 025, 597			0	12. 00
13. 00 14. 00	Laundry and linen service Cafeteria-employees and guests	В	-960 569	CAFETERI A	0. 00 11. 00	0	13. 00 14. 00
15. 00	Rental of quarters to employee and others		0	ONI ETEM A	0.00	0	15. 00
16. 00	Sale of medical and surgical supplies to other than		0		0.00	0	16. 00
17. 00	patients Sale of drugs to other than	A	-476	PHARMACY	15. 00	0	17. 00
18. 00	patients Sale of medical records and	В	-104, 733	MEDICAL RECORDS & LIBRARY	16. 00	0	18. 00
19. 00	abstracts Nursing school (tuition, fees,		0		0.00	0	19. 00
20. 00	books, etc.) Vending machines		0		0.00	0	
21. 00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21. 00
22. 00	Interest expense on Medicare overpayments and borrowings to		0		0.00	O	22. 00
23. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23. 00
24. 00	Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24. 00
25. 00	physicians' compensation		0	UTILIZATION REVIEW-SNF	114. 00		25. 00
26. 00	(chapter 21) Depreciation - NEW CAP REL		-	NEW CAP REL COSTS-BLDG &	1. 00	0	26. 00
27. 00	COSTS-BLDG & FLXT Depreciation - NEW CAP REL			FIXT NEW CAP REL COSTS-MVBLE	2.00	0	27. 00
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist			EQUIP *** Cost Center Deleted ***	19. 00		28. 00
29. 00 30. 00		A-8-3	0	OCCUPATIONAL THERAPY	0. 00 67. 00	0	29. 00 30. 00
	therapy costs in excess of limitation (chapter 14)		_				
30. 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30. 99
31. 00	1	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
32. 00	limitation (chapter 14)		0		0.00	O	32. 00
	Depreciation and interest	1		l	l		I

Health Financial Systems
ADJUSTMENTS TO EXPENSES

					o 08/31/2013	Date/Time Prep 1/31/2014 9:3	
				Expense Classification on			
				To/From Which the Amount is	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. 00	PATIENT PHONE - COST OFFSET	A		COMMUNI CATI ONS	5. 01	0	
34. 00	PATIENT PHONE - OPERATOR	A	-17, 159	COMMUNI CATI ONS	5. 01	0	34. 00
25 00	OFFSET		4 724	EMDLOVEE DENEELTS	4 00	0	25 00
35. 00 36. 00	PATIENT PHONE - BENEFIT OFFSET LIFELINE EXPENSES	A A		EMPLOYEE BENEFITS OTHER ADMINISTRATIVE AND	4. 00 5. 06	0	35. 00 36. 00
30.00	LIFELINE EXPENSES	A	-103,040	GENERAL	5.00	U	30.00
37. 00	LIFELINE DEPRECIATION	A	-29, 966	NEW CAP REL COSTS-MVBLE	2. 00	9	37. 00
				EQUI P			
38. 00	CABLE TV COSTS	A	-43, 704	COMMUNI CATI ONS	5. 01	0	38. 00
39. 00	CHANGE IN USEFUL LIFE	A	-31, 945	NEW CAP REL COSTS-BLDG &	1.00	9	39. 00
				FIXT			
41. 00	INCIDENTAL PATIENT REVENUE	В	-7, 796	MEDICAL SUPPLIES CHARGED TO	71. 00	0	41. 00
42. 00	EDUCATION CLASS	В	0 003	PATIENTS OTHER ADMINISTRATIVE AND	5. 06	0	42. 00
42.00	EDUCATION CLASS	D	-9, 093	GENERAL	5.00	U	42.00
43. 00	BASIC LIFE SUPPORT	В	-58 868	RESPIRATORY THERAPY	65.00	0	43. 00
44. 00	DAY CARE INCOME	B		EMPLOYEE BENEFITS	4.00	0	44. 00
45. 00	MEDI CAL CALL	В	•	OTHER ADMINISTRATIVE AND	5. 06	0	
				GENERAL			
45. 01	DI SCOUNTS	В	-72, 741	OTHER ADMINISTRATIVE AND	5. 06	0	45. 01
				GENERAL			
45. 02	MI SCELLANEOUS	В	-26, 833	OTHER ADMINISTRATIVE AND	5. 06	0	45. 02
45. 03	NET ASSETS RELEASED	В	22 725	GENERAL NEW CAP REL COSTS-MVBLE	2.00	11	45. 03
43. 03	NET ASSETS RELEASED	D	-32, 720	EQUIP	2.00	11	45.03
45. 04	DI ETARY REVENUE	В	-5. 046	DI ETARY	10.00	0	45. 04
45. 05	CONTRI BUTI ONS	A		OTHER ADMINISTRATIVE AND	5. 06	0	
				GENERAL			
45. 06	INTERCOMPANY INTEREST	A		INTEREST EXPENSE	113.00	0	
45. 07	PEDIATRIC OFFICE BUILDING	A	-9, 468	NEW CAP REL COSTS-BLDG &	1.00	9	45. 07
	LE REPORTAL LIGE OF COMPANY OF		44 500	FIXT	0.00		45 00
45. 08	LB PERSONAL USE OF COMPANY CAR - DEP	A	-11,502	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45. 08
45. 09	LB PERSONAL USE OF COMPANY CAR	A	_50/	OTHER ADMINISTRATIVE AND	5. 06	0	45. 09
43.07	- GAS	^	-374	GENERAL	3.00	O	43.07
45. 10	CE REGISTRATION	В	-4, 700	OTHER ADMINISTRATIVE AND	5. 06	0	45. 10
				GENERAL			
45. 11	CPE TUITION	В	-5, 500	OTHER ADMINISTRATIVE AND	5. 06	0	45. 11
		_		GENERAL		_	
45. 13	MGMT FEE REVENUE	В		PHYSICIANS' PRIVATE OFFICES	192.00	0	
45. 14	55+ SALARIES	A	-12, 946	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	45. 14
45. 15	55+ AUTOMOTIVE EXPENSE	A	-5 055	OTHER ADMINISTRATIVE AND	5. 06	0	45. 15
<del>-</del> -0. 10	ACTOMOTIVE EXIENSE		-5, 055	GENERAL	3.00	O	70.10
45. 16	55+ DEPRECIATION EXPENSE	A	-5, 658	NEW CAP REL COSTS-MVBLE	2.00	9	45. 16
				EQUI P			
50.00	TOTAL (sum of lines 1 thru 49)		-9, 176, 774				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)	I I		I			l

Heal th	Financial Systems	BAPTIST HEA	LTH PADUCAH	In Li€	eu of Form CMS-	2552-10
STATEME OFFICE		RELATED ORGANIZATIONS AND HOM		Period: From 09/01/2012	Worksheet A-8	3-1
				To 08/31/2013	Date/Time Pre 1/31/2014 9:3	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2.00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00	5. 06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE AND GENERAL	9, 744, 277	22, 666, 786	1.00
2.00	5. 02	INFORMATION SERVICES	DATA PROCESSING	10, 896, 912	O	2.00
3 00	0.00				٥	3 00

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

0

22, 666, 786

20, 641, 189

4.00

5.00

·			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 RELAT	ED ORGANIZATION(S) AND/OR HO	ME OFFICE:			

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

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

6. 00	В	BAPTIST HC SYS	100.00	SUPPORT SERVICES	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:

0.00

- 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 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.

4.00

5.00

Heal th	Financial Syste	ems		BAPTI	IST HEALTH PA	ADUCAH				In Lie	u of Form CM	S-2552-10
STATEME	ENT OF COSTS OF	SERVICES FROM	RELATED	ORGANI ZATI ONS	AND HOME	Provi der	CCN:	180104	Peri od		Worksheet A	-8-1
OFFI CE	COSTS									09/01/2012		
									To (	08/31/2013		
									L.		1/31/2014 9	: 35 am
		Wkst. A-7 Ref.										
	Adjustments											
	(col. 4 minus											
	col. 5)*											
	6. 00	7. 00										
	A. COSTS INCUR	RED AND ADJUST	MENTS REG	QUIRED AS A RES	SULT OF TRANS	SACTIONS V	VITH RI	ELATED (	DRGANI Z	ATIONS OR (	CLAI MED	
	HOME OFFICE CO	STS:										
1.00	-12, 922, 509	C										1. 00
2.00	10, 896, 912	C										2. 00
3.00	0	C										3. 00
4.00	0	(	)									4. 00
5.00	-2, 025, 597											5. 00

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

	boon poored to non noned 7.1	cordinate i dilator 21 the amount directable chours to the cordinate of the parti-	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	31		
	6. 00		
	B. INTERRELATIONSHIP TO RELA	TED ORGANIZATION(S) AND/OR HOME OFFICE:	
TI 0		10.00	

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

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

6.00	HOME OFFICE	6. 00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
7. 00 8. 00 9. 00 10. 00 100. 00		100.00

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.

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

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

								To 08	/31/2013	B Date/Time Pre 1/31/2014 9:3	
	Wkst. A Line #	Co	ost Center/Phy	/si ci an	Total	Professi onal	Provi der	RCE /	Amount	Physi ci an/Prov	
			I denti fi e	r	Remuneration	Component	Component			ider Component	
						·	·			Hours	
	1. 00		2. 00		3.00	4.00	5. 00		. 00	7. 00	
1.00	5. 06	DR. A			472, 987	167, 900	305, 08	7	159, 800	1, 343	1. 00
2.00		DR. B			22, 031	0	22, 03	1	159, 800	176	2. 00
3.00	43. 00				112, 083	79, 166	32, 91	7	159, 800	263	3. 00
4.00	50.00				2, 304, 426	2, 304, 426	(	0	182, 900	0	4.00
5.00	60.00				100, 000	0	100, 000	0	208,000	800	5. 00
6.00	65. 00	DR. F			15, 000	0	15, 000	0	159, 800	120	6. 00
7.00	91. 00	DR. G			18, 000	18, 000	(	0	159, 800	0	7. 00
8.00	0.00				0	0	(	0	0	0	8. 00
9.00	0.00				0	0	(	0	0	0	9. 00
10.00	0.00				0	0	(	0	0	0	10.00
200.00					3, 044, 527	2, 569, 492	475, 03	5		2, 702	200.00
	Wkst. A Line #	Co	ost Center/Phy	/si ci an	Unadjusted RCE	5 Percent of	Cost of	Pro	vi der	Physician Cost	
			Identi fi e	r	Limit	Unadjusted RCE	Memberships &		onent	of Malpractice	
						Limit	Conti nui ng		of col.	Insurance	
							Educati on		12		
	1. 00		2. 00		8. 00	9. 00	12. 00		. 00	14.00	
1.00		DR. A			103, 179			0	0		1. 00
2.00		DR. B			13, 521	676		0	0		2. 00
3.00	43. 00				20, 205	1, 010		0	0	1	3. 00
4.00	50. 00				0	0		0	0	0	4. 00
5. 00	60.00				80, 000			0	0	0	5. 00
6.00	65. 00				9, 219	i e		0	0	0	6. 00
7.00	91. 00	DR. G			0	0		0	0	0	7. 00
8.00	0. 00				0	0			0	1	8. 00
9.00	0. 00				0	0			0	1	9. 00
10.00	0. 00				0	0		0	0	T	10.00
200.00					226, 124			0	0	0	200. 00
	Wkst. A Line #	Co	ost Center/Phy		Provi der	Adjusted RCE	RCE	Adj us	stment		
			I denti fi e	r	Component	Limit	Di sal I owance				
					Share of col.						
	1. 00		2. 00		14 15. 00	16. 00	17. 00	18	3. 00		
1. 00	5. 06	DR. A			0	103, 179	201, 90	8	369, 808	3	1. 00
2.00	5. 06	DR. B			0	13, 521	8, 510	o	8, 510		2. 00
3.00	43.00	DR. C			0	20, 205	12, 71:	2	91, 878		3. 00
4.00	50.00	DR. D			0	0			304, 426	,	4.00
5.00	60.00	DR. E			0	80, 000	20, 000		20,000		5. 00
6.00	65. 00				0	9, 219			5, 781		6. 00
7.00	91. 00	DR. G			0	. 0		ol	18, 000		7. 00
8.00	0.00				0	0		ol	0		8. 00
9. 00	0.00				ĺ	Ö			0		9. 00
10.00	0.00				0	0	(	ol	0		10.00
200.00					0	226, 124	248, 91	1 2	, 818, 403	:	200.00
	. '				•	•	•	•			

| Peri od: | Worksheet B | From 09/01/2012 | Part | To 08/31/2013 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 180104

					To	08/31/2013	Date/Time Prep 1/31/2014 9:3	
				CAPI TAL REI	ATED COSTS		173172014 7.3	J alli
		Cost Center Description	Net Expenses	NEW BLDG &	NEW MVBLE		COMMUNI CATI ONS	
			for Cost	FLXT	EQUI P	BENEFI TS		
			Allocation (from Wkst A			DEPARTMENT		
			col. 7)					
			0	1. 00	2. 00	4. 00	5. 01	
	GENER	AL SERVICE COST CENTERS						
1.00	1	NEW CAP REL COSTS-BLDG & FLXT	6, 921, 445	6, 921, 445				1. 00
2.00		NEW CAP REL COSTS-MVBLE EQUIP	9, 294, 091		9, 294, 091			2. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS	20, 252, 194			20, 423, 297	270 200	4. 00
5. 01 5. 02	1	INFORMATION SERVICES	235, 644 11, 586, 671	589 0		34, 156 157, 375		5. 01 5. 02
5. 02		PURCH, REC, & STORES	535, 197	29, 832		73, 544		5. 02
5. 04	1	PATIENT REGISTRATION	1, 283, 111	19, 739		319, 612		5. 04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22, 264, 987	86, 409	148, 631	1, 922, 561	17, 158	5. 06
7.00	1	OPERATION OF PLANT	7, 290, 879			439, 747		7. 00
8.00		LAUNDRY & LINEN SERVICE	549, 866			108, 851		8. 00
9. 00 10. 00		HOUSEKEEPI NG DI ETARY	1, 909, 730			426, 985		9. 00 10. 00
11. 00		CAFETERI A	1, 443, 266 1, 278, 232			242, 652 238, 933		11. 00
13. 00	1	NURSING ADMINISTRATION	2, 111, 414	20, 010		499, 091	7, 100	13. 00
14. 00		CENTRAL SERVICES & SUPPLY	4, 042, 880			195, 700		
15.00	01500	PHARMACY	3, 873, 120	25, 366	283, 172	935, 289	6, 212	15.00
16. 00	1	MEDICAL RECORDS & LIBRARY	2, 102, 014			298, 749		
17. 00		SOCIAL SERVICE	2, 785, 908	7, 660	2, 053	492, 717	5, 325	17. 00
30. 00		I ENT ROUTI NE SERVI CE COST CENTERS ADULTS & PEDI ATRI CS	14 104 020	633, 529	223, 529	3, 683, 325	04.010	30. 00
31. 00		INTENSIVE CARE UNIT	14, 186, 828 2, 969, 650		·	3, 663, 323 776, 289		31. 00
32. 00		CORONARY CARE UNIT	2, 777, 329			731, 487	3, 846	
33. 00		BURN INTENSIVE CARE UNIT	0	0		0	0	33. 00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
40.00		SUBPROVIDER - IPF	0	0	0	0	0	40. 00
41. 00	1	SUBPROVI DER - I RF	0	0	0	0	0	41. 00
42. 00		SUBPROVI DER	2 070 220	17 420	70, 400	420, 422	1 470	42.00
43. 00 44. 00	1	NURSERY SKILLED NURSING FACILITY	2, 079, 230 1, 426, 154	16, 439 66, 517		420, 623 373, 830		
45. 00		NURSING FACILITY	1, 420, 134	00, 317		0 0	0, 0/3	45. 00
46. 00		OTHER LONG TERM CARE	0	0		0	Ö	46. 00
	ANCI L	LARY SERVICE COST CENTERS						
50.00		OPERATI NG ROOM	11, 435, 071	357, 574		1, 748, 298		50. 00
51. 00		RECOVERY ROOM	1, 560, 655			414, 140		
52. 00 53. 00		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	1, 842, 795	57, 072 0		449, 588 0	2, 662	52. 00 53. 00
54. 00		RADI OLOGY-DI AGNOSTI C	6, 286, 479			1, 140, 503		
55. 00		RADI OLOGY-THERAPEUTI C	1, 790, 102			316, 504		
56.00	05600	RADI OI SOTOPE	0	0	0	0	0	56.00
57. 00		CT SCAN	852, 141	6, 128		138, 690	887	57. 00
58.00		MAGNETIC RESONANCE IMAGING (MRI)	511, 858			65, 741	0	
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	2, 114, 664 6, 280, 944	89, 797 37, 563		404, 197 757, 247		59. 00 60. 00
60. 00	1	PATHOLOGY	1, 205, 166			151, 684		
61. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY	0	10,700	122, 000	101,001	0,010	61. 00
62.00		WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	
63.00	1	BLOOD STORING, PROCESSING & TRANS.	2, 183, 454	5, 085	4, 566	0	296	
64.00	1	I NTRAVENOUS THERAPY	0	0	0	0	0	64.00
65. 00	1	RESPI RATORY THERAPY	1, 483, 108			353, 841		
66. 00 67. 00	1	PHYSICAL THERAPY OCCUPATIONAL THERAPY	1, 608, 117 375, 807	17, 500 0		412, 821 94, 632	2, 958	66. 00 67. 00
68. 00	1	SPEECH PATHOLOGY	366, 231	0		90, 910		
69. 00		ELECTROCARDI OLOGY	1, 197, 754			273, 749		
70.00	07000	ELECTROENCEPHALOGRAPHY	338, 483		28, 379	88, 200	887	70. 00
71. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 800, 065	0	0	0	0	71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENT	17, 743, 060		0	0	0	72. 00
73. 00 74. 00		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	14, 976, 920	0	0	0	0	73. 00 74. 00
75.00	1	ASC (NON-DISTINCT PART)	0	)   0	0	0		74. 00 75. 00
76. 00		OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76. 00
	1	CARDI AC REHABI LI TATI ON	204, 699	18, 384	13, 152	52, 481	1, 479	
	OUTPA	TIENT SERVICE COST CENTERS						
88. 00		RURAL HEALTH CLINIC	0	0	0	0	0	
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00 90. 00
90.00	1	EMERGENCY	3, 443, 909	98, 806	162, 983	863, 485		
		OBSERVATION BEDS (NON-DISTINCT PART)	5, 775, 707	70, 000	102, 703	555, 465	11, 242	92.00
				•				

COST ALLOCATION - GENERAL SERVICE COSTS			F	Period: From 09/01/2012 To 08/31/2013		pared: 5 am
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FLXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	
	0	1. 00	2.00	4. 00	5. 01	
OTHER REIMBURSABLE COST CENTERS		11.00	2.00		0.01	
94. 00	0 0 0 0 0 0	0 0 0 0 0 0	C C C C C			95. 00 96. 00 97. 00 99. 00 99. 10 100. 00
101. 00 10100 HOME HEALTH AGENCY	0	0		0	0	101. 00
SPECIAL PURPOSE COST CENTERS  105. 00 10500 KIDNEY ACQUISITION  106. 00 10600 HEART ACQUISITION  107. 00 10700 LIVER ACQUISITION  108. 00 10800 LUNG ACQUISITION  109. 00 10900 PANCREAS ACQUISITION  110. 00 11000 INTESTINAL 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  SUBTOTALS (SUM OF LINES 1-117)  NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 4,810,564		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 0 265, 656	105. 00 106. 00 107. 00 108. 00 109. 00 110. 00 111. 00 113. 00 114. 00 115. 00 116. 00 118. 00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFICES 193. 00 19300 NONPALD WORKERS 194. 00 07950 NAUTI LUS 194. 01 07951 PR/MARKETI NG 194. 02 07952 OTHER NONREI MBURSABLE COST CENTERS 200. 00 Cross Foot Adjustments Negative Cost Centers	0 796, 875 0 0 1, 514, 997 754, 752	0 2, 106, 285 0 0 0 0	27, 880 27, 880 0 0 17, 065 0	0 145, 077 0 0 0 72, 978 0	0 0 0 0 2,662 0	191. 00 192. 00 193. 00 194. 00 194. 01 194. 02 200. 00 201. 00
202.00   TOTAL (sum lines 118-201)	214, 167, 662	6, 921, 445	9, 294, 091	20, 423, 297	270, 389	J202. 00

				11	0 00/31/2013	1/31/2014 9:3	
	Cost Center Description	I NFORMATI ON	PURCH, REC, &	PATIENT	Subtotal	OTHER	
		SERVI CES	STORES	REGISTRATION		ADMINISTRATIVE AND GENERAL	
		5. 02	5. 03	5. 04	5A. 04	5. 06	
	GENERAL SERVI CE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FLXT						1.00
2. 00 4. 00	OO200   NEW CAP REL COSTS-MVBLE EQUIP   OO400   EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01	00510 COMMUNI CATI ONS						5. 01
5. 02	00510 COMMON CATTONS  00511 I NFORMATI ON SERVI CES	11, 818, 025		•			5. 02
5. 03	00512 PURCH, REC, & STORES	160, 597	809, 086				5. 03
5.04	00513 PATIENT REGISTRATION	1, 368, 221	37				5. 04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	414, 087	1, 325	0	24, 855, 158	24, 855, 158	5. 06
7. 00	00700 OPERATION OF PLANT	0	2, 549	1	10, 147, 368		7. 00
8.00	00800 LAUNDRY & LI NEN SERVI CE	0	81		699, 036	l	8. 00
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	88, 171	7, 852	0	2, 468, 914	l	9.00
10. 00 11. 00	01100 CAFETERI A	33, 064 0	4		1, 775, 269 1, 567, 952	1	10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	0	12		2, 815, 585		13.00
14. 00	01400 CENTRAL SERVI CES & SUPPLY	146, 426	33, 030		4, 897, 385	l	14. 00
15. 00	01500 PHARMACY	294, 427	0	o	5, 417, 586	l	15. 00
16.00	01600 MEDICAL RECORDS & LIBRARY	710, 089	14	0	3, 171, 406	416, 380	16. 00
17. 00	01700 SOCIAL SERVICE	3, 149	1, 515	0	3, 298, 327	433, 044	17. 00
	INPATIENT ROUTINE SERVICE COST CENTERS			1	00.010.010		
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	4, 142, 449	40, 943				30.00
31. 00 32. 00	03100 INTENSIVE CARE UNIT	0	9, 737 7, 781			535, 894 496, 296	31. 00 32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	7,781	76, 070	3, 760, 0 <del>9</del> 1	490, 290	33.00
34. 00	03400 SURGI CAL INTENSI VE CARE UNI T	0	Ö	ő	0	Ö	34.00
40.00	04000 SUBPROVI DER - I PF	0	0	o	0	0	40.00
41.00	04100 SUBPROVI DER - I RF	0	0	0	0	0	41. 00
42.00	04200 SUBPROVI DER	0	0	0	0	0	42. 00
43.00	04300 NURSERY	0	8, 515				43. 00
44.00	04400 SKILLED NURSING FACILITY	0	3, 074		1, 929, 826		44. 00
45. 00	04500 NURSING FACILITY	0	0	0	0	0	45. 00
46. 00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	46. 00
50. 00	05000 OPERATING ROOM	711, 664	145, 760	574, 655	17, 867, 985	2, 345, 923	50.00
51. 00	05100 RECOVERY ROOM	0	1, 477		2, 080, 790		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12, 605	28, 520	2, 443, 659	320, 833	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	366, 853	11, 233				54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	1, 296		3, 008, 795		55. 00
56. 00 57. 00	05600	0	0 5, 792	1	0 1, 441, 469	0 189, 253	56. 00 57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	20			l	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	17, 555				59.00
60.00	06000 LABORATORY	1, 801, 202	232, 585			l	60.00
60. 01	06001 PATHOLOGY	0	33, 494	11, 896	1, 542, 055	202, 459	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	_	_	0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	184, 440	40, 174	2, 418, 015	1	
64. 00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	2/1 2/2	21 002	U FF 900	0 257 017	0	64.00
65. 00 66. 00	06600 PHYSI CAL THERAPY	261, 363 223, 576	21, 083 851			296, 328 306, 339	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	223, 370	73			l	•
68. 00	06800 SPEECH PATHOLOGY	Ö	253			l	68. 00
69. 00	06900 ELECTROCARDI OLOGY	144, 852	3, 121			280, 801	
70. 00	07000 ELECTROENCEPHALOGRAPHY	12, 596	757	12, 154	517, 558	67, 951	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	63, 049			71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	406, 455			72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	282, 141	15, 259, 061	2, 003, 393	73.00
74. 00 75. 00	07400 RENAL DI ALYSI S	0	0	0	0	0	74. 00 75. 00
75. 00 76. 00	07500 ASC (NON-DISTINCT PART) 03950 OTHER ANCILLARY SERVICE COST CENTERS		0		0		76.00
	07697 CARDI AC REHABI LI TATI ON	0	259	0	290, 454		76. 00
. 5. , ,	OUTPATIENT SERVICE COST CENTERS	<u> </u>	257		2,0,104	1 33, 134	1 , ,
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90.00	09000 CLI NI C	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	935, 239	17, 093	116, 698	5, 649, 455	741, 728	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92. 00
94. 00	OTHER REIMBURSABLE COST CENTERS  09400 HOME PROGRAM DIALYSIS	0	0		^	0	94. 00
95.00	09500 AMBULANCE SERVICES	0	l o	0	0	0	95.00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	Ö	Ö	O	ő	96.00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
		·					

			То	08/31/2013	Date/Time Pre 1/31/2014 9:3	
Cost Center Description	I NFORMATI ON	PURCH, REC, &	PATI ENT	Subtotal	OTHER	
	SERVI CES	STORES	REGI STRATI ON		ADMI NI STRATI VE	
					AND GENERAL	
	5. 02	5. 03	5. 04	5A. 04	5. 06	
99. 00 09900 CMHC	0	0	0	0	0	99. 00
99. 10  09910 CORF	0	0	0	0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	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	0		106. 00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0	111. 00
113. 00 11300 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 1-117)	11, 818, 025	806, 216	2, 999, 200	208, 398, 594	24, 097, 726	118. 00
NONREI MBURSABLE COST CENTERS	T	1				
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	0	327, 630	43, 015	
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	2, 867	0	3, 078, 984	404, 246	
193. 00 19300 NONPAI D WORKERS	0	0	0	0		193. 00
194. 00 07950 NAUTI LUS	0	0	0	0		194. 00
194. 01 07951 PR/MARKETI NG	0	0	0	1, 607, 702	211, 078	
194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	754, 752	99, 093	
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers	0	000 000	0	0		201. 00
202.00   TOTAL (sum lines 118-201)	11, 818, 025	809, 086	2, 999, 200	214, 167, 662	24, 855, 158	J202. 00

			ODERATION OF	LAUNDDV 0	LUQUEEKEEDING		1/31/2014 9: 3:	
		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	OFNED	AL CERVICE COST OFNITERS	7. 00	8. 00	9. 00	10.00	11. 00	
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	1	COMMUNICATIONS INFORMATION SERVICES						5. 01 5. 02
5. 02		PURCH, REC, & STORES						5. 02
5. 04		PATIENT REGISTRATION						5. 04
5.06		OTHER ADMINISTRATIVE AND GENERAL						5. 06
7.00		OPERATION OF PLANT	11, 479, 636					7. 00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	71, 084 32, 098	861, 898 30, 374				8. 00 9. 00
10.00		DIETARY	113, 418			2, 134, 148		10.00
11. 00		CAFETERI A	76, 044	0	1	0	1, 849, 856	
13. 00		NURSING ADMINISTRATION	53, 645	0	,	0	46, 572	13. 00
14. 00		CENTRAL SERVICES & SUPPLY	172, 560	8, 651	261, 808	0	39, 263	
15. 00 16. 00	4	PHARMACY MEDICAL RECORDS & LIBRARY	68, 004 42, 334	0   0		0	62, 990 47, 411	15. 00 16. 00
17. 00	1	SOCIAL SERVICE	20, 535			o	50, 448	
		IENT ROUTINE SERVICE COST CENTERS				- 1		
30. 00		ADULTS & PEDIATRICS	1, 698, 431	534, 642		1, 722, 523	461, 215	30. 00
31.00		INTENSIVE CARE UNIT	232, 049			92, 523	88, 996	31.00
32. 00 33. 00		CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	146, 907	50, 524 0	118, 727	93, 298 0	79, 945 0	32. 00 33. 00
34. 00		SURGICAL INTENSIVE CARE UNIT	Ö	0	Ö	o	0	34. 00
40.00		SUBPROVI DER - I PF	0	0	0	o	0	40. 00
41.00	4	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42. 00 43. 00	4	SUBPROVI DER NURSERY	0 44, 072	10 211	-1	0	0	42. 00 43. 00
44. 00	4	SKILLED NURSING FACILITY	178, 326	10, 311 0		218, 775	44, 427 47, 818	
45. 00		NURSING FACILITY	0	0		210,770	0	45. 00
46. 00		OTHER LONG TERM CARE	0	0	0	0	0	46. 00
		LARY SERVICE COST CENTERS	050 (04	100 (07	050 005	4 054	225 427	
50. 00 51. 00		OPERATING ROOM RECOVERY ROOM	958, 621 101, 397	109, 637 0		1, 251 0	205, 186 39, 762	50. 00 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	153, 004	6, 958		o	45, 505	
53. 00	4	ANESTHESI OLOGY	0	0,750	0	o	0	53. 00
54.00		RADI OLOGY-DI AGNOSTI C	324, 285	8, 016	170, 480	o	118, 796	54. 00
55.00		RADI OLOGY-THERAPEUTI C	181, 248	0		0	23, 476	
56. 00 57. 00		RADI OI SOTOPE CT SCAN	16, 428	0	0	0	0 10, 515	56. 00 57. 00
58. 00	4	MAGNETIC RESONANCE IMAGING (MRI)	10, 420	0	0	o	4, 974	
59. 00	1	CARDI AC CATHETERI ZATI ON	240, 737	0	0	o	38, 307	59. 00
60.00		LABORATORY	100, 702	0	57, 841	0	94, 200	
60. 01		PATHOLOGY	37, 280	0	15, 221	0	21, 554	
61. 00 62. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	61. 00 62. 00
63. 00		BLOOD STORING, PROCESSING & TRANS.	13, 632			o	0	
64.00		I NTRAVENOUS THERAPY	0	0	0	o	0	64. 00
65.00	4	RESPI RATORY THERAPY	63, 391	0	21, 310	0	38, 228	65. 00
66. 00 67. 00	1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	46, 915	0	0	0	38, 572 8, 171	66. 00 67. 00
68. 00		SPEECH PATHOLOGY	0	0	0	o	7, 933	
69. 00		ELECTROCARDI OLOGY	222, 461	0	76, 107	ō	30, 223	
70. 00		ELECTROENCEPHALOGRAPHY	96, 785	0	12, 177	0	10, 775	
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
74. 00	1	RENAL DIALYSIS	0	0	0	ő	0	74. 00
75. 00	1	ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
76. 00	4	OTHER ANCILLARY SERVICE COST CENTERS	0	0		0	0	76. 00
76. 97		CARDIAC REHABILITATION TIENT SERVICE COST CENTERS	49, 285	0	0	0	5, 387	76. 97
88. 00		RURAL HEALTH CLINIC	0	0	0	O	0	88. 00
89. 00		FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	o	0	89. 00
90. 00	4	CLINIC	0	0	0	0	0	90. 00
91.00	1	EMERGENCY	264, 890	42, 059	133, 948	5, 778	101, 803	91.00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART) REIMBURSABLE COST CENTERS						92. 00
94. 00		HOME PROGRAM DIALYSIS	0	0	0	0	0	94. 00
95. 00	09500	AMBULANCE SERVICES	0	0	0	o	0	95. 00
96.00	1	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97. 00 99. 00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00 99. 00
77.00	10,,00		1 0	ı	1 0	<u> </u>	U	77.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS BAPTIST HEALTH PADUCAH Provi der CCN: 180104

Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT	LINEN SERVICE				
	7. 00	8. 00	9. 00	10.00	11. 00	
99. 10  09910 CORF	0	0	0	0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0	0	106. 00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	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	o	0	115. 00
116. 00 11600 HOSPI CE	0	0	0	o	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5, 820, 568	861, 898	2, 855, 535	2, 134, 148	1, 812, 452	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12, 321	0	0	0	1, 565	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5, 646, 747	0	0	0	29, 473	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194. 00 07950 NAUTI LUS	0	0	0	0	0	194. 00
194. 01 07951 PR/MARKETI NG	0	0	0	0	6, 366	194. 01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 02
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118-201)	11, 479, 636	861, 898	2, 855, 535	2, 134, 148	1, 849, 856	202. 00

					To	08/31/2013	Date/Time Prep 1/31/2014 9:3	
		Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	SOCIAL SERVICE	<u> </u>
			13.00	SUPPLY 14. 00	15. 00	LI BRARY 16. 00	17. 00	
		AL SERVICE COST CENTERS						
1.00		NEW CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00		NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01	1	COMMUNI CATI ONS						5. 01
5. 02	1	I NFORMATI ON SERVI CES						5. 02
5.03	1	PURCH, REC, & STORES						5. 03
5. 04		PATIENT REGISTRATION						5. 04
5. 06 7. 00		OTHER ADMINISTRATIVE AND GENERAL OPERATION OF PLANT						5. 06 7. 00
8. 00	1	LAUNDRY & LINEN SERVICE						8. 00
9.00	1	HOUSEKEEPI NG						9. 00
10.00	1	DIETARY						10.00
11. 00 13. 00	1	CAFETERIA   NURSI NG ADMINI STRATI ON	3, 337, 219					11. 00 13. 00
14. 00		CENTRAL SERVICES & SUPPLY	3, 337, 219	6, 022, 654				14. 00
15. 00		PHARMACY	o	0				15. 00
16. 00		MEDICAL RECORDS & LIBRARY	0	0		3, 677, 531		16. 00
17. 00		SOCIAL SERVICE	0	0	2, 605, 850	0	6, 408, 204	17. 00
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	2, 004, 384	2, 410, 850	1, 291, 934	971, 039	4, 542, 772	30. 00
31. 00	1	INTENSIVE CARE UNIT	386, 764	751, 434		178, 047	411, 386	31. 00
32. 00		CORONARY CARE UNIT	347, 429	686, 578	565, 188	167, 496	347, 649	32.00
33. 00	1	BURN INTENSIVE CARE UNIT	0	0		0	0	33. 00
34. 00 40. 00		SURGICAL INTENSIVE CARE UNIT SUBPROVIDER - IPF		0	0	0	0	34. 00 40. 00
41. 00		SUBPROVIDER - I RF		0	o	0	0	41. 00
42.00	1	SUBPROVI DER	o	0	0	0	0	42.00
43.00	1	NURSERY	193, 074	136, 421		159, 935	524, 664	43.00
44. 00	1	SKILLED NURSING FACILITY	207, 810	798, 399		73, 417	581, 733	44. 00
45. 00 46. 00		NURSING FACILITY  OTHER LONG TERM CARE	0	0		0	0	45. 00 46. 00
10. 00		LARY SERVICE COST CENTERS	<u> </u>		<u> </u>			10. 00
50. 00	1	OPERATING ROOM	0	80, 511		655, 829	0	50.00
51.00		RECOVERY ROOM	107.750	35, 783		15 014	0	51.00
52. 00 53. 00		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	197, 758	2, 236 0		15, 914 0	0	52. 00 53. 00
54. 00	1	RADI OLOGY-DI AGNOSTI C	0	11, 182	-	313, 451	0	54. 00
55. 00		RADI OLOGY-THERAPEUTI C	0	4, 473	194, 399	22, 772	0	55. 00
56. 00		RADI OI SOTOPE	0	15 (55		0	0	56. 00
57. 00 58. 00	1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)		15, 655 0		0	0	57. 00 58. 00
59. 00		CARDI AC CATHETERI ZATI ON	l o	64, 856	_	Ö	0	59. 00
60.00	1	LABORATORY	0	0	0	277, 050	0	60.00
60. 01	1	PATHOLOGY	0	0	0	0	0	60. 01
61. 00 62. 00	1	PBP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	61. 00 62. 00
63. 00		BLOOD STORING, PROCESSING & TRANS.		31, 310	795	0	0	
64. 00	1	I NTRAVENOUS THERAPY	o	0	0	0	0	64.00
65. 00		RESPI RATORY THERAPY	0	0	147, 256	5, 100	0	65. 00
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	0	2, 236	0	2, 374	0	66. 00 67. 00
68. 00		SPEECH PATHOLOGY		0	ő	0	0	68. 00
69. 00	06900	ELECTROCARDI OLOGY	o	13, 418	41, 846	52, 403	0	69. 00
70.00	1	ELECTROENCEPHALOGRAPHY	0	4, 473	50, 321	13, 892	0	70.00
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71. 00 72. 00
73. 00		DRUGS CHARGED TO PATIENTS		0	Ö	0	0	73. 00
74. 00	07400	RENAL DIALYSIS	o	0	0	0	0	74.00
75. 00		ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
76. 00 76. 97		OTHER ANCILLARY SERVICE COST CENTERS CARDIAC REHABILITATION	0	24 601	0	0	0	76. 00 76. 97
10.91	1	TIENT SERVICE COST CENTERS	<u> </u>	24, 601	. 0	0	0	10.71
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	
89. 00		FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00 91. 00	1	CLINIC EMERGENCY	0	0 948, 238	0 201, 550	0 768, 812	0	90. 00 91. 00
91.00	1	OBSERVATION BEDS (NON-DISTINCT PART)		740, 238	201, 550	700,012		91.00
	OTHER	REIMBURSABLE COST CENTERS						
94.00		HOME PROGRAM DI ALYSI S	0	0	0	0	0	94. 00
95. 00 96. 00		AMBULANCE SERVICES DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	95. 00 96. 00
97. 00		DURABLE MEDICAL EQUIP-SOLD		0	o	0	0	
-			, ,					

			10	08/31/2013	1/31/2014 9:35 am
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE
	ADMI NI STRATI ON	SERVICES &		RECORDS &	
		SUPPLY		LI BRARY	
	13.00	14.00	15. 00	16. 00	17. 00
99. 00 09900 CMHC	0	0	0	0	0 99.00
99. 10   09910   CORF	0	0	0	0	0 99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101. 00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0 105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0	0 106. 00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0 107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0 108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0 111.00
113. 00 11300 I NTEREST EXPENSE					113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF	_	_	_	_	114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0 115.00
116. 00 11600 H0SPI CE	0	0	0	0	0 116.00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	3, 337, 219	6, 022, 654	6, 311, 619	3, 677, 531	6, 408, 204 118. 00
NONREI MBURSABLE COST CENTERS	1		1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191. 00 19100 RESEARCH	0	0	0	0	0 191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	0 192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0 193. 00
194. 00 07950 NAUTI LUS	0	0	0	0	0 194. 00
194. 01 07951 PR/MARKETI NG	0	0	0	0	0 194. 01
194. 02 07952 OTHER NONREI MBURSABLE COST CENTERS	\ \	Ü	١	0	0 194. 02
200.00 Cross Foot Adjustments		^		^	200.00
201.00 Negative Cost Centers	2 227 210	( 022 (54	( 211 (10	0 2 (77 F21	0 201.00
202.00   TOTAL (sum lines 118-201)	3, 337, 219	6, 022, 654	6, 311, 619	3, 677, 531	6, 408, 204 202. 00

Peri od: Worksheet B
From 09/01/2012 Part I
To 09/21/2012 Part I
To 09/21/2012 Part I
To 09/21/2012 Part II
To

					From 09/01/2012 Part 1 Fo 08/31/2013 Date/Time Pr	
	Cost Center Description	Subtotal	Intern &	Total	1/31/2014 9:	35 am
			Residents Cost & Post			
			Stepdown			
		24.00	Adjustments 25.00	26. 00	-	
	GENERAL SERVICE COST CENTERS					
1. 00 2. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP					1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 01	00510 COMMUNI CATI ONS					5. 01
5. 02 5. 03	00511   I NFORMATI ON SERVI CES 00512   PURCH, REC, & STORES					5. 02 5. 03
5. 04	00513 PATIENT REGISTRATION					5. 04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL					5. 06
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE					7. 00 8. 00
9.00	00900 HOUSEKEEPI NG					9. 00
10.00	01000 DI ETARY					10.00
11. 00 13. 00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON					11. 00 13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY					14. 00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY					15. 00 16. 00
17. 00	01700 SOCIAL SERVICE					17. 00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	42, 855, 060 7, 028, 340	1	42, 855, 060 7, 028, 340		30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT	6, 880, 128	1	6, 880, 128		32. 00
33.00	03300 BURN INTENSIVE CARE UNIT	C	0	(		33. 00
34. 00 40. 00	03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF			(	ן ה	34. 00 40. 00
41. 00	04100 SUBPROVI DER – I RF	C		C		41. 00
42.00	04200 SUBPROVI DER	C 7.500 7.5	1 1	4 500 7/5	2	42. 00
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY	4, 589, 765 4, 417, 073	1	4, 589, 765 4, 417, 073		43. 00 44. 00
45. 00	04500 NURSING FACILITY	, , , , , , , , , , , , , , , , , , ,	1	(, , , , , , , ,		45. 00
46. 00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	C		C	D	46. 00
50.00	05000 OPERATING ROOM	22, 692, 491	0	22, 692, 491	1	50.00
51. 00	05100 RECOVERY ROOM	2, 591, 809	1	2, 591, 809		51.00
52. 00 53. 00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	3, 329, 240	0 0	3, 329, 240	ן ה	52. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	12, 711, 911	1	12, 711, 911	1	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	3, 918, 478	1	3, 918, 478	3	55. 00
56. 00 57. 00	05600	1, 673, 320	0	1, 673, 320	J N	56. 00 57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	780, 157		780, 157		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 168, 702	1	4, 168, 702		59. 00
60. 00 60. 01	06000 LABORATORY 06001 PATHOLOGY	11, 195, 440 1, 818, 569	1	11, 195, 440 1, 818, 569		60. 00 60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	C	1	(	D	61. 00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	2, 787, 307		2 797 207		62.00
64. 00	06400 I NTRAVENOUS THERAPY	2,767,307		2, 787, 307 (		63. 00 64. 00
65.00	06500 RESPI RATORY THERAPY	2, 828, 630	1	2, 828, 630		65. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	2, 729, 702 552, 381	1	2, 729, 702 552, 381		66. 00 67. 00
68. 00	06800 SPEECH PATHOLOGY	547, 206	1	547, 20 <i>6</i>		68. 00
69. 00		2, 856, 010	1	2, 856, 010		69. 00
70. 00 71. 00	07000   ELECTROENCEPHALOGRAPHY   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	773, 932 11, 158, 062	1	773, 932 11, 158, 062		70. 00 71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	20, 532, 401	1	20, 532, 401		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	17, 262, 454	0	17, 262, 454	1	73. 00
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	C		(	)	74. 00 75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS	C		C		76. 00
76. 97	07697 CARDIAC REHABILITATION	407, 861	0	407, 861	1	76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	С	ol ol	(		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	C	o o	C	D	89. 00
90.00	09000 CLINIC	0.050.044		0.050.07		90.00
91. 00 92. 00	O9100   EMERGENCY   O9200   OBSERVATION   BEDS (NON-DISTINCT PART)	8, 858, 261	0 0	8, 858, 261		91. 00 92. 00
	OTHER REIMBURSABLE COST CENTERS					
94. 00 95. 00	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	C	1	(		94. 00 95. 00
73.00	10.000 /WINDOLINGE DERVI OLD		·ı		1	1 75.00

				o 08/31/2013 Date/Time Pi	
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	1/31/2014 9	: 35 am
	24.00	25. 00	26.00		
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	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0		96. 00 97. 00 99. 00 99. 10 100. 00 101. 00
SPECIAL PURPOSE COST CENTERS					
105. 00	0 0 0 0 0 0 0 0 201, 944, 690	0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0		105. 00 106. 00 107. 00 108. 00 109. 00 110. 00 111. 00 113. 00 115. 00 116. 00 118. 00
NONREI MBURSABLE COST CENTERS					
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191. 00 19100 RESEARCH 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 193. 00 19300 NONPAID WORKERS 194. 00 07950 NAUTILUS 194. 01 07951 PR/MARKETING 194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS 200. 00 Cross Foot Adjustments Negative Cost Centers 202. 00 TOTAL (sum lines 118-201)	384, 531 0 9, 159, 450 0 1, 825, 146 853, 845 0 0 214, 167, 662	0 0 0 0 0 0 0	384, 531 0 9, 159, 450 0 1, 825, 146 853, 845 0 0 214, 167, 662		190. 00 191. 00 192. 00 193. 00 194. 00 194. 01 194. 02 200. 00 201. 00 202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 180104

				Io	08/31/2013	Date/lime Pre 1/31/2014 9:3	
			CAPI TAL REI	LATED COSTS			
	Cost Center Description	Di rectly Assigned New Capital	NEW BLDG & FIXT	NEW MVBLE EQUI P	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		Related Costs 0	1. 00	2.00	2A	4. 00	
	GENERAL SERVICE COST CENTERS			2.00		11 00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1. 00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	_					2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	151, 377		171, 103		4. 00
5. 01 5. 02	00510 COMMUNI CATI ONS 00511 I NFORMATI ON SERVI CES	4, 230, 690	589 0	1	589 4, 300, 823	286 1, 319	5. 01 5. 02
5. 03	00512 PURCH, REC, & STORES	0	29, 832		35, 902	616	5. 02
5.04	00513 PATIENT REGISTRATION	0	19, 739		22, 598	2, 678	5. 04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	652, 022	86, 409		887, 062	16, 108	5. 06
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	0	2, 351, 496 26, 515		2, 406, 501 39, 351	3, 684 912	7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG		11, 973		34, 993	3, 577	9. 00
10.00	01000 DI ETARY	0	42, 306		52, 437	2, 033	10.00
11. 00	01100 CAFETERI A	0	28, 365		50, 491	2, 002	11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	20, 010		197, 968		13.00
14. 00 15. 00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0	64, 366 25, 366		477, 870 308, 538	1, 640 7, 836	14. 00 15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	Ö	15, 791		53, 736		16. 00
17. 00	01700 SOCI AL SERVI CE	0	7, 660	2, 053	9, 713	4, 128	17. 00
	INPATIENT ROUTINE SERVICE COST CENTERS		/00 500		057.050	20.040	
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	633, 529 86, 556		857, 058 202, 570	30, 849 6, 504	30. 00 31. 00
32. 00	03200 CORONARY CARE UNIT		54, 797		161, 578	6, 129	32.00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34. 00
40. 00 41. 00	04000 SUBPROVI DER - I PF	0	0	0	0	0	40. 00 41. 00
41.00	04100 SUBPROVI DER - I RF 04200 SUBPROVI DER		0	0	0	0	41.00
43. 00	04300 NURSERY	O	16, 439		86, 839	3, 524	43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	66, 517		91, 374	3, 132	44. 00
45. 00 46. 00	04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	0	0	- 1	0	0	45. 00
40.00	ANCI LLARY SERVI CE COST CENTERS	<u> </u>	0	<u> </u>	<u> </u>	0	46. 00
50.00	05000 OPERATING ROOM	0	357, 574	2, 878, 692	3, 236, 266	14, 648	50. 00
51. 00	05100 RECOVERY ROOM	0	37, 822		44, 594	3, 470	51. 00
52. 00 53. 00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	0	57, 072 0		107, 489 0	3, 767 0	52. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C		120, 961	-	1, 963, 927	9, 555	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	67, 607		877, 251	2, 652	55. 00
56. 00	05600 RADI OI SOTOPE	0	0	0	0	0	56. 00
57. 00 58. 00	05700 CT SCAN	0	6, 128	230, 365 70, 144	236, 493	1, 162	57.00
59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	0	89, 797		70, 144 647, 145	551 3, 386	58. 00 59. 00
	06000 LABORATORY	o	37, 563		254, 356		•
60. 01	06001 PATHOLOGY	0	13, 906	122, 063	135, 969	1, 271	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0		61.00
62. 00 63. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	5, 085	4, 566	9, 651	0	62. 00 63. 00
64. 00	06400 I NTRAVENOUS THERAPY	O	0	0	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	0	23, 645		79, 447	2, 965	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	17, 500		47, 327	3, 459	
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	1, 288 8, 402	1, 288 8, 402	793 762	67. 00 68. 00
69. 00	06900 ELECTROCARDI OLOGY	Ö	82, 980		411, 544	2, 294	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	36, 102		64, 481	739	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENT 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
74.00	07400 RENAL DIALYSIS		0		n	0	74.00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76. 00
76. 97	07697 CARDI AC REHABILITATION	0	18, 384	13, 152	31, 536	440	76. 97
88. 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	l ol	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	o	0	89. 00
90.00	09000 CLINIC	0	00.05	0	0	0	90.00
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STINCT PART)	0	98, 806	162, 983	261, 789 0	7, 234	91. 00 92. 00
72.00	OTHER REIMBURSABLE COST CENTERS						/2.00
94. 00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94. 00
-							

			10	08/31/2013	Date/lime Pre   1/31/2014 9:3	pared: 5 am
		CAPI TAL REL	ATED COSTS		1/31/2014 7.3	Jam
		07.11 T.T.E. T.E.E.	21128 00010			
Cost Center Description	Directly	NEW BLDG &	NEW MVBLE	Subtotal	EMPLOYEE	
	Assigned New	FLXT	EQUI P		BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4. 00	
95. 00 09500 AMBULANCE SERVICES	0	0	0	0	0	95. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
99. 00 09900 CMHC	0	0	0	0	0	99. 00
99. 10   09910   CORF	0	0	0	0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100. 00
101.00 10100 HOME HEALTH AGENCY	o	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0	0	106. 00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110. 00
111.00 11100 ISLET ACQUISITION	0	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	0	115. 00
116. 00 11600 H0SPI CE	0	0	0	0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4, 882, 712	4, 810, 564	9, 244, 917	18, 938, 193	169, 134	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4, 596	4, 229	8, 825		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2, 106, 285	27, 880	2, 134, 165		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194. 00 07950 NAUTI LUS	0	0	0	0	0	194. 00
194. 01 07951 PR/MARKETI NG	0	0	17, 065	17, 065	611	194. 01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 02
200.00 Cross Foot Adjustments				o		200. 00
201.00 Negative Cost Centers		0	0	0	0	201. 00
202.00 TOTAL (sum lines 118-201)	4, 882, 712	6, 921, 445	9, 294, 091	21, 098, 248	171, 103	202. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period: Worksheet B From 09/01/2012 Part II To 08/31/2013 Date/Time Pi

Date/Time Prepared: 1/31/2014 9:35 am Cost Center Description COMMUNICATIONS INFORMATION PURCH, REC, PATI ENT & **OTHER** REGI STRATI ON ADMI NI STRATI VE SERVI CES **STORES** AND GENERAL 5. 01 5. 02 5.03 5. 04 5.06 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00510 COMMUNI CATI ONS 875 5.01 00511 INFORMATION SERVICES 4, 302, 154 5.02 12 5.02 00512 PURCH, REC, & STORES 5.03 12 58, 463 94, 993 5.03 00513 PATIENT REGISTRATION 523, 376 5.04 18 498, 078 5 04 5.06 00560 OTHER ADMINISTRATIVE AND GENERAL 150, 742 1, 054, 124 156 5.06 7.00 00700 OPERATION OF PLANT 25 299 0 56, 501 7 00 00800 LAUNDRY & LINEN SERVICE 0 3, 892 8.00 3 8.00 10 00900 HOUSEKEEPI NG 4 32, 097 0 9 00 922 13, 747 9 00 10.00 01000 DI ETARY 12 12,036 9,885 10.00 11.00 01100 CAFETERI A 8,730 11.00 C 01300 NURSING ADMINISTRATION 0 23 13.00 15, 677 13.00 5 0 14.00 01400 CENTRAL SERVICES & SUPPLY 53, 304 3,878 27, 269 14.00 15.00 01500 PHARMACY 20 107, 181 0 30, 165 15.00 o 16.00 01600 MEDICAL RECORDS & LIBRARY 22 16.00 258, 496 17, 658 01700 SOCIAL SERVICE 17 178 17.00 1, 146 18, 365 17.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 271 1, 507, 990 4, 807 39, 172 129, 317 30.00 03100 INTENSIVE CARE UNIT 20 22, 727 31.00 1.143 20.463 31.00 03200 CORONARY CARE UNIT 32.00 12 914 17, 118 21, 048 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 33.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 0 0 0 0 0 34.00 0 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 40 00 Ω O 0 40 00 0 41.00 C 0 0 0 41.00 42.00 04200 SUBPROVI DER 0 42.00 5 43.00 04300 NURSERY 0 1,000 14, 923 14, 934 43.00 04400 SKILLED NURSING FACILITY 29 10, 745 44.00 C 361 4, 629 44.00 45.00 04500 NURSING FACILITY 0 C 0 45.00 04600 OTHER LONG TERM CARE 46.00 0 0 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 53 259, 069 17, 113 100, 176 99, 489 50.00 05100 RECOVERY ROOM 9, 995 11, 586 51.00 173 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 9 1,480 4, 978 13,606 52.00 05300 ANESTHESI OLOGY 0 53 00 53 00 0 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 64 133, 547 1, 319 15.759 55,007 54.00 05500 RADI OLOGY-THERAPEUTI C 15 55.00 152 3, 301 16, 753 55.00 56.00 05600 RADI OI SOTOPE 0 Λ 0 56, 00  $\cap$ 05700 CT SCAN 36, 213 8,026 57 00 Ω 680 57 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 58.00 6, 538 3, 815 58.00 59.00 05900 CARDIAC CATHETERIZATION 16 2,061 33, 570 18,825 59.00 06000 LABORATORY 16, 789 52, 494 60.00 17 655, 697 27.309 60.00 60.01 06001 PATHOLOGY 12 3, 932 2,076 8,586 60.01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 06300 BLOOD STORING, PROCESSING & TRANS. 7, 012 63.00 1 63.00 0 21,654 13, 464 06400 I NTRAVENOUS THERAPY 0 64.00 Λ 64.00 06500 RESPIRATORY THERAPY 8 2, 475 9,741 12, 567 65.00 95, 145 65.00 66.00 06600 PHYSI CAL THERAPY 10 81, 389 100 6, 566 12, 992 66.00 06700 OCCUPATIONAL THERAPY 0 2, 678 67.00 1.615 67.00 68.00 06800 SPEECH PATHOLOGY 4 30 1, 695 2, 654 68.00 69.00 06900 ELECTROCARDI OLOGY 27 52, 731 366 17, 359 11, 909 69.00 07000 ELECTROENCEPHALOGRAPHY 3 2, 121 70.00 4, 585 89 2,882 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 11,005 54, 918 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 70, 946 101, 056 0 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0 49, 247 73.00 0 84.962 74.00 07400 RENAL DIALYSIS 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) C 0 0 0 75.00 76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 76.00 07697 CARDIAC REHABILITATION 30 0 76. 97 76.97 1, 617 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 0 0 0 88.00 0 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 0 0 0 89.00 90.00 09000 CLI NI C 0 0 90.00 0 09100 EMERGENCY 91.00 36 340, 458 2,007 20, 369 31, 456 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSIS n 94 00 0 0 0 0 95.00 09500 AMBULANCE SERVICES 0 0 0 0 0 95.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 96.00 96.00 0 0

0

0

0

0 97.00

09700 DURABLE MEDICAL EQUIP-SOLD

			Τ	o 08/31/2013	Date/Time Pre 1/31/2014 9:3	
Cost Center Description	COMMUNI CATI ONS	I NFORMATI ON	PURCH, REC, &	PATI ENT	OTHER	
		SERVI CES	STORES		ADMI NI STRATI VE	
					AND GENERAL	
	5. 01	5. 02	5. 03	5. 04	5. 06	
99. 00   09900   CMHC	0	O	)	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		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 10700 LIVER ACQUISITION	0	0	) (	0		107. 00
108.00 10800 LUNG ACQUISITION	0	0	) (	0		108. 00
109. 00 10900 PANCREAS ACQUISITION	0	0	) (	0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	) (	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0	) (	0	0	111. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	)	0		115. 00
116. 00 11600 HOSPI CE	0	0		0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	859	4, 302, 154	94, 656	523, 376	1, 022, 002	118. 00
NONREI MBURSABLE COST CENTERS					1 004	100 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	/	0		0		190.00
191. 00 19100 RESEARCH	0	U	22-	0		191. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	U	337	0		192. 00
193. 00 19300 NONPALD WORKERS 194. 00 07950 NAUTI LUS		0		0		193. 00 194. 00
194. 01 07950 NAUTT LUS 194. 01 07951 PR/MARKETI NG		0		0		194. 00
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	9	0		0		194. 01
200.00 Cross Foot Adjustments	ا	U	ή	ı u	4, 202	200.00
201.00   Negative Cost Centers		0			0	200.00
202.00   TOTAL (sum lines 118-201)	875	4, 302, 154	94, 993	523, 376		
202.00   TOTAL (3dill TITIES TT0-201)	0/3	4, 302, 134	74, 775	323, 370	1,054,124	1202.00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: | Provi der CCN: 180104

				10	08/31/2013	Date/lime Pre 1/31/2014 9:3	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	<u> </u>
		PLANT	LINEN SERVICE	0.00	40.00	44.00	
	GENERAL SERVICE COST CENTERS	7. 00	8. 00	9. 00	10. 00	11. 00	
1. 00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	00510 COMMUNI CATI ONS						5. 01
5. 02	00511   I NFORMATI ON SERVI CES						5. 02
5. 03	00512 PURCH, REC, & STORES						5. 03
5.04	00513 PATIENT REGISTRATION						5. 04
5. 06 7. 00	00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT	2, 467, 010					5. 06 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	15, 276	l .				8.00
9. 00	00900 HOUSEKEEPING	6, 898	1	1			9. 00
10. 00	01000 DI ETARY	24, 374	854		101, 631		10.00
11. 00	01100 CAFETERI A	16, 342	0	0	0	77, 566	11. 00
13.00	01300 NURSING ADMINISTRATION	11, 528	0	1, 710	0	1, 953	13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	37, 084	597	8, 649	0	1, 646	14. 00
15. 00	01500 PHARMACY	14, 614	0		0	2, 641	15. 00
16.00	01600 MEDI CAL RECORDS & LI BRARY	9, 098		0	0	1, 988	16.00
17. 00	01700 SOCIAL SERVICE INPATIENT ROUTINE SERVICE COST CENTERS	4, 413	0	0	Ü	2, 115	17. 00
30. 00	03000 ADULTS & PEDIATRICS	364, 998	36, 872	31, 378	82, 029	19, 338	30.00
31. 00	03100 I NTENSI VE CARE UNI T	49, 868			4, 406		31.00
32. 00	03200 CORONARY CARE UNIT	31, 571	3, 485		4, 443		32. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVI DER - I PF	0	0	0	0	0	40. 00
41. 00	04100 SUBPROVI DER - I RF	0	0	0	0	0	41.00
42. 00	04200 SUBPROVI DER	0	0	0	0	0	42.00
43. 00	04300 NURSERY	9, 471	711	2, 011	0	1, 863	43.00
44. 00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	38, 323	0	4, 023	10, 418		44.00
45. 00 46. 00	04600 OTHER LONG TERM CARE	0		0	0	0 0	45. 00 46. 00
40.00	ANCI LLARY SERVI CE COST CENTERS	0	0	0	U	0	40.00
50. 00	05000 OPERATING ROOM	206, 011	7, 562	11, 867	60	8, 604	50.00
51.00	05100 RECOVERY ROOM	21, 791	0		0	1, 667	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	32, 881	480	2, 916	0	1, 908	52.00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	69, 690	553	5, 632	0	4, 981	54.00
55. 00	05500  RADI OLOGY-THERAPEUTI C	38, 951	0	2, 916	0	984	55. 00
56. 00	05600 RADI OI SOTOPE	0	0	0	0	0	56. 00
57. 00	05700 CT SCAN	3, 530	0	0	0	441	57. 00
58. 00 59. 00	05800   MAGNETI C RESONANCE I MAGING (MRI)   05900   CARDI AC CATHETERI ZATI ON	0 51, 735	0	0	0	209 1, 606	58. 00 59. 00
60. 00	06000 LABORATORY	21, 641	0	1, 911	0	3, 950	60.00
60. 01	06001 PATHOLOGY	8, 011	0	503	0	904	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		_		_		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62. 00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2, 930	0	201	0	0	63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	1	0	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	13, 623	0	704	0	1, 603	65. 00
66.00	06600 PHYSI CAL THERAPY	10, 082	0	0	0	1, 617	66.00
67. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	0	0	343	67.00
68. 00 69. 00	06900 ELECTROCARDI OLOGY	47, 808	0	2, 514	0	333 1, 267	68. 00 69. 00
	07000 ELECTROENCEPHALOGRAPHY	20, 799	l e	402	0	452	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,777	0	0	0	0	71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENT	0	Ö	Ö	0	Ö	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	O	0	0	0	73. 00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	10, 591	0	0	0	226	76. 97
	OUTPATIENT SERVICE COST CENTERS	_					
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0	0	0	0	89.00
90. 00 91. 00	09100 EMERGENCY	56, 926	2, 901	4, 425	275	_	90. 00 91. 00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	50, 720	2, 701	4, 425	215	4, 209	91.00
,2.00	OTHER REIMBURSABLE COST CENTERS						, , 2. 00
94. 00	09400 HOME PROGRAM DI ALYSI S	0	0	0	0	0	94. 00
	09500 AMBULANCE SERVICES	0	0	o	0	0	95. 00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
99. 00	09900  CMHC	0	0	0	0	0	99. 00

Health Financial Systems	BAPTI ST HEAL	TH PADUCAH		In Lie	eu of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 09/01/2012 To 08/31/2013		
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NO	DI ETARY	CAFETERI A	
	PLANT	LINEN SERVICE				
	7. 00	8. 00	9. 00	10.00	11. 00	
99. 10   09910   CORF	0	0		0 0	0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0 0	0	100. 00
101.00 10100 HOME HEALTH AGENCY	0	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 10700 LIVER ACQUISITION	0	0		0		107. 00
108.00 10800 LUNG ACQUISITION	0	0		0		108. 00
109.00 10900 PANCREAS ACQUISITION	0	0		0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0		0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0	0	111. 00
113. 00 11300 I NTEREST EXPENSE						113. 00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0		115. 00
116. 00 11600 HOSPI CE	0	0		0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1, 250, 858	59, 444	94, 33	3 101, 631	75, 997	118. 00
NONRE MBURSABLE COST CENTERS				_		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 648	0		0		190. 00
191. 00 19100 RESEARCH	0	0		0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	1, 213, 504	0		0		192. 00
193. 00 19300 NONPALD WORKERS	0	0		0		193. 00
194. 00 07950 NAUTI LUS	0	0		0		194. 00
194. 01 07951 PR/MARKETI NG	0	0		0		194. 01
194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194. 02
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0		0 0		201. 00
202.00   TOTAL (sum lines 118-201)	2, 467, 010	59, 444	94, 33	3 101, 631	77, 566	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: |

Care   Centre   Description					10	00/31/2013	Date/lime Pre 1/31/2014 9:3	
ALBERT SERVICE COST CENTERS   13.00   15.00   16.00   17.00		Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL		
			ADMI NI STRATI ON					
CREMENT SERVICE COST CONTINUES   1,000   1,0			12.00		15.00		17.00	
1.00		GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	17.00	
2.00   00000   DEN CAP REL COSTS-SWILLE BOUTP	1.00							1.00
4.00   0.0040   DER OVER ERRIFETTS DEPARTMENT								
5.01   0.00								
5.00   CONTROL   SERVICE STORIES	5. 01							5. 01
5.04   DOT-10   PATH INT RIGISTRATI DW   DEFENAL		1						
5.06   0.0560  OTHER ADMINISTRATIVE AND CENERAL	5.03	00512 PURCH, REC, & STORES						5. 03
0.000   0.00000   0.000000   0.000000   0.000000   0.000000   0.00000000	5.04	00513 PATIENT REGISTRATION						5. 04
8.00 00800 (JANIDARY & LI NEN SERVICE 90 00000 (SERVICE) 9.00 00900 (SERVICE) 9.00 10000 (SERVICE) 9.00 10000 (SERVICE) 9.00 10000 (SERVICE) 9.00 10.00 (SERVICE) 9.00 (SER	5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
9.00 0.0900 MUSEREEPING 11.00 01000 DUETARY 11.00 01100 CAFETERS   10.00 11.00 0111.00 11.00 11.00 011	7.00	00700 OPERATION OF PLANT						7. 00
10.00   01000   DETARY	8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
11.00 0 1100 (AFFTERIA) 14.00 0 1100 (MESH MG ADMINISTRATION) 14.00 0 1100 (ENTRAL SERVICES & SUPPLY) 17.00 0 1000 (ENTRAL SERVICES & SUPPLY) 18.00 0 1000 (APT ADMINISTRATION)	9.00	00900 HOUSEKEEPI NG						9. 00
13.00   1300   MURSI NR. AMM NI STRATI ON   233.042   14.00   1400   15.00		1 I						
14 00   01400  CENTRAL SERVICES & SUPPLY   0   611, 942   11, 400   15.00   15.00   15.00   15.00   16.00		1 I						
15.00   1500   PHASHACY   0   0   472, 705   15.00   252, 236   17.00   17.00   17.00   201, 235   236   17.00   17.00   17.00   17.00   201, 235   236   17.00   17.00   17.00   201, 235   236   17.00   17.00   201, 235   236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 236   17.00   235, 235, 235   17.00			233, 042					
16.00   1600 MEDICAL RECORDS & LIBRARY   0   0   0   343,503   16.00   70.00			0	611, 942				
17.00   01700   SOCI AL SERVICE   00   0   195, 164   0   255, 239   17.00			0	0				
INPATI ENT ROUTINE SERVICE COST CENTERS   139, 968   244, 960   96, 759   90, 700   166, 760   30.00   31.00			0	0	Ü			
03.000   03.0000   03.0000   03.0000   03.0000   03.0000   03.0000   03.0	17. 00		0	0	195, 164	0	235, 239	17. 00
31.00   03100   INTERNIVE CARE UNIT	00.00		400.040	244.070	0/ 750	00.700	4// 7/0	00.00
32 00   03200   COROMARY CARE UNIT   24, 251   69, 761   42, 329   15, 645   12, 762   32, 00   33, 00   330, 00   300, 00   00			1					
33.00   03300 BURN INTENSIVE CARE UNIT   0 0 0 0 0 0 3.4 .00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1				1	
34.00   03400 SURGICAL INTENSIVE CARE UNIT   0   0   0   0   0   0   0   0   0			1	69, 761	42, 329	15, 645	1	
40, 00   04000   04000   04000   0   0   0			0	0	0	0		
11.00   04100 SUBPROVIDER - IRF   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	1	
42 00   04200 SUBPROVIDER		l l	0	0	0	0		
13, 80   04300   NURSERY   13, 483   13, 861   28, 883   14, 939   19, 260   43. 00   44. 00   04400   SKILLEN DINESI NG FACILITY   14, 512   81, 123   36, 6, 858   21, 355   44. 00   46. 00   0400   0   0   0   0   0   0   0			0	0	0	0		
44. 00   04400   SKILLED NURSING FACILITY		1	12 402	12 061	20 502	14 020		
45. 00   04500   JUSEN ING FACILITY		l l	1			•		
ABORDON   CARDON   CARDEN			1	01, 123		0, 000	l	
ANCIL LARY SERVICE COST CENTERS		1 1	1	0	=	0	l	
50 00   05000   0FEATING ROOM	40.00		l U	U	U		0	46.00
S1-00   05100   05100   RECOVERY ROOM & LABOR ROOM   13,810   227   4,126   1,486   0 52 00   05200   0ELIVERY ROOM & LABOR ROOM   13,810   227   4,126   1,486   0 52 00   053 00	50 00			8 180	8 113	61 258	0	50.00
S2.00   05200   05200   05200   05200   05200   05200   05200   05200   0530			1		0, 113	01, 230 N		
S3.00   05300   ANESTHESI OLOGY   0   0   0   0   0   0   53.00		1 1	1		4 126	1 486	1	
54. 00   05400   RADI OLOGY-DIAGNOSTIC   0   1.136   44, 154   29, 278   0   54. 00		1 1	1		4, 120 0	1, 400		
55.00   05500   RADIO IOGY-THERAPEUTIC		1 1	1 1	ŭ,	44 154	29 278	l .	
56.00   05.00   05.00   05.00   0   0   0   0   0   0   0   0   0								
57.00   05700   CT SCAN   0   0   0   0   0   0   0   0   0						2, 12,	l .	
58. 00   05900   MAGNETIC RESONANCE IMAGING (MRI)   0   0   0   0   0   0   59. 00				1, 591	0	0		
59.00   05900   CARDIAC CATHETERIZATION   0   6,590   0   0   0   59,00				0	0	0		
60.00   06000   LABORATORY   0   0   0   0   0   25,878   0   60.00   61.00   06000   PATHOLOGY   0   0   0   0   0   0   0   61.00   06100   PATHOLOGY   0   0   0   0   0   0   0   62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0   0   0   0   0   0   63.00   06300   BLOOD STORI NC, PROCESSI NG & TRANS.   0   3, 1811   60   0   0   0   64.00   06400   INTRAVENOUS THERAPY   0   0   0   0   0   0   0   65.00   06500   RESPI RATORY THERAPY   0   0   0   11, 029   476   0   65.00   66.00   06600   PHYSI CAL THERAPY   0   0   0   0   0   0   0   67.00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   0   0   68.00   06800   SPEECH PATHOLOGY   0   0   0   0   0   0   69.00   06900   ELECTROCARDI OLOGY   0   1, 363   3, 134   4, 895   0   69, 00   70.00   07000   07000   07000   07000   0		1 1	o	6, 590	Ö	0		
60.01   06001   PATHOLOGY   0   0   0   0   0   0   0   0   0		1	o	0	0	25, 878	0	
61.00   06100   PBP CLINICAL LAB SERVICES-PROM ONLY	60. 01	1 1	O	0	0	0	l e	
63.00   06300   BLOOD STORING, PROCESSING & TRANS.   0   3,181   60   0   0   63.00   64.00   06400   INTRAVENOUS THERAPY   0   0   0   0   0   0   65.00   06500   RESPI RATORY THERAPY   0   0   0   0   0   0   66.00   06600   PHYSI CAL THERAPY   0   0   227   0   222   0   66.00   66.00   06600   PHYSI CAL THERAPY   0   0   0   0   0   0   67.00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   0   68.00   08600   SPEECH PATHOLOGY   0   0   0   0   0   0   69.00   06900   ELECTROCARDI OLOGY   0   1,363   3,134   4,895   0   69.00   70.00   07000   ELECTROENCEPHALOGRAPHY   0   454   3,769   1,298   0   70.00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74.00   07400   RENAL DI ALYSI S   0   0   0   0   0   0   75.00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   76.97   076977 (CARDI AC REHABL LITATI ON   0   2,500   0   0   0   76.97   076977 (CARDI AC REHABL LITATI ON   0   2,500   0   0   0   76.97   076977 (CARDI AC REHABL LITATI ON   0   0   0   0   0   76.90   09000   CURRICE COST CENTERS   0   0   0   0   0   76.90   09000   CURRICE COST CENTERS   0   0   0   0   0   76.90   09000   CURRICE COST CENTERS   0   0   0   0   76.90   09000   CURRICE COST CENTERS   0   0   0   0   76.90   09000   DURBRESENCY   0   96,347   15,095   71,812   0   91.00   76.00   09400   HOME PROGRAM DI ALYSI S   0   0   0   0   0   76.00   09400   HOME PROGRAM DI ALYSI S   0   0   0   0   0   76.00   09400   HOME PROGRAM DI ALYSI S   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED   0   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED   0   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED   0   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED   0   0   0   0   0   0   76.00   09600   DURBRE MEDI CAL EQUI P-RENTED	61.00	1 1						61.00
64. 00   06400   INTRAVENOUS THERAPY   0   0   0   0   0   0   0   64. 00   65. 00   06500   RESPI RATORY THERAPY   0   0   227   0   222   0   66. 00   66. 00   06600   PHYSI CAL THERAPY   0   0   227   0   222   0   66. 00   67. 00   06700   OCCUPATI ONAL THERAPY   0   0   0   0   0   0   0   0   68. 00   06800   SPECH PATHOLOGY   0   0   0   0   0   0   0   69. 00   06900   ELECTROCARDI OLOGY   0   1,363   3,134   4,895   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   0   454   3,769   1,298   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSIS   0   0   0   0   0   0   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   76. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   76. 00   07697   CARDI AC REHABI LITATI ON   0   2,500   0   0   0   76. 00   09000   CULINI C   0   0   0   0   0   76. 00   09000   CULINI C   0   0   0   0   77. 00   09000   ELECROENCEMENTERS   0   0   0   0   79. 00   09000   CLINI C   0   0   0   0   79. 00   09000   CLINI C   0   0   0   0   79. 00   09000   CLINI C   0   0   0   79. 00   09000   DEBERGALLY QUALIFIED HEALTH CENTER   0   0   0   0   70. 00   09000   DEBERGALLY QUALIFIED HEALTH CENTER   0   0   0   0   70. 00   09000   DEBERGAND   0   0   0   0   70. 00   09000   DEBERGAND   0   0   0   70. 00   09000   DEBERGAND   0   0   0   70. 00   09000   DEBERGAND   0   0   0   70. 00   09000   0   0   0   70. 00   09000   DEBERGAND   0   0   0   70. 00   09000   DEBERGAND   0   0   0   70. 00   09000   DEBERGAND   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   70. 00   09000   0   0   0   70. 00   09000   0   0   70. 00   09000   0   0   70. 00   09000   0   0   70. 00   09000	62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	O	0	0	0	0	62. 00
65. 00 06500 RESPIRATORY THERAPY 0 0 0 11, 029 476 0 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 227 0 222 0 66. 00 67. 00 06700 OCUPATIONAL THERAPY 0 0 0 27 0 0 0 0 0 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 1, 363 3, 134 4, 895 0 69. 00 70. 00 07000 ELECTROCARDI OLOGY 0 1, 363 3, 134 4, 895 0 69. 00 71. 00 07000 ELECTROCARDI OLOGY 0 0 1, 363 3, 134 4, 895 0 69. 00 71. 00 07000 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 0 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 0 72. 00 74. 00 07400 RENAL DI ALYSIS 0 0 0 0 0 0 0 0 74. 00 75. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 75. 00 76. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 76. 97 076-97 076-97 076-97 076-97 (CARDI AC REHABI LI TATI ON 0 0 2, 500 0 0 0 0 0 0 0 0 0 0 0 0 90. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 91. 00 09000 CLI NI C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	63.00	06300 BLOOD STORING, PROCESSING & TRANS.	O	3, 181	60	0	0	63. 00
66. 00   06600   PHYSI CAL THERAPY   0   227   0   222   0   66. 00   67. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   0   0   0   0	64.00	06400 I NTRAVENOUS THERAPY	O	0	0	0	0	64. 00
67. 00 06700 OCCUPATIONAL THERAPY 0 0 0 0 0 0 0 0 67. 00 68. 00 6900 EJECTROCARDIOLOGY 0 0 0 0 0 0 0 0 68. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65.00	06500 RESPIRATORY THERAPY	O	0	11, 029	476	0	65. 00
68. 00 06800 SPEECH PATHOLOGY 0 0 0 0 0 0 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 1,363 3,134 4,895 0 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 454 3,769 1,298 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 74. 00 07400 RENAL DI ALYSIS 0 0 0 0 0 0 0 0 73. 00 75. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 0 0 0 0 75. 00 76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0 0 76. 00 76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	66.00	06600 PHYSI CAL THERAPY	0	227	0	222	0	66. 00
69. 00	67.00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
70. 00	68. 00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
71. 00	69. 00	06900 ELECTROCARDI OLOGY	0	1, 363	3, 134	4, 895	0	69. 00
72. 00			0	454	3, 769	1, 298	l	
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 75. 00 76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 0 0 0 0 76. 00 76. 07 000000000000000000000000000000000	71. 00		0	0	0	0	0	71. 00
74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 0 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 75. 00 76. 00 03950 OTHER ANCI LLARY SERVICE COST CENTERS 0 0 0 0 0 0 0 0 76. 00 76. 97 07697 CARDIAC REHABILITATION 0 2,500 0 0 0 0 0 76. 97  0UTPATIENT SERVICE COST CENTERS  88. 00 08800 RURAL HEALTH CLINIC 0 0 0 0 0 0 88. 00 89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0 0 89. 00 90. 00 09000 CLINIC 0 0 0 0 0 0 0 0 90. 00 91. 00 09100 EMERGENCY 0 96,347 15,095 71,812 0 91. 00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 075. 00 09400 HOME PROGRAM DIALYSIS 0 0 0 0 0 0 0 94. 00 95. 00 09500 AMBULANCE SERVICES 0 0 0 0 0 0 0 0 96. 00 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0 0 0 0 0 0 0 96. 00	72.00		0	0	0	0	0	72. 00
75. 00			0	0	0	0	0	
76. 00			0	0	0	0	0	
76. 97   07697   CARDI AC REHABI LI TATI ON   0   2, 500   0   0   0   76. 97			0	0	0	0		
SERVICE COST CENTERS		1 1	0	0	0	0		
88. 00	76. 97		0	2, 500	0	0	0	76. 97
89. 00							T	
90. 00			0	O	0	0	l .	
91. 00   09100   EMERGENCY   0   96, 347   15, 095   71, 812   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   92. 00   00   00   00   00   00   00   00			0	0	0	0		
92. 00   09200   0BSERVATI ON BEDS (NON-DI STINCT PART)   92. 00   0THER REI MBURSABLE COST CENTERS   94. 00   09400   HOME PROGRAM DI ALYSI S   0 0 0 0 0 0 0 95. 00 95. 00 96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0 0 0 0 0 0 0 96. 00 96. 00   096		1	0	0	0	0	l .	
OTHER REI MBURSABLE COST CENTERS           94. 00         09400 HOME PROGRAM DI ALYSI S         0         0         0         0         94. 00           95. 00         09500 AMBULANCE SERVI CES         0         0         0         0         0         95. 00           96. 00         09600 DURABLE MEDI CAL EQUI P-RENTED         0         0         0         0         0         96. 00			0	96, 347	15, 095	71, 812	0	
94. 00	92.00							92.00
95. 00   09500   AMBULANCE SERVI CES   0 0 0 0 0 95. 00 96. 00   096.00   0	04.00			اء	51		_	04.00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0   0   0   96. 00			0	0	0	0		
				0	0	0	•	
77. 00   07.700   DOINGELE MEDITAL EQUIT-30LD   0  0  0  0  97.00				0	0	0	•	
	77.00	101/100  DOINDLE MEDI ONE EQUIT - SULD	<u> </u>	U	ı U	0	1 0	1 77.00

			To	08/31/2013	Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE
	ADMI NI STRATI ON	SERVICES &		RECORDS &	
		SUPPLY		LI BRARY	
	13.00	14. 00	15. 00	16. 00	17. 00
99. 00 09900 CMHC	0	0	0	0	0 99.00
99. 10   09910   CORF	0	0	0	0	0 99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
105. 00 10500 KIDNEY ACQUISITION	0	0	0	0	0 105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0	0 106. 00
107. 00 10700 LI VER ACQUI SI TI ON	0	0	0	0	0 107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0 108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0 111.00
113. 00 11300   I NTEREST EXPENSE					113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF					114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0 115.00
116. 00 11600 HOSPI CE	0	(44 040	470 705	0 40 500	0 116.00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	233, 042	611, 942	472, 705	343, 503	235, 239 118. 00
NONREIMBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		٥	0		0 190, 00
191. 00 19100 RESEARCH		0	0	0	0 191. 00
192, 00 19200 PHYSI CLANS' PRI VATE OFFI CES		0	0	0	0 191.00
193. 00 19300 NONPALD WORKERS		0	0	0	0 193. 00
194. 00 07950 NAUTI LUS		0	0	0	0 194.00
194. 01 07951  PR/MARKETI NG		0	0	0	0 194. 01
194. 02 07952 OTHER NONREI MBURSABLE COST CENTERS	0	Ö	0	0	0 194. 02
200.00 Cross Foot Adjustments		Ĭ		· ·	200. 00
201.00 Negative Cost Centers	0	o	0	0	0 201. 00
202.00 TOTAL (sum lines 118-201)	233, 042	611, 942	472, 705	343, 503	

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 180104

					To 08/31/2013 Date/lime Pi	
	Cost Center Description	Subtotal	Intern &	Total		
		F	Residents Cost			
			& Post			
			Stepdown			
		24. 00	Adjustments 25.00	26. 00		
	GENERAL SERVICE COST CENTERS	24.00	25.00	20.00		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 01	00510 COMMUNI CATI ONS					5. 01
5.02	00511 INFORMATION SERVICES					5. 02
5.03	00512 PURCH, REC, & STORES					5. 03
5.04	00513 PATIENT REGISTRATION					5. 04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL					5. 06
7.00	00700 OPERATION OF PLANT					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	01100 CAFETERI A					11. 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	01700 SOCIAL SERVICE					17. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	2 042 224	0	2.042	224	20.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	3, 843, 226	0	3, 843,		30. 00 31. 00
32.00	03200 CORONARY CARE UNIT	460, 182 418, 330	0	460, 418,		32.00
33. 00	03300 BURN INTENSIVE CARE UNIT	410, 330	0	410,	0	33. 00
34. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	34. 00
40. 00	04000 SUBPROVI DER - I PF	0	0		0	40.00
41. 00	04100 SUBPROVI DER - I RF	0	0		0	41. 00
42. 00	04200 SUBPROVI DER	0	0		0	42. 00
43. 00	04300 NURSERY	225, 407	0	225,	9	43. 00
44. 00	04400 SKILLED NURSING FACILITY	289, 323	0	289,		44. 00
45. 00	04500 NURSING FACILITY	0	0	207,	0	45. 00
46. 00	04600 OTHER LONG TERM CARE	0	0		o	46. 00
	ANCILLARY SERVICE COST CENTERS		-,		7	
50.00	05000 OPERATI NG ROOM	4, 038, 469	0	4, 038,	469	50.00
51.00	05100 RECOVERY ROOM	98, 932	O	98,		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	189, 163	0	189,	163	52. 00
53.00	05300 ANESTHESI OLOGY	0	0		0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 334, 602	0	2, 334,	602	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	960, 115	0	960,	115	55. 00
56.00	05600 RADI OI SOTOPE	0	0		0	56. 00
57. 00	05700 CT SCAN	288, 139	0	288,	139	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	81, 259	0	81,	259	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	764, 934	0	764,	934	59. 00
60. 00	06000 LABORATORY	1, 066, 386	0	1, 066,		60. 00
	06001 PATHOLOGY	161, 264	0	161,	264	60. 01
						61.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	62. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	58, 154	0	58,	154	63. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	0		0	64. 00
65. 00	06500 RESPI RATORY THERAPY	229, 783	0	229,		65. 00
66.00	06600 PHYSI CAL THERAPY	163, 991	0	163,		66. 00
67. 00	06700 OCCUPATIONAL THERAPY	6, 726	0		726	67. 00
68.00	06800 SPEECH PATHOLOGY	13, 880	0	13,		68. 00
69. 00 70. 00	06900  ELECTROCARDI OLOGY   07000  ELECTROENCEPHALOGRAPHY	557, 211 102, 074	0	557, 102,		69. 00 70. 00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65, 923	0	65,		71.00
71.00	07200 IMPL. DEV. CHARGED TO PATIENT	172, 002	0	172,		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	134, 209	0	134,		73. 00
74. 00	07400 RENAL DIALYSIS	134, 207	0	134,	0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0		ŏ	75.00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0		ŏ	76. 00
76. 97	07697 CARDIAC REHABILITATION	46, 945	0	46,	945	76. 97
. 3. , ,	OUTPATIENT SERVICE COST CENTERS	10, 740	<u> </u>	10,	· · +1	<b>—</b> , ,
88. 00	08800 RURAL HEALTH CLINIC	n	n		0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER		n		o	89. 00
90. 00	09000 CLINIC	l	o		o	90.00
91.00	09100 EMERGENCY	915, 399	o	915,	399	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			92. 00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		0	94. 00
95. 00	09500 AMBULANCE SERVICES	0	0		0	95. 00

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 09/01/2012 Part II Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 180104

				To 08/31/2013	Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description	Subtotal	Intern &	Total		1/31/2014 9.35 alli
cost contor boson per on		Residents Cost	.o.ca.		
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25. 00	26. 00		
96. 00  09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0	97. 00
99. 00  09900   CMHC	0	0		0	99. 00
99. 10   09910   CORF	0	0		0	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0	100. 00
101. 00 10100 HOME HEALTH AGENCY	0	0		0	101. 00
SPECIAL PURPOSE COST CENTERS	_			_1	
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	106. 00
107. 00 10700 LI VER ACQUI SI TI ON	0	0		0	107. 00
108. 00 10800 LUNG ACQUISITION	0	0		0	108.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	0		0	109.00
110. 00 11000   NTESTI NAL ACQUI SI TI ON	0	0		0	110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	U		U	111.00
113. 00 11300 I NTEREST EXPENSE					113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF					114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0	115. 00
116.00 11600 HOSPICE 118.00  SUBTOTALS (SUM OF LINES 1-117)	17, 686, 028	0	17, 686, 02		116. 00 118. 00
NONREI MBURSABLE COST CENTERS	17, 080, 028	U U	17, 080, 02	8	118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13, 513	0	13, 51	3	190, 00
191. 00 19100 RESEARCH	10,010		10,01	0	191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	3, 367, 601	0	3, 367, 60	1	192. 00
193. 00 19300 NONPALD WORKERS	0,007,007	0	0,00,,00	0	193. 00
194. 00 07950 NAUTI LUS	0	o		0	194. 00
194. 01 07951 PR/MARKETI NG	26, 904	o	26, 90	4	194. 01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	4, 202	o	4, 20	2	194. 02
200.00 Cross Foot Adjustments	0	o	, -	О	200. 00
201.00 Negative Cost Centers	0	o		0	201. 00
202.00 TOTAL (sum lines 118-201)	21, 098, 248	o	21, 098, 24	8	202. 00

	Financial Systems ALLOCATION - STATISTICAL BASIS	BAPTIST HEALT		CCN: 180104 F	In Lie Period:	worksheet B-1	
CU31 F	ALLOCATION - STATISTICAL DASIS		Pi ovi dei	F	From 09/01/2012 o 08/31/2013		pared:
		CAPITAL REL	ATED COSTS				
	Cost Center Description	NEW BLDG &	NEW MVBLE	EMPLOYEE	COMMUNI CATI ONS	I NFORMATION	
	, , , , , , , , , , , , , , , , , , ,	FLXT	EQUI P	BENEFITS		SERVI CES	
		(SQUARE FEET)	(DOLLAR VALUE)	DEPARTMENT (GROSS	(NUMBER OF PHONES)	(% OF TRANSACTIONS)	
		1 (1)	VALUE)	SALARI ES)	FIIONES)	TRANSACTIONS)	
	OFNEDAL CEDILLOS COCT CENTEDO	1. 00	2.00	4. 00	5. 01	5. 02	
1. 00	GENERAL SERVICE COST CENTERS OO100 NEW CAP REL COSTS-BLDG & FIXT	1, 174, 679					1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	1	9, 370, 938				2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	25, 691	19, 889				4. 00
5. 01 5. 02	00510 COMMUNI CATI ONS 00511 I NFORMATI ON SERVI CES	100	0 70, 713	124, 909 575, 525		l	5. 01 5. 02
5. 03	00512 PURCH, REC, & STORES	5, 063	6, 120	268, 952			5. 03
5.04	00513 PATIENT REGISTRATION	3, 350	2, 883			l .	
5. 06 7. 00	00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT	14, 665 399, 086	149, 860 55, 460			l .	
8.00	00800 LAUNDRY & LINEN SERVICE	4, 500	12, 942	398, 073	3	0	8. 00
9.00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 032	23, 210				
10. 00 11. 00	01100 CAFETERI A	7, 180 4, 814	10, 215 22, 309			21	10.00
13.00	01300 NURSING ADMINISTRATION	3, 396	179, 430	1, 825, 191	24	0	13. 00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	10, 924 4, 305	416, 923 285, 513			93	1
16. 00	01600 MEDICAL RECORDS & LIBRARY	2, 680	38, 259			l e	1
17. 00	01700 SOCIAL SERVICE	1, 300	2, 070	1, 801, 882	18	2	17. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	107, 520	225, 377	13, 470, 144	284	2, 631	30.00
31. 00	03100   NTENSI VE CARE UNI T	14, 690	116, 973	2, 838, 911		0	
32.00	03200 CORONARY CARE UNIT	9, 300	107, 664	2, 675, 070		l	
33. 00 34. 00	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0		
40. 00	04000 SUBPROVI DER - I PF	0	0		o o		
41. 00	04100 SUBPROVI DER - I RF	0	0	C	0	·	
42. 00 43. 00	04200 SUBPROVI DER 04300 NURSERY	2, 790	0 70, 982	1, 538, 232	0 5	0	
44. 00	04400 SKILLED NURSING FACILITY	11, 289	25, 063			1	1
45. 00	04500 NURSING FACILITY	0	0	C	0	l	45. 00
46. 00	04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	0	0		0	0	46. 00
50.00	05000 OPERATING ROOM	60, 686	2, 902, 489			l e	
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	6, 419 9, 686	6, 828 50, 834				
53.00	05300 ANESTHESI OLOGY	0	0	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	1
54.00	05400 RADI OLOGY - DI AGNOSTI C	20, 529	1, 858, 205			233	
	05500  RADI OLOGY-THERAPEUTI C   05600  RADI OI SOTOPE	11, 474	816, 339 0	1, 157, 463		l e	
57. 00	05700 CT SCAN	1, 040	232, 270	507, 192		0	57. 00
58. 00 59. 00	05800   MAGNETI C RESONANCE I MAGING (MRI)   05900   CARDI AC CATHETERI ZATI ON	0 15, 240	70, 724 561, 957	240, 41 <i>6</i> 1, 478, 159		1	
60.00	06000 LABORATORY	6, 375	218, 586			l .	1
60. 01	06001 PATHOLOGY	2, 360	123, 072	554, 713		0	
61. 00 62. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	(	0	0	61. 00 62. 00
63. 00	1 1	863	4, 604		1	ő	1
64.00	06400 I NTRAVENOUS THERAPY	0	0	(	0		
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	4, 013 2, 970	56, 263 30, 074	1, 294, 007 1, 509, 700		l	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	1, 299	346, 072		1	1
68.00	06800 SPEECH PATHOLOGY	0	8, 471	332, 462		0	
69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	14, 083 6, 127	331, 281 28, 614	1, 001, 109 322, 550		92 8	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	022,000	o o	o o	
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	(	0	0	
73. 00 74. 00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	0			0	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	C	0	0	75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	12 241	101 025	0	1	
76. 97	O7697   CARDI AC REHABILITATION     OUTPATIENT SERVICE COST CENTERS	3, 120	13, 261	191, 925	5	0	76. 97
	08800 RURAL HEALTH CLINIC	0	0	(	-	l .	
89. 00 90. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC	0	0		0	0	
91. 00	09100 EMERGENCY	16, 769	164, 331	3, 157, 791	38		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1		I	I	I	92. 00

COST ALLOCATION - STATISTICAL BASIS		i i ovi dei		From 09/01/2012	worksneet b-1	
				Го 08/31/2013	Date/Time Pre 1/31/2014 9:3	
	CAPITAL RELA	TED COSTS				
Cost Center Description	NEW BLDG &	NEW MVBLE	EMPLOYEE	COMMUNI CATI ONS	I NFORMATI ON	
cost center bescription	FLXT	EQUI P	BENEFITS	COMMONICATIONS	SERVI CES	
	(SQUARE	(DOLLAR	DEPARTMENT	(NUMBER OF	(% OF	
	FEET)	VALUE)	(GROSS	PHONES)	TRANSACTIONS)	
	,		SALARI ES)	ŕ		
OTHER REIMBURSABLE COST CENTERS	1.00	2. 00	4. 00	5. 01	5. 02	
94. 00 09400 HOME PROGRAM DIALYSIS	O	0	I .		0	94.00
95. 00 09500 AMBULANCE SERVI CES		0	l '		0	95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0			0	96.00
97. 00 09700 DURABLE MEDICAL EQUI P-SOLD		0			0	97.00
99. 00 09900 CMHC		0			0	
99. 10 09910 CORF	0	0			0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0			-	100.00
101. 00 10100 HOME HEALTH AGENCY	l ol	0				101.00
SPECIAL PURPOSE COST CENTERS	-1			-1		
105.00 10500 KIDNEY ACQUISITION	0	0	(	0		105. 00
106.00 10600 HEART ACQUISITION	0	0		0	0	106. 00
107.00 10700 LIVER ACQUISITION	0	0		0	0	107. 00
108.00 10800 LUNG ACQUISITION	0	0		0		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 I NTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	(	이		115. 00
116. 00 11600 HOSPI CE	0	0		0		116. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	816, 429	9, 321, 357	73, 829, 05	7 898	7, 506	118. 00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	4, 264	62, 22	4 7	0	190. 00
191. 00 19100 RESEARCH	700	4, 204 N	02, 22			191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	357, 470	28, 111	530, 55	٥		192. 00
193. 00 19300 NONPALD WORKERS	0	20, 111	000,00			193. 00
194. 00 07950 NAUTI LUS	0	0				194. 00
194. 01 07951 PR/MARKETI NG	0	17, 206	266, 88	4 9		194. 01
194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	200,00			194. 02
200.00 Cross Foot Adjustments		_				200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	6, 921, 445	9, 294, 091	20, 423, 29 <sup>-</sup>	7 270, 389	11, 818, 025	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	5. 892201	0. 991799				
204.00 Cost to be allocated (per Wkst. B,			171, 10	875	4, 302, 154	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part			0. 00229	0. 957330	573. 162004	205. 00
11)			I			I

Heal th	Financial Systems	BAPTIST HEAL		00N 402121		u of Form CMS-2	
COST A	NLLOCATION - STATISTICAL BASIS		Provi der	CCN: 180104	Peri od: From 09/01/2012 To 08/31/2013	Worksheet B-1 Date/Time Pre 1/31/2014 9:3	pared:
	Cost Center Description	PURCH, REC, & STORES (BI LLED EXPENSES)	PATI ENT REGI STRATI ON (I NPATI ENT REVENUE)	Reconciliatio	ON OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5. 03	5. 04	5A. 06	5. 06	7. 00	
1. 00	GENERAL SERVICE COST CENTERS O0100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 06 7. 00 8. 00 9. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00	OO2000 NEW CAP REL COSTS-BLDG & FIXT OO2000 NEW CAP REL COSTS-BLDG & FIXT OO4000 EMPLOYEE BENEFITS DEPARTMENT OO510 COMMUNI CATIONS OO511 INFORMATION SERVICES OO512 PURCH, REC, & STORES OO513 PATIENT REGISTRATION OO560 OTHER ADMINISTRATIVE AND GENERAL OO700 OPERATION OF PLANT OO8000 LAUNDRY & LINEN SERVICE OO900 HOUSEKEEPING O1000 DIETARY O1100 CAFETERIA O1300 NURSING ADMINISTRATION O1400 CENTRAL SERVICES & SUPPLY O1500 PHARMACY O11000 MEDICAL RECORDS & LIBRARY O1700 SOCIAL SERVICE	7, 873, 853 363 12, 894 24, 805 791 76, 418 38 0 112 321, 442 0 141	353, 710, 024 0 0 0 0 0 0 0 0 0	-24, 855, 1	58 189, 312, 504 0 10, 147, 368 0 699, 036 0 2, 468, 914 0 1, 775, 269 0 1, 567, 952 0 2, 815, 585 0 4, 897, 385 0 5, 417, 586 0 3, 171, 406 0 3, 298, 327	7, 180 4, 814 3, 396 10, 924 4, 305	2.00 4.00 5.01 5.02 5.03 5.04 5.06 7.00 8.00 9.00 11.00 13.00 14.00 15.00 16.00
17.00	INPATIENT ROUTINE SERVICE COST CENTERS				5, 270, 327	1, 300	17.00
30. 00 31. 00 32. 00 33. 00 34. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	398, 444 94, 756 75, 723 0	13, 826, 585 11, 566, 212		0 23, 219, 040 0 4, 081, 694 0 3, 780, 091 0 0	107, 520 14, 690 9, 300 0	31. 00 32. 00 33. 00 34. 00
40. 00 41. 00 42. 00 43. 00 44. 00 45. 00	O4000 SUBPROVI DER - I PF O4100 SUBPROVI DER - I RF O4200 SUBPROVI DER O4300 NURSERY O4400 SKI LLED NURSI NG FACI LI TY O4500 NURSI NG FACI LI TY O4600 OTHER LONG TERM CARE	0 0 0 82, 869 29, 913 0	10, 082, 835 3, 127, 638 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 2, 790 11, 289 0 0	41. 00 42. 00 43. 00 44. 00 45. 00
50. 00	ANCI LLARY SERVI CE COST CENTERS    O5000   OPERATI NG ROOM	1, 418, 509	67, 763, 031		0 17, 867, 985	60, 686	50.00
51. 00 52. 00 53. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	14, 371 122, 674	6, 753, 359 3, 363, 555		0 2, 080, 790 0 2, 443, 659 0 0	6, 419 9, 686 0	51. 00 52. 00
54. 00 55. 00 56. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	109, 315 12, 613 0	2, 230, 101 0		0 9, 879, 100 0 3, 008, 795 0 0	20, 529 11, 474 0	55. 00 56. 00
57. 00 58. 00 59. 00 60. 00 60. 01 61. 00	O5700 CT SCAN   O5800 MAGNETI C RESONANCE I MAGING (MRI)   O5900 CARDI AC CATHETERI ZATI ON   O6000 LABORATORY   O6001 PATHOLOGY   O6100 PBP CLINI CAL LAB SERVI CES-PRGM ONLY	56, 367 197 170, 838 2, 263, 466 325, 952	4, 417, 549 22, 682, 521 11, 344, 096		0 1, 441, 469 0 685, 219 0 3, 380, 915 0 9, 427, 846 0 1, 542, 055	0 15, 240 6, 375	59. 00 60. 00
62. 00 63. 00 64. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0 1, 794, 933 0			0 0 0 2, 418, 015 0 0	0 863 0	62. 00 63. 00
65. 00 66. 00 67. 00 68. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	205, 173 8, 281 709 2, 460	4, 436, 382 1, 091, 169		0 2, 257, 017 0 2, 333, 266 0 481, 052 0 476, 688	4, 013 2, 970 0 0	
69. 00 70. 00 71. 00 72. 00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	30, 375 7, 367 0	11, 728, 725 1, 433, 369 7, 435, 869 47, 936, 618		0 2, 138, 751 0 517, 558 0 9, 863, 114 0 18, 149, 515	14, 083	69. 00 70. 00 71. 00 72. 00
73. 00 74. 00 75. 00 76. 00 76. 97	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 03950 OTHER ANCILLARY SERVICE COST CENTERS 07697 CARDIAC REHABILITATION	0 0 0 0 2,524	33, 275, 322 0 0 0 0		0 15, 259, 061 0 0 0 0 0 0 0 290, 454	0 0 0 0 3, 120	74. 00 75. 00 76. 00
	OUTPATIENT SERVICE COST CENTERS				.,		
88. 00 89. 00 90. 00 91. 00 92. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0 0 0 166, 344	0		0 0 0 0 0 0 0 5, 649, 455	0 0 0 16, 769	89. 00 90. 00
94. 00	OTHER REIMBURSABLE COST CENTERS  09400 HOME PROGRAM DI ALYSIS	0	0		0 0	0	94. 00
	09500 AMBULANCE SERVICES	0			0 0		95. 00

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 180104 Peri od: Worksheet B-1 From 09/01/2012 08/31/2013 Date/Time Prepared: 1/31/2014 9:35 am Cost Center Description PURCH, REC, & PATI ENT Reconciliation OTHER OPERATION OF STORES **REGI STRATI ON** ADMI NI STRATI VE PLANT (BI LLED (INPATIENT AND GENERAL (SQUARE EXPENSES) REVENUE) (ACCUM. FEET) COST) 5.03 5.04 7. 00 5A. 06 5.06 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 0 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0 97.00 0 0 0 0 99.00 09900 CMHC 0 99.00 0 99. 10 09910 CORF 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 o 0 101.00 SPECIAL PURPOSE COST CENTERS 105.00 10500 KIDNEY ACQUISITION 0 0 0 0 0 105. 00 106. 00 10600 HEART ACQUISITION 0 0 0 0 0 0 106.00 0 107. 00 10700 LIVER ACQUISITION 0 0 107.00 108.00 10800 LUNG ACQUISITION 0 108.00 0 109. 00 10900 PANCREAS ACQUISITION 0 0 109.00 110.00 11000 INTESTINAL ACQUISITION 0 0 0 110.00 0 111.00 11100 | SLET ACQUISITION O 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 1-117) 7, 845, 925 353, 710, 024 -24, 855, 158 183, 543, 436 368, 474 118. 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 780 190. 00 28 O 327, 630 191. 00 19100 RESEARCH 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 27, 900 3, 078, 984 357, 470 192. 00 193. 00 19300 NONPALD WORKERS 0 0 0 0 193. 00 0 0 194.00 194. 00 07950 NAUTI LUS 0 Ω 194. 01 07951 PR/MARKETI NG 0 0 1, 607, 702 0 194. 01 194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS 0 754, 752 0 194. 02 200.00 Cross Foot Adjustments 200. 00 201.00 Negative Cost Centers 201. 00 202.00 Cost to be allocated (per Wkst. B, 809, 086 2, 999, 200 24, 855, 158 11, 479, 636 202. 00

0.102756

0.012064

94, 993

0.008479

523, 376

0.001480

0. 131292

1, 054, 124

0.005568

15. 796418 203. 00

2, 467, 010 204. 00

3. 394700 205. 00

203.00

204.00

205.00

Unit cost multiplier (Wkst. B, Part I)

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

Part II)

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 180104 Peri od: Worksheet B-1 From 09/01/2012 08/31/2013 Date/Time Prepared: 1/31/2014 9:35 am Cost Center Description LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A NURSI NG LINEN SERVICE (HOURS WORKED) ADMINISTRATION (HOURS OF (MEALS (POUNDS OF SERVICE) SERVED) LAUNDRY) (DI RECT NRSING HRS) 9.00 10.00 8.00 11.00 13.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00510 COMMUNI CATI ONS 5.01 5.01 00511 INFORMATION SERVICES 5.02 5.02 00512 PURCH, REC, & STORES 5.03 5.03 5.04 00513 PATIENT REGISTRATION 5.04 5.06 00560 OTHER ADMINISTRATIVE AND GENERAL 5.06 00700 OPERATION OF PLANT 7 00 7 00 00800 LAUNDRY & LINEN SERVICE 8.00 2, 240, 738 8.00 9.00 00900 HOUSEKEEPI NG 78, 965 938 9.00 10.00 01000 DI ETARY 32, 190 170, 644 10.00 01100 CAFETERIA 2, 466, 423 11 00 11 00 0 C C01300 NURSING ADMINISTRATION 13.00 17 0 62, 095 1, 023, 857 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 22, 490 86 0 52, 350 14.00 0 01500 PHARMACY 83. 985 15 00 17 0 15 00 0 0 16.00 01600 MEDICAL RECORDS & LIBRARY 0 C 0 63, 213 0 16.00 01700 SOCIAL SERVICE 0 67, 263 17.00 17.00 0 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDI ATRI CS 1, 389, 947 614, 944 30 00 312 137, 731 614 944 30 00 31.00 03100 INTENSIVE CARE UNIT 125, 684 49 7, 398 118, 659 118, 659 31.00 03200 CORONARY CARE UNIT 39 7, 460 106, 591 106, 591 32.00 131, 352 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 33.00 0 0 03400 SURGICAL INTENSIVE CARE UNIT 0 34 00 0 Ω 0 0 34 00 40.00 04000 SUBPROVI DER - I PF 0 0 0 0 0 40.00 04100 SUBPROVIDER - IRF 0 0 41.00 0 0 0 41.00 04200 SUBPROVI DER 42.00 0 0 0 42.00 0 04300 NURSERY 59, 235 59, 235 43.00 26, 805 20 0 43.00 44.00 04400 SKILLED NURSING FACILITY 40 17, 493 63, 756 63, 756 44.00 04500 NURSING FACILITY 45 00 0 45.00 04600 OTHER LONG TERM CARE 46.00 C 0 0 46.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 285, 030 100 273, 575 50.00 118 0 05100 RECOVERY ROOM 51.00 20 C 53, 015 O 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 18,090 60,672 60, 672 52.00 29 0 53.00 05300 ANESTHESI OLOGY C 0 Ω 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 20,840 56 0 158, 391 0 54.00 05500 RADI OLOGY-THERAPEUTI C 29 31, 300 55.00 0 55.00 05600 RADI OI SOTOPE 0 0 56, 00 56.00 C Λ 57.00 05700 CT SCAN 0 0 0 14,020 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 0 6, 632 58.00 05900 CARDIAC CATHETERIZATION 0 51, 075 0 59.00 0 0 59.00 0 60.00 06000 LABORATORY 19 0 125, 597 Ω 60.00 60.01 06001 PATHOLOGY 28, 738 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 62.00 0 0 62.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 63.00 06400 I NTRAVENOUS THERAPY 64.00 000000000000 0 0 64.00 06500 RESPIRATORY THERAPY 50. 970 65.00 65.00 0 06600 PHYSI CAL THERAPY 66.00 51, 428 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 0 0 10, 894 0 67.00 06800 SPEECH PATHOLOGY 68.00 10, 577 0 68.00 69 00 06900 ELECTROCARDI OLOGY 25 0 40, 296 69 00 0 07000 ELECTROENCEPHALOGRAPHY 70.00 14, 366 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 0 C 0 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73 00 0 0 73 00 Ω 0 0 74.00 07400 RENAL DIALYSIS 0 0 0 74.00 0 07500 ASC (NON-DISTINCT PART) 0 0 75.00 75.00 0 0 0 76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0 0 0 76, 00 07697 CARDIAC REHABILITATION 0 0 0 7, 182 0 76.97 76.97 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 0 88.00 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 89.00 90.00 09000 CLI NI C 0 C 0 0 0 90.00 09100 EMERGENCY 109, 345 135, 734 91.00 44 462 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS

0 94.00

0 95.00

0

0

0

09400 HOME PROGRAM DIALYSIS

95. 00 09500 AMBULANCE SERVICES

94.00

			T	o 08/31/2013	Date/Time Pre 1/31/2014 9:3	
Cost Center Description	LAUNDRY &	HOUSEKEEPI NG	DIETARY	CAFETERI A	NURSI NG	Jain
oost contor boson per on	LINEN SERVICE	(HOURS OF	(MEALS	(HOURS WORKED)		
	(POUNDS OF	SERVICE)	SERVED)	()		
	LAUNDRY)		,		(DI RECT	
					NRSING HRS)	
	8. 00	9. 00	10.00	11.00	13. 00	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
99. 00   09900   CMHC	0	0	0	0	0	99. 00
99. 10   09910   CORF	0	0	0	0	0	
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS	<u>,                                      </u>					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0	0	0		106. 00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107. 00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108. 00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0	111. 00
113. 00 11300 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	0	115. 00
116. 00 11600 HOSPI CE	0	0	0	0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2, 240, 738	938	170, 644	2, 416, 553	1, 023, 857	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2, 086	_	190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	39, 296		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
194. 00 07950 NAUTI LUS	0	0	0	0		194. 00
194. 01 07951 PR/MARKETI NG	0	0	0	8, 488		194. 01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 02
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	861, 898	2, 855, 535	2, 134, 148	1, 849, 856	3, 337, 219	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	1		1		3. 259458	
204.00 Cost to be allocated (per Wkst. B,	59, 444	94, 333	101, 631	77, 566	233, 042	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 026529	100. 568230	0. 595573	0. 031449	0. 227612	205. 00
1 )		l	l			I

COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				rom 09/01/2012 o 08/31/2013	Date/Time Pre	
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	1/31/2014 9: 3	5 am
	SERVICES & SUPPLY	(COSTED REQUI S. )	RECORDS & LI BRARY	(TIME		
	(COSTED	KEQUI 3. )	(TIME	SPENT)		
	REQUI S. ) 14. 00	15. 00	SPENT) 16. 00	17.00		
GENERAL SERVICE COST CENTERS	14.00	13.00	10.00	17.00		
1.00 O0100 NEW CAP REL COSTS-BLDG & FIXT 2.00 O0200 NEW CAP REL COSTS-MVBLE EQUIP						1.00
2.00   00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00   00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 01 00510 COMMUNI CATI ONS						5. 01
5. 02   00511   NFORMATION SERVICES 5. 03   00512   PURCH, REC, & STORES						5. 02 5. 03
5. 04 00513 PATIENT REGISTRATION						5. 04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5. 06
7.00   00700   OPERATION OF PLANT 8.00   00800   LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A						10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG ADMINI STRATI ON						11. 00 13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	2, 693					14. 00
15. 00   01500   PHARMACY 16. 00   01600   MEDI CAL RECORDS & LI BRARY	0	23, 831	41, 826			15. 00 16. 00
17. 00 O1700 SOCIAL SERVICE		9, 839	41, 620	1		17. 00
INPATIENT ROUTINE SERVICE COST CENTERS						1
30. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   NTENSIVE CARE UNIT	1, 078 336	4, 878 272	11, 044 2, 025			30.00
32. 00   03200   CORONARY CARE UNIT	307	2, 134	1, 905			32. 00
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0	C	0		33.00
34. 00   03400   SURGI CAL INTENSI VE CARE UNIT 40. 00   04000   SUBPROVI DER - IPF	0	0				34. 00 40. 00
41. 00   04100   SUBPROVI DER -   RF	0	0	Č	o o		41. 00
42. 00   04200   SUBPROVI DER	0	0	1 010	0		42.00
43. 00   04300   NURSERY 44. 00   04400   SKI LLED   NURSI NG   FACI LI TY	61 357	1, 441 22	1, 819 835			43. 00 44. 00
45.00 04500 NURSING FACILITY	0	0	C	o		45. 00
46. 00   O4600   OTHER LONG TERM CARE   ANCI LLARY SERVI CE COST CENTERS	0	0		0		46. 00
50. 00 05000 OPERATING ROOM	36	409	7, 459	0		50.00
51. 00   05100   RECOVERY   ROOM   1 APOR   ROOM	16	0	101	-1		51. 00 52. 00
52. 00   05200   DELI VERY ROOM & LABOR ROOM   53. 00   05300   ANESTHESI OLOGY		208 0	181	I .		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	5	2, 226	3, 565			54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C 56. 00   05600   RADI OI SOTOPE	2	734	259			55. 00 56. 00
57. 00   05700   CT   SCAN	7	0				57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	C	0		58. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	29	0	( 3, 151	0		59. 00 60. 00
60. 01   06001   PATHOLOGY	o o	Ö	0, 101	o o		60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS 63. 00   06300   BLOOD STORING, PROCESSING & TRANS.	14	3				62. 00
64.00 06400 INTRAVENOUS THERAPY	0	0	C	o		64. 00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	0	556	58 27			65. 00 66. 00
67. 00   06700 OCCUPATI ONAL THERAPY	O	0	(			67. 00
68.00 06800 SPEECH PATHOLOGY	0	0	(	0		68. 00
69. 00   06900   ELECTROCARDI OLOGY 70. 00   07000   ELECTROENCEPHALOGRAPHY	6	158 190	59 <i>6</i> 158			69. 00 70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	(	o o		71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	C	0		72.00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS	0	0				73. 00 74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0	0	Č	o o		75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0				76.00
76. 97 O7697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	11	U		0		76. 97
88. 00 08800 RURAL HEALTH CLINIC	0	0	C	0		88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90. 00   09000   CLI NI C 91. 00   09100   EMERGENCY	424	0 761	8, 744			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	.= 1		-, , , ,			92. 00
OTHER REIMBURSABLE COST CENTERS  94. 00 09400 HOME PROGRAM DI ALYSI S	0	٥	(	ol ol		94. 00
95. 00   09500   AMBULANCE   SERVI CES	0	0				95.00
· · · · · ·	· <u>'l</u>		•	. 1		•

COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1
				From 09/01/2012 To 08/31/2013	Date/Time Prepared:
					1/31/2014 9: 35 am
Cost Center Description	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	SERVICES &	(COSTED	RECORDS &		
	SUPPLY	REQUIS.)	LI BRARY	(TIME	
	(COSTED		(TIME	SPENT)	
	REQUI S. ) 14. 00	15. 00	SPENT) 16. 00	17. 00	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0 0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	l ol	0		o o	97. 00
99. 00 09900 CMHC	O	0		o o	99.00
99. 10 09910 CORF	o	0		o o	99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	o	0		o o	100. 00
101.00 10100 HOME HEALTH AGENCY	o	0		o o	101. 00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0		0	105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0	106. 00
107. 00 10700 LIVER ACQUISITION	0	0		0 0	107. 00
108. 00 10800 LUNG ACQUISITION	0	0		0	108. 00
109.00 10900 PANCREAS ACQUISITION	0	0		0	109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	110. 00
111. 00 11100 I SLET ACQUI SI TI ON	0	0		0	111. 00
113. 00 11300 I NTEREST EXPENSE					113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF					114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0	115. 00
116. 00 11600 H0SPI CE	0	0		0 0	116. 00
118. 00 SUBTOTALS (SUM OF LINES 1-117)	2, 693	23, 831	41, 82	6 67, 262	118. 00
NONREI MBURSABLE COST CENTERS					100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	0	0		0 0	190. 00 191. 00
192. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES		0		0	191.00
193. 00 19300 NONPALD WORKERS		0		0	193. 00
194. 00 07950  NAUTI LUS		0			194. 00
194. 01 07951 PR/MARKETI NG		0			194. 01
194. 02 07952 OTHER NONREIMBURSABLE COST CENTERS		0		0	194. 02
200.00 Cross Foot Adjustments		· ·			200. 00
201.00 Negative Cost Centers					201. 00
202.00 Cost to be allocated (per Wkst. B,	6, 022, 654	6, 311, 619	3, 677, 53	1 6, 408, 204	202. 00
Part I)		2, 2 , 0 . ,	]	-,, 20	
203.00 Unit cost multiplier (Wkst. B, Part I)	2, 236, 410694	264. 849104	87. 92452	1 95. 272279	203. 00
204.00 Cost to be allocated (per Wkst. B,	611, 942	472, 705	343, 50	3 235, 239	204. 00
Part II)					
205.00 Unit cost multiplier (Wkst. B, Part	227. 234311	19. 835718	8. 21266	7 3. 497354	205. 00
1 )					

In Lieu of Form CMS-2552-10

Period: Worksheet C
From 09/01/2012 Part I
To 08/31/2013 Date/Time Prepared:
1/31/2014 9:35 am Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provi der CCN: 180104

			1	0 08/31/2013	1/31/2014 9: 3	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	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	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS	42, 855, 060	1	42, 855, 060		42, 855, 060	30. 00
31. 00   03100   INTENSIVE CARE UNIT	7, 028, 340	1	7, 028, 340		7, 028, 340	31.00
32. 00   03200   CORONARY CARE UNIT 33. 00   03300   BURN INTENSIVE CARE UNIT	6, 880, 128		6, 880, 128	0	6, 880, 128 0	32. 00 33. 00
34. 00   03400   SURGI CAL   INTENSI VE CARE UNI T				0	0	34.00
40. 00   04000   SUBPROVI DER - I PF	0		Ö	0	0	40. 00
41. 00   04100   SUBPROVI DER - I RF	0		0	0	0	41. 00
42. 00   04200   SUBPROVI DER	0	)	0	0	0	42.00
43. 00   04300   NURSERY 44. 00   04400   SKI LLED   NURSI NG   FACI LI TY	4, 589, 765 4, 417, 073	l .	4, 589, 765 4, 417, 073		4, 602, 477 4, 417, 073	43. 00 44. 00
45. 00   04500   NURSI NG   FACILITY	4,417,073	l .	0	o o	0	45. 00
46.00 O4600 OTHER LONG TERM CARE	0		0	0	0	46. 00
ANCI LLARY SERVI CE COST CENTERS		1		_		
50.00   05000   OPERATING ROOM 51.00   05100   RECOVERY ROOM	22, 692, 491	l .	22, 692, 491	0		50.00
51. 00   05100   RECOVERY ROOM 52. 00   05200   DELIVERY ROOM & LABOR ROOM	2, 591, 809 3, 329, 240	1	2, 591, 809 3, 329, 240		2, 591, 809 3, 329, 240	51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY	0,027,210		0,027,210	o	0, 02 ,, 2 10	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 711, 911		12, 711, 911	0	12, 711, 911	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	3, 918, 478		3, 918, 478	0	3, 918, 478	55. 00
56. 00   05600   RADI OI SOTOPE	1 (72 220	2	0	0	0	56.00
57. 00   05700   CT SCAN 58. 00   05800   MAGNETI C RESONANCE I MAGING (MRI)	1, 673, 320 780, 157	1	1, 673, 320 780, 157	0	1, 673, 320 780, 157	57. 00 58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	4, 168, 702	1	4, 168, 702	o o	4, 168, 702	59.00
60. 00   06000   LABORATORY	11, 195, 440	1	11, 195, 440		11, 215, 440	60.00
60. 01   06001   PATHOLOGY	1, 818, 569	1	1, 818, 569	0	1, 818, 569	60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	)	0	0	0 0	61.00
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS 63.00   06300   BLOOD STORING, PROCESSING & TRANS.	2, 787, 307	,	2, 787, 307	0	2, 787, 307	62. 00 63. 00
64. 00 06400 I NTRAVENOUS THERAPY	2,707,007	)	0	o	0	64. 00
65. 00 06500 RESPIRATORY THERAPY	2, 828, 630	0	2, 828, 630	5, 781	2, 834, 411	65. 00
66. 00   06600   PHYSI CAL THERAPY	2, 729, 702	1	2, 729, 702	0	2, 729, 702	66. 00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	552, 381 547, 206	1	552, 381 547, 206	0	552, 381 547, 206	67. 00 68. 00
69. 00   06900   ELECTROCARDI OLOGY	2, 856, 010	1	2, 856, 010		2, 856, 010	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	773, 932	1	773, 932		773, 932	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 158, 062	1	11, 158, 062	0	11, 158, 062	71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	20, 532, 401		20, 532, 401	0	20, 532, 401	72.00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS	17, 262, 454		17, 262, 454	0	17, 262, 454 0	73. 00 74. 00
75. 00 07500 ASC (NON-DISTINCT PART)				0	0	75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	407, 861		407, 861	0	407, 861	76. 97
OUTPATIENT SERVICE COST CENTERS  88. 00   08800   RURAL   HEALTH   CLINIC		<u>,                                      </u>	1 0	0	0	88. 00
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER				0	0	89. 00
90. 00   09000   CLINIC	0		Ö	Ö	0	90.00
91. 00 09100 EMERGENCY	8, 858, 261		8, 858, 261		8, 858, 261	91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	3, 017, 554		3, 017, 554		3, 017, 554	92.00
OTHER REIMBURSABLE COST CENTERS  94. 00 09400 HOME PROGRAM DI ALYSI S	0	1	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES		l .	Ö	o o	Ö	95.00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	o	0	0	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97. 00
99. 00   09900   CMHC 99. 10   09910   CORF	0	)	0		0	99.00
100.00 10000 I &R SERVI CES-NOT APPRVD PRGM						99. 10 100. 00
101. 00 10100 HOME HEALTH AGENCY		ł	Ö			101.00
SPECIAL PURPOSE COST CENTERS			1			
105. 00 10500 KI DNEY ACQUI SI TI ON	0	l .	0			105. 00
106. 00 10600 HEART ACQUISITION 107. 00 10700 LIVER ACQUISITION	0	l .	0			106. 00 107. 00
107.00 10700 EIVER ACQUISITION 108.00 10800 LUNG ACQUISITION			0			107.00
109.00 10900 PANCREAS ACQUISITION			0			109. 00
110.00 11000 INTESTINAL ACQUISITION	0		0			110. 00
111. 00 11100   SLET ACQUI SI TI ON	0	]	0		0	111.00
113. 00 11300 INTEREST_EXPENSE 114. 00 11400 UTI LI ZATI ON_REVI EW-SNF						113. 00 114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )	0		o			115. 00
116. 00 11600 HOSPI CE	0	)	0	<u> </u>	0	116. 00

Health Fina	BAPTIST HEAL	BAPTIST HEALTH PADUCAH				In Lieu of Form CMS-2552-10		
COMPUTATI O	N OF RATIO OF COSTS TO CHARGES			Provi der	CCN: 180104	Peri od: From 09/01/2012	Worksheet C Part I	
						To 08/31/2013		pared: 5 am
				Ti tl	e XVIII	Hospi tal	PPS	
						Costs		
	Cost Center Description	Total Cost	Ther	apy 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	
200.00	Subtotal (see instructions)	204, 962, 244		0	204, 962, 2	44 38, 493	205, 000, 737	200. 00
201.00	Less Observation Beds	3, 017, 554			3, 017, 5	54	3, 017, 554	201. 00
202. 00	Total (see instructions)	201, 944, 690		0	201, 944, 6	38, 493	201, 983, 183	202. 00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provi der CCN: 180104

				0 00/31/2013	1/31/2014 9: 3	
		Ti tl Charges	e XVIII	Hospi tal	PPS	
Cost Center Description	I npati ent	Outpati ent	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA I npati ent Rati o	
	6.00	7. 00	8. 00	9. 00	10. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	26, 467, 662		26, 467, 662			30.00
31. 00   03100   INTENSIVE CARE UNIT	13, 826, 585		13, 826, 585			31.00
32. 00   03200   CORONARY CARE UNIT 33. 00   03300   BURN INTENSIVE CARE UNIT	11, 566, 212 0		11, 566, 212			32. 00 33. 00
34. 00   03400 SURGI CAL INTENSIVE CARE UNIT	0					34. 00
40. 00   04000   SUBPROVI DER -   PF				j l		40. 00
41. 00   04100   SUBPROVI DER -   I RF	o o					41. 00
42. 00   04200   SUBPROVI DER	O					42.00
43. 00   04300   NURSERY	10, 082, 835		10, 082, 835	5		43.00
44.00  04400  SKILLED NURSING FACILITY	3, 127, 638		3, 127, 638	3		44. 00
45.00 O4500 NURSING FACILITY	0		(	1		45. 00
46. 00 04600 OTHER LONG TERM CARE	0		(			46. 00
ANCI LLARY SERVI CE COST CENTERS	(7.7/0.004	70 700 500	447.407.50	0.4500/4	0.00000	F0 00
50. 00   05000   OPERATING ROOM	67, 763, 031	79, 723, 508			0.000000	50.00
51. 00   05100   RECOVERY ROOM 52. 00   05200   DELIVERY ROOM & LABOR ROOM	6, 753, 359 3, 363, 555	9, 185, 539 1, 170, 294			0. 000000 0. 000000	51. 00 52. 00
53. 00   05200   DELI VERT   ROOM & LABOR ROOM   53. 00   05300   ANESTHESI OLOGY	3, 303, 333	1, 170, 294	4, 333, 649	0. 734308	0. 000000	53. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	10, 647, 959	37, 741, 904	48, 389, 863		0. 000000	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	2, 230, 101	33, 159, 661			0. 000000	55. 00
56. 00   05600 RADI OI SOTOPE	0	0			0. 000000	56. 00
57. 00   05700 CT SCAN	24, 468, 249	61, 542, 097	86, 010, 346		0.000000	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4, 417, 549	16, 621, 477	21, 039, 026	0. 037081	0.000000	58. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	22, 682, 521	25, 345, 852	48, 028, 373	0. 086797	0. 000000	59. 00
60. 00   06000   LABORATORY	11, 344, 096	11, 548, 571	22, 892, 667	0. 489040	0.000000	60. 00
60. 01   06001   PATHOLOGY	1, 403, 026	3, 253, 965	1		0. 000000	60. 01
61. 00   06100   PBP CLINI CAL LAB SERVI CES-PRGM ONLY	0	0			0. 000000	61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	(	0.000000	0. 000000	62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	4, 738, 109	777, 972			0.000000	63.00
64. 00   06400   I NTRAVENOUS THERAPY 65. 00   06500   RESPI RATORY THERAPY	0 6, 581, 871	790, 035	7, 371, 90 <i>6</i>	0.00000	0. 000000 0. 000000	64. 00 65. 00
66. 00   06600   PHYSI CAL THERAPY	4, 436, 382	2, 480, 991	6, 917, 373		0. 000000	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 091, 169	183, 655			0. 000000	67. 00
68. 00 06800 SPEECH PATHOLOGY	1, 145, 083	547, 364			0. 000000	68. 00
69. 00 06900 ELECTROCARDI OLOGY	11, 728, 725	22, 013, 462			0. 000000	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 433, 369	4, 103, 827			0.000000	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7, 435, 869	11, 430, 586		0. 591423	0.000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	47, 936, 618	19, 958, 066	67, 894, 684	0. 302415	0. 000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	33, 275, 322	29, 684, 164	62, 959, 486		0. 000000	73. 00
74. 00   07400   RENAL DI ALYSI S	0	0	(		0. 000000	74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0	0		0.000000	0.000000	75. 00
76.00   03950   OTHER ANCILLARY SERVICE COST CENTERS 76.97   07697   CARDIAC REHABILITATION	0	531, 151	531, 151	0.000000	0.000000	76.00
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	l d	531, 151	531, 15	0. 767881	0. 000000	76. 97
88. 00 08800 RURAL HEALTH CLINIC	ol	0				88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	o	0				89. 00
90. 00   09000   CLINIC	o	0			0. 000000	90.00
91. 00 09100 EMERGENCY	13, 763, 129	38, 744, 802	52, 507, 931		0.000000	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	167, 615	10, 820, 841	10, 988, 456	0. 274611	0. 000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94. 00   09400   HOME PROGRAM DI ALYSI S	0	0	(	0. 000000	0. 000000	94. 00
95. 00 09500 AMBULANCE SERVICES	0	0		0.00000	0. 000000	95. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	(	0.000000	0.000000	96.00
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD 99. 00   09900   CMHC	0	0		0.000000	0. 000000	97. 00
99. 00   09900   CMHC 99. 10   09910   CORF	0	0				99. 00 99. 10
100.00 10000 1&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101. 00 10100 HOME HEALTH AGENCY		0		j l		101. 00
SPECIAL PURPOSE COST CENTERS	91					
105. 00 10500 KIDNEY ACQUISITION	0	0	(			105. 00
106.00 10600 HEART ACQUISITION	0	0	(			106. 00
107.00 10700 LIVER ACQUISITION	0	0	(			107. 00
108.00 10800 LUNG ACQUISITION	0	0	(			108. 00
109. 00 10900 PANCREAS ACQUISITION	0	0	(			109. 00
110. 00 11000   NTESTI NAL ACQUI SI TI ON	0	0	]			110.00
111. 00 11100   I SLET ACQUI SI TI ON	0	0	ή (			111.00
113.00 11300 INTEREST EXPENSE						113. 00 114. 00
114.00 11400 UTILIZATION REVIEW-SNF 115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)		^		,		115. 00
116. 00 11600 HOSPI CE		0				116. 00
200.00 Subtotal (see instructions)	353, 877, 639	421, 359, 784	775, 237, 423	s		200. 00
1 1 (3.1. 3.1. 2.1. 2.1.		, ,		<u> </u>		

Heal th Finar	ncial Systems	BAPTI ST HEAL	TH PA	ADUCAH		In Lie	u of Form CMS-	2552-10
COMPUTATI ON	OF RATIO OF COSTS TO CHARGES			Provi der		Peri od:	Worksheet C	
						From 09/01/2012		
						To 08/31/2013	Date/Time Pre	
							1/31/2014 9:3	35 am
				Ti tl	e XVIII	Hospi tal	PPS	
			C	harges				
	Cost Center Description	I npati ent	Out	tpati ent	Total (col. 6	Cost or Other	TEFRA	
					+ col. 7)	Ratio	I npati ent	
							Ratio	
		6. 00		7. 00	8. 00	9. 00	10.00	
201.00	Less Observation Beds							201.00
202.00	Total (see instructions)	353, 877, 639	42	21, 359, 784	775, 237, 42	3		202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 09/01/2012 | Part | To 08/31/2013 | Date/Time Prepared: | 1/31/2014 9:35 am Title XVIII Hospi tal PPS

		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11. 00				
INDATI ENT POUTINE CERVI OF COCT CENTERS	11.00				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00   03000   ADULTS & PEDI ATRI CS					30. 00
31.00   03100   INTENSIVE CARE UNIT					31.00
32. 00 03200 CORONARY CARE UNIT	1				32.00
33.00 03300 BURN INTENSIVE CARE UNIT					33. 00
34. 00   03400   SURGI CAL   INTENSI VE CARE UNI T					34. 00
40. 00  04000  SUBPROVI DER - I PF					40. 00
41. 00  04100  SUBPROVI DER - I RF					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 O4500 NURSING FACILITY					45. 00
46.00 O4600 OTHER LONG TERM CARE					46. 00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATING ROOM	0. 153861				50.00
51. 00   05100   RECOVERY   ROOM	0. 162609				51.00
	1				•
52. 00   05200   DELIVERY ROOM & LABOR ROOM	0. 734308				52.00
53. 00   05300   ANESTHESI OLOGY	0. 000000				53. 00
54. 00  05400  RADI OLOGY-DI AGNOSTI C	0. 262698				54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0. 110723				55.00
56. 00   05600   RADI 0I SOTOPE	0. 000000				56. 00
57. 00   05700   CT   SCAN	0. 019455				57.00
	1 1				1
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 037081				58. 00
59. 00  05900  CARDI AC CATHETERI ZATI ON	0. 086797				59. 00
60. 00   06000   LABORATORY	0. 489914				60.00
60. 01   06001   PATHOLOGY	0. 390503				60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000				61.00
	1				1
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000				62.00
63.00   06300   BLOOD STORING, PROCESSING & TRANS.	0. 505306				63. 00
64.00   06400   I NTRAVENOUS THERAPY	0.000000				64.00
65. 00 06500 RESPIRATORY THERAPY	0. 384488				65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 394615				66. 00
	1				
67. 00 06700 OCCUPATI ONAL THERAPY	0. 433300				67. 00
68. 00  06800 SPEECH PATHOLOGY	0. 323322				68. 00
69. 00  06900  ELECTROCARDI OLOGY	0. 084642				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 139770				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 591423				71. 00
	1				72.00
	0. 302415				
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 274184				73. 00
74.00   07400   RENAL DIALYSIS	0. 000000				74.00
75. 00   07500   ASC (NON-DISTINCT PART)	0. 000000				75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000				76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 767881				76. 97
	0.707001				70. 77
OUTPATIENT SERVICE COST CENTERS					
88.00  08800 RURAL HEALTH CLINIC					88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89. 00
90. 00  09000   CLI NI C	0. 000000				90.00
91. 00 09100 EMERGENCY	0. 168703				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1				92.00
	0. 274611				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0. 000000				94. 00
95. 00   09500 AMBULANCE SERVI CES	0. 000000				95. 00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000				96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000				97. 00
99. 00   09900   CMHC	0.00000				99. 00
99. 10   09910   CORF					99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					100. 00
101.00 10100 HOME HEALTH AGENCY					101. 00
SPECIAL PURPOSE COST CENTERS					1
105. 00 10500 KIDNEY ACQUISITION					105. 00
					106. 00
106. 00 10600 HEART ACQUI SI TI ON					
107.00 10700 LIVER ACQUISITION					107. 00
108.00 10800 LUNG ACQUISITION					108. 00
109.00 10900 PANCREAS ACQUISITION					109. 00
110. 00 11000   NTESTI NAL ACQUI SI TI ON					110.00
111. 00 11100   I SLET ACQUI SI TI ON					111.00
113. 00 11300 I NTEREST EXPENSE					113. 00
114.00 11400 UTILIZATION REVIEW-SNF					114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)					115. 00
116. 00 11600 H0SPI CE					116. 00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds					201. 00
202.00 Total (see instructions)					202. 00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provi der CCN: 180104

		Ti +	le XIX	Hospi tal	1/31/2014 9: 3 tal Tefra	
		1110	TC XIX	Costs	Terra	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col. 26)					
	1.00	2.00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	42, 855, 060		42, 855, 060	0	42, 855, 060	30. 00
31. 00   03100   I NTENSI VE CARE UNI T	7, 028, 340		7, 028, 340	0	7, 028, 340	31. 00
32. 00 03200 CORONARY CARE UNIT	6, 880, 128		6, 880, 128	0	6, 880, 128	32.00
33.00   03300   BURN INTENSIVE CARE UNIT 34.00   03400   SURGICAL INTENSIVE CARE UNIT			0	0	0 0	33. 00 34. 00
40. 00   04000   SUBPROVI DER -   1 PF			0	0	0	40. 00
41. 00   04100   SUBPROVI DER -   I RF			Ö	0	0	41. 00
42. 00   04200   SUBPROVI DER	0		0	0	0	42.00
43. 00   04300   NURSERY	4, 589, 765	l .	4, 589, 765			43. 00
44. 00 04400 SKILLED NURSING FACILITY	4, 417, 073		4, 417, 073	0	4, 417, 073	44.00
45. 00   04500   NURSING FACILITY 46. 00   04600   OTHER LONG TERM CARE	0		0	0	0	45. 00 46. 00
ANCI LLARY SERVI CE COST CENTERS			0	0	0	46.00
50. 00 05000 OPERATI NG ROOM	22, 692, 491		22, 692, 491	0	22, 692, 491	50. 00
51.00   05100   RECOVERY ROOM	2, 591, 809	l .	2, 591, 809	0	2, 591, 809	51. 00
52.00   05200   DELIVERY ROOM & LABOR ROOM	3, 329, 240		3, 329, 240	0	3, 329, 240	52. 00
53. 00   05300   ANESTHESI OLOGY	0		0	0	0	53. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	12, 711, 911		12, 711, 911	0	12, 711, 911	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	3, 918, 478		3, 918, 478	0	3, 918, 478	55. 00
56. 00   05600   RADI 01 SOTOPE 57. 00   05700   CT   SCAN	1, 673, 320		1 672 220	0	0 1, 673, 320	56. 00 57. 00
58.00   05700   CT   SCAN 58.00   05800   MAGNETIC RESONANCE   MAGING (MRI)	780, 157		1, 673, 320 780, 157	0	780, 157	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	4, 168, 702		4, 168, 702	0	4, 168, 702	59. 00
60. 00   06000   LABORATORY	11, 195, 440	l .	11, 195, 440			60.00
60. 01   06001   PATHOLOGY	1, 818, 569	l .	1, 818, 569		1, 818, 569	60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61. 00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	2, 787, 307		2, 787, 307	0	2, 787, 307	63.00
64. 00 06400 I NTRAVENOUS THERAPY	2 020 (20		0 000 (00	0	0	64.00
65. 00   06500   RESPI RATORY   THERAPY 66. 00   06600   PHYSI CAL   THERAPY	2, 828, 630 2, 729, 702	l .	2, 828, 630 2, 729, 702	5, 781	2, 834, 411 2, 729, 702	65. 00 66. 00
67. 00   06700   OCCUPATI ONAL THERAPY	552, 381	l .	552, 381	0	552, 381	
68. 00 06800 SPEECH PATHOLOGY	547, 206	l .	547, 206	0	547, 206	68. 00
69. 00 06900 ELECTROCARDI OLOGY	2, 856, 010	l .	2, 856, 010		2, 856, 010	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	773, 932		773, 932	0	773, 932	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 158, 062		11, 158, 062	0	11, 158, 062	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	20, 532, 401		20, 532, 401	0	20, 532, 401	72. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS	17, 262, 454		17, 262, 454	0	17, 262, 454	73.00
74. 00   07400   RENAL DIALYSIS 75. 00   07500   ASC (NON-DISTINCT PART)			0	0	0	74. 00 75. 00
76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS			0	0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	407, 861		407, 861	0	407, 861	76. 97
OUTPATIENT SERVICE COST CENTERS		<b>'</b>				
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	0		0	0	0	90.00
91. 00 09100 EMERGENCY	8, 858, 261		8, 858, 261	0	8, 858, 261	91.00
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   OTHER REIMBURSABLE COST CENTERS	3, 017, 554		3, 017, 554		3, 017, 554	92. 00
94. 00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	0		0	0	0	95. 00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96. 00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97. 00
99. 00   09900   CMHC	0		0		0	99. 00
99. 10   09910   CORF	0		0		0	99. 10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0		0			100. 00 101. 00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					0	101.00
105. 00 10500 KIDNEY ACQUISITION	0		0		0	105. 00
106. 00 10600 HEART ACQUI SI TI ON	0		Ö			106. 00
107.00 10700 LIVER ACQUISITION	0		0		0	107. 00
108.00 10800 LUNG ACQUISITION	0		0			108. 00
109. 00 10900 PANCREAS ACQUISITION	0		0			109. 00
110. 00 11000   I NTESTI NAL ACQUI SI TI ON	0	1	0			110.00
111.00 11100 ISLET ACQUISITION			0		0	111.00
113. 00 11300 INTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF						113. 00 114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0		0		n	115. 00
116. 00 11600 HOSPI CE	0		Ö			116. 00

Health Fina	ancial Systems	BAPTIST HEAL	BAPTIST HEALTH PADUCAH				In Lieu of Form CMS-2552-10		
COMPUTATI O	N OF RATIO OF COSTS TO CHARGES			Provi der	CCN: 180104	Peri od:	Worksheet C		
						From 09/01/2012 To 08/31/2013	Part I Date/Time Pre 1/31/2014 9:3		
				Ti t	le XIX	Hospi tal	Tefra		
						Costs			
	Cost Center Description	Total Cost	Ther	apy 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		
200.00	Subtotal (see instructions)	204, 962, 244		0	204, 962, 24	14 38, 493	205, 000, 737	200. 00	
201. 00	Less Observation Beds	3, 017, 554			3, 017, 5!	54	3, 017, 554	201. 00	
202. 00	Total (see instructions)	201, 944, 690		0	201, 944, 69	38, 493	201, 983, 183	202. 00	

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provi der CCN: 180104

					1/31/2014 9: 3	5 am
		lit Charges	le XIX	Hospi tal	Tefra	
Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
Cost Center Bescriptron	riipati cirt	outputtent	+ col . 7)	Ratio	Inpati ent	
			,		Rati o	
	6. 00	7. 00	8. 00	9. 00	10.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	26, 467, 662		26, 467, 662			30.00
31. 00   03100   INTENSI VE CARE UNI T 32. 00   03200   CORONARY CARE UNI T	13, 826, 585 11, 566, 212		13, 826, 58! 11, 566, 212			31. 00 32. 00
33. 00   03200   CORONART CARE UNIT	11, 300, 212		11, 300, 212			33.00
34. 00 03400 SURGI CAL INTENSI VE CARE UNI T	0			ol l		34. 00
40. 00   04000   SUBPROVI DER -   I PF	0					40. 00
41. 00   04100   SUBPROVI DER - I RF	0					41. 00
42. 00   04200   SUBPROVI DER	0					42. 00
43. 00   04300   NURSERY	10, 082, 835		10, 082, 83			43. 00
44. 00   04400   SKILLED NURSING FACILITY 45. 00   04500   NURSING FACILITY	3, 127, 638		3, 127, 638			44. 00 45. 00
46. 00   04600 OTHER LONG TERM CARE						46.00
ANCI LLARY SERVI CE COST CENTERS	<u> </u>			اا		40.00
50. 00 05000 OPERATING ROOM	67, 763, 031	79, 723, 508	147, 486, 539	0. 153861	0. 153861	50.00
51.00 05100 RECOVERY ROOM	6, 753, 359	9, 185, 539			0. 162609	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	3, 363, 555	1, 170, 294	4, 533, 849		0. 734308	52. 00
53. 00   05300   ANESTHESI OLOGY	0	0	)	0.00000	0. 000000	53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	10, 647, 959	37, 741, 904			0. 262698	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C 56. 00   05600   RADI OI SOTOPE	2, 230, 101	33, 159, 661	35, 389, 762	0. 110723 0. 000000	0. 110723 0. 000000	55. 00 56. 00
57. 00   05700   CT   SCAN	24, 468, 249	61, 542, 097	86, 010, 34		0. 019455	
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	4, 417, 549	16, 621, 477			0. 037081	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	22, 682, 521	25, 345, 852			0. 086797	59. 00
60. 00   06000   LABORATORY	11, 344, 096	11, 548, 571	22, 892, 66	0. 489040	0. 489040	60.00
60. 01   06001   PATHOLOGY	1, 403, 026	3, 253, 965	4, 656, 99		0. 390503	60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			0. 000000	61.00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	(	0.000000	0.000000	62.00
63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 64. 00   06400   INTRAVENOUS THERAPY	4, 738, 109	777, 972	5, 516, 08	0. 505306 0. 000000	0. 505306 0. 000000	63.00
65. 00   06500   RESPI RATORY   THERAPY	6, 581, 871	790, 035	7, 371, 90		0. 383704	64. 00 65. 00
66. 00   06600 PHYSI CAL THERAPY	4, 436, 382	2, 480, 991			0. 394615	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 091, 169	183, 655			0. 433300	67. 00
68. 00 06800 SPEECH PATHOLOGY	1, 145, 083	547, 364			0. 323322	68. 00
69. 00 06900 ELECTROCARDI OLOGY	11, 728, 725	22, 013, 462			0. 084642	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 433, 369	4, 103, 827			0. 139770	70. 00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	7, 435, 869	11, 430, 586			0. 591423	71.00
72.00   07200   IMPL. DEV. CHARGED TO PATIENT 73.00   07300   DRUGS CHARGED TO PATIENTS	47, 936, 618 33, 275, 322	19, 958, 066 29, 684, 164			0. 302415 0. 274184	72. 00 73. 00
74. 00   07400   RENAL DI ALYSI S	0 33, 273, 322	29,004,104	02, 757, 400	0.000000	0. 000000	74.00
75. 00 07500 ASC (NON-DISTINCT PART)	o	0		I	0. 000000	75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		I	0.000000	76.00
76. 97 O7697 CARDI AC REHABILI TATION	0	531, 151	531, 15°	0. 767881	0. 767881	76. 97
OUTPATIENT SERVICE COST CENTERS	1					
88. 00 08800 RURAL HEALTH CLINIC	0	0		0.000000		
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER 90. 00   09000   CLINIC	0	0		0. 000000 0. 000000	0. 000000 0. 000000	
91. 00   09100   EMERGENCY	13, 763, 129	38, 744, 802	1		0. 168703	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	167, 615	10, 820, 841			0. 274611	92.00
OTHER REIMBURSABLE COST CENTERS				'		
94.00 09400 HOME PROGRAM DIALYSIS	0	0	)	0. 000000	0. 000000	94. 00
95. 00 09500 AMBULANCE SERVI CES	0	0		0.000000	0. 000000	95. 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0		0.000000	0. 000000	96.00
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD 99. 00   09900   CMHC	0	0		0. 000000	0. 000000	97. 00 99. 00
99. 10   09910   CORF		0				99. 00
100.00 10000    &R SERVICES-NOT APPRVD PRGM	0	0				100.00
101. 00 10100 HOME HEALTH AGENCY	o	0				101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	)			105. 00
106. 00 10600 HEART ACQUISITION	0	0	1			106. 00
107. 00 10700 LI VER ACQUI SI TI ON	0	0				107. 00
108.00 10800 LUNG ACQUISITION	0	0				108.00
109. 00 10900 PANCREAS ACQUISITION 110. 00 11000 INTESTINAL ACQUISITION		0		á l		109. 00 110. 00
111. 00 11100   I SLET ACQUI SI TI ON		0		6		111.00
113. 00 11300   NTEREST EXPENSE		· ·	1			113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0				115. 00
116. 00 11600 HOSPI CE	0	0	775 007 11			116.00
200.00 Subtotal (see instructions)	353, 877, 639	421, 359, 784	775, 237, 423	3		200. 00

Health Finar	icial Systems	BAPTI ST HEAL	TH PA	ADUCAH		In Lie	u of Form CMS-	2552-10
COMPUTATI ON	OF RATIO OF COSTS TO CHARGES			Provi der		Peri od:	Worksheet C	
						From 09/01/2012		
						To 08/31/2013	Date/Time Pre	
							1/31/2014 9: 3	35 am
				Ti t	le XIX	Hospi tal	Tefra	
			С	harges				
	Cost Center Description	I npati ent	Out	tpati ent	Total (col. 6	Cost or Other	TEFRA	
					+ col. 7)	Ratio	I npati ent	
							Ratio	
		6.00		7.00	8. 00	9. 00	10.00	
201.00	Less Observation Beds							201.00
202.00	Total (see instructions)	353, 877, 639	42	21, 359, 784	775, 237, 42	3		202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 09/01/2012 | Part | To 08/31/2013 | Date/Time Prepared: | 1/31/2014 9:35 am

		Title XIX	Hospi tal	1/31/2014 9:35 am Tefra
Cost Center Description	PPS Inpatient	THE MA	nospi tui	Terra
	Ratio			
	11. 00			
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31. 00   03100   NTENSI VE CARE UNIT				31.00
32. 00   03200   CORONARY CARE UNIT				32.00
33.00 03300 BURN INTENSIVE CARE UNIT				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				34.00
40. 00   04000   SUBPROVI DER -   PF				40.00
41. 00   04100   SUBPROVI DER -   I RF 42. 00   04200   SUBPROVI DER				41. 00 42. 00
43. 00   04200  SUBPROVI DER 43. 00   04300  NURSERY				43. 00
44. 00 04400 SKILLED NURSING FACILITY				44.00
45. 00 04500 NURSING FACILITY				45. 00
46.00 O4600 OTHER LONG TERM CARE				46. 00
ANCILLARY SERVICE COST CENTERS				
50. 00   05000   OPERATING ROOM	0.000000			50.00
51. 00   05100   RECOVERY ROOM 52. 00   05200   DELI VERY ROOM & LABOR ROOM	0. 000000 0. 000000			51. 00 52. 00
53. 00   05300   ANESTHESI OLOGY	0. 000000			53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 000000			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. 00
56. 00   05600   RADI 0I SOTOPE	0. 000000			56. 00
57. 00   05700   CT SCAN	0.000000			57.00
58.00   05800   MAGNETI C RESONANCE I MAGING (MRI) 59.00   05900   CARDI AC CATHETERI ZATION	0.000000			58. 00 59. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	0. 000000 0. 000000			60.00
60. 01   06001   PATHOLOGY	0. 000000			60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000			62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000			63.00
64. 00 06400 I NTRAVENOUS THERAPY	0.000000			64. 00
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	0. 000000 0. 000000			65. 00 66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000			67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000			68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000			69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000			70. 00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 000000			71.00
72.00 O7200 MPL. DEV. CHARGED TO PATIENT 73.00 O7300 DRUGS CHARGED TO PATIENTS	0.000000			72.00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DIALYSIS	0. 000000 0. 000000			73. 00 74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0. 000000			75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000			76. 00
76. 97 07697 CARDIAC REHABILITATION	0. 000000			76. 97
OUTPATIENT SERVICE COST CENTERS				
88. 00 08800 RURAL HEALTH CLINIC	0.000000			88. 00
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER 90. 00   09000   CLINIC	0. 000000 0. 000000			89. 00 90. 00
91. 00   09100   EMERGENCY	0. 000000			91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.00
OTHER REIMBURSABLE COST CENTERS				
94. 00 09400 HOME PROGRAM DI ALYSI S	0. 000000			94. 00
95. 00 09500 AMBULANCE SERVI CES	0. 000000			95. 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0.000000			96.00
97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD 99. 00   09900   CMHC	0. 000000			97. 00 99. 00
99. 10   09910 CORF				99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM				100. 00
101.00 10100 HOME HEALTH AGENCY				101. 00
SPECIAL PURPOSE COST CENTERS				
105. 00 10500 KI DNEY ACQUI SI TI ON				105. 00
106. 00 10600 HEART ACQUISITION				106.00
107.00 10700 LIVER ACQUISITION 108.00 10800 LUNG ACQUISITION				107. 00 108. 00
109. 00 10900 PANCREAS ACQUISITION				109.00
110.00 11000 INTESTINAL ACQUISITION				110.00
111. 00 11100   SLET ACQUI SI TI ON				111. 00
113.00 11300 INTEREST EXPENSE				113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)				115.00
116.00 11600 HOSPICE 200.00  Subtotal (see instructions)				116. 00 200. 00
201.00 Less Observation Beds				200.00
202. 00 Total (see instructions)				202. 00
	1 1			1 : : : : :

Health Financial Systems

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY | In Lieu of Form CMS-2552-10 | Peri od: | Worksheet C | From 09/01/2012 | Part II | To 08/31/2013 | Date/Time Prepared: | Provi der CCN: 180104

			10	08/31/2013	1/31/2014 9:3	
			le XIX	Hospi tal	Tefra	
Cost Center Description	Total Cost		Operating Cost	Capi tal	Operating Cost	
	,	•	Net of Capital	Reduction	Reduction	
	I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
	1.00	2.00	col . 2) 3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	22, 692, 491	4, 038, 469	18, 654, 022	0	0	50. 00
51. 00   05100   RECOVERY ROOM	2, 591, 809			0	•	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3, 329, 240			0	0	52. 00
53. 00   05300   ANESTHESI OLOGY	0	l c	0	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 711, 911	2, 334, 602	10, 377, 309	0	0	54. 00
55. 00   05500 RADI OLOGY-THERAPEUTI C	3, 918, 478	960, 115	2, 958, 363	0	0	55. 00
56. 00   05600   RADI 0I SOTOPE	0	C	0	0	0	56. 00
57. 00   05700   CT   SCAN	1, 673, 320			0	0	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	780, 157			0	0	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON	4, 168, 702			0	0	59. 00
60. 00   06000   LABORATORY	11, 195, 440			0	0	60.00
60. 01   06001   PATHOLOGY	1, 818, 569	161, 264	1, 657, 305	0	0	60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0			0	0	61.00
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS 63.00   06300   BLOOD STORING, PROCESSING & TRANS.	2 797 207	E0 1E4	2 720 152	0	0	62. 00 63. 00
63.00   06300   BLOOD STORING, PROCESSING & TRANS. 64.00   06400   INTRAVENOUS THERAPY	2, 787, 307	58, 154	2, 729, 153	0	0	64. 00
65. 00 06500 RESPIRATORY THERAPY	2, 828, 630	229, 783	2, 598, 847	0	0	65. 00
66. 00   06600   PHYSI CAL THERAPY	2, 729, 702			0	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	552, 381			0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	547, 206			0	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	2, 856, 010			0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	773, 932	102, 074	671, 858	0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 158, 062	65, 923	11, 092, 139	0	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	20, 532, 401		20, 360, 399	0	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	17, 262, 454	134, 209	17, 128, 245	0	0	73. 00
74. 00   07400   RENAL DI ALYSI S	0	C	0	0	0	74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0	C	0	0	0	75. 00
76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS	407.0(1	4/ 045	0	0	0	76.00
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	407, 861	46, 945	360, 916	0	0	76. 97
88. 00   08800   RURAL HEALTH CLINIC	1 0			0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	89. 00
90. 00   09000   CLINI C	0	ĺ	ol ol	0	l o	90.00
91. 00 09100 EMERGENCY	8, 858, 261	915, 399	7, 942, 862	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 017, 554	270, 614	2, 746, 940	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS	_					
94.00 09400 HOME PROGRAM DIALYSIS	0	C	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	0	C	0	0	0	95. 00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED	0	C	0	0	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97. 00
99. 00   09900   CMHC 99. 10   09910   CORF	0			0	0	99. 00
99.10   09910   CORF 100.00   10000   1 &R SERVICES-NOT APPRVD PRGM	0			0	-	99. 10 100. 00
101. 00 10100 HOME HEALTH AGENCY				0		100.00
SPECIAL PURPOSE COST CENTERS			,			101.00
105. 00 10500 KIDNEY ACQUISITION	1 0		0	0	0	105. 00
106. 00 10600 HEART ACQUISITION	0	C	o	0		106. 00
107.00 10700 LIVER ACQUISITION	0	C	0	0	0	107. 00
108.00 10800 LUNG ACQUISITION	0	C	o	0	0	108. 00
109.00 10900 PANCREAS ACQUISITION	0	C	0	0		109. 00
110.00 11000 INTESTINAL ACQUISITION	0	C	0	0		110. 00
111.00 11100 I SLET ACQUI SI TI ON	0	C	0	0	0	111. 00
113. 00 11300   INTEREST EXPENSE						113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF			,	^		114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)				0		115.00
116.00 11600 HOSPICE 200.00  Subtotal (sum of lines 50 thru 199)	139, 191, 878	12 720 174	126, 471, 704	0		116. 00 200. 00
200.00 Subtotal (sum of Tries 50 thru 199) 201.00 Less Observation Beds	3, 017, 554			0		200.00
202.00 Total (line 200 minus line 201)	136, 174, 324			0		202.00
1.222. ( 200 1.00 201)	1,, 521	,, 500		O	'	

| Peri od: | Worksheet C | From 09/01/2012 | To 08/31/2013 | Date/Time Prepared: 1/31/2014 9:35 am Provi der CCN: 180104 REDUCTIONS FOR MEDICALD ONLY

					1/31/2014 9: 3	35 am
	1		le XIX	Hospi tal	Tefra	
Cost Center Description	Cost Net of	Total Charges				
	Capital and		Cost to Charge			
	Operating Cost	Part I, column	Ratio (col. 6			
	Reduction	8)	/ col . 7)			
	6. 00	7. 00	8. 00			
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	22, 692, 491	147, 486, 539	0. 153861			50.00
51.00 05100 RECOVERY ROOM	2, 591, 809					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3, 329, 240					52. 00
53. 00   05300   ANESTHESI OLOGY	0,027,210	1,000,017	0. 000000			53. 00
+ I	12 711 011	40 200 042				
+ I	12, 711, 911	48, 389, 863				54. 00
55. 00   05500   RADI OLOGY-THERAPEUTI C	3, 918, 478		•			55. 00
56. 00   05600   RADI 01 SOTOPE	0	0				56. 00
57. 00   05700   CT   SCAN	1, 673, 320					57. 00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	780, 157	21, 039, 026	0. 037081			58. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	4, 168, 702	48, 028, 373	0. 086797			59. 00
60. 00   06000   LABORATORY	11, 195, 440	22, 892, 667	0. 489040			60.00
60. 01 06001 PATHOLOGY	1, 818, 569					60. 01
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	1,010,007	1,000,771	1			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS			0. 000000			62. 00
	2 707 207	F F1/ 001				1
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	2, 787, 307	5, 516, 081				63. 00
64. 00   06400   I NTRAVENOUS THERAPY	0	0	0. 000000			64. 00
65. 00  06500 RESPIRATORY THERAPY	2, 828, 630	7, 371, 906				65. 00
66. 00  06600  PHYSI CAL THERAPY	2, 729, 702	6, 917, 373	0. 394615			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	552, 381	1, 274, 824	0. 433300			67. 00
68. 00 06800 SPEECH PATHOLOGY	547, 206	1, 692, 447	0. 323322			68. 00
69. 00 06900 ELECTROCARDI OLOGY	2, 856, 010					69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	773, 932					70.00
• • • • • • • • • • • • • • • • • • •						
	11, 158, 062					71.00
72. 00 O7200 I MPL. DEV. CHARGED TO PATIENT	20, 532, 401	67, 894, 684				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	17, 262, 454	62, 959, 486				73. 00
74.00  07400   RENAL DI ALYSI S	0	0	0.000000			74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000			75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000			76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	407, 861	531, 151	0. 767881			76. 97
OUTPATIENT SERVICE COST CENTERS	<u>'</u>		•			1
88. 00 08800 RURAL HEALTH CLINIC	0	0	0.000000			88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1	1			89. 00
90. 00   09000   CLI NI C	0		0. 000000			90.00
91. 00   09100   EMERGENCY	8, 858, 261	52, 507, 931				91.00
1						
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 017, 554	10, 988, 456	0. 274611			92. 00
OTHER REIMBURSABLE COST CENTERS		ı .				4
94.00 09400 HOME PROGRAM DI ALYSIS	0	-				94. 00
95. 00 09500 AMBULANCE SERVICES	0	0	0.000000			95. 00
96. 00  09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96. 00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97. 00
99. 00 09900 CMHC	0	0	0.000000			99. 00
99. 10   09910   CORF	0		0.000000			99. 10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		l			100.00
101. 00 10100 HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS			0.000000			1101.00
			0.000000			105 00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	-				105. 00
106. 00 10600 HEART ACQUI SI TI ON	0	1				106. 00
107. 00 10700 LIVER ACQUISITION	0	0				107. 00
108.00 10800 LUNG ACQUISITION	0	0				108. 00
109. 00 10900 PANCREAS ACQUISITION	0	0	0.000000			109. 00
110.00 11000 INTESTINAL ACQUISITION	0	0	0. 000000			110.00
111.00 11100 I SLET ACQUISITION	0	0	0. 000000			111. 00
113. 00 11300   NTEREST EXPENSE	1	]				113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF						114. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )			0. 000000			115. 00
116. 00 11600 HOSPI CE	100 101 5=5	740 4//	0.000000			116. 00
200.00 Subtotal (sum of lines 50 thru 199)	139, 191, 878		]			200. 00
201.00 Less Observation Beds	3, 017, 554		ן			201. 00
202.00   Total (line 200 minus line 201)	136, 174, 324	710, 166, 491				202. 00

Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	BAPTIST HEAL COSTS	Provi der		Period: From 09/01/2012 To 08/31/2013	Date/Time Pre 1/31/2014 9:3	pared:
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col 2)		Per Diem (col. 3 / col. 4)	
	1.00	2, 00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				1		
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 32.00 CORONARY CARE UNIT 33.00 BURN INTENSIVE CARE UNIT 34.00 SUBFROVIDER - IPF 41.00 SUBPROVIDER - IRF 42.00 SUBPROVIDER 43.00 NURSERY 44.00 SKILLED NURSING FACILITY NURSING FACILITY 200.00 Total (lines 30-199) Cost Center Description	3, 843, 226 460, 182 418, 330 0 0 0 20 225, 407 289, 323 0 5, 236, 468 Inpati ent Program days	Inpatient Program Capital Cost (col. 5 x col.	460, 18 418, 33 225, 40 289, 32	2 4, 142 0 3, 500 0 0 0 0 0 0 0 0 0 7 5, 282 3 5, 857 0 0	111. 10 119. 52 0. 00 0. 00 0. 00 0. 00 0. 00 42. 67 49. 40 0. 00	31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS  30.00 ADULTS & PEDIATRICS  31.00 INTENSIVE CARE UNIT  32.00 CORONARY CARE UNIT  33.00 BURN INTENSIVE CARE UNIT  34.00 SURGICAL INTENSIVE CARE UNIT  40.00 SUBPROVIDER - IPF  41.00 SUBPROVIDER - IRF  42.00 SUBPROVIDER  43.00 NURSERY  44.00 SKILLED NURSING FACILITY  NURSING FACILITY  200.00 Total (lines 30-199)	23, 555 2, 371 2, 150 0 0 0 0 0 0 4, 705 0 32, 781	263, 418 256, 968 0 0 0 0 0 0 0 232, 427				30. 00 31. 00 32. 00 33. 00 34. 00 40. 00 41. 00 42. 00 43. 00 44. 00 45. 00 200. 00

Health Financial Systems	BAPTIST HEAL	TH PADUCAH		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der		Peri od:	Worksheet D	
				From 09/01/2012	Part II	narad.
				To 08/31/2013	Date/Time Pre 1/31/2014 9:3	pareu: 5 am
		Ti t	le XVIII	Hospi tal	PPS	<u> </u>
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C	, to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.		. Charges	column 4)	
	Part II, col.	8)	2)			
	26)			4.00		
ANCILL ADV. SEDVICE COST CENTERS	1. 00	2. 00	3.00	4. 00	5. 00	
ANCI LLARY SERVI CE COST CENTERS  50. 00 05000 0PERATI NG ROOM	4, 038, 469	147, 486, 53	9 0. 02738	2 31, 549, 362	863, 885	50.00
51. 00   05100   RECOVERY   ROOM	98, 932	15, 938, 89			19, 502	
52. 00   05200   DELIVERY ROOM & LABOR ROOM	189, 163	4, 533, 84	1		564	1
53. 00   05300   ANESTHESI OLOGY	107, 103	4, 555, 64	0.00000	· ·	0	53.00
54. 00   05400   RADI OLOGY	2, 334, 602	48, 389, 86	1		_	
55. 00 05500 RADI OLOGY-THERAPEUTI C	960, 115	35, 389, 76			33, 075	
56. 00   05600   RADI OI SOTOPE	0		0.00000		0	56.00
57. 00  05700  CT  SCAN	288, 139	86, 010, 34			42, 432	
58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)	81, 259	21, 039, 02			9, 110	
59. 00   05900   CARDI AC CATHETERI ZATI ON	764, 934	48, 028, 37	1		194, 211	1
60. 00   06000   LABORATORY	1, 066, 386	22, 892, 66			253, 880	
60. 01   06001   PATHOLOGY	161, 264	4, 656, 99			20, 807	60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		,				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0. 00000	0 0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	58, 154	5, 516, 08			29, 434	
64. 00 06400 I NTRAVENOUS THERAPY	0		0. 00000	0 0	0	64. 00
65. 00 06500 RESPIRATORY THERAPY	229, 783	7, 371, 90	6 0. 03117	0 3, 825, 456	119, 239	65. 00
66. 00   06600   PHYSI CAL THERAPY	163, 991	6, 917, 37		7 2, 130, 563	50, 509	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	6, 726	1, 274, 82	4 0. 00527	6 347, 660	1, 834	67. 00
68. 00 06800 SPEECH PATHOLOGY	13, 880	1, 692, 44	7 0. 00820	1 670, 475	5, 499	68. 00
69. 00 06900 ELECTROCARDI OLOGY	557, 211	33, 742, 18	7 0. 01651	4 6, 708, 228	110, 780	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	102, 074	5, 537, 19			13, 847	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65, 923	18, 866, 45				
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	172, 002	67, 894, 68			45, 396	
73.00 07300 DRUGS CHARGED TO PATIENTS	134, 209	62, 959, 48			35, 434	
74. 00   07400   RENAL DI ALYSI S	0		0. 00000		0	74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0		0. 00000		0	75. 00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0.00000		0	76. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	46, 945	531, 15	0. 08838	4 0	0	76. 97
OUTPATIENT SERVICE COST CENTERS	1		al a aaaaa	ما م		
88. 00   08800   RURAL HEALTH CLINIC	0	'	0.00000		0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0.00000		0	89. 00
90. 00   09000   CLI NI C	0	F2 F07 02	0.00000		122 (57	90.00
91. 00 09100 EMERGENCY	915, 399	52, 507, 93				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	270, 614	10, 988, 45	6 0. 02462	7 63, 483	1, 563	92.00
94. 00 09400 HOME PROGRAM DIALYSIS	1 0		0.00000	0	0	94.00
95. 00   09500   AMBULANCE SERVICES		'	0.00000		0	95.00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED	0		0. 00000		0	96.00
97. 00   09700   DURABLE MEDICAL EQUIP-RENTED			0.00000		0	96.00
200.00 Total (lines 50-199)	12, 720, 174	710, 166, 49	1	141, 210, 897	_	
255.55	12,720,174	1 10, 100, 47	11	171, 210, 077	2, 2, 1, 032	1200.00

Heal th	Fi nanci al	Systems			BAPTIST HEALTH PADUCAH In Lieu of Form						2552-10
APPORT	IONMENT OF	INPATIENT R	OUTINE SERVICE	OTHER PAS	SS THROUGH COS	TS	Provi der		Period: From 09/01/2012 Fo 08/31/2013	Worksheet D Part III Date/Time Pre 1/31/2014 9:3	pared: 5 am
						Ti tl	e XVIII	Hospi tal	PPS		
	Cost	Center Desc	ri pti on	ı	Nursing School	Alli	ed Health	All Other	Swi ng-Bed	Total Costs	
							Cost	Medi cal	Adjustment	(sum of cols.	
								Education Cos	t Amount (see	1 through 3,	
									instructions)	minus col. 4)	
					1. 00		2. 00	3. 00	4. 00	5. 00	
	I NPATI ENT	ROUTINE SERV	/ICE COST CENTE	RS							
30.00	03000 ADUL	TS & PEDLATR	RLCS		(		0		0	0	30.00
	landon Luze	NOUNE OARE II		1		J		1	- l		04.00

		0001	Education Cost	Amount (see	1 through 3,	
					minus col. 4)	
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	0	C	0	30.00
31. 00 03100 INTENSIVE CARE UNIT	ol	0	0		0	31.00
32. 00 03200 CORONARY CARE UNIT	ol	0	0		0	32. 00
33.00 03300 BURN INTENSIVE CARE UNIT	o	0	0		0	33. 00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	o	0	0		0	34.00
40. 00   04000   SUBPROVI DER - 1 PF	o	0	0	C	0	40. 00
41. 00   04100   SUBPROVI DER - I RF	o	0	0	C	0	41.00
42. 00   04200   SUBPROVI DER	o	0	0	C	0	42.00
43. 00   04300 NURSERY	o	0	0		0	43.00
44.00 04400 SKILLED NURSING FACILITY	o	0	0		0	44. 00
45.00 04500 NURSING FACILITY	o	0	0		0	45. 00
200.00 Total (lines 30-199)	o	0	0		0	200. 00
Cost Center Description	Total Patient	Per Diem (col.	I npati ent	I npati ent		
	Days	5 ÷ col. 6)	Program Days	Program		
				Pass-Through		
				Cost (col. 7 x		
				col . 8)		
	6. 00	7. 00	8. 00	9. 00		
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00   03000   ADULTS & PEDI ATRI CS	48, 599	0. 00	·			30. 00
31.00 03100 INTENSIVE CARE UNIT	4, 142	0. 00	·			31. 00
32. 00 03200 CORONARY CARE UNIT	3, 500	0. 00	·	C		32. 00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0. 00		C		33. 00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0. 00		C		34. 00
40. 00   04000   SUBPROVI DER - I PF	0	0. 00		C		40. 00
41. 00   04100   SUBPROVI DER - I RF	0	0. 00	0	C		41. 00
42. 00   04200   SUBPROVI DER	0	0. 00	0	C		42. 00
43. 00   04300   NURSERY	5, 282	0. 00		C		43. 00
44.00   04400   SKILLED NURSING FACILITY	5, 857	0. 00	4, 705	C		44. 00
45.00 04500 NURSING FACILITY	0	0. 00	0	C		45. 00
200.00 Total (lines 30-199)	67, 380		32, 781	C		200. 00

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104		Worksheet D
THROUGH COSTS			From 09/01/2012	Part IV

From 09/01/2012 | Part IV | To 08/31/2013 | Date/Time Prepared: 1/31/2014 9:35 am | Hospital | PPS THROUGH COSTS Title XVIII

				e XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Allied Health	All Other	Total Cost	
		Anestheti st			Medi cal	(sum of col 1	
		Cost			Education Cost	through col.	
						4)	
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS					•	
50.00	05000 OPERATI NG ROOM	C	0	) 0	0	0	50.00
51. 00	05100 RECOVERY ROOM	C			0	0	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM				0	0	
53. 00	05300 ANESTHESI OLOGY					0	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C					0	
55. 00	05500 RADI OLOGY-THERAPEUTI C					0	
56. 00						0	
	O5600  RADI OI SOTOPE				0	1	
57. 00	05700 CT SCAN				0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)				0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	C	1		0	0	
60. 00	06000 LABORATORY	C	0	0	0	0	60. 00
60. 01	06001 PATHOLOGY	C	0	)  C	0	0	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61. 00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	C	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	C	0	0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	C	0	) c	0	0	64. 00
65.00	06500 RESPI RATORY THERAPY	C	0		0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	C	0		0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	C			0	0	1
68. 00	06800 SPEECH PATHOLOGY	C			0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY				0	0	69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					0	1
72.00	07200 I MPL. DEV. CHARGED TO PATIENT					0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS					0	1
	07400 RENAL DIALYSIS					0	1
						1	
	07500 ASC (NON-DISTINCT PART)				0	0	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0	1	0	0	
76. 97	07697 CARDI AC REHABI LI TATI ON		0	) C	U U	0	76. 97
00.00	OUTPATIENT SERVICE COST CENTERS	1		J			00 00
88. 00	08800 RURAL HEALTH CLINIC	C	0	O	0	0	
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	C	0	0	0	0	
90. 00	09000 CLI NI C	C	0	0	0	0	90. 00
91. 00	09100 EMERGENCY	C	0	0	0	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	C	0	) C	0	0	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	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	) C	0	0	96. 00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	) C	0	0	97. 00
200.00	Total (lines 50-199)	C	0	0	0	0	200. 00
		•		•	•		-

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104	Peri od:	Worksheet D

From 09/01/2012 | Part IV To 08/31/2013 | Date/Time Prepared: THROUGH COSTS 1/31/2014 9:35 am Title XVIII Hospi tal PPS Total Charges Ratio of Cost Cost Center Description Total Outpati ent I npati ent (from Wkst. C, to Charges Program Outpati ent Ratio of Cost Cost (sum of to Charges Part I, col.  $(col. 5 \div col.$ Charges 7) col. 2, 3 and 8)  $(col. 6 \div col$ 4) 7) 6.00 7.00 8.00 9.00 10.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.000000 0.000000 31, 549, 362 50.00 147, 486, 539 0 51.00 05100 RECOVERY ROOM 15, 938, 898 0.000000 0.000000 3, 141, 924 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 0.000000 52.00 00000000 4, 533, 849 13, 518 52.00 05300 ANESTHESI OLOGY 0.000000 0.000000 53.00 53.00 05400 RADI OLOGY-DI AGNOSTI C 48, 389, 863 0.000000 0.000000 5, 421, 666 54.00 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 35, 389, 762 0.000000 0.000000 1, 219, 143 55.00 56.00 05600 RADI OI SOTOPE 0.000000 0.000000 56.00 05700 CT SCAN 86, 010, 346 0.000000 0.000000 57 00 12, 666, 334 57 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 21, 039, 026 0.000000 0.000000 2, 358, 946 58.00 59.00 05900 CARDIAC CATHETERIZATION 48, 028, 373 0.000000 0.000000 12, 193, 835 59.00 0 5, 450, 170 60.00 06000 LABORATORY 22, 892, 667 0.000000 0.000000 60.00 06001 PATHOLOGY 0.000000 60 01 4, 656, 991 0.000000 600.872 60 01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 62.00 0.000000 0.000000 62.00 000000000000 2, 791, 808 06300 BLOOD STORING, PROCESSING & TRANS. 63 00 5, 516, 081 0.000000 0.000000 63 00 64.00 06400 I NTRAVENOUS THERAPY 0.000000 0.000000 Λ 64.00 06500 RESPIRATORY THERAPY 7, 371, 906 0.000000 0.000000 3, 825, 456 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 6, 917, 373 0.000000 0.000000 2, 130, 563 66.00 06700 OCCUPATIONAL THERAPY 1, 274, 824 0.000000 0.000000 347, 660 67 00 67 00 68.00 06800 SPEECH PATHOLOGY 1, 692, 447 0.000000 0.000000 670, 475 68.00 06900 ELECTROCARDI OLOGY 33, 742, 187 0.000000 0.000000 6, 708, 228 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 5, 537, 196 0.000000 0.000000 751, 156 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 0.000000 7, 097, 768 71 00 18, 866, 455 71 00 72.00 07200 I MPL. DEV. CHARGED TO PATIENT 67, 894, 684 0.000000 0.000000 17, 921, 840 72.00 07300 DRUGS CHARGED TO PATIENTS 62, 959, 486 0.000000 0.000000 16, 620, 230 73.00 73.00 0 07400 RENAL DIALYSIS 0.000000 74.00 0.000000 74.00 07500 ASC (NON-DISTINCT PART) 75.00 0.000000 0.000000 0 75.00 76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0.000000 0.000000 0 76.00 07697 CARDIAC REHABILITATION 76.97 531, 151 0.000000 0.000000 0 76.97 OUTPATIENT SERVICE COST CENTERS 0 0.000000 88.00 08800 RURAL HEALTH CLINIC 0 0.000000 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0.000000 0.000000 89.00 89.00 0 90.00 09000 CLI NI C 0.000000 0.000000 0 90.00 0 09100 EMERGENCY 52, 507, 931 7, 666, 460 91.00 0.000000 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 10, 988, 456 0.000000 0.000000 63, 483 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0.000000 94.00 95.00 09500 AMBULANCE SERVICES 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0.000000 0.000000 96.00 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0.000000 0.000000 97.00 0 Total (lines 50-199) 200.00 141, 210, 897 200. 00 710, 166, 491

 
 Heal th Financial
 Systems
 BAPTIST HEALTH

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 BAPTIST HEALTH PADUCAH Provi der CCN: 180104

THROUGH COSTS

						1/31/2014 9: 3	5 am
				e XVIII	Hospi tal	PPS	
	Cost Center Description	Inpatient	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Through	۱		
		Costs (col. 8	ŭ	Costs (col.	9		
		x col. 10)		x col. 12)			
		11.00	12. 00	13.00			
	ANCILLARY SERVICE COST CENTERS	11100	12.00	10.00			
50. 00	05000 OPERATI NG ROOM		22, 824, 156	I	0		50.00
51. 00	05100 RECOVERY ROOM		2, 572, 578		o		51.00
	I I	0			0		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3, 152		-		52.00
53. 00	05300 ANESTHESI OLOGY	0	0		0		53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	11, 490, 527	1	0		54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	17, 693, 373		0		55. 00
56.00	05600 RADI OI SOTOPE	0	0	1	0		56. 00
57.00	05700 CT SCAN	0	21, 082, 329	1	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5, 387, 456		0		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	o	13, 741, 112		0		59. 00
60.00	06000 LABORATORY	0	8, 556		0		60.00
60. 01	06001 PATHOLOGY		1, 063, 418		0		60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	J	1,000,110	Ï			61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0		62. 00
		0	ŭ		0		1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	258, 814		-		63. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	0	1	0		64. 00
65. 00	06500 RESPI RATORY THERAPY	0	346, 253	1	0		65. 00
66. 00	06600 PHYSI CAL THERAPY	0	90	1	0		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	)	0		67. 00
68.00	06800 SPEECH PATHOLOGY	0	0		0		68. 00
69.00	06900 ELECTROCARDI OLOGY	0	8, 879, 597	1	0		69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	o	1, 302, 021		0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	o	4, 738, 700		0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7, 867, 160	)	0		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS		14, 228, 707		0		73. 00
74. 00	07400 RENAL DIALYSIS		11, 220, 707		o		74. 00
75. 00	07500 ASC (NON-DISTINCT PART)		0		0		75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0		o		76.00
76. 97	07697 CARDIAC REHABILITATION		100 040		0		76. 97
76. 97		l d	198, 048	1	U		76.97
00.00	OUTPATIENT SERVICE COST CENTERS			ı			00.00
88. 00	08800 RURAL HEALTH CLINIC	0	0	l .	0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	1	0		89. 00
90.00	09000 CLI NI C	0	0	1	0		90. 00
91. 00	09100 EMERGENCY	0	9, 961, 118		0		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3, 985, 308		0		92. 00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0		0		94. 00
95.00	09500 AMBULANCE SERVICES						95. 00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED		0	,	0		96. 00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD	ا	n	,	O		97. 00
200.00	1 1		147, 632, 473		o		200.00
200.00	110001 (11103 00 177)	١	171,002,410	Т	9		1200.00

APPORTI (	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provi der CCN: 180104 Peri od:			
					From 09/01/2012 To 08/31/2013	Part V Date/Time Pre	narod:
					10 00/31/2013	1/31/2014 9:3	6 am
			Ti tl	e XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
				(see inst.)	(see inst.)		
-	NOLLI ARV OFRIGOR COOT OFFITERS	1.00	2.00	3. 00	4. 00	5. 00	
	NCILLARY SERVICE COST CENTERS	0.1520/1	22 024 154	1		2 511 747	FO 00
	05000 OPERATING ROOM	0. 153861			0	3, 511, 747	50.00
	05100 RECOVERY ROOM	0. 162609			0	418, 324	51.00
	D5200 DELIVERY ROOM & LABOR ROOM	0. 734308		1	0	2, 315	
	05300 ANESTHESI OLOGY	0. 000000			0	0	53.00
	05400 RADI OLOGY-DI AGNOSTI C	0. 262698			0	3, 018, 538	54.00
	05500 RADI OLOGY-THERAPEUTI C	0. 110723		•	0	1, 959, 063	55. 00
1	05600 RADI OI SOTOPE	0. 000000			0	0	56. 00
1	D5700 CT SCAN	0. 019455			0	410, 157	57. 00
	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 037081	5, 387, 456	•	0	199, 772	58. 00
	05900 CARDI AC CATHETERI ZATI ON	0. 086797			0	1, 192, 687	59. 00
	06000 LABORATORY	0. 489040		•	0	4, 184	60.00
	06001 PATHOLOGY	0. 390503		•	0	415, 268	
	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000		1	0		61. 00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000			0	0	62.00
	06300 BLOOD STORING, PROCESSING & TRANS.	0. 505306		1	0	130, 780	63. 00
	06400 I NTRAVENOUS THERAPY	0. 000000			0	0	64. 00
	06500 RESPI RATORY THERAPY	0. 383704		1	0	132, 859	65. 00
	06600 PHYSI CAL THERAPY	0. 394615	ł .	1	0	36	66. 00
	06700 OCCUPATI ONAL THERAPY	0. 433300	0	•	0	0	67. 00
	06800 SPEECH PATHOLOGY	0. 323322	0		0	0	68. 00
	06900 ELECTROCARDI OLOGY	0. 084642		•	0 0	751, 587	69. 00
1	07000 ELECTROENCEPHALOGRAPHY	0. 139770			0	181, 983	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 591423			0 0	2, 802, 576	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENT	0. 302415			0	2, 379, 147	72. 00
	07300 DRUGS CHARGED TO PATIENTS	0. 274184		46, 82		3, 901, 284	73. 00
	07400 RENAL DI ALYSI S	0. 000000		1	٥	0	74. 00
	07500 ASC (NON-DISTINCT PART)	0. 000000			0	0	75. 00
	03950 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000			0	0	76. 00
76. 97 C	07697 CARDIAC REHABILITATION	0. 767881	198, 048		0 0	152, 077	76. 97
	OUTPATIENT SERVICE COST CENTERS		1	1			
	08800 RURAL HEALTH CLINIC	0. 000000				0	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	89. 00
	09000 CLI NI C	0. 000000			0 0	0	90. 00
	09100 EMERGENCY	0. 168703			0	1, 680, 470	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 274611	3, 985, 308		0	1, 094, 409	92. 00
	THER REIMBURSABLE COST CENTERS		1	1			
	19400 HOME PROGRAM DIALYSIS	0. 000000		•	O		94. 00
	09500 AMBULANCE SERVICES	0. 000000		1	O		95. 00
	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000			0	0	
	09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000			0	0	97. 00
200.00	Subtotal (see instructions)		147, 632, 473	1		24, 339, 263	
201. 00	Less PBP Clinic Lab. Services-Program				0		201. 00
202.00	Only Charges (Line 200 / Line 201)		147 (22 472	44 00	0	24 220 272	202 00
202. 00	Net Charges (line 200 +/- line 201)	I	147, 632, 473	46, 82		24, 339, 263	1202. UU

 
 Heal th Financial
 Systems
 BAPTIST HEAD

 APPORTIONMENT OF
 MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 BAPTIST HEALTH PADUCAH

| Period: | Worksheet D | From 09/01/2012 | Part V | Date/Time Prepared: | 1/31/2014 9:36 am Provi der CCN: 180104

							1/31/2014 9: 3	86 am
				Ti tl	e XVIII	Hospi tal	PPS	
			Cos	its				
		Cost Center Description	Cost	Cost				
		,	Rei mbursed	Rei mbursed				
			Servi ces	Services Not				
			Subject To	Subject To				
				Ded. & Coins.				
			(see inst.)	(see inst.)				
			6.00	7. 00				
	ANCLL	LARY SERVICE COST CENTERS	0.00	7.00	1			
50. 00		OPERATING ROOM	0	(	1			50.00
51. 00		RECOVERY ROOM		C	1			51.00
52. 00		DELIVERY ROOM & LABOR ROOM		(				52.00
53. 00		ANESTHESI OLOGY	0	(	1			53. 00
54. 00			0	(	1			54.00
		RADI OLOGY - DI AGNOSTI C	0	-	1			
55. 00		RADI OLOGY-THERAPEUTI C	0	C	1			55. 00
56. 00	1	RADI OI SOTOPE	0	C	1			56. 00
57. 00	1	CT SCAN	0	C	1			57. 00
58. 00		MAGNETIC RESONANCE IMAGING (MRI)	0	C				58. 00
59. 00		CARDI AC CATHETERI ZATI ON	0	C	1			59. 00
60.00		LABORATORY	0	C	1			60.00
60. 01		PATHOLOGY	0	C	)			60. 01
61. 00		PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61. 00
62. 00	1	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	C	1			62. 00
63. 00		BLOOD STORING, PROCESSING & TRANS.	0	C	1			63. 00
64. 00		INTRAVENOUS THERAPY	0	C	1			64. 00
65.00		RESPI RATORY THERAPY	0	C	1			65. 00
66. 00		PHYSI CAL THERAPY	0	C	)			66. 00
67. 00		OCCUPATI ONAL THERAPY	0	C	1			67. 00
68. 00		SPEECH PATHOLOGY	0	C				68. 00
69. 00	06900	ELECTROCARDI OLOGY	0	C	)			69. 00
70. 00	1	ELECTROENCEPHALOGRAPHY	0	C	1			70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C				71. 00
72.00		IMPL. DEV. CHARGED TO PATIENT	0	C	)			72. 00
73.00	07300	DRUGS CHARGED TO PATIENTS	12, 837	C	)			73. 00
74.00	07400	RENAL DIALYSIS	0	C	)			74.00
75.00		ASC (NON-DISTINCT PART)	0	C	)			75. 00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	C				76. 00
76. 97	07697	CARDIAC REHABILITATION	0	C	)			76. 97
	OUTPA <sup>*</sup>	TIENT SERVICE COST CENTERS						
88. 00	08800	RURAL HEALTH CLINIC	0	C				88. 00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	C				89. 00
90.00	09000	CLINIC	0	C				90. 00
91.00	09100	EMERGENCY	o	C				91. 00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	o	C				92. 00
		REIMBURSABLE COST CENTERS	'		<u>'</u>			1
94.00		HOME PROGRAM DIALYSIS	0	C				94. 00
95.00	1	AMBULANCE SERVICES	0					95. 00
96. 00		DURABLE MEDICAL EQUIP-RENTED	l	C	ol			96. 00
97. 00	1	DURABLE MEDICAL EQUIP-SOLD	l	C	1			97. 00
200.00		Subtotal (see instructions)	12, 837	C				200. 00
201.00	1	Less PBP Clinic Lab. Services-Program	0					201. 00
		Only Charges						
202.00		Net Charges (line 200 +/- line 201)	12, 837	C				202. 00
					1			•

Health Financial Systems	BAPTI ST HEALTH PA	ADUCAH	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104	Peri od: From 09/01/2012	Worksheet D Part IV
Timodelli edere		Component CCN: 185416	To 08/31/2013	Date/Time Prepared: 1/31/2014 9:35 am
		Title XVIII	Skilled Nursing	PPS

			Ti tl	e XVIII	Skilled Nursing	PPS	
	Cost Center Description	Non Physician	Nursing School	Allied Health	Facility  All Other	Total Cost	
	cost center beserretron	Anesthetist	Nul 31 lig 3chool	Airred fiedi ti	Medi cal	(sum of col 1	
		Cost			Education Cost	l ,	
		0031			Ludcati on cost	4)	
		1.00	2. 00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00	05300 ANESTHESI OLOGY	0	0		0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	o	0		0 0	0	55. 00
56.00	05600 RADI OI SOTOPE	o	0		0 0	0	56. 00
57.00	05700 CT SCAN	ol	0		0 0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	ol	0		0 0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59. 00
60.00	06000 LABORATORY	أم	0		0	0	60.00
60. 01	06001 PATHOLOGY	0	0		0	0	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					Ĭ	61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		0			ĺ	63. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	0			Ö	64. 00
65. 00	06500 RESPIRATORY THERAPY	0	0			Ö	65. 00
66. 00	06600 PHYSI CAL THERAPY		0			0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY		0			0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0			0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0		0 0		69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	1		0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0		71.00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			0	71.00
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0		
74.00		0	0		0		73.00
	07400 RENAL DIALYSIS	0	0		0	ľ	74.00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0		0	0	75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	l .	0	0	76. 00
76. 97	07697 CARDI AC REHABILITATION	l o	0		0 0	0	76. 97
00 00	OUTPATIENT SERVICE COST CENTERS		0	1		0	00 00
88. 00	08800 RURAL HEALTH CLINIC	0	0		0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89. 00
90.00	09000 CLI NI C	0	0		0	0	90.00
91.00	09100 EMERGENCY	0	0		0	0	91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 0	0	92. 00
04.00	OTHER REIMBURSABLE COST CENTERS		^			0	04.00
94. 00	09400 HOME PROGRAM DI ALYSI S	ا	0		0		94. 00
95. 00	09500 AMBULANCE SERVICES		_			_	95. 00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0	0	96. 00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		0	0	97. 00
200.00	Total (lines 50-199)	0	0	I	0	1 0	200. 00

Health Financial Systems		TH PADUCAH	- CON 100104		eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PAS	S Provide	er CCN: 180104	Peri od: From 09/01/2012	Worksheet D Part IV	
THROUGH COSTS		Compone	ent CCN: 185416	To 08/31/2013		pared: 5 am
		Ti	tle XVIII	Skilled Nursing	PPS	
Cost Center Description	Total	Total Charge	es Ratio of Cos	Facility outpatient	Inpati ent	
cost center bescription	Outpati ent	(from Wkst.			Program	
	Cost (sum of	Part I, col			Charges	
	col . 2, 3 and	8)	7)	(col . 6 ÷ col .	01.a. goo	
	4)	,	,	7)		
	6. 00	7. 00	8. 00	9. 00	10.00	
ANCILLARY SERVICE COST CENTERS						
50. 00   05000 OPERATING ROOM	0				•	
51. 00   05100   RECOVERY   ROOM	0					
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	.,, -				
53. 00 05300 ANESTHESI OLOGY	0	•	0.0000			
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0					
55. 00   05500   RADI OLOGY-THERAPEUTI C	0					
56. 00   05600   RADI 01 SOTOPE 57. 00   05700   CT   SCAN	0		0.0000		<b>l</b>	
58.00   05700 CT SCAN 58.00   05800   MAGNETIC RESONANCE IMAGING (MRI)	0					
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		1		l .	
60. 00   06000   LABORATORY	0					
60. 01 06001 PATHOLOGY	0	,, -				
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	· ·	1,000,7	7.	0.00000	Ĭ	61. 00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0.0000	0. 000000	0	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5, 516, 0				63.00
64. 00 06400 I NTRAVENOUS THERAPY	0		0.0000	0. 000000	0	64.00
65. 00 06500 RESPIRATORY THERAPY	0	7, 371, 9	0. 0000	0. 000000	0	65.00
66. 00   06600 PHYSI CAL THERAPY	0			0. 000000	1, 258, 987	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	, , , , ,				
68. 00   06800   SPEECH PATHOLOGY	0					
69. 00 06900 ELECTROCARDI OLOGY	0					
70. 00 07000 ELECTROENCEPHALOGRAPHY	0					
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0					1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0	, , .	I		l .	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0					
74.00   07400   RENAL DIALYSIS 75.00   07500   ASC (NON-DISTINCT PART)	0		0.0000		0	
76. 00   03950   OTHER ANCILLARY SERVICE COST CENTERS	0		0.0000		0	
76. 00 03930 OTHER ANCIELARY SERVICE COST CENTERS  76. 97 07697 CARDIAC REHABILITATION	0				0	
OUTPATIENT SERVICE COST CENTERS	0	331, 1	31  0.0000	0.00000	<u> </u>	70. 77
88. 00 08800 RURAL HEALTH CLINIC	0		0.0000	0. 000000	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0.0000		Ö	
90. 00 09000 CLINIC	0		0.0000		0	
91. 00 09100 EMERGENCY	0	52, 507, 9	31 0.0000	0. 000000	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10, 988, 4	56 0.0000	0. 000000	0	92. 00
OTHER REIMBURSABLE COST CENTERS	0		0 0000	0 000000	l 0	04.00
94.00   09400   HOME PROGRAM DIALYSIS 95.00   09500   AMBULANCE SERVICES	0		0.0000	0. 000000	"	94.00
96. 00   09600 DURABLE MEDICAL EQUIP-RENTED	0		0.0000	0. 000000	0	
					•	
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0.0000	0. 000000	l o	97.00

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104 Component CCN: 185416	From 09/01/2012	
		Title XVIII	Skilled Nursing	PPS

		Ti tl	e XVIII	Skilled Nursing	PPS	
Cost Center Description	Inpati ent	Outpati ent	Outpati ent	Facility		
cost center bescription	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8	onar ges	Costs (col.	9		
	x col . 10)		x col. 12)			
	11.00	12. 00	13.00			
ANCILLARY SERVICE COST CENTERS						
50. 00   05000   OPERATI NG   ROOM	0	C		0	5	0.00
51.00   05100   RECOVERY ROOM	0	C		0	5	1. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0	5	2. 00
53. 00 05300 ANESTHESI OLOGY	0	C		0	5	3.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	C		0	5	4.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	C		0	5	5. 00
56. 00   05600   RADI 0I SOTOPE	0	C		0	5	6. 00
57. 00  05700 CT SCAN	0	C		0	5	7. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	C		0	5	8. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0	C		0	5	9. 00
60. 00   06000   LABORATORY	0	C		0	6	0.00
60. 01  06001 PATH0L0GY	0	C		0	6	0. 01
61.00   06100   PBP CLINICAL LAB SERVICES-PRGM ONLY					6	1. 00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	C		0	6	2. 00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C		0	6	3. 00
64.00   06400   I NTRAVENOUS THERAPY	0	C		0	6	4. 00
65. 00 06500 RESPIRATORY THERAPY	0	C		0	6	5. 00
66. 00   06600 PHYSI CAL THERAPY	0	C		0	6	6. 00
67. 00   06700 OCCUPATI ONAL THERAPY	0	C		0	6	7. 00
68. 00   06800   SPEECH PATHOLOGY	0	C		0	6	8. 00
69. 00   06900   ELECTROCARDI OLOGY	0	C		0	6	9. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C		0	7	0. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0	7	1. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	C		0	7	2. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0	7	3.00
74. 00   07400   RENAL DI ALYSI S	0	C		0	7	4. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	C		0	7	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	C		0		6. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	0	C		0	7	6. 97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	C		0	•	38. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C		0		39. 00
90. 00   09000   CLI NI C	0	C		0		0. 00
91. 00   09100   EMERGENCY	0	C		0		91. 00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C	)	0	9	2. 00
OTHER REIMBURSABLE COST CENTERS			.1	_T	_	
94. 00   09400   HOME PROGRAM DI ALYSI S	0	C	ן	0	•	94. 00
95. 00 09500 AMBULANCE SERVI CES					•	95.00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED	0	C		U	•	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	C	2	U		7. 00
200.00   Total (lines 50-199)	0	C	기	0	20	00.00

APPORTI OMMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Health Financial Systems	DADTIST HEAL	TU DADIICAU		In Lie	u of Form CMS	2552 10
Cost Center Description			Provi der	<u> </u>	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part I Date/Time Pre 1/31/2014 9:3	pared:
Related Cost (From Wists. Is, Part II , col. 26)				le XIX			
NPATIENT ROUTINE SERVICE COST CENTERS	Cost Center Description	Related Cost (from Wkst. B, Part II, col.	Swing Bed Adjustment	Capital Related Cost (col. 1 - col.	Days		
INPATIENT ROUTINE SERVICE COST CENTERS   3, 843, 226   0   3, 843, 226   48,599   79, 08   30. 00   30. 00   1NTENSI VE CARE UNIT   460, 182   460, 182   4, 142   111. 10   31. 32. 00   CORONARY CARE UNIT   418, 330   418, 330   3, 500   119, 52   32. 33. 00   120   10   10   10   10   10   10			2.00		4 00	F 00	
30. 00 ADULTS & PEDIATRICS 3, 843, 226 40, 182 460, 182 460, 182 460, 182 460, 182 460, 182 41, 142 111, 10 31, 32. 00 CORONARY CARE UNIT 418, 330 3, 500 BURN INTENSIVE CARE UNIT 418, 330 418, 330 3, 500 119, 52 32, 33. 00 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INDATIONE DOUTING CODY COST CONTE		2.00	3.00	4.00	5.00	
NUMBER   STATE   STA				2 042 22	40 500	70.00	30.00
32.00   CORONARY CARE UNIT			l e		·	l e	
33.00   BURN INTENSIVE CARE UNIT   0   0   0   0   0   0   0   0   0			l e		·	l .	1
34,00   SUBRICAL INTENSIVE CARE UNIT   0   0   0   0   0   0   0   0   0		1		410, 330	· ·		
40. 00   SUBPROVI DER - I PF   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· ·			)		l .	1
11.00   SUBPROVIDER - IRF			_				
42. 00 SUBPROVIDER 43. 00 NURSERY 43. 00 NURSERY 44. 00 SKILLED NURSING FACILITY 45. 00 NURSING FACILITY 46. 00 NURSING FACILITY 46. 00 NURSING FACILITY 47. 00 NURSING FACILITY 48. 00 NURSING FACILITY 48. 00 NURSING FACILITY 49. 00 NURSING FACILITY 49. 00 NURSING FACILITY 40. 00 SUBPROVIDER - IRF 40. 00 NURSING FACILITY 40. 00 SUBPROVIDER - IRF 40. 00 NURSING FACILITY 41. 00 SUBPROVIDER - IRF 42. 00 SUBPROVIDER 43. 00 NURSING FACILITY 44. 00 SKILLED NURSING FACILITY 44. 00 NURSING FACILITY				)		l .	1
43. 00 NURSERY 44. 00 SKILLED NURSING FACILITY 289, 323 289, 323 5, 857 49. 40 44. 45. 00 NURSING FACILITY 200. 00 Total (lines 30-199)  Cost Center Description  Inpatient Program days Capital Cost (col. 5 x col. 6)  ADULTS & PEDIATRICS 30. 00 LINPATIENT ROUTINE SERVICE COST CENTERS 30. 00 ADULTS & PEDIATRICS 31. 00 INTENSIVE CARE UNIT 32. 00 CORONARY CARE UNIT 33. 00 BURN INTENSIVE CARE UNIT 44 5, 259 33. 00 SURGICAL INTENSIVE CARE UNIT 40. 00 SUBPROVIDER - IPF 40. 00 SUBPROVIDER - IFF 40. 00 SUBPROVIDER 41. 00 SUBPROVIDER 42. 00 SUBPROVIDER 43. 00 NURSERY 44. 00 SUBPROVIDER 45. 00 NURSERY 44. 00 SUBPROVIDER 45. 00 NURSERY 44. 00 SUBPROVIDER 45. 00 NURSERY 45. 00 NURSING FACILITY 46. 00 SUBPROVIDER 47. 00 SUBPROVIDER 48. 00 NURSING FACILITY 48. 00 NURSING FACILITY 49. 40. 00 NURSING FACILITY					0	l	1
44.00   SKILLED NURSING FACILITY   289, 323   289, 323   5, 857   49.40   44.    45.00   NURSING FACILITY   0   0   0   0   0.00   45.    45.    45.00   Total (lines 30-199)   5, 236, 468   5, 236, 468   67, 380		225 407	٥	225 40	٥		
NURSING FACILITY		· · · · · · · · · · · · · · · · · · ·	l .				
Total (lines 30-199)   5, 236, 468   5, 236, 468   67, 380   200.			l e	1			
Inpatient			l .		-		200.00
Program days				5, 230, 400	07,300		200.00
Capital Cost (col. 5 x col. 6)   6.00   7.00	cost center bescription						
INPATIENT ROUTINE SERVICE COST CENTERS   6.00   7.00		1 rogram days					
INPATIENT ROUTINE SERVICE COST CENTERS							
INPATIENT ROUTINE SERVICE COST CENTERS							
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   ADULTS & PEDIATRICS   537   42,466   30.   31.00   INTENSIVE CARE UNIT   93   10,332   31.   32.00   CORONARY CARE UNIT   44   5,259   32.   33.00   BURN INTENSIVE CARE UNIT   0   0   0   33.   34.00   SURGICAL INTENSIVE CARE UNIT   0   0   0   34.   40.00   SUBPROVIDER - IPF   0   0   0   40.   41.   42.00   SUBPROVIDER - IRF   0   0   0   41.   42.00   SUBPROVIDER   40.   43.00   NURSERY   43   1,835   43.   44.00   SKILLED NURSING FACILITY   0   0   0   44.   45.00   NURSING FACILITY   0   0   0   45.   4		6, 00		-			
30. 00 ADULTS & PEDIATRICS 537 42, 466 30. 31. 00 INTENSIVE CARE UNIT 93 10, 332 31. 32. 00 CORONARY CARE UNIT 44 5, 259 32. 33. 00 BURN INTENSIVE CARE UNIT 0 0 0 33. 34. 00 SURGICAL INTENSIVE CARE UNIT 0 0 0 40. 40. 00 SUBPROVIDER - IPF 0 0 0 40. 41. 00 SUBPROVIDER - IRF 0 0 0 41. 42. 00 SUBPROVIDER 0 0 0 41. 43. 00 NURSERY 43 1, 835 43. 44. 00 SKILLED NURSING FACILITY 0 0 0 44. 45. 00 NURSING FACILITY 0 0 0 45.	INPATIENT ROUTINE SERVICE COST CENTE						
31. 00   INTENSIVE CARE UNIT   93   10, 332   31.   32. 00   CORONARY CARE UNIT   44   5, 259   32.   33. 00   BURN INTENSIVE CARE UNIT   0   0   0   33.   34. 00   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   0   41.   40. 00   SUBPROVI DER - I PF   0   0   0   41.   42. 00   SUBPROVI DER   IRF   0   0   0   41.   43. 00   NURSERY   43   1, 835   43.   44. 00   SKI LLED NURSING FACILITY   0   0   0   44.   45. 00   NURSING FACILITY   0   0   0   0   45.   45. 00   NURSING FACILITY   0   0   0   0   0   0   0   0   0			42, 466				30.00
33. 00 BURN INTENSIVE CARE UNIT 0 0 0 33. 34. 00 SURGICAL INTENSIVE CARE UNIT 0 0 0 40. 40. 00 SUBPROVI DER - I PF 0 0 0 41. 40. 00 SUBPROVI DER - I RF 0 0 0 41. 42. 00 SUBPROVI DER 0 0 0 42. 43. 00 NURSERY 43 1,835 43. 44. 00 SKI LLED NURSI NG FACILITY 0 0 0 44. 45. 00 NURSI NG FACILITY 0 0 0 45.	31.00 INTENSIVE CARE UNIT	93					31.00
33. 00 BURN INTENSIVE CARE UNIT 0 0 0 33. 34. 00 SURGICAL INTENSIVE CARE UNIT 0 0 0 40. 40. 00 SUBPROVI DER - I PF 0 0 0 41. 41. 00 SUBPROVI DER - I RF 0 0 0 41. 42. 00 SUBPROVI DER 0 0 0 42. 43. 00 NURSERY 43 1,835 43. 44. 00 SKI LLED NURSI NG FACILITY 0 0 0 44. 45. 00 NURSI NG FACILITY 0 0 0 45.		1					32. 00
34. 00 SURGI CAL INTENSIVE CARE UNIT 0 0 0 40. 40. 40. 00 SUBPROVI DER - I PF 0 0 0 41. 00 SUBPROVI DER - I RF 0 0 0 41. 41. 42. 00 SUBPROVI DER 0 0 0 42. 43. 43. 1, 835 43. 44. 00 SKI LLED NURSI NG FACI LI TY 0 0 0 44. 45. 00 NURSI NG FACI LI TY 0 0 0 45.		0	1	1			33.00
41. 00       SUBPROVI DER - I RF       0       0       41.         42. 00       SUBPROVI DER       0       0       42.         43. 00       NURSERY       43       1,835       43.         44. 00       SKI LLED NURSI NG FACI LITY       0       0       44.         45. 00       NURSI NG FACI LITY       0       0       45.	34.00 SURGICAL INTENSIVE CARE UNIT	0	l				34.00
42. 00       SUBPROVI DER       0       0       42.         43. 00       NURSERY       43       1,835       43.         44. 00       SKI LLED NURSI NG FACILITY       0       0       44.         45. 00       NURSI NG FACILITY       0       0       45.	40. 00 SUBPROVI DER - I PF	0	l				40.00
42. 00       SUBPROVI DER       0       0       42.         43. 00       NURSERY       43       1,835       43.         44. 00       SKI LLED NURSI NG FACILITY       0       0       44.         45. 00       NURSI NG FACILITY       0       0       45.		0					41.00
44. 00   SKILLED NURSING FACILITY   0   0   44.   45.   00   NURSING FACILITY   0   0   0   45.   00   0   0   0   0   0   0   0   0	42. 00 SUBPROVI DER	0	0				42.00
44. 00   SKILLED NURSING FACILITY   0   0   44.   45.   00   NURSING FACILITY   0   0   0   45.   00   0   0   0   0   0   0   0   0	43. 00 NURSERY	43	1, 835				43.00
45.00 NURSING FACILITY 0 0 45.		1					44.00
		0					45.00
200. 00  Total (Lines 30-199) 717  59, 892  200.	200.00 Total (lines 30-199)	717	59, 892				200.00

Health Financial Systems	BAPTIST HEAL	TH PADUCAH		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der	CCN: 180104	Peri od:	Worksheet D	
				From 09/01/2012 To 08/31/2013	Part II	narod:
				10 06/31/2013	Date/Time Pre 1/31/2014 9:3	pareu. 5 am
		Ti t	le XIX	Hospi tal	Tefra	
Cost Center Description	Capi tal	Total Charges	Ratio of Cost		Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	· ·	1	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
ANOLLI ADV. CEDVILOE, COCT. CENTEDO	1.00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS  50. 00 05000 OPERATING ROOM	4 020 440	147 404 520	0.02720	2 (7/ 725	10 520	F0 00
	4, 038, 469				18, 530	
51. 00   05100   RECOVERY ROOM 52. 00   05200   DELIVERY ROOM & LABOR ROOM	98, 932				<b>l</b>	1
53. 00   05200   DELI VERY ROOM & LABUR ROOM 53. 00   05300   ANESTHESI OLOGY	189, 163	4, 533, 849	0.04172		1, 411	1
54. 00   05400   RADI OLOGY   54. 00   05400   RADI OLOGY   DI AGNOSTI C	2 224 402	48, 389, 863			20, 061	1
55. 00   05500   RADI OLOGY - DI AGNOSTI C	2, 334, 602		l .			1
	960, 115	35, 389, 762	0.00000		0	56.00
	200 120	04 010 244	1		1	
57.00   05700   CT SCAN 58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	288, 139				l	1
58. 00   05800   MAGNETI C RESONANCE I MAGING (MRI) 59. 00   05900   CARDIAC CATHETERIZATION	81, 259				419 929	1
60. 00   06000   LABORATORY	764, 934					
60. 00   06000   LABORATORY 60. 01   06001   PATHOLOGY	1, 066, 386				21, 007 5, 381	1
61. 00   06100   PATHOLOGY 61. 00   06100   PBP   CLINI CAL   LAB   SERVI CES-PRGM   ONLY	161, 264	4, 656, 991	0. 03462	8 155, 381	5, 381	61. 00
			0. 00000	0	_	
	58, 154	F F14 001	1		0 137	1
63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 64. 00   06400   INTRAVENOUS THERAPY	30, 134	5, 516, 081	0.00000		0	
65. 00   06500   RESPI RATORY   THERAPY	229, 783	7, 371, 906			726	
66. 00   06600   PHYSI CAL THERAPY	163, 991				129	1
67. 00   06700   OCCUPATI ONAL THERAPY	6, 726				<b>l</b>	1
68. 00   06800   SPEECH PATHOLOGY	13, 880				16	
69. 00   06900   SELECT FATHOLOGY	557, 211				1, 410	1
70. 00 07000 ELECTROENCEPHALOGRAPHY	102, 074				59	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65, 923				661	1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	172, 002		1			
73. 00 07300 DRUGS CHARGED TO PATIENTS	134, 209		1			1
74. 00 07400 RENAL DI ALYSI S	101, 207	02, 707, 100	0.00000		0	
75. 00 07500 ASC (NON-DISTINCT PART)	0	0	0. 00000		Ö	1
76. 00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0. 00000			1
76. 97 07697 CARDI AC REHABI LI TATI ON	46, 945	531, 151				
OUTPATIENT SERVICE COST CENTERS				-1		1
88. 00 08800 RURAL HEALTH CLINIC	0	0	0.00000	0 0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0. 00000	0 0	0	89. 00
90. 00  09000 CLI NI C	0	0	0.00000	0 0	0	90.00
91. 00 09100 EMERGENCY	915, 399	52, 507, 931	0. 01743	4 112, 855	1, 968	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	270, 614	10, 988, 456	0. 02462	7 41, 292	1, 017	92.00
OTHER REIMBURSABLE COST CENTERS						1
94. 00 09400 HOME PROGRAM DIALYSIS	0	0	0.00000	0 0	0	94. 00
95. 00 09500 AMBULANCE SERVICES						95. 00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0. 00000	0 0	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.00000	0	0	97. 00
200.00 Total (lines 50-199)	12, 720, 174	710, 166, 491		3, 309, 541	76, 340	200. 00

Heal th F	inancial Systems	BAPTI ST HEAL	TH PADUCAH		In Lie	eu of Form CMS-2	2552-10
APPORTI (	ONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	TS Provi der		Period: From 09/01/2012 To 08/31/2013		pared: 5 am
			Ti ·	tle XIX	Hospi tal	Tefra	
	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cos		Total Costs (sum of cols. 1 through 3,	
		1.00				minus col. 4)	
I	NPATIENT ROUTINE SERVICE COST CENTERS	1.00	2. 00	3.00	4. 00	5. 00	
	3000 ADULTS & PEDIATRICS	0	(	0	0 0	0	30. 00
31.00 0	3100 INTENSIVE CARE UNIT	0		ol (	Ol	l o	31.00

Education Cost   Amount (see instructions)   Intrough 3, minus col . 4)
1.00   2.00   3.00   4.00   5.00   5.00
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   3000   ADULTS & PEDIATRICS   0   0   0   0   0   30.00   31.00   03100   INTENSI VE CARE UNIT   0   0   0   0   0   31.00   32.00   03200   CORONARY CARE UNIT   0   0   0   0   0   32.00   33.00   03300   BURN INTENSI VE CARE UNIT   0   0   0   0   0   33.00   34.00   03400   SURGI CAL INTENSI VE CARE UNIT   0   0   0   0   0   34.00   40.00   04000   SUBPROVI DER - IPF   0   0   0   0   0   0   0   41.00   04100   SUBPROVI DER - IRF   0   0   0   0   0   0   42.00   04200   SUBPROVI DER   IRF   0   0   0   0   0   0   43.00   04300   NURSERY   0   0   0   0   0   44.00   04400   SKILLED NURSING FACILITY   0   0   0   0   0   45.00   04500   NURSING FACILITY   0   0   0   0   0   45.00   04500   NURSING FACILITY   0   0   0   0   50.00   Total (Lines 30-199)   0   0   0   0   50.00   0   0   0   0   50.00   0   0   0   0   50.00   0   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   0   50.00   0   0   0   50.00   0   0   0   50.00   0   50.00   0   0   50.00   0   50.00   0   0   50.0
30. 00   03000   ADULTS & PEDIATRICS   0 0 0 0 0 0 30. 00 31. 00 31. 00 3100   INTENSIVE CARE UNIT   0 0 0 0 0 0 31. 00 32. 00 32.00 03200   CORONARY CARE UNIT   0 0 0 0 0 0 0 32. 00 33. 00 03300   BURN INTENSIVE CARE UNIT   0 0 0 0 0 0 0 33. 00 33. 00 03300   SURGICAL INTENSIVE CARE UNIT   0 0 0 0 0 0 0 33. 00 40. 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0
31. 00   03100   INTENSI VE CARE UNI T   0   0   0   0   31. 00   32. 00   32. 00   33. 00   03200   CORONARY CARE UNI T   0   0   0   0   0   32. 00   33. 00   03300   BURN I NTENSI VE CARE UNI T   0   0   0   0   0   33. 00   33. 00   34. 00   03400   SURGI CAL INTENSI VE CARE UNI T   0   0   0   0   0   0   0   0   0
31. 00   03100   INTENSI VE CARE UNI T   0   0   0   0   31. 00   32. 00   32. 00   33. 00   03200   CORONARY CARE UNI T   0   0   0   0   0   32. 00   33. 00   03300   BURN I NTENSI VE CARE UNI T   0   0   0   0   0   33. 00   34. 00   03400   SURGI CAL I INTENSI VE CARE UNI T   0   0   0   0   0   0   0   0   0
33. 00   03300   BURN INTENSIVE CARE UNIT   0   0   0   0   33. 00   34. 00   03400   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   34. 00   40. 00   04000   SUBPROVIDER - IPF   0   0   0   0   0   0   41. 00   04100   SUBPROVIDER - IRF   0   0   0   0   0   0   42. 00   04200   SUBPROVIDER   0   0   0   0   0   43. 00   04300   NURSERY   0   0   0   0   0   44. 00   04400   SKILLED NURSING FACILITY   0   0   0   0   45. 00   04500   NURSING FACILITY   0   0   0   0   200. 00   Total (lines 30-199)   0   0   0   0   200. 00   0   0   0   200. 00   0   0   0   33. 00   0   0   0   0   0   0   0   0   0
33. 00   03300   BURN INTENSIVE CARE UNIT   0   0   0   0   33. 00   34. 00   03400   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   34. 00   40. 00   04000   SUBPROVIDER - IPF   0   0   0   0   0   0   41. 00   04100   SUBPROVIDER - IRF   0   0   0   0   0   0   42. 00   04200   SUBPROVIDER   0   0   0   0   0   43. 00   04300   NURSERY   0   0   0   0   0   44. 00   04400   SKILLED NURSING FACILITY   0   0   0   0   45. 00   04500   NURSING FACILITY   0   0   0   0   200. 00   Total (lines 30-199)   0   0   0   0   200. 00   0   0   0   200. 00   0   0   0   33. 00   0   0   0   0   0   0   0   0   0
34. 00     03400     SURGI CAL INTENSIVE CARE UNIT     0     0     0     0     34. 00       40. 00     04000     SUBPROVI DER - I PF     0     0     0     0     0     0     40. 00       41. 00     04100     SUBPROVI DER - I RF     0     0     0     0     0     0     41. 00       42. 00     04200     SUBPROVI DER     0     0     0     0     0     42. 00       43. 00     04300     NURSERY     0     0     0     0     43. 00       44. 00     04400     SKI LLED NURSI NG FACI LI TY     0     0     0     45. 00       45. 00     04500     NURSI NG FACI LI TY     0     0     0     0     45. 00       200. 00     Total (lines 30-199)     0     0     0     0     0     200. 00
40. 00       04000       SUBPROVI DER - I PF       0       0       0       0       0       40. 00         41. 00       04100       SUBPROVI DER - I RF       0       0       0       0       0       41. 00         42. 00       04200       SUBPROVI DER       0       0       0       0       0       42. 00         43. 00       04300       NURSERY       0       0       0       0       43. 00         44. 00       04400       SKI LLED NURSI NG FACI LI TY       0       0       0       0       44. 00         45. 00       04500       NURSI NG FACI LI TY       0       0       0       0       45. 00         200. 00       Total (lines 30-199)       0       0       0       0       0       200. 00
41. 00       04100       SUBPROVI DER - IRF       0       0       0       0       0       41. 00         42. 00       04200       SUBPROVI DER       0       0       0       0       42. 00         43. 00       04300       NURSERY       0       0       0       0       43. 00         44. 00       04400       SKI LLED NURSI NG FACI LI TY       0       0       0       0       44. 00         45. 00       04500       NURSI NG FACI LI TY       0       0       0       0       45. 00         200. 00       Total (lines 30-199)       0       0       0       0       0       200. 00
42. 00     04200     SUBPROVI DER     0     0     0     0     42. 00       43. 00     04300     NURSERY     0     0     0     0     43. 00       44. 00     04400     SKI LLED NURSI NG FACI LI TY     0     0     0     0     44. 00       45. 00     04500     NURSI NG FACI LI TY     0     0     0     0     45. 00       200. 00     Total (lines 30-199)     0     0     0     0     0     200. 00
43. 00
44. 00
45. 00 04500 NURSING FACILITY 0 0 0 0 45. 00 200. 00 Total (lines 30-199) 0 0 0 0 200. 00
200.00 Total (lines 30-199) 0 0 0 200.00
cost center description   Total Patient Per Diem (col.   Inpatient   Inpatient
Days 5 ÷ col. 6) Program Days Program
Pass-Through
Cost (col. 7 x
col. 8)
6.00 7.00 8.00 9.00
INPATIENT ROUTINE SERVICE COST CENTERS
30. 00   03000   ADULTS & PEDI ATRI CS   48, 599   0. 00   537   0   30. 00
31.00   03100   INTENSI VE CARE UNIT   4,142   0.00   93   0   31.00
32. 00   03200   CORONARY CARE UNI T   3,500   0.00   44   0   32. 00
33.00   03300   BURN INTENSIVE CARE UNIT   0   0.00   0   33.00
34.00   03400   SURGI CAL I NTENSI VE CARE UNI T   0   0.00   0   34.00
40. 00   04000   SUBPROVI DER - 1 PF   0   0. 00   0   40. 00
41.00   04100   SUBPROVI DER -   I RF   0   0.00   0   41.00
42. 00   04200   SUBPROVI DER   0   0.00   0   42. 00
43. 00   04300   NURSERY   5, 282   0. 00   43   0   43. 00
44.00 04400 SKI LLED NURSI NG FACI LI TY 5, 857 0.00 0 0 44.00
45. 00 04500 NURSING FACILITY 0 0.00 0 45.00
200.00 Total (Lines 30-199) 67, 380 717 0 200.00

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104	Peri od:	Worksheet D

Peri od: From 09/01/2012 To 08/31/2013 | WOI KSHEEL U Part IV Date/Ti me Prepared: 1/31/2014 9:35 am THROUGH COSTS

						1/31/2014 9: 3	5 am
			Ti t	le XIX	Hospi tal	Tefra	
	Cost Center Description	Non Physician N	lursing School	Allied Health	All Other	Total Cost	
	·	Anestheti st	Ü		Medi cal	(sum of col 1	
		Cost			Education Cost		
						4)	
		1.00	2. 00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0	0	50. 00
51. 00	05100 RECOVERY ROOM		0		o o	0	51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM		0	)		0	52. 00
53. 00	05300 ANESTHESI OLOGY		0	)		0	53. 00
	1 1	0	0	)			
54.00	05400 RADI OLOGY - DI AGNOSTI C	0	0		0	0	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	(	0	0	55. 00
56. 00	05600 RADI OI SOTOPE	0	0	(	0	0	56. 00
57. 00	05700 CT SCAN	0	0	(	0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	(	0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	0	60.00
60. 01	06001 PATHOLOGY	o	0		o	0	60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61. 00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	1		0	62. 00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		0	)		0	63. 00
64. 00	06400 I NTRAVENOUS THERAPY		0	)		0	64. 00
		0	0				
65. 00	06500 RESPI RATORY THERAPY	0	0		0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0	(	0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	(	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	(	0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	(	0	0	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		o	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	o	0		o	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	1	0	0	73. 00
74. 00	07400 RENAL DI ALYSI S		0	ĺ		0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)		0		o o	0	75. 00
76. 00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0	)		0	76.00
76. 97	07697 CARDIAC REHABILITATION	0	0			0	76. 00 76. 97
10.91	OUTPATIENT SERVICE COST CENTERS	U U	U		J U	U	70. 97
00 00			0		0	0	00 00
88. 00	08800 RURAL HEALTH CLINIC	0	0			0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	9	0	0	89. 00
90. 00	09000 CLI NI C	0	0	(	0	0	90. 00
91. 00	09100 EMERGENCY	0	0		0	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	(	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	(	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95. 00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	o	0		ol o	0	96. 00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		o	0	97. 00
200.00	1 1		0		o o	_	200. 00
200.00	1.2.2. (1.1.00 00 1.7.)	١	O	'	-1		

ŀ	Health Financial Systems	BAPTI ST HEALTH F	PADUCAH		In Lieu of Form CMS-2552-10
	APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 180104	Peri od:	Worksheet D

From 09/01/2012 | Part IV THROUGH COSTS 08/31/2013 Date/Time Prepared: 1/31/2014 9:35 am Title XIX Hospi tal Tefra Total Charges Ratio of Cost Cost Center Description Total Outpati ent I npati ent (from Wkst. C, to Charges Program Outpati ent Ratio of Cost Cost (sum of (col. 5 ÷ col to Charges Part I, col. Charges 7) col. 2, 3 and 8)  $(col. 6 \div col$ 4) 7) 6.00 7.00 8.00 9.00 10.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 147, 486, 539 0.000000 0.000000 50.00 676, 725 0 51.00 05100 RECOVERY ROOM 15, 938, 898 0.000000 0.000000 44, 590 51.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 0.000000 52.00 00000000 4, 533, 849 33, 826 52.00 05300 ANESTHESI OLOGY 0.000000 0.000000 53.00 53.00 0 05400 RADI OLOGY-DI AGNOSTI C 48, 389, 863 0.000000 0.000000 415, 809 54.00 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 35, 389, 762 0.000000 0.000000 0 55.00 56.00 05600 RADI OI SOTOPE 0.000000 0.000000 56.00 203, 352 05700 CT SCAN 86, 010, 346 0.000000 0.000000 57 00 57 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 21, 039, 026 0.000000 0.000000 108, 571 58.00 59.00 05900 CARDIAC CATHETERIZATION 48, 028, 373 0.000000 0.000000 58, 298 59.00 0 60.00 06000 LABORATORY 22, 892, 667 0.000000 0.000000 450, 962 60.00 06001 PATHOLOGY 0.000000 60 01 4, 656, 991 0.000000 155, 381 60 01 61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0.000000 62.00 000000000000000 06300 BLOOD STORING, PROCESSING & TRANS. 63 00 5, 516, 081 0.000000 0.000000 12, 950 63 00 64.00 06400 I NTRAVENOUS THERAPY 0.000000 0.000000 Ω 64.00 06500 RESPIRATORY THERAPY 7, 371, 906 0.000000 0.000000 23, 297 65.00 65.00 66.00 06600 PHYSI CAL THERAPY 6, 917, 373 0.000000 0.000000 5, 431 66.00 06700 OCCUPATIONAL THERAPY 1, 274, 824 0.000000 0.000000 1, 698 67 00 67 00 68.00 06800 SPEECH PATHOLOGY 1, 692, 447 0.000000 0.000000 1, 897 68.00 06900 ELECTROCARDI OLOGY 33, 742, 187 0.000000 0.000000 85, 411 69.00 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 5, 537, 196 0.000000 0.000000 3, 181 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 0.000000 189, 129 71 00 18, 866, 455 71 00 72.00 07200 I MPL. DEV. CHARGED TO PATIENT 67, 894, 684 0.000000 0.000000 128, 750 72.00 07300 DRUGS CHARGED TO PATIENTS 62, 959, 486 0.000000 0.000000 73.00 556, 136 73.00 07400 RENAL DIALYSIS 0.000000 74.00 0.000000 74.00 0 07500 ASC (NON-DISTINCT PART) 75.00 0.000000 0.000000 0 75.00 76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 0.000000 0.000000 0 76.00 07697 CARDIAC REHABILITATION 76.97 531, 151 0.000000 0.000000 0 76.97 OUTPATIENT SERVICE COST CENTERS 0 0.000000 0.000000 88.00 08800 RURAL HEALTH CLINIC 0 0 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 0.000000 0.000000 89.00 89.00 0 90.00 09000 CLI NI C 0.000000 0.000000 0 90.00 0 09100 EMERGENCY 52, 507, 931 91.00 0.000000 0.000000 112, 855 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 10, 988, 456 0.000000 0.000000 41, 292 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0.000000 94.00 09500 AMBULANCE SERVICES 95.00 95.00 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 0 0.000000 0.000000 96.00 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD 0 0.000000 0.000000 97.00

0

710, 166, 491

3, 309, 541 200. 00

200.00

Total (lines 50-199)

 
 Heal th Financial
 Systems
 BAPTIST HEALTH

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 BAPTIST HEALTH PADUCAH

Provi der CCN: 180104 THROUGH COSTS

						1/31/2014 9: 3	55 am
				le XIX	Hospi tal	Tefra	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Through	n		
		Costs (col. 8		Costs (col.	9		
		x col. 10)		x col. 12)			
		11.00	12.00	13.00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0		50.00
51.00	05100 RECOVERY ROOM	0	0		0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0		52. 00
53.00	05300 ANESTHESI OLOGY	o	0		0		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	o	0		0		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	o	0		0		55.00
56. 00	05600 RADI OI SOTOPE	0	0		0		56. 00
57. 00	05700 CT SCAN	0	0		0		57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON		0		0		59.00
60.00	06000 LABORATORY		0		0		60.00
60. 00	06001 PATHOLOGY	0	0		0		60. 01
61. 00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	٩	U	1	0		61. 00
			0		0		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	<u>'</u>	0		62. 00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	Ü	2	0		63. 00
64.00	06400 I NTRAVENOUS THERAPY	0	Ü	2	0		64.00
65. 00	06500 RESPI RATORY THERAPY	0	0	)	0		65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0	)	0		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	)	0		67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	)	0		68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	)	0		69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	)	0		70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	)	0		71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	)	0		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	)	0		73. 00
74.00	07400 RENAL DIALYSIS	0	0	)	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	)	0		75. 00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		0		76. 00
76. 97	07697 CARDIAC REHABILITATION	0	0		0		76. 97
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0		0		88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	o	0		0		89. 00
90.00	09000 CLI NI C	o	0		0		90.00
91. 00	09100 EMERGENCY	o	0		0		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
3	OTHER REIMBURSABLE COST CENTERS	<u> </u>					1
94.00	09400 HOME PROGRAM DI ALYSI S	0	C		0		94. 00
95. 00	09500 AMBULANCE SERVI CES		· ·				95. 00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0		96. 00
97. 00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0		97. 00
200.00	1 1		0		0		200. 00
200.00	110001 (11103 00 177)	١	C	7	91		1200.00

	TONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST		CCN: 180104	Period: From 09/01/2012	Worksheet D Part V Date/Time Pre	pared:
			T' 1	1 1/11/		1/31/2014 9: 3	<u>6 am</u>
				le XIX	Hospi tal	Tefra	
				Charges		Costs	
	Cost Center Description	Cost to Charge F			Cost	PPS Services	
			Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
				(see inst.)	(see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0. 153861	0		0 296, 200	0	50.00
51.00	05100 RECOVERY ROOM	0. 162609	0		0 14, 224	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 734308	0		0 141, 109	0	52.00
53.00	05300 ANESTHESI OLOGY	0. 000000	0		0 0	0	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 262698	0		0 645, 029	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 110723	0		0 1, 756	0	l
56. 00	05600 RADI OI SOTOPE		0		0 1, 730	0	56.00
		0. 000000	-			O O	
57. 00	05700 CT SCAN	0. 019455	0		0 264, 247	0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 037081	0		0 10, 040	0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 086797	0		0 467, 819	0	59. 00
60.00	06000 LABORATORY	0. 489040	0		0 560, 756	0	60.00
60. 01	06001 PATHOLOGY	0. 390503	0		0 112, 650	0	60. 01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0. 000000			0 0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000	0		0 0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 505306	0		0 9, 826	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	0. 000000	0		0 0	0	64.00
65. 00	06500 RESPI RATORY THERAPY	0. 383704	0	i	0 66, 719	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0. 394615	0	i	0 5, 358	0	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 433300	0		0 82	0	1
68. 00	06800 SPEECH PATHOLOGY	0. 323322	0	i .		0	ı
		1	-			0	
69. 00	06900 ELECTROCARDI OLOGY	0. 084642	0		0 45, 182	o o	69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0. 139770	0	1	0 1, 510	0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 591423	0		0 119, 000	0	,
72.00	07200 I MPL. DEV. CHARGED TO PATIENT	0. 302415	0		0 318, 989	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 274184	0		0 804, 800	0	73. 00
74.00	07400 RENAL DI ALYSI S	0. 000000	0		0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75. 00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0. 000000	0		0 0	0	76.00
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 767881	0		0 40	0	76. 97
	OUTPATIENT SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·		•			ĺ
88. 00	08800 RURAL HEALTH CLINIC	0. 000000				0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	89. 00
90. 00	09000 CLINIC	0. 000000	0		o	0	90.00
91. 00	09100 EMERGENCY	0. 168703	0	•	0 228, 624	0	•
			0				
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 274611	0		0 149, 847	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94. 00	09400 HOME PROGRAM DI ALYSI S	0. 000000			0		94.00
95. 00	09500 AMBULANCE SERVICES	0. 000000	0	1	0		95. 00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0		0	0	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000	0		0 0	0	
200.00	Subtotal (see instructions)		0		0 4, 264, 248	0	200. 00
201.00					0 0		201.00
	Only Charges						
202.00			0		0 4, 264, 248	0	202. 00
		•			·		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 180104 Peri od: Worksheet D From 09/01/2012 Part V Date/Time Prepared: 08/31/2013 1/31/2014 9:36 am Title XIX Hospi tal Tefra Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 45, 574 50.00 51.00 05100 RECOVERY ROOM 0 0 0 2, 313 51.00 52. 00 05200 DELIVERY ROOM & LABOR ROOM 52 00 103, 617 05300 ANESTHESI OLOGY 53.00 53.00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 169, 448 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 000000000000000000000000000 194 55.00 05600 RADI OI SOTOPE 56.00 C 56.00 57.00 05700 CT SCAN 5, 141 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 372 58.00 05900 CARDIAC CATHETERIZATION 40, 605 59 00 59 00 60.00 06000 LABORATORY 274, 232 60.00 60.01 06001 PATHOLOGY 43, 990 60.01 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY 61.00 61.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 62 00 62.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 4, 965 63.00 06400 INTRAVENOUS THERAPY 64.00 64.00 65.00 06500 RESPIRATORY THERAPY 65.00 25, 600 06600 PHYSI CAL THERAPY 66.00 2, 114 66.00 67.00 06700 OCCUPATIONAL THERAPY 36 67.00 06800 SPEECH PATHOLOGY 68.00 143 68.00 06900 ELECTROCARDI OLOGY 69.00 3, 824 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 211 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 70, 379 71.00 07200 IMPL. DEV. CHARGED TO PATIENT 72.00 96, 467 72.00 07300 DRUGS CHARGED TO PATIENTS 220, 663 73.00 73.00 74.00 07400 RENAL DIALYSIS C 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS 0 76.00 07697 CARDIAC REHABILITATION 76. 97 76. 97 31 OUTPATIENT SERVICE COST CENTERS 0 88.00 08800 RURAL HEALTH CLINIC n 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 0 89.00 89.00 0 90.00 09000 CLI NI C 0 90.00 91.00 0 38, 570 91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 41, 150 92.00 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 94.00 95.00 09500 AMBULANCE SERVICES 0000 95.00

0

1, 189, 639

1, 189, 639

96.00

97.00

200.00

201.00

202. 00

96.00

97.00 200.00

201.00

202.00

09600 DURABLE MEDICAL EQUIP-RENTED

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 +/- line 201)

09700 DURABLE MEDICAL EQUIP-SOLD

Only Charges

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Peri od:	Worksheet D-1
			From 09/01/2012	
			To 08/31/2013	Date/Time Prepared:
				1/31/2014 9:35 am
		Title XVIII	Hospi tal	PPS

		Title XVIII	Hospi tal	1/31/2014 9: 3 PPS	5 am
	Cost Center Description			1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				4 00
1. 00 2. 00	Inpatient days (including private room days and swing-bed days, Inpatient days (including private room days, excluding swing-be			48, 599 48, 599	1. 00 2. 00
3. 00	Private room days (excluding swing-bed and observation bed days	<i>3</i> ,	vate room days,	42, 730	3. 00
	do not complete this line.				
4.00	Semi-private room days (excluding swing-bed and observation bed		24 6 11	2, 447	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room reporting period	days) through becembe	r 31 or the cost	0	5. 00
6. 00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becember 5	or the cost	_	0.00
9. 00	Total inpatient days including private room days applicable to newborn days)	the Program (excluding	swi ng-bed and	23, 555	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl through December 31 of the cost reporting period (see instructi		oom days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl December 31 of the cost reporting period (if calendar year, ent	y (including private r	oom days) after	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period		e room days)	0	12. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program			0	14. 00
15. 00	Total nursery days (title V or XIX only)	(		0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services	through December 31 o	f the cost	0.00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0. 00	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 31 of t	ne cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions)			42, 855, 060	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	31 of the cost report	ng period (line	42, 833, 000	22. 00
	5 x line 17)	·			
23. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	1 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December 7 x line 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 31 $\times$ line 20)	of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ine 21 minus line 26)		42, 855, 060	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	24, 411, 301	
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			23, 031, 281 1, 380, 020	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		1, 360, 020	31. 00
32. 00	Average private room per diem charge (line 29 ÷ line 3)	11116 20)		539.00	32. 00
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			563. 96	33. 00
34.00	Average per diem private room charge differential (line 32 minu	s line 33)(see instruc	tions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line	31)		0.00	35.00
36. 00	Private room cost differential adjustment (line 3 x line 35)			0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost an 27 minus line 36)	d private room cost di	fferential (line	42, 855, 060	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS		1		
38. 00	Adjusted general inpatient routine service cost per diem (see i			881. 81	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line 3	,		20, 771, 035	39.00
40. 00 41. 00	Medically necessary private room cost applicable to the Program Total Program general inpatient routine service cost (line 39 +	,		0 20, 771, 035	40. 00 41. 00
	, J. J		1	., , 200	

<u>Heal</u> th	Financial Systems	BAPTIST HEALTI	H PADUCAH		In Lie	eu of Form CMS-2	<u> 2552-</u> 10
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der		Peri od: From 09/01/2012	Worksheet D-1	
					To 08/31/2013	Date/Time Pre	pared:
			Ti +1	e XVIII	Hospi tal	1/31/2014 9: 3 PPS	<u>5 am</u>
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	·	Inpatient Cost	npatient Days		÷	(col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	0				42. 00
	Intensive Care Type Inpatient Hospital Units						
43. 00	INTENSIVE CARE UNIT	7, 028, 340	4, 142				43. 00
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	6, 880, 128 0	3, 500 0				44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT	o o	0			-	46. 00
47. 00	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description					1.00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)	-		31, 479, 259	48. 00
49. 00		41 through 48)(s	ee instructio	ns)		60, 499, 888	49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS  Pass through costs applicable to Program inp.	ationt routing s	orvicos (from	Wkst D sum	of Parts L and	2, 383, 115	50. 00
30.00		atrent routine s	ervices (IIOIII	i wkst. D, Suiii	or Farts r and	2, 303, 113	30.00
51. 00	Pass through costs applicable to Program inp	atient ancillary	services (fr	om Wkst. D, s	um of Parts II	2, 271, 032	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines	50 and 51)				4, 654, 147	52. 00
53. 00	Total Program inpatient operating cost exclu	,	ated, non-phy	sician anesth	etist, and	55, 845, 741	53.00
	medical education costs (line 49 minus line	52)					
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. 00
55. 00						0.00	1
56.00	Target amount (line 54 x line 55)					0	56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and tar	get amount (I	ine 56 minus	line 53)	0	57. 00
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	portina period e	ndi na 1996. u	indated and co	mpounded by the	0.00	58. 00 59. 00
07.00	market basket	0 1	9	•	podinada by the		
60.00	Lesser of lines 53/54 or 55 from prior year				+ha amaun+ bu	0.00	60.00
61. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less than					0	61. 00
	amount (line 56), otherwise enter zero (see instructions)						
62.00 Relief payment (see instructions)						0	62. 00 63. 00
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mstruc	trons)			0	03.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	ber 31 of the	cost reporti	ng period (See	0	64. 00
65. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Necembe	r 31 of the c	ost reporting	neriod (See	0	65. 00
03.00	instructions) (title XVIII only)	ts arter becombe		ost reporting	perrou (see		03.00
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVII	l only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 o	of the cost re	porting period	0	67. 00
	(line 12 x line 19)	· ·				_	
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after De	cember 31 of	the cost repo	rting period	0	68. 00
69. 00	1.	routine costs (I	ine 67 + line	: 68)		0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil					I	70. 00
71.00	Adjusted general inpatient routine service of						70.00
72. 00	Program routine service cost (line 9 x line						72. 00
73. 00 74. 00	Medically necessary private room cost application. Total Program general inpatient routine serv	9	•	,			73. 00 74. 00
75. 00	Capital -related cost allocated to inpatient	•	,		art II, column		75.00
	26, line 45)						
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus						78. 00
79. 00	Aggregate charges to beneficiaries for exces			*.	70)		79. 00
80. 00 81. 00	Total Program routine service costs for comp. Inpatient routine service cost per diem limi		si ilmitation	ı (iine 78 min	us line /9)		80. 00 81. 00
82. 00	Inpatient routine service cost per dreim Trim						82. 00
83.00	Reasonable inpatient routine service costs (		)				83. 00
84. 00 85. 00	Program inpatient ancillary services (see in Utilization review - physician compensation		s)				84. 00 85. 00
86. 00							86. 00
07.00	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST					07.00
87. 00 88. 00	3 .		line 2)			3, 422 881. 81	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (se	•				3, 017, 554	•

Health Financial Systems	BAPTI ST HEAL	TH PADUCAH		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 09/01/2012 To 08/31/2013	Date/Time Pre 1/31/2014 9:3	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST					
90.00 Capital -related cost	3, 843, 226	42, 855, 060	0. 08968	0 3, 017, 554	270, 614	90. 00
91.00 Nursing School cost	0	42, 855, 060	0.00000	0 3, 017, 554	0	91.00
92.00 Allied health cost	0	42, 855, 060	0.00000	0 3, 017, 554	0	92. 00
93.00 All other Medical Education	0	42, 855, 060	0. 00000	0 3, 017, 554	0	93. 00

Health Financial Systems	BAPTIST HEALTH PADUCAH	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 180104	Peri od: From 09/01/2012	Worksheet D-1
	Component CCN: 185416		
	Title XVIII	Skilled Nursing	PPS
		Eacility	

		litle XVIII	Facility	PPS	
	Cost Center Description				
	DART I ALL DROWERS COMPONENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,	excluding newborn)		5, 857	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed	d and newborn days)		5, 857	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	). If you have only p	rivate room days,	4, 965	3. 00
4 00	do not complete this line.			200	4 00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		or 21 of the cost	892 0	4. 00 5. 00
3.00	reporting period	days) thi odgir beceilib	er or the cost	O	5. 00
6.00	Total swing-bed SNF type inpatient days (including private room	days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7. 00	Total swing-bed NF type inpatient days (including private room or reporting period	days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room o	davs) after December :	R1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) arter becomber t	1 01 110 0031	G	0.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	g swing-bed and	4, 705	9. 00
40.00	newborn days)	Z: 1 1: 1: 1			40.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instruction		room days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII only		room days) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, enter	er 0 on this line)			
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX	only (including priva	te room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX of	only (including priva	te room days)	0	13. 00
13.00	after December 31 of the cost reporting period (if calendar year			O	13.00
14.00	Medically necessary private room days applicable to the Program			0	14.00
15. 00	Total nursery days (title V or XIX only)			0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT  Medicare rate for swing-bed SNF services applicable to services	through December 31	of the cost	0.00	17. 00
17.00	reporting period	thi ough becember 51 t	of the cost	0.00	17.00
18. 00	Medicare rate for swing-bed SNF services applicable to services	after December 31 of	the cost	0.00	18.00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	through December 31 of	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of	the cost	0.00	20. 00
	reporting period				
21. 00	Total general inpatient routine service cost (see instructions)			4, 417, 073	
22. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ ine 17)	31 of the cost repor	ting period (line	0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December 3	1 of the cost reportion	na period (line 6	0	23. 00
	x line 18)				
24. 00	Swing-bed cost applicable to NF type services through December :	31 of the cost reporti	ng period (line	0	24. 00
25. 00	7 x line 19)   Swing-bed cost applicable to NF type services after December 31	of the cost reporting	a ported (line 9	0	25. 00
25.00	x line 20)	or the cost reporting	g perrou (Trile 6	U	23.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27. 00	General inpatient routine service cost net of swing-bed cost (I	ne 21 minus line 26)		4, 417, 073	27. 00
20.00	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT	and abaseriation had a	200000	2 127 /20	20.00
29. 00	General inpatient routine service charges (excluding swing-bed a Private room charges (excluding swing-bed charges)	and observation bed cr	iar ges)	3, 127, 638 2, 651, 310	
30.00	Semi -private room charges (excluding swing-bed charges)			476, 328	
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	ine 28)		1. 412271	31. 00
32. 00	Average private room per diem charge (line 29 ÷ line 3)			534.00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	1' 00) ( ' '		534. 00	
34. 00 35. 00	Average per diem private room charge differential (line 32 minus Average per diem private room cost differential (line 34 x line		ctions)	0. 00 0. 00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	31)		0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost and	d private room cost di	fferential (line	4, 417, 073	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	TMENTS			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUST Adjusted general inpatient routine service cost per diem (see in				38. 00
39. 00	Program general inpatient routine service cost per diem (see in				39. 00
40.00	Medically necessary private room cost applicable to the Program				40. 00
41. 00	Total Program general inpatient routine service cost (line 39 +	line 40)			41. 00

MD: -	Financial Systems	BAPTI ST HEAL			CON. 100104		u of Form CMS-	
MPUT	ATION OF INPATIENT OPERATING COST				CCN: 180104 : CCN: 185416	Period: From 09/01/2012 To 08/31/2013		pare
				Ti tl	e XVIII	Skilled Nursing	1/31/2014 9: 3 PPS	s am
	Cost Center Description	Total	T <sub>(</sub>	otal	Average Per	Facility Program Days	Program Cost	
		npatient Cost					(col. 3 x col.	
				-	col . 2)		4)	
2. 00	NURSERY (title V & XIX only)	1. 00	2	. 00	3. 00	4. 00	5. 00	42.
00	Intensive Care Type Inpatient Hospital Units		1					42.
3. 00	INTENSIVE CARE UNIT							43.
. 00	CORONARY CARE UNIT							44
. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT		}					45 46
	OTHER SPECIAL CARE (SPECIFY)							47
	Cost Center Description							
	I						1. 00	
	Program inpatient ancillary service cost (Wks				na)			48 49
. 00	Total Program inpatient costs (sum of lines 4 PASS THROUGH COST ADJUSTMENTS	i tili ougii 46) (	(See II	Structro	115)			49
. 00	Pass through costs applicable to Program inpa	tient routine	servic	es (from	Wkst. D, su	m of Parts I and		50
_								
. 00	Pass through costs applicable to Program inpa and IV)	trent ancillar	ry serv	ices (fr	om Wkst. D,	sum of Parts II		51
2. 00	and iv)  Total Program excludable cost (sum of lines 5	0 and 51)						52
. 00	Total Program inpatient operating cost exclud	ing capital re	el ated,	non-phy	sician anest	hetist, and		53
	medical education costs (line 49 minus line 5	2)						
. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges							54
. 00	Target amount per discharge							55
. 00	Target amount (line 54 x line 55)							56
. 00	Difference between adjusted inpatient operati	ng cost and ta	arget a	mount (I	ine 56 minus	line 53)		57
. 00	Bonus payment (see instructions)	anting naniad	andi na	100/	ndatad and a	ampaundad by the		58
. 00	Lesser of lines 53/54 or 55 from the cost repo market basket	orting period	enai ng	1996, u	paatea ana c	ompounded by the		59
. 00	Lesser of lines 53/54 or 55 from prior year o	ost report, up	pdated	by the m	arket basket			60
. 00	If line 53/54 is less than the lower of lines	55, 59 or 60	enter	the less	er of 50% of	the amount by		61
	which operating costs (line 53) are less than		ts (lir	es 54 x	60), or 1% o	f the target		
2. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	iisti ucti oiis)						62
3. 00	Allowable Inpatient cost plus incentive payment	nt (see instru	ucti ons	)				63
	PROGRAM INPATIENT ROUTINE SWING BED COST							
. 00	Medicare swing-bed SNF inpatient routine cost: instructions)(title XVIII only)	s through Dece	ember 3	1 of the	cost report	ing period (See		64
. 00	Medicare swing-bed SNF inpatient routine cost:	s after Decemb	ber 31	of the c	ost reportin	a period (See		65
	instructions)(title XVIII only)					9 1 (		"
. 00	Total Medicare swing-bed SNF inpatient routing	e costs (line	64 plu	s line 6	5)(title XVI	II only). For		66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	costs through	h Decem	her 31 n	f the cost n	enorting period		67
. 00	(line 12 x line 19)	costs till ougi	n becen	DC1 31 0	T the cost i	epor tring period		"
3. 00	Title V or XIX swing-bed NF inpatient routine	costs after [	Decembe	r 31 of	the cost rep	orting period		68
	(line 13 x line 20)		(1: /	7 1:	(0)			١,,
. 00	Total title V or XIX swing-bed NF inpatient re PART III - SKILLED NURSING FACILITY, OTHER NUF		•					69
. 00	Skilled nursing facility/other nursing facili						4, 417, 073	70
. 00	Adjusted general inpatient routine service co	st per diem (I					754. 15	71
. 00	Program routine service cost (line 9 x line 7	•	m (1!	14	no 3E)		3, 548, 276	
. 00	Medically necessary private room cost applical Total Program general inpatient routine servi		•		ne 35)		0 3, 548, 276	
5. 00	Capital -related cost allocated to inpatient re	•		,	orksheet B,	Part II, column	3, 348, 270	1
	26, line 45)			-	•			
o. 00 '. 00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line	,					0. 00 0	
. 00	Inpatient routine service cost (line 74 minus						0	1
. 00	Aggregate charges to beneficiaries for excess		provi de	r record	s)		0	
. 00	Total Program routine service costs for compa	rison to the d				nus line 79)	0	80
. 00	Inpatient routine service cost per diem limit		1)				0.00	
. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (se		•				0 3, 548, 276	1 -
1. 00	Program inpatient ancillary services (see ins		113)				1, 180, 468	1
. 00	Utilization review - physician compensation (		ons)				0	
. 00	Total Program inpatient operating costs (sum		hrough	85)			4, 728, 744	86
. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST					0	١.,
	Total observation bed days (see instructions) Adjusted general inpatient routine cost per d	iem (line 27 =	: line	2)			0. 00	87
3. 00				,			00	

Health Financial Systems	BAPTI ST HEAL	TH PADUCAH		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 09/01/2012		
		Component	CCN: 185416	To 08/31/2013	Date/Time Prep 1/31/2014 9:3	
		Ti +I	e XVIII	Skilled Nursing		J dili
		11.0	C AVIII	Facility	113	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1. 00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	0	0	0.00000	00	0	90.00
91.00 Nursing School cost	0	0	0.00000	00	0	91.00
92.00 Allied health cost	0	0	0.00000	00	0	92.00
93.00 All other Medical Education	0	0	0. 00000	00	0	93.00

Health Financial Systems	BAPTI ST HEALTH PADUCAH	In Lie	u of Form CMS-2	552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 180104	Peri od: From 09/01/2012	Worksheet D-1	
		To 08/31/2013	Date/Time Prep 1/31/2014 9:35	
	Title XIX	Hospi tal	Tefra	
Cost Center Description				

Cost Center Description    PART I - ALL PROVIDER COMPONENTS   1.00
PART I - ALL PROVIDER COMPONENTS    NPATIENT DAYS
NPATIENT DAYS   1.00
Inpati ent days (including private room days and swing-bed days, excluding newborn)   48, 599   2.00
Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.  4.00 Seml-private room days (excluding swing-bed and observation bed days)  5.00 Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total inpatient days including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  7.00 Total inpatient days including private room days) after December 31 of the cost reporting period (see instructions)  7.00 Total inpatient days including private room days applicable to title XVIII only (including private room days)  7.00 Total inpatient days applicable to title XVIII only (including private room days)  7.00 Total inpatient days applicable to title XVIII only (including private room days)  7.00 Total inpatient days applicable to title XVIII only (including private room days)  8.00 Total inpatient days applicable to title XVIII only (including private room days)  8.00 Total inpatient days applicable to titles V or XIX only (including private room days)  8.00 Total inpatient days applicable to titles V or XIX only (including private room days)  8.00 Total inpatient days applicable to titles V or XIX only (including private room days)  8.00 Total pr
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reporting period  21.00  22.00  Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  42,855,060  22.00  22.00  23.00
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22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)
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x line 18)
24.00   Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line   0 24.00
7 x line 19) 25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 0 25.00
x line 20)
26.00 Total swing-bed cost (see instructions) 0 26.00
27. 00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) 42,855,060 27. 00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT
28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 24,411,301 28.00
29.00 Private room charges (excluding swing-bed charges) 23,031,281 29.00
30.00   Semi-private room charges (excluding swing-bed charges) 1,380,020   30.00   31.00   General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 1.755542   31.00
32. 00 Average private room per diem charge (line 29 ÷ line 3)  539. 00 32. 00
33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 563.96 33.00
34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  0.00 34.00
35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  0.00 35.00
37. 00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 42, 855, 060 37. 00
27 minus line 36)
PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS
38.00 Adjusted general inpatient routine service cost per diem (see instructions)  881.81 38.00
39.00 Program general inpatient routine service cost (line 9 x line 38) 473,532 39.00
40.00   Medically necessary private room cost applicable to the Program (line 14 x line 35)
473, 332   41.00

Heal th	Financial Systems BAPTIST HEALTH PADUCAH In Lie	eu of Form CMS-2	2552-10
COMPUT	TATION OF INPATIENT OPERATING COST  Provider CCN: 180104   Period: From 09/01/2012	Worksheet D-1	
	To 08/31/2013	Date/Time Pre	
	Title XIX Hospital	1/31/2014 9: 3! Tefra	<u>5 am</u>
	Cost Center Description Total Total Average Per Program Days	Program Cost	
	Inpatient Cost Inpatient Days Diem (col. 1 ÷	(col. 3 x col.	
	1.00 2.00 3.00 4.00	4) 5. 00	
42. 00	NURSERY (title V & XIX only) 4,589,765 5,282 868.94 43		42. 00
42.00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT 7,028,340 4,142 1,696.85 93	157.007	43. 00
43. 00 44. 00	INTENSI VE CARE UNI T		
45. 00			45. 00
46. 00		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)  Cost Center Description		47. 00
		1. 00	
48. 00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	900, 003	
49. 00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)  PASS THROUGH COST ADJUSTMENTS	1, 655, 199	49. 00
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and	59, 892	50. 00
E1 00	Describerance costs and cable to Dragger impatient and Harm complete (from West D. cum of Darte H.	7/ 2/0	F1 00
51. 00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	76, 340	51. 00
52. 00	Total Program excludable cost (sum of lines 50 and 51)	136, 232	
53. 00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1, 518, 967	53. 00
	TARGET AMOUNT AND LIMIT COMPUTATION		
	Program di scharges	2, 552	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)	0.00	55. 00 56. 00
57. 00		-1, 518, 967	
58. 00	Bonus payment (see instructions)	0	58. 00
59. 00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59. 00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60. 00
61. 00	,	0	61. 00
	which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		
62. 00	Relief payment (see instructions)	0	
63. 00	Allowable Inpatient cost plus incentive payment (see instructions)  PROGRAM INPATIENT ROUTINE SWING BED COST	136, 232	63. 00
64. 00		0	64. 00
<b>/</b> F 00	instructions)(title XVIII only)		/F 00
65. 00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period	0	67. 00
07.00	(line 12 x line 19)		07.00
68. 00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period	0	68. 00
69 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71. 00 72. 00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)   Program routine service cost (line 9 x line 71)		71. 00 72. 00
73. 00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73. 00
74. 00 75. 00	Total Program general inpatient routine service costs (line 72 + line 73)		74. 00 75. 00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76. 00	Per diem capital-related costs (line 75 ÷ line 2)		76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line 76) Inpatient routine service cost (line 74 minus line 77)		77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess costs (from provider records)		79. 00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81. 00 82. 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
84.00	Program inpatient ancillary services (see instructions)		84.00
85. 00 86. 00	Utilization review - physician compensation (see instructions) Total Program inpatient operating costs (sum of lines 83 through 85)		85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00		3, 422	87.00
88. 00 89. 00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2) Observation bed cost (line 87 x line 88) (see instructions)	881. 81 3, 017, 554	

Health Financial Systems	BAPTI ST HEAL	TH PADUCAH		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Period: From 09/01/2012	Worksheet D-1	
				To 08/31/2013	Date/Time Prep 1/31/2014 9:3	
		Ti t	le XIX	Hospi tal	Tefra	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 27)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital -related cost	3, 843, 226	42, 855, 060	0. 08968	0 3, 017, 554	270, 614	90.00
91.00 Nursing School cost	0	42, 855, 060	0.00000	0 3, 017, 554	0	91.00
92.00 Allied health cost	0	42, 855, 060	0.00000	0 3, 017, 554	0	92.00
93.00 All other Medical Education	0	42, 855, 060	0. 00000	3. 017. 554	0	93. 00

Health Financial Systems BAPTIST HEALTH PAI	DUCAH		In Lie	eu of Form CMS-:	<u> 2552-10</u>
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 180104	Peri od:	Worksheet D-3	
			From 09/01/2012	D . (T) D	
			To 08/31/2013	Date/Time Pre	pared:
	T: ±1	- \/\/	11: 4-1	1/31/2014 9: 3	<u>6 am</u>
	11 11	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00   03000   ADULTS & PEDI ATRI CS			14, 014, 885		30.00
31.00  03100 INTENSIVE CARE UNIT			7, 913, 560		31.00
32.00 O3200 CORONARY CARE UNIT			7, 097, 272		32.00
33.00 O3300 BURN INTENSIVE CARE UNIT			0		33.00
34. 00 03400 SURGICAL INTENSIVE CARE UNIT			0		34.00
40. 00   04000   SUBPROVI DER -   PF			0		40.00
41. 00   04100   SUBPROVI DER -   RF			0		41.00
42. 00   04200   SUBPROVI DER					42. 00
			0		
43. 00 04300 NURSERY					43. 00
ANCILLARY SERVICE COST CENTERS		0.1530/	21 21 540 272	4 054 217	
50. 00   05000   0PERATI NG ROOM		0. 15386			1
51. 00   05100   RECOVERY ROOM		0. 16260		510, 905	1
52.00   05200   DELIVERY ROOM & LABOR ROOM		0. 73430		l	1
53. 00   05300   ANESTHESI OLOGY		0.00000	00	0	53. 00
54. 00  05400  RADI OLOGY-DI AGNOSTI C		0. 26269	98 5, 421, 666	1, 424, 261	54.00
55. 00  05500  RADI OLOGY-THERAPEUTI C		0. 11072	1, 219, 143	134, 987	55.00
56. 00   05600 RADI 0I SOTOPE		0.00000	00	0	56.00
57. 00 05700 CT SCAN		0. 01945		246, 424	57.00
58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)		0. 03708			1
59. 00   05900   CARDI AC CATHETERI ZATI ON		0. 08679			1
60. 00   06000   LABORATORY		0. 48991			
60. 01   06001   PATHOLOGY		1			
		0. 39050			
		0.00000		0	
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS		0.00000		0	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 50530		1	1
64. 00   06400   I NTRAVENOUS THERAPY		0.00000		0	
65. 00   06500   RESPI RATORY THERAPY		0. 38448	3, 825, 456	1, 470, 842	65.00
66. 00  06600 PHYSI CAL THERAPY		0. 39461	2, 130, 563	840, 752	66. 00
67.00  06700 OCCUPATI ONAL THERAPY		0. 43330	347, 660	150, 641	67.00
68. 00   06800   SPEECH PATHOLOGY		0. 32332	22 670, 475	216, 779	68.00
69. 00 06900 ELECTROCARDI OLOGY		0. 08464	6, 708, 228	567, 798	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 13977			1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 59142			1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 30241			1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 27418			
		1		4, 337, 001	
		0.00000		l .	
75. 00   07500   ASC (NON-DI STI NCT PART)		0.00000		0	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS		0.00000		0	
76. 97 O7697 CARDI AC REHABI LI TATI ON		0. 76788	31 0	0	76. 97
OUTPATIENT SERVICE COST CENTERS					
88. 00   08800   RURAL HEALTH CLINIC		0.00000		0	
89.00  08900  FEDERALLY QUALIFIED HEALTH CENTER		0.00000	00	0	
90. 00  09000  CLI NI C		0.00000	0 0	0	90.00
91. 00   09100   EMERGENCY		0. 16870	7, 666, 460	1, 293, 355	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 27461	1 63, 483	17, 433	92.00
OTHER REIMBURSABLE COST CENTERS		•	<u>'</u>	•	
94. 00 09400 HOME PROGRAM DIALYSIS		0.00000	00	0	94.00
95. 00   09500   AMBULANCE   SERVI CES				_	95. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0. 00000	0	0	1
97. 00   09700 DURABLE MEDICAL EQUIP-NUMBER 97. 00   09700 DURABLE MEDICAL EQUIP-SOLD		0.00000		0	
		0.00000	141, 210, 897		
200.00 Total (sum of lines 50-94 and 96-98)	ino (1)		141, 210, 897	31, 479, 259	1
201.00 Less PBP Clinic Laboratory Services-Program only charges (I	THE 61)		141 010 007		201. 00
202.00 Net Charges (line 200 minus line 201)		I	141, 210, 897	l	202. 00

Health Financial Systems	BAPTIST HEALTH PADUCAH	In Lieu	of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 180104	Period: From 09/01/2012	Worksheet D-3

| From 09/01/2012 | Date/Time Prepared: 1/31/2014 9:36 am | PPS | Title XVIII | Skilled Nursing | PPS | PPS

Title XVIII				1/31/2014 9: 3	6 am
Pack   Text   Cost Center Description   Ratio of Cast   Text   Charges   C		Title XVIII	Skilled Nursing	PPS	
IMPATE INT. ROUTI NE. SERVI CE. COST CENTERS   1.00   2.00   3.					
INPATIENT ROUTINE SERVICE COST CENTERS	Cost Center Description	Ratio of Cos		Inpati ent	
NEWATEENT POUTINE SERVICE COST CENTERS	2000 200000 20000 000				
NIPATE ENT FOUTINE SERVICE COST CENTERS		l re enargee			
INPATI ENT ROUTINE SERVICE COST CENTERS			Chai ges		
INPATE   I		1.00	0.00		
30.00     3000     ADULTS & PEDIATRICS     0   31.00		1.00	2.00	3.00	
31 00   03100   NTEISLY E CARE UNIT					
32.00   03200C CORDMANY CARE UNIT			0		30.00
33.00	31.00  03100 INTENSIVE CARE UNIT		0		31.00
34 0.0   03400   SURPGICUL ENTERNSIVE CARE UNIT   0   44,00   0400   04100   04100   SUBPROVIDER   1PF   0   42,00   0420   04	32. 00  03200 CORONARY CARE UNIT		0		32.00
34.00   03400 SURGICAL INTENSIVE CARE UNIT   0   44.00   05.00   05.	33.00 03300 BURN INTENSIVE CARE UNIT		0		33. 00
A0 00   0.4000   SUPROVIDER - I PF	34 00 03400 SURGICAL INTENSIVE CARE UNIT		0		1
14. 00   04100   SUBPROVI DER - I RF   0   42. 00   420. 00   42			0		1
A2 00   04200   SUBROVI DER     0   42, 00			0		1
A3. 00   A300   AUSERRY   A0. 00   AUSER   A0. 00			0		1
ANCILLARY SERVICE COST CENTERS			0		1
50.00					43.00
151.00   05100   05100   05100   052.					ļ
S2.00   05200   DELIVERY ROOM & LABOR ROOM   0.734308   0   0   52.00	50. 00  05000  OPERATI NG ROOM	0. 15386	51 162	25	50.00
S3.00   05300   AMESTHESI OLOGY   0.000000   0   0.53.00	51.00  05100  RECOVERY ROOM	0. 16260	0	0	51.00
53.00   05300   ANESTHESI OLOGY   0.000000   0   0.53.00	52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 73430	0 8	0	52. 00
S4-00   05400   RADIOLOGY-DIAGNOSTIC   0.262698   124, 203   32, 628   84. 00   05500   05500   05500   05000   RADIOLOGY-THERAPEUTIC   0.000000   0   0.1073   35. 00   056. 00   05600   RADIOLOGY-THERAPEUTIC   0.000000   0   0.56. 00   0.56. 00   0.000000   0   0.000000   0   0.00000000				0	1
155.00   05500   RADIOLOGY-THERAPPUTIC   0.110723   34,080   3,773   55.00   56.00   05600   RADIOLOGY-THERAPPUTIC   0.000000   0.056.00   05600   RADIOLOGY   0.000000   0.057.00   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.00000000		•		_	•
5.6. 00   05.600   RADIO I SOTOPE   0.000000   0   0   5.6. 00					1
57.00   05700   CT SCAN   0.019455   19,478   379   57.00   58.00   59.00   059000   05900					1
S8. 00   05800   MARNETIC RESONANCE IMACIN (MRI)   0   0   58. 00   05900   CARDITAC CATHETER ZATION   0   0. 086797   0   0   0. 59. 00   0. 086797   0   0. 086797   0   0. 086797   0   0. 086797   0   0. 086797   0   0. 08000   0. 060.01   0. 0010   0. 0100   0.					1
59.00   05900   CARDIAC CATHETERI ZATION   0. 086797   0. 059.00					1
60. 00   06000   LABORATORY   0. 489040   200, 599   98, 101   60. 00   60. 01   60. 01   60. 00				0	1
60.01   06001   PATHOLOGY   0.390503   0   0.60.01	59. 00  05900  CARDI AC CATHETERI ZATI ON	0. 08679	97 0	0	59. 00
61.00   06100   PBP CLINICAL LAB SERVICES-PRGM ONLY   0.0000000   0   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   0.000000   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   0.0000000   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000	60. 00  06000 LABORATORY	0. 48904	10 200, 599	98, 101	60.00
61.00   06100   DBP CLINICAL LAB SERVICES-PRGM ONLY   0.0000000   0   0.00000   0.00000   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   0.0000000   0.0000000   0.0000000   0.0000000   0.00000000	60. 01   06001   PATHOLOGY	0. 39050	03	0	60. 01
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0.000000   0   0   62. 00   63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   0.505306   51,443   25,944   63. 00   64. 00   06400   INTRAVENOUS THERAPY   0.000000   0   0   64. 00   65. 00   06500   RESPIRATORY THERAPY   0.383704   0   0   65. 00   66. 00   06600   PHYSIC CAL THERAPY   0.383704   0   0   65. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0.433300   425,371   184,313   67. 00   68. 00   06600   PHYSIC CAL THERAPY   0.433300   425,371   184,313   67. 00   68. 00   06800   SPEECH PATHOLOGY   0.323322   65,661   21. 230   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.323322   65,661   21. 230   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.32452   69. 00   70. 00   07000   ELECTROCARDI OLOGY   0.39451   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.591423   148,972   88,105   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0.302415   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0.274184   820,345   224,925   73. 00   74. 00   07400   RENALD I ALLYSIS   0.000000   0   0   76. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0.000000   0   0   76. 00   76. 00   03950   OTHER ANCILLARY SERVICE COST CENTERS   0.000000   0   0   76. 90   79. 00   09900   CLINIC   0.000000   0   0   90. 00   89. 00   09900   EDERALLY QUALIFIED HEALTH CENTER   0.000000   0   91. 00   90. 00   09900   DURABLE MEDI CAL EQUI P-SOLD   99. 00   97. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   0   0   96. 00   97. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   0   0   96. 00   97. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   0   0   96. 00   97. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   0   0   96. 00   97. 00   09400   HOME PROGRAM DI ALYSIS   0.000000   0   0   96. 00   97. 00   09400   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   0   96. 00   97. 00   09400   DURABLE MEDI CAL LEQUI P-RENTED   0.000000   0   0   96. 00   97. 00   09500   DURABLE MEDI CAL LEQUI P-RENTED   0.000000   0   0   96.	61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			0	1
63.00   06300   BLODD STORI NG, PROCESSING & TRANS.   0.505306   51,443   25,994   63.00   64.00   06400   INTRAVENOUS THERAPY   0.000000   0   0   64.00   65.00   06500   RESPI RATORY THERAPY   0.383704   0   0   65.00   66.00   06600   PHYSI CAL THERAPY   0.394615   1,258,987   496,815   66.00   67.00   06700   0CCUPATI ONAL THERAPY   0.433300   425,371   184,313   06.800   69.00   06800   SPECH PATHOLOGY   0.323322   65,661   21,230   68.00   69.00   06900   BLECTROCARDI OLOGY   0.084642   39,932   3,380   69.00   71.00   07000   ELECTROCARDI OLOGY   0.139770   5,724   800   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.591423   148,972   88,105   71.00   72.00   07200   IMPL DEV. CHARGED TO PATI ENTS   0.302415   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0.302415   0   72.00   74.00   07400   RENAL DI ALYSI S   0.000000   0   74.00   75.00   07500   ASC (NON-DI STINCT PART)   0.000000   0   75.00   76.00   07500   ASC (NON-DI STINCT PART)   0.000000   0   76.00   76.97   07697   CARDI AC REHABI LI TATI ON   0.767881   0   0   76.97   79.00   08900   FEDERALLY QUALI FIED HEALTH CENTER   0.000000   0   90.00   70.00   09000   DIERREGENCY   0.168703   0   91.00   79.00   09000   DIERREGENCY   0.168703   0   91.00   79.00   09000   DIERREGENCY   0.000000   0   0   96.00   79.00   09000   DIERREGENCY   0.0				_	1
64. 00   06400   NTRAVENOUS THERAPY   0. 000000   0   0   64. 00				_	•
65.00   06500   RESPIRATORY THERAPY   0.383704   0   0.50.00   66.00   06600   PHYSI CAL THERAPY   0.394615   1,258,987   496,815   66.00   67.00   06700   0CCUPATI ONAL THERAPY   0.433300   425,371   184,313   67.00   68.00   06800   SPEECH PATHOLOGY   0.323322   65,661   21,230   68.00   69.00   06900   ELECTROCARDIOLOGY   0.084642   39,932   3,380   69.00   69.00   07000   ELECTROCARDIOLOGY   0.139770   5,724   800   70.00   69.00   07000   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0.591423   148,972   88,105   71.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.274184   820,345   224,925   73.00   74.00   07400   RENAL DIALYSIS   0.000000   0   74.00   75.00   07500   ASC (NON-DISTINCT PART)   0.000000   0   76.00   76.00   03950   OTHER ANCILLARY SERVICE COST CENTERS   0.000000   0   76.00   76.97   07697   CARDIAC REHABILLITATION   0.767881   0   0   76.97   70.00   07900   ELEGRALLY QUALIFIED HEALTH CENTER   0.000000   0   90.00   790.00   09000   CLIDIT SERVICE COST CENTERS   0.000000   0   90.00   790.00   09000   OSERCALLY QUALIFIED HEALTH CENTER   0.000000   0   91.00   791.00   09100   EMERGENCY   0.168703   0   0   91.00   792.00   09500   DISERVATION BEDS (NON-DISTINCT PART)   0.274611   0   0   91.00   795.00   09500   DURABLE MEDI CAL EQUIP P-RENTED   0.000000   0   0   96.00   796.00   09600   DURABLE MEDI CAL EQUIP P-SOLD   0.000000   0   0   96.00   796.00   09600   DURABLE MEDI CAL EQUIP P-SOLD   0.000000   0   0   97.00   790.10   ULTON OF TOTAL CELAPORT ON OUT OF SEPTOR ON OUT OF SEPTOR OF SEPTOR OF SEPTOR ON OUT ON OUT OUT OUT ON OUT				· ·	•
66. 00   06600   PHYSICAL THERAPY   0. 394615   1, 258, 987   496, 815   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0. 433300   425, 371   184, 313   67. 00   69. 00   06800   SPECCH PATHOLOGY   0. 323322   65, 661   21, 230   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0. 084642   39, 932   3, 380   69. 00   07. 00   07000   ELECTROENCEPHALOGRAPHY   0. 139770   5, 724   800   70. 00   07000   ELECTROENCEPHALOGRAPHY   0. 302415   0   0. 72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0. 591423   148, 972   88, 105   71. 00   07300   DRUGS CHARGED TO PATIENTS   0. 302415   0   0   72. 00   07300   DRUGS CHARGED TO PATIENTS   0. 274184   820, 345   224, 925   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 000000   0   0   74. 00   07500   ASC (NON-DISTINCT PART)   0. 000000   0   0   75. 00   07500   ASC (NON-DISTINCT PART)   0. 0000000   0   0   75. 00   07697 (AZBIA LA ERALTH CLINIC   0. 0000000   0   0   76. 97   07697 (AZBIA LA ERALTH CLINIC   0. 0000000   0   0   99. 00   09000   CUINIC   DRUGS CHARGENCY   0. 0000000   0   0   99. 00   09000   CUINIC   0. 0000000   0   0   99. 00   09100   EMERGENCY   0. 168703   0   0   99. 00   09100   EMERGENCY   0. 274611   0   0   0   99. 00   09400   HOME PROGRAM DIALYSIS   0. 000000   0   0   94. 00   09400   HOME PROGRAM DIALYSIS   0. 000000   0   0   94. 00   09500   DURABLE MEDI CAL EQUI P-SOLD   0. 000000   0   0   95. 00   09500   DURABLE MEDI CAL EQUI P-SOLD   0. 000000   0   0   97. 00   09500   DURABLE MEDI CAL EQUI P-SOLD   0. 000000   0   0   97. 00   09700   DURABLE MEDI CAL EQUI P-SOLD   0. 000000   0   0   97. 00   00000   0   0   97. 00   00000   0   0   97. 00   00000   0   0   97. 00   00000   0   0   97. 00   00000   0   0   000000   0   0					1
67.00   06700   OCCUPATI ONAL THERAPY   0.433300   425, 371   184, 313   67.00   68.00   06800   SPECCH PATHOLOGY   0.323322   65.661   21, 230   68.00   69.00   06900   ELECTROCARDI OLOGY   0.084642   39, 932   3, 380   69.00   70.00   07000   ELECTROCEPHALOGRAPHY   0.139770   5, 724   800   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0.591423   148, 972   88, 105   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0.302415   0   0   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.302415   0   0   72.00   74.00   07400   RENAL DI ALYSIS   0.000000   0   0   74.00   75.00   07500   ASC (NON-DISTINCT PART)   0.000000   0   0   75.00   76.00   03950   OTHER ANCILLARY SERVICE COST CENTERS   0.000000   0   0   76.00   76.97   07697   CARDI AC REHABILITATI ON   0.767881   0   0   76.97   0UTPATIENT SERVICE COST CENTERS   0.000000   0   0   76.97   00000   09000   CLINIC   0.000000   0   0   0   0   91.00   09000   EDECRALLY QUALIFIED HEALTH CENTER   0.000000   0   0   90.00   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.274611   0   0   0   91.00   09500   DSERVATI ON BEDS (NON-DISTINCT PART)   0.000000   0   0   94.00   95.00   09500   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   0   96.00   97.00   09700   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   0   97.00   97.00   09700   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0   0   97.00   90010   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0   0   97.00   90010   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0   0   97.00   90010   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0   0   97.00   90010   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0					1
68. 00   06800   SPEECH PATHOLOGY   0.323322   65, 661   21, 230   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.084642   39, 932   3, 380   69. 00   71. 00   07000   ELECTROENCEPHALOGRAPHY   0.139770   5, 724   800   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0.591423   148, 972   88, 105   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0.302415   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0.274184   820, 345   224, 925   73. 00   74. 00   07400   RENAL DI ALYSI S   0.000000   0   0   74. 00   75. 00   07500   ASC (NON-DI STINCT PART)   0.000000   0   0   75. 00   76. 97   07697   CARDI AC REHABI LI TATI ON   0.767881   0   0   76. 97   00/0000   RUGS CHARGED TO PATIENTS   0.000000   0   0   76. 97   00/0000   08900   FOBERALLY QUALIFIED HEALTH CENTER   0.000000   0   0   76. 97   00/0000   08900   FOBERALLY QUALIFIED HEALTH CENTER   0.000000   0   0   90. 00   090. 00   09000   CLI NI C   0.000000   0   0   90. 00   090. 00   09400   HOME PROGRAM DI ALYSI S   0   0.000000   0   0   91. 00   090. 00   09400   HOME PROGRAM DI ALYSI S   0   0.000000   0   0   94. 00   095. 00   09500   AMBULANCE SERVI CES   096. 00   09500   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   0   97. 00   0970. 00   09700   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   0   97. 00   00   00   00   00   00   00   00					•
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROCARDI OLOGY 70. 00 07000 ELECTROCROCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 I IMPL. DEV. CHARGED TO PATIENT 73. 00 07300 DRUGS CHARGED TO PATIENT 74. 00 07400 RENAL DI ALYSIS 75. 00 07500 ASC (NON-DI STINCT PART) 76. 00 07500 ASC (NON-DI STINCT PART) 77. 00 07500 ASC (NON-DI STINCT PART) 78. 00 07500 ASC (NON-DI STINCT PART) 79. 00 07500 ASC (NON-DI STINCT PART) 70. 00 07500 ASS (NON-DI STINCT PA					1
70. 00   07000   ELECTROENCEPHALOGRAPHY   0. 139770   5, 724   800   70. 00   71. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 591423   148, 972   88, 105   71. 00   72. 00   72.00   MEDI. DEV. CHARGED TO PATIENTS   0. 302415   0   0. 2020   1 MPL. DEV. CHARGED TO PATIENTS   0. 274184   820, 345   224, 925   73. 00   73. 00   07400   RENAL DIALYSIS   0. 000000   0   0. 74. 00   0. 000000   0   0. 000000   0   0	68. 00  06800 SPEECH PATHOLOGY	0. 32332	22 65, 661	21, 230	68. 00
71.00	69. 00  06900  ELECTROCARDI OLOGY	0. 08464	12 39, 932	3, 380	69. 00
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0.591423   148, 972   88, 105   71. 00   72. 00   72.00   IMPL. DEV. CHARGED TO PATIENT   0.302415   0   0   72. 00   72. 00   73. 00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.274184   820, 345   224, 925   73. 00   74. 00   07400   REINAL DI ALYSIS   0.000000   0   0   0   74. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0.000000   0   0   0   75. 00   076. 00   076. 00   076. 00   0.000000   0   0   0   0   0   0	70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 1397	70 5, 724	800	70. 00
72.00	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 59142	23 148, 972	88. 105	71. 00
73. 00 07300 DRUGS CHARGED TO PATIENTS					1
74. 00				_	•
75. 00					1
76. 00				_	1
76. 97		•		1	•
SECTION   SURVINE CONTROLL   S				_	•
88. 00		0. /6/88	31  0	0	/6.9/
89. 00					
90. 00   09000   CLINIC   0.000000   0   0   90. 00   91. 00   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.274611   0   0   92. 00   07HER REIMBURSABLE COST CENTERS   094.00   HOME PROGRAM DIALYSIS   0.000000   0   0   94. 00   95. 00   09500   AMBULANCE SERVICES   96. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0.000000   0   0   96. 00   97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0.000000   0   0   97. 00   09700   0   0   0   0   0   0   0   0   0	88.00  08800 RURAL HEALTH CLINIC	0.0000	00	0	88. 00
90. 00   09000   CLINIC   0.000000   0   0   90. 00   91. 00   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.274611   0   0   92. 00   07HER REIMBURSABLE COST CENTERS   094.00   HOME PROGRAM DIALYSIS   0.000000   0   0   94. 00   95. 00   09500   AMBULANCE SERVICES   96. 00   09600   DURABLE MEDICAL EQUIP-RENTED   0.000000   0   0   96. 00   97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0.000000   0   0   97. 00   09700   0   0   0   0   0   0   0   0   0	89.00  08900  FEDERALLY QUALIFIED HEALTH CENTER	0.0000	00	0	89. 00
91. 00   09100   EMERGENCY   0. 168703   0   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0. 274611   0   0   92. 00   00   00   00   00   00   00   00	90. 00  09000  CLI NI C	0.0000	00	0	90.00
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0				0	
OTHER REIMBURSABLE COST CENTERS   O. 000000   O   O400					
94. 00   09400   HOME PROGRAM DI ALYSI S   0.000000   0   94. 00   95. 00   95. 00   96. 00   96. 00   97. 00   09700   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   96. 00   97. 00   200. 00   Total (sum of lines 50-94 and 96-98)   Less PBP Clinic Laboratory Services-Program only charges (line 61)   0   0000000   0   0   201. 00   201. 00   201. 00   0   0000000   0   0   0   0   0		0.2740	0	0	72.00
95. 00   99500   AMBULANCE SERVICES   96. 00   99600   DURABLE MEDI CAL EQUI P-RENTED   96. 00   970   DURABLE MEDI CAL EQUI P-SOLD   0.000000   0   97. 00   200. 00   Total (sum of lines 50-94 and 96-98)   Less PBP Clinic Laboratory Services-Program only charges (line 61)   0   95. 00   96. 00   97. 00   0.000000   0   0   97. 00   0.000000   0   0.000000   0   0		0.0000	0	0	04.00
96. 00   09600   DURABLE MEDI CAL EQUI P-RENTED   0.000000   0   96. 00   97. 00   97. 00   200. 00   Total (sum of lines 50-94 and 96-98)   Less PBP Clinic Laboratory Services-Program only charges (line 61)   0   0.000000   0   97. 00   3, 194, 957   1, 180, 468   200. 00   201. 00		0.00000	0	0	
97. 00   09700   DURABLE MEDICAL EQUIP-SOLD   0.000000   0   97. 00   200. 00   Total (sum of lines 50-94 and 96-98)   1,180,468   200. 00   201. 00   201. 00   0.000000   0   0   97. 00   3,194,957   1,180,468   200. 00   201. 00   201. 00   201. 00   0.000000   0   0   0   0   0   0		1			1
200.00 Total (sum of lines 50-94 and 96-98) 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 3, 194, 957 1, 180, 468 200.00 201.00				_	
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00		0.0000		0	97. 00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00	200.00   Total (sum of lines 50-94 and 96-98)		3, 194, 957	1, 180, 468	200. 00
	201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)	0		
1 - Juny 12-1   Institute of the control of the con		· 1	3, 194, 957		
		•		ı	'

Health Financial Systems BAPTIST HEALTH P.	ADUCAH		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 180104	Peri od:	Worksheet D-3	
			From 09/01/2012	Data /Tima Daa	narad.
			To 08/31/2013	Date/Time Pre 1/31/2014 9:3	
	Ti t	le XIX	Hospi tal	Tefra	o um
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1. 00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00   03000   ADULTS & PEDI ATRI CS			170, 560		30. 00
31.00   03100   I NTENSI VE CARE UNI T			74, 325		31. 00
32. 00   03200   CORONARY CARE UNIT			308, 917		32. 00
33. 00   03300   BURN   INTENSIVE CARE UNIT			0		33. 00
34. 00   03400   SURGI CAL INTENSIVE CARE UNIT			0		34.00
40. 00   04000   SUBPROVI DER -   1 PF			0		40.00
41. 00   04100   SUBPROVI DER -   RF			0		41.00
42. 00   04200  SUBPROVI DER 43. 00   04300  NURSERY			15 0/5		42. 00 43. 00
43. 00   04300  NURSERY ANCI LLARY SERVI CE COST CENTERS		1	15, 845		43.00
50. 00 05000 OPERATING ROOM		0. 15386	676, 725	104, 122	50.00
51. 00   05100   RECOVERY ROOM		0. 16260		1	51.00
52. 00   05200   DELI VERY ROOM & LABOR ROOM		0. 73430		l	52. 00
53. 00   05300   ANESTHESI OLOGY		0. 00000		0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 26269		109, 232	54.00
55. 00   05500   RADI OLOGY - THERAPEUTI C		0. 11072		0	55. 00
56. 00   05600   RADI 0I SOTOPE		0.00000		l ő	56. 00
57. 00   05700   CT   SCAN		0. 01945		3, 956	57. 00
58.00   05800   MAGNETIC RESONANCE   MAGING (MRI)		0. 03708		4, 026	58.00
59. 00   05900   CARDI AC   CATHETERI ZATI ON		0. 08679			59. 00
60. 00   06000   LABORATORY		0. 48904	450, 962	220, 538	60.00
60. 01   06001   PATHOLOGY		0. 39050	155, 381	60, 677	60. 01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0.00000	00	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0.00000	00	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 50530	12, 950	6, 544	63. 00
64. 00   06400   I NTRAVENOUS THERAPY		0.00000	00	0	64. 00
65. 00   06500   RESPI RATORY THERAPY		0. 38370		8, 939	65. 00
66. 00 O6600 PHYSI CAL THERAPY		0. 39461		2, 143	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 43330		l e	1
68. 00   06800   SPEECH PATHOLOGY		0. 32332		613	68. 00
69. 00   06900   ELECTROCARDI OLOGY		0. 08464		7, 229	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 13977		445	70.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS		0. 59142		l	71.00
72. 00   07200   IMPL. DEV. CHARGED TO PATIENT		0. 30241			72.00
73. 00   07300   DRUGS CHARGED TO PATLENTS 74. 00   07400   RENAL DLALYSLS		0. 27418		152, 484 0	73. 00 74. 00
75. 00   07500   ASC (NON-DISTINCT PART)		0.00000		0	75. 00
76. 00   03950   OTHER ANCILLARY SERVICE COST CENTERS		0.00000		i .	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 76788			76. 97
OUTPATIENT SERVICE COST CENTERS		0.70700	0	0	70. 77
88. 00 08800 RURAL HEALTH CLINIC		0.00000	0	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0. 00000		Ö	
90. 00   09000   CLI NI C		0. 00000		Ö	90.00
91. 00   09100   EMERGENCY		0. 16870			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 27461			92.00
OTHER REIMBURSABLE COST CENTERS		•			
94.00 O9400 HOME PROGRAM DI ALYSI S		0.00000	00 0	0	94.00
95. 00 09500 AMBULANCE SERVICES					95. 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED		0.00000	00	0	96. 00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD		0.00000		0	97. 00
200.00 Total (sum of lines 50-94 and 96-98)			3, 309, 541	900, 003	200. 00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)	1	0		201. 00
202.00 Net Charges (line 200 minus line 201)		1	3, 309, 541		202. 00

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prep 1/31/2014 9:35	pared: 5 am
		Title XVIII	Hospi tal	PPS	
	_	0	before 1/1 1.00	on/after 1/1 1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS	0	1.00	1.01	
1.00	DRG Amounts Other than Outlier Payments		44, 171, 171		1.00
2.00	Outlier payments for discharges. (see instructions)		1, 622, 103		2. 00
2. 01	Outlier reconciliation amount		0		2. 01
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		261. 62		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the		0.00		5.00
	most recent cost reporting period ending on or before				
	12/31/1996. (see instructions)				
6. 00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new		0.00		6. 00
	programs in accordance with 42 CFR 413.79(e)				
7.00	MMA Section 422 reduction amount to the IME cap as		0.00		7.00
	specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				
7.01	ACA Section 5503 reduction amount to the IME cap as		0.00		7. 01
	specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the				
0 00	cost report straddles July 1, 2011 then see instructions.		0.00		0.00
8. 00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated		0.00		8. 00
	programs in accordance with 42 CFR 413.75(b),				
	413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12,				
	1998, page 26340 and Vol. 67 Federal Register, page 50069,				
	August 1, 2002.				
8. 01	The amount of increase if the hospital was awarded FTE cap		0.00		8. 01
	slots under section 5503 of the ACA. If the cost report				
8. 02	straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap		0.00		8. 02
0.02	slots from a closed teaching hospital under section 5506		0.00		0.02
	of ACA. (see instructions)				
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus		0.00		9. 00
40.00	lines (8, 8, 01 and 8, 02) (see instructions)				
10. 00	FTE count for allopathic and osteopathic programs in the		0.00		10.00
11. 00	current year from your records FTE count for residents in dental and podiatric programs.		0.00		11. 00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that		0.00		14.00
	year ended on or after September 30, 1997, otherwise enter				
45.00	zero.		0.00		45.00
15.00	Sum of lines 12 through 14 divided by 3.		0. 00 0. 00		15. 00 16. 00
16. 00 17. 00	Adjustment for residents in initial years of the program Adjusment for residents displaced by program or hospital		0.00		17.00
17.00	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		0. 000000		19.00
	line 4).				
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0. 000000		21.00
22. 00	IME payment adjustment (see instructions) Indirect Medical Education Adjustment for the Add-on for Secti	on 422 of the MMA	U U		22.00
23. 00	Number of additional allopathic and osteopathic IME FTE	OH 422 OF THE WIMA	0.00		23.00
20.00	resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		20.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter		0.00		25. 00
	the lower of line 23 or line 24 (see instructions)				
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27. 00 28. 00	IME payments adjustment. (see instructions) IME Adjustment (see instructions)		0. 000000		27. 00 28. 00
29. 00	Total IME payment (see First detroils)		0		29.00
27.00	Di sproporti onate Share Adjustment		<u> </u>		27.00
30.00	Percentage of SSI recipient patient days to Medicare Part		6. 53		30.00
	A patient days (see instructions)				
31.00	Percentage of Medicaid patient days (see instructions)		16. 95		31.00
32.00	Sum of lines 30 and 31		23. 48		32.00
33. 00	Allowable disproportionate share percentage (see		8. 58		33.00
34. 00	instructions) Disproportionate share adjustment (see instructions)		3, 789, 886		34.00
57.00	Additional payment for high percentage of ESRD beneficiary dis	scharges	3, 707, 000		, 54.00
40. 00	Total Medicare discharges on Worksheet S-3, Part I		0		40.00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and				
	685 (see instructions)				
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
			1		I

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180104 P	Peri od: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Pre 1/31/2014 9:3	pared:
		Title XVIII	Hospi tal	PPS	
		0	before 1/1 1.00	on/after 1/1 1.01	
42. 00	Divide line 41 by line 40 (if less than 10%, you do not	U	0.00	1.01	42. 00
43. 00	qualify for adjustment) Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43. 00
44. 00	682, 683, 684 an 685. (see instructions) Ratio of average length of stay to one week (line 43		0. 000000		44. 00
45. 00	divided by line 41 divided by 7 days) Average weekly cost for dialysis treatments (see		0.00	0. 00	45. 00
46. 00	instructions) Total additional payment (line 45 times line 44 times line 41)		0		46. 00
47. 00 48. 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and		49, 583, 160 0		47. 00 48. 00
49. 00	MDH, small rural hospitals only. (see instructions) Total payment for inpatient operating costs SCH and MDH only (see instructions)		49, 583, 160		49. 00
50. 00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3, 593, 084		50. 00
51. 00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52. 00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52. 00
53. 00 54. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies		0 16, 343		53. 00 54. 00
55. 00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55. 00
56. 00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56. 00
57. 00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57. 00 58. 00
58. 00 59. 00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200) Total (sum of amounts on lines 49 through 58)		53, 192, 587		59. 00
60.00	Primary payer payments Total amount payable for program beneficiaries (line 59		54, 896 53, 137, 691		60.00
62. 00 63. 00	minus line 60)  Deductibles billed to program beneficiaries  Coinsurance billed to program beneficiaries		4, 681, 031 131, 180		62. 00 63. 00
64. 00	Allowable bad debts (see instructions)		705, 438		64. 00
65. 00 66. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instructions)		493, 807 520, 495		65. 00 66. 00
67. 00 68. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices		48, 819, 287 0		67. 00 68. 00
69. 00	applicable to MS-DRG (see instructions) Outlier payments reconciliation (Sum of lines 93, 95 and		0		69. 00
70. 00	96). (For SCH see instructions) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		-1, 330		70. 00
70. 92 70. 93	Bundled Model 1 discount amount		0 17, 536		70. 92 70. 93
70. 93 70. 94	HVBP incentive payment (see instructions) Hospital readmissions reduction adjustment (see		-44, 578		70. 93
70. 95 70. 96	instructions) Recovery of Accelerated Depreciation Low Volume Payment-1 (Enter in column 0 the corresponding	C	0		70. 95 70. 96
70. 97	federal year for the period prior to 10/1) Low Volume Payment-2 (Enter in column 0 the corresponding	C	0		70. 97
70. 98	federal year for the period ending on or after 10/1) Low Volume Payment-3		0		70. 98
71. 00 71. 01	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70) Sequestration adjustment (see instructions)		48, 790, 915 409, 844		71. 00
72. 00	Interim payments		47, 986, 707		72. 00
73. 00 74. 00	Tentative settlement (for contractor use only) Balance due provider (Program) line 71 minus lines 71.01,		0 394, 364		73. 00 74. 00
75. 00	72 and 73 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		808, 332		75. 00
90. 00	TO BE COMPLETED BY CONTRACTOR  Operating outlier amount from Worksheet E, Part A line 2		0		90. 00
91. 00	(see instructions) Capital outlier from Worksheet L, Part I, line 2		0		91. 00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93. 00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94. 00

Health Financial Systems	PADUCAH	In Lie	u of Form CMS-2	2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 180104	Peri od: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Pre 1/31/2014 9:3	
		Title XVIII	Hospi tal	PPS	
			before 1/1	on/after 1/1	
		0	1. 00	1. 01	
95.00 Time Value of Money for operating expenses(see instructions)			0		95. 00
96.00 Time Value of Money for capital related expense instructions)	s (see		0		96. 00

Health Financial Systems	BAPTIST HEALTH PA	ADUCAH	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 1801	From 09/01/2012	Worksheet E Part B Date/Time Prepared: 1/31/2014 9:35 am

			10 00/31/2013	1/31/2014 9: 3	
		Title XVIII	Hospi tal	PPS	
			<u> </u>		
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			12, 837	1. 00
2.00	Medical and other services reimbursed under OPPS (see instructi	ons)		24, 339, 263	2. 00
3.00	PPS payments			23, 271, 045	
4.00	Outlier payment (see instructions)			62, 714	
5. 00	Enter the hospital specific payment to cost ratio (see instruct	ions)		0. 000	1
6.00	Line 2 times line 5			0	
7.00	Sum of line 3 plus line 4 divided by line 6			0.00	1
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Worksheet D, Pa	rt IV, column 13, line	200	0	
10.00	Organ acquisitions			0	
11.00	Total cost (sum of lines 1 and 10) (see instructions)			12, 837	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				-
12 00	Reasonable charges			44, 020	12.00
	Ancillary service charges  Argan acquisition charges (from Workshoot D. 4. Dort III. Line 4	0 col 4)		46, 820 0	1
14. 00	Organ acquisition charges (from Worksheet D-4, Part III, line 6 Total reasonable charges (sum of lines 12 and 13)	19, COL. 4)		46, 820	1
14.00	Customary charges			40, 820	14.00
15. 00	Aggregate amount actually collected from patients liable for pa	yment for services on	a charge hasis	0	15. 00
16. 00	Amounts that would have been realized from patients liable for			l ő	
10.00	had such payment been made in accordance with 42 CFR 413.13(e)	payment for services o	ir a chargebasis	Ĭ	10.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17. 00
	Total customary charges (see instructions)			46, 820	1
19.00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds li	ne 11) (see	33, 983	
	instructions)		, ,		
20.00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds li	ne 18) (see	0	20.00
	instructions)				
	Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		12, 837	
	Interns and residents (see instructions)			0	
	Cost of teaching physicians (see instructions, 42 CFR 415.160 a	0			
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)	23, 333, 759	24. 00		
05.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			10.001	05.00
25. 00	Deductibles and coinsurance (for CAH, see instructions)	CALL :		10, 031	1
	Deductibles and Coinsurance relating to amount on line 24 (for		22) (for CALL	5, 117, 447	
27. 00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus t see instructions)	ne sum of fines 22 and	23) (101 CAH,	18, 219, 118	27. 00
28. 00	Direct graduate medical education payments (from Worksheet E-4,	line 50)		0	28. 00
	ESRD direct medical education costs (from Worksheet E-4, line 3			Ö	
	Subtotal (sum of lines 27 through 29)	3)		18, 219, 118	1
31. 00	Primary payer payments			10, 125	1
32. 00	Subtotal (line 30 minus line 31)			18, 208, 993	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	S)			
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	,		0	33. 00
34.00	Allowable bad debts (see instructions)			363, 382	34. 00
35.00	Adjusted reimbursable bad debts (see instructions)			254, 367	35. 00
36.00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		267, 334	36. 00
37.00	Subtotal (see instructions)			18, 463, 360	37. 00
	MSP-LCC reconciliation amount from PS&R			-460	38. 00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			9	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99
40. 00	Subtotal (see instructions)				40. 00
40. 01					40. 01
41. 00					41. 00
42. 00	,				42.00
43.00	Balance due provider/program (see instructions)			83, 584	1
44. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-II,	section 115.2	0	44. 00
00.00	TO BE COMPLETED BY CONTRACTOR			-	00.00
90.00	Original outlier amount (see instructions)			0	
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0.00	
93.00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	
74. UU	TOTAL (SUIII OF FITTES 71 AND 73)			, 0	74.00

Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Period: Worksheet E-1
From 09/01/2012 Part I
To 08/31/2013 Date/Time Prepared: 1/31/2014 9:35 am Provider CCN: 180104

					1/31/2014 9: 35	o am
	<u> </u>		e XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4. 00	
1.00	Total interim payments paid to provider		47, 607, 00	7	18, 267, 059	1. 00
2.00	Interim payments payable on individual bills, either			0	0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
	amount based on subsequent revision of the interim rate					
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider			•		
3. 01	ADJUSTMENTS TO PROVIDER	04/08/2013	353, 303	3 08/28/2013	29, 077	3. 01
3.02		08/28/2013	200, 416	6 08/29/2013	11, 366	3. 02
3.03		08/29/2013	125, 842	2	0	3. 03
3. 04					0	3. 04
3. 05			(		0	3. 05
	Provider to Program			-		
3.50	ADJUSTMENTS TO PROGRAM	04/08/2013	225, 394	4 04/08/2013	82, 353	3. 50
3. 51		08/28/2013	74, 46		0	3. 51
3. 52		00, 20, 20.0	'	0	0	3. 52
3. 53				0	0	3. 53
3. 54				0	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		379, 700	~	-41, 910	3. 99
0. 77	3. 50-3. 98)		0,7,700		11, 710	0. , ,
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		47, 986, 70 <sup>-</sup>	7	18, 225, 149	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as		,,			
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR			<b>'</b>		
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider			*	•	
5.01	TENTATI VE TO PROVI DER		(	0	0	5. 01
5.02				o	0	5. 02
5.03				o	0	5. 03
	Provider to Program			•		
5.50	TENTATI VE TO PROGRAM		(	0	0	5. 50
5.51				0	0	5. 51
5. 52				O O	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER		394, 364	4	83, 584	6. 01
6. 02	SETTLEMENT TO PROGRAM		· ·	0	0	6. 02
7. 00	Total Medicare program liability (see instructions)		48, 381, 07 <sup>2</sup>	~	18, 308, 733	7. 00
	, , , , , , , , , , , , , , , , , , ,			Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
		(	)	1. 00	2.00	

Health Financial Systems BAANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

		Ti tl	e XVIII S	Skilled Nursing Facility	PPS	
		Inpatien	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2.00	3. 00	4. 00	
1. 00 2. 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,		1, 370, 777 C		0	1. 00 2. 00
3.00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3. 00
	Program to Provider		_		_	
3. 01	ADJUSTMENTS TO PROVIDER		C		0	
3. 02			C		0	
3. 03 3. 04					0	3. 03 3. 04
3. 04					0	3. 04
3.03	Provider to Program				0	3.03
3. 50	ADJUSTMENTS TO PROGRAM	08/28/2013	651		0	3. 50
3. 51			C		0	
3. 52			l c		0	3. 52
3.53			l c	)	0	3. 53
3.54			C	)	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		-651		0	3. 99
	3. 50-3. 98)					
4. 00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		1, 370, 126		0	4.00
	appropri ate)					
г оо	TO BE COMPLETED BY CONTRACTOR					F 00
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5. 00
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		C		0	5. 01
5.02			C	)	0	5. 02
5.03			C	)	0	5. 03
	Provider to Program					
5. 50	TENTATI VE TO PROGRAM		C		0	
5. 51			C		0	
5. 52			C		0	
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		C	)	0	
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER		0	1	0	6. 01
6. 02	SETTLEMENT TO PROGRAM		130		0	
7. 00	Total Medicare program liability (see instructions)		1, 369, 996	Contractor	NPR Date	7. 00
		,	)	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor		J	1.00	2.00	8. 00
0.00	INAMIC OF COTTE ACTO			1		J 0.00

Heal th	Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu					
CALCUL					pared: 5 am	
		Title XVIII	Hospi tal	PPS		
				1. 00		
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS					
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S	-3, Part I column 15 li	ne 14	12, 509	1. 00	
2.00	00   Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12					
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			3, 764	3. 00	
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1,	8-12		52, 819	4. 00	
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			775, 237, 423	5. 00	
6.00	Total hospital charity care charges from Wkst S-10, column 3 l	ine 20		31, 430, 496	6. 00	
7.00	CAH only - The reasonable cost incurred for the purchase of ce	rtified HIT technology	Worksheet S-2,	0	7. 00	
	Part I line 168					
8.00	Calculation of the HIT incentive payment (see instructions)			2, 013, 074	8. 00	
9.00	Sequestration adjustment amount (see instructions)			40, 261	9. 00	
10.00	Calculation of the HIT incentive payment after sequestration (	see instructions)		1, 972, 813	10.00	
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)			2, 146, 208	30. 00	
31.00	Other Adjustment (specify)			0	31. 00	
22 00	20 Balance due provider (line 0 (or line 10) minus line 20 and line 21) (occ instructions)					

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

2, 146, 208 30. 00 0 31. 00 -173, 395 32. 00

	<del></del>	ST HEALTH PADUCAH		u of Form CMS-2	
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 180104	Peri od: From 09/01/2012	Worksheet E-3 Part VI	
		Component CCN: 185416		Date/Time Pre	
		T: +1 - W// 1 1	Chilled Noneine	1/31/2014 9: 3	5 am
		Title XVIII	Skilled Nursing Facility	PPS	
				1 00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT	ALL OTHER HEALTH SERVICES FOR T	TIE VIIII DADT A	1. 00	
	SERVICES	- ALL OTHER HEALTH SERVICES FOR T	IILE AVIII PARI A	T PP3 SINF	
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				1
1.00	Resource Utilization Group Payment (RUGS)			1, 424, 467	1.00
2.00	Routine service other pass through costs			0	2. 00
3.00	Ancillary service other pass through costs			0	3. 00
4.00	.00 Subtotal (sum of lines 1 through 3)				
	COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as	vaccine costs are included in lin	e 1 of W/S E,		5. 00
	Part B. This line is now shaded.)				
6. 00	Deducti bl e			0	
7.00	Coinsurance			42, 866	•
8.00	Allowable bad debts (see instructions)			0	
9.00	Reimbursable bad debts for dual eligible beneficiari	es (see instructions)		0	
10.00	Adjusted reimbursable bad debts (see instructions)			0	
11.00	Utilization review	11)/		1 201 (01	
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and	ii)(see instructions)		1, 381, 601	1
	Inpatient primary payer payments OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
14. 00	Recovery of Accelerated Depreciation			0	
	Subtotal (line 12 minus 13 ± lines 14			1, 381, 601	1
15. 00	Sequestration adjustment (see instructions)			11, 605	
	Interim payments			1, 370, 126	
17. 00	Tentative settlement (for contractor use only)			1, 370, 120	1
	Balance due provider/program line 15 minus 15.01, 16	and 17			18. 00
	Protested amounts (nonallowable cost report items) i			-130	

Health Financial Systems	BAPTIST HEALTH PADUCAH	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 180104	Peri od: Worksheet E-3 From 09/01/2012 Part VII To 08/31/2013 Date/Time Prepared:

			To 08/31/2013	Date/Time Pre 1/31/2014 9:3	pared:
		Title XIX	Hospi tal	7/31/2014 9.3 Tefra	o alli
		Title XIX	Inpatient	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	ICES FOR TITLES V OR XI		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES	TOES TOK TITLES V OK AT	K JERVICES		1
1. 00	Inpatient hospital/SNF/NF services		136, 232		1.00
2. 00	Medical and other services		130, 232	1, 189, 639	2.00
3. 00	Organ acquisition (certified transplant centers only)		0	1, 107, 037	3.00
4. 00	Subtotal (sum of lines 1, 2 and 3)		136, 232	1, 189, 639	
5. 00	Inpatient primary payer payments		130, 232	1, 107, 037	5.00
6. 00	Outpatient primary payer payments			0	6.00
7. 00	Subtotal (line 4 less sum of lines 5 and 6)		136, 232	1, 189, 639	
7.00	COMPUTATION OF LESSER OF COST OR CHARGES		100, 202	1, 107, 007	7.00
	Reasonable Charges				1
8. 00	Routine service charges		0		8.00
9. 00	Ancillary service charges		3, 309, 541	4, 264, 248	
10.00	Organ acquisition charges, net of revenue		0	.,,	10.00
11. 00	Incentive from target amount computation		o		11. 00
12. 00	Total reasonable charges (sum of lines 8 through 11)		3, 309, 541	4, 264, 248	1
	CUSTOMARY CHARGES			.,,	
13.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13. 00
	basis	3.			
14.00	Amounts that would have been realized from patients liable for	payment for services on	o	0	14. 00
	a charge basis had such payment been made in accordance with 42	CFR 413.13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15. 00
16. 00	Total customary charges (see instructions)		3, 309, 541	4, 264, 248	16. 00
17. 00	Excess of customary charges over reasonable cost (complete only	if line 16 exceeds	3, 173, 309	3, 074, 609	17. 00
	line 4) (see instructions)				
18. 00	Excess of reasonable cost over customary charges (complete only	if line 4 exceeds line	0	0	18. 00
	16) (see instructions)			_	
19. 00	Interns and Residents (see instructions)		0	0	
20.00	Cost of Teaching Physicians (see instructions)	`	10, 000	0	
21. 00	Cost of covered services (enter the lesser of line 4 or line 16		136, 232	1, 189, 639	21. 00
22. 00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be continuous than outlier payments	ompleted for PPS provide	ers.	0	22. 00
	Outlier payments		0	0	
24. 00	Program capital payments			U	24.00
25. 00			0		25. 00
	Routine and Ancillary service other pass through costs			0	1
	Subtotal (sum of lines 22 through 26)			0	1
28. 00	Customary charges (title V or XIX PPS covered services only)		o o	0	1
	Titles V or XIX (sum of lines 21 and 27)		136, 232	1, 189, 639	
27.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		100/202	.,,,	27.00
30.00	Excess of reasonable cost (from line 18)		O	0	30.00
31. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		136, 232	1, 189, 639	
32. 00	Deducti bl es		0	0	
33. 00	Coinsurance		o	0	1
34. 00			o	0	
35. 00	Utilization review		o		35. 00
36. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	136, 232	1, 189, 639	
37. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37. 00
38.00			136, 232	1, 189, 639	38. 00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39. 00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		136, 232	1, 189, 639	40. 00
41.00	Interim payments		0	0	1
42.00	Balance due provider/program (line 40 minus 41)		136, 232	1, 189, 639	
43.00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub 15-2,	0	0	43. 00
	section 115.2				

Health Financial Systems

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

Provi der CCN: 180104

				0 08/31/2013	1/31/2014 9:3	
		General Fund	Speci fi c	Endowment Fund	Plant Fund	J dill
			Purpose Fund			
	I	1.00	2. 00	3. 00	4. 00	
1 00	CURRENT ASSETS	4 007 7/0			0	1 00
1. 00 2. 00	Cash on hand in banks Temporary investments	4, 807, 768	C		0	1. 00 2. 00
3.00	Notes receivable				0	3.00
4. 00	Accounts receivable	122, 383, 347	1	0	0	ł
5. 00	Other receivable	0	ď	o o	0	
6.00	Allowances for uncollectible notes and accounts receivable	-88, 085, 598	c c	0	0	6. 00
7.00	Inventory	6, 319, 652	c c	0	0	7. 00
8.00	Prepai d expenses	0	C	0	0	8. 00
9.00	Other current assets	6, 899, 760		0	0	9. 00
10.00	Due from other funds	0	C		0	10.00
11. 00	Total current assets (sum of lines 1-10)	52, 324, 929	<u> </u>	0	0	11. 00
12. 00	FI XED ASSETS Land	7, 424, 056		0	0	12. 00
13. 00	Land improvements	6, 665, 350	1		0	
14. 00	Accumulated depreciation	-5, 795, 504	1		0	
15. 00	Bui I di ngs	162, 124, 211	1	0	0	15. 00
16.00	Accumulated depreciation	-74, 124, 780	1	0	0	16. 00
17. 00	Leasehold improvements	39, 749, 552	c	0	0	17. 00
18. 00	Accumulated depreciation	-25, 683, 804	1	0	0	18. 00
19. 00	Fi xed equipment	14, 170, 725	i	0	0	19. 00
20. 00	Accumulated depreciation	-12, 808, 836	<u> </u>	0	0	20. 00
21. 00	Automobiles and trucks	0		0	0	21.00
22. 00	Accumulated depreciation	120 752 202	C	0	0	1
23. 00 24. 00	Major movable equipment Accumulated depreciation	120, 753, 302 -95, 628, 984	l .		0	23. 00 24. 00
25. 00	Mi nor equi pment depreci abl e	-93, 020, 904			0	25. 00
26. 00	Accumulated depreciation				0	26.00
27. 00	HIT designated Assets	ĺ	i c	0	Ö	27. 00
28. 00	Accumul ated depreciation	0		0	0	28. 00
29.00	Mi nor equi pment-nondepreci abl e	0	ol c	0	0	29. 00
30.00	Total fixed assets (sum of lines 12-29)	136, 845, 288	C	0	0	30. 00
	OTHER ASSETS					
31.00	Investments	6, 039	l .		0	31.00
32. 00	Deposits on Leases	0	C	0	0	32.00
33. 00 34. 00	Due from owners/officers Other assets	37, 560, 354	1		0	33. 00 34. 00
35. 00	Total other assets (sum of lines 31-34)	37, 566, 393	1	0	0	35.00
36. 00	Total assets (sum of lines 11, 30, and 35)	226, 736, 610	1		0	
00.00	CURRENT LI ABI LI TI ES	220, 700, 010	1	,		00.00
37.00	Accounts payable	6, 175, 649	C	0	0	37. 00
38.00	Salaries, wages, and fees payable	7, 151, 247	· c	0	0	38. 00
39. 00	Payroll taxes payable	-70	) c	0	0	39. 00
40.00	Notes and Loans payable (short term)	0	C	0	0	40. 00
41. 00	Deferred income	0	) c	0	0	41.00
42.00	Accel erated payments	0	1			42.00
43.00	Due to other funds	2 040 022	C		0	
45. 00	Other current liabilities Total current liabilities (sum of lines 37 thru 44)	3, 940, 923 17, 267, 749		,	0	
43.00	LONG TERM LIABILITIES	17, 207, 749		)	0	45.00
46. 00	Mortgage payable	0	C	0	0	46. 00
47.00	Notes payable	0	1	0	0	ł
48.00	Unsecured Loans	0	ol c	0	0	48. 00
49.00	Other long term liabilities	24, 165, 243	C	0	0	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49	24, 165, 243			0	
51. 00	Total liabilites (sum of lines 45 and 50)	41, 432, 992	<u> </u> C	0	0	51.00
F0 00	CAPI TAL ACCOUNTS	105 000 (40	ı			
52.00	General fund balance	185, 303, 618	1			52.00
53. 00 54. 00	Specific purpose fund Donor created - endowment fund balance - restricted		C	,		53. 00 54. 00
55. 00	Donor created - endowment fund balance - restricted			0		55.00
56. 00	Governing body created - endowment fund balance					56.00
57. 00	Plant fund balance - invested in plant				0	1
58. 00	Plant fund balance - reserve for plant improvement,				0	1
	repl acement, and expansi on					
59. 00	Total fund balances (sum of lines 52 thru 58)	185, 303, 618	l .	0	0	
60. 00	Total liabilities and fund balances (sum of lines 51 and	226, 736, 610	l c	0	0	60. 00
	[59]	I	I	1	l	I

To 08/31/2013	Date/Time Prep 1/31/2014 9:35	
General Fund Special Purpose Fund	Endowment Fund	dill
1.00 2.00 3.00 4.00	5. 00	
1. 00 Fund balances at beginning of period 182, 345, 153 0	3.00	1. 00
2.00 Net income (loss) (from Wkst. G-3, line 29) -10,540,734		2. 00
3.00 Total (sum of line 1 and line 2) 171,804,419 0		3. 00
4. OO MIS/SEED MONEY TRANSFERS 479, 758 0	0	4. 00
5. OO   INCREASE IN RESTRICTED FUNDS 94, 437 0	ő	5. 00
6. 00 OTHER DIVISION 12, 925, 000 0	ő	6. 00
7. 00   TO BALANCE   4   0	0	7. 00
8.00	ő	8. 00
9.00	0	9. 00
10.00 Total additions (sum of line 4-9) 13,499,199 0	-	10.00
11.00 Subtotal (line 3 plus line 10) 185, 303, 618		11. 00
12.00 Deductions (debit adjustments) (specify) 0 0	0	12. 00
13.00	ol	13. 00
14.00	0	14. 00
15. 00		15. 00
16. 00	0	16.00
17. 00	o	17.00
18.00 Total deductions (sum of lines 12-17)		18.00
19.00 Fund balance at end of period per balance 185,303,618 0		19.00
sheet (line 11 minus line 18)		
Endowment Fund Plant Fund		
6.00 7.00 8.00		
1.00 Fund balances at beginning of period 0		1. 00
2.00 Net income (loss) (from Wkst. G-3, line 29)		2. 00
3.00 Total (sum of line 1 and line 2) 0 0		3. 00
4.00 MIS/SEED MONEY TRANSFERS 0		4. 00
5.00 INCREASE IN RESTRICTED FUNDS 0		5. 00
6.00 OTHER DIVISION		6. 00
7.00 TO BALANCE O		7. 00
8.00		8. 00
9.00		9.00
10.00 Total additions (sum of line 4-9)		10.00
11.00   Subtotal (line 3 plus line 10) 0 0		11.00
12.00 Deductions (debit adjustments) (specify) 0		12.00
13. 00		13.00
14. 00		14.00
15. 00		15.00
16. 00		16.00
10.00		
17. 00		17.00
		17. 00 18. 00
17. 00		

Health Financial Systems
STATEMENT OF PATLENT REVENUES AND OPERATING EXPENSES

			То	08/31/2013	Date/Time Prep 1/31/2014 9:3	
	Cost Center Description	Inpati ent		Outpati ent	Total	Jani
	oddt denten beden ptron	1.00		2. 00	3. 00	
	PART I - PATIENT REVENUES	1.00	_	2.00	0.00	
	General Inpatient Routine Services					
1.00	Hospi tal	24, 411, 3	01		24, 411, 301	1. 00
2.00	SUBPROVI DER - I PF		0		0	2. 00
3.00	SUBPROVI DER - I RF		0		0	3. 00
4. 00	SUBPROVI DER		0		0	4. 00
5.00	Swing bed - SNF		0		0	5. 00
6.00	Swing bed - NF		0		0	6. 00
7.00	SKILLED NURSING FACILITY	3, 127, 6	38		3, 127, 638	7. 00
8.00	NURSING FACILITY		0		0	8. 00
9.00	OTHER LONG TERM CARE		0		0	9. 00
10.00	Total general inpatient care services (sum of lines 1-9)	27, 538, 9	39		27, 538, 939	
	Intensive Care Type Inpatient Hospital Services					
11. 00	INTENSIVE CARE UNIT	13, 833, 1	96		13, 833, 196	11. 00
12.00	CORONARY CARE UNIT	11, 594, 9	72		11, 594, 972	12.00
13.00	BURN INTENSIVE CARE UNIT		0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT		0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)					15. 00
16.00	Total intensive care type inpatient hospital services (sum of lines	25, 428, 1	68		25, 428, 168	16. 00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52, 967, 1	07		52, 967, 107	17. 00
18.00	Ancillary services	300, 910, 5	33	371, 794, 273	672, 704, 806	18. 00
19.00	Outpatient services		0	49, 565, 643	49, 565, 643	19. 00
20.00	RURAL HEALTH CLINIC		0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	21. 00
22.00	HOME HEALTH AGENCY			0	0	22. 00
23.00	AMBULANCE SERVICES		0	0	0	23. 00
24.00	CMHC			0	0	24.00
24. 10	CORF		0	0	0	24. 10
25.00	AMBULATORY SURGICAL CENTER (D. P. )		0	0	0	25.00
26. 00	HOSPI CE		0	0	0	26. 00
27. 00	PATIENT INCIDENTALS		0	12, 843	12, 843	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.	353, 877, 6	40	421, 372, 759	775, 250, 399	28. 00
	G-3, line 1)					
	PART II - OPERATING EXPENSES					
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			223, 344, 436		29. 00
30. 00	SUPPORT SERVICES	2, 265, 5				30. 00
31. 00	OTHER DIVISIONS	12, 803, 0				31. 00
32. 00			0			32. 00
33. 00			0			33. 00
34. 00			0			34. 00
35. 00			0			35. 00
36. 00	Total additions (sum of lines 30-35)			15, 068, 588		36. 00
37. 00	DEDUCT (SPECIFY)		0			37. 00
38. 00			0			38. 00
39. 00			0			39. 00
40.00			U			40. 00
41. 00	Total deductions (our of lines 27 44)		U	[ _		41. 00
42. 00	Total deductions (sum of lines 37-41)	_		220 412 624		42. 00
43. 00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer	1		238, 413, 024		43. 00
	to Wkst. G-3, line 4)	I	1	I		

Health Financial Systems BAPTIST HEALTH PADUCAH In Lieu of Form CMS-2552-10								
STATEMENT OF REVENUES AND EXPENSES Provider CCN: 180104 Period:			Worksheet G-3					
			From 09/01/2012 To 08/31/2013	Date/Time Pre 1/31/2014 9:3				
				1. 00				
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			775, 250, 399 553, 807, 268	1.00			
2.00	Less contractual allowances and discounts on patients' accounts				2. 00			
3. 00	Net patient revenues (line 1 minus line 2)			221, 443, 131				
4. 00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			238, 413, 024				
5. 00	Net income from service to patients (line 3 minus line 4)	-16, 969, 893	5. 00					
	OTHER I NCOME			4.40.005	, 00			
6.00	Contributions, donations, bequests, etc			149, 235 150, 845	6. 00			
7.00	Income from investments				7. 00			
8.00					8. 00			
9.00					9. 00			
10.00	Purchase di scounts			0				
11.00					11.00			
12.00				0	12.00			
	3.00 Revenue from laundry and linen service							
	00 Revenue from meals sold to employees and guests				14. 00			
	Revenue from rental of living quarters				15. 00			
	Revenue from sale of medical and surgical supplies to other than patients				16.00			
	Revenue from sale of drugs to other than patients				17. 00			
	Revenue from sale of medical records and abstracts			104, 733				
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00			
20.00	Revenue from gifts, flowers, coffee shops, and canteen			336, 710				
21. 00	Rental of vending machines			0	21. 00			
22. 00	Rental of hospital space			1, 917, 083				
23. 00	Governmental appropriations			0	23. 00			
24. 00				2, 809, 984				
25. 00				6, 429, 159				
	6.00 Total (line 5 plus line 25)				26. 00			
	OO OTHER EXPENSES (SPECIFY)				27. 00			
	7.00 Total other expenses (sum of line 27 and subscripts)			0				
29. 00	Net income (or loss) for the period (line 26 minus line 28)		l	-10, 540, 734	29. 00			

DADTICT HEALTH DADWAN								
Health Financial Systems  CALCULATION OF CAPITAL PAYMENT  BAPTIST HEALTH PAYMENT		Provi der CCN: 180104	Peri od: From 09/01/2012 To 08/31/2013	w of Form CMS-2552-10 Worksheet L Parts I-III Date/Time Prepared: 1/31/2014 9:36 am				
Title XVIII Hospital								
				1.00				
	PART I - FULLY PROSPECTIVE METHOD							
	CAPITAL FEDERAL AMOUNT Capital DRG other than outlier 3,465,126							
1.00	Capital DRG other than outlier				1. 00			
2.00	Capital DRG outlier payments				2. 00			
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			144. 71	3. 00			
4.00	Number of interns & residents (see instructions)			0. 00 0. 00	4. 00			
5. 00 6. 00	Indirect medical education percentage (see instructions)				5. 00 6. 00			
7. 00	Indirect medical education adjustment (line 1 times line 5)				7. 00			
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 0.00 7. 30) (see instructions)							
8. 00	Percentage of Medicaid patient days to total days (see instruct		0.00	8. 00				
9. 00	Sum of lines 7 and 8			0.00	9. 00			
10. 00	Allowable disproportionate share percentage (see instructions)			0.00				
11. 00					11. 00			
12. 00	1 ' '	3, 593, 084	12. 00					
	PART II - PAYMENT UNDER REASONABLE COST							
1.00	Program inpatient routine capital cost (see instructions)			0	1. 00			
2.00	Program inpatient ancillary capital cost (see instructions)			0	2. 00			
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3. 00			
4.00	Capital cost payment factor (see instructions)			0	4. 00			
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00			
				1. 00				
	PART III - COMPUTATION OF EXCEPTION PAYMENTS							
1.00	Program inpatient capital costs (see instructions)			0	1. 00			
2.00	Program inpatient capital costs for extraordinary circumstances	s (see instructions)		0	2. 00			
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3. 00			
4.00	Applicable exception percentage (see instructions)			0.00	4. 00			
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5. 00			
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6. 00			
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7. 00			
8. 00 9. 00	Capital minimum payment level (line 5 plus line 7)			0	8. 00 9. 00			
10.00	Current year capital payments (from Part I, line 12, as applicable)			0	9. 00 10. 00			
11. 00	1				10.00			
11.00	Worksheet L, Part III, line 14)	0	11.00					
12. 00					12. 00			
13. 00					13. 00			
14. 00					14. 00			
55	(if line 12 is negative, enter the amount on this line)			0	55			
15. 00				0	15. 00			
16. 00	00 Current year operating and capital costs (see instructions)			0	16. 00			
17. 00	17.00   Current year exception offset amount (see instructions)							