Health Financia This report is	l Systems FLOYI required by law (42 USC 1395g; 42 C	D MEMORIAL HOSPIT				ieu of Form CMS- im FORM APPROVED				
	ince the beginning of the cost repo					OMB NO. 0938 EXPIRES 05-3	-0050			
HOSPITAL AND HO AND SETTLEMENT	SPITAL HEALTH CARE COMPLEX COST REP SUMMARY	ORT CERTIFICATION	Provider CCN		riod: om 01/01/201 09/30/201					
PART I - COST R	EPORT STATUS		- J			1 2/ 20/ 2021 22				
Provider 1	L.[ X ]Electronically filed cost re	port			Date: 2/28/2	2017 Time: 1	1:49 am			
	<ol> <li>Manually submitted cost repo</li> <li>[0] If this is an amended report</li> <li>[F] Medicare Utilization. Enter</li> </ol>	enter the number	of times the L" for low.			cost report				
Contractor 5 use only	(1) As Submitted 7. Contr (2) Settled without Audit 8.[ N ]	Received: actor No.  Initial Report fr  Final Report for	or this Provid this Provider	ler CCN 12.[ 0	ractor's Ver ]If line 5,	ndor Code: column 1 is 4: imes reopened =	4 Enter 0-9.			
PART II - CERTI	FICATION					3007	577 50			
ADMINISTRATIVE / PROVIDED OR PROC	ON OR FALSIFICATION OF ANY INFORMAT ACTION, FINE AND/OR IMPRISONMENT UNI CURED THROUGH THE PAYMENT DIRECTLY ( ACTION, FINES AND/OR IMPRISONMENT M/	DER FEDERAL LAW. OR INDIRECTLY OF A	FURTHERMORE,	IF SERVICES I	DENTIFIED /IN	THIS REPORT WE	RE			
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 FLOYD MEMORIAL HOSPITAL & HEALTH SVS (15-0044) for the cost reporting period beginning 01/01/2016 and ending 09/30/2016 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.         Encryption Information         ECR: Date: 2/28/2017 Time: 11:49 am         9. ayvi.xznBSvxXdtgieSMBafNBNQ0       Title         Title         PI: Date: 2/28/2017 Time: 11:49 am         Stigned         Stigned         Title         Title         Title xVIII										
		Title V	Part A	Part B	HIT	Title XIX	1. A.			
		1.00	2.00	3.00	4.00	5.00				
PART III	- SETTLEMENT SUMMARY									
1.00 Hospital		0	212,643	49,709		0 0	1.00			
2.00 Subprovid	er – IPF	0	0	0		0	2.00			
3.00 Subprovid	er – IRF	0	0	0		0	3.00			
4.00 SUBPROVID	ER I						4.00			
5.00 Swing bed		0	0	0		. 0				
6.00 Swing bed		0		-		0				
-	URSING FACILITY	0	0	0		0	1			
8.00 NURSING F		0	-	-		0				
	TH AGENCY I	0	0	0		0	9.00			
	LTH CLINIC I	. 0		0		0	1			
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	212,643	49,709	(	0 0	200.00			
	s represent "due to" or "due from"									
displays a valid required to comp instructions, se have any comment 7500 Security Bo Please do not se Reports Clearanc under the associ	Paperwork Reduction Act of 1995, n OMB control number. The valid OMB lete and review the information col arch existing resources, gather the s concerning the accuracy of the ti ulevard, Attn: PRA Report Clearance nd applications, claims, payments, e Office. Please note that any cor ated OMB control number listed on t rding where to submit your document	control number f lection is estima data needed, and me estimate(s) or Officer, Mail St medical records o respondence not p his form will not	or this infor ted 673 hours complete and suggestions op C4-26-05, r any documen vertaining to be reviewed,	mation collect per response, review the in for improving Baltimore, Mar ts containing the informatio forwarded, or	ion is 0938- including t formation co the form, pl yland 21244- sensitive ir n collectior	-0050. The time the time to revi ollection. If y lease write to: -1850. formation to th burden approve	e i ew ⁄ou CMS , cMS , ed			
				ан Мал						

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX	FLOYD MEMORIAL HOS			N: 15-004		eriod: rom 01/01			neet S-2	
								/2016	Date/	Fime Pre 2017 11:	
		2.00		3.00		I		4.00			
00	Hospital and Hospital Health Care Co Street: 1850 STATE STREET	PO Box:									1.00
00	City: NEW ALBANY	State: IN			50-4990			Devene	at Cur	+ (D	2.00
		Component Name	CCN Numbe	CBS r Numb		/i der /pe	Date Certified		, 0, o	stem (P, r N)	
		1.00					F 00	V			]
	Hospital and Hospital-Based Componer	1.00 nt Identification:	2.00	3.0	0   4.	00	5.00	6.00	7.00	8.00	
. 00	Hospi tal	FLOYD MEMORIAL HOSPIT	AL 15004	4 3114	40	1 (	07/01/1966	6 N	Р	0	3.00
. 00 . 00 . 00 . 00 . 00 . 00 0. 00 1. 00 2. 00	Subprovider - IPF Subprovider - IRF Subprovider - (Other) Swing Beds - SNF Swing Beds - NF Hospital -Based SNF Hospital -Based NF Hospital -Based OLTC Hospital -Based HHA	& HEALTH SVS FLOYD MEMORIAL HOSPIT & HEALTH SVS	AL 15715	2 311	40		07/01/1985	5 N	Р	Ν	4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
5.00 6.00 7.00 7.10 8.00	Separately Certified ASC Hospital-Based Hospice Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC Hospital-Based (CMHC) I Hospital-Based (CORF) I Renal Dialysis Other	α HEALIN 3V3									13.00 14.00 15.00 16.00 17.00 17.10 18.00 19.00
							From 1.00			o: 00	-
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)						01/01/2			0/2016	20. 0 21. 0
2.00	Inpatient PPS Information Does this facility qualify and is it share hospital adjustment, in accord for yes or "N" for no. Is this facil amendment hospital?) In column 2, er	lance with 42 CFR §412 ity subject to 42 CFR	.106? In Section	col umn	1, enter	r "Y"	e Y			N	22.0
2. 01	Did this hospital receive interim ur period? Enter in column 1, "Y" for y reporting period occurring prior to for no for the portion of the cost r (see instructions)	ncompensated care paym ves or "N" for no for October 1. Enter in c	ents for the porti olumn 2,	on of th "Y" for	ne cost yes or '	"N"	Y			Y	22.0
2. 02	Is this a newly merged hospital that determined at cost report settlement or "N" for no, for the portion of th in column 2, "Y" for yes or "N" for or after October 1.	? (see instructions) ne cost reporting peri	Enter in od prior	column 1 to Octob	l, "Y" fo per 1. En	or yes nter				N	22.0
2. 03	Did this hospital receive a geograph of the OMB standards for delineating in column 1, "Y" for yes or "N" for prior to October 1. Enter in column cost reporting period occurring on c hospital contain at least 100 but no 42 CFR 412.105)? Enter in column 3,	y statistical areas ad no for the portion of 2, "Y" for yes or "N" or after October 1. (s ot more than 499 beds	opted by the cost for no f ee instru (as count	CMS in F reporti or the p ctions)	Y2015? I ng perio ortion o Does thi	Enter od of the is	\$			Ν	22.0
3. 00	Which method is used to determine Me 1, enter 1 if date of admission, 2 i method of identifying the days in th used in the prior cost reporting per	dicaid days on lines f census days, or 3 i is cost reporting per iod? In column 2, en	24 and/or f date of iod diffe ter "Y" f	dischar rent fro <u>or yes c</u>	nge. Is n om the me or "N" fo	the ethod <u>or no.</u>		3		N	23.0
		Medi pai d	caid Me days el u	-State di cai d i gi bl e npai d days	Out-of State Medicai paid day	d Me ys el	State edi cai d i gi bl e unpai d	Medica HMO da	ys Me	Other edi cai d days	
00	If this provider is an IPPS hospital		00 563	2.00 2,760	3.00	82	4.00	5.00	728	6.00	2 24.0
	in-state Medicaid paid days in colum Medicaid eligible unpaid days in col out-of-state Medicaid paid days in c out-of-state Medicaid eligible unpai 4, Medicaid HMO paid and eligible bu column 5, and other Medicaid days in	nn 1, in-state umn 2, column 3, d days in column it unpaid days in n column 6.			I			Ζ,		212	
	If this provider is an IRF, enter th Medicaid paid days in column 1, the Medicaid eligible unpaid days in col out-of-state Medicaid days in column Medicaid eligible unpaid days in col HMO paid and eligible but unpaid day	in-state umn 2, n 3, out-of-state umn 4, Medicaid	0	0		0	0		0		25.0

			ITAL & HEALTH S			Lie	u of For		
HOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TΑ	Provider CC	F	Period: From 01/01/2		Workshe Part I		
				1	o 09/30/2		2/28/20	<u>)17 11:</u>	<u>45 am</u>
					Urban/Rura	al S	Date of 2.0		-
26.00	Enter your standard geographic classification (not wa cost reporting period. Enter "1" for urban or "2" for			ginning of the		1			26.00
27.00	Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or	age) st ~ "2" f	atus at the en or rural. If a			1			27.00
35.00	enter the effective date of the geographic reclassifi If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status in		0			35.00
	· · · · · · · · · · · · · · · · · · ·				Begi nni n	g:	Endi		
36.00	Enter applicable beginning and ending dates of SCH st	tatus.	Subscript line	36 for number	1.00		2.0	10	36.00
37.00	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.		umber of perio	ds MDH status		0			37.00
37.01	Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" fo								37.01
38.00	instructions) If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.								38.00
	enter subsequent dates.				Y/N		Y/		
39.00	Does this facility qualify for the inpatient hospital	payme	ent adjustment	for low volume	1.00 e N		2. C N		39.00
	hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage red CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	)? Ent quireme	er in column 1 ents in accorda	"Y" for yes nce with 42					
40.00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	n adjus per 1.	tment? Enter " Enter "Y" for	Y" for yes or	- Y		N		40.00
	no m cordinin 2, for discharges of or after october 1.	(366	Thisti de tronsj		-	V	XVIII	XIX	-
	Prospective Payment System (PPS)-Capital				I	1.00	0 2.00	3.00	
45.00	Does this facility qualify and receive Capital paymer with 42 CFR Section §412.320? (see instructions)	nt for	di sproporti ona	te share in a	cordance	Ν	Y	N	45.00
46.00	Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst Pt. III.					Ν	N	N	46.00
47.00 48.00	Is this a new hospital under 42 CFR §412.300 PPS capi Is the facility electing full federal capital payment Teaching Hospitals					N N	N N	N N	47.00 48.00
56.00	Is this a hospital involved in training residents in	approv	ed GME program	s? Enter "Y"	for yes	Ν			56.00
57.00	or "N" for no. If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont for yes or "N" for no in column 2. If column 2 is "N	ryeso thoft	or "N" for no i his cost repor	n column 1. li ting period?	F column 1 Enter "Y"				57.00
58.00	"N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reimb	l, if a ourseme	pplicable. ent for physici						58.00
	defined in CMS Pub. 15-1, chapter 21, §2148? If yes, Are costs claimed on line 100 of Worksheet A? If yes	s, comp	lete Wkst. D-2			Ν			59.00
60.00	Are you claiming nursing school and/or allied health provider-operated criteria under §413.85? Enter "Y"					Y			60.00
		Y/N	I ME	Direct GME	ÍME		Direct	GME	
61.00	Did your hospital receive FTE slots under ACA	1.00 N	2.00	3.00	4.00	0.00	5. C		61.00
	section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	IN .				0. 00	1	0. 00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see		0.00	0.0	o				61.01
61. 02	instructions) Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of		0. OC	0.0	o				61.02
61.03	ACA). (see instructions) Enter the base line FTE count for primary care and/or general surgery residents, which is used for		0. OC	0.0	c				61.03
61. 04	determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the		0. 00	0.0	c				61.04
61.05	current cost reporting period. (see instructions). Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line		0.00	0.0	o				61.05
2 / 20 / 2	61.04 minus line 61.03). (see instructions)								

SPITAL AND HOSPITAL HEALTH CARE COMPL	EX IDENTIFICATION D	AIA	Provider CC		eriod: rom 01/01/2016	Worksheet S-2 Part I	
				Тс	09/30/2016	2/28/2017 11:	
		Y/N	IME	Direct GME	I ME	Direct GME	
a. 5		1.00	2.00	3.00	4.00	5.00	
.06 Enter the amount of ACA §5503 awa used for cap relief and/or FTEs t care or general surgery. (see ins	hat are nonprimary		0.00	0.00			61.0
		Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
.10 Of the FTEs in line 61.05, specif specialty, if any, and the number for each new program. (see instru- column 1, the program name, enter program code, enter in column 3, unweighted count and enter in col FTE unweighted count.	of FTE residents actions) Enter in in column 2, the the IME FTE umn 4, direct GME				0.00	0.00	61.
20 Of the FTEs in line 61.05, specif program specialty, if any, and the residents for each expanded program instructions) Enter in column 1, enter in column 2, the program co 3, the IME FTE unweighted count a 4, direct GME FTE unweighted court	e number of FTE am. (see the program name, de, enter in column ind enter in column				0.00	0.00	61. :
						1.00	
ACA Provisions Affecting the Heal					i a d. Cara urbi a b		(2)
.00 Enter the number of FTE residents your hospital received HRSA PCRE	funding (see instru	ctions)					62.0
.01 Enter the number of FTE residents during in this cost reporting per Teaching Hospitals that Claim Res	iod of HRSA THC pro	gram. (	see instructio		your hospital	0.00	62.0
.00 Has your facility trained residen "Y" for yes or "N" for no in colu	its in nonprovider s	ettings	during this c		period? Enter	Ν	63.
				Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				Si te 1.00	2.00	3.00	-
Section 5504 of the ACA Base Year							
period that begins on or after Ju 00 Enter in column 1, if line 63 is in the base year period, the numb resident FTEs attributable to rot settings. Enter in column 2 the resident FTEs that trained in you of (column 1 divided by (column 1)	yes, or your facili her of unweighted no ations occurring in number of unweighte ur hospital. Enter i	ty trai n-prima all no d non-p n colum	ned residents ry care nprovider rimary care n 3 the ratio	0.00	0.00	0. 000000	64.
	Program Name		ogram Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00		2.00	3.00	4.00	5.00	
.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care				0.00	0. 00	0. 000000	05.(

	Financial Systems	FLOYD MEMORIA					Li eu	u of For		
HOSPI T	AL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	ΑΤΑ	Provider C	F	eriod: rom 01/01/2 o 09/30/2		Workshe Part I Date/Ti 2/28/20	me Pre	pared:
					Unweighted FTEs Nonprovider Site	Unweight FTEs in Hospita	n	Ratio 1/ (col col.	(col. . 1 + 2))	
	Section 5504 of the ACA Current	Year FTE Residents i	n Nonprovi	der Setting	1.00 gsEffective f	<u>2.00</u> for cost re	port	3.C ing peri		
66.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-prima occurring in all nonpu unweighted non-prima al. Enter in column 3	rovider se ry care re 3 the rati	ettings. esident oof	0. 00		0.00	0.	000000	66.00
		Program Name		am Code	Unweighted FTEs Nonprovider Site	Unweight FTEs i Hospita	n	Ratio 3/ (col col.	. 3 +	
		1.00	2	. 00	3.00	4.00		5. C		
	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)				0. 00		0.00	0.	000000	67.00
							1 00		2.00	
	Inpatient Psychiatric Facility F	PPS					1.00	) 2.00	3.00	
	Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 yes: Column 1: Did th	sychiatric Facility ( ).					N		0	70. 00 71. 00
	recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cc program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit	olumn 2: Did this fac R 412.424 (d)(1)(iii) cate which program ye	ility trai )(D)? Ente	n residents er "Y" for y	s in a new teac /es or "N" for	hi ng no.				
75.00	Is this facility an Inpatient Re	habilitation Facility	y (IRF), c	or does it c	contain an IRF		Ν			75.00
76.00	subprovider? Enter "Y" for yes If line 75 yes: Column 1: Did th recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente indicate which program year bega	ne facility have an ap ling on or before Nove train residents in a er "Y" for yes or "N"	ember 15, new teach for no. (	2004? Enter hing program Column 3: If	ˈ"Y" for yes c in accordance column 2 is Y	or "N" for with 42			0	76.00
								1. 0	00	
	Long Term Care Hospital PPS Is this a long term care hospita Is this a LTCH co-located withir "Y" for yes and "N" for no.					period? E	nter	N		80. 00 81. 00
	TEFRA Providers Is this a new hospital under 42 Did this facility establish a new formation of the facility of the factor of the	w Other subprovider	(excl uded				no.	N	I	85. 00 86. 00
87.00	§413.40(f)(1)(ii)? Enter "Y" fc ls this hospital a "subclause (l for yes or "N" for no.	) yes and N for no. 1)" LTCH classified n	under sect	i on 1886(d)	(1)(B)(iv)(II)			N		87.00
						V 1.00		XI. 2. C		
90.00	Title V and XIX Services Does this facility have title V		hospi tal	services? E	Enter "Y" for	N		Y		90.00
91.00	yes or "N" for no in the applica Is this hospital reimbursed for		hrough the	e cost repor	rt either in	N		Y		91.00
	full or in part? Enter "Y" for y Are title XIX NF patients occupy	ves or "N" for no in "	the applic	able column	۱.			N		92.00
	instructions) Enter "Y" for yes Does this facility operate an IC	or "N" for no in the	appl i cabl	e column.		N		N		93. 00
	"Y" for yes or "N" for no in the Does title V or XIX reduce capit	applicable column.	•			N		N		93.00 94.00
74. UU	applicable column.		o, yes, di							74.00

<sup>2/28/2017 11:45</sup> am

### FLOYD MEMORIAL HOSPITAL & HEALTH SVS

HOSPITAL AND HOSPITAL HEALTH CADE COMPLEY LOCATION DATA	PITAL & HEALTH	343		Lieu oi i	OT III OMIC	5-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C			016 Part 016 Date	/Time P /2017 1	-2 repared: 1:45 am
			V 1.00		XIX 2.00	_
95.00  fline 94 is "Y", enter the reduction percentage in the a 96.00 Does title V or XIX reduce operating cost? Enter "Y" for y applicable column.			0.00 N		0. 00 N	95.00 96.00
97.00 If line 96 is "Y", enter the reduction percentage in the a Rural Providers	applicable colum	nn.	0.00		0.00	97.00
105.00 Does this hospital qualify as a critical access hospital ( 106.00 If this facility qualifies as a CAH, has it elected the al for outpatient services? (see instructions)		thod of payment	N N			105.00 106.00
107.00 f this facility qualifies as a CAH, is it eligible for con- training programs? Enter "Y" for yes or "N" for no in colu- yes, the GME elimination is not made on Wkst. B, Pt. I, con- reimbursed. If yes complete Wkst. D-2, Pt. II.	umn 1. (see inst	tructions) lf	N			107.00
108.00 Is this a rural hospital qualifying for an exception to th CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	Dee		108.00
	Physi cal 1.00	0ccupational 2.00	Speech 3.00	Res	oi ratory 4. 00	4
109.00 If this hospital qualifies as a CAH or a cost provider, and therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00	_
110.00 Did this hospital participate in the Rural Community Hospi the current cost reporting period? Enter "Y" for yes or "N		on project (41	OA Demo)for		N	110.00
			-	1.00 2.0	00 3.0	<u> </u>
Miscellaneous Cost Reporting Information				1.00 2.1		
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes is yes, enter the method used (A, B, or E only) in column 3 either "93" percent for short term hospital or "98" perc psychiatric, rehabilitation and long term hospitals provid Pub. 15-1, chapter 22, §2208.1.	2. If column 2 cent for long te	is "E", enter erm care (inclu	in column des	N	0	115.00
116.00 Is this facility classified as a referral center? Enter "1 117.00 Is this facility legally-required to carry malpractice ins			"N" for	N Y		116. 00 117. 00
118.00 is the malpractice insurance a claims-made or occurrence p claim-made. Enter 2 if the policy is occurrence.	oolicy? Enter 1	if the policy	is	1		118.00
		Premi ums	Losses	l ns	surance	
			0.00			_
118.01 List amounts of malpractice premiums and paid losses:		1.00	2.00	812	3.00	0118.01
		1, 120, 000		012		
110 Milling malagraphics arguing and haid locase reported in a sec	t contor other	then the	1.00		2.00	110.02
118.02 Are malpractice premiums and paid losses reported in a cos Administrative and General? If yes, submit supporting sch and amounts contained therein.	st center other nedule listing c	than the cost centers	1.00 N		2.00	118.02
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 DO NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amendment	nedule listing o old Harmless pro in column 1, "\ qualifies for 1	cost centers ovision in ACA (" for yes or the Outpatient			2.00 N	118.02 119.00 120.00
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho \$3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA \$3121 and applicable amendm Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imp	hedule listing of bld Harmless pro in column 1, "Y qualifies for t hents? (see inst	cost centers ovision in ACA (" for yes or the Outpatient tructions)	N			119.00
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amendm Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2	hedule listing of bld Harmless pro in column 1, "\ qualifies for t ments? (see inst blantable device s? Enter "Y" for	cost centers by ision in ACA /" for yes or the Outpatient tructions) es charged to - yes or "N"	N			119. 00 120. 00
<ul> <li>Administrative and General? If yes, submit supporting schand amounts contained therein.</li> <li>119.00 D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hot §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA §3121 and applicable amendments? Inter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost impatients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information</li> </ul>	hedule listing of old Harmless pro- in column 1, "Y qualifies for t hents? (see inst olantable device s? Enter "Y" for the Worksheet A	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to - yes or "N" A line number	N N Y N			119.00 120.00 121.00 122.00
<ul> <li>Administrative and General? If yes, submit supporting schand amounts contained therein.</li> <li>119.00 D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho \$3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA \$3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA \$3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information</li> <li>125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyyy) below.</li> </ul>	hedule listing of in column 1, "Y qualifies for t hents? (see inst of antable device s? Enter "Y" for the Worksheet A for yes and "N"	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to yes or "N" A line number	N N Y			119. 00 120. 00 121. 00 122. 00 125. 00
<ul> <li>Administrative and General? If yes, submit supporting schand amounts contained therein.</li> <li>119.00 D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hot §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA §3121 and applicable amendmenter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost implatients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information</li> <li>125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyy) below.</li> <li>126.00 If this is a Medicare certified kidney transplant center, in column 1 and termination date, if applicable, in column</li> </ul>	hedule listing of bld Harmless pro- in column 1, "Y qualifies for t ments? (see inst blantable device s? Enter "Y" for the Worksheet A for yes and "N" enter the certi n 2.	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to - yes or "N" A line number - for no. If fication date	N N Y N			119.00 120.00 121.00 122.00 125.00 126.00
<ul> <li>Administrative and General? If yes, submit supporting schand amounts contained therein.</li> <li>119.00 D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hot §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with &lt; 100 beds that Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.</li> <li>121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no.</li> <li>122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included.</li> <li>Transplant Center Information</li> <li>125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>126.00 If this is a Medicare certified heart transplant center, in column 1 and termination date, if applicable, in column</li> </ul>	hedule listing of bld Harmless pro- in column 1, "Y qualifies for the hents? (see inst blantable device s? Enter "Y" for the Worksheet A for yes and "N" enter the certin n 2. enter the certin n 2.	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to r yes or "N" A line number for no. If fication date	N N Y N			119.00 120.00 121.00 122.00 125.00 126.00 127.00
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amendm Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain state health or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified heart transplant center, in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, of in column 1 and termination date, if applicable, in column	hedule listing of bld Harmless pro- in column 1, "Y qualifies for the ments? (see inst blantable device s? Enter "Y" for the Worksheet A for yes and "N" enter the certif n 2. enter the certif n 2. enter the certif n 2.	cost centers by ision in ACA (" for yes or the Outpatient tructions) es charged to r yes or "N" A line number d' for no. If fication date fication date	N N Y N			119.00 120.00 121.00 122.00 125.00 126.00
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amendm Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain state heal th or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified heart transplant center, in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, e in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, et in column 1 and termination date, if applicable, in column 130.00 If this is a Medicare certified pancreas transplant center	hedule listing of an column 1, "Y qualifies for the plantable device of the Worksheet A for yes and "N" enter the certifin 2. enter the certifin 2. enter the certifin 2. enter the certifin 2. enter the certifin 2.	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to - yes or "N" A line number 	N N Y N			119.00 120.00 121.00 122.00 125.00 126.00 127.00 128.00
Administrative and General? If yes, submit supporting sch and amounts contained therein. 119.00 D0 NOT USE THIS LINE 120.00 Is this a SCH or EACH that qualifies for the Outpatient Ho §3121 and applicable amendments? (see instructions) Enter "N" for no. Is this a rural hospital with < 100 beds that Hold Harmless provision in ACA §3121 and applicable amendm Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost imp patients? Enter "Y" for yes or "N" for no. 122.00 Does the cost report contain state heal th or similar taxes for no in column 1. If column 1 is "Y", enter in column 2 where these taxes are included. Transplant Center Information 125.00 Does this facility operate a transplant center? Enter "Y" yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare certified kidney transplant center, in column 1 and termination date, if applicable, in column 127.00 If this is a Medicare certified heart transplant center, e in column 1 and termination date, if applicable, in column 128.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e in column 1 and termination date, if applicable, in column 129.00 If this is a Medicare certified liver transplant center, e column 1 and termination date, if applicable, in column	hedule listing of bld Harmless pro- in column 1, "Y qualifies for the hents? (see inst blantable device s? Enter "Y" for the Worksheet A for yes and "N" enter the certifing 2. enter the certifing 2. herer the certifing 2.	cost centers ovision in ACA (" for yes or the Outpatient tructions) es charged to r yes or "N" A line number d' for no. If fication date fication date cation date in rtification	N N Y N			119.00 120.00 121.00 122.00 125.00 126.00 127.00 128.00 129.00

Health Financial Systems	FLOYD MEMORIAL HOSPI	TAL & HEALTH S	SVS		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provider CC	N: 15-0044	Peri od:		Worksheet S-2	2
					1/01/2016 9/30/2016		pared:
						2/28/2017 11:	
					1.00	2.00	-
133.00 If this is a Medicare certified o			ication date				133.00
in column 1 and termination date, 134.00 If this is an organ procurement or	• •		in column 1				134.00
and termination date, if applicable							134.00
All Providers			-				1
140.00 Are there any related organization chapter 10? Enter "Y" for yes or '				ts	Ν		140.00
are claimed, enter in column 2 the							
1.00	2.00				3.00		
If this facility is part of a chain office and enter the home office of			ugh 143 the	name an	d address	of the home	
141.00Name:	Contractor's Name:		Contract	tor's Nu	mber:		141.00
142.00 Street:	PO Box:		7				142.00
143.00 Ci ty:	State:		Zip Code	e:			143.00
						1.00	-
144.00 Are provider based physicians' cos	sts included in Worksheet	A?				Y	144.00
					1.00	2.00	-
145.00 If costs for renal services are cl					N	2100	145.00
inpatient services only? Enter "Y' no, does the dialysis facility ind							
period? Enter "Y" for yes or "N"		TOI THIS COST	reporting				
146.00 Has the cost allocation methodolog	y changed from the previou				Ν		146.00
Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/o		15-2, chapter 4	40, §4020) I	f			
						1.00	
147.00 Was there a change in the statisti 148.00 Was there a change in the order of						N N	147.00 148.00
149.00 Was there a change to the simplifi				or no.		N	149.00
		Part A	Part B		itle V	Title XIX	-
Does this facility contain a prov	der that qualifies for an	1.00	2.00 m the appli		<u>3.00</u>	4.00	-
or charges? Enter "Y" for yes or							
155.00Hospital		N	N		N	N	155.00
156.00Subprovi der – IPF 157.00Subprovi der – IRF		N N	N		N N	N N	156.00 157.00
158. 00 SUBPROVI DER							158.00
159.00 SNF 160.00 HOME_HEALTH_AGENCY		N	N		N	N	159.00 160.00
161. OOCMHC		N	N N		N N	N N	161.00
161. 10 CORF			N		N	N	161.10
						1.00	-
Multicampus						1.00	
165.00 Is this hospital part of a Multica	ampus hospital that has on	e or more camp	uses in diff	ferent C	BSAs?	N	165.00
Enter "Y" for yes or "N" for no.	Name	County	State Zi	ip 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 O, county in column 1, state in							
column 2, zip code in column 3,							
CBSA in column 4, FTE/Campus in column 5 (see instructions)							
					1		
						1.00	
Health Information Technology (HI 167.00 Is this provider a meaningful user				ent Act		Y	167.00
168.00 If this provider is a CAH (line 10	05 is "Y") and is a meaning	gful user (line		'), ente	r the		168.00
reasonable cost incurred for the H			n audie.c.		dobir		140.01
168.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)					usni p		168.01
169.00 If this provider is a meaningful u	user (line 167 is "Y") and				enter the	9.99	169.00
transition factor. (see instruction	ons)						

Health Financial Systems	FLOYD MEMORIAL HOSPITA	AL & HEALTH SVS	In Lieu	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I	Period:	Worksheet S-2	2		
	From 01/01/2016 To 09/30/2016	Part I Date/Time Pre 2/28/2017 11:	epared:		
			Begi nni ng	Ending	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR begi period respectively (mm/dd/yyyy)	170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170.00
			1.00	2.00	
171.00 If line 167 is "Y", does this provide			N	(	0171.00
section 1876 Medicare cost plans repo					
"Y" for yes and "N" for no in column		nter the number of section	on		
1876 Medicare days in column 2. (see	instructions)				

<sup>2/28/2017 11:45</sup> am

	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Period:	Worksheet S-	2
				rom 01/01/2016 0 09/30/2016		onaro
			1	o 09/30/2016	Date/Time Pr 2/28/2017 11	
		· ·		Y/N	Date	1
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter	N for all NO r	esponses. Ente	r all dates in	the	
	mm/dd/yyyy format.					_
	COMPLETED BY ALL HOSPITALS					_
00	Provider Organization and Operation Has the provider changed ownership immediately prior to th	o boginning of	the east	N		1 1.
00	reporting period? If yes, enter the date of the change in			IN		'.
	reporting period. In yes, enter the date of the change in	00100012. (300	Y/N	Date	V/I	
			1.00	2.00	3.00	
00	Has the provider terminated participation in the Medicare		N			2.
	yes, enter in column 2 the date of termination and in colu	ımn 3, "V" for				
	voluntary or "I" for involuntary.					
00	Is the provider involved in business transactions, includi		N			3.
	contracts, with individuals or entities (e.g., chain home					
	or medical supply companies) that are related to the provi officers, medical staff, management personnel, or members					
	of directors through ownership, control, or family and oth					
	relationships? (see instructions)					
			Y/N	Туре	Date	
			1.00	2.00	3.00	+
	Financial Data and Reports					
00	Column 1: Were the financial statements prepared by a Cer		Y	A		4.
	Accountant? Column 2: If yes, enter "A" for Audited, "C"	for Compiled,				
	or "R" for Reviewed. Submit complete copy or enter date av	ailable in				
	column 3. (see instructions) If no, see instructions.					
00	Are the cost report total expenses and total revenues diff		N			5.
	those on the filed financial statements? If yes, submit re	conciliation.		N/ (b)		_
				Y/N	Legal Oper.	
,	Approved Educational Activities			1.00	2.00	-
	Column 1: Are costs claimed for nursing school? Column 2:	lf vos ist	he provider is	N		6.
00	the legal operator of the program?	11 ycs, 15 t		in i		0.
00	Are costs claimed for Allied Health Programs? If "Y" see i	nstructions.		Ν		7.
	Were nursing school and/or allied health programs approved		d during the	Ν		8.
	cost reporting period? If yes, see instructions.		5			
00	Are costs claimed for Interns and Residents in an approved	l graduate medi	cal education	N		9.
	program in the current cost report? If yes, see instructio					
. 00	Was an approved Intern and Resident GME program initiated	or renewed in	the current	N		10.
	cost reporting period? If yes, see instructions.					
	Are GME cost directly assigned to cost centers other than	I & R in an Ap	proved	N		11.
	Teaching Program on Worksheet A? If yes, see instructions.				Y/N	
					1.00	-
	Bad Debts				1.00	
	Is the provider seeking reimbursement for bad debts? If ye	s see instruc	tions		Y	12
	If line 12 is yes, did the provider's bad debt collection			st reporting	N	13.
	period? If yes, submit copy.	p=:::=j==:::g=				
. 00	If line 12 is yes, were patient deductibles and/or co-paym	ents waived? I	fyes, see ins	tructions.	Ν	14.
	Bed Complement					
. 00	Did total beds available change from the prior cost report				Ν	15.
			rt A		t B	
		Y/N	Date	Y/N	Date	
,	DSID Data	1.00	2.00	3.00	4.00	
	PS&R Data Was the cost report prepared using the PS&R Report only?	N		N		16.
	If either column 1 or 3 is yes, enter the paid-through	IN		IN		10.
	date of the PS&R Report used in columns 2 and 4 . (see					
	instructions)		01/04/0017	Y	01/04/2017	17.
	instructions) Was the cost report prepared using the PS&R Report for	Y	1 01/04/2017			
	Was the cost report prepared using the PS&R Report for	Y	01/04/2017	1		
		Y	01/04/2017			
. 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 yes, enter the paid-through date	Y	01/04/2017			
. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If	Y	0170472017	N		18.
. 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 yes, enter the paid-through date in columns 2 and 4. (see instructions)		01/04/2017			18.
. 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 yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R		01/04/2017			18.
. 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 yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed		01/04/2017			18.
. 00 . 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 yes, enter the paid-through date in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this		01/04/2017			18.

	FLOYD	MEMORI AL	HOSPI TAL	&	HEALTH SVS	;
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In Lieu of Form CMS-2552-10

<u>Heal t</u> h	Financial Systems FLOYD MEMORIAL HOS	PITAL & HEALTH	SVS	In Lie	u of Form CM	<u>IS-2552-10</u>
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Period: From 01/01/2016 To 09/30/2016	Date/Time	Prepared:
					2/28/2017	11:45 am
			iption O	Y/N 1.00	Y/N 3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		0	N	N	20.00
	Report data for other bescribe the other adjustments.	Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		Ν		21.00
		·			1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	CEPT CHILDRENS	HOSPI TALS)			
	Capital Related Cost					
	Have assets been relifed for Medicare purposes? If yes, so					22.00
23.00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.			0		23.00
24.00	Were new leases and/or amendments to existing leases enter If yes, see instructions	0		0 1		24.00
25.00	Have there been new capitalized leases entered into during instructions.		0.1	5		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during instructions.	the cost report	ing period? I	f yes, see		26.00
27.00	Has the provider's capitalization policy changed during the copy.	ne cost reporti	ng period? If	yes, submit		27.00
28.00	Interest Expense Were new Loans, mortgage agreements or Letters of credit of	entered into du	ring the cost	reporti na		28.00
29.00	period? If yes, see instructions. Did the provider have a funded depreciation account and/o		C	. 0		29.00
30.00	treated as a funded depreciation account? If yes, see ins	tructions				30.00
	instructions.					
31.00	Has debt been recalled before scheduled maturity without i instructions.	ssuance of new	debt? IT yes,	See		31.00
32.00	Purchased Services Have changes or new agreements occurred in patient care so		ed through co	ntractual		32.00
33.00	arrangements with suppliers of services? If yes, see inst If line 32 is yes, were the requirements of Sec. 2135.2 ap		ng to competi	tive bidding? If	2	33.00
	no, see instructions. Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an a If yes, see instructions.	arrangement wit	h provider-bas	sed physi ci ans?		34.00
35.00	If line 34 is yes, were there new agreements or amended e: physicians during the cost reporting period? If yes, see i		nts with the p	orovi der-based		35.00
	Iphysicians during the cost reporting period: in yes, see i	nstructions.		Y/N	Date	
_	Home Office Costs			1.00	2.00	
	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been p If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year end	nd of the home	offi ce.			38.00
39.00	If line 36 is yes, did the provider render services to oth see instructions.	ner chain compo	nents? If yes,	r.		39.00
40.00	If line 36 is yes, did the provider render services to the instructions.	e home office?	lf yes, see			40.00
		1.	00	2.	00	
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	BKD, LLP		BKD, LLP		41.00
42.00	respectively. Enter the employer/company name of the cost report	BKD, LLP				42.00
43.00	preparer. Enter the telephone number and email address of the cost	502-581-0435		LVCOSTREPORTS@	BKD. COM	43.00
	report preparer in columns 1 and 2, respectively.	I				II

Health Fi	nancial Systems	FLOYD MEMORIAL HOSP	ITAL & HEALT	H SVS	In Lieu	u of Form CMS-2	2552-10
HOSPI TAL	AND HOSPITAL HEALTH CARE REIMBURSEM	ENT QUESTI ONNAI RE	Provi der		Period:	Worksheet S-2	
					From 01/01/2016 To 09/30/2016	Part II Date/Time Pre 2/28/2017 11:	pared: 45 am
				3.00			
Cos	st Report Preparer Contact Informati	on					
41.00 En	nter the first name, last name and th	ne title/position	BKD, LLP				41.00
he	eld by the cost report preparer in co	olumns 1, 2, and 3,					
re	especti vel y.						
42.00 En	nter the employer/company name of the	e cost report					42.00
pr	reparer.						
43.00 En	nter the telephone number and email a	address of the cost					43.00
re	eport preparer in columns 1 and 2, re	especti vel y.					

	<u>Financial Systems</u> FLOYD TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	MEMORIAL HOSPI	Provi der C		Peri od:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2016 To 09/30/2016		
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		Line Number	2 00	Available	4.00	5.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 7.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed SNF Total Adults & Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF	1.00 30.00 31.00 32.00 33.00 34.00 43.00 43.00 40.00 41.00 42.00	2.00 199 199 16 0 0 215 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	54, 52 4, 38 58, 91	26 0.00 84 0.00 0 0.00 0 0.00 0 0.00	5.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
$\begin{array}{c} 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 24.\ 10\\ 25.\ 00\\ 25.\ 10\\ 25.\ 10\\ 26.\ 00\\ 26.\ 25\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 01\\ \end{array}$	SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC CMHC - CORF RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	42.00 44.00 45.00 101.00 115.00 116.00 30.00 99.00 99.00 98.00 88.00 89.00	0 0 0 0 215 0		0		19.00 20.00 21.00 22.00 23.00 24.00 24.10 25.00 25.10 26.00 26.25 27.00

2/28/2017 11:45 am

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC		Period: From 01/01/2016 To 09/30/2016		
						2/28/2017 11:	45 am
		I/P Days	/ O/P Visits ,	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
				Patients	& Residents	Payrol I	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18, 902	484	37, 17	2		1.00
2.00	HMO and other (see instructions)	5, 296	5, 806				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
6.00 7.00	Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation	18, 902	0 484	37, 17	0 2		6.00 7.00
	beds) (see instructions)	1 000	5.0				
8.00	INTENSIVE CARE UNIT	1, 930	50	3, 78			8.00
9.00 10.00	CORONARY CARE UNIT	0	0		0		9.00
10.00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	0	0		0		10.00
12.00	OTHER SPECIAL CARE (SPECIFY)	0	U		0		12.00
12.00	NURSERY		29	2, 19	1		13.00
14.00	Total (see instructions)	20, 832	563	43, 14		2, 276. 09	
15.00	CAH visits	20,002	0		0	2,2,0,0,	15.00
16.00	SUBPROVIDER - IPF	o	o		0.00	0.00	
17.00	SUBPROVIDER - IRF	0	0		0 0.00		
18.00	SUBPROVI DER		0		0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0		0.00	0.00	19.00
20.00	NURSING FACILITY		0		0.00	0.00	20.00
21.00	OTHER LONG TERM CARE				0 0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	15, 092	0	23, 09	3 0.00	38.33	22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)				0.00		23.00
24.00	HOSPI CE	0	0		0 0.00	0.00	
24. 10	HOSPICE (non-distinct part)	0	0	55			24.10
25.00	CMHC - CMHC	0	0		0 0.00		
25. 10	CMHC - CORF	0	0		0 0.00		
26.00	RURAL HEALTH CLINIC	0	0		0 0.00		
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00		
27.00	Total (sum of lines 14-26)			0.54	0.00	2, 314. 42	
28.00	Observation Bed Days		461	8, 51	2		28.00
29.00	Ambulance Trips	0			0		29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF	0	272		-		31.00
32. 00 32. 01	Labor & delivery days (see instructions) Total ancillary labor & delivery room	U	272	58	0		32.00
	outpatient days (see instructions)				1	1	1

iospi 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider (	CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016		pared
		Full Time Equivalents		Dis	scharges		
	Component	Nonpai d Workers	Title V	Title XVII	I Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
. 00 . 00 . 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider		(	۵ 4, 5 ۶	668 113 195 1, 350 0	10, 600	1. 2. 3.
00 00 00 00 00 00 00 00 00 00 00 00 00	HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY				0		4. 5. 6. 7. 8. 9. 10. 11. 12. 13.
. 00 . 00 . 00 . 00 . 00 . 00	Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY	0.00 0.00 0.00 0.00 0.00	(	0 4, 5 0 0	68 113 0 0 0 0 0 0	10, 600 0 0 0	
). 00         . 00         2. 00         3. 00         4. 10         5. 00         5. 10         5. 00         5. 10         5. 00         5. 00         5. 00         5. 00         5. 00         5. 00         5. 00         6. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00         7. 00	NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D.P.) HOSPICE HOSPICE (non-distinct part) CMHC - CMHC CMHC - CORF RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	0, 00 0, 00				0	19.         20.         21.         22.         23.         24.         25.         26.         27.         28.         29.         30.         31.         32.         33.

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS

HOSPI TA	AL WAGE INDEX INFORMATION			Provider C		eriod: rom 01/01/2016		
					-	0 09/30/2016	Date/Time Pre 2/28/2017 11:	pared:
		Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet	Adj usted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	45 am
	-	1.00	2.00	A-6)	4.00	F. 00	6.00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES	200,00	112 270 210		113, 279, 219	2 (12 700 10	21.25	1 1 00
	Total salaries (see instructions)	200.00	113, 279, 219		113, 279, 219	3, 613, 798. 10	31.35	1.00
2.00	Non-physician anesthetist Part		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part		0	0	0	0.00	0.00	3.00
	Physician-Part A – Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	
	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
	Interns & residents (in an	21.00	0	0	0	0.00	0.00	7.00
	approved program) Contracted interns and		0	0	0	0.00	0.00	7.01
	residents (in an approved programs) Home office and/or related		0		0	0.00	0.00	8.00
	organization personnel		0					
10.00	SNF Excluded area salaries (see instructions)	44.00	0 38, 750, 484	0 -83, 433	0 38, 667, 051	0. 00 922, 866. 16	0.00 41.90	9.00 10.00
	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		1, 217, 192	0	1, 217, 192	20, 713. 74	58.76	11.00
	Care							
	Contract labor: Top level management and other management and administrative		0	0	0	0.00	0.00	12.00
	services Contract labor: Physician-Part		26, 700	0	26, 700	237.00	112.66	13.00
	A - Administrative Home office and/or related		0	0	0	0.00	0.00	14.00
	orgainzation salaries and		J. J			0.00	0.00	
	wage-related costs Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00		14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
	Home office and Contract Physicians Part A - Teaching WAGE-RELATED COSTS		0	0	0	0.00	0. 00	16.00
17.00	Wage-related costs (core) (see		25, 638, 881	0	25, 638, 881			17.00
	instructions) Wage-related costs (other) (see instructions)		0	0	0			18.00
	Excluded areas		10, 802, 776	0	10, 802, 776			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
	Non-physician anesthetist Part B		0	0	0			21.00
	Physician Part A - Administrative		0	0	0			22.00
	Physician Part A - Teaching Physician Part B		0	0	0			22.01 23.00
	Wage-related costs (RHC/FQHC)		0	0	0			23.00
25.00	Interns & residents (in an		0	0	0			25.00
25.50	approved program) Home office wage-related		0	0	0			25.50
	Related orgainzation wage-related		0	0	0			25.51
25. 52	Home office: Physician Part A - Administrative -		0	0	0			25.52
25. 53	wage-related Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25. 53

#### FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

HOSPI T	AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2016 To 09/30/2016	Worksheet S-3 Part II Date/Time Pre 2/28/2017 11:	pared:
		Worksheet A	Amount	Recl assi fi cat	Adj usted	Paid Hours	Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col		(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1.00	2.00	3.00	4.00	5.00	6.00	
	OVERHEAD COSTS - DIRECT SALARI							
26.00	Employee Benefits Department	4.00	2, 724, 502		2, 724, 50			26.00
27.00	Administrative & General	5.00	9, 709, 155					27.00
28.00	Administrative & General under		401, 279	0	401, 27	9 5, 351. 26	74.99	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0		0 0.00		29.00
30.00	Operation of Plant	7.00	1, 572, 440		1, 572, 44			30.00
31.00	Laundry & Linen Service	8.00	63, 920	0	63, 92	0 4, 926. 01	12. 98	31.00
32.00	Housekeepi ng	9.00	1, 384, 977	0	1, 384, 97	7 99, 713. 22	13.89	32.00
33.00	Housekeeping under contract (see instructions)		28, 507	0	28, 50	7 2, 313. 58	12.32	33.00
34.00	Di etary	10.00	1, 679, 802	0	1, 679, 80	2 99, 686. 73	16 85	34.00
35.00	Dietary under contract (see	10.00	1, 07 7, 002		1,077,00	0 0.00		35.00
55.00	i nstructi ons)		0			0.00	0.00	33.00
36.00	Cafeteri a	11.00	0	0		0 0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	0	0		0.00	0.00	38.00
39.00	Central Services and Supply	14.00	850, 120	0	850, 12	0 49, 018. 91	17.34	39.00
40.00	Pharmacy	15.00	2,944,032		2, 927, 57	4 65, 054. 36	45.00	40.00
41.00	Medical Records & Medical	16.00	3, 182, 656	0	3, 182, 65	6 117, 028. 55		41.00
40.00	Records Library	47.00	-				A 44	40.00
	Soci al Servi ce	17.00	0	0		0 0.00		42.00
43.00	Other General Service	18.00	0	0	1	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION         Provider CCN: 15-0044         Period: From 01/01/2016 To 09/30/2016         Worksheet S-3 Part III - Date/Time Prepared: 2/28/2017 11:45 am           Image: Index information of the state interview interview         Worksheet A Line Number         Amount Reported         Recl assificat ion of Salaries (from Worksheet A-60         Adjusted Salaries (col. 2 ± col. 3)         Paid Hours Related to Salaries in col. 4         Average Hourly Wage (col. 4 + col. 5)           Image: Index interview         1.00         2.00         3.00         4.00         5.00         6.00           Image: Index interview         113, 709,005         0         113, 709,005         3, 621, 462.94         31.40         1.00           2.00         Excluded area salaries (see instructions)         113, 709,005         0         113, 709,005         3, 621, 462.94         31.40         1.00           3.00         Subtotal salaries (line 1 minus line 2)         113, 709,005         0         113, 709,005         3, 621, 462.94         31.40         1.00           4.00         Subtotal salaries (line 1 minus line 2)         12, 43, 892         0         1, 243, 892         20, 950, 74         59.37         4.00           6.00         Subtotal wage-related costs (see inst.)         25, 638, 881         0         25, 638, 881         0.00         34.17         5.00	Heal th	Financial Systems	FLOYD	MEMORIAL HOSF	PITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
PART III - HOSPITAL WAGE INDEX SUMMARY         Image: Note of the sector of the se	HOSPI T	AL WAGE INDEX INFORMATION			Provider C	F	rom 01/01/2016	Part III Date/Time Pre	pared:
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			Worksheet A	Amount	Recl assi fi cat	Adj usted	Paid Hours	Average	
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$					Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						3)	col. 4	col. 5)	
PART III - HOSPITAL WAGE INDEX SUMMARY         113, 709, 005         0         4.00         5.00         6.00           1.00         Net salaries (see instructions)         113, 709, 005         0         113, 709, 005         3, 621, 462, 94         31.40         1.00           2.00         Excluded area salaries (see instructions)         113, 709, 005         0         113, 709, 005         3, 621, 462, 94         31.40         1.00           3.00         Excluded area salaries (see instructions)         38, 750, 484         -83, 433         38, 667, 051         922, 866.16         41.90         2.00           3.00         Subtotal salaries (line 1         74, 958, 521         83, 433         75, 041, 954         2, 698, 596.78         27.81         3.00           minus line 2)         1, 243, 892         0         1, 243, 892         20, 950.74         59.37         4.00           costs (see inst.)         5.00         Subtotal wage-related costs (see inst.)         25, 638, 881         0         25, 638, 881         0.00         34.17         5.00           6.00         Total (sum of lines 3 thru 5)         101, 841, 294         83, 433         101, 924, 727         2, 719, 547.52         37.48         6.00           7.00         Total overhead cost (see         24, 541, 390									
PART III - HOSPITAL WAGE INDEX SUMMARY           1.00         Net sal aries (see instructions)         113, 709, 005         0         113, 709, 005         3, 621, 462. 94         31. 40         1. 00           2.00         Excluded area sal aries (see instructions)         113, 709, 005         0         113, 709, 005         3, 621, 462. 94         31. 40         1. 00           2.00         Excluded area sal aries (see instructions)         38, 750, 484         -83, 433         38, 667, 051         922, 866. 16         41. 90         2. 00           3.00         Subtotal sal aries (line 1 minus line 2)         74, 958, 521         83, 433         75, 041, 954         2, 698, 596. 78         27. 81         3. 00           4.00         Subtotal other wages & related costs (see inst.)         1, 243, 892         0         1, 243, 892         20, 950. 74         59. 37         4. 00           5.00         Subtotal wage-related costs (see inst.)         25, 638, 881         0         25, 638, 881         0. 00         34. 17         5. 00           6.00         Total (sum of lines 3 thru 5)         101, 841, 294         83, 433         101, 924, 727         2, 719, 547. 52         37. 48         6. 00           7.00         Total overhead cost (see         24, 541, 390         60, 021         24, 601, 411					· · · · · · · · · · · · · · · · · · ·				
1.00       Net sal aries (see instructions)       113, 709, 005       0       113, 709, 005       3, 621, 462. 94       31. 40       1.00         2.00       Excluded area sal aries (see instructions)       38, 750, 484       -83, 433       38, 667, 051       922, 866. 16       41. 90       2.00         3.00       Subtotal sal aries (line 1 minus line 2)       74, 958, 521       83, 433       75, 041, 954       2, 698, 596. 78       27. 81       3.00         4.00       Subtotal other wages & related costs (see inst.)       1, 243, 892       0       1, 243, 892       20, 950. 74       59. 37       4.00         5.00       Subtotal wage-related costs (see inst.)       25, 638, 881       0       25, 638, 881       0.00       34. 17       5.00         6.00       Total (sum of lines 3 thru 5)       101, 841, 294       83, 433       101, 924, 727       2, 719, 547. 52       37. 48       6.00         7.00       Total overhead cost (see       24, 541, 390       60, 021       24, 601, 411       921, 449. 33       26. 70       7.00				2.00	3.00	4.00	5.00	6.00	
instructions)       38,750,484       -83,433       38,667,051       922,866.16       41.90       2.00         instructions)       Subtotal salaries (line 1       74,958,521       83,433       75,041,954       2,698,596.78       27.81       3.00         4.00       Subtotal other wages & related costs (see inst.)       1,243,892       0       1,243,892       20,950.74       59.37       4.00         5.00       Subtotal wage-related costs (see inst.)       25,638,881       0       25,638,881       0.00       34.17       5.00         6.00       Total (sum of lines 3 thru 5)       101,841,294       83,433       101,924,727       2,719,547.52       37.48       6.00         7.00       Total overhead cost (see       24,541,390       60,021       24,601,411       921,449.33       26.70       7.00			SUMMARY						
2.00       Excluded area salaries (see instructions)       38,750,484       -83,433       38,667,051       922,866.16       41.90       2.00         3.00       Subtotal salaries (line 1 minus line 2)       74,958,521       83,433       75,041,954       2,698,596.78       27.81       3.00         4.00       Subtotal other wages & related costs (see inst.)       1,243,892       0       1,243,892       20,950.74       59.37       4.00         5.00       Subtotal wage-related costs (see inst.)       25,638,881       0       25,638,881       0.00       34.17       5.00         6.00       Total (sum of lines 3 thru 5)       101,841,294       83,433       101,924,727       2,719,547.52       37.48       6.00         7.00       Total overhead cost (see       24,541,390       60,021       24,601,411       921,449.33       26.70       7.00	1.00			113, 709, 005	0	113, 709, 005	3, 621, 462. 94	31.40	1.00
instructions) Subtotal salaries (line 1 minus line 2)74,958,52183,43375,041,9542,698,596.7827.813.004.00Subtotal other wages & related costs (see inst.)1,243,89201,243,89220,950.7459.374.005.00Subtotal wage-related costs (see inst.)25,638,881025,638,8810.0034.175.006.00Total (sum of lines 3 thru 5)101,841,29483,433101,924,7272,719,547.5237.486.007.00Total overhead cost (see24,541,39060,02124,601,411921,449.3326.707.00									
3.00       Subtotal salaries (line 1 minus line 2)       74,958,521       83,433       75,041,954       2,698,596.78       27.81       3.00         4.00       Subtotal other wages & related costs (see inst.)       1,243,892       0       1,243,892       20,950.74       59.37       4.00         5.00       Subtotal wage-related costs (see inst.)       25,638,881       0       25,638,881       0.00       34.17       5.00         6.00       Total (sum of lines 3 thru 5)       101,841,294       83,433       101,924,727       2,719,547.52       37.48       6.00         7.00       Total overhead cost (see       24,541,390       60,021       24,601,411       921,449.33       26.70       7.00	2.00			38, 750, 484	-83, 433	38, 667, 051	922, 866. 16	41.90	2.00
Minus Line 2)Minus Line 2)Line 2)Li									
4.00       Subtotal other wages & related costs (see inst.)       1,243,892       0       1,243,892       20,950.74       59.37       4.00         5.00       Subtotal wage-related costs (see inst.)       25,638,881       0       25,638,881       0.00       34.17       5.00         6.00       Total (sum of lines 3 thru 5)       101,841,294       83,433       101,924,727       2,719,547.52       37.48       6.00         7.00       Total overhead cost (see       24,541,390       60,021       24,601,411       921,449.33       26.70       7.00	3.00			74, 958, 521	83, 433	75, 041, 954	2, 698, 596. 78	27.81	3.00
costs (see inst.)costs (see inst.)25,638,881025,638,8810.0034.175.005.00Subtotal wage-related costs (see inst.)101,841,29483,433101,924,7272,719,547.5237.486.007.00Total overhead cost (see24,541,39060,02124,601,411921,449.3326.707.00									
5.00       Subtotal wage-related costs (see inst.)       25,638,881       0       25,638,881       0.00       34.17       5.00         6.00       Total (sum of lines 3 thru 5)       101,841,294       83,433       101,924,727       2,719,547.52       37.48       6.00         7.00       Total overhead cost (see       24,541,390       60,021       24,601,411       921,449.33       26.70       7.00	4.00			1, 243, 892	0	1, 243, 892	2 20, 950. 74	59.37	4.00
(see inst.)       6.00       Total (sum of lines 3 thru 5)       101, 841, 294       83, 433       101, 924, 727       2, 719, 547. 52       37. 48       6.00         7.00       Total overhead cost (see       24, 541, 390       60, 021       24, 601, 411       921, 449. 33       26. 70       7.00									
6.00         Total (sum of lines 3 thru 5)         101,841,294         83,433         101,924,727         2,719,547.52         37.48         6.00           7.00         Total overhead cost (see         24,541,390         60,021         24,601,411         921,449.33         26.70         7.00	5.00			25, 638, 881	0	25, 638, 881	0.00	34.17	5.00
7.00         Total overhead cost (see         24,541,390         60,021         24,601,411         921,449.33         26.70         7.00									
instructions)	7.00			24, 541, 390	60, 021	24, 601, 411	921, 449. 33	26.70	7.00
		instructions)							

		TAL & HEALTH SVS		u of Form CMS-2	
JSPI I	AL WAGE RELATED COSTS	Provider CCN: 15-0044	Period: From 01/01/2016	Worksheet S-3 Part IV	
			To 09/30/2016		par
				2/28/2017 11:	45
				Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS				
	Part A - Core List				
	RETIREMENT COST				
00	401K Employer Contributions			0	1
00	Tax Sheltered Annuity (TSA) Employer Contribution			1, 341, 730	
00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3
00	Qualified Defined Benefit Plan Cost (see instructions)			16, 068, 942	4
~ ~	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				_
00	401K/TSA Plan Administration fees			0	5
00	Legal /Accounting/Management Fees-Pension Plan			0	6
00	Employee Managed Care Program Administration Fees			0	7
	HEALTH AND INSURANCE COST			11 (00 011	
00	Health Insurance (Purchased or Self Funded)			11, 622, 941	8
)1	Health Insurance (Self Funded without a Third Party Adminis			0	
)2	Health Insurance (Self Funded with a Third Party Administra	tor)		0	
)3	Heal th Insurance (Purchased)			0	8
00	Prescription Drug Plan			0	
00	Dental, Hearing and Vision Plan			-290, 731	
00	Life Insurance (If employee is owner or beneficiary)			22, 867	
00	Accident Insurance (If employee is owner or beneficiary)			0	
00	Disability Insurance (If employee is owner or beneficiary)			227, 728	
00	Long-Term Care Insurance (If employee is owner or beneficia	ry)		0	14
00	'Workers' Compensation Insurance			241, 123	
00	Retirement Health Care Cost (Only current year, not the ext	raordinary accruai requir	ed by FASB 106.	0	16
	Non cumulative portion)				
00	TAXES FICA-Employers Portion Only			6, 953, 444	1 1-
	Medicare Taxes - Employers Portion Only				18
00 00	Unemployment Insurance			0	
				41, 162	
00	State or Federal Unemployment Taxes OTHER			0	20
00	Executive Deferred Compensation (Other Than Retirement Cost	Departed on Lines 1 three	ugh 1 abovo (cod	0	21
00	instructions))	Reported on Times I thro	ugii 4 above. (See	0	21
. 00	Day Care Cost and Allowances			0	22
00	Tuition Reimbursement			212, 451	
00	Total Wage Related cost (Sum of lines 1 -23)			36, 441, 657	
	Part B - Other than Core Related Cost				1

In Lieu of Form CMS-2552-10

near th		TINE & HEALTH SVS	111 LIC		2002 10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Date/Time Pre	pared:
				2/28/2017 11:	45 am
	Cost Center Description		Contract	Benefit Cost	
			Labor		
			1.00	2.00	
	PART V - Contract Labor and Benefit Cost			•	
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0	1.00
2.00	Hospi tal		0	0	2.00
3.00	Subprovider - IPF		0	0	3.00
4.00	Subprovider - IRF		0	0	4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF		0	0	8.00
9.00	Hospital-Based NF		0	0	9.00
10.00	Hospi tal -Based OLTC				10.00
11.00	Hospital-Based HHA		0	0	11.00
12.00	Separately Certified ASC		0	0	12.00
13.00	Hospi tal -Based Hospi ce		0	0	13.00
14.00	Hospital-Based Health Clinic RHC		0	0	14.00
15.00	Hospital-Based Health Clinic FQHC		0	0	15.00
16.00	Hospi tal -Based-CMHC		0	0	16.00
16. 10	Hospital-Based-CMHC 10		0	0	16.10
17.00	Renal Di al ysi s		0	0	17.00
18.00	Other		0	0	18.00

		D MEMORIAL HOSP				u of Form CMS-2	
HOME F	EALTH AGENCY STATI STI CAL DATA		Provider C		eriod: rom 01/01/2016	Worksheet S-4	
			Component		o 09/30/2016		
					Home Health	PPS	<u>45 dili</u>
					Agency I		
				-		00	
0.00	County	Title V	Title XVIII	Title XIX	FLOYD Other	Total	0.00
		1.00	2.00	3.00	4.00	5. 00	
1.00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	1, 136	165	1, 081	2, 382	1.00
2.00	Unduplicated Census Count (see instructions)						2.00
				Number of Empl	oyees (Full Ti	me Equivalent)	
		Enter the numb	er of hours in	Staff	Contract	Total	
			l work week	Starr	Contract	TOTAL	
		-					
	HONE HEALTH AGENOV NUMBER OF ENDLOVEED	(	0	1.00	2.00	3.00	
3.00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00 6.00	Other Administrative Personnel Direct Nursing Service			12.90			5.00 6.00
7.00	Nursi ng Supervi sor			0.00			7.00
8.00 9.00	Physical Therapy Service			6. 72 0. 00			8.00 9.00
9.00 10.00	Physical Therapy Supervisor Occupational Therapy Service			2.08			9.00 10.00
11.00	Occupational Therapy Supervisor			0.00			11.00
12.00 13.00	1 55			0.71			12.00 13.00
	Medi cal Soci al Servi ce			0.44			
15.00				0.00			15.00
	Home Health Aide Home Health Aide Supervisor			1.53			16.00 17.00
	Other (specify)	1		0.00	0.00	0.00	18.00
19.00	HOME HEALTH AGENCY CBSA CODES Enter in column 1 the number of CBSAs where	1		1			19.00
17100	you provided services during the cost						17100
20 00	reporting period. List those CBSA code(s) in column 1 serviced			31140			20.00
20.00	during this cost reporting period (line 20	•		51140			20.00
	contains the first code).	Eull E	pi sodes				
		Without		LUPA Epi sodes	PEP Only	Total (cols.	
		Outliers	2.00	3.00	Epi sodes	1-4) 5.00	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	5.00	
	Skilled Nursing Visits	6,909					
22.00 23.00	Skilled Nursing Visit Charges Physical Therapy Visits	1, 327, 961 4, 048					22.00 23.00
24.00	Physical Therapy Visit Charges	761, 830					24.00
25.00 26.00	Occupational Therapy Visits Occupational Therapy Visit Charges	1, 289 223, 525			21 3, 615		
27.00	Speech Pathology Visits	281	34	4	4	323	27.00
28.00 29.00		52, 075 172		830	740	59, 935 184	28.00 29.00
	Medical Social Service Visits	37, 840		660	880		30.00
31.00	Home Health Aide Visits	1, 414			8	1, 564	31.00
	Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27,	113, 120 14, 113					32.00 33.00
	29, and 31)						
34.00 35.00	Other Charges Total Charges (sum of lines 22, 24, 26, 28,	18, 956 2, 535, 307					34.00 35.00
	30, 32, and 34)						
36.00	Total Number of Episodes (standard/non outlier)	960		123	21	1, 104	36.00
	Total Number of Outlier Episodes		9		1	10	37.00
38.00	Total Non-Routine Medical Supply Charges	50, 743	1, 498	1, 898	931	55, 070	38.00

Heal th	Financial Systems FLOYD MEMO	RIAL HOSPITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10	
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider C		Period:	Worksheet S-1	0	
				rom 01/01/2016			
				o 09/30/2016	Date/Time Pre 2/28/2017 11:		
					272072017 11.		
					1.00		
-	Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 20	<u>2 column 3 divided by li</u>	ine 202 column	8)	0. 233594	1.00	
	Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid				17, 811, 556	2.00	
3.00	Did you receive DSH or supplemental payments from		~	-	Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH o		from Medicaid	?	Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental	payments from Medicaid			0	5.00	
6.00 7.00	Medicaid charges Medicaid cost (line 1 times line 6)				90, 129, 098 21, 053, 617	6.00 7.00	
7.00 8.00	Difference between net revenue and costs for Medi	caid program (lipo 7 mi)	ous sum of lin	oc 2 and 5 if	3, 242, 061	7.00 8.00	
0.00	< zero then enter zero)				5, 242, 001	0.00	
	Children's Health Insurance Program (CHIP) (see in	nstructions for each lir	ne)				
9.00	Net revenue from stand-al one CHIP		,		0	9.00	
10.00	Stand-alone CHIP charges				0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	11.00	
12.00	Difference between net revenue and costs for stan	d-alone CHIP (line 11 mi	inus line 9; i	f < zero then	0	12.00	
	enter zero)						
	Other state or local government indigent care pro						
	Net revenue from state or local indigent care pro				0	13.00	
14.00	Charges for patients covered under state or local	indigent care program	(Not included	in lines 6 or	275, 184	14.00	
15.00	10) State or local indigent care program cost (line 1	times line 14)			64, 281	15.00	
	State or local indigent care program cost (line 1 Difference between net revenue and costs for stat		o program (lir	o 15 minus line		16.00	
10.00	13; if < zero then enter zero)	e of focal find gent care			04,201	10.00	
	Uncompensated care (see instructions for each line	e)					
17.00	Private grants, donations, or endowment income re		rity care		0	17.00	
18.00	Government grants, appropriations or transfers fo				0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and s	tate and local indigent	care programs	(sum of lines	3, 306, 342	19.00	
	8, 12 and 16)						
			Uni nsured	Insured	Total (col. 1		
			patients	patients	+ col. 2)		
20,00	Charity are charged for the artire facility (and	i potruoti opo)	1.00	2.00	3.00	20,00	
20.00 21.00	Charity care charges for the entire facility (see Cost of patients approved for charity care (line		797, 478 186, 286		926, 726 216, 478		
21.00	Partial payment by patients approved for charity		16, 228		16, 228	21.00	
23.00	Cost of charity care (line 21 minus line 22)	care	170, 058		200, 250	22.00	
20.00			170,000	00,172	200,200	20.00	
					1.00		
24.00	Does the amount in line 20 column 2 include charg	es for patient days beyo	ond a length c	fstay limit	Ν	24.00	
	imposed on patients covered by Medicaid or other		-				
	If line 24 is "yes," charges for patient days be			h of stay limit	0	25.00	
26.00	Total bad debt expense for the entire hospital co		)		18, 614, 022	26.00	
27.00	Medicare bad debts for the entire hospital comple				743, 381	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad de			20)	17, 870, 641	28.00 29.00	
29.00 30.00							
30.00	Total unreimbursed and uncompensated care cost (I				4, 374, 725 7, 681, 067		
51.00	Total an or indu sed and dreempensated care cost (1	ine iz prus rine 50)			7,001,007	01.00	

CLASSI	IFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider C		eriod: rom 01/01/2016	Worksheet A	
				Т	0 09/30/2016	Date/Time Pre 2/28/2017 11:	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +-	
		1.00	2.00	3.00	4.00	col. 4) 5.00	+-
G	ENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
0 0	0100 CAP REL COSTS-BLDG & FIXT		6, 742, 174	6, 742, 174	62, 983	6, 805, 157	
	0200 CAP REL COSTS-MVBLE EQUIP		6, 819, 020		-		
	0300 OTHER CAP REL COSTS 0400 EMPLOYEE BENEFITS DEPARTMENT	2 724 502	17 705 114	0	-	0 40 055 017	
	0500 ADMINI STRATI VE & GENERAL	2, 724, 502 9, 709, 155	17, 705, 114 22, 866, 303			40, 955, 917 30, 804, 147	
	0600 MAINTENANCE & REPAIRS	0	22,000,000			0	
	0700 OPERATION OF PLANT	1, 572, 440	4, 110, 103	5, 682, 543	-312, 420	5, 370, 123	
	0800 LAUNDRY & LINEN SERVICE	63, 920	700, 824				
	10900 HOUSEKEEPI NG 11000 DI ETARY	1, 384, 977	957, 239			2,068,509	
	1100 CAFETERIA	1, 679, 802	1, 335, 783 0	3, 015, 585 0		2, 719, 174 0	
	1200 MAINTENANCE OF PERSONNEL	0	0	0	-	0	
	1300 NURSING ADMINISTRATION	0	0	0	0	0	1
	1400 CENTRAL SERVICES & SUPPLY	850, 120	1, 547, 782				
	11500 PHARMACY 11600 MEDI CAL RECORDS & LI BRARY	2, 944, 032 3, 182, 656	11, 560, 439			3, 335, 004	
	1700 SOCIAL SERVICE	3, 162, 050	867, 122 0			3, 410, 616 0	
	2300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0		-		
	NPATIENT ROUTINE SERVICE COST CENTERS			1	T		
	3000 ADULTS & PEDIATRICS	15, 553, 040	7,867,157				
	13100 I NTENSI VE CARE UNI T 13200 CORONARY CARE UNI T	2, 385, 444	992, 435 0			2, 640, 197 0	
	3300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	
	3400 SURGI CAL I NTENSI VE CARE UNI T	0	0	0	0	0	
	4000 SUBPROVI DER – I PF	0	0	0	0	0	
	4100 SUBPROVI DER – I RF	0	0	0	-	0	
	14200 SUBPROVI DER 14300 NURSERY	0	0	0	-	0	
	14300 NURSERY 14400 SKILLED NURSING FACILITY	0	0	0		661, 687 0	
	4500 NURSING FACILITY	0	0	-	-	0	
	4600 OTHER LONG TERM CARE	0	0	0	0	0	4
	NCI LLARY SERVICE COST CENTERS	( 010 100	40.047.040	10,000,040	10 040 707	7 000 545	١.
	15000 OPERATING ROOM 15100 RECOVERY ROOM	6, 012, 123	13, 917, 219 0	19, 929, 342		7, 888, 545 0	
	5200 DELIVERY ROOM & LABOR ROOM	2, 614, 770	934, 815	-	-		
00 0	5300 ANESTHESI OLOGY	0	0	0	0	0	
	5400 RADI OLOGY-DI AGNOSTI C	7, 112, 941	5, 599, 387	12, 712, 328	-2, 207, 964		
	95500 RADI OLOGY-THERAPEUTI C 95600 RADI OI SOTOPE	0	0	0	0	0	-
	15700 CT SCAN	447, 912	466, 233	914, 145	-220, 480	0 693, 665	
	15800 MRI	279, 466	282, 466				
	5900 CARDI AC CATHETERI ZATI ON	2, 116, 105	7, 592, 273		-7, 807, 232		
	6000 LABORATORY	3, 085, 351	6, 036, 946	9, 122, 297	-642, 624		
	6001 BLOOD LABORATORY 6100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	
	6200 WHOLE BLOOD & PACKED RED BLOOD	0	0		0	0	
	6300 BLOOD STORING PROCESSING & TRA	0	0	0	0	0	
00 0	6400 INTRAVENOUS THERAPY	475, 363	11, 943, 883				6
	6500 RESPI RATORY THERAPY	1, 578, 353	721, 627				
		2, 400, 163	1, 435, 980				
	6700 OCCUPATI ONAL THERAPY 6800 SPEECH PATHOLOGY	0 184, 024	0 52, 302		-	-	
	6900 ELECTROCARDI OLOGY	1, 684, 914	935, 136				
00 0	7000 ELECTROENCEPHALOGRAPHY	49, 818	11, 312	61, 130	-10, 049	51, 081	7
	7001 SLEEP DI SORDER	560, 961	181, 135				
	7100 MEDI CAL SUPPLIES CHARGED TO PAT	0	0				
	7200 I MPL. DEV. CHARGED TO PATI ENTS 7300 DRUGS CHARGED TO PATI ENTS	0	0	0	1 1		
	17300 DRUGS CHARGED TO PATTENTS	0	0	0	22, 020, 047 ۵	22, 028, 047	
	17500 ASC (NON-DI STINCT PART)	0	0	0	0	0	
00 0	3950 NUTRI TI ON/DI ABETES	0	0	0	-	0	
97 0	17697 CARDI AC REHABI LI TATI ON	285, 776	108, 722	394, 498	-56, 420	338, 078	7
					0	0	
	18800 RURAL HEALTH CLINIC 18900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	
	19000 CLINIC	397, 574	1, 120, 033				
	9100 EMERGENCY	3, 193, 033	1, 546, 805				
	9200 OBSERVATION BEDS (NON-DISTINCT						9
	THER REIMBURSABLE COST CENTERS				-	-	
	9400 HOME PROGRAM DI ALYSI S	0	0	0	0	0	9

Health Financial Systems FLOYD	MEMORIAL HOSPI	TAL & HEALTH S	SVS	In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provider CC		Period:	Worksheet A
				From 01/01/2016 To 09/30/2016	
					2/28/2017 11: 45 am
Cost Center Description	Sal ari es	Other		Recl assi fi cat	Recl assi fi ed
			+ col. 2)	ions (See	Tri al Bal ance
				A-6)	(col. 3 +-
	1.00	2.00	3.00	4,00	<u>col. 4)</u> 5.00
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	2.00		0	0 96.00
97. 00 09700 DURABLE MEDICAL EQUIP-SOLD	Ö	Ő	(	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	2, 119, 383	805, 656	2, 925, 03	-416, 955	2, 508, 084 101. 00
SPECIAL PURPOSE COST CENTERS				1	
105.00 10500 KI DNEY ACQUI SI TI ON	0	0	(	0 0	0 105.00
106.00 10600 HEART ACQUI SI TI ON	0	0	(	0	0 106.00
107. 00 10700 LI VER ACQUI SI TI ON 108. 00 10800 LUNG ACQUI SI TI ON	0	0	(		0 107.00 0 108.00
109.00 10900 PANCREAS ACQUISITION	0	0			0 109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0			01109.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0	(		0 111.00
113. 00 11300 I NTEREST EXPENSE	0	0	(		0 113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF	o	o	(	0 0	0 114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	(	0 0	0 115.00
116. 00 11600 HOSPI CE	o	0	(	0 0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	76, 648, 118	137, 763, 425	214, 411, 54	6, 304, 362	<u>220, 715, 905</u> 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	(	0 0	0 190.00
191.00 19100 RESEARCH	42, 949	10, 785			
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES 192. 01 19201 OTHER NRCC	30, 127, 442	9, 974, 014	40, 101, 45		
192. 02 19201 UTHER NRCC 192. 02 19202 LTC	700, 769 5, 527, 637	3, 491, 633 9, 433, 163	4, 192, 40 14, 960, 80		
193. 00 19300 NONPALD WORKERS	5, 527, 037	2, 433, 103 N	14, 900, 800	-/92,000	0 193.00
194. 00 07950 MARKETI NG	232, 304	1, 139, 103	1, 371, 40	-370, 772	
200.00 TOTAL (SUM OF LINES 118-199)	113, 279, 219	161, 812, 123			275, 091, 342 200. 00
		- ,	.,,	-	

	CATION AND ADJUSTMENTS OF TRIAL BALANCE	0	Provider CCN: 15-0	From 01/01/2016 To 09/30/2016 Date/Time	Prepared:
	Cost Center Description	Adjustments	Net Expenses	2/28/2017	11:45 am
		(See A-8)	For Allocation		
		6.00	7.00		
	RAL SERVICE COST CENTERS	400 144	6 215 012		1.00
	00 CAP REL COSTS-BLDG & FIXT 00 CAP REL COSTS-MVBLE EQUIP	-490, 144 0	6, 315, 013 6, 819, 020		1.00
	OO OTHER CAP REL COSTS	0	0		3.00
4.00 0040	OO EMPLOYEE BENEFITS DEPARTMENT	-306, 877	40, 649, 040		4.00
	00 ADMI NI STRATI VE & GENERAL	-9, 954, 292	20, 849, 855		5.00
	00 MAINTENANCE & REPAIRS 00 OPERATION OF PLANT	0 -6, 647	0 5, 363, 476		6.00
	00 LAUNDRY & LINEN SERVICE	0, 047	751, 318		8.00
9.00 0090	DO HOUSEKEEPI NG	0	2,068,509		9.00
	DO DI ETARY	-1,061,669	1, 657, 505		10.00
	00 CAFETERIA 00 MAINTENANCE OF PERSONNEL	0	0		11.00
	DO NURSI NG ADMI NI STRATI ON	0	o		13.00
14.00 0140	00 CENTRAL SERVICES & SUPPLY	-46, 380	2, 143, 909		14.00
	DO PHARMACY	-456, 679	2, 878, 325		15.00
	00 MEDICAL RECORDS & LIBRARY 00 SOCIAL SERVICE	-13, 483	3, 397, 133 0		16.00
	0 PARAMED ED PRGM-PHARMACY RESIDENCY	0	26, 314		23.00
	TIENT ROUTINE SERVICE COST CENTERS		20,011		
	0 ADULTS & PEDIATRICS	-2, 802, 156	17, 456, 793		30.00
		0	2, 640, 197		31.00
	00 CORONARY CARE UNIT 00 BURN INTENSIVE CARE UNIT	0	0		32.00
	O SURGI CAL I NTENSI VE CARE UNI T	0	0		34.00
	00 SUBPROVI DER – I PF	0	0		40.00
	00 SUBPROVI DER – I RF	0	0		41.00
	00 SUBPROVI DER 00 NURSERY	0	0 661, 687		42.00
	O SKILLED NURSING FACILITY	0	0		44.00
	DO NURSING FACILITY	0	0		45.00
	00 OTHER LONG TERM CARE	0	0		46.00
50.00 0500	LLARY SERVICE COST CENTERS	-166, 955	7, 721, 590		50.00
	O RECOVERY ROOM	0	0		51.00
	O DELIVERY ROOM & LABOR ROOM	-2, 160	1, 184, 819		52.00
	00 ANESTHESI OLOGY	0	0		53.00
	00 RADI OLOGY-DI AGNOSTI C 00 RADI OLOGY-THERAPEUTI C	-803, 367	9, 700, 997 0		54.00 55.00
	DO RADI OI SOTOPE	0	o		56.00
	DO CT SCAN	0	693, 665		57.00
	00 MRI	0	380, 850		58.00
	00 CARDI AC CATHETERI ZATI ON 00 LABORATORY	-106, 375 -33, 028	1, 794, 771 8, 446, 645		59.00 60.00
	1 BLOOD LABORATORY	-33, 028	0, 440, 045		60.0
	00 PBP CLINICAL LAB SERVICES-PRGM	0	0		61.00
	00 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
	00 BLOOD STORING PROCESSING & TRA	120.252	0		63.00
	00 I NTRAVENOUS THERAPY 00 RESPI RATORY THERAPY	-138, 352	424, 400 1, 815, 899		64.00 65.00
	00 PHYSI CAL THERAPY	-3, 592	3, 366, 456		66.00
	OO OCCUPATI ONAL THERAPY	0	0		67.00
	00 SPEECH PATHOLOGY	-3, 752	195, 521		68.00
	00 ELECTROCARDI OLOGY 00 ELECTROENCEPHALOGRAPHY	-4, 554	2, 255, 613 51, 081		69.00 70.00
	1 SLEEP DI SORDER	0	628, 508		70.0
71.00 0710	00 MEDICAL SUPPLIES CHARGED TO PAT	0	9, 837, 769		71.00
	00 I MPL. DEV. CHARGED TO PATIENTS	0	12, 763, 609		72.00
	00 DRUGS CHARGED TO PATIENTS 00 RENAL DIALYSIS	0	22, 028, 047 0		73.00
	00 ASC (NON-DISTINCT PART)	0	o		74.00
	50 NUTRI TI ON/DI ABETES	0	0		76.00
	07 CARDI AC REHABI LI TATI ON	-22, 503	315, 575		76.9
	2ATIENT SERVICE COST CENTERS				88.00
	00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		88.0
	DO CLINIC	0	837, 522		90.0
	DO EMERGENCY	-329	3, 663, 096		91.00
	00 OBSERVATION BEDS (NON-DISTINCT				92.00
	R REIMBURSABLE COST CENTERS	0	0		94.00
	00 AMBULANCE SERVICES	0	0		95.00
1	DO DURABLE MEDI CAL EQUI P-RENTED	0	o		96.0

Health Financial Systems FLOYE	MEMORIAL HOSP	ITAL & HEALTH SVS	In Lieu	」 of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE (	OF EXPENSES	Provider CCN: 15-0044		Worksheet A
			From 01/01/2016 To 09/30/2016	Date/Time Prepared: 2/28/2017 11:45 am
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6, 00	7.00		
97.00 09700 DURABLE MEDI CAL EQUI P-SOLD	0.00	0		97.00
99. 00 09900 CMHC	0	o		99.00
99. 10 09910 CORF	0	o		99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	-10, 011	2, 498, 073		101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	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	0	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)	-16, 433, 305	204, 282, 600		118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT FLOWER COFFEE SHOP & CAN	0	0		190, 00
190.0019000 GTFT FLOWER COFFEE SHOP & CAN 191.0019100 RESEARCH	0	44, 988		190.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	35, 201, 820		191.00
192. 01 19201 OTHER NRCC	0	3, 959, 262		192.00
192. 02 19202 LTC	0	14, 168, 732		192.01
193. 00 19300 NONPALD WORKERS	0	14, 100, 732		192.02
194. 00 07950 MARKETI NG	0	1,000,635		194.00
200.00 TOTAL (SUM OF LINES 118-199)	-16, 433, 305			200.00
	,,,			1=10100

## Health Financial Systems RECLASSIFICATIONS

# FLOYD MEMORIAL HOSPITAL & HEALTH SVS Provider CCN: 15-0044 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLAS	SI FI CATI ONS			Provider C	CN: 15-0044	Period: From 01/01/2016	Worksheet A	
						To 09/30/2016	Date/Time F 2/28/2017	Prepared: <u>11:45 am</u>
	Cost Center	I ncreases Li ne #	Salary	Other				
	2.00	3.00	4.00	5.00				
1 00	A - DRUGS	70.00						1.00
1.00 2.00	DRUGS CHARGED TO PATIENTS	73.00 0.00	0	22, 028, 047 0				1.00 2.00
3.00		0.00	Ő	0				3.00
4.00		0.00	0	0				4.00
5.00 6.00		0.00 0.00	0	0				5.00 6.00
7.00		0.00	0	0				7.00
8.00		0.00		0				8.00
	O B - IMPLANTS		0	22, 028, 047				_
1.00	IMPL. DEV. CHARGED TO	72.00	0	12, 763, 609				1.00
	PATI ENTS							
	0 C - SUPPLIES		0	12, 763, 609				_
1.00	MEDI CAL SUPPLIES CHARGED TO	71.00	0	22, 601, 378				1.00
	PAT							
2.00 3.00		0. 00 0. 00	0	0				2.00 3.00
4.00		0.00	0	0				4.00
5.00		0.00	0	0				5.00
6.00 7.00		0.00 0.00	0	0				6.00 7.00
8.00		0.00	0	0				8.00
9.00		0.00	0	0				9.00
10. 00 11. 00		0.00 0.00	0	0				10.00 11.00
12.00		0.00	0	0				12.00
13.00		0.00	0	0				13.00
14.00 15.00		0.00 0.00	0	0				14.00 15.00
16.00		0.00	0	0				16.00
17.00		0.00	0	0				17.00
18. 00 19. 00		0.00 0.00	0	0				18.00 19.00
20.00		0.00	0	0				20.00
21.00		0.00	0	0				21.00
	U D - PROPERTY INSURANCE		0	22, 601, 378				
1.00	CAP_REL_COSTS-BLDG_&_FIXT	1.00	0	6 <u>2, 9</u> 83				1.00
			0	62, 983				_
1.00	E - MASSAGE PHYSI CAL THERAPY	66.00	23, 412	0				1.00
	0		23, 412					
1 00	F - MARKETING ADMINISTRATIVE & GENERAL	5.00	99, 891	225, 731				1 00
1.00	0		<u> </u>	225, 731				1.00
	G – NURSERY							
1.00 2.00	ADULTS & PEDIATRICS NURSERY	30. 00 43. 00	836, 297 599, 406	86, 894 62, 281				1.00 2.00
2.00	0	43.00	1, 435, 703	0 <u>2, 281</u> 149, 175				2.00
	H - PHARMACY RESIDENCY							
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	16, 458	9, 856				1.00
	TOTALS	+	16, 458	9, 856				
1 00	I - BENEFITS							
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00	0	20, 527, 126 0				1.00 2.00
3.00		0.00	0	0				3.00
4.00		0.00	0	0				4.00
5.00 6.00		0.00 0.00	0	0				5.00 6.00
7.00		0.00	0	0				7.00
8.00		0.00	0	0				8.00
9. 00 10. 00		0.00 0.00	0	0				9.00 10.00
11.00		0.00	0	0				11.00
12.00		0.00	0	0				12.00
13.00 14.00		0. 00 0. 00	0	0				13.00 14.00
14.00		0.00	0	0				14.00
16.00		0.00	О	0				16.00
17.00 18.00		0. 00 0. 00	0	0 0				17.00 18.00
10.00		0.00	J	U				1 10.00

### FLOYD MEMORIAL HOSPITAL & HEALTH SVS Provider CCN: 15-0044 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLASS	TFICATIONS			Provider	CCN: 15-0044	From 01/01/2016	worksneet A-	-0
						To 09/30/2016	Date/Time Pr 2/28/2017 11	repared: 1:45 am
		Increases						
	Cost Center	Line #	Sal ary	0ther				
	2.00	3.00	4.00	5.00				
19.00		0.00	0	C	)			19.00
20.00		0.00	0	C	)			20.00
21.00		0.00	0	C	)			21.00
22.00		0.00	0	C	)			22.00
23.00		0.00	0	C	)			23.00
24.00		0.00	0	C	)			24.00
25.00		0.00	0	C	)			25.00
26.00		0.00	0	C	)			26.00
27.00		0.00	0	C	)			27.00
28.00		0.00	0	C	)			28.00
29.00		0.00	0	C	)			29.00
30.00		0.00	0	C	)			30.00
31.00		0.00	0	C	)			31.00
32.00		0.00	0	C	)			32.00
33.00		0.00	0	C	)			33.00
[	TOTALS		0	20, 527, 126	<b>)</b>			
500.00	Grand Total: Increases		1, 575, 464	78, 367, 905	5			500.00

RECLAS	STFICATIONS			Provi der (	CCN: 15-0044	Period: Worksheet From 01/01/2016 To 09/30/2016 Date/Time 2/28/2017	Prepared:
		Decreases		0.11			11.45 alli
	Cost Center 6.00	Line # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00	<u>.</u>	
	A - DRUGS	7.00	0.00	7.00	10.00		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	825			1.00
2.00	PHARMACY	15.00	0	10, 399, 713			2.00
3.00	OPERATING ROOM	50.00	0	6, 309			3.00
4.00 5.00	RADI OLOGY-DI AGNOSTI C I NTRAVENOUS THERAPY	54.00	0	7,904			4.00
5.00 6.00	ELECTROCARDI OLOGY	64.00 69.00	0	11, 588, 796 23, 709			5.00 6.00
7.00	CARDI AC REHABI LI TATI ON	76.97	0	23, 707			7.00
8.00	CLINIC	90.00		731			8.00
	0		0	22, 028, 047			
	B - IMPLANTS				T		
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	12, 763, 609			1.00
	PAT	+	— — — <sub>0</sub>	12, 763, 609		_	
	C - SUPPLIES		0	12,703,007			
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	38, 338	3 (		1.00
2.00	PHARMACY	15.00	0	156, 177	(		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	929			3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,001,449			4.00
5.00	INTENSIVE CARE UNIT	31.00	0	268, 755			5.00
6.00 7.00	OPERATING ROOM DELIVERY ROOM & LABOR ROOM	50. 00 52. 00	0	10, 844, 643 264, 622			6.00 7.00
8.00	RADI OLOGY-DI AGNOSTI C	54.00	0	941, 954			8.00
9.00	CT SCAN	57.00	0	129, 438			9.00
10.00	MRI	58.00	0	125, 134			10.00
11.00	CARDI AC CATHETERI ZATI ON	59.00	О	7, 393, 092	2		11.00
12.00	LABORATORY	60.00	0	29, 275			12.00
13.00	INTRAVENOUS THERAPY	64.00	0	176, 214			13.00
14.00	RESPI RATORY THERAPY	65.00	0	169, 895			14.00
15. 00 16. 00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	0	14, 251 7, 542			15.00 16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	442			17.00
18.00	SLEEP DI SORDER	70.01	0	568			18.00
19.00	CARDIAC REHABILITATION	76.97	0	178			19.00
20.00	CLI NI C	90.00	0	600, 917	(		20.00
21.00	EMERGENCY	91.00	0	43 <u>7,5</u> 65		<u>2</u>	21.00
			0	22, 601, 378	8		
1.00	D - PROPERTY INSURANCE ADMINISTRATIVE & GENERAL	5.00	0	62, 983	1:	วไ	1.00
1.00			0	<u>62, 983</u>			1.00
	E - MASSAGE		<u> </u>	02,700			
1.00	ADMINISTRATIVE & GENERAL	5.00	23, 412	C			1.00
	0		23, 412	0	)	7	
	F - MARKETING						
1.00	MARKETING	1 <u>94.</u> 00	99, 891 99, 891	<u>225, 731</u> 225, 731		2	1.00
	O G - NURSERY	I	99,891	225, 731			_
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1, 435, 703	149, 175	5		1.00
2.00		0.00	0	0			2.00
	0		1, 435, 703	149, 175	,		
	H - PHARMACY RESIDENCY						
1.00	PHARMACY	<u>15.00</u>	1 <u>6, 4</u> 58	<u> </u>		2	1.00
			16, 458	9, 856			_
1.00	I – BENEFITS ADMINISTRATIVE & GENERAL	5.00	0	2,010,538	2		1.00
2.00	OPERATION OF PLANT	7.00	0	312, 420			2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	Ö	13, 426			3.00
4.00	HOUSEKEEPI NG	9.00	0	273, 707			4.00
5.00	DI ETARY	10.00	0	296, 411			5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	169, 275			6.00
7.00		15.00	0	587, 263			7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	638, 233			8.00
9. 00 10. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	3, 082, 990 468, 927			9.00 10.00
10.00	OPERATING ROOM	50.00	0	1, 189, 845			11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	513, 106			12.00
13.00	RADI OLOGY-DI AGNOSTI C	54.00	0	1, 258, 106			13.00
14.00	CT SCAN	57.00	0	91, 042	2		14.00
15.00	MRI	58.00	0	55, 948			15.00
16.00	CARDI AC CATHETERI ZATI ON	59.00	0	414, 140			16.00
17.00		60.00	0	613, 349			17.00
18. 00 19. 00	I NTRAVENOUS THERAPY RESPI RATORY THERAPY	64.00 65.00	0	91, 484 314, 186			18.00 19.00
19.00 20.00	PHYSICAL THERAPY	66.00	0	475, 256			20.00
-	017 11:45 am	00.00	의	.,0,200	1	-1	

#### Health Financial Systems RECLASSIFICATIONS

#### FLOYD MEMORIAL HOSPITAL & HEALTH SVS Provider CCN: 15-0044

In Lieu of Form CMS-2552-10

Peri od: Worksheet A-6 From 01/01/2016 Date/Time Prepared: 2/28/2017 11:45 am То 09/30/2016 Decreases <u>Wkst. A-7 Ref.</u> 10.00 Cost Center Line # Sal ary 0ther 6.00 7.00 8.00 9.00 21.00 SPEECH PATHOLOGY 68.00 37,053 21.00 0 0 22.00 ELECTROCARDI OLOGY 69.00 0 328, 632 0 22.00 23.00 ELECTROENCEPHALOGRAPHY 70.00 9, 607 23.00 0 0 0 SLEEP DI SORDER 24.00 70.01 113, 020 24.00 CARDIAC REHABILITATION 25.00 76.97 56, 182 25.00 26.00 CLINIC 90.00 78, 437 26.00 0000000 638, 848 **EMERGENCY** 91.00 27.00 27.00 HOME HEALTH AGENCY 101.00 416, 955 28.00 28.00 29.00 RESEARCH 191.00 8, 746 29.00 30.00 PHYSICIANS PRIVATE OFFICES 192.00 4, 899, 636 30.00 192.01 31.00 OTHER NRCC 233, 140 31.00 LTC 192.02 0 792,068 0 32.00 32.00 33.00 MARKETI NG 194.00 0 45, 150 0 33.00 TOTALS 500.00 Grand Total: Decreases <u>20, 527, 126</u> 78, 367, 905 ō 500.00 1, 575, 464

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS Provider CCN: 15-0044 Period:

In Lieu of Form CMS-2552-10 Worksheet A-7

PART 1         - Acquisitions         Disposal s and Retirements           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         Land         0         179,434         0         179,434         0         2.00           2.00         Land         0         179,434         0         179,434         0         2.00           3.00         Building Improvements         3.751,699         859,004         0         859,004         0         2.00           4.00         Building Improvements         4.528,086         200,878         0         200,878         0         4.00           5.00         Fixed Equipment         141,016.923         8.256,097         0         8.256,097         6.00         7.00           6.00         Subtotal (sum of lines 1-7)         309,072,698         10,735,492         781,909         8.00           9.00         Reconciling Items         0         7.30         0         7.35,492         781,909					To 09/30/2016		Part I Date/Time Prepared: 2/28/2017 11:45 am		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         Retirements           1.00         2.00         3.00         4.00         5.00           2.00         Land         6,258,517         179,434         0         179,434         0         1.00           2.00         Land Improvements         6,258,517         179,434         0         179,434         0         1.00           3.00         Buildings and Fixtures         3,751,699         859,004         0         859,004         0         2.00           3.00         Building Improvements         4,528,086         200,878         0         200,878         0         4.00           5.00         Fixed Equipment         17,734,857         1,240,079         0         1,240,079         0         6.00           6.00         Movable Equipment         141,016,923         8,256,097         0         8,256,097         0         6.00           7.00         HIT designated Assets         0         0         0         0         0         7.00           9.00         Reconciling Items         0         0         7.00         0         9.00         9.00           10.00         Total (line 8 minus line 9)         309,072,698 <t< td=""><td></td><td></td><td></td><td></td><td>Acqui si ti on</td><td></td><td></td></t<>					Acqui si ti on				
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         2.00         3.00         4.00         5.00           2.00         Land         6,258,517         179,434         0         179,434         0         1.00           2.00         Land         3,751,699         859,004         0         859,004         0         2.00           3.00         Buildings and Fixtures         135,782,616         0         0         0         0         781,909         3.00           4.00         Fixed Equipment         177,734,857         1.240,079         0         1.240,079         0         5.00           6.00         Movable Equipment         141,016,923         8,256,097         0         8,256,097         0         6.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			Begi nni ng	Purchases	Donati on		Total	Disposals and	
PART I         - ANALYSI'S OF CHANGES IN CAPITAL ASSET BALANCES         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         0         0         0         0         0         0         0         0         0         0			Bal ances					Retirements	
1.00       Land       6,258,517       179,434       0       179,434       0       1.00         2.00       Land Improvements       3,751,699       859,004       0       859,004       0       2.00         3.00       Buil dings and Fixtures       135,782,616       0       0       0       781,909       3.00         4.00       Buil ding Improvements       4,528,086       200,878       0       200,878       0       4.00         5.00       Fixed Equipment       17,734,857       1,240,079       0       1,240,079       0       6.00         6.00       Movable Equipment       141,016,923       8,256,097       0       8,256,097       0       6.00       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconcil ing Items       0       0       0       0       9.00       0       0       9.00       9.00       9.0072,698       10,735,492       0       10,735,492       781,909       10.00         10.00       Total (line 8 minus line 9)       309,072,698       10,735,492       0       10,735,492       781,			1.00	2.00	3.00		4.00	5.00	
2.00       Land Improvements       3,751,699       859,004       0       859,004       0       2.00         3.00       Buildings and Fixtures       135,782,616       0       0       0       781,909       3.00         4.00       Building Improvements       4,528,086       200,878       0       200,878       0       4.00         5.00       Fixed Equipment       17,734,857       1,240,079       0       1,240,079       0       5.00         6.00       Movable Equipment       141,016,923       8,256,097       0       8,256,097       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconcilig Items       0       0       0       0       0       9.00         10.00       Total (line 8 minus line 9)       309,072,698       10,735,492       0       10,735,492       781,909       10.00         1.00       Land       6,00       7.00       4,517,951       0       1.00       2.00       3.00       3.00       3.00		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
3.00       Buildings and Fixtures       135,782,616       0       0       781,909       3.00         4.00       Building Improvements       4,528,086       200,878       0       200,878       0       4.00         5.00       Fixed Equipment       17,734,857       1,240,079       0       1,240,079       0       5.00         6.00       Movable Equipment       111,016,923       8,256,097       0       8,256,097       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconciling Items       0       0       0       0       0       9.00         10.00       Total (line 8 minus line 9)       309,072,698       10,735,492       0       10,735,492       781,909       10.00         10.00       Land       Ending       Full y       Depreciated       Assets       6.00       7.00       2.00       3.00       2.00       3.00         2.00       Land       Improvements       4,610,703       0       3.00       3.00       4.00<	1.00	Land	6, 258, 517	179, 434		0	179, 434	0	1.00
4.00       Building Improvements       4,528,086       200,878       0       200,878       0       4.00         5.00       Fixed Equipment       17,734,857       1,240,079       0       1,240,079       0       5.00         6.00       Movable Equipment       141,016,923       8,256,097       0       8,256,097       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconciling Items       0       0       0       0       0       0       9.00       9.00       9.00       9.00       10,735,492       781,909       8.00       9.00       9.00       9.00       0       0       0       0       0       0       0       0       9.00       9.00       10.735,492       781,909       10.00       10.00       10.00       10.735,492       781,909       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       1.00       1.00       1.00       1.00       1	2.00	Land Improvements	3, 751, 699	859, 004		0	859, 004	0	2.00
5.00       Fixed Equipment       17,734,857       1,240,079       0       1,240,079       0       5.00         6.00       Movable Equipment       141,016,923       8,256,097       0       8,256,097       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	3.00	Buildings and Fixtures	135, 782, 616	0		0	0	781, 909	3.00
6.00       Movable Equipment       141,016,923       8,256,097       0       8,256,097       0       6.00         7.00       HIT designated Assets       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>4.00</td> <td>Building Improvements</td> <td>4, 528, 086</td> <td>200, 878</td> <td></td> <td>0</td> <td>200, 878</td> <td>0</td> <td>4.00</td>	4.00	Building Improvements	4, 528, 086	200, 878		0	200, 878	0	4.00
7.00       HIT designated Assets       0       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconciling Items       0       0       0       0       0       0       0       9.00         10.00       Total (line 8 minus line 9)       309,072,698       10,735,492       0       10,735,492       781,909       10.00         10.00       Total (line 8 minus line 9)       309,072,698       10,735,492       0       10,735,492       781,909       10.00         PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES       6.00       7.00       1.00       1.00         2.00       Land       6,437,951       0       1.00       2.00         3.00       Buildings and Fixtures       135,000,707       0       3.00       3.00         3.00       Building Improvements       4,728,964       4.00       4.00       5.00         6.00       Movable Equipment       18,974,936       0       5.00       6.00       7.00         7.00       HIT designated Assets       0       0       0       8.00       9.00	5.00	Fixed Equipment	17, 734, 857	1, 240, 079		0	1, 240, 079	0	5.00
8.00       Subtotal (sum of lines 1-7)       309,072,698       10,735,492       0       10,735,492       781,909       8.00         9.00       Reconciling ltems       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	6.00	Movable Equipment	141, 016, 923	8, 256, 097		0	8, 256, 097	0	6.00
9.00       Reconciling Items       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	7.00	HIT designated Assets	0	0		0	0	0	7.00
10.00         Total (line 8 minus line 9)         309,072,698         10,735,492         0         10,735,492         781,909         10.00           Ending         Fully         Balance         Assets         0         10,735,492         781,909         10.00           PART I - ANALYSI S OF CHANGES IN CAPITAL ASSET BALANCES         6.00         7.00         1         1.00         1.00           1.00         Land         6,437,951         0         1.00         2.00         3.00         8uildings and Fixtures         135,000,707         0         3.00         2.00         3.00         4.610,703         0         4.00         5.00         Fixed Equipment         5.00         6.00         7.00         4.00         5.00         6.00         7.00         4.00         5.00         6.00         7.00         3.00         4.00         5.00         6.00         7.00         4.00         5.00         6.00         7.00         4.00         5.00         6.00         7.00         4.00         5.00         6.00         7.00         4.00         5.00         6.00         7.00         8.00         9.00         6.00         7.00         8.00         9.00         9.00         9.00         9.00         9.00         9.00	8.00	Subtotal (sum of lines 1-7)	309, 072, 698	10, 735, 492		0	10, 735, 492	781, 909	8.00
Ending Balance         Fully Depreciated Assets           0         0           PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land           2.00         Land Improvements           3.00         Buildings and Fixtures           135,000,707         0           4.00         Building Improvements           4.728,964         0           5.00         Fixed Equipment           149,273,020         0           7.00         149,273,020           0         0           3.00         Subtotal (sum of lines 1-7)           319,026,281         0           0         0           9.00         Reconciling Items	9.00	Reconciling Items	0	0		0	0	0	9.00
Bal ance         Depreci ated Assets           6.00         7.00           PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         6.00           1.00         Land           2.00         Land Improvements           3.00         Buildings and Fixtures           135,000,707         0           4.00         Building Improvements           4.728,964         0           5.00         Fixed Equipment           6.00         149,273,020           0         0           7.00         HIT designated Assets           0         Subtotal (sum of lines 1-7)           319,026,281         0           0         0           0         0	10.00	Total (line 8 minus line 9)	309, 072, 698	10, 735, 492		0	10, 735, 492	781, 909	10.00
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         6, 437, 951         0         1.00           2.00         Land Improvements         6, 410, 703         0         1.00           3.00         Buildings and Fixtures         135, 000, 707         0         3.00           4.00         Building Improvements         4, 728, 964         0         4.00           5.00         Fixed Equipment         18, 974, 936         0         5.00           6.00         Movable Equipment         149, 273, 020         0         7.00           8.00         Subtotal (sum of lines 1-7)         319, 026, 281         0         9.00			Endi ng	Fully					
6.00         7.00           PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         1.00           Land         6,437,951         0           2.00         Land Improvements         4,610,703         0           3.00         Buildings and Fixtures         135,000,707         0         3.00           4.00         Building Improvements         4,728,964         0         4.00           5.00         Fixed Equipment         18,974,936         0         5.00           6.00         Movable Equipment         149,273,020         0         7.00           8.00         Subtotal (sum of lines 1-7)         319,026,281         0         8.00           9.00         Reconciling Items         0         0         9.00			Bal ance	Depreciated					
PART I         - ANALYSI S         OF         CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         6,437,951         0         1.00           2.00         Land Improvements         4,610,703         0         2.00           3.00         Buildings and Fixtures         135,000,707         0         3.00           4.00         Building Improvements         4,728,964         0         4.00           5.00         Fixed Equipment         18,974,936         0         5.00           6.00         Movable Equipment         149,273,020         0         6.00           7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of Lines 1-7)         319,026,281         0         8.00           9.00         Reconciling Items         0         0         9.00				Assets					
1.00       Land       6,437,951       0       1.00         2.00       Land Improvements       4,610,703       0       2.00         3.00       Buildings and Fixtures       135,000,707       0       3.00         4.00       Building Improvements       4,728,964       0       4.00         5.00       Fixed Equipment       18,974,936       0       5.00         6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00			6.00	7.00					
2.00       Land Improvements       4,610,703       0       2.00         3.00       Buildings and Fixtures       135,000,707       0       3.00         4.00       Building Improvements       4,728,964       0       4.00         5.00       Fixed Equipment       18,974,936       0       5.00         6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	T BALANCES						
3.00       Buildings and Fixtures       135,000,707       0       3.00         4.00       Building Improvements       4,728,964       0       4.00         5.00       Fixed Equipment       18,974,936       0       5.00         6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00	1.00	Land	6, 437, 951	0					1.00
4.00       Building Improvements       4,728,964       0       4.00         5.00       Fixed Equipment       18,974,936       0       5.00         6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00	2.00	Land Improvements	4, 610, 703	0					2.00
5.00       Fixed Equipment       18,974,936       0       5.00         6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00	3.00	Buildings and Fixtures	135, 000, 707	0					3.00
6.00       Movable Equipment       149,273,020       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00	4.00	Building Improvements	4, 728, 964	0					4.00
7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       319,026,281       0       8.00         9.00       Reconciling Items       0       0       9.00	5.00	Fixed Equipment	18, 974, 936	0					5.00
8.00         Subtotal (sum of lines 1-7)         319,026,281         0         8.00         8.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00         9.00	6.00	Movable Equipment	149, 273, 020	0					6.00
9.00 Reconciling Items 0 0 9.00	7.00	HIT designated Assets	0	0					7.00
5	8.00	Subtotal (sum of lines 1-7)	319, 026, 281	0					8.00
10.00 Total (line 8 minus line 9) 319.026.281 0 10.00	9.00	Reconciling Items	0	0					9.00
	10.00	Total (line 8 minus line 9)	319, 026, 281	0					10.00

Heal th	Financial Systems FLOY	D MEMORIAL HOSF	ITAL & HEALTH	SVS	In Lie	eu of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 01/01/2016 To 09/30/2016		pared:
			SL	JMMARY OF CAPI	ΓAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	1	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR			and 2	1		
1.00	CAP REL COSTS-BLDG & FIXT	3, 110, 049		3, 632, 125	5 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6, 819, 020		0 0	0 0	0	2.00
3.00	Total (sum of lines 1-2)	9, 929, 069		3, 632, 125	ō 0	0	3.00
		SUMMARY C	F CAPI TAL				
	Cost Center Description	Other	Total (1)	1			
		Capi tal -Rel at	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)	-				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLU	WN 2, LINES 1 a	and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	6, 742, 174				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6, 819, 020				2.00
3.00	Total (sum of lines 1-2)	0	13, 561, 194				3.00

Health Financial Systems FLOYE	) MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 01/01/2016 Fo 09/30/2016	Worksheet A-7 Part III Date/Time Prep 2/28/2017 11:4	oared: 45 am
	COMF	PUTATION OF RAT	FI 0S	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS C			1/0 750 0/1	0.50000		
1.00 CAP REL COSTS-BLDG & FIXT	169, 753, 261	0				1.00
2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	149, 273, 020 319, 026, 281		, = , . = .			2.00 3.00
3.00 Total (sum of lines 1-2)		O TION OF OTHER (	0		DF CAPITAL	3.00
	ALLUCA	ITON OF OTHER (	APITAL	SUIVIVIARY	JF CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel at	cols. 5			
		ed Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00 CAP REL COSTS-BLDG & FIXT	0		C	0/110/01/		1.00
2. 00 CAP REL COSTS-MVBLE EQUIP	0	0	C	-, ,		2.00
3.00 Total (sum of lines 1-2)	0	0		9, 929, 069	0	3.00
		SL	IMMARY OF CAPI1	IAL		
Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
		(see	instructions)	Capi tal -Rel at	(sum of cols.	
		instructions)			9 through 14)	
				instructions)		
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS C 1.00 CAP REL COSTS-BLDG & FIXT		62, 983	C		6, 315, 013	1.00
2.00 CAP REL COSTS-BLDG & FIXT	3, 141, 981 0					2.00
3.00 Total (sum of lines 1-2)	3, 141, 981	-		-		
3. 00   10 tai (Suii 01 111165 1-2)	3, 141, 901	02,903		'I U	13, 134, 035	5.00

In Lieu of Form CMS-2552-10 Worksheet A-8

ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet A-8 Date/Time Pre 2/28/2017 11:	pared:
			Тс	Expense Classification c p/From Which the Amount i		272072017 11.	
	Cost Center Description	Basi s/Code	Amount	Cost Center	Li ne #	Wkst. A-7	
	cost center bescription	(2) 1.00	2.00	3.00	4.00	Ref. 5. 00	
1.00	Investment income - CAP REL	1.00		AP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		o c <i>i</i>	AP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	0	3.00
4.00	(chapter 2) Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Tel ephone services (pay stations excluded) (chapter 21)	А	-373, 692 AI	DMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	А	-31, 975 AI	DMINISTRATIVE & GENERAL	5.00	0	8.00
9. 00 10. 00	Parking lot (chapter 21) Provider-based physician adjustment	A-8-2	0 -2, 350, 264		0.00	0 0	
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
	Laundry and linen service Cafeteria-employees and guests Rental of quarters to employee		0 -1, 043, 823 DI 0	ETARY	0.00 10.00 0.00	0 0 0	14.00
16.00	and others Sale of medical and surgical supplies to other than patients		О		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	В	-13, 483MI	EDI CAL RECORDS & LI BRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
	Vending machines Income from imposition of interest, finance or penalty		0 0		0. 00 0. 00	0 0	
22.00	charges (chapter 21) Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	ORI	ESPI RATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	OPI	HYSI CAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation		ou	TILIZATION REVIEW-SNF	114.00		25.00
26.00	(chapter 21) Depreciation - CAP REL COSTS-BLDG & FIXT		00	AP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		00	AP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28. 00 29. 00	Non-physician Anesthetist Physicians' assistant		0 **	** Cost Center Deleted **	* 19.00 0.00	0	28.00 29.00
	Adjustment for occupational therapy costs in excess of	A-8-3	000	CCUPATI ONAL THERAPY	67.00	0	30.00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see instructions)	А	-445, 428 AI	DULTS & PEDIATRICS	30.00		30. 99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	OSI	PEECH PATHOLOGY	68.00		31.00

In Lieu of Form CMS-2552-10 Worksheet A-8

	Financial Systems	FLOYE	MEMORIAL HOSF	PITAL & HEALTH SVS	In Lie	u of Form CMS-:	
ADJUST	MENTS TO EXPENSES				eriod:	Worksheet A-8	
					rom 01/01/2016 0 09/30/2016		narod
					J 09/30/2010	2/28/2017 11:	45 am
				Expense Classification on	Worksheet A	2/20/2017 11.	
				To/From Which the Amount is			
	Cost Center Description	Basi s/Code	Amount	Cost Center	Line #	Wkst. A-7	
	cost center bescription	(2)	Anourt	cost center	Line "	Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for	1.00	2.00		0.00		32.00
52.00	Depreciation and Interest		0		0.00	0	52.00
33.00	RADIOLOGY - COPY FEES	В	_2 700	RADI OLOGY-DI AGNOSTI C	54.00	o	33.00
33.00		D	-2,700		0.00		1
33.01	EMPLOYEE BENEFITS - MISC	В	05	EMPLOYEE BENEFITS DEPARTMENT	4.00		1
33. UZ	REVENUE	В	- 75	LWFLOTEL DENEITIS DEFARTMENT	4.00	0	33.02
33. 03	A & G - MISC REVENUE	В	122 052	ADMI NI STRATI VE & GENERAL	5.00	o	33.03
33.03	PLANT OPERATIONS - MISC	В			7.00		1
33.04	REVENUE	в	-0, 047	OPERATION OF PLANT	7.00	0	33.04
22.05	-	В	17 044		10.00	0	22.05
33.05	DI ETARY - MI SC REVENUE				10.00		1
33.06	CENTRAL SUPPLY - MISC REVENUE	В		CENTRAL SERVICES & SUPPLY	14.00		
33.07	PHARMACY - MISC REVENUE	В			15.00		
33.08	ADULTS AND PEDS - MISC REVENUE	В		ADULTS & PEDIATRICS	30.00		
33.09	SURGERY - MISC REVENUE	В		OPERATING ROOM	50.00		
33.10	LABOR AND DELIVERY - MISC	В	-2, 160	DELIVERY ROOM & LABOR ROOM	52.00	0	33.10
	REVENUE	_					
33. 11	RADIOLOGY - MISC REVENUE	В		RADI OLOGY-DI AGNOSTI C	54.00		1
33.12	CARDIAC CATH - MISC REVENUE	В		CARDI AC CATHETERI ZATI ON	59.00		
33.13	LABORATORY - MISC REVENUE	В		LABORATORY	60.00		
33.14	IV THERAPY - MISC REVENUE	В	-138, 352	INTRAVENOUS THERAPY	64.00	0	33.14
33.15	PHYSICAL THERAPY - MISC	В	-10	PHYSI CAL THERAPY	66.00	0	33.15
	REVENUE						
33.16	SPEECH THERAPY - MISC REVENUE	В	-3, 752	SPEECH PATHOLOGY	68.00	0	33.16
33.17	CARDIOLOGY - MISC REVENUE	В	-4, 554	ELECTROCARDI OLOGY	69.00	0	33.17
33.18	CARDIAC REHAB - MISC REVENUE	В	-22, 503	CARDIAC REHABILITATION	76.97	0	33.18
33.19	INTEREST INCOME	A	-490, 144	CAP REL COSTS-BLDG & FIXT	1.00	11	33.19
33.20	LOBBYING DUES	А	-12, 233	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33. 21	EMPLOYEE BENEFITS -	А	-265	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
	ADVERTI SI NG						
33. 22	ADMIN - ADVERTISING	А	-83, 037	ADMI NI STRATI VE & GENERAL	5.00	0	33.22
33. 23	PHYSICAL THERAPY - ADVERTISING	А		PHYSI CAL THERAPY	66.00	0	33.23
33.24	ER – ADVERTI SI NG	A		EMERGENCY	91.00		
33.25	HOME HEALTH - ADVERTISING	A		HOME HEALTH AGENCY	101.00		
33.26	EMPLOYEE BENEFITS -	A		EMPLOYEE BENEFITS DEPARTMENT	4.00		
	NONALLOWABLE EXP		000,017				
33. 27	ADMIN - NONALLOWABLE EXPENSES	А	-217 052	ADMI NI STRATI VE & GENERAL	5.00	0	33. 27
33.28	HAF FEE - HOSPITAL	A		ADMI NI STRATI VE & GENERAL	5.00		1
33.29	HAF FEE - CANCER CARE	A		RADI OLOGY-DI AGNOSTI C	54.00		
00.27	I NSTI TUTE	~	701,407		54.00		00.27
33.30			n		0.00	0	33.30
33.30					0.00		
33. 31					0.00		1
50.00	TOTAL (sum of lines 1 thru 49)		-16, 433, 305		0.00	0	50.00
50.00	(Transfer to Worksheet A,		- 10, 433, 303				30.00
	column 6, line 200.)						
			1				L

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof. Note: See instructions for column 5 referencing to Worksheet A-7.

#### FLOYD MEMORIAL HOSPITAL & HEALTH SVS

In Lieu of Form CMS-2552-10

Hearth	Financial Syste	ellis FLU	ID MEMORIAL HUS	PITAL & HEALTH	5V5		eu of Form CMS-	2552-10
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (		Period: From 01/01/2016 To 09/30/2016	5 Date/Time Pre	epared:
							2/28/2017 11:	45 am
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		l denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2, 370, 660	2, 343, 960	26, 700	179,000	237	1.00
2.00	0, 00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00			0			0	6.00
7.00	0.00		0	0	0		0	7.00
	0.00		0	0	0	0	0	
8.00			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			2, 370, 660				237	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE		Component	of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	20, 396	1, 020	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0,00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00			0			0	9.00
10.00	0.00		0	0	0		0	10.00
200.00	0.00		20, 396	1,020	0	0	0	
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
	WKSL A LINE #	I denti fi er	Component	Limit	Di sal l owance	Aujustment		
		rdentifier			DISALIOWALICE			
			Share of col.					
	1.00	2.00	14 15.00	1/ 00	17.00	10.00	-	
1 00		2.00 ADULTS & PEDIATRICS	15.00	16.00		18.00		1.00
1.00		ADULIS & PEDIATRICS	0	20, 396				1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	20, 396	6, 304	2, 350, 264		200.00

 FLOYD MEMORIAL HOSPITAL & HEALTH SVS
 In Lieu of Form CMS-2552-10

 Provider CCN: 15-0044
 Period: Erom 01/01/2016
 Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	From 01/01/2016	Part I Date/Time Pre 2/28/2017 11:	pared: <u>45 am</u>
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
	for Cost Allocation			BENEFI TS DEPARTMENT		
	(from Wkst A			DELTAILIMENT		
	col. 7) 0	1.00	2.00	4.00	4.0	
GENERAL SERVICE COST CENTERS	0	1.00	2.00	4.00	4A	
1.00 00100 CAP REL COSTS-BLDG & FIXT	6, 315, 013	6, 315, 013				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6, 819, 020	120 494	6, 819, 020			2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINI STRATI VE & GENERAL	40, 649, 040 20, 849, 855	139, 484 335, 731			28, 250, 088	4.00 5.00
6. 00 00600 MAI NTENANCE & REPAI RS	0	0			20, 200, 000	6.00
7.00 00700 OPERATION OF PLANT	5, 363, 476	94, 859			6, 173, 296	7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG	751, 318 2, 068, 509	89, 978 22, 739			869, 342 2, 611, 633	8.00 9.00
10. 00 01000 DI ETARY	1, 657, 505	34, 782			2, 381, 447	10.00
11. 00 01100 CAFETERI A	0	197, 306			197, 306	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0			0	12.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	0 2, 143, 909	0 224, 114		-	0 2, 719, 794	13.00 14.00
15. 00 01500 PHARMACY	2, 878, 325	51, 265			4, 043, 560	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3, 397, 133	100, 867			4, 676, 843	16.00
17.00 01700 SOCIAL SERVICE	0	0			0	17.00
23. 00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY INPATIENT ROUTINE SERVICE COST CENTERS	26, 314	1, 251	81	1 6, 074	34, 450	23.00
30. 00 03000 ADULTS & PEDI ATRI CS	17, 456, 793	2, 023, 957	881, 523	6, 049, 157	26, 411, 430	30.00
31.00 03100 INTENSIVE CARE UNIT	2, 640, 197	181, 607			3, 721, 598	31.00
32. 00 03200 CORONARY CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT	0	0			0	32.00 33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	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 42. 00 04200 SUBPROVI DER	0	0	-		0	41.00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0 661, 687	0 43, 443		-	0 942, 010	42.00 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	(		0	44.00
45.00 04500 NURSING FACILITY	0	0			0	45.00
46. 00 04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	0	(	0 0	0	46.00
50. 00 05000 OPERATI NG ROOM	7, 721, 590	582, 392	533, 434	1 2, 219, 020	11, 056, 436	50.00
51.00 05100 RECOVERY ROOM	0	0		-	0	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	1, 184, 819	356, 834 0	40, 773		2, 017, 609 0	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	9, 700, 997	391, 643		-	13, 146, 989	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	(	-	0	55.00
56. 00 05600 RADI 0I SOTOPE 57. 00 05700 CT SCAN	0 693, 665	0 49, 395	( 131, 588		0 1, 039, 968	56.00 57.00
58. 00 05800 MRI	380, 850	22, 601			625, 044	
59. 00 05900 CARDI AC CATHETERI ZATI ON	1, 794, 771	154, 702			3, 037, 259	
60.00 06000 LABORATORY	8, 446, 645	241, 519			9, 908, 684	60.00
60. 01 06001 BLOOD LABORATORY 61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		0 0	0	60. 01 61. 00
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		0 0	0	62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA	0	0			0	63.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	424, 400 1, 815, 899	0 32, 596			599, 852 2, 476, 276	64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	3, 366, 456	4, 468			4, 276, 104	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0			0	67.00
68.00 06800 SPEECH PATHOLOGY	195, 521	7, 905			271, 348	68.00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	2, 255, 613 51, 081	124, 403 98, 158			3, 075, 920 169, 024	69.00 70.00
70. 01 07001 SLEEP DI SORDER	628, 508	53, 685			903, 423	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	9, 837, 769	0	0	0 0	9, 837, 769	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	12, 763, 609	0			12, 763, 609	
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DIALYSIS	22, 028, 047	0			22, 028, 047 0	73.00 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	(	0 0	0	75.00
76. 00 03950 NUTRI TI ON/DI ABETES	0	0			0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	315, 575	49, 395	15, 00	1 105, 477	485, 448	76.97
88.00 08800 RURAL HEALTH CLINIC	0	0	(	0 0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90. 00 09000 CLINIC 91. 00 09100 EMERGENCY	837, 522 3, 663, 096	77, 413 307, 445			1,066,016	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	3, 003, 090	397, 445	80, 254	1, 178, 520	5, 319, 315 0	91.00 92.00
				и - П	Ũ	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2016 To 09/30/2016	Worksheet B Part I Date/Time Pre 2/28/2017 11:	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL REI	_ATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS	<u> </u>		2100			
94. 00 09400 HOME PROGRAM DI ALYSI S 95. 00 09500 AMBULANCE SERVI CES	0	0 0		0 0 0	0 0	95.00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 99. 00 09900 CMHC	0	0			0 0 0	96.00 97.00 99.00
99.10 09910 CORF 100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0 0 0 0	0	99. 10 100. 00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	2, 498, 073	0	21, 09	3 782, 245	3, 301, 411	101.00
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0 0	0	105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0		106.00
107.00 10700 LI VER ACQUI SI TI ON	0	0		0 0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0		0 0	0	108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0		0 0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0 0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0		115.00
116.00 11600 HOSPI CE	0	0		0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	204, 282, 600	6, 185, 937	6, 587, 18	3 27, 321, 409	190, 438, 348	118.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	1	0 0	0	190.00
191. 00 19100 RESEARCH	44, 988	0		0 15,852		190.00
192. 00 19200 PHYSICIANS PRIVATE OFFICES	35, 201, 820	44, 831			46, 592, 099	
192. 01 19201 OTHER NRCC	3, 959, 262	63, 239			4, 284, 049	
192. 02 19202 LTC	14, 168, 732	0	3, 25		16, 212, 188	
193. 00 19300 NONPALD WORKERS	0	0		0 0		193.00
194. 00 07950 MARKETI NG	1,000,635	21,006		0 48, 872	1, 070, 513	
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)	258, 658, 037	6, 315, 013	6, 819, 02	0 40, 804, 748	258, 658, 037	202.00

		UYD MEMORIAL HOSP				u of Form CMS-	2552-10
COST	ALLOCATI ON - GENERAL SERVI CE COSTS		Provider C	CN: 15-0044 P F T	eriod: rom 01/01/2016 o 09/30/2016		epared: 45 am
	Cost Center Description		MAINTENANCE &		LAUNDRY &	HOUSEKEEPI NG	
		E & GENERAL	REPAI RS	PLANT	LINEN SERVICE	0.00	
	GENERAL SERVICE COST CENTERS	5.00	6.00	7.00	8.00	9.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	28, 250, 088					5.00
6.00	00600 MAINTENANCE & REPAIRS	0	-				6.00
7.00	00700 OPERATION OF PLANT	756, 902	0				7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	106, 589 320, 210	0	108, 542 27, 430	1, 084, 473 47, 141	3, 006, 414	8.00 9.00
9.00 10.00		291, 987		41, 957	46, 623		1
11.00		24, 191	0		0,020	105, 320	1
12.00		0	0	0	0	0	1
13.00	01300 NURSI NG ADMI NI STRATI ON	0	0	0	0	0	13.00
14.00		333, 471	0	270, 352	0	119, 630	
15.00		495, 777	0	61, 842	481	27, 365	
16.00 17.00		573, 423		121, 677 0	0	53, 841 0	1
23.00		4, 224	0		12	668	1
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	7,227	0	1,007	12	000	20.00
30.00		3, 238, 279	0	2, 441, 530	461, 433	1, 080, 364	30.00
31.00	03100 I NTENSI VE CARE UNI T	456, 301	0		49, 529		
32.00		0	0	0	0	0	1
33.00		0	0	0	0	0	
34.00		0	0	0	0	0	
40.00 41.00		0		0	0	0	
41.00		0		0	0	0	
43.00		115, 499	0	52, 405	13,006	23, 189	
44.00		0		0	0	0	1
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00		0	0	0	0	0	46.00
	ANCI LLARY SERVICE COST CENTERS	1.055 (10		700 5 47	444 070	010.074	
50.00		1, 355, 619	0		116, 979 0		50.00
51.00 52.00		247, 377			28, 184	0 190, 474	
53.00		247, 377		1 430, 434	20, 104	0	1
54.00		1, 611, 939	0	472, 445	66, 138		
55.00		0	0	0	0	0	1
56.00		0	0	0	0	0	
57.00		127, 509			11, 864		
58.00 59.00		76, 636 372, 395	0	27, 264 186, 620	12, 927 52, 528	12,064	
60.00		1, 214, 894		291, 347	52, 528	82, 578 128, 920	
60.01		0			0		
61.00							61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
63.00		0	0	0	0	0	1
64.00		73, 547	0	0	0	0	
65.00 66.00		303, 614	0	39, 321	0 25, 098	17, 399	1
67.00		524, 289		5, 390	23, 098	2, 385 0	1
68.00		33, 270		9, 536	0	4, 220	1
69.00		377, 135	0	150, 068	0	66, 405	
70.00		20, 724	0	118, 410	0	52, 396	1
70.01		110, 768		64, 760	12, 037	28, 656	
71.00		1, 206, 199		0	0	0	1
72.00		1, 564, 933	0	0	0	0	
73.00 74.00		2, 700, 837		0	0	0	
74.00		0			0	0	1
76.00		0	0	0	0	0	1
76.97		59, 520	-	59, 586	0	26, 367	1
	OUTPATIENT SERVICE COST CENTERS						
88.00		0			0	0	1
89.00		0	0	0	0	0	
90.00		130, 703	0	93, 384	5,032	41, 322	
91.00 92.00		652, 196	0	479, 443	124, 514	212, 151	91.00 92.00
7∠.00	09200  OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		I	I		I	72.00
94.00		0	0	0	0	0	94.00
95.00		0	0	0	0	0	1
96.00		0	0	0	0	0	1
97.00		0	0	0	0	0	
99.00	09900 CMHC	0	0	0	0	0	99.00

Health Financial Systems

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	eriod: rom 01/01/2016 o 09/30/2016		
Cost Center Description	ADMI NI STRATI V			LAUNDRY &	HOUSEKEEPI NG	
	E & GENERAL	REPAI RS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
99. 10 09910 CORF	0	0	C	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	C	0		100.00
101.0010100 HOME HEALTH AGENCY	404, 783	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS	-I		1 .	1		
105.00 10500 KI DNEY ACQUI SI TI ON	0	0	C	0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0	C	0		106.00
107.00 10700 LI VER ACQUI SI TI ON	0	0	0	0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 I NTESTI NAL ACQUI SI TI ON	0	0	0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0	C C	0		111.00
113.0011300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF		_		_		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0		115.00
116.00 11600 HOSPI CE	0	0		0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19, 885, 740	0	6, 774, 492	1, 073, 594	2, 937, 515	118.00
NONREI MBURSABLE COST CENTERS						100.00
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	7 4/0	0		0		190.00
191.00 19100 RESEARCH	7,460	0	L 54.000	10 770		191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES 192. 01 19201 OTHER NRCC	5, 712, 610	0	54,080			
192. 02 19201 0THER_NRCC 192. 02 19202 LTC	525, 263	0	76, 286	100		192.01
192. 02 19202 LTC 193. 00 19300 NONPALD WORKERS	1, 987, 760	0		0		192.02
193. 00 19300 NONPAT D WORKERS 194. 00 07950 MARKETI NG	131, 255	0	25, 340	0	11, 213	
	131, 200	U	25, 540	0		200.00
200.00Cross Foot Adjustments201.00Negative Cost Centers		0				200.00
201.00 TOTAL (sum lines 118-201)	28, 250, 088	0	6, 930, 198	1, 084, 473		
202.00   TUTAL (SUII TITIES TIO-201)	20, 200, 088	U	U, 930, 198	1, 004, 473	3,000,414	202.00

	LLOCATION - GENERAL SERVICE COSTS	D MEMORIAL HOSPI	Provider C	CN: 15-0044 P F T	eriod: rom 01/01/2016 o 09/30/2016	Date/Time Pre 2/28/2017 11:	pared:
	Cost Center Description	DI ETARY 10. 00	CAFETERI A		NURSI NG ADMI NI STRATI O N 13.00	CENTRAL SERVI CES & SUPPLY 14.00	
	GENERAL SERVICE COST CENTERS	10.00	11.00	12.00	13.00	14.00	
2.00 4.00 5.00 5.00 7.00 3.00 9.00 10.00 11.00 12.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	2, 780, 580 0 0 0	564, 830 0 0	0			1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
15.00 16.00	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	000000000000000000000000000000000000000	14, 026 18, 614 33, 486 0	0	0 0 0 0	3, 457, 273 0 0 0	15.00 16.00
	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	167			0	
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	2, 455, 885	180, 497	0	0	0	30.00
31.00         32.00         33.00         34.00         40.00         41.00         42.00         43.00         44.00         45.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SUBGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	2, 455, 885 122, 000 0 0 0 0 73, 791 0 0 0	180, 497 23, 076 0 0 0 0 0 5, 344 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0		31.00 32.00 33.00 40.00 41.00 42.00 43.00 44.00 45.00
50.00	ANCILLARY SERVICE COST CENTERS	4,230	58, 415	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	66, 926	10, 995 0	0		0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 355	28, 635	0	0	0	54.00
	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0	0	-	0	0	
	05700 CT SCAN	1, 397	4, 591	0	0	0	
	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	2, 481 19, 294	0	0	0	
	06000 LABORATORY	0	35, 919			0	
	06001 BLOOD LABORATORY 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0	0	0	60.01 61.00
52.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
	06300 BLOOD STORING PROCESSING & TRA 06400 I NTRAVENOUS THERAPY	0	0	0	0	0	
65.00	06500 RESPI RATORY THERAPY	0	17, 548	0	0	0	65.00
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	12, 560 0		0	0	
	06800 SPEECH PATHOLOGY	0	1, 353	-	0	0	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	12, 923 592		0	0	
	07001 SLEEP DI SORDER	419	5, 390		0	0	
	07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0	0	0	0	1, 504, 854	
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1, 952, 419 0	
	07400 RENAL DI ALYSI S	0	0	0	0	0	
	07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES	0	0	0	-	0	
	07697 CARDI AC REHABI LI TATI ON	0	1, 605	-	-	0	
38.00	OUTPATIENT SERVICE COST CENTERS		0	0		0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	-	-	0	
90.00	09000 CLI NI C	20	4, 513		0	0	90.00
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	53, 557	34, 135	0	0	0	91.00 92.00
72.00	OTHER REIMBURSABLE COST CENTERS			1			72.UU
	09400 HOME PROGRAM DI ALYSI S	0	0	-	-	0	
	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	
	UTO DURADLE WEDICAL EQUIP-RENIED	1	0	0	0	0	1 70.01

2/28/2017 11:45 am

Health Financial Systems	FLOYD MEMORIAL HOSPI	TAL & HEALTH	SVS	In Lie	u of Form CMS-255	52-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		eriod:	Worksheet B	
				rom 01/01/2016 o 09/30/2016		rod
			1	0 07/30/2010	2/28/2017 11:45	am
Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE	NURSI NG	CENTRAL	
			OF PERSONNEL	ADMI NI STRATI O	SERVICES &	
				N	SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
99. 00 09900 CMHC	0	0	C	0 0		9.00
99. 10 09910 CORF	0	0	C	0 0		9.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	C	0 0		0.00
101.0010100 HOME HEALTH AGENCY	0	17, 124	C	0 0	0 10	1.00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0	C	0 0		5.00
106.00 10600 HEART ACQUI SI TI ON	0	0	C	0		6.00
107.00 10700 LIVER ACQUISITION	0	0	C	0		7.00
108.00 10800 LUNG ACQUI SI TI ON	0	0	C	0		8.00
109.00 10900 PANCREAS ACQUISITION	0	0	C	0		9.00
110.00 11000 INTESTINAL ACQUISITION	0	0	C	0		0.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0	C	0 0		1.00
113.00 11300 INTEREST EXPENSE						3.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF			_			4.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P. )	) 0	0	C	0		5.00
116.00 11600 HOSPI CE	0	0	C	0		6.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2, 780, 580	543, 283	C	0 0	3, 457, 273 11	8.00
NONREI MBURSABLE COST CENTERS		0			0 10	0 00
190.00 19000 GI FT FLOWER COFFEE SHOP & CAN 191.00 19100 RESEARCH	0	383	C	0		0.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	383 18, 027				2.00
192. 01 19200 PHISICIANS PRIVATE OFFICES	0	2,077				2.00
192. 02 19201 01 Her NRCC	0	2,077				2.01
192. 02 19202 ETC 193. 00 19300 NONPALD WORKERS	0	0		0		3.00
194. 00 07950  MARKETI NG		1,060				4.00
200.00 Cross Foot Adjustments	0	1,000		, 0		0.00
201.00 Negative Cost Centers		0	ſ			1.00
202.00 TOTAL (sum Lines 118-201)	2, 780, 580	564,830	C		3, 457, 273 20	
202.00 [10TAL (3011 TTHES 110-201)	2,700,000	504, 650		'I U	5, 457, 275 20	2.00

Heal th	Fi nanci al	Systems	
COST A		CENEDAL	CED

In Lieu of Form CMS-2552-10

IDENTIFY         IDENTIFY         IDENTIFY         IDENTIFY         IDENTIFY           IDENTIFY         15.00         17.00         23.00         24.00         1           IDENTIFY         15.00         17.00         23.00         24.00         1           IDENTIFY         0         0.010         CAR         0.0100         CAR         0.0100         CAR         0.0100         CAR         0.0100         CAR         0.0000         CAR         0.0000<	ST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2016 To 09/30/2016	Worksheet B Part I Date/Time Pre 2/28/2017 11:	epared 45 am
BestMax         SERVICE COST CATERS         1           0         00100 (APR LL COSTS-AUGLE SEMUE)         1           0         00200 (APR LL COSTS-AUGLE SEMUE)         5           0         00500 (APR LL COSTS-AUGLE SEMUE)         5           0         00500 (APR LL COSTS-AUGLE SEMUE)         5           0         00500 (APR LTENANCE & REPARTS         6           0         00500 (APR LTENANCE & SERVICE         7           0         00500 (APR LTENANCE & SERVICE         7           0         00500 (APR LTENANCE & SERVICE         7           0         01700 (APR TERL )         6           0         01700 (APR TERL )         7           0         01700 (APR TERL )         1           0         1170 (APR TERL )         1	Cost Center Description	PHARMACY		SOCI AL SERVI CE		Subtotal	
00         000000CAP REL CSISS HUBG & FIXI         1           00         00000CAP REL CSISS HUBG & FIXI         2           00         00000CAP REL FIXING         2           00         00000CAP REL FIXING         2           00         00000CAP REL FIXING         2           00         01100CAP REL FIXING         2           00         1100CAP REL FIXING         2           00         01100CAP REL FIXING         2           00         1100CAP REL FIXING         2           00         1100CAP REL FIXING         2           00         1100CAP REL FIXING         4           00         0         0<		15.00	16.00	17.00	23.00	24.00	
00         00000         CAP REL COST AVRUE E DUP         4           00         00000         CAP REL COST AVRUE E DUP         4           00         00000         CAP REL COST AVRUE E SUPER'S TO SUPER'S         4           00         00000         CAP REL COST AVRUE E SUPER'S TO SUPER'S         6           00         00000         CAP REL COST AVRUE E SUPER'S TO SUPER'S         6           00         00000         CAP REL COST AVRUE E SUPER'S TO SUPER'S         6           00         00000         CAP REL COST AVRUE E SUPER'S         7           00         00000         CAP REL COST AVRUE E SUPER'S         1           00         10000         CAP REL COST AVRUE E SUPER'S         1           00         10100         CAP REL COST AVRUE E SUPER'S         1           00         10100         CAP REL REST AVRUE E SUPER'S         1           00         10100         CAP REL REST AVRUE E SUPER'S         1           00         10100         CAP REL REST AVRUE E SUPER'S         1           00         10100         1         1         1           00         10100         0         0         1         1           00         1010000000         1         1							1.0
00         00000         ADDI NISTRATIVE & CENERAL         5           00         00000         ADDI NISTRATIVE & CENERAL         5           00         00000         ADDI NISTRATIVE & CENERAL         7           00         00000         ADDI NISTRATIVE & CENERAL         7           00         01000         ADDI NISTRATIVE & CENERAL         7           00         01000         ADDI NISTRATIVE & CENERAL         7           00         01000         ADDI NISTRATIVE & CENERAL         11           00         11000         ADDI NISTRATIVE & CENERAL         11           00         11000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2.0</td>							2.0
00         00000         MAINTRAMICE & HEPAIRS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4.0</td>							4.0
00         00000 (PERATION OF PLANT         7.           00         00000 (AURORY & LINES SERVICE         10           00         00000 (AURORY & LINES SERVICE)         10           00         10100 (PERATION OF PERSONNEL)         10           00         10100 (PERATION CS & SUPPLY)         11           00         10100 (PERATION CS & SUPPLY)         15           00         10100 (PERATION CS & SUPPLY)         15           00         10100 (PERATION CS & SUPPLY)         0         0           00         10100 (PERATION CS & SUPPLY)         0         0         11           00         11000 (PERATION CS & SUPPLY)         0         0         11         13           00         11000 (PERATION CS & O         4.647.639         0         0         11         13           00         01000 (PERATION CS & O         4.680.000         0         14         134         14           00         02000 (PERATION CR & UNIT S         0         0         0         14         154         13           00         03000 AUROR CR & UNIT S         0         0         0         0         14         14         14           00         03000 AURORY CR & UNIT S         0							5.0
000         00000         LAUNDRY & L. INEX SERVICE         8.           00         00000         UNCENTRAL CONTROL OF PRESONNEL         11           00         010000         NURSHICE CONTROL OF PRESONNEL         11           00         010000         NURSHICE AND TO PRESONNEL         11           00         010000         NURSHICE CONTROL OF PRESONNEL         11           00         010000         NURSHICE CONTROL PRESONNEL         11           00         010000         010000         11         11           00         010000         010000         010000         11         12           00         010000         010000         010000         010000         0100000           00         010000000000         0100	00 00600 MAI NTENANCE & REPAI RS						6.0
000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         00000         000000         000000         000000         000000         0000000         0000000000         000000000000000000000000000000000000	00700 OPERATION OF PLANT						7.0
00         D1000 DIFTRAY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							8.0
00         01100 (AFTERIA         11           01120 (AFTERIA)         12           01200 (MURSING ADMINISTRATION)         12           01140 (CENTRENACCE OF PRESONNEL         12           01140 (CENTRENACCE OF PRESONNEL         12           01140 (CENTRENACCE OF PRESONNEL         13           01140 (CENTRENACCE OF PRESONNEL         14           01140 (CENTRENACCE OF PRESONNEL         14           01140 (CENTRENACCE OF PRESONNEL         14           01140 (CENTRENACCE OF PRESONNEL         0           01140 (CENTRENACCE OF PRESONNEL         14           01140 (CENTRENACCE OF PRESONNEL         14           01140 (CENTRENACCE OF PRESONNEL         0           01140 (CENTRENACCE OF CENTRES         0           01140 (CENTRENACCE OF CENTRES         0           01140 (CENTRENACE OF CENTRENE OF							9.0
00         01200 (MARTENANCE OF PERSONNEL         1           01300 (MARTENANCE OF PERSONNEL         13           01400 (PERNAL SERVICES & SUPPLY)         4, 647, 639           01500 (MERNEL) EL PRELPARMARY PESIDENCY         0         0           01200 (MERNEL) EL PRELPARMARY PESIDENCY         0         0         41, 030           01200 (MERNEL) EL PRELPARMARY PESIDENCY         0         0         44, 685, 009         0           01200 (MERNEL) EL PRELPARMARY PESIDENCY         0         0         0         44, 686, 500         0           01200 (MERNEL) EL PRELPARMARY PESIDENCY         0         0         0         44, 685, 009         0         0         44, 686, 500         0         323           01200 (MERNEL) EL PRELPARMARY PESIDENCY         0         0         0         0         0         33           01200 (MERNEL) EL PRELPARMARY PARE UNIT         0         0         0         0         33           01200 (MERNEN) EL CARE UNIT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>10.0</td></td<>							10.0
00         01200         NUMBER NO. ADMINISTRATION         13           00         01400         CENTRAL SERVICES & SUPPLY         4,647,639           011000         CENTRE         0         0         0           011000         CENTRE         0         0         0         0           011000         CENTRE         0         0         0         0         14           011000         CENTRE         0         0         0         0         14         14           011000         CENTRE         0         0         0         0         14         14         14           00         COODORDAULTS & FEDIATINC SECONT EXTREMENT         0         0         0         0         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14							
000         D1400         CANTRAL SERVICES & SUPPLY         4, 647, 639           000         D1500         PRANACY         4, 647, 639           000         D1500         PRANACY         0         0           000         D1500         PRANACY         0         0         0           000         D1700         SCAU         PRANACY         0         0         41, 030           000         D1700         SCAU         PRANACY         D1700         SCAU         0         0         41, 030         177           000         D1700         SCAU         D1700         D0         0         0         41, 030         220           000         D1200         CORONARY CARE         D110         D         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
00         DISD         PHARMACY         4, 647, 59         1           00         10100 UFCLAL RECORDS & LIBRARY         0         0         0         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         <							14.0
00         D1000         D10000         D10000         D10000         D100000         D1000000         D1000000000000000000000000000000000000		4, 647, 639					15.0
00         D100         00         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         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 <td></td> <td></td> <td>5, 459, 270</td> <td></td> <td></td> <td></td> <td>16.0</td>			5, 459, 270				16.0
IMPATI ENT ROUTINE SERVICE COST CENTERS         Image: Control of C	00 01700 SOCIAL SERVICE	0	-		0		17.0
00         03000         AUULTS & FEDI ATRUCS         0         4,865,009         0         0         4,1134,422         30.           00         03100         INTENSIVE CARE UNIT         0         0         0         0         320           00         03300         INTENSIVE CARE UNIT         0         0         0         334           00         03300         INTENSIVE CARE UNIT         0         0         0         34           00         04000         SUBROVIDER - IPF         0         0         0         0         0         4           00         04000         SUBROVIDER - IPF         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY</td> <td>0</td> <td>0</td> <td></td> <td>0 41,030</td> <td></td> <td>23. (</td>	00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0		0 41,030		23. (
00         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000         000							
CO         Display         Display <thdisplay< th=""> <thdisplay< th=""> <thdispla< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></thdispla<></thdisplay<></thdisplay<>		-					
CO         Discrete Display         CARE LINT         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		0	-				
CO         Data         D         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <td></td> <td>0</td> <td>0</td> <td></td> <td>-</td> <td></td> <td></td>		0	0		-		
00         000         00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0				
O         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D		0	0		-		
00         0200         SUBPROVIDER         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0       <		0	-				
00         00         0         0         0         0         0         0         0         0         0         0         44           00         04400 StruttLED NUESING FACILLTY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	o		-		
OC         Description         D         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O <t< td=""><td></td><td>0</td><td>0</td><td></td><td>0 0</td><td></td><td></td></t<>		0	0		0 0		
00         04600 (THER LONG TERM CARE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<	00 04400 SKILLED NURSING FACILITY	0	О		0 0		
ANCILLARY SERVICE COST CENTERS         Image: Control of the con	00 04500 NURSING FACILITY	0	0		0 0	C	45.
000         05000         0PERATING ROOM         0         356, 556         0         0         13, 961, 656         0         0         510           000         05100         RECOVERY ROOM & LABOR ROOM         0         0         0         0         0         0         0         0         0         53.           000         05300         RADI DLOGY - JIAGNOSTI C         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>C</td> <td>46.</td>		0	0		0 0	C	46.
00         05100         RECOVERY ROOM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
00         Discolor DELUVERY ROOM & LABOR ROOM         0         0         0         2, 992,019         52           00         05300 RADI OLOGY-DI AGNOSTI C         0         19, 809         0         0         53           00         05400 RADI OLOGY-THERAPEUTI C         0         0         0         0         55           00         05600 RADI OLOGY-THERAPEUTI C         0         0         0         0         55           00         05600 RADI OLOGY-THERAPEUTI C         0         0         0         0         56           00         05700 CT SCAN         0         0         0         0         776,6416         58           00         05900 CARDI AC CATHETERI ZATI ON         0         0         0         0         11,579,832         60           00         06000 LABORATORY         0         0         0         0         0         61         0         61         0         61         0         61         0         61         0         63         63         64         63         64         63         64         63         64         63         64         63         64         63         64         63         64         63<		-					
00         0300         ANESTHESIOLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	-				
00         Description         19,809         0         0         15,557,365         54.           00         05500         RADIOLOGY-THERAPEUTIC         0         0         0         55.         55.           00         05600         RADIOLOGY-THERAPEUTIC         0         0         0         55.         55.           00         05600         RADIOLOGY-THERAPEUTIC         0         0         0         17.271,282         57.           00         05800         RADIALOSOPE         0         0         0         0         17.271,282         57.           00         05800         RADIALORACATHETERIZATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		0	-				
00       05500 RADI OLGGY-THERAPCUIC       0       0       0       0       0       0       0       0       0       55.         00       05600 MAI       0       0       0       0       0       0       56.         00       05700 CT SCAN       0       0       0       0       0       756.416       58.         00       05900 CARDI AC CATHETERI ZATI ON       0       0       0       0       0       37.50.674       59.         00       06000 LABORATORY       0       0       0       0       0       0       0       60.0         01       06000 LABORATORY       0       0       0       0       0       0       0       61.         00       06100 PBP CLINICAL LAB SERVICES-PRGM       0       0       0       0       63.         00       06200 BLOOD STORING PROCESSING & TRA       0       0       0       0       63.         00       06500 RESPIRATORY HERAPY       0       27.732       0       2.881.890       65.         00       06500 OCLUPATI ONAL THERAPY       0       0       0       0       31.91.27       68.         00       06000 CUPATI ONAL TH		0	Ű				
00         05400         RADI (1) SOTOPE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0			0 0		
00       05700       CT SCAN       0       0       1,271,282       57.0         00       0500       CARDIAC CATHETERIZATION       0       0       0       3,750,674       59.         00       06000       LABORATORY       0       0       0       0       11,579,832       60.         00       06000       LABORATORY       0       0       0       0       60.       60.         01       06010       DABORATORY       0       0       0       0       60.       60.       60.       60.       60.       60.0       61.00       63.       60.0       63.       60.0       63.       60.0       63.       60.0       673.399       64.       63.       66.       66.00       670.0       0       0       0       0       63.       66.00       670.0       673.399       64.       65.       66.00       670.0       0       0       0       19.809       0       0       19.809       0       13.97.27       78.       68.0       670.0       6500.0       670.0       650.0       670.0       650.0       670.0       650.0       670.0       650.0       670.0       650.0       19.809       0       <		0	o		0 0		
000         05900         CARDIA C CATHETERIZATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td></td><td>0</td><td>О</td><td></td><td>0 0</td><td>1, 271, 282</td><td>57.</td></th<>		0	О		0 0	1, 271, 282	57.
00         06000         LABORATORY         0         0         0         0         0         0         11, 579, 832         60.           01         06001         BLOOD LABORATORY         0         0         0         0         60.           01         06001         BLOOD LABORATORY         0         0         0         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         60.         63.         63.         63.         63.         63.         63.         63.         63.         63.         63.         64.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.         67.		0	0		0 0		
01       66001       BLOOD LABORATORY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	3, 750, 674	59.
00         06100         PBP CLINICAL LAB SERVICES-PRGM         0         6100         PBP CLINICAL LAB SERVICES-PRGM         0         0         6100         6200         WHOLE BLOOD & PACKED RED BLOOD         0         0         0         630         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0				11, 579, 832	60.
00         06200         WHOLE BLOOD & PACKED RED BLOOD         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	0		0 0		
00         06300         BLOOD STORING         PROCESSING & TRA         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0        <							
00         06400         INTRAVENOUS THERAPY         0         0         0         673, 399         64.           00         06500         RESPIRATORY THERAPY         0         27, 732         0         0         2, 881, 890         65.           00         06600         PHYSI CAL THERAPY         0         19, 809         0         0         65.         65.           00         06600         SPEECH PATHOLOGY         0         0         0         67.         67.           00         06600         SPEECH PATHOLOGY         0         0         0         0         319, 727         68.           00         06900         ELECTROCARDI OLOGY         0         19, 809         0         0         319, 727         68.           00         06900         ELECTROCARDI OLOGY         0         0         0         319, 727         68.           01         07000         ELECTROCARDI OLOGY         0         0         0         319, 727         68.           00         07000         BELCTROCARDI CLOGY         0         0         0         0         12, 54.83         70.           00         07000         MEDICAL SUPPLI ES CHARGED TO PATI ENTS         4,		0	0		0 0		
00         06500         RESPI RATORY THERAPY         0         27,732         0         0         2,881,890         65.           00         06600         PHYSI CAL THERAPY         0         19,809         0         0         4,865,635         66.           00         06600         OCCUPATIONAL THERAPY         0         0         0         0         67.           00         06600         OCCUPATIONAL THERAPY         0         0         0         0         67.           00         06600         OCUPATIONAL THERAPY         0         0         0         0         67.           00         06400         CLECTROCARDIOLOGY         0         19,809         0         0         3,702,260         69.           01         07000         ELECTROCARDIOLOGY         0         0         0         3,702,260         69.         1,25,453         70.           00         07100         MEDICAL SUPPLIES CHARGED TO PAT         0         0         0         1,25,458,822         71.           00         07200         INPL. DEV. CHARGED TO PATI ENTS         4,647,639         0         0         0         0         74.           00         07500 ASC (NON-DI STI NCT PAR		0	0		0 0		
00         06600         PHYSI CAL THERAPY         0         19,809         0         4,865,635         66.           00         06700         0CCUPATI ONAL THERAPY         0         0         0         67.           00         06800         SPEECH PATHOLOGY         0         0         0         319,727         68.           00         06900         ELECTROCARDI OLOGY         0         19,809         0         0         3,702,260         69.           00         07000         ELECTROCARDI OLOGY         0         0         0         3,702,260         69.           00         07000         RECARDENCEPHALOGRAPHY         0         0         0         1,125,453         70.           00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         16,280,961         72.           00         07300         DRUGS CHARGED TO PATI ENTS         4,647,639         0         0         0         0         76.           00         07500         ASC (NON-DI STI NCT PART)         0         0         0         76.           00         07607         CARDI AC REHABI LI TATI ON         0         0         0         76.		0	27 732		0 0		
00         06700         0CCUPATI ONAL THERAPY         0         0         0         0         67.           00         06800         SPEECH PATHOLOGY         0         0         319,727         68.           00         06900         ELECTROENCERPIALOGRAPHY         0         0         0         37.02,260         69.           00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         361,146         70.           01         07001         SLEEP         DI SORDER         0         0         0         11,125,453         70.           00         07100         MEDI CAL SUPPLIES CHARGED TO PATI         0         0         0         12,548,822         71.           00         07300         DRUGS CHARGED TO PATI ENTS         4,647,639         0         0         0         16,280,961         72.           00         07500         ASC (NON-DI STI NCT PART)         0         0         0         75.         0         0         0         75.           00         07500         ASC (NON-DI STI NCT PART)         0         0         0         0         75.           00         07697         CARDI AC REHABI LI TATI ON         0		0			0 0		
00         06800         SPEECH PATHOLOGY         0         0         319,727         68.           00         06900         ELECTROCARDI OLOGY         0         19,809         0         3,702,260         69.           00         07000         ELECTROCREPHALOGRAPHY         0         0         0         361,146         70.           01         07001         SLEEP DI SORDER         0         0         0         12,548,822         71.           00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0         0         0         16,280,961         72.           00         07300         DRUGS CHARGED TO PATI ENTS         4,647,639         0         0         0         10,00         75.         73.           00         07500         ASC (NON-DI STINCT PART)         0         0         0         75.         73.           00         07697         CARDI AC REHABI LI TATI ON         0         0         0         76.         76.           01         07000         RUBAL HEALTH CLINIC         0         0         0         632,526         76.           00         09000         FEDERALLY QUALI FIED HEALTH CENTER         0         0         0		0	0		0 0		
00         06900         ELECTROCARDIOLOGY         0         19,809         0         3,702,260         69.           00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         361,146         70.           01         07001         SLEEP DI SORDER         0         0         0         361,146         70.           00         07001         MEDI CAL SUPPLIES CHARGED TO PAT         0         0         1,125,453         70.           00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         16,280,961         72.           00         07300         RUGS CHARGED TO PATI ENTS         4,647,639         0         0         41,030         29,417,553         73.           00         07400         RENAL DI ALYSI S         0         0         0         74.           00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         75.           00         07697         CARDIA C REHABI LI TATI ON         0         0         0         632,526         76.           00         08900         FIDERALLY QUALIFIED HEALTH CENTER         0         0         0         0		0	o		0 0		
07001       SLEEP DI SORDER       0       0       1,125,453       70.         000       07100       MEDI CAL SUPPLIES CHARGED TO PATI       0       0       12,548,822       71.         000       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0       0       0       12,548,822       71.         000       07300       DRUGS CHARGED TO PATI ENTS       4,647,639       0       0       41,030       29,417,553       73.         000       07400       RENAL DI ALYSI S       0       0       0       0       74.         000       07500       ASC (NON-DI STINCT PART)       0       0       0       74.         000       03950       NUTRI TI ON/DI ABETES       0       0       0       76.         001       07697       CARDI AC REHABI LI TATI ON       0       0       0       632,526         001       08800       RURAL HEALTH CLI NIC       0       0       0       88.         001       09000       CLI NIC       0       0       0       0       99.         001       09000       CLI NIC       0       0       0       0       7,025,857       91.         001		0	19, 809		0 0	3, 702, 260	69.
00         07100         MEDI CAL         SUPPLI ES         CHARGED TO PATI         0         0         0         12, 548, 822         71.           00         07200         I MPL.         DEV.         CHARGED TO PATI ENTS         0         0         0         16, 280, 961         72.           00         07300         DRUGS         CHARGED TO PATI ENTS         4, 647, 639         0         0         41, 030         29, 417, 553         73.           00         07400         RENAL         DI ALYSI S         0         0         0         74.           00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         74.           00         03950         NUTRI TI ON/DI ABETES         0         0         0         0         76.           01         07697         CARDI AC         REHABI LI TATI ON         0         0         0         632, 526         76.           010         08800         RURAL HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0	о		0 0		
00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0         0         0         16, 280, 961         72.           00         07300         DRUGS CHARGED TO PATIENTS         4, 647, 639         0         0         41, 030         29, 417, 553         73.           00         07400         RENAL DIALYSIS         0         0         0         0         74.           00         07500         ASC (NON-DISTINCT PART)         0         0         0         0         75.           00         03950         NUTRI TI ON/DI ABETES         0         0         0         0         76.           01         07697         CARDI AC REHABILI TATI ON         0         0         0         0         632, 526         76.           01         07697         CARDI AC REHABILI TATI ON         0         0         0         0         88.           00         0800         RURAL HEALTH CLINIC         0         0         0         0         89.           00         09000         CLINIC         0         0         0         0         7.025,857         91.           00         09200         OBSERVATION BEDS (NON-DI STINCT         1		0	0		0 0		
00         07300         DRUGS CHARGED TO PATIENTS         4, 647, 639         0         0         41, 030         29, 417, 553         73.           00         07400         RENAL DI ALYSI S         0         0         0         0         74.           00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         74.           00         07507         ASC (NON-DI STINCT PART)         0         0         0         0         75.           00         03950         NUTRI TI ON/DI ABETES         0         0         0         0         76.           01         70.77         CARDI AC REHABILI TATION         0         0         0         0         622, 526         76.           01         01747         ESRVI CE COST CENTERS         0         0         0         0         88.           00         08900         FEDERALLY QUALI FI ED HEALTH CENTER         0         0         0         0         89.           00         09000         CLI NI C         0         0         0         0         7,025,857         91.           00         09200         OBSERVATI ON BEDS (NON-DI STINCT         150,546         0		0	0		0 0		
.00         07400         RENAL DI ALYSI S         0         0         0         0         74.           .00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         75.           .00         03950         NUTRI TI ON/DI ABETES         0         0         0         0         76.           .01         07697         CARDI AC REHABI LI TATI ON         0         0         0         0         76.           .01         07697         CARDI AC REHABI LI TATI ON         0         0         0         0         622, 526         76.           .01         08800         RURAL HEALTH CLINIC         0         0         0         0         88.           .00         08900         FEDERALLY QUALI FIED HEALTH CENTER         0         0         0         0         89.           .00         09000         CLI NI C         0         0         0         1, 340, 990         90.           .00         09200         DBSERVATI ON BEDS (NON-DI STINCT         0         150, 546         0         0         7, 025, 857         91.           .00         09200         DBSERVATI ON BEDS (NON-DI STINCT         0         0         0		0	0		-		
00         07500         ASC (NON-DI STINCT PART)         0         0         0         0         0         0         0         75.           00         03950         NUTRI TI ON/DI ABETES         0         0         0         0         0         76.           70         07697         CARDI AC REHABI LI TATI ON         0         0         0         0         632,526         76.           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         632,526         76.           00         08900         RURAL HEALTH CLINIC         0         0         0         0         89.           00         08900         FEDERALLY QUALI FIED HEALTH CENTER         0         0         0         89.           00         09000         CLINIC         0         0         0         0         89.           00         09100         EMERGENCY         0         150,546         0         0         7.025,857         91.           00         09200         DESERVATI ON BEDS (NON-DI STINCT         -         -         -         -         -           01         0400         HOME PROGRAM DI ALYSIS         0         0         0		4, 647, 639	0		u 41,030		
00         03950         NUTRITION/DIABETES         0         0         0         0         76.           97         07697         CARDIAC REHABILITATION         0         0         0         0         632,526         76.           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         632,526         76.           00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.           00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         89.           00         09000         CLINIC         0         0         0         0         89.           00         09000         CLINIC         0         0         0         1,340,990         90.           00         09100         EMERGENCY         0         150,546         0         0         7,025,857         91.           00         09200         DSERVATION BEDS (NON-DI STINCT         92.         92.         92.         92.         92.           0THER         REIMBURSABLE COST CENTERS         0         0         0         0         94.           00         09500		0	0				
97         07697         CARDIAC REHABILITATION         0         0         0         0         632,526         76.           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         0         0         0         88.         88.           00         0800         RURAL HEALTH CLINIC         0         0         0         0         88.           00         09000         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         88.           00         09000         CLINIC         0         0         0         0         89.           00         09000         CLINIC         0         0         0         0         89.           00         09100         EMERGENCY         0         150,546         0         0         7,025,857         91.           00         09200         DSERVATION BEDS (NON-DISTINCT         0         0         0         92.         92.           01HER         REIMBURSABLE COST CENTERS         0         0         0         94.         94.           00         09400         HOME PROGRAM DI ALYSIS         0         0         0         95.         95.		0					
OUTPATI ENT SERVICE COST CENTERS           00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.           00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         88.           00         09000         CLINIC         0         0         0         0         89.           00         09000         CLINIC         0         0         0         0         89.           00         09000         CLINIC         0         0         0         89.           00         09000         CLINIC         0         0         0         7,025,857         91.           00         09200         DSERVATION BEDS (NON-DISTINCT         0         0         7,025,857         91.           01         09200         DBSERVATION BEDS (NON-DISTINCT         92.         92.         92.           01HER REI MBURSABLE COST CENTERS         0         0         0         94.           00         09400         HOME PROGRAM DI ALYSIS         0         0         0         94.           00         09500         AMBULANCE SERVICES         0         0		0	0		0 0		
00         08800         RURAL         HEALTH         CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			V		- 0	002, 020	
00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         89.           00         09000         CLINIC         0         0         0         1,340,990         90.           00         09100         EMERGENCY         0         150,546         0         0         7,025,857         91.           00         09200         OBSERVATION BEDS (NON-DISTINCT         0         0         7,025,857         92.           01         09400         HOME PROGRAM DIALYSIS         0         0         0         94.           00         09500         AMBULANCE SERVICES         0         0         0         94.           00         09500         DURABLE MEDICAL EQUIP-RENTED         0         0         0         95.		0	0		0 0	C	88.
00         09000         CLINIC         0         0         0         1,340,990         90.           00         09100         EMERGENCY         0         150,546         0         0         7,025,857         91.           00         09200         DSERVATION         BEDS (NON-DISTINCT         0         0         7,025,857         92.           01         0400         HOME PROGRAM DIALYSIS         0         0         0         94.           00         09400         HOME PROGRAM DIALYSIS         0         0         0         94.           00         09500         AMBULANCE SERVICES         0         0         0         95.           00         09500         DURABLE MEDICAL EQUIP-RENTED         0         0         0         96.		0	0		0 0		
00         09100         EMERGENCY         0         150,546         0         7,025,857         91.           00         09200         0BSERVATI ON BEDS (NON-DI STI NCT         1         1         1         92.           0THER         REI MBURSABLE         COST CENTERS         0         0         0         0         94.           00         09400         HOME         PROGRAM DI ALYSI S         0         0         0         94.           00         09500         AMBULANCE SERVICES         0         0         0         0         95.           00         09600         DURABLE MEDI CAL EQUIP-RENTED         0         0         0         96.		0	o		0 0		
OTHER         REI MBURSABLE         COST         CENTERS           .00         09400         HOME         PROGRAM         DI ALYSI S         0         0         0         94.           .00         09500         AMBULANCE         SERVICES         0         0         0         0         95.           .00         09600         DURABLE         MEDI CAL         EQUIP-RENTED         0         0         0         0         96.		0	150, 546		0 0		
00         09400         HOME         PROGRAM         DI ALYSI S         0         0         0         0         94.           00         09500         AMBULANCE SERVICES         0         0         0         0         0         95.           00         09600         DURABLE         MEDI CAL         EQUIP-RENTED         0         0         0         0         96.							92.
00         09500         AMBULANCE SERVICES         0         0         0         0         95.           00         09600         DURABLE MEDICAL EQUIP-RENTED         0         0         0         0         96.							
00         09600         DURABLE         MEDI CAL         EQUI P-RENTED         0         0         0         0         96.		0	0		0 0		
		0	0		0 0		
		0	0		0 0		

Health Financial Systems	FLOYD MEMORIAL HOSPI	TAL & HEALTH S	SVS	In Lie	eu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	N: 15-0044	Peri od:	Worksheet B
				From 01/01/2016 To 09/30/2016	
				10 097 507 2010	2/28/2017 11:45 am
Cost Center Description	PHARMACY	MEDI CAL	SOCI AL	PARAMED ED	Subtotal
		RECORDS &	SERVI CE	PRGM-PHARMACY	
	15.00	LIBRARY	17.00	RESI DENCY	
	15.00	16.00	17.00	23.00	24.00
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 SPECIAL PURPOSE COST CENTERS	0	U		0 0	3, 723, 318 101.00
105.00 10500 KI DNEY ACQUI SI TI ON		0		0	0 105.00
106. 00 10600 HEART ACQUISTITION	0	0			0 105.00
107. 00 10700 LI VER ACQUI SI TI ON	0	0			0 107.00
108. 00 10800 LUNG ACQUI SI TI ON	0	0			0 108.00
109. 00 10900 PANCREAS ACQUISITION	0	0			0 109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0 0	0110.00
111. 00 11100 I SLET ACQUI SI TI ON	0	0		0 0	0111.00
113. 00 11300 I NTEREST EXPENSE		Ű		0	113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	o		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)	4, 647, 639	5, 459, 270		0 41,030	181, 816, 969 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0	0 190. 00
191. 00 19100 RESEARCH	0	0		0 0	68, 683 191. 00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0 0	52, 411, 525 192. 00
192.01 19201 OTHER NRCC	0	0		0 0	4, 921, 531 192. 01
192. 02 19202 LTC	0	0		0 0	18, 199, 948 192. 02
193. 00 19300 NONPAI D WORKERS	0	0		0 0	0 193.00
194. 00 07950 MARKETI NG	0	0		0 0	1, 239, 381 194. 00
200.00 Cross Foot Adjustments				0	0 200. 00
201.00 Negative Cost Centers	0	0			0 201.00
202.00   TOTAL (sum lines 118-201)	4, 647, 639	5, 459, 270		0 41,030	258, 658, 037 202. 00

	ALLOCATION - GENERAL SERVICE COSTS		Provider CCN:	15-0044	Period: From 01/01/2016	Worksheet B Part I	
						Date/Time Pre 2/28/2017 11:	
	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
	GENERAL SERVICE COST CENTERS	25.00	26.00				
1.00 2.00 4.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						1.00 2.00 4.00
5.00 6.00	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS						5.00 6.00
7.00 8.00 9.00	00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						7.00 8.00 9.00
10.00 11.00	01000 DI ETARY 01100 CAFETERI A						10.00
12. 00 13. 00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION						12.00 13.00
15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.00 15.00
17.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE						16.00 17.00
	02300  PARAMED ED PRGM-PHARMACY RESIDENCY I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000  ADULTS & PEDI ATRI CS	0	41, 134, 427				23.00 30.00
31.00	03100 I NTENSI VE CARE UNI T	0	41, 134, 427 4, 688, 517 0				30.00 31.00 32.00
33.00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0				32.00 33.00 34.00
40.00 41.00	04000 SUBPROVI DER – I PF	0	0				40.00
42.00 43.00		0	0 0 1, 225, 244				42.00
44.00 45.00		0	0				44.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVICE COST CENTERS	0	0				46.00
	05000 OPERATING ROOM	0	13, 961, 656				50.00
52.00	O5100 RECOVERY ROOM O5200 DELIVERY ROOM & LABOR ROOM	0	0 2, 992, 019				51.00 52.00
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	0 15, 557, 365				53.00 54.00
56.00	05600 RADIOLOGI - HERPEUTIC 05600 RADIOLOGI - HERPEUTIC 05700 CT SCAN	0	0 0 1, 271, 282				55.00 56.00 57.00
57.00 58.00 59.00	05800 MRI	0	756, 416				58.00 59.00
60.00	06000 LABORATORY 06001 BLOOD LABORATORY	0	3, 750, 874 11, 579, 832				60.00 60.01
61.00 62.00		0	0				61.00 62.00
	06300 BLOOD STORING PROCESSING & TRA	0	0 0 673, 399				63.00 64.00
65.00	06500 RESPI RATORY THERAPY	0	2, 881, 890 4, 865, 635				65.00 66.00
67.00		0	0 319, 727				67.00 68.00
69.00		0	3, 702, 260 361, 146				69.00 70.00
70.01	07001 SLEEP DI SORDER 071001 MEDI CAL SUPPLIES CHARGED TO PAT	0	1, 125, 453 12, 548, 822				70.00
72.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0	16, 280, 961 29, 417, 553				72.00
74.00	07400 RENAL DI ALYSI S	0	0				74.00
76.00	03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABI LI TATI ON	0	0 632, 526				76.00
	OUTPATIENT SERVICE COST CENTERS	0	0				88.00
90.00		0	0 1, 340, 990				89.00 90.00
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	0	7,025,857				91.00 92.00
	OTHER REI MBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S 00500 AMPUL ANDE SEDVICES	0	0				94.00
90.00	09500 AMBULANCE SERVICES	I U	U				95.00

## Health Financial Systems

FLOYD N	MEMORIAL	HOSPI TAL	&	HEALTH	SVS	

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 15-0044	Period:         Worksheet B           From 01/01/2016         Part I           To         09/30/2016           Date/Time Prepared:         2/28/2017
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0	96.00
97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0	97.00
99. 00 09900 CMHC	0	0	99.00
99. 10 09910 CORF	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	3, 723, 318	101.00
SPECIAL PURPOSE COST CENTERS		•	
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0	105.00
106.00 10600 HEART ACQUI SI TI ON	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0	111.00
113.00 11300 INTEREST EXPENSE			113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116. 00 11600 HOSPI CE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	181, 816, 969	118.00
NONREI MBURSABLE COST CENTERS			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191. 00 19100 RESEARCH	0	68, 683	191.00
192.00 19200 PHYSI CLANS PRI VATE OFFI CES	0	52, 411, 525	192.00
192. 01 19201 OTHER NRCC	0	4, 921, 531	192.01
192. 02 19202 LTC	0	18, 199, 948	192.02
193.00 19300 NONPALD WORKERS	0	0	193.00
194.00 07950 MARKETI NG	0	1, 239, 381	194.00
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00  TOTAL (sum lines 118-201)	0	258, 658, 037	202.00

		D MEMORIAL HUSP					2552-10
ALLOCA	ATION OF CAPITAL RELATED COSTS		Provider C		eriod: rom 01/01/2016	Worksheet B Part II	
				Ť		Date/Time Pre	pared:
						2/28/2017 11:	45 am
			CAPITAL REL	_ATED COSTS			
	Cost Center Description	Di rectl y	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
		Assigned New				BENEFITS	
		Capi tal				DEPARTMENT	
		Related Costs					
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						1 4 44
1.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
2.00 4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	139, 484	16, 224	155, 708	155, 708	
4.00 5.00	00500 ADMINI STRATI VE & GENERAL	0	335, 731	3, 452, 713	3, 788, 444	13, 778	
6.00	00600 MAINTENANCE & REPAIRS	0	335,731	0,452,713	3, 700, 444	13, 778	
7.00	00700 OPERATION OF PLANT	0	94, 859	134, 588	229, 447	2, 214	1
8.00	00800 LAUNDRY & LINEN SERVICE	0	89, 978	4, 454	94, 432	90	8.00
9.00	00900 HOUSEKEEPI NG	0	22, 739	9, 202	31, 941	1, 950	9.00
10.00	01000 DI ETARY	0	34, 782	69, 160	103, 942	2, 365	10.00
11.00	01100 CAFETERI A	0	197, 306	0	197, 306	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSI NG ADMI NI STRATI ON	0	0	0	0	0	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY	0	224, 114	37, 999		1, 197	
16.00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	0	51, 265 100, 867	33, 429 4, 153	84, 694 105, 020	4, 122 4, 481	
17.00	01700 SOCIAL SERVICE	0	100, 807	4,155	105, 020	4,481	17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	1, 251	811	2,062	23	1
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	0	17201	0.11	2,002	20	20100
30.00	03000 ADULTS & PEDIATRICS	0	2, 023, 957	881, 523	2, 905, 480	23, 076	30.00
31.00	03100 INTENSIVE CARE UNIT	0	181, 607	19, 348	200, 955	3, 359	31.00
32.00	03200 CORONARY CARE UNI T	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	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 43.00	04200 SUBPROVI DER 04300 NURSERY	0	43, 443	15, 645	0	0 844	42.00 43.00
43.00	04400 SKILLED NURSING FACILITY	0	43, 443	15, 045	37,088 0	044	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	582, 392	533, 434	1, 115, 826	8, 465	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	356, 834	40, 773	397, 607	1, 660	
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	201 642	429, 026	0 820, 669	0 10, 015	53.00 54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	391, 643	429,020	820, 889 0	0	
56.00	05600 RADI OI SOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	49, 395	131, 588	180, 983	631	
58.00	05800 MRI	0	22, 601	118, 445		393	1
59.00	05900 CARDI AC CATHETERI ZATI ON	0	154, 702	306, 751	461, 453	2, 979	59.00
60.00	06000 LABORATORY	0	241, 519	81, 745	323, 264	4, 344	60.00
60. 01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM				0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	
63.00 64.00	06300 BLOOD STORING PROCESSING & TRA 06400 INTRAVENOUS THERAPY	0	0		0	0 669	63.00 64.00
65.00	06500 RESPI RATORY THERAPY	0	32, 596	45, 225	77, 821	2, 222	1
66.00	06600 PHYSI CAL THERAPY	0	4, 468	10, 660	15, 128	3, 412	1
67.00	06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	7, 905	0	7, 905	259	
69.00	06900 ELECTROCARDI OLOGY	0	124, 403	74, 017	198, 420	2, 372	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	98, 158	1, 398	99, 556	70	70.00
70.01	07001 SLEEP DI SORDER	0	53, 685	14, 184	67, 869	790	
71.00	07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0	0	0	0	0	74.00 75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0		0	0	76.00
	07697 CARDI AC REHABI LI TATI ON	0	49, 395	15,001	64, 396	402	76.97
. 0. 77	OUTPATIENT SERVICE COST CENTERS	. 0	17, 373	10,001	54, 570	402	
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	77, 413	4, 340		560	1
91.00	09100 EMERGENCY	0	397, 445	80, 254	477, 699	4, 496	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT				0		92.00
Q1 00	OTHER REIMBURSABLE COST CENTERS	0	<u>^</u>	^	0	0	94.00
74.00	UTHOUTIONIL FRUGRAM DIALISIS	I 0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0044 P F T	eriod: rom 01/01/2016		pared:
Cost Center Description	Directly Assigned New Capital <u>Related Costs</u>	BLDG & FIXT	LATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
95.00         09500         AMBULANCE         SERVICES           96.00         09600         DURABLE         MEDICAL         EQUIP-RENTED           97.00         09700         DURABLE         MEDICAL         EQUIP-SOLD           99.00         09900         CMHC         99.10         09910         CORF	0 0 0 0	0 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 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	21, 093	21, 093	2, 984	101.00
SPECIAL PURPOSE COST CENTERS	-	-	-	-		
105.00 10500 KI DNEY ACQUI SI TI ON	0	0	0	0		105.00
106.00 10600 HEART ACQUI SI TI ON	0	0	0	0		106.00
107.00 10700 LI VER ACQUI SI TI ON	0	0	0	0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0	0	0		109.00
110. 00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPI CE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6, 185, 937	6, 587, 183	12, 773, 120	104, 222	118.00
NONREI MBURSABLE COST CENTERS						1.00.00
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	070 510		191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	44, 831	225, 682			192.00
192. 01 19201 OTHER NRCC	0	63, 239				192.01
192. 02 19202 LTC	0	0	3, 255			192.02
193. 00 19300 NONPALD WORKERS	0	01 001	0	0		193.00
194.00 07950 MARKETING	0	21, 006	0	21,006		194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers			6, 819, 020	12 124 022		201.00
202.00  TOTAL (sum lines 118-201)	0	6, 315, 013	0, 819, 020	13, 134, 033	155, 708	202.00

Heal th	Fi na	nci	al	Syste	ems	
		OF	CA		<b>PELATED</b>	C

	Financial Systems FLO TION OF CAPITAL RELATED COSTS	YD MEMORIAL HOSP	Provider C	CN: 15-0044 P	eriod: rom 01/01/2016	u of Form CMS-: Worksheet B Part II Date/Time Pre 2/28/2017 11:	
	Cost Center Description	ADMI NI STRATI V	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	45 am
		E & GENERAL	REPAI RS	PLANT	LINEN SERVICE		
		5.00	6.00	7.00	8.00	9.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINI STRATI VE & GENERAL	3, 802, 222					5.00
6.00 7.00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	101 972					6.00 7.00
7.00 8.00	00800 LAUNDRY & LINEN SERVICE	101, 872					8.00
9.00	00900 HOUSEKEEPI NG	43, 097	C				9.00
10.00	01000 DI ETARY	39, 299	C				10.00
11.00	01100 CAFETERI A	3, 256					11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0			-	-	12.00
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	44, 882		13,011	0	-	13.00 14.00
15.00	01500 PHARMACY	66, 727	C		-	758	
16.00	01600 MEDICAL RECORDS & LIBRARY	77, 177	C			1, 491	16.00
	01700 SOCIAL SERVICE	0					
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	568	C	73	1	18	23.00
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	435, 841	C	117, 505	48, 546	29, 924	30.00
31.00	03100 I NTENSI VE CARE UNI T	61, 414				2, 685	31.00
32.00	03200 CORONARY CARE UNI T	0	C				32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	C	0	0	0	33.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	0	C	-	0	0	34.00
40.00 41.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF	0		0	0	0	40.00 41.00
42.00	04200 SUBPROVI DER	0		0	-		42.00
43.00	04300 NURSERY	15, 545	C	2, 522	1, 368		43.00
44.00	04400 SKILLED NURSING FACILITY	0	C		0	-	44.00
45.00	04500 NURSING FACILITY	0					45.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	0	C	0	0	0	46.00
50.00	05000 OPERATING ROOM	182, 453	C	33, 812	12, 307	8, 610	50.00
51.00	05100 RECOVERY ROOM	0	C	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	33, 295		20,	2, 965		
53.00		0	C	, i i i i i i i i i i i i i i i i i i i	0	0 5, 790	53.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	216, 952		22,738	6, 958 0	5,790 0	54.00 55.00
56.00	05600 RADI OI SOTOPE	0	C	0	-	-	56.00
57.00	05700 CT SCAN	17, 162	C				
58.00		10, 314	C				58.00
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	50, 121 163, 513				2, 287 3, 571	59.00 60.00
	06001 BLOOD LABORATORY	03, 513					60.00
	06100 PBP CLINICAL LAB SERVICES-PRGM	-		-	-	_	61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD	0	C	0	0	0	
63.00	06300 BLOOD STORING PROCESSING & TRA	0	C	-	0	0	
64.00 65.00	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	9, 899 40, 864		0 0 1, 892	0	0 482	64.00 65.00
66.00	06600 PHYSI CAL THERAPY	70, 564	l C				66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	C			0	67.00
68.00	06800 SPEECH PATHOLOGY	4, 478	C	459		117	68.00
69.00	06900 ELECTROCARDI OLOGY	50, 759	C	7, 222		1,839	69.00
70. 00 70. 01	07000 ELECTROENCEPHALOGRAPHY 07001 SLEEP DI SORDER	2, 789 14, 908		5, 699 3, 117			70.00 70.01
	07100 MEDICAL SUPPLIES CHARGED TO PAT	162, 343		0 0			71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	210, 625		0	0	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	363, 507	C	0	0	0	73.00
	07400 RENAL DI ALYSI S	0	C	0	0	0	74.00
75.00 76.00	07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES	0		0	0	0	75.00 76.00
	07697 CARDI AC REHABI LI TATI ON	8, 011	C C		-	-	
	OUTPATIENT SERVICE COST CENTERS		-				
	08800 RURAL HEALTH CLINIC	0					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C	-	-	-	
90.00 91.00	09000 CLINIC 09100 EMERGENCY	17, 591 87, 779		4, 494 23, 074			90.00 91.00
91.00 92.00	09200 OBSERVATION BEDS (NON-DISTINCT	01,119		23,074	13, 100	3, 6/0	91.00
. 2. 00	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DI ALYSI S	0	C				94.00
	09500 AMBULANCE SERVICES	0	C	-	0	0	
	09600 DURABLE MEDI CAL EQUI P-RENTED 09700 DURABLE MEDI CAL EQUI P-SOLD	0		0		0	
	09900 CMHC	0	C	0 0	0		
	i I		·				

Health Financial Systems FLOY	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		eriod:	Worksheet B	
				rom 01/01/2016	Part II	
			1	09/30/2016	Date/Time Pre 2/28/2017 11:	45 am
Cost Center Description	ADMI NI STRATI V	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	E & GENERAL	REPAI RS	PLANT	LINEN SERVICE	noocliter into	
	5.00	6.00	7.00	8.00	9.00	
99.10 09910 CORF	0	C	0 0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	C	) C	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	54, 480	C	0 0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	C	0	0	0	105.00
106.00 10600 HEART ACQUI SI TI ON	0	C	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	C	0 0	0	0	107.00
108.00 10800 LUNG ACQUI SI TI ON	0	C	0 0	0	0	108.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	C	0 0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	C	0 0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	C	0 0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	C	0 0	0		115.00
116. 00 11600 HOSPI CE	0	C	0 0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2, 676, 431	C	326, 039	112, 947	81, 358	118.00
NONREI MBURSABLE COST CENTERS	-		1			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	C	0	0		190.00
191. 00 19100 RESEARCH	1, 004	C	0	0		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	768, 892	C	2, 603			192.00
192.01 19201 OTHER NRCC	70, 695	C	3, 671	11		192.01
192. 02 19202 LTC	267, 534	C	0 0	0		192.02
193.00 19300 NONPAI D WORKERS	0	C	0 0	0		193.00
194. 00 07950 MARKETI NG	17, 666	C	1, 220	0	311	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	C	0 0	0		201.00
202.00  TOTAL (sum lines 118-201)	3, 802, 222	C	333, 533	114, 092	83, 267	202.00

	Financial Systems FLOY TION OF CAPITAL RELATED COSTS	D MEMORIAL HOSP		CN: 15-0044 P	In Lie eriod: rom 01/01/2016 o 09/30/2016		
	Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATI O	2/28/2017 11: CENTRAL SERVI CES & SUPPLY	45 am
		10.00	11.00	12.00	N 13.00	14.00	
	GENERAL SERVICE COST CENTERS						
16.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	153, 044 0 0 0 0 0 0 0 0 0 0 0	214, 934 0 5, 337 7, 083 12, 742 63		0 0 0 0	329, 853 0 0 0 0	15.00 16.00 17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
33.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTERS	135, 172 6, 715 0 0 0 0 0 0 4, 061 0 0 0 0	68, 688 8, 781 0 0 0 0 0 0 0 0 0 2, 034 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	31.00 32.00 33.00 40.00 41.00 42.00 43.00 44.00 45.00
50.00	05000 OPERATING ROOM	233	22, 228		0	0	50.00
$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 01\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 01\\ 71.\ 00\\ 70.\ 01\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 74.\ 00\\ 75.\ 00\\ 76.\ 97\\ 88.\ 00\\ \end{array}$	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06100 PBP CLI NI CAL LAB SERVI CES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORI NG PROCESSI NG & TRA 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06700 OCCUPATI ONAL THERAPY 06600 PHYSI CAL SUPPLI ES CHARGED TO PAT 07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07000 ELECTROCARDI OLOGY 07000 ILECTROENCEPHALOGRAPHY 07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABILI TATI ON 0UTPATI ENT SERVI CE COST CENTERS 08800 RURAL HEALTH CLI NI C	233 0 3, 684 0 130 0 0 0 0 0 0 0 0 0 0 0 0 0	22, 228 0 4, 184 0 10, 896 0 0 1, 747 944 7, 342 13, 668 0 0 0 0 0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 55.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 01\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 64.\ 00\\ 65.\ 00\\ 67.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\\ 70.\ 00\ 00\\ 70.\ 00\ 00\\ 70.\ 00\ 00\\ 70.\ 00\ 00\ 00\\ 70.\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ 00\ $
89.00 90.00 91.00	08900 FEDERALLY QUALIFIED HEALTH CENTER 09000 CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT	0 0 1 2, 948	0 0 1, 717 12, 989		0 0 0	000000000000000000000000000000000000000	89.00
95.00 96.00 97.00	OTHER REI MBURSABLE COST CENTERS O9400 HOME PROGRAM DI ALYSI S O9500 AMBULANCE SERVI CES O9600 DURABLE MEDI CAL EQUI P-RENTED O9700 DURABLE MEDI CAL EQUI P-SOLD D17 11: 45 am	0 0 0 0	0 0 0 0		0	0 0 0 0	95.00 96.00

Health Financial Systems	FLOYD MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	F	Period: From 01/01/2016 To 09/30/2016	Date/Time Pre 2/28/2017 11:	
Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE	NURSI NG	CENTRAL	
			OF PERSONNEL	ADMI NI STRATI O N	SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
99.00 09900 CMHC	0	0	C	0	0	99.00
99. 10 09910 CORF	0	0	C	0 0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	C	0 0	0	100.00
101.0010100 HOME HEALTH AGENCY	0	6, 516	C	0 0	0	101.00
SPECIAL PURPOSE COST CENTERS				1		
105. 00 10500 KI DNEY ACQUI SI TI ON	0	0	C	0		105.00
106. 00 10600 HEART ACQUI SI TI ON	0	0	C	0		106.00
107. 00 10700 LI VER ACQUI SI TI ON	0	0	C	0		107.00
108.00 10800 LUNG ACQUI SI TI ON	0	0	C	0		108.00
109. 00 10900 PANCREAS ACQUI SI TI ON	0	0	C	0		109.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON 111. 00 11100 I SLET ACQUI SI TI ON	0	0		0		110. 00 111. 00
113. 00 11300 I NTEREST EXPENSE	0	0	L L	0	0	113.00
114. 00 11400 UTI LI ZATI ON REVIEW-SNF						114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. )	0	0	C	0		115.00
116. 00 11600 H0SPI CE	0	0				116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	153, 044	206, 734	C C		329, 853	
NONREI MBURSABLE COST CENTERS	100/011	2007701			02,7000	
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	С	0 0	0	190.00
191. 00 19100 RESEARCH	0	146	C	0 0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	6, 860	C	0 0	0	192.00
192.01 19201 OTHER NRCC	0	790	C	0 0		192.01
192. 02 19202 LTC	0	0	C	0 0		192.02
193.00 19300 NONPALD WORKERS	0	0	C	0 0		193.00
194. 00 07950 MARKETI NG	0	404	C	0 0		194.00
200.00 Cross Foot Adjustments		-	_			200.00
201.00 Negative Cost Centers	0	0	C	0		201.00
202.00   TOTAL (sum lines 118-201)	153, 044	214, 934	C	0 0	329, 853	202.00

	Financial Systems FLOY TION OF CAPITAL RELATED COSTS	D MEMORIAL HOSP	Provider CC	N: 15-0044	Period: From 01/01/2016 To 09/30/2016		pared:
	Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	
	1	15.00	16.00	17.00	23.00	24.00	
1 00	GENERAL SERVICE COST CENTERS	1			1		1 1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 23.\ 00 \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02300 PARMACY RESIDENCY	166, 411 0 0 0	206, 767 0 0				$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 23. \ 00\\ \end{array}$
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	184, 261	(		3, 948, 493	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	0	(		299, 663	•
32.00	03200 CORONARY CARE UNI T	0	0	(	D	0	32.00
33.00 34.00	03300 BURN I NTENSI VE CARE UNI T 03400 SURGI CAL I NTENSI VE CARE UNI T	0	0	(		0	33.00 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 44.00	04300 NURSERY 04400 SKILLED NURSING FACILITY	0	0	(		86, 104 0	43.00
45.00	04500 NURSING FACILITY	0	0	(		0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	(		0	
F0 00	ANCI LLARY SERVICE COST CENTERS		12 504			1 207 420	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	13, 504 0	(		1, 397, 438 0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	(		469, 387	•
53.00	05300 ANESTHESI OLOGY	0	0	(		0	53.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	750	(		1, 094, 898 0	54.00 55.00
56.00	05600 RADI OLOGI - MERAPEOTI C	0	0	(		0	56.00
57.00	05700 CT SCAN	0	0	(		205, 446	
58.00		0	0	(		155, 703	1
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0	(		538, 690 522, 389	•
60.00	06001 BLOOD LABORATORY	0	0			0	1
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	(		0	62.00 63.00
64.00	06300 BLOOD STORING PROCESSING & TRA 06400 INTRAVENOUS THERAPY	0	0	(		0 10, 568	
65.00	06500 RESPI RATORY THERAPY	0	1, 050	(		131, 008	•
66.00	06600 PHYSI CAL THERAPY	0	750	(		97, 598	
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	(		0 13, 733	67.00 68.00
69.00	06900 ELECTROCARDI OLOGY	0	750	(		266, 279	•
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	(		109, 790	•
70.01	07001 SLEEP DI SORDER	0	0	(		90, 818	•
71.00 72.00	07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(		305, 915 396, 906	•
73.00	07300 DRUGS CHARGED TO PATIENTS	166, 411	0	(		529, 918	•
74.00	07400 RENAL DI ALYSI S	0	0	(		0	74.00
75.00 76.00	07500 ASC (NON-DI STI NCT PART) 03950 NUTRI TI ON/DI ABETES	0	0	(		0	75.00 76.00
	07697 CARDI AC REHABI LI TATI ON	0	0	(		77, 018	
	OUTPATIENT SERVICE COST CENTERS	· · · · ·		``````````````````````````````````````		.,	
88.00	08800 RURAL HEALTH CLINIC	0	0	(		0	
89.00 90.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	(		0 107, 789	89.00 90.00
91.00	09100 EMERGENCY	0	5, 702	(		633, 663	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT						92.00

0

0

0

0

0 0 0

FLOYD MEMORIAL HOSPITAL & HEALTH SVS

96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD 2/28/2017 11:45 am

92.00

09200 OBSERVATION BEDS (NON-DISTINCT

OTHER REIMBURSABLE COST CENTERS

94.00 09400 HOME PROGRAM DI ALYSI S

95.00 09500 AMBULANCE SERVICES

Health Financial Systems

92.00

94.00

95.00 0

0

0 96.00

0 97.00

In Lieu of Form CMS-2552-10

Health Financial Systems	FLOYD MEMORIAL HOSPI	TAL & HEALTH S	SVS	In Lie	u of Form CMS-2552	-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2016 To 09/30/2016	2/28/2017 11:45 a	ed: im
Cost Center Description	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	
	15.00	16.00	17.00	23.00	24.00	
99. 00 09900 CMHC	0	0		0	0 99.	00
99. 10 09910 CORF	0	0		0	0 99.	10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0	0 100.	00
101.00 10100 HOME HEALTH AGENCY	0	0		0	85, 073 101.	00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KI DNEY ACQUI SI TI ON	0	0		0	0 105.	00
106.00 10600 HEART ACQUI SI TI ON	0	0		0	0 106.	00
107.00 10700 LIVER ACQUISITION	0	0		0	0 107.	00
108.00 10800 LUNG ACQUI SI TI ON	0	0		0	0 108.	00
109.00 10900 PANCREAS ACQUISITION	0	0		0	0 109.	00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	0 110.	00
111.00 11100 I SLET ACQUI SI TI ON	0	0		0	0 111.	00
113.00 11300 INTEREST EXPENSE					113.	00
114.00 11400 UTILIZATION REVIEW-SNF					114.	00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	o		0	0 115.	00
116.00 11600 HOSPI CE	0	0		0	0 116.	
118.00 SUBTOTALS (SUM OF LINES 1-117)	166, 411	206, 767		0 0	11, 574, 287 118.	00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0	0 190.	00
191. 00 19100 RESEARCH	0	0		0	1, 210 191.	00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0	1, 093, 135 192.	00
192.01 19201 OTHER NRCC	0	0		0	143, 228 192.	01
192. 02 19202 LTC	0	0		0	278, 572 192.	02
193. 00 19300 NONPALD WORKERS	0	0		0	0 193.	00
194. 00 07950 MARKETI NG	0	0		0	40, 793 194.	00
200.00 Cross Foot Adjustments				2,808	2, 808 200.	00
201.00 Negative Cost Centers	0	О		0 0	0 201.	00
202.00 TOTAL (sum lines 118-201)	166, 411	206, 767		0 2,808	13, 134, 033 202.	00

2.00         02000 (AP REL_0007S-MVBLE_E0UP P         4.00           0.00         04000 (DVD/DVE EBRENT TVE & EDREATMENT F         5.00           0.00         00000 (DVD/DVE EBRENT TVE & EDREATMENT F         5.00           0.00         00000 (DVD/DVE EBRENT TVE & EDREATMENT F         5.00           0.00         00000 (DVD/DVE EBRENT TVE & EDREATMENT F         5.00           0.00         00000 (DVD/DVE EBRENT TVE & EDREATMENT F         10.00           0.00         00000 (DVD/DVE EBRENT TVE N F         10.00           0.00         00000 (DVD/DVD/EBRENT TVE N F         11.00           0.00         00000 (DVD/DVD/EBRENT TVE N F         11.00           0.00         01000 (DTEAW TVE N F         11.00           0.00         0100 (DTEAW TVE N F         11.00             0.00         0.00         11.00 <th></th> <th>Financial Systems FLON TION OF CAPITAL RELATED COSTS</th> <th>YD MEMORIAL HOSP</th> <th>Provider CC</th> <th>N: 15-0044 Period From O</th> <th>1/01/2016 Part II</th> <th></th>		Financial Systems FLON TION OF CAPITAL RELATED COSTS	YD MEMORIAL HOSP	Provider CC	N: 15-0044 Period From O	1/01/2016 Part II	
Design during of a property and performance and perform					10 0	9/30/2016 Date/Time P	repared: <u>1:45 am</u>
CHEARL SERVICE COST CENTERS         1.0           0.000000 PHP RUCE COST SERVICE         2.0           0.000000 PHP RUCE TREATES FOR THENT         2.0           0.000000 PHP RUCE TREATES FOR THENT         5.0           0.000000 PHP RUCE TREATES FOR THENT         7.0           0.000000 PHP RUCE TREATES FOR THENT         7.0           0.000000 PHP RUCE TREATES FOR THENT         7.0           0.000000 PHP RUCE TREATES TO FOR THENT         7.0           0.000000 PHP RUCE TREATES TO FOR THENT         7.0           0.000000 PHP RUCE TREATES TO FOR THENT         7.0           0.000000 PHP RUCE TREATES THENT         7.0           0.000000 PHP RUCE TREATES THENT         7.0           1.00011000 PHP RUCE TREATES THENT         7.0           0.00000 PHP RUCE TREATES THENT         7.0           0.000000 PHP RUCE AT PEDERTRE TREATES THENT         7.0           0.0000000 PHP		Cost center bescription	Residents Cost & Post Stepdown Adjustments				
1.00         DOTOC CAP REL COSTS-BLUE A FIRIT         1.0           0.00         DOTOC CAP REL COSTS-BLUE CAPTURATION         2.0           0.00         DOTOC CAP REL COSTS-BLUE AFINIT         0.0           0.00         DOTOC CAP REL COSTS CAP REL COSTS         0.0           0.00         DOTOC CAP REL CAP REL COST CAP REL COST         0.0           0.00         DOTOC CAP REL CAP REL COST CAP REL COST         0.0           0.00         DOTOC CAP REL CAP REL COST CAP REL COST         0.0		GENERAL SERVICE COST CENTERS	25.00	26.00			_
11.00       01100 CAFFTERIA       11.00         12.00       01200 MIRSI KG AUM IN STRATION       12.0         13.00       01200 MIRSI KG AUM IN STRATION       12.0         13.00       01200 MIRSI KG AUM IN STRATION       13.00         14.00       01200 MIRSI KG AUM IN STRATION       13.00         15.00       01200 MIRSI KG AUM IN STRATION       14.00         16.00       01400 MERI CAL RECORDS & LIBARY       15.00         17.00       01700 SOLAL SERVICE COST CENTERS       0         10.00       03000 ADULTS & PEDIATRICS       0       3.948,493         0.00       03000 SURVI INTESIVE CARE UNIT       0       0       33.00         0.00       03000 SURVI INTESIVE CARE UNIT       0       0       40.00         0.00       03000 SURVI INTESIVE CARE UNIT       0       0       40.00         0.01       04000 SUBRROURE - IFF       0       0       0       40.00         0.01       04000 SUBRROURE - IFF       0       0       0       40.00         0.01       04000 SUBRROURE - IFF       0       0       0       40.00         0.01       04000 SUBRROURE - IFF       0       0       0       40.00         0.01       04000 SUBRROURE - IFF<	2.00 4.00 5.00 6.00 7.00 8.00 9.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING					1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00
30.00       03000       AUDLTS & PEDIATRICS       0       3,946,493       30.0         31.00       03100       10200       CORMARY CARE UNIT       0       290,663       31.0         32.00       03200       CORMARY CARE UNIT       0       0       30.0       33.0         32.00       03200       CORMARY CARE UNIT       0       0       33.0         34.00       03400       SURFOX DER - IFF       0       0       40.0         40.00       40.00       40.0       40.0       40.0       40.0         40.00       40.00       64.00       40.0       40.0       40.0         40.00       40.00       65.01       41.0       40.0       40.0         40.00       40.00       0       65.01       45.0       45.00         40.00       04600       0       0       1.977.438       51.0       51.0         50.00       05000       OPECAURENT ROM       0       1.977.438       52.0       52.00       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0       53.0 <td< td=""><td>11.00 12.00 13.00 14.00 15.00 16.00 17.00</td><td>01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES &amp; SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS &amp; LIBRARY 01700 SOCIAL SERVICE 02300 PARAMED ED PRGM-PHARMACY RESIDENCY</td><td></td><td></td><td></td><td></td><td>10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 23.00</td></td<>	11.00 12.00 13.00 14.00 15.00 16.00 17.00	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02300 PARAMED ED PRGM-PHARMACY RESIDENCY					10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 23.00
32:00       03200       CORONARY CARE UNIT       0       0       33:0         33:00       03300       SUBROY DER CARE UNIT       0       0       44:00       34:00         34:00       SUBROY DER - IFF       0       0       44:00       44:00       44:00         41:00       SUBROY DER - IFF       0       0       44:00       44:00       44:00         41:00       OH300 MIRESERY       0       80:104       43:00       44:00       44:00         43:00       OH300 MIRESERY       0       80:104       43:00       44:00       44:00         40:00       OH400 CHER LLOX TERM CARE       0       0       45:00       46:00       46:00         50:00       OH500 MIRESING FACILITY       0       0       0       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00       50:00 <td>30.00</td> <td></td> <td>0</td> <td>3, 948, 493</td> <td></td> <td></td> <td>30.00</td>	30.00		0	3, 948, 493			30.00
40. 00         04000         SUBPROV DER - 1PF         0         0         40. 0         40. 0         40. 0         40. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         41. 0         42. 0         0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         42. 0         44. 0         42. 0         44. 0         45. 0         45. 0         45. 0         45. 0         45. 0         45. 0         45. 0         45. 0         55. 0         55. 0         55. 0         55. 0         55. 0         55. 0         55. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0         56. 0 <t< td=""><td>32. 00 33. 00</td><td>03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT</td><td></td><td>0</td><td></td><td></td><td>31.00 32.00 33.00 34.00</td></t<>	32. 00 33. 00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT		0			31.00 32.00 33.00 34.00
44.00       04400_SKILLED NURSING FACILITY       0       0       0         46.00       04600_OTHER_LONG_TERM CARE       0       0       45.00         70.00       05000_OPECATING_ROOM       0       1.397,438       50.0       50.0         70.00       05000_OPECATING_ROOM       0       0       50.0       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55.00       55	41.00 42.00	04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04200 SUBPROVI DER	000000000000000000000000000000000000000	0 0			40.00 41.00 42.00
ANCILLARY SERVICE COST CENTERS         500           00         05000 OPERATINE ROOM         0         1.397.438         50.0         51.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00	44. 00 45. 00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY		0 0			43.00 44.00 45.00 46.00
51:00         65:100         RECOVERY ROM         51:00         65:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00         52:00							
52.00         05200         DELUVERY ROOM & LABOR ROOM         6         6         52.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         53.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         55.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.0         56.							50.00
54.00       054.00       RADI OLGY-DI AGNOSTI C       0       1,094,898         55.00       DS500       RADI OLGY-THERAPEUTI C       0       0         56.00       DS600       RADI OLGY-THERAPEUTI C       0       0         57.00       DS700 CT SCAN       0       205,446       57.03         58.00       DS600 MRI       CATHETERI ZATI ON       0       58.00         59.00       DS900 LABORATORY       0       522,389       60.00         60.00       D6000 LABORATORY       0       0       60.00         61.00       D6100 D PPD CLI NCAL LAB SERVI CES-PRGM       0       0       62.00         62.00       BLODD STORI NG PROCESSING & TRA       0       0       63.00         64.00       O6400 INTRAVENDUS THERAPY       0       10,568       64.0         65.00       OFS00 OCRAPI NET REPAPY       0       13,733       68.0         66.00       OFS00 OCRAPI NET REPAPY       0       13,733       68.0         67.00       OCRAPEURATIONAL THERAPY       0       13,733       68.0         67.00       OF700       SELETROCARDI OLGY       0       13,733       68.0         67.00       OF700       SELETROCARDI OLGY       0	52.00	05200 DELIVERY ROOM & LABOR ROOM	0	469, 387			52.00
55.00         OS500         RADIO LOGY-THERAPEUTI C         0         0         55.00         S5.00			0	1 004 909			53.00
57.00         05700         CT SCAN         0         205.446         57.0           58.00         05800         MRI         0         155.703         58.0           59.00         05900         CARDIA C CATHETERI ZATI ON         0         538.60         59.0           60.00         06000         LABORATORY         0         522.389         60.0           60.00         06100         BLODD LABORATORY         0         62.0         62.00           62.00         06200         WHOLE BLODD APACKEN RED BLODD         0         62.0         63.00           63.00         06400         IRTAVENDUS THERAPY         0         115,668         63.0           64.00         0 6400         IRTAVENDUS THERAPY         0         131,008         65.0           65.00         06500         RESPI RATONAL THERAPY         0         137,733         68.0           69.00         06400         RESPI RATONAL THERAPY         0         109,790         70.0           70.00         FLECTROCARDIOLOGY         0         137,733         68.0         69.0           69.00         06400         PUST LEATROENTHERS         0         90,818         70.0         70.0           70.00			0	1, 094, 898			55.00
58.00         OS800         RI         0         155,703         58.0         58.0           59.00         05900         CARDIA C GATHETERI ZATI ON         0         538,69         59.0           60.00         06000         LABORATORY         0         522,389         60.0           61.00         06100 PBP CLIN CAL LAB SERVICES-PRGM         0         61.0         61.0           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD         0         0         62.0           63.00         06300         INTRAVENDS THERAPY         0         10,568         64.0           64.00         06400         INTRAVENDS THERAPY         0         131.008         65.0           65.00         06500         PECH PATHORY THERAPY         0         13,73         68.0           67.00         067.00         OCCUPATI ONAL THERAPY         0         13,73         68.0           69.00         06900 ELECTROCARDI OLOGY         0         13,73         68.0         70.0           70.00         0100 SLEEP DI SORDER         0         90,818         70.0         70.0           71.00         01200 IMEL DEV. CHARGED TO PAT ENTS         0         396,906         72.0         73.0			0	0			56.00
59:00         CRDIAC CATHETERIZATION         0         538,690         59.0           60:00         06000         LABORATORY         0         522,389         60.0           00:01         BLOOD LABORATORY         0         522,389         60.0           00:01         BLOOD LABORATORY         0         0         60.0           00:01         BLOOD LABORATORY         0         0         62.0           00:00         OBOOD CABORATORY         0         0         63.0           00:00         BLOOD STORING PROCESSING & TRA         0         0         63.0           00:00         DESOR RESPI RATORY THERAPY         0         101,568         64.0           66:00         OBOOD RESPI RATORY THERAPY         0         131,008         65.0           66:00         OBOOD SPECH PATHOLOGY         0         13,733         68.0           00:00         CUPATI ONAL THERAPY         0         109,790         70.0           00:00         OCOUPATI ONAL THERAPY         0         109,790         70.0           00:00         OCOUPATI ONAL THERAPY         0         109,790         70.0           00:00         DECTROCARDI OLOGY         266,279         69.00         70.0			0				
60.01         06001         BLOOD LABORATORY         0         0         60.0         60.0         60.0         60.0         60.0         60.0         61.0         60.0         61.0         61.0         61.0         61.0         62.0         62.0         62.00         MADIA         62.0         62.0         62.00         62.00         62.0         63.00         0         0         0         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.0         63.00         63.0         63.00         63.0         63.00         63.0         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         65.00         65.00         65.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         67.00         66.00         67.00         66.00         67.00         66.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00<			0				59.00
61.00       06100       PBP CLINICAL LAB SERVICES-PRGM       61.0         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD       0         64.00       06300       BLOOD STORING PROCESSING & TRA       0       0         64.00       06400       INTRAVENOUS THERAPY       0       10,568       64.0         65.00       06500       RESPI RATORY THERAPY       0       131,008       65.0         66.00       06600       PHYSI CAL THERAPY       0       13,733       68.0         67.00       06700       OCCUPATI ONAL THERAPY       0       13,733       68.0         69.00       06900       ELECTROCARDI OLOGY       0       13,733       69.0       69.0         0.0100       ELECTROCARDI OLOGY       0       13,733       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       69.0       70.0       70.0       70.0       70.0       70.0       70.0       70.0			0				60.00
62.00         06200         WHOLE BLOOD & PACKED RED BLOOD         0         62.0         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         64.00         0         0         63.00         64.00         64.00         0         64.00         64.00         64.00         10,558         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00         64.00			0	0			60.01
64.00       06400       INTRAVENOUS THERAPY       0       10,568       64.0         65.00       06500       RESPI RATORY THERAPY       0       131,008       65.0         66.00       0600       PKSICAL THERAPY       0       97,598       66.0         67.00       06700       0CCUPATI ONAL THERAPY       0       0       67.0         68.00       0FSIC CAL THERAPY       0       0       67.0       67.0         68.00       06800       SPECH PATHOLOCY       0       13,733       68.0         69.00       06900       ELECTROCARDIOLOGY       0       109,790       70.0         70.01       07001       ELECTROENCEPHALOGRAPHY       0       109,790       70.0         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       396,906       72.0         72.00       07200       IMBIC AL SUPPLI ES CHARED       0       0       0       73.0         74.00       0AUGS CHARGED TO PATI ENTS       0       0       0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0       74.0 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>62.00</td>			0	0			62.00
65.00       06500       RESPI RATORY THERAPY       0       131,008       66.0         66.00       06600       PHYSI CAL THERAPY       0       97,598       66.0         67.00       06700       0CUPATI ONAL THERAPY       0       0       67.0       67.0         68.00       06800       SPEECH PATHOLOGY       0       13,733       68.0         69.00       06900       ELECTROCARDIOLOGY       0       266,279       69.0         0.00       07001       SLEEP DI SORDER       0       90,818       70.0         71.00       07100       MED CAL SUPPLI ES CHARGED TO PAT       0       305,915       71.0         71.00       07300       DRUC CHARGED TO PATI ENTS       0       529,918       73.0         73.00       07400       RENAL DI ALYSI S       0       0       74.0         75.00       ASC (NON-DI STI NCT PART)       0       0       75.0       76.0         76.90       OUTPATI ENT SERVICE COST CENTERS       0       0       76.9       76.9         01707       CARDI AL REALTH CLINIC       0       0       89.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0       90.0			0	0 10 568			
67.00         06700         OCCUPATI ONAL THERAPY         0         0         67.0         68.00         9800         SPECH PATHOLOGY         0         13, 733         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         68.0         69.0         69.0         266,279         69.0         69.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         70.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         73.0         74.0         75.0         75.0         76.0			0				65.00
68.00       06800       SPEECH PATHOLOGY       0       13,733       68.0         69.00       06900       ELECTROCARDI OLOGY       0       266,279       69.0         70.00       OTOO       ELECTROCARDI OLOGY       0       109,790       70.0         70.01       STEEP DI SORDER       0       90,818       70.0         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PAT       0       305,915       71.0         72.00       O7200       IMPL       DEV. CHARGED TO PATI ENTS       0       396,906       72.0         73.00       O7300       DRUGS CHARGED TO PATI ENTS       0       305,915       72.0         74.00       O7400       RENAL DI ALYSIS       0       0       74.0         75.00       O7500       ASC (NON-DI STINCT PART)       0       0       75.0         76.07       O7570       CARDI AC REHABILI TATION       0       76.0       76.0         76.70       O7507       CARDI AC REHABILI TATION       0       0       76.0         76.00       09000       FEDERALLY QUALI FIED HEALTH CENTER       0       0       88.0         79.00       09000       G8800       RURAL HEALTH CLINIC       0       0 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td>66.00</td></t<>			0				66.00
69.00       06900       ELECTROCARDIOLOGY       0       266, 279       69.0         70.00       07001       ELECTROCENCEPHALOGRAPHY       0       109, 790       70.0         70.01       SLEEP DI SORDER       0       90, 818       70.0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PAT       0       305, 915       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       396, 906       72.0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       396, 906       73.0         74.00       O7400       RENAL DI ALYSI S       0       0       0       74.0         75.00       0350       NUTRI TI ON/DI ABETES       0       0       75.0       76.0         03059       NUTRI TI ON/DI ABETES       0       0       76.9       76.9         04760       CARDI AC REHABI LI TATI ON       0       77.018       76.9         017947       CARDI AC REHABI LI TATI ON       0       77.018       76.9         017047       CARDI AC REHABI LI TATI ON       0       0       89.0       89.0         90.00       08900       FDERALLY QUALI FIED HEALTH CENTER       90.0       90.0       90.0 <td></td> <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td>68.00</td>			0	-			68.00
70.01       07001       SLEEP DI SORDER       0       90, 818       70.0         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PAT       0       305, 915       71.0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       396, 906       72.0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       529, 918       73.0         74.00       07400       RENAL DI ALYSI S       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.0         76.00       03950       NUTRI TI ON/DI ABETES       0       0       76.0         76.07       CARDI AC REHABI LI TATI ON       0       77.018       76.0         76.97       ORGON       RURAL HEALTH CLINIC       0       0       76.9         017DAT I ENT SERVI CE COST CENTERS       0       0       0       88.0       89.0         89.00       08000       RURAL HEALTH CLINIC       0       0       89.0       90.0         90.00       09000       CLINIC       0       0       633, 663       91.0       90.0         91.00       09200       0BERGENCY       0       633, 663	69.00	06900 ELECTROCARDI OLOGY	0	266, 279			69.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PAT       0       305,915       71.0         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       396,906       72.0         73.00       07300       DRUGS CHARGED TO PATIENTS       0       529,918       73.0         74.00       RENAL DI ALYSI S       0       0       74.0       74.0         75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.00       0         76.07       07697       CARDI AC REHABI LI TATION       0       77.018       76.0         76.97       07697       CARDI AC REHABI LI TATION       0       77.018       76.0         70.00       9800       RURAL HEALTH CLINIC       0       0       76.0         70.00       09000       CLINIC       0       0       88.0         89.00       08900       FDERALLY QUALI FIED HEALTH CENTER       0       0       90.0         90.00       OPIDO EMERGENCY       0       633, 663       91.0       92.0         91.00       DBES (NON-DI STINCT       0       0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0			0				70.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       396,906       72.0         73.00       07300       DRUGS CHARGED TO PATIENTS       0       529,918       73.0         74.00       07400       RENAL DI ALYSIS       0       0       74.0         75.00       ASC (NON-DI STINCT PART)       0       0       75.0         03950       NUTRITION/DI ABETES       0       0       76.0         76.97       CARDI AC REHABILITATION       0       77.018       76.9         0UTPATI ENT SERVICE COST CENTERS       0       0       88.0       89.00         88.00       0800       RURAL HEALTH CLINIC       0       0       88.0         90.00       09000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       90.0         91.00       09100       EMERGENCY       0       633,663       91.0       91.0         92.00       09200       OBSERVATION BEDS (NON-DISTINCT       0       0       91.0       91.0         92.00       09200       BERVATION BEDS (NON-DISTINCT       0       91.0       91.0       91.0         92.00       09200       OBSERVATION BEDS (NON-DISTINCT       0       91.0       92.0       92.0			0				71.00
74.00       07400       RENAL DI ALYSI S       0       0       74.0         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       75.0         76.00       03950       NUTRI TI ON/DI ABETES       0       0       76.0         76.97       07697       CARDI AC REHABILI TATI ON       0       77.018       76.9         0UTPATI ENT SERVICE COST CENTERS       0       0       0       76.9         0UTPATI ENT SERVICE COST CENTERS       0       0       88.0       88.0         89.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       89.0         90.00       09000       CLI NI C       0       107, 789       90.0         91.00       09100       EMERGENCY       0       633, 663       91.0         92.00       09200       DBSERVATI ON BEDS (NON-DI STI NCT       0       92.0       92.0         01THER       REI MBURSABLE COST CENTERS       0       0       94.0       95.0         94.00       09400       HOME PROGRAM DI ALYSI S       0       0       95.0			0				72.00
75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.00       75.00         76.00       03950       NUTRI TI ON/DI ABETES       0       0       76.00       76.00         76.97       07697       CARDI AC REHABILITATION       0       77.018       76.9         0UTPATI ENT SERVICE COST CENTERS       0       0       0       88.00         88.00       08900       FEDERALLY QUALI FIED HEALTH CENTER       0       0       88.0         90.00       09000       CLINIC       0       107,789       90.0         91.00       09100       EMERGENCY       0       633,663       91.0         92.00       09200       OBSERVATION BEDS (NON-DI STINCT       0       92.0       92.0         07400       HOME PROGRAM DI ALYSIS       0       0       94.0       95.00         95.00       09500       AMBULANCE SERVICES       0       0       95.0			0				73.00
76. 97         07697         CARDIAC REHABILITATION         0         77,018         76. 9           0UTPATIENT SERVICE COST CENTERS         0         0         0         88.00         08800         RURAL HEALTH CLINIC         0         0         88.0         88.0         89.00         0         0         0         89.0         90.00         FDERALLY QUALIFIED HEALTH CENTER         0         0         0         89.0         90.00         9000         CLINIC         0         107,789         90.0         90.0         91.00         90100         EMERGENCY         0         633,663         91.00         92.00         09200 [DSERVATION BEDS (NON-DISTINCT         0         91.00         92.00         92.00 [DSERVATION BEDS (NON-DISTINCT         0         92.00         92.00         95.00         94.00         92.00         95.00         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00 <td></td> <td></td> <td>0</td> <td>-</td> <td></td> <td></td> <td>75.00</td>			0	-			75.00
88.00       08800       RURAL       HEALTH CLINIC       0       0       88.0         89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       89.0         90.00       09000       CLINIC       0       107,789       90.0       90.0         91.00       09100       EMERGENCY       0       633,663       91.0       92.0         09200       0BSERVATION BEDS (NON-DISTINCT       0       0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0       92.0 <td< td=""><td></td><td></td><td>0</td><td>0 77, 018</td><td></td><td></td><td>76.00 76.97</td></td<>			0	0 77, 018			76.00 76.97
89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         89.0           90.00         09000         CLINIC         0         107,789         90.0           91.00         09100         EMERGENCY         0         633,663         91.0           92.00         0BSERVATION BEDS (NON-DISTINCT         0         92.0         92.0           0THER         REI MBURSABLE         COST CENTERS         94.0         94.0           95.00         09500         AMBULANCE SERVICES         0         0         95.0	00.00						
90.00         09000         CLINIC         0         107,789         90.0         90.0         91.0         91.0         90.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         91.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0         92.0			0				88.00 89.00
92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT         0         92.0           0THER         REI MBURSABLE         COST CENTERS         94.0         94.00         95.00         09400         HOME PROGRAM DI ALYSIS         0         0         94.00         94.00         95.00         95.00         0         0         0         95.00         95.00         95.00         0         0         0         95.00         95.00         95.00         95.00         95.00         0         0         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00			0	0			90.00
OTHER         REI MBURSABLE         COST         CENTERS           94. 00         09400         HOME         PROGRAM         DI ALYSI S         0         0         94. 0           95. 00         09500         AMBULANCE         SERVI CES         0         0         95. 0	91.00	09100 EMERGENCY					91.00
94. 00         09400         HOME         PROGRAM         DI ALYSI S         0         0         94. 0         94. 0         94. 0         95. 00         09500         AMBULANCE         SERVICES         0         0         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00         95. 00	92.00		0				92.00
95. 00 09500 AMBULANCE SERVICES 0 0 0 95. 0	94.00		0	0			94.00
	95.00	09500 AMBULANCE SERVICES		0			95.00

# Health Financial Systems

FLOYD	MEMORI AL	HOSPI	TAL	&	HEALTH	SVS	

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet B Part II Date/Time Prepared: 2/28/2017 11:45 am
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	25.00	26.00		
96.00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	o		97.00
99. 00 09900 CMHC	0	o		99.00
99. 10 09910 CORF	0	o		99.10
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	o		100.00
101.00 10100 HOME HEALTH AGENCY	0	85, 073		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 ACQUI SI TI ON	0	0		108.00
109.00 10900 PANCREAS ACQUI SI TI ON	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		110.00
111.00 11100 I SLET ACQUI SI TI ON	0	0		111.00
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTILIZATION REVIEW-SNF				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116. 00 11600 HOSPI CE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	11, 574, 287		118.00
NONREI MBURSABLE COST CENTERS	ii			
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		190.00
191. 00 19100 RESEARCH	0	1, 210		191.00
192. 00 19200 PHYSI CLANS PRI VATE OFFI CES	0	1, 093, 135		192.00
192.01 19201 OTHER NRCC	0	143, 228		192.01
192. 02 19202 LTC	0	278, 572		192.02
193. 00 19300 NONPAI D WORKERS	0	0		193.00
194. 00 07950 MARKETI NG	0	40, 793		194.00
200.00 Cross Foot Adjustments	0	2, 808		200.00
201.00 Negative Cost Centers	0	0		201.00
202.00   TOTAL (sum lines 118-201)	0	13, 134, 033		202.00

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

	FINANCIAL SYSTEMS FLOY LLOCATION - STATISTICAL BASIS	D MEMORIAL HOSP	Provider C	CN: 15-0044 P F	eriod: rom 01/01/2016 o 09/30/2016		pared:
		CAPI TAL REL	ATED COSTS				
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		1.00	2.00	SALARIES) 4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS		2.00		0.11	0,00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	459, 352					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	10 144	6, 405, 497				2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL	10, 146	15, 240 3, 243, 332			230, 407, 949	4.00
6.00	00600 MAI NTENANCE & REPAI RS	24, 421				230,407,949	1
7.00	00700 OPERATION OF PLANT	6, 900	126, 426	1, 572, 440	0	6, 173, 296	•
8.00	00800 LAUNDRY & LINEN SERVICE	6, 545				869, 342	1
9.00	00900 HOUSEKEEPI NG	1,654	8, 644			2, 611, 633	•
10.00 11.00	01000 DI ETARY 01100 CAFETERI A	2, 530 14, 352	64, 966 0		0	2, 381, 447 197, 306	•
	01200 MAINTENANCE OF PERSONNEL	14, 352	-	0	0	0	1
	01300 NURSI NG ADMI NI STRATI ON	0		0	0	0	•
	01400 CENTRAL SERVICES & SUPPLY	16, 302	35, 695			2, 719, 794	•
	01500 PHARMACY	3, 729				4,043,560	•
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	7, 337	3, 901		0	4, 676, 843 0	
	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	91	762	-	0	34, 450	
23.00	INPATIENT ROUTINE SERVICE COST CENTERS	71	102	10,430	0		23.00
30.00	03000 ADULTS & PEDIATRICS	147, 222	828, 065	16, 389, 337	0	26, 411, 430	30.00
	03100 INTENSIVE CARE UNIT	13, 210			0	3, 721, 598	1
	03200 CORONARY CARE UNIT	0	0	0	0	0	
	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
	04000 SUBPROVIDER - IPF	0	0	0	0	0	
	04100 SUBPROVI DER – I RF	0	0	0	0	0	
42.00	04200 SUBPROVI DER	0	0	0	0	0	
43.00	04300 NURSERY	3, 160	14, 696	599, 406	0	942, 010	•
44.00 45.00	04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY	0	0		0	0	1
	04600 OTHER LONG TERM CARE	0	-	-	-	-	•
	ANCILLARY SERVICE COST CENTERS					1	
	05000 OPERATING ROOM	42, 363	501, 085	6, 012, 123	0	11, 056, 436	•
	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	25, 956	38, 300	1, 179, 067	0	2, 017, 609	52.00 53.00
	05400 RADI OLOGY-DI AGNOSTI C	28, 488	403, 009	7, 112, 941	0	13, 146, 989	•
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	1
	05600 RADI OI SOTOPE	0	0	0	0	0	
	05700 CT SCAN	3, 593				.,	•
	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	1, 644				625, 044	
	06000 LABORATORY	11, 253 17, 568				3, 037, 259 9, 908, 684	1
	06001 BLOOD LABORATORY	0	0	0,000,001		0	1
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM				0		61.00
	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	•
	06300 BLOOD STORING PROCESSING & TRA	0		-	0	0	
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	2, 371	0 42, 482			599, 852 2, 476, 276	
	06600 PHYSI CAL THERAPY	325				4, 276, 104	
67.00	06700 OCCUPATI ONAL THERAPY	0				0	67.00
	06800 SPEECH PATHOLOGY	575				271, 348	
		9,049				3, 075, 920	1
	07000 ELECTROENCEPHALOGRAPHY 07001 SLEEP DI SORDER	7, 140				169, 024 903, 423	•
	07100 MEDICAL SUPPLIES CHARGED TO PAT	3, 403	13, 324	0		9, 837, 769	•
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12, 763, 609	•
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	22, 028, 047	•
	07400 RENAL DI ALYSI S	0	0	0	0	0	
75.00 76.00	07500 ASC (NON-DI STINCT PART) 03950 NUTRI TI ON/DI ABETES	0			0	0	
	07697 CARDIAC REHABILITATION	3, 593	14, 091	285, 776	0 0	485, 448	•
	OUTPATIENT SERVICE COST CENTERS	0,070	. 1, 071				1
	08800 RURAL HEALTH CLINIC	0				-	
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			-	0	•
	09000 CLINIC 09100 EMERGENCY	5, 631 28, 910	4, 077 75, 387			1, 066, 016 5, 319, 315	
	09200 OBSERVATION BEDS (NON-DISTINCT	20, 710	10,007	3, 173, 033		5, 517, 515	91.00
12.00	10720010DOERANTION DEDU (NON-DISTINCI	1	I	I	I	I	1 /2.00

#### FLOYD MEMORIAL HOSPITAL & HEALTH SVS Provider CCN: 15-0044 Period:

In Lieu of Form CMS-2552-10 Worksheet B-1

COST ALLOCATIO	DN – STATISTICAL BASIS		Provider CO		Period:	Worksheet B-1	
					From 01/01/2016	Date/Time Pre	narod
					0 09/ 30/ 2010	2/28/2017 11:	45 am
		CAPI TAL RELA	ATED COSTS				
Со	ost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliatio	ADMI NI STRATI V	
	·	(SQUARE FEET)	(DOLLAR	BENEFI TS	n	E & GENERAL	
			VALUE)	DEPARTMENT		(ACCUM. COST)	
				(GROSS			
				SALARI ES)			
		1.00	2.00	4.00	5A	5.00	
	EIMBURSABLE COST CENTERS	· · · · · · · · · · · · · · · · · · ·			1		
	OME PROGRAM DIALYSIS	0	0				
	IBULANCE SERVICES	0	0	(	0 0	-	95.00
	JRABLE MEDICAL EQUIP-RENTED	0	0	(	0 0	0	96.00
	JRABLE MEDICAL EQUIP-SOLD	0	0	(	0 0	0	97.00
99.00 09900 CM		0	0	(	0 0	0	1 / / / 00
99.10 09910 C0		0	0	(	0 0	0	99.10
	R SERVICES-NOT APPRVD PRGM	0	0	(			100.00
	DME HEALTH AGENCY	0	19, 814	2, 119, 383	3 0	3, 301, 411	101.00
	PURPOSE COST CENTERS						
	DNEY ACQUISITION	0	0				105.00
	ART ACQUISITION	0	0		-		106.00
	VER ACQUISITION	0	0		-		107.00
	ING ACQUISITION	0	0	(	-		108.00
	ANCREAS ACQUISITION	0	0	(	0 0		109.00
	ITESTINAL ACQUISITION	0	0	(	0 0		110.00
	SLET ACQUISITION	0	0	(	0 0	0	111.00
	ITEREST EXPENSE						113.00
	ILIZATION REVIEW-SNF						114.00
	MBULATORY SURGICAL CENTER (D. P. )	0	0	(	0 0		115.00
116.0011600H0		0	0		0 0		116.00
	JBTOTALS (SUM OF LINES 1-117)	449, 963	6, 187, 719	74, 023, 507	-28, 250, 088	162, 188, 260	118.00
	BURSABLE COST CENTERS						100.00
	FT FLOWER COFFEE SHOP & CAN	0	0		-		190.00
191.00 19100 RE		0	0	,			
	HYSI CLANS PRI VATE OFFI CES	3, 261	211, 996				
192.01 19201 0T 192.02 19202 LT		4,600	2,724			.,	
		0	3, 058				•
193.00 19300 NO		1 520	0	100 412	-		193.00
194.0007950 MA 200.00 Cr		1, 528	0	132, 413	3 0	1, 070, 513	200.00
	ross Foot Adjustments						
	egative Cost Centers ost to be allocated (per Wkst. B,	4 01E 010	4 910 000	10 001 740			201.00
		6, 315, 013	6, 819, 020	40, 804, 748	5	28, 250, 088	202.00
	art I) nit cost multiplier (Wkst. B, Part I)	13. 747655	1 04/650	0. 36909		0 122600	202 00
	ost to be allocated (per Wkst. B,	13. /4/000	1. 064558	155, 708		0. 122609 3, 802, 222	
	art [])			100,708	, ,	3, 002, 222	204.00
	nit cost multiplier (Wkst. B, Part			0.001408	2	0. 016502	205 00
				0.001400		0.010302	200.00
1 1.1	,	i I		I	1	I	1

Heal th	Fi nanci al	Systems	
COST A			1

### FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

		YD MEMORIAL HOSE				Worksheet B-1	
CUSTA	ALLOCATION - STATISTICAL BASIS		Provider C	F	eriod: rom 01/01/2016 o 09/30/2016	Date/Time Pre	epared:
	Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	PLANT	LAUNDRY & LINEN SERVICE (POUNDS OF	HOUSEKEEPI NG (SQUARE FEET)	2/28/2017 11: DI ETARY (MEALS SERVED)	45 am
		6.00	7.00	LAUNDRY) 8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	0.00	7.00	0.00	9.00	10.00	-
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 6.00	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS						5.00 6.00
7.00	00700 OPERATION OF PLANT		417, 885				7.00
8.00	00800 LAUNDRY & LI NEN SERVI CE	C	6, 545				8.00
9.00	00900 HOUSEKEEPI NG	C	1, 654	53, 235	409, 686		9.00
10.00	01000 DI ETARY	C	2, 530				1
11. 00 12. 00	01100 CAFETERIA		14, 352		14, 352 0	0	11.00
	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION				0	0	12.00
14.00	01400 CENTRAL SERVICES & SUPPLY		16, 302	-	16, 302	l o	14.00
	01500 PHARMACY	C	3, 729		3, 729	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	C	7, 337	0	7, 337	0	16.00
17.00	01700 SOCIAL SERVICE	0	0		0	0	17.00
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	C	91	13	91	0	23.00
30.00	03000 ADULTS & PEDIATRICS	0	147, 222	521,090	147, 222	123, 076	30.00
31.00	03100 I NTENSI VE CARE UNI T				13, 210	6, 114	31.00
32.00	03200 CORONARY CARE UNI T	C	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	C	0	0	0	0	33.00
34.00 40.00	03400 SURGI CAL INTENSI VE CARE UNI T		0	0	0	0	34.00
40.00	04000 SUBPROVI DER – I PF 04100 SUBPROVI DER – I RF				0	0	40.00
42.00	04200 SUBPROVI DER			0	0	0	42.00
43.00	04300 NURSERY	C	3, 160	14, 687	3, 160	3, 698	1
44.00	04400 SKILLED NURSING FACILITY	C	0	0	0	0	
45.00	04500 NURSING FACILITY	C	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVI CE COST CENTERS	C	0 0	0	0	0	46.00
50.00	05000 OPERATING ROOM	0	42, 363	132, 102	42, 363	212	50.00
51.00	05100 RECOVERY ROOM	C		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	C	25, 956	31, 828	25, 956	3, 354	
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C		28, 488	74, 688	28, 488 0	118 0	54.00 55.00
56.00	05600 RADI OI SOTOPE			0	0	l o	56.00
57.00	05700 CT SCAN	C	3, 593	13, 398	3, 593	70	57.00
58.00	05800 MRI	C	1, 644			0	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	11, 253				1
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	0	17, 568	77	17, 568 0	0	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM				0	l U	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	C	0 0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	C	0	0	0	0	63.00
64.00	06400 I NTRAVENOUS THERAPY	C	0	0	0	0	64.00
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY		2,371	28, 343	2, 371	0	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY		325		325	0	67.00
68.00	06800 SPEECH PATHOLOGY		575	-	575	0	68.00
69.00	06900 ELECTROCARDI OLOGY	C	9, 049		9, 049	0	69.00
	07000 ELECTROENCEPHALOGRAPHY	C	7, 140		7, 140	0	70.00
70.01	07001 SLEEP DI SORDER	C	3, 905	13, 593	3, 905	21	70.01
	07100 MEDICAL SUPPLIES CHARGED TO PAT		0	0	0	0	71.00
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS					0	72.00
74.00	07400 RENAL DIALYSIS			0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	C	0	0	0	0	75.00
76.00	03950 NUTRI TI ON/DI ABETES	0	0	0	0	0	76.00
76.97	07697 CARDI AC REHABI LI TATI ON	C	3, 593	0	3, 593	0	76.97
88.00	OUTPATIENT SERVICE COST CENTERS	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89.00
90.00	09000 CLINIC	0	5, 631	5, 683	5, 631	1	90.00
91.00	09100 EMERGENCY	C	28, 910		28, 910	2, 684	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT					L	92.00
94.00	OTHER REI MBURSABLE COST CENTERS	C	0	0	0	0	94.00
94.00 95.00	09500 AMBULANCE SERVICES			0	0	0	94.00
	09600 DURABLE MEDICAL EQUIP-RENTED	C	-	0	-		
	017 11:45 am		•				

COST ALLOCATION - STATISTICAL BASIS		Provider C		Period: From 01/01/2016	Worksheet B-1	
				From 01/01/2016 Fo 09/30/2016	Date/Time Pre 2/28/2017 11:	
Cost Center Description	MAINTENANCE &		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	REPAI RS	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF		SERVED)	
	(	7.00	LAUNDRY)	0.00	10.00	
27. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	6.00	7.00	8.00	9.00	10.00	07.00
07.00 09700 DURABLE MEDICAL EQUIP-SOLD 09.00 09900 CMHC	0	0			0	
29. 10 09910 CMHC	0	0		- -	0	
00. 00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		- -	-	99.10 100.00
01. 00 10100 HOME HEALTH AGENCY	0			-		100.0
SPECIAL PURPOSE COST CENTERS	0	0	η (		0	101.00
05. 00 10500 KI DNEY ACQUI SI TI ON	0	0		0	0	105.00
06. 00 10600 HEART ACQUI SI TI ON	0	-		-		106.0
07. 00 10700 LIVER ACQUISITION	0					107.0
08. 00 10800 LUNG ACQUI SI TI ON	0					108.0
09. 00 10900 PANCREAS ACQUISITION	0	0		- -		109.0
10. 00 11000 I NTESTI NAL ACQUI SI TI ON	0	0		0		110.0
11.00 11100 I SLET ACQUI SI TI ON	0	0		0		111.0
13.00 11300 I NTEREST EXPENSE		-			-	113.0
14.00 11400 UTI LI ZATI ON REVI EW-SNF						114.0
15.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	0	115.0
16. 00 11600 HOSPI CE	0	0	) (	0 0	0	116.0
18.00 SUBTOTALS (SUM OF LINES 1-117)	0	408, 496	1, 212, 39	400, 297	139, 348	118.0
NONREI MBURSABLE COST CENTERS						
90.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	) (	0 0		190. 0
91. 00 19100 RESEARCH	0	0		-	-	191.0
92.00 19200 PHYSICIANS PRIVATE OFFICES	0	3, 261	12, 172	2 3, 261		192.0
92.01 19201 OTHER NRCC	0	4, 600				192.0
92. 02 19202 LTC	0	0		-		192.0
93. 00 19300 NONPAI D WORKERS	0	0	) (	, second s		193.0
94. 00 07950 MARKETI NG	0	1, 528	(	1, 528	0	194.0
200.00 Cross Foot Adjustments						200.0
201.00 Negative Cost Centers						201.0
202.00 Cost to be allocated (per Wkst. B,	0	6, 930, 198	1, 084, 473	3, 006, 414	2, 780, 580	202.0
Part I)	0.000000	1/ 500004	0.00554/		10.054045	
203.00 Unit cost multiplier (Wkst. B, Part I)					19.954215	
204.00 Cost to be allocated (per Wkst. B,	0	333, 533	114, 092	2 83, 267	153, 044	204.0
Part II) 205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 798145	0. 09316	0, 203246	1. 098286	205 0
II)	0.00000	0. / 98145	0.07310	0. 203240	1.090200	205.0

JUST #	Financial Systems FLOY ALLOCATION - STATISTICAL BASIS	<u>'D MEMORIAL HOSP</u>	Provider C	CN: 15-0044	Period: From 01/01/2016	u of Form CMS- Worksheet B-1	
					To 09/30/2016		
	Cost Center Description	CAFETERIA (PRODUCTIVE HOURS)	MAI NTENANCE OF PERSONNEL (NUMBER HOUSED)	N (DI RECT	SUPPLY (COSTED	PHARMACY (COSTED REQUIS.)	45 am
		11.00	12.00	NRSI NG HRS) 13.00	REQUIS.) 14.00	15.00	
	GENERAL SERVICE COST CENTERS						
15.00 16.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01200 MAIDICAL RECORDS & LIBRARY	1, 974, 023 0 49, 019 65, 054 117, 029			0 0 22, 601, 378 0 0 0 0	100 0	16.0
17.00	01700 SOCIAL SERVICE	0	0		0 0	0	
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY	582	0	I	0 0	0	23.0
32.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY 04400 SKILLED NURSING FACILITY 04500 NURSING FACILITY 04600 OTHER LONG TERM CARE	630, 821 80, 650 0 0 0 0 0 18, 678 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	31. 0 32. 0 33. 0 34. 0 40. 0 41. 0 42. 0 43. 0 44. 0 45. 0
50.00	ANCI LLARY SERVI CE COST CENTERS	204, 153	C		0 0	0	50.0
51.00	05100 RECOVERY ROOM	0	0		0 0	-	
52.00	05200 DELIVERY ROOM & LABOR ROOM	38, 428	0		0 0	-	
53.00 54.00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0 100, 075			0 0	0	
54.00	05500 RADI OLOGY-THERAPEUTI C	100,075			0 0	0	
6.00	05600 RADI OI SOTOPE	0	0		0 0	0	
	05700 CT SCAN	16, 044	0		0 0	0	
		8, 670	0		0 0	0	00.
69.00 0.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	67, 430 125, 534	0		0 0	0	
0.01	06001 BLOOD LABORATORY	0	0		0 0	0	
1.00	06100 PBP CLINICAL LAB SERVICES-PRGM		_		_	_	61.
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD 06300 BLOOD STORING PROCESSING & TRA	0			0 0	0	
	06400 I NTRAVENOUS THERAPY	0	0		0 0	0	
5.00	06500 RESPI RATORY THERAPY	61, 328	0		0 0	0	
6.00 7.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	43, 895	0		0 0	0	
8.00	06800 SPEECH PATHOLOGY	4, 729	0		0 0	0	
9.00	06900 ELECTROCARDI OLOGY	45, 163	0		0 0	0	
0.00	07000 ELECTROENCEPHALOGRAPHY	2,069	0		0 0	0	
	07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	18, 836			0 9,837,769	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 12, 763, 609	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	100	
	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0			0 0	0	
6. 00	03950 NUTRI TI ON/DI ABETES	0	0		0 0	0	
5. 97	07697 CARDI AC REHABI LI TATI ON	5, 611	0		0 0	-	
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0	
	09000 CLINIC	15, 773			0 0	0	
	09100 EMERGENCY	119, 297	0		0 0	0	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT						92.
	INTHED DELMDUDGADLE COST CENTEDS						
4.00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DI ALYSI S	0	C		0 0	0	94.

COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-	1
				From 01/01/2016 To 09/30/2016	Date/Time Pro 2/28/2017 11	epared:
Cost Center Description	CAFETERI A	MAI NTENANCE	NURSI NG	CENTRAL	PHARMACY	45 am
'	(PRODUCTI VE	OF PERSONNEL	ADMI NI STRATI (	O SERVICES &	(COSTED	
	HOURS)	(NUMBER	N	SUPPLY	REQUIS.)	
		HOUSED)	(DI RECT	(COSTED		
			NRSING HRS)	REQUIS.)		
	11.00	12.00	13.00	14.00	15.00	
96. 00 09600 DURABLE MEDI CAL EQUI P-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 0	-	99.00
99. 10 09910 CORF	0	0		0 0		99.10
100.00 10000 I &R SERVI CES-NOT APPRVD PRGM	0	0		0 0		100.00
101.00 10100 HOME HEALTH AGENCY	59, 848	0		0 0	(	101.00
SPECIAL PURPOSE COST CENTERS	0	0	1			
105. 00 10500 KI DNEY ACQUI SI TI ON 106. 00 10600 HEART ACQUI SI TI ON	0	0		0 0		0 105.00 106.00
107.00/10700 LIVER ACQUISITION	0	0	1	0 0		106.00
108.00/10800/LUNG ACQUISITION	0			0		107.00
109. 0010900 PANCREAS ACQUISITION	0	0	1	0 0		108.00
	0					01109.00
110.00 11000 INTESTINAL ACQUISITION 111.00 11100 ISLET ACQUISITION	0					) 111.00
113. 0011300 INTEREST EXPENSE	0	U		0 0	L L	113.00
114. 00111400 UTILIZATION REVIEW-SNF						114.00
115.0011500 AMBULATORY SURGICAL CENTER (D. P. )	0	Q		0 0		) 115. 00
116. 00/11600/HOSPICE	0			0		) 116. 00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1 000 716			0 0 0 22, 601, 378		118.00
NONREIMBURSABLE COST CENTERS	1, 898, 716	0	1	0 22, 601, 378	100	118.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	C	1	0 0	(	190.00
191. 00 19100 RESEARCH	1, 340			0 0		191.00
192. 00 19200 PHYSICIANS PRIVATE OFFICES	63, 002	0		0 0		192.00
192. 01 19201 OTHER NRCC	7, 259	0		0 0	-	192.0
192. 02 19202 LTC	0			0 0		192.02
193. 00 19300 NONPAI D WORKERS	0	0		0 0		193.00
194. 00 07950 MARKETI NG	3, 706	0		0 0		194.00
200.00 Cross Foot Adjustments	5,700			0		200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	564,830	0		0 3, 457, 273	4, 647, 639	
Part I)				5, 151, 270	., , ,	
203.00 Unit cost multiplier (Wkst. B, Part I	0. 286131	0. 000000	0. 00000	0 0. 152967	46, 476. 390000	203. 00
204.00 Cost to be allocated (per Wkst. B,	214, 934			0 329, 853		
Part II)	.,					
205.00 Unit cost multiplier (Wkst. B, Part	0. 108881	0. 000000	0. 00000	0.014594	1, 664. 110000	205.00

DST A	ALLOCATION - STATISTICAL BASIS		Provi der (	CCN: 15-0044	Period: From 01/01/2016	Worksheet B-1	1
					To 09/30/2016	Date/Time Pre 2/28/2017 11:	
	Cost Center Description	MEDI CAL RECORDS & LI BRARY (TI ME SPENT)	SOCI AL SERVI CE (ASSI GNED TI ME)	PARAMED ED PRGM-PHARMAC RESIDENCY (ASSIGNED TIME)		272072017-11.	
		16.00	17.00	23.00			
00 00 00 00 00 00 00 00 00 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-WUBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY						1. 0 2. 0 4. 0 5. 0 6. 0 7. 0 8. 0 9. 0
1.00 2.00 3.00 4.00 5.00 5.00 7.00	01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 02300 PARAMED ED PRGM-PHARMACY RESI DENCY	1, 378 0 0		0 0 1, 0	00		11. ( 12. ( 13. ( 14. ( 15. ( 16. ( 17. ( 23. (
). 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1, 228		0	0		30.0
1.00 2.00	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	0		0 0 0 0			31. 0 32. 0 33. 0 34. 0
). 00 I. 00		0		0 0 0	0		40.0
1.00 5.00	04300 NURSERY 04400 SKI LLED NURSI NG FACI LI TY 04500 NURSI NG FACI LI TY 04600 OTHER LONG TERM CARE	0 0 0 0		0 0 0	0 0 0		43.0 44.0 45.0 46.0
. 00	ANCI LLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	90		0	0		50.0
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0		0	0		51.0
3.00	05300 ANESTHESI OLOGY	0		0	0		53.
		5		0	0		54.
	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0		0	0		55. 56.
	05700 CT SCAN	0		0	0		57.
	05800 MRI	0		o	0		58.
	05900 CARDI AC CATHETERI ZATI ON	0		0	0		59.
	06000 LABORATORY 06001 BLOOD LABORATORY	0		0	0		60. 60.
I. 00	06100 PBP CLINICAL LAB SERVICES-PRGM						61.
		0		0	0		62.
	06300 BLOOD STORING PROCESSING & TRA 06400 INTRAVENOUS THERAPY	0		0	0		63. 64.
		7		0	0		65.
	06600 PHYSI CAL THERAPY	5		0	0		66.
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0		0	0		67. 68.
	06900 ELECTROCARDI OLOGY	5		0	0		69.
	07000 ELECTROENCEPHALOGRAPHY	0		0	0		70.
	07001 SLEEP DI SORDER 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0		0	0		70.
	07200 I MPL. DEV. CHARGED TO PATIENTS	0		ŏ	ō		72.
. 00	07300 DRUGS CHARGED TO PATIENTS	0		0 1,0	00		73.
	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0		0	0		74.
	03950 NUTRI TI ON/DI ABETES	0		o	0		76.
	07697 CARDI AC REHABI LI TATI ON	0		0	0		76.
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0		0	0		88.
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0		89. 90.
	09100 EMERGENCY	38		ŏ	0		91.
	09200 OBSERVATION BEDS (NON-DISTINCT						92.
	OTHER REIMBURSABLE COST CENTERS			0	0		
00	09400 HOME PROGRAM DIALYSIS	0					94.

Health Financial Systems FLOYE	) MEMORIAL HOSPI		SVC	In Lieu of Form CMS	2552 10
COST ALLOCATION - STATISTICAL BASIS	MEMORIAL HUSFI		CN: 15-0044	Period: Worksheet B	
				From 01/01/2016	
				To 09/30/2016 Date/Time P 2/28/2017 1	
Cost Center Description	MEDI CAL	SOCI AL	PARAMED ED		1.45 dill
	RECORDS &	SERVI CE	PRGM-PHARMAC	Y	
	LI BRARY	(ASSI GNED	RESI DENCY		
	(TIME SPENT)	TIME)	(ASSI GNED		
			TIME)	_	
	16.00	17.00	23.00		0( 00
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	0		0	96.00 97.00
97. 00 109700 DURABLE MEDICAL EQUIP-SOLD 99. 00 109900 CMHC	0	0		0	97.00
99. 10 09910 CORF	0	0		0	99.10
100.0010000 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					
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 LIVER ACQUISITION	0	0		0	107.00
108.00 10800 LUNG ACQUI SI TI ON	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 INTEREST EXPENSE					113.00
114.00 11400 UTI LI ZATI ON REVI EW-SNF		_			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	115.00
116.00 11600 HOSPI CE	0	0		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117) NONREI MBURSABLE COST CENTERS	1, 378	0	1, 00	JU	118.00
190. 00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	1	0	190.00
191. 00 19100 RESEARCH	0	0		0	191.00
192. 00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0	192.00
192. 01 19201 OTHER NRCC	0	0		0	192.01
192. 02 19202 LTC	0	0		0	192.02
193. 00 19300 NONPALD WORKERS	0	0		0	193.00
194. 00 07950 MARKETI NG	0	0		0	194.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B,	5, 459, 270	0	41, 03	30	202.00
Part I)					
203.00 Unit cost multiplier (Wkst. B, Part I)	3, 961. 734398	0. 000000			203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	206, 767	0	2,80	אנ	204.00
205.00 Unit cost multiplier (Wkst. B, Part	150. 048621	0. 000000	2. 80800	00	205.00
	150. 040021	0.00000	2.0000		203.00
	I I		1	1	I.

	FLUYD MEMORIAL HUSP				U OT FORM CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	F	Period: From 01/01/2016 Fo 09/30/2016	Date/Time Pre	pared:
		Title	• XVIII	Hospi tal	2/28/2017 11: PPS	<u>45 am</u>
				Costs		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1. 00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 03000 ADULTS & PEDIATRICS	41, 134, 427		41, 134, 427		41, 140, 731	1
31.00 03100 INTENSIVE CARE UNIT	4, 688, 517		4, 688, 517		4, 688, 517	
32. 00 03200 CORONARY CARE UNIT	0		(	-	0	
33. 00 03300 BURN I NTENSI VE CARE UNI T	0			0	0	
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T 40.00 04000 SUBPROVI DER - I PF	0				0	
40.00 04000 SUBPROVIDER - TPF 41.00 04100 SUBPROVIDER - TRF	0			-	0	40.00
42. 00 04200 SUBPROVI DER	0			-	0	
43. 00 04300 NURSERY	1, 225, 244		1, 225, 244	-	1, 225, 244	43.00
44.00 04400 SKILLED NURSING FACILITY	0		(	0 0	0	44.00
45.00 04500 NURSING FACILITY	0		(	0 0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0		(	0 0	0	46.00
ANCI LLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	13, 961, 656		13, 961, 656			
51.00 05100 RECOVERY ROOM	0				0	
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESIOLOGY	2, 992, 019		2, 992, 019		2, 992, 019 0	
54. 00  05400  RADI OLOGY –DI AGNOSTI C	15, 557, 365		15, 557, 365	-	15, 557, 365	
55. 00 05500 RADI OLOGY-THERAPEUTI C	13, 337, 303		13, 337, 303		13, 337, 303	55.00
56. 00 05600 RADI OL SOTOPE	0			-	0	
57. 00 05700 CT SCAN	1, 271, 282		1, 271, 282	-	1, 271, 282	
58.00 05800 MRI	756, 416		756, 416		756, 416	•
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 750, 674		3, 750, 674	1 O	3, 750, 674	59.00
60. 00 06000 LABORATORY	11, 579, 832		11, 579, 832	2 0	11, 579, 832	60.00
60.01 06001 BLOOD LABORATORY	0		0	0 0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0		(	0 0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0		(	0	0	62.00
63. 00 06300 BLOOD STORING PROCESSING & TRA	(72, 200		(72.200		0	63.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	673, 399 2, 881, 890		673, 399 2, 881, 890		673, 399 2, 881, 890	•
66. 00 06600 PHYSI CAL THERAPY	4, 865, 635				4, 865, 635	•
67. 00 06700 OCCUPATI ONAL THERAPY	4,000,000				4,000,000	1
68.00 06800 SPEECH PATHOLOGY	319, 727	0		-	319, 727	
69. 00 06900 ELECTROCARDI OLOGY	3, 702, 260		3, 702, 260	0 0	3, 702, 260	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	361, 146		361, 146	6 O	361, 146	70.00
70. 01 07001 SLEEP DI SORDER	1, 125, 453		1, 125, 453		1, 125, 453	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	12, 548, 822		12, 548, 822		12, 548, 822	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	16, 280, 961		16, 280, 961		16, 280, 961	•
73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DI ALYSI S	29, 417, 553 0		29, 417, 553		29, 417, 553 0	•
75. 00 07500 ASC (NON-DI STINCT PART)	0			-		
76. 00 03950 NUTRI TI ON/DI ABETES	0				0	
76. 97 07697 CARDI AC REHABI LI TATI ON	632, 526		632, 526		632, 526	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0		0		0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		(	-	0	
90. 00 09000 CLINIC	1, 340, 990		1, 340, 990		1, 340, 990	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT	7, 025, 857 7, 665, 482		7, 025, 857 7, 665, 482		7, 025, 857 7, 665, 482	•
OTHER REIMBURSABLE COST CENTERS	7,005,402		7,005,402	-	7,005,402	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0		0	0 0	0	94.00
95.00 09500 AMBULANCE SERVICES	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	
99. 10 09910 CORF	0		0		0	
100.00 10000 I & SERVICES-NOT APPRVD PRGM	0		)			100.00
101.00 10100 HOME HEALTH AGENCY	3, 723, 318		3, 723, 318	3	3, 723, 318	101.00
SPECIAL PURPOSE COST CENTERS 105. 00 10500 KI DNEY ACQUI SI TI ON	0				0	105.00
106. 00 10600 HEART ACQUISITION	0					105.00
107. 00 10700 LI VER ACQUI SI TI ON	n 0					107.00
108. 00 10800 LUNG ACQUI SI TI ON	0					108.00
109. 00 10900 PANCREAS ACQUISITION	0			-		109.00
110.00 11000 I NTESTI NAL ACQUI SI TI ON	0		0			110.00
111.00 11100 I SLET ACQUI SI TI ON	0		(	)	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTI LI ZATI ON REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		(	ון	0	115.00
2/28/2017 11:45 am						

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	-	Period: From 01/01/2016 To 09/30/2016	Date/Time Pre 2/28/2017 11:	pared: 45 am
			XVIII	Hospi tal	PPS	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst.	Adj.		Di sal I owance		
	B, Part I,	-				
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
116. 00 11600 HOSPI CE	0			C	0	116.00
200.00 Subtotal (see instructions)	189, 482, 451	0	189, 482, 45	1 6, 304	189, 488, 755	200.00
201.00 Less Observation Beds	7, 665, 482		7, 665, 48	2	7, 665, 482	201.00
202.00 Total (see instructions)	181, 816, 969	0	181, 816, 96	9 6, 304	181, 823, 273	202.00

	Financial Systems ATION OF RATIO OF COSTS TO CHARGES	FLOYD MEMORIAL HOSP				u of Form CMS- Worksheet C	2552-10
COMPUT	ATTON OF RATIO OF COSTS TO CHARGES		Provider C	1	Period: From 01/01/2016 Fo 09/30/2016	Part I	epared: 45 am
				e XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpati ent	+ col. 7)	Cost or Other Ratio	TEFRA I npati ent Rati o	
	INPATIENT ROUTINE SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
30.00	03000 ADULTS & PEDI ATRI CS	40, 166, 885		40, 166, 88	5		30.00
31.00	03100 I NTENSI VE CARE UNI T	6, 503, 906		6, 503, 900			31.00
32.00	03200 CORONARY CARE UNI T	0			D		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		(	D		33.00
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T	0		(	C		34.00
40.00	04000 SUBPROVI DER – I PF	0		(	D		40.00
41.00	04100 SUBPROVIDER - IRF	0		(	D		41.00
42.00	04200 SUBPROVI DER	0		2 200 412			42.00
43.00 44.00	04300 NURSERY 04400 SKILLED NURSING FACILITY	2, 209, 412		2, 209, 412	2		43.00 44.00
44.00	04400 SKILLED NORSING FACILITY	0					44.00
46.00	04600 OTHER LONG TERM CARE	0					46.00
40.00	ANCI LLARY SERVICE COST CENTERS			· · · · ·			40.00
50.00	05000 OPERATI NG ROOM	53, 069, 368	54, 853, 330	107, 922, 698	0. 129367	0.00000	50.00
51.00	05100 RECOVERY ROOM	0	0	) (	0. 000000		
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 016, 406	759, 177	4, 775, 583	0. 626524	0.00000	52.00
53.00	05300 ANESTHESI OLOGY	0	0	) (	0. 000000		
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 856, 348	46, 922, 043				
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0. 000000		
56.00	05600 RADI OI SOTOPE	12 205 525	0		0.00000		
57.00 58.00	05700 CT SCAN 05800 MRI	12, 305, 535 5, 728, 530	23, 988, 646 16, 288, 974				
59.00	05900 CARDI AC CATHETERI ZATI ON	37, 407, 802	42, 830, 695				
60.00	06000 LABORATORY	38, 871, 573	49, 699, 143			0.000000	
60.01	06001 BLOOD LABORATORY	0	0	) ()	0. 000000		
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		0. 000000		
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	) (	0. 000000	0. 000000	62.00
63.00	06300 BLOOD STORING PROCESSING & TRA	0	0	) (	0. 000000	0.00000	63.00
64.00	06400 I NTRAVENOUS THERAPY	30, 445	3, 642, 767				
65.00	06500 RESPI RATORY THERAPY	15, 534, 919	2, 446, 124				
66.00	06600 PHYSI CAL THERAPY	4, 483, 705	17, 520, 129				
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0.00000		
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	745, 660 14, 629, 140	255, 814 31, 113, 726				
70.00	07000 ELECTROENCEPHALOGRAPHY	126, 180	544, 924				
70.01	07001 SLEEP DI SORDER	99, 889	7, 900, 542				
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	11, 919, 441	8, 998, 000			0.00000	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10, 322, 354	5, 711, 114				
73.00	07300 DRUGS CHARGED TO PATIENTS	45, 850, 242	86, 012, 481	131, 862, 723			
74.00	07400 RENAL DI ALYSI S	0	0		0. 000000		
	07500 ASC (NON-DI STI NCT PART)	0	0		0. 000000		
	03950 NUTRI TI ON/DI ABETES	0	1 440 200		0. 000000		
76. 97	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	1, 666	1, 440, 399	1, 442, 06	0. 438625	0.00000	76.97
88.00	08800 RURAL HEALTH CLINIC	0	0		2		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	Ő				89.00
90.00	09000 CLINIC	622, 945	4, 415, 728	5, 038, 673	0. 266140	0. 000000	90.00
91.00	09100 EMERGENCY	11, 444, 990	31, 713, 519			0.00000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1, 632, 511	7, 379, 128	9, 011, 639	9 0. 850620	0.00000	92.00
	OTHER REIMBURSABLE COST CENTERS			1			
94.00	09400 HOME PROGRAM DI ALYSI S	0	0	1	0.00000		
95.00	09500 AMBULANCE SERVICES 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		0.00000		
96.00 97.00	09700 DURABLE MEDICAL EQUIP-RENTED	0	0		0.000000 0.000000		
	09900 CMHC	0	0		0.000000	0.000000	99.00
	09910 CORF	0	Ő				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	) (	D		100.00
101.00	10100 HOME HEALTH AGENCY	0	4, 328, 702	4, 328, 702	2		101.00
	SPECIAL PURPOSE COST CENTERS						
	10500 KI DNEY ACQUI SI TI ON	0	0		D		105.00
	10600 HEART ACQUI SI TI ON	0	0				106.00
	10700 LIVER ACQUISITION	0	0				107.00
	10800 LUNG ACQUI SI TI ON	0	0				108.00
	10900 PANCREAS ACQUISITION 11000 INTESTINAL ACQUISITION	0	0				109.00
	11100 I SLET ACQUI SI TI ON	0					111.00
	11300 INTEREST EXPENSE	0	U				113.00
	11400 UTILIZATION REVIEW-SNF						114.00
	11500 AMBULATORY SURGICAL CENTER (D. P. )	0	0		D		115.00
	11600 HOSPI CE	0	0		D		116.00
	017 11, <i>I</i> E om						

### FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

COMPUTATIC	N OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2016 To 09/30/2016		
			Title	XVIII	Hospi tal	PPS	
			Charges				
	Cost Center Description	I npati ent	Outpati ent	Total (col. d	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	I npati ent	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
200.00	Subtotal (see instructions)	329, 579, 852	448, 765, 105	778, 344, 95	7		200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	329, 579, 852	448, 765, 105	778, 344, 95	7		202.00

		FLOYD MEMORIAL HOSPI	TAL & HEALTH SVS	In Lie	u of Form CMS-2552
COMPU	TATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Prepare 2/28/2017 11:45 a
			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient Ratio			
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
30.00	03000 ADULTS & PEDIATRICS				30
31.00	03100 INTENSIVE CARE UNIT				31.
32.00	03200 CORONARY CARE UNIT				32
33.00	03300 BURN INTENSIVE CARE UNIT				33
34.00	03400 SURGI CAL I NTENSI VE CARE UNI T				34
40.00	04000 SUBPROVIDER - IPF				40
41.00 42.00	04100 SUBPROVI DER – I RF 04200 SUBPROVI DER				41.
42.00	04300 NURSERY				42
44.00	04400 SKILLED NURSING FACILITY				44
45.00	04500 NURSING FACILITY				45
46.00	04600 OTHER LONG TERM CARE				46
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0. 129367			50
51.00	05100 RECOVERY ROOM	0.000000			51
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0. 626524 0. 000000			52
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 264678			54
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 000000			55
56.00	05600 RADI OI SOTOPE	0. 000000			56
57.00	05700 CT SCAN	0. 035027			57
58.00	05800 MRI	0. 034355			58
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 046744			59
60.00	06000 LABORATORY	0. 130741			60
60.01	06001 BLOOD LABORATORY	0. 000000			60
61.00 62.00	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	0. 000000 0. 000000			61.
63.00	06300 BLOOD STORING PROCESSING & TRA	0. 000000			63
64.00	06400 I NTRAVENOUS THERAPY	0. 183327			64
65.00	06500 RESPI RATORY THERAPY	0. 160274			65
66.00	06600 PHYSI CAL THERAPY	0. 221127			66
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000			67
68.00	06800 SPEECH PATHOLOGY	0. 319256			68
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0. 080936 0. 538137			69. 70.
70.00	07001 SLEEP DI SORDER	0. 140674			70
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 599921			71
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1. 015436			72
73.00		0. 223092			73
74.00	07400 RENAL DI ALYSI S	0. 000000			74
75.00		0. 000000			75
76.00	03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABI LI TATI ON	0. 000000 0. 438625			76
/0. //	OUTPATIENT SERVICE COST CENTERS	0. 100020			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
88.00					88
89.00					89
90.00		0. 266140			90
91.00		0. 162792			91
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0. 850620			92
94.00		0. 000000			94
	09500 AMBULANCE SERVICES	0. 000000			95
	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000			96.
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0. 000000			97.
	09900 CMHC				99
	09910 CORF				99.
	010000 I&R SERVICES-NOT APPRVD PRGM 010100 HOME HEALTH AGENCY				100
101.0	SPECIAL PURPOSE COST CENTERS				101
105.0	D10500 KI DNEY ACQUI SI TI ON				105
	10600 HEART ACQUI SI TI ON				106
107.0	10700 LIVER ACQUISITION				107
	10800 LUNG ACQUISITION				108
	D 10900 PANCREAS ACQUI SI TI ON				109
	11000 INTESTINAL ACQUISITION				110
	DITITO ISLET ACQUISITION				111.
	D11300 INTEREST EXPENSE D11400 UTILIZATION REVIEW-SNF				113
	D 11500 AMBULATORY SURGICAL CENTER (D. P.)				115
	11600 HOSPI CE				116
200. 0					200
201.0	D Less Observation Beds				201

Health Financial Systems	FLOYD MEMORIAL HOSPIT	AL & HEALTH SVS	In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016	Worksheet C	
				Date/Time Pre	
				2/28/2017 11:	45 am
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
202.00 Total (see instructions)					202.00

Cast Center Description         Train Cast (rom Wst. b. Bar) (rom Wst.	COMPUTATION OF RATIO OF COSTS TO CHARGES	TU MEMORIAL HUSP	Provi der C	CN: 15-0044 F	Period: From 01/01/2016 Fo 09/30/2016	Worksheet C Part I Date/Time Pre 2/28/2017 11:	pared:
Cost Center Description         Total Cost. (rmol Mex.). A)         Total Costs. (rmol Mex.). A) <thtps: A)         Total Costs. A)</thtps: 			Titl	e XIX			
INPATT PUT NOTTINE SERVICE COST CENTERS         1         10         0         0.00         3.00         4.00         5.00           10         0         00000 ADEES AL CATTORS         41, 134, 65, 507         41, 134, 677         6, 300         41, 164, 687         73         0.00         33.00         30.00         632, 00         33.00         40, 688, 517         60, 800         33.00         30.00         33.00         30.00         33.00         41, 164, 688, 517         60, 00         632, 00         33.00         33.00         30.00         33.00         30.00         33.00         30.00         33.00         30.00         33.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00	Cost Center Description	(from Wkst. B, Part I,		Total Costs	RCE	Total Costs	
30. 00         BOUDD ADULTS # PLANTINGS         41, 134, 422         41, 134, 422         40, 00         40, 668, 517         30. 00           31. 00         BOUDD ADULTS & PLANTING         4, 668, 517         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30. 00         30			2.00	3.00	4.00	5.00	
31 00 00100       INTERSUR CARE UNIT       4, 688, 517       4, 688, 517       0       31.00         31 00 00100       INTERSUR LATERSUR CARE UNIT       0       0       0       33.00         31 00 00100       INTERSUR LATERSUR CARE UNIT       0       0       0       33.00         31 00 00100       INTERSUR LATERSUR CARE UNIT       0       0       0       0       33.00         31 00 00100       INTERSUR LATERSUR CARE UNIT       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td>41 134 427</td><td></td><td>41 134 42</td><td>6 304</td><td>41 140 731</td><td>30.00</td></t<>		41 134 427		41 134 42	6 304	41 140 731	30.00
31.00         DISAGE         DURNE INTERSIVE CARE LANT         0         0         0         31.00         DURNE CAL INTERNOV CARE LANT         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<							
34.00         03400         03400         03400         03400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         04000         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         0400         04000         0400         04000         0400         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000         04000		0		(	0	-	
41. D0         D0         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D </td <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td> <td></td>		0			0		
11.00         DitIon         SUBBROW (DE - I RF         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<		0				-	
43. 00         04300         NURSERY         1, 225, 244         1, 225, 244         1, 225, 244         1, 225, 244         44. 00           44. 00         04500         MRSING FACLLET WISING FACLLETY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0		(	0 0	-	
44. 00         04400         SKILLED MRSING FACILITY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <		0		(	0 0		
45. 00         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         04500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500         0500		1, 225, 244		1, 225, 244	1 0		
64-00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>-</td> <td></td>		0				-	
D. 0.0         05000 (DPERATING ROVM         13, 961, 665         13, 961, 665         0         05, 00         05, 00         05, 00         05, 00         05, 00         0         0         0, 00         0         0         0, 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>					-		
51.00         DISIOD         RECOVERY REDM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-		
52. 00         03200 DELLIVERY ROOM & LABOR ROOM         2. 992. 019         2. 992. 019         0         2. 992. 019         0         0         53. 00           54. 00         05400 RADI CLOY - IN ARANSTIC         15. 557. 365         15. 557. 365         0         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56. 00         56.		13, 961, 656		13, 961, 656			
53.00         03300         AMESTRESIDLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		2, 992, 019		2, 992, 019	-		
55.00         05500         RADIOLOGY-THERAPEUTIC         0         0         0         55.00         05600         RADIOLSCOPT         0         55.00         0         55.00         0         05000         0         55.00         0         05000         0         0         55.00         0         55.00         0         0         55.00         0         0         0         0         0         0         55.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td>0</td> <td></td> <td>(</td> <td>0</td> <td></td> <td></td>		0		(	0		
56. C0         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         056.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00         060.00<							
57.00         05700 CT SCAN         1, 271, 282         1, 271, 282         1, 271, 282         0, 271, 282         57.00         75.0, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674         37.50, 674<		-		-	-		
58. 00         05000 MRI 59. 00         05000 CARDIAC CATHETERIZATION (ARDIAC CARHETERIZATION)         756. 416 3, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 674         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 750. 676         0, 700. 676         0, 700. 676         0, 700. 676         0, 700. 676 <th< td=""><td></td><td>-</td><td></td><td>-</td><td>-</td><td>-</td><td></td></th<>		-		-	-	-	
60.00         06000         LaBORATORY         11, 579, 832         0         11, 579, 832         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
60. 01         0 6001         BLOOD LABORATORY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
61:00         06:100         PBF CLINICAL LAB SERVICES-PROM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		11, 579, 832		11, 5/9, 832			
63.00         005300         PLODO STORING         PROCESSI NG & TRA         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0					
64.00         06400         INTRAVENUES THERAPY         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         673.399         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00 <td>62.00 06200 WHOLE BLOOD &amp; PACKED RED BLOOD</td> <td>0</td> <td></td> <td>0</td> <td>0 0</td> <td>-</td> <td></td>	62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0 0	-	
65. 00         065.00         PESPI RATORY THERAPY         2, 881, 890         0         2, 881, 890         65. 00           66. 00         6600         04500         0         0         0         66. 00           67. 00         000         000         0         0.855, 635         0         4, 865, 635         66. 00           68. 00         06000         DECED, PATHOLOGY         319, 727         0         319, 727         0         319, 727         0         319, 727         0         319, 727         0         319, 727         0         319, 727         0         311, 146         0         361, 146         0         361, 146         0         301, 146         0         301, 146         0         301, 146         0         301, 146         0         0         1, 125, 453         70, 01         1, 125, 453         70, 01         1, 125, 453         70, 01         1, 125, 453         70, 01         1, 125, 453         70, 01         1, 125, 453         70, 00         72, 00         72, 70         73, 00         74, 00         16, 280, 961         16, 280, 961         70, 60         70, 00         16, 280, 961         70, 60         70, 70         70, 700, 70, 70, 70, 70, 70, 70, 70, 70,		-		(	0		
66.00         Decode         PHYSICAL         THERAPY         4, 865, 635         0         4, 865, 635         66.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0				
68. 00         06800         SPECCH PATHOLOGY         319, 727         0         319, 727         0         319, 727         68. 00           69. 00         0900         ELECTROCANCEPHALOGRAPHY         361, 146         361, 146         0         370, 2260         69. 00           70. 00         01000         ELECTROCANCEPHALOGRAPHY         361, 146         361, 146         0         1, 125, 453         0         1, 125, 453         0         1, 125, 453         0         1, 125, 453         0         1, 125, 453         0         1, 125, 453         0         12, 548, 822         71, 00           73. 00         07200         DRUS CHARGED TO PATI TENTS         29, 417, 553         29, 417, 553         0         29, 417, 553         73, 00         74, 00         0         0         0         0         0         74, 00         76, 00         0         0         0         0         0         76, 00         76, 00         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							
69:00       06900       ELECTROCARDI OLOGY       3, 702, 260       0       3, 702, 260       0       3, 702, 260       69:00         70:00       07000       ELECTROCARDI OLOGY       3, 712, 543       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       1, 125, 453       0       12, 548, 822       1, 2548, 822       1, 2548, 822       1, 2548, 822       1, 2548, 822       1, 2548, 822       1, 2548, 822       1, 2548, 822       1, 254, 853       0       0       0       0       1, 25, 453       0       1, 25, 453       0       1, 25, 453       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <			0			-	
70:00       07000       ELECTROENCEPHALOGRAPHY       361, 146       361, 146       0       361, 146       70.00         70:01       07001       SUBORER       1, 125, 453       0       1, 125, 453       0       12, 548, 822       12, 548, 822       12, 548, 822       11, 25, 453       0       17.00         71:00       07100       MEDI CAL, SUPPLIES, CHARGED TO PATI ENTS       29, 417, 553       0, 29, 417, 553       0, 29, 417, 553       0, 29, 417, 553       0, 0       0       0       73.00       0       0, 0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td></t<>			0				
70.01       07001       SLEEP DI SORDER       1,125,453       1,125,453       0,1,125,453       70.01         71.00       07100 MED (CAL SUPPLIES CHARGED TO PATI ENTS       12,548,822       0,12,548,822       12,548,822       0,12,548,827       71.00         73.00       07300 MPL DEV, CHARGED TO PATI ENTS       29,417,553       29,417,553       0       16,280,961       16,280,961       72.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       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 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
12.00         07200         IMPL         DEV.         CHARGED TO PATIENTS         16, 280, 961         16, 280, 961         20, 01         16, 280, 961         72.00           73.00         07400         REKACED TO PATIENTS         29, 417, 553         0         29, 417, 553         73.00           74.00         07400         RENAL DI ALYSIS         0         0         0         74.00           75.00         75.00         75.00         70         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97         076, 97							
73.00         ORIGS CHARGED TO PATIENTS         29, 417, 553         29, 417, 553         0         29, 417, 553         73.00           74.00         07400 RENAL DI ALYSI S         0         0         0         0         74.00           75.00         07500 ASC. (NON-DI STI NCT PART)         0         0         0         75.00         0         76.00         0         0         75.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         76.00         632,526         632,526         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         76.97         77.925.857         71.925.857         91.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00         99.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
74.00       OT400       RENAL DI ALYSIS       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       75.00       76.00       76.00       0       0       0       75.00       76.00       76.00       0       0       75.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       70.025.857       77.025.857       77.025.857       91.00       79.00       90.00       94.00       90.00       90.00       94.00       90.00       94.00       96.00       90.00       97.00       97.00       97.00       97.00       97.00       96.00       90.00       96.00							
76.00         03950         NUTRI TI ON/DI ABETES         0         0         0         76.00           76.97         OZADI AC REHABI LI TATI ON         632,526         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         632,526         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
76. 97       07697 [CARDI AC REHABI LI TATI ON       632, 526       0       632, 526       0       632, 526       76. 97         0UTPATI ENT SERVI CE COST CENTERS       0       0       0       0       88.00         80.00       088000 RURAL HEALTH CLINIC       0       0       0       89.00         90.00       90000 CLINIC       1,340,990       0       1,340,990       0       1,340,990       90.00         91.00       09100 EMERGENCY       7,025,857       7,025,857       0       7,025,857       91.00         92.00       09200 (DISTRVATION BEDS (NON-DISTINCT       7,665,482       7,665,482       7,665,482       7,665,482       7,665,482       7,665,482       7,665,482       7,665,482       7,665,482       7,025,857       91.00       95.00       95.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.							
OUTPATI ENT SERVICE COST CENTERS         0         0         0         0         88.00           88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.00           90.00         08900         FEDERALY QUALI FIED HEALTH CENTER         0         0         0         0         88.00           90.00         09000         CLINIC         1,340,990         1,340,990         1,340,990         90.00         91.00         91.00         9200         00200/0587         0         7,025,857         0         7,025,857         0         7,025,857         0         7,025,857         0         7,025,857         0         7,025,857         0         7,065,482         2.00           OTHER REIMBURSABLE COST CENTERS         0         0         0         0         0         0         0         0         94.00         95.00         96.00         0         0         0         0         0         0         94.00         95.00         96.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							
88.00         08800         RURAL HEALTH CLINIC         0         0         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         88.00           90.00         09000         CLINIC         1,340,990         1,340,990         0,1340,990         0,000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		032, 520		032, 520	<u> </u>	032, 520	/0.9/
90.00         09000         CLINIC         1,340,990         1,340,990         0         1,340,990         90.00           91.00         OP000         EMERGENCY         7,025,857         0         7,025,857         91.00           92.00         O9200         DBSERVATION         BEDS (NON-DISTINCT         7,665,482         7,665,482         7,665,482         92.00           OTHER         REIMBURSABLE         COST CENTERS         0         0         0         94.00         95.00         09500         MBULANCE         SERVICES         0         0         0         94.00         95.00         9500         00         0         0         95.00         09500         MBULANCE SERVICES         0         0         0         0         95.00         96.00         96.00         96.00         96.00         96.00         97.00         9900         CMHC         0         0         0         0         97.00         9900         CMHC         0         0         0         0         97.00         99.10         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	88.00 08800 RURAL HEALTH CLINIC						
91.00       09100       EMERGENCY       7, 025, 857       7, 025, 857       7, 025, 857       7, 025, 857       7, 665, 482       7, 665, 482       7, 665, 482       7, 665, 482       7, 665, 482       92.00         0THER       REI MBURSABLE       COST       CENTERS       0       0       0       0       94.00       0       0       0       94.00       95.00       9500       AMBULANCE       SERVI CES       0       0       0       0       95.00       95.00       95.00       0       0       0       0       95.00       95.00       95.00       0       0       0       0       95.00       95.00       95.00       0       0       0       0       0       95.00       0       95.00       0       0       0       0       95.00       95.00       95.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER					-	
92.00         09200         0BERVATI ON BEDS (NON-DI STI NCT         7, 665, 482         7, 665, 482         7, 665, 482         92.00           0THER REIMBURSABLE COST CENTERS         0         0         0         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         95.00         0         0         0         95.00         94.00         95.00         94.00         95.00         96.00         96.00         96.00         96.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97							
94.00       09400       HOME PROGRAM DI ALYSI S       0       0       0       0       94.00         95.00       09500       AMBULANCE SERVI CES       0       0       0       0       95.00         96.00       09600       DURABLE MEDI CAL EQUI P-RENTED       0       0       0       0       96.00         97.00       09700       DURABLE MEDI CAL EQUI P-SOLD       0       0       0       97.00         97.00       09700       DURABLE MEDI CAL EQUI P-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       IAR SERVI CES-NOT APPRVD PRGM       0       0       0       0       100.00         101.00       ID100       HOME HEALTH AGENCY       3, 723, 318       3, 723, 318       101.00       100.00       100.00       100.00       100.00         105.00       10500       KI DNEY ACQUI SI TI ON       0       0       0       105.00       105.00       105.00       0       105.00       106.00       106.00       107.00       0       107.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
95.00       09500       AMBULANCE SERVICES       0       0       0       95.00         96.00       09600       DURABLE MEDI CAL EQUIP-RENTED       0       0       0       96.00         97.00       09700       DURABLE MEDI CAL 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       HOME HEALTH AGENCY       3,723,318       3,723,318       3,723,318       10.00         SPECIAL PURPOSE COST CENTERS         105.00       10500 KI DNEY ACQUI SI TI ON       0       0       0       105.00         106.00       10600 HEART ACQUI SI TI ON       0       0       0       107.00       0       0       107.00       0       0       108.00       108.00       0       0       108.00       0       0       108.00       0       0       108.00       0       0       108.00       0       0       110.00       110.00       110.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
96. 00         09600         DURABLE MEDI CAL EQUI P-RENTED         0         0         0         96. 00         97. 00         09700         DURABLE MEDI CAL EQUI P-SOLD         0         0         0         0         0         97. 00         97. 00         99. 00         0         0         0         0         0         97. 00         99. 00         99. 10         09910         CORF         0         0         0         99. 10         99. 10         09910         CORF         0         0         0         0         99. 10         100. 00         18. SERVI CES-NOT APPRVD PRGM         0         0         0         100. 00         101. 00         10100         HOME HEALTH AGENCY         3, 723, 318         3, 723, 318         101. 00         100. 00         105. 00         100. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105. 00         105.							
99.00       09900       CMHC       0       0       0       99.00         99.10       09910       CORF       0       0       0       99.10         100.00       1&R SERVICES-NOT APPRVD PRGM       0       0       0       0       0         101.00       10100       HOME HEALTH AGENCY       3,723,318       3,723,318       3,723,318       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		0			0 0	-	
99.10       09910       CORF       0       0       99.10         100.00       1& SERVICES-NOT APPRVD PRGM       0       0       0       100.00         101.00       10100       HOME HEALTH AGENCY       3,723,318       3,723,318       3,723,318       101.00         SPECIAL PURPOSE COST CENTERS         105.00       10500 KI DNEY ACQUI SI TI ON       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 ACQUI SI TI ON       0       0       0       107.00         108.00       10800 LUNG ACQUI SI TI ON       0       0       0       108.00         109.00       10800 LUNG ACQUI SI TI ON       0       0       0       109.00         109.00       10800 LUNG ACQUI SI TI ON       0       0       0       109.00         109.00       10900 PANCREAS ACQUI SI TI ON       0       0       0       109.00         109.00       11000 INTESTI NAL ACQUI SI TI ON       0       0       0       110.00         111.00       11400 INTEREST EXPENSE <td>97.00 09700 DURABLE MEDICAL EQUIP-SOLD</td> <td>0</td> <td></td> <td>0</td> <td>0 0</td> <td></td> <td></td>	97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0 0		
100.00         10000         I&R SERVICES-NOT APPRVD PRGM         0         0         0         100.00           101.00         10100         HOME HEALTH AGENCY         3,723,318         3,723,318         3,723,318         101.00           SPECIAL PURPOSE COST CENTERS           105.00         10500 KI DNEY ACQUISITION         0         0         105.00           106.00         HART ACQUISITION         0         0         0         106.00           107.00         10700         LIVER ACQUISITION         0         0         0         106.00           108.00         10800         LUNG ACQUISITION         0         0         0         107.00           108.00         10800         LUNG ACQUISITION         0         0         0         108.00           109.00         PANCREAS ACQUISITION         0         0         0         109.00           109.00         PANCREAS ACQUISITION         0         0         0         109.00           109.00         INTERSTINAL ACQUISITION         0         0         0         109.00           111.00         INTERTINAL ACQUISITION         0         0         0         111.00           111.00         INTERES		0		0	0	-	
101.00         10100         HOME         HEALTH         AGENCY         3, 723, 318         3, 723, 318         101.00           SPECIAL         PURPOSE         COST         CENTERS         0         0         0         105.00         10500         KI DNEY         ACQUI SI TI ON         0         0         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         105.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         10         0 <td< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>		-					
105.00       10500       KI DNEY ACQUI SI TI ON       0       0       105.00         106.00       10600       HEART ACQUI SI TI ON       0       0       0       106.00         107.00       LI VER ACQUI SI TI ON       0       0       0       0       106.00         107.00       LI VER ACQUI SI TI ON       0       0       0       0       107.00         108.00       LUNG ACQUI SI TI ON       0       0       0       0       108.00         109.00       PANCREAS ACQUI SI TI ON       0       0       0       109.00       109.00         109.00       INTESTI NAL ACQUI SI TI ON       0       0       0       109.00       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       0       101.00         111.00       ISLET ACQUI SI TI ON       0       0       0       0       111.00         113.00       INTEREST EXPENSE       113.00       INTEREST EXPENSE       113.00       114.00       114.00       0       0       0       0       115.00         115.00       INGO INCON SURGI CAL CENTER (D. P. )       0       0       0       0       115.00							
106.00       10600       HEART ACQUI SI TI ON       0       0       106.00         107.00       10700       LI VER ACQUI SI TI ON       0       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       0       108.00         108.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       109.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       110.00       110.00         111.00       ISLET ACQUI SI TI ON       0       0       0       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       114.00       114.00       114.00       0       0       0       115.00       0       0       115.00       0       0       115.00       0       0       115.00					<u>.</u>		4.05 .00
107.00       LI VER ACQUI SI TI ON       0       0       107.00         108.00       10800       LUNG ACQUI SI TI ON       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       109.00         100.00       INTESTI NAL ACQUI SI TI ON       0       0       0       109.00       109.00         110.00       INTESTI NAL ACQUI SI TI ON       0       0       0       110.00       100.00         111.00       ISLET ACQUI SI TI ON       0       0       0       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00       111.00							
108.00       10800       LUNG ACQUI SI TI ON       0       0       108.00         109.00       10900       PANCREAS ACQUI SI TI ON       0       0       0       109.00         110.00       11000       INTESTI NAL ACQUI SI TI ON       0       0       0       110.00         111.00       11100       ISLET ACQUI SI TI ON       0       0       0       111.00         113.00       11300       INTEREST EXPENSE       113.00       113.00       114.00       114.00       114.00       115.00       0       0       0       115.00		0					
110.00       INTESTINAL ACQUISITION       0       0       110.00         111.00       ISLET ACQUISITION       0       0       0       111.00         113.00       INTEREST EXPENSE       113.00       113.00       114.00       114.00       114.00       115.00       115.00       0       0       0       115.00	108.00 10800 LUNG ACQUISITION	0				0	108.00
111.00       1 SLET ACQUI SI TI ON       0       0       111.00         113.00       1 SLET ACQUI SI TI ON       0       113.00       113.00         114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P.)       0       0       0		0		0			
113.00       11300       INTEREST EXPENSE       113.00         114.00       11400       UTI LI ZATI ON REVIEW-SNF       114.00         115.00       11500       AMBULATORY SURGI CAL CENTER (D. P.)       0       0       0		0					
114.00         11400         UTILIZATION REVIEW-SNF         114.00           115.00         11500         AMBULATORY SURGICAL CENTER (D. P.)         0         0         115.00		0				0	
	114.00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
		0		(	וע	0	115.00

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Pre 2/28/2017 11:	pared: 45 am
		Titl	e XIX	Hospi tal	Cost	
				Costs		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
116.00 11600 HOSPI CE	0		100 100 15			116.00
200.00Subtotal (see instructions)201.00Less Observation Beds202.00Total (see instructions)	189, 482, 451 7, 665, 482 181, 816, 969		189, 482, 45 7, 665, 48 181, 816, 96	2	189, 488, 755 7, 665, 482 181, 823, 273	201.00

<sup>2/28/2017 11:45</sup> am

Health Financial Systems	FLOYD MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016		epared: 45 am
			e XIX	Hospi tal	Cost	
Cost Center Description	Inpati ent	Charges Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS			L		1	
30. 00 03000 ADULTS & PEDIATRICS	40, 166, 885		40, 166, 88			30.00
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	6, 503, 906		6, 503, 90	06		31.00
32. 00   03200   CORONARY CARE UNI T 33. 00   03300   BURN   NTENSI VE CARE UNI T	0			0		32.00 33.00
34. 00 03400 SURGI CAL I NTENSI VE CARE UNI T	0			0		34.00
40. 00 04000 SUBPROVI DER - I PF	0			0		40.00
41.00 04100 SUBPROVIDER - IRF	0			0		41.00
42. 00 04200 SUBPROVI DER	0			0		42.00
43. 00 04300 NURSERY	2, 209, 412		2, 209, 41	2		43.00
44. 00 04400 SKILLED NURSING FACILITY	0			0		44.00
45. 00 04500 NURSING FACILITY 46. 00 04600 OTHER LONG TERM CARE	0			0		45.00
ANCI LLARY SERVICE COST CENTERS	0			0		40.00
50. 00 05000 OPERATING ROOM	53, 069, 368	54, 853, 330	107, 922, 69	0. 129367	0.00000	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0.000000		
52.00 05200 DELIVERY ROOM & LABOR ROOM	4, 016, 406	759, 177	4, 775, 58	0. 626524	0.000000	52.00
53. 00 05300 ANESTHESI OLOGY	0	C	)	0 0.000000		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	11, 856, 348	46, 922, 043	58, 778, 39			
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0			0 0. 000000 0 0. 000000		
57. 00 05700 CT SCAN	12, 305, 535	23, 988, 646	36, 294, 18		0.000000	
58. 00 05800 MRI	5, 728, 530	16, 288, 974				
59. 00 05900 CARDI AC CATHETERI ZATI ON	37, 407, 802	42, 830, 695				
60. 00 06000 LABORATORY	38, 871, 573	49, 699, 143			0. 000000	60.00
60.01 06001 BLOOD LABORATORY	0	C		0 0.000000	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	C		0 0. 000000		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	C	0	0 0.000000		
63. 00 06300 BLOOD STORING PROCESSING & TRA 64. 00 06400 INTRAVENOUS THERAPY	20,445	2 4 1 7 4 7	1 2 472 21	0 0.000000	0.000000	
64. 00  06400   I NTRAVENOUS THERAPY 65. 00  06500   RESPI RATORY THERAPY	30, 445 15, 534, 919	3, 642, 767 2, 446, 124				
66. 00 06600 PHYSI CAL THERAPY	4, 483, 705	17, 520, 129				
67. 00 06700 OCCUPATI ONAL THERAPY	0	C	)	0 0.000000		
68.00 06800 SPEECH PATHOLOGY	745, 660	255, 814	1, 001, 47			
69. 00 06900 ELECTROCARDI OLOGY	14, 629, 140	31, 113, 726				
70. 00 07000 ELECTROENCEPHALOGRAPHY	126, 180	544, 924				
70. 01 07001 SLEEP DI SORDER 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	99, 889	7, 900, 542	1			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11, 919, 441 10, 322, 354	8, 998, 000 5, 711, 114			0.000000	
73. 00 07300 DRUGS CHARGED TO PATIENTS	45, 850, 242	86, 012, 481				
74. 00 07400 RENAL DI ALYSI S	0,000,212	00,012,101 C	)	0 0.000000		
75.00 07500 ASC (NON-DISTINCT PART)	0	C		0 0.000000		
76.00 03950 NUTRI TI ON/DI ABETES	0	C		0 0.000000		
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 666	1, 440, 399	1, 442, 06	0. 438625	0.00000	76.97
		0	1	0 0.00000	0,00000	88.00
88.00 08800 RURAL HEALTH CLINIC 89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	C C		0 0. 000000 0 0. 000000		
90. 00 09000 CLINIC	622, 945	4, 415, 728				
91.00 09100 EMERGENCY	11, 444, 990	31, 713, 519				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	1, 632, 511	7, 379, 128	9, 011, 63	0. 850620	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				-		
94. 00 09400 HOME PROGRAM DI ALYSI S	0	C		0 0.00000		
95. 00 09500 AMBULANCE SERVICES	0	C		0 0.000000		
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 97. 00 09700 DURABLE MEDI CAL EQUI P-SOLD	0	C		0 0. 000000 0 0. 000000		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD 99.00 09900 CMHC	0		Ó	0.000000		99.00
99. 10 09910 CORF	0	C		0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	C		0		100.00
101.00 10100 HOME HEALTH AGENCY	0	4, 328, 702	4, 328, 70	)2		101.00
SPECIAL PURPOSE COST CENTERS						
105. 00 10500 KI DNEY ACQUI SI TI ON	0	C		0		105.00
106. 00 10600 HEART ACQUI SI TI ON	0	C		0		106.00
107.00 10700 LIVER ACQUISITION	0	C		0		107.00 108.00
108. 00 10800 LUNG ACQUI SI TI ON 109. 00 10900 PANCREAS ACQUI SI TI ON	0		Ś	0		108.00
110. 00 11000 I NTESTI NAL ACQUI SI TI ON	0		Ó	0		1109.00
111. 00 11100 I SLET ACQUI SI TI ON	0		þ	0		111.00
113. 00 11300 I 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.)	1	C		0		115.00
116. 00 11600 HOSPI CE	0	C		0		116.00

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-2552-10

COMPUTATI OI	N OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Pre 2/28/2017 11:	
			Ti tl	e XIX	Hospi tal	Cost	
			Charges				
	Cost Center Description	I npati ent	Outpati ent	Total (col. d	6 Cost or Other	TEFRA	
				+ col. 7)	Ratio	I npati ent	
						Rati o	
		6.00	7.00	8.00	9.00	10.00	
200.00	Subtotal (see instructions)	329, 579, 852	448, 765, 105	778, 344, 95	7		200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	329, 579, 852	448, 765, 105	778, 344, 95	7		202.00

		FLOYD MEMORIAL HOSPI	TAL & HEALTH SVS	In Lieu	of Form CMS	-2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet C Part I Date/Time Pr 2/28/2017 11	epared: :45 am
			Title XIX	Hospi tal	Cost	
	Cost Center Description	PPS Inpatient				
		Ratio 11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00				
30.00	03000 ADULTS & PEDIATRICS					30.00
31.00	03100 INTENSIVE CARE UNIT					31.00
32.00	03200 CORONARY CARE UNIT					32.00
33.00	03300 BURN INTENSIVE CARE UNIT					33.00
34.00 40.00	03400 SURGI CAL I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF					34.00
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	04500 NURSING FACILITY					45.00
46.00	04600 OTHER LONG TERM CARE ANCI LLARY SERVICE COST CENTERS					46.00
50.00	05000 OPERATI NG ROOM	0. 000000				50.00
51.00	05100 RECOVERY ROOM	0. 000000				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000				52.00
53.00	05300 ANESTHESI OLOGY	0. 000000				53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000				54.00
55.00 56.00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0. 000000				55.00 56.00
56.00	05700 CT SCAN	0. 000000 0. 000000				56.00
58.00	05800 MRI	0. 000000				58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000				59.00
60.00	06000 LABORATORY	0. 000000				60.00
60. 01	06001 BLOOD LABORATORY	0. 000000				60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM	0. 000000				61.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0. 000000				62.00
64.00	06300 BLOOD STORI NG PROCESSI NG & TRA 06400 I NTRAVENOUS THERAPY	0. 000000 0. 000000				63.00 64.00
65.00	06500 RESPI RATORY THERAPY	0. 000000				65.00
66.00	06600 PHYSI CAL THERAPY	0. 000000				66.00
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000				67.00
68.00	06800 SPEECH PATHOLOGY	0. 000000				68.00
69.00		0. 000000				69.00
70.00 70.01	07000 ELECTROENCEPHALOGRAPHY 07001 SLEEP DI SORDER	0. 000000 0. 000000				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0. 000000				71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 000000				73.00
74.00	07400 RENAL DIALYSIS	0. 000000				74.00
75.00	07500 ASC (NON-DI STI NCT PART)	0. 000000				75.00
76.00	03950 NUTRI TI ON/DI ABETES 07697 CARDI AC REHABI LI TATI ON	0. 000000 0. 000000				76.00
70. 77	OUTPATIENT SERVICE COST CENTERS	0.00000				/0. //
88.00	08800 RURAL HEALTH CLINIC	0. 000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				89.00
90.00	09000 CLINIC	0. 000000				90.00
91.00	09100 EMERGENCY	0. 000000				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.00000				92.00
94.00	09400 HOME PROGRAM DIALYSIS	0. 000000				94.00
95.00		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						99.00
	09910 CORF 10000 I&R SERVICES-NOT APPRVD PRGM					99.10 100.00
	10000 TAR SERVICES-NOT APPROD PRGM					100.00
101.00	SPECIAL PURPOSE COST CENTERS					
105.00	10500 KI DNEY ACQUI SI TI ON					105.00
	10600 HEART ACQUI SI TI ON					106.00
	10700 LIVER ACQUISITION					107.00
	10800 LUNG ACQUI SI TI ON					108.00
	10900 PANCREAS ACQUISITION 11000 INTESTINAL ACQUISITION					109.00
	11100 I SLET ACQUI SI TI ON					111.00
	11300 INTEREST EXPENSE					113.00
	11400 UTI LI ZATI ON REVI EW-SNF					114.00
	11500 AMBULATORY SURGICAL CENTER (D. P.)					115.00
	11600 HOSPI CE					116.00
200.00						200.00
201.00	Less Observation Beds					201.00

2/28/2017 11:45 am

Health Financial Systems	FLOYD MEMORIAL HOSPIT	AL & HEALTH SVS	In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044	Period: From 01/01/2016	Worksheet C		
				Date/Time Pre 2/28/2017 11:		
		Title XIX	Hospi tal	Cost		
Cost Center Description	PPS Inpatient					
	Ratio					
	11.00					
202.00 Total (see instructions)					202.00	

Health Financial Systems FLO	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	_ COSTS	Provider C		Period: From 01/01/2016 To 09/30/2016		pared:
		Title	XVIII	Hospi tal	PPS	10 411
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.	2	Related Cost		col. 4)	
	B, Part II,		(col. 1 -		· · ·	
	col. 26)		col. 2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS			•			
30.00 ADULTS & PEDIATRICS	3, 948, 493	0	3, 948, 49	45, 684	86.43	30.00
31.00 INTENSIVE CARE UNIT	299, 663		299, 66	3, 783	79. 21	31.00
32.00 CORONARY CARE UNIT	0			0 0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0			0 0	0.00	34.00
40. 00 SUBPROVI DER – I PF	0	0		0 0	0.00	40.00
41. 00 SUBPROVI DER – I RF	0	0		0 0	0.00	41.00
42. 00 SUBPROVI DER	0	0		0 0	0.00	42.00
43.00 NURSERY	86, 104		86, 10	2, 191	39.30	43.00
44.00 SKILLED NURSING FACILITY	0			0 0	0.00	44.00
45.00 NURSING FACILITY	0			0 0	0.00	45.00
200.00 Total (lines 30-199)	4, 334, 260		4, 334, 26	0 51, 658		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col. 6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18, 902					30.00
31.00 INTENSIVE CARE UNIT	1, 930	152, 875				31.00
32.00 CORONARY CARE UNIT	0	0				32.00
33.00 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 SURGI CAL I NTENSI VE CARE UNI T	0	0				34.00
40. 00 SUBPROVIDER - IPF	0	0				40.00
41.00 SUBPROVIDER – IRF	0	0				41.00
42. 00 SUBPROVI DER	0	0				42.00
43.00 NURSERY	0	0				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
45.00 NURSING FACILITY	0	0				45.00
200.00 Total (lines 30-199)	20, 832	1, 786, 575				200.00

Health Financial Systems FLOY	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provi der C	CN: 15-0044	Period: From 01/01/2016	Worksheet D Part II	
				To 09/30/2016		pared:
		Title	XVIII	Hospi tal	PPS	45 аш
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	Č, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)	5		
	col. 26)		· · ·			
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	-		•			
50.00 05000 OPERATING ROOM	1, 397, 438	107, 922, 698	0. 01294	9 25, 859, 264	334, 852	50.00
51.00 05100 RECOVERY ROOM	0	0	0. 00000	0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	469, 387	4, 775, 583	0. 09828	9 95, 599	9, 396	52.00
53.00 05300 ANESTHESI OLOGY	0	0	0.00000	0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	1,094,898	58, 778, 391	0. 01862	8 5, 518, 075	102, 791	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0. 00000			
56. 00 05600 RADI OI SOTOPE	0	0	0.00000		0	56.00
57. 00 05700 CT SCAN	205, 446	36, 294, 181	0.00566		36, 075	•
58. 00 05800 MRI	155, 703	22, 017, 504				
59. 00 05900 CARDI AC CATHETERI ZATI ON	538, 690	80, 238, 497				
60. 00 06000 LABORATORY	522, 389	88, 570, 716				•
60. 01 06001 BLOOD LABORATORY	0	00, 370, 710				
61. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0	0.00000	0		61.00
		0	0,00000	0 0		•
	0	-			0	
63. 00 06300 BLOOD STORING PROCESSING & TRA	0	0			0	
64. 00 06400 I NTRAVENOUS THERAPY	10, 568	3, 673, 212				
65. 00 06500 RESPIRATORY THERAPY	131,008	17, 981, 043				
66. 00 06600 PHYSI CAL THERAPY	97, 598	22,003,834				
67. 00 06700 OCCUPATI ONAL THERAPY	0	0			-	
68.00 06800 SPEECH PATHOLOGY	13, 733	1,001,474				
69. 00 06900 ELECTROCARDI OLOGY	266, 279	45, 742, 866				
70. 00 07000 ELECTROENCEPHALOGRAPHY	109, 790	671, 104				•
70. 01 07001 SLEEP DI SORDER	90, 818	8,000,431	0. 01135			•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	305, 915	20, 917, 441	0. 01462			•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	396, 906	16, 033, 468			129, 068	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	529, 918	131, 862, 723			91, 527	
74.00 07400 RENAL DI ALYSI S	0	0	0.00000	0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.00000	0 0	0	75.00
76.00 03950 NUTRI TI ON/DI ABETES	0	0	0.00000	0 0	0	76.00
76. 97 07697 CARDI AC REHABILI TATI ON	77, 018	1, 442, 065	0.05340	8 1, 666	89	76.97
OUTPATIENT SERVICE COST CENTERS						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	
90. 00 09000 CLINIC	107, 789	5,038,673				•
91.00 09100 EMERGENCY	633, 663	43, 158, 509				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT	735, 695	9,011,639				
OTHER REI MBURSABLE COST CENTERS		., , , ,				1
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0	0.00000	0 0	0	94.00
				U U	1	
95 00 09500 AMBULANCE SERVICES					l .	1 95 ()()
95.00 09500 AMBULANCE SERVICES 96.00 09600 DURABLE MEDICAL FOULD-RENTED		Δ	0 00000	0 0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0			-	96.00
		0	0. 00000		0	96.00 97.00

Heal th	Fi nanci	al	Systems
ADDODT		05	

## FLOYD MEMORIAL HOSPITAL & HEALTH SVS

Health Financial Systems FLOYE	D MEMORIAL HOSP	TAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	TS Provider CC	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	l l					
30.00       ADULTS & PEDIATRICS         31.00       03100       INTENSIVE CARE UNIT         32.00       03200       CORONARY CARE UNIT         33.00       03300       BURN INTENSIVE CARE UNIT         33.00       03300       BURN INTENSIVE CARE UNIT         34.00       03400       SURGICAL INTENSIVE CARE UNIT         40.00       SUBPROVIDER - IPF         41.00       SUBPROVIDER - IFF         42.00       O4200       SUBPROVIDER         43.00       O4300       NURSERY         44.00       O4400       SKILLED NURSING FACILITY         45.00       O4500       NURSING FACILITY         200.00       Total (Lines 30-199)       Cost Center Description	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Inpatient Program Days	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
				x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00       03000       ADULTS & PEDIATRICS         31. 00       03100       INTENSIVE CARE UNIT         32. 00       03200       CORONARY CARE UNIT         33. 00       03300       BURN INTENSIVE CARE UNIT         34. 00       03400       SURGICAL INTENSIVE CARE UNIT         40. 00       04000       SUBPROVIDER - IPF         41. 00       04100       SUBPROVIDER - IRF         42. 00       04200       SUBPROVIDER         43. 00       04300       NURSERY         44. 00       04400       SKILLED NURSING FACILITY         45. 00       04500       NURSING FACILITY	45, 684 3, 783 0 0 0 0 0 0 2, 191 0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1, 9:			30.00 31.00 32.00 33.00 34.00 40.00 41.00 42.00 43.00 44.00 45.00
200.00 Total (Lines 30-199)	51, 658	5.00	20, 83	32 0		200.00

Health Financial Syste	ems FLO	YD MEMORIAL HOSPI	TAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
	FIENT/OUTPATIENT ANCILLARY S			CN: 15-0044	Period:	Worksheet D	
THROUGH COSTS					From 01/01/2016		
					To 09/30/2016	Date/Time Pre 2/28/2017 11:	
			Title	e XVIII	Hospi tal	PPS	<u>+5 ulli</u>
Cost Cent	er Description	Non Physi ci an	Nursing	Allied Healt		Total Cost	
		Anesthetist	School		Medi cal	(sum of col 1	
		Cost			Educati on	through col.	
					Cost	4)	
		1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI					-	-	
50.00 05000 OPERATI NG		0	C		0 0	0	
51.00 05100 RECOVERY		0	C		0 0	0	51.00
	ROOM & LABOR ROOM	0	C		0 0	0	52.00
53.00 05300 ANESTHESI 54.00 05400 RADI 0L0GY		0				0	53.00 54.00
54.00 05400 RADI OLOGY 55.00 05500 RADI OLOGY		0			0 0	0	54.00
56. 00 05600 RADI 0L0GT		0			0 0	0	56.00
57.00 05700 CT SCAN	JF E	0			0 0	0	57.00
58. 00 05800 MRI		0				0	58.00
59.00 05900 CARDI AC C	ATHETERI ZATI ON	0	0		0 0	0	59.00
60.00 06000 LABORATOR		0	C		0 0	0	60.00
60. 01 06001 BLOOD LAB		0	C		0 0	0	60.01
	CAL LAB SERVICES-PRGM				-	-	61.00
	OD & PACKED RED BLOOD	0	C		0 0	0	62.00
63.00 06300 BLOOD STO	RING PROCESSING & TRA	0	C		0 0	0	63.00
64.00 06400 I NTRAVENO	JS THERAPY	0	C		0 0	0	64.00
65. 00 06500 RESPI RATO	RY THERAPY	0	C	)	0 0	0	65.00
66. 00 06600 PHYSI CAL		0	C		0 0	0	66.00
67.00 06700 0CCUPATI 0		0	C		0 0	0	67.00
68.00 06800 SPEECH PA		0	C	)	0 0	0	68.00
69.00 06900 ELECTROCA		0	C	0	0 0	0	69.00
70.00 07000 ELECTROEN		0	C	0	0 0	0	
70.01 07001 SLEEP DI S		0	C	0	0 0	0	
	JPPLIES CHARGED TO PAT	0	C		0 0	0	71.00
	CHARGED TO PATIENTS	0	C		0 0	0	72.00
73.00 07300 DRUGS CHA 74.00 07400 RENAL DIA	RGED TO PATIENTS	0	C	41, 03		41,030	1
75.00 07500 ASC (NON-I		0			0 0	0	
76.00 03950 NUTRI TI ON		0	0		0 0	0	76.00
76. 97 07697 CARDI AC R		0	0		0 0	0	
	I CE COST CENTERS	0	C	/	0 0	0	/0. //
88.00 08800 RURAL HEA		0	C		0 0	0	88.00
1 1	QUALIFIED HEALTH CENTER	0	C		0 0	0	89.00
90.00 09000 CLINIC		0	C		0 0	0	90.00
91.00 09100 EMERGENCY		0	C		0 0	0	91.00
92.00 09200 OBSERVATI	ON BEDS (NON-DISTINCT	0	C		0 0	0	92.00
OTHER REI MBURSA	BLE COST CENTERS				÷	•	
94.00 09400 HOME PROG		0	C	)	0 0	0	
95.00 09500 AMBULANCE							95.00
1 1	EDICAL EQUIP-RENTED	0	C	D	0 0	0	
1 1	EDI CAL EQUI P-SOLD	0	C		0 0	0	
200.00   Total (li	nes 50-199)	0	C	41,03	30 0	41,030	200.00

	YD MEMORIAL HOSF			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S THROUGH COSTS	ERVICE OTHER PAS	SS Provider C	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016		epared: 45 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total Charges			I npati ent	
	Outpati ent	(from Wkst.	to Charges	Ratio of Cost	Program	
	Cost (sum of	C, Part I,	(col. 5 ÷	to Charges	Charges	
	col. 2, 3 and	col. 8)	col. 7)	(col. 6 ÷		
	4)	7.00		col . 7)	10.00	
	6.00	7.00	8.00	9.00	10.00	
ANCI LLARY SERVICE COST CENTERS	0	107 000 (00	0.00000	0 000000		50.00
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	0		0.00000		25, 859, 264	50.00
	0		0.00000		0	
52.00 O5200 DELIVERY ROOM & LABOR ROOM	0		0.00000		95, 599	
53. 00 05300 ANESTHESI OLOGY	0		0.00000		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0		0.00000		5, 518, 075	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	-	0.00000		0	
56. 00 05600 RADI OI SOTOPE	0		0.00000		0	
57. 00 05700 CT SCAN	0		0.00000		6, 372, 487	57.00
58. 00 05800 MRI	0		0.00000		2, 790, 261	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		0.00000		18, 394, 996	
60. 00 06000 LABORATORY	0		0.00000		19, 761, 699	1
60. 01 06001 BLOOD LABORATORY	0	0	0.00000	0.00000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	-	0.0000		0	
63. 00 06300 BLOOD STORI NG PROCESSI NG & TRA	0		0.00000		0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0		0.00000		28, 540	
65. 00 06500 RESPI RATORY THERAPY	0		0.00000		8, 888, 405	
66. 00 06600 PHYSI CAL THERAPY	0		0.00000		2, 503, 057	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	-	0.00000		0	
68. 00 06800 SPEECH PATHOLOGY	0		0.00000		489, 674	
	0		0.00000		8, 092, 613	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0		0.00000		63, 722	
70. 01 07001 SLEEP DI SORDER	0		0.00000		47, 161	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT	0		0.00000		5, 261, 746	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0				5, 213, 797	
73. 00 07300 DRUGS CHARGED TO PATIENTS	41,030		0.00031		22, 773, 652	
74.00 07400 RENAL DIALYSIS 75.00 07500 ASC (NON-DISTINCT PART)	0		0.00000		0	74.00
75. 00 07500 ASC (NON-DI STI NCT PART) 76. 00 03950 NUTRI TI ON/DI ABETES	0		0.00000		0	
76. 97 07697 CARDIAC REHABILITATION			0.00000			
OUTPATIENT SERVICE COST CENTERS	0	1, 442, 065	0.0000	0.00000	1, 666	/0.9/
88.00 08800 RURAL HEALTH CLINIC	0	0	0.00000	0.00000	0	88.00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER			0.00000		0	
90. 00 09000 CLINIC					422, 927	
90. 00 109000 CLINIC 91. 00 109100 EMERGENCY	0		0.00000			
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT			0.00000		6, 061, 738 957, 563	
0142.00 09200 0BSERVATION BEDS (NON-DISTINCT	0	9,011,039	0.0000	0.00000	907, 503	92.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0	0.00000	0.00000	0	94.00
95. 00 09500 AMBULANCE SERVICES		1 0	0.00000	0.00000	0	94.00
95. 00 09500 AMBULANCE SERVICES 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.00000	0. 000000	0	
97. 00 09700 DURABLE MEDICAL EQUIP-RENTED 97. 00 09700 DURABLE MEDICAL EQUIP-SOLD		-	0.00000		0	
200.00 Total (lines 50-199)	41, 030			0.00000	139, 598, 642	
200.00  101dl (111185 30-199)	41,030	120, 130, U52	I	ļ	137, 378, 042	1200.00

PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE ROUGH COSTS	ERVICE OTHER PAS	6 Provider C	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet D Part IV Date/Time Pr 2/28/2017 11	repare :45 z
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Inpatient	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						
. 00 05000 OPERATING ROOM	0	16, 415, 591		0		50.
. 00 05100 RECOVERY ROOM	0	0		0		51.
. 00 05200 DELIVERY ROOM & LABOR ROOM	0	1, 659		0		52.
. 00 05300 ANESTHESI OLOGY	0	0		0		53.
. 00 05400 RADI OLOGY-DI AGNOSTI C	0	15, 250, 181		0		54.
. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		55
. 00 05600 RADI OI SOTOPE	0	0		0		56
. 00 05700 CT SCAN	0	6,074,557		0		57
. 00 05800 MRI	0	4, 776, 296		0		58
. 00 05900 CARDI AC CATHETERI ZATI ON	0	18, 763, 946		0		59
. 00 06000 LABORATORY	0	8, 420, 338		0		60
01 06001 BLOOD LABORATORY	0	0, 420, 330		0		60
. 00 06100 PBP CLINICAL LAB SERVICES-PRGM	0	0		0		61
. 00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		0		62
. 00 06300 BLOOD STORING PROCESSING & TRA	0	0		0		
	Ű	1 404 2/5		0		63
	0	1, 404, 365		-		64
	0	855, 668		0		65
00 06600 PHYSI CAL THERAPY	0	72, 724		0		66
. 00 06700 OCCUPATI ONAL THERAPY	0	0		0		67
00 06800 SPEECH PATHOLOGY	0	10, 848	1	0		68
. 00 06900 ELECTROCARDI OLOGY	0	12, 637, 256	1	0		69
00 07000 ELECTROENCEPHALOGRAPHY	0	121, 549		0		70
01 07001 SLEEP DI SORDER	0	2, 627, 076		0		70
. 00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2, 933, 707		0		71
. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2, 503, 618		0		72
. 00 07300 DRUGS CHARGED TO PATIENTS	7, 083	34, 111, 722	10, 60	09		73
. 00 07400 RENAL DIALYSIS	0	0		0		74
. 00 07500 ASC (NON-DISTINCT PART)	0	0		0		75
. 00 03950 NUTRI TI ON/DI ABETES	0	0		0		76
. 97 07697 CARDI AC REHABI LI TATI ON	0	700, 556		0		76
OUTPATIENT SERVICE COST CENTERS						
00 08800 RURAL HEALTH CLINIC	0	0		0		88
. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0		89
. 00 09000 CLINIC	0	2, 190, 159		0		90
. 00 09100 EMERGENCY	0	6, 469, 300		0		91
. 00 09200 OBSERVATION BEDS (NON-DISTINCT	0	2,056,846		0		92
OTHER REIMBURSABLE COST CENTERS		,, 510		- I		
. 00 09400 HOME PROGRAM DI ALYSI S	0	0		0		94
. 00 09500 AMBULANCE SERVICES		0				95
. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	0	Ω		0		96
. 00 09700 DURABLE MEDICAL EQUIP-RENTED	0	0		0		90
. UU UUTADLE MEDICAL EQUIP-SULD	0	0	'I	U		1 9/

	ncial Systems FLOYE	) MEMORIAL HOSP ) VACCINE COST	Provider C	CN: 15-0044	Peri od:	u of Form CMS-2 Worksheet D	
					From 01/01/2016 To 09/30/2016		pared:
						2/28/2017 11:	45 am
			litle	XVIII	Hospi tal	PPS	
	Cast Canton Description	Coot to	PPS	Charges	Cast	Costs	
	Cost Center Description	Cost to Charge Ratio	Reimbursed	Cost	Cost	PPS Services	
		From	Services (see	Reimbursed Services	Reimbursed Services Not	(see inst.)	
		Worksheet C,	inst.)	Subject To	Subject To		
		Part I, col.	11131.)	Ded. & Coi ns.			
		9		(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCLI	LARY SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
	O OPERATING ROOM	0. 129367	16, 415, 591		0 0	2, 123, 636	50.0
	D RECOVERY ROOM	0. 000000		(	0 0	0	51.0
	D DELIVERY ROOM & LABOR ROOM	0. 626524	1, 659		0 0	1, 039	52.0
	D ANESTHESI OLOGY	0. 000000	0		0 0	0	53.0
	D RADI OLOGY-DI AGNOSTI C	0. 264678	15, 250, 181		0	4, 036, 387	54.0
	D RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	000,007	55.0
	O RADI OI SOTOPE	0. 000000	0		0 0	0	56.0
	D CT SCAN	0. 035027	6,074,557		0	212, 774	57.0
8.00 05800		0. 033027	4, 776, 296		0	164, 090	58.0
	D CARDI AC CATHETERI ZATI ON	0. 034355	18, 763, 946			877, 102	59.0
	LABORATORY	0. 130741	8, 420, 338			1, 100, 883	60.0
	1 BLOOD LABORATORY	0. 130741	0, 420, 330			1, 100, 883	60. C
	D PBP CLINICAL LAB SERVICES-PRGM	0. 000000	0		0	0	61. C
			0			0	62.0
	D WHOLE BLOOD & PACKED RED BLOOD	0. 000000	0		-	0	
	D BLOOD STORING PROCESSING & TRA	0. 000000	0			0	63.0
	DINTRAVENOUS THERAPY	0. 183327	1, 404, 365		-	257, 458	64.0
	D RESPI RATORY THERAPY	0. 160274	855, 668		0 0	137, 141	65.0
	D PHYSI CAL THERAPY	0. 221127	72, 724		0 0	16, 081	
	O OCCUPATI ONAL THERAPY	0. 000000	0		0 0	0	67.0
	D SPEECH PATHOLOGY	0. 319256	10, 848		0 0	3, 463	68.0
	D ELECTROCARDI OLOGY	0. 080936	12, 637, 256		0 0	1,022,809	69.0
	DELECTROENCEPHALOGRAPHY	0. 538137	121, 549		0 0	65, 410	70. C
	1 SLEEP DI SORDER	0. 140674	2, 627, 076		0 0	369, 561	70.0
	MEDICAL SUPPLIES CHARGED TO PAT	0. 599921	2, 933, 707		0 0	1, 759, 992	71.0
	DIMPL. DEV. CHARGED TO PATIENTS	1.015436	2, 503, 618		0 0	2, 542, 264	72.0
	DRUGS CHARGED TO PATIENTS	0. 223092	34, 111, 722		0 136, 759	7, 610, 052	73.0
	D RENAL DI ALYSI S	0. 000000	0		0 C	0	74.C
	DASC (NON-DISTINCT PART)	0. 000000			0 0	0	75.0
	D NUTRI TI ON/DI ABETES	0. 000000			0 0	0	76.0
	7 CARDIAC REHABILITATION	0. 438625	700, 556	(	0 0	307, 281	76.9
	ATIENT SERVICE COST CENTERS	ı		1			
	ORURAL HEALTH CLINIC	0. 000000				0	88.0
	D FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	89. C
		0. 266140	2, 190, 159		0 0	582, 889	90. C
	DEMERGENCY	0. 162792	6, 469, 300		0 C	1, 053, 150	91.C
	O OBSERVATION BEDS (NON-DISTINCT	0. 850620	2, 056, 846		0 0	1, 749, 594	92.0
	R REIMBURSABLE COST CENTERS			l.	1		
	DHOME PROGRAM DIALYSIS	0. 000000			C		94.C
	O AMBULANCE SERVICES	0. 000000			C		95.0
	DURABLE MEDICAL EQUIP-RENTED	0. 000000		(	0 0	0	96.0
	DURABLE MEDICAL EQUIP-SOLD	0. 000000			0 0	0	97.0
00.00	Subtotal (see instructions)		138, 397, 962	1, 21	6 136, 759	25, 993, 056	200. 0
01.00	Less PBP Clinic Lab. Services-Program			(	o c		201. C
	Only Charges						
02.00	Net Charges (line 200 +/- line 201)	1	138, 397, 962	1, 21	6 136, 759	25, 993, 056	hon r

Cost Center Description         Cost Set Oct Cost Cost Center Description         Preside Cost Cost Cost Cost Cost Cost Cost Cost	APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		O VACCINE COST	Provider CO	CN: 15-0044	Peri od: From 01/01/2016 To 09/30/2016	Worksheet D Part V Date/Time Pre 2/28/2017 11:	epared:
Cost Center Description         Cost Site           Notice Cost Center Description         Cost Center Cost Center Description           Machine Cost Center Description         Cost Center Description           Machine Cost Center Description         Subject To Subject				Title	XVIII	Hospi tal		
Cost Center Description         Cost Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Services Servic			Cos					
INCLULARY SERVICE COST CENTERS         50         00         05000 0PERATING ROOM         0         0           50         00         05000 0PERATING ROOM         0         0         51         00         51         00         51         00         52         00         52         00         52         00         52         00         52         00         52         00         52         00         52         00         53         00         53         00         53         00         53         00         55         00         56         00         56         00         56         00         56         00         56         00         56         00         57         00         57         00         58         00         58         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59         00         59 </td <td></td> <td>Cost Center Description</td> <td>Reimbursed Services Subject To Ded. &amp; Coins.</td> <td>Reimbursed Services Not Subject To Ded. &amp; Coins.</td> <td></td> <td></td> <td></td> <td></td>		Cost Center Description	Reimbursed Services Subject To Ded. & Coins.	Reimbursed Services Not Subject To Ded. & Coins.				
90.00         050000 (DPERATINC ROOM         0         0         50.00           51.00         05100 (DECOVERY ROOM         0         0         51.00           52.00         05200 (DELUPERY ROOM         0         0         52.00           53.00         05300 (ARSTHES) LOGOY         0         0         53.00           55.00         05500 (ARSTHES) LOGOY         0         0         55.00           55.00         05600 (ARD) LOGY-THERAPEUTI C         0         0         55.00           56.00         05600 (ARD) LOGY-THERAPEUTI C         0         0         55.00           57.00         05700 (CT SCAN         0         0         55.00           58.00         05600 MRI         0         0         60.01           60.01         16000 LABORATORY         159         0         60.01           60.01         16000 LABORATORY         0         0         63.00           61.00         0.00 STORI NS PROCESSING & TRA         0         0         64.00           65.00         06500 RESPIRATORY THERAPY         0         0         64.00           65.00         06500 RESPIRATORY THERAPY         0         0         64.00           65.00         0500 RE								
51:00         DS100         PECOVERY ROM         51:00         S2:00		ANCILLARY SERVICE COST CENTERS	· · · · · ·					
52.00         05200         DELIVERY ROUM & LABOR ROUM         0         52.00           53.00         053.00         ARSTHESI LOOGY         0         0           54.00         054.00         ARSTHESI LOOGY         0         0           55.00         055.00         ARSTHESI LOOGY         0         0           56.00         056.00         RADI LOGY-THERAPEUTI C         0         0           57.00         057.00         CTOC         0         0           58.00         OS6.00         CATHETERIZATION         0         0           59.00         OS6.00         CATHETERIZATION         0         0           60.01         CACON CARDIA CCATHETERIZATION         0         0         60.01           60.01         BLOOD LABORATORY         159         0         60.01           60.01         IBLOD LABORATORY         0         0         63.00           61.00         DATON THERAPV         0         0         64.00           64.00         O46.00         INTRAVENDUS THERAPY         0         0           65.00         OSOD RESCHARTORY THERAPY         0         0         65.00           66.00         OE600 REST RATORY THERAPY         0	50.00	05000 OPERATING ROOM	0	0				50.00
53.00         OS300         ANESTHESI OLOGY         0         53.00           54.00         OS400 RADI OLGON-THERAPUTI C         0         0         55.00           55.00         OS500 RADI OLGON-THERAPUTI C         0         0         55.00           56.00         OS500 RADI OLGON-THERAPUTI C         0         0         55.00           56.00         OS500 RADI OLGON-THERAPUTI C         0         0         55.00           57.00         OS700 CT SCAN         0         0         57.00         57.00           58.00         OS900 LABORATORY         159         0         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00 <t< td=""><td>51.00</td><td>05100 RECOVERY ROOM</td><td>0</td><td>0</td><td></td><td></td><td></td><td>51.00</td></t<>	51.00	05100 RECOVERY ROOM	0	0				51.00
64.00         05400         RADI LOCY-DI ASNOSTI C         0         0         54.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00	52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
55:00       05500       RADI 01 COY- THERAPEUTI C       0       0       55:00       55:00         65:00       05700       CT SCAN       0       0       57:00       57:00         65:00       05000       RADI 01 STOPE       0       0       0       57:00       57:00         66:00       05000       CARDI AC CATHETERI ZATI 0N       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       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 <td< td=""><td>53.00</td><td>05300 ANESTHESI OLOGY</td><td>0</td><td>0</td><td></td><td></td><td></td><td>53.00</td></td<>	53.00	05300 ANESTHESI OLOGY	0	0				53.00
66.00         OBSOQ RADI OL SOTOPE         0         56.00         S5.00	54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
57:00     05700     CT SCAN     0     0     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57:00     57	55.00	05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
57:00         05700         CT SCAN         0         0         57:00           58:00         05900         CARDI AC CATHETER IZATI ON         0         0         59:00           60:00         06000         LABORATORY         159         0         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         6	56.00	05600 RADI OI SOTOPE	0	0				56.00
59:00         059:00         CARDIAC CATHETERI ZATION         0         0         59:00         60:00         50:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00		05700 CT SCAN	0	0				57.00
59:00         059:00         CARDIAC CATHETERI ZATION         0         0         59:00         60:00         50:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00         60:00	58.00	05800 MRI	0	0				58.00
60.00         06000         LABORATORY         159         0         60.00         60.00         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         60.01         61.00         62.00         62.00         62.00         62.00         62.00         63.00         62.00         63.00         63.00         63.00         63.00         63.00         63.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         65.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         70.01         70.01         70.01         70.01         70.01         70.01         70.01         71.00	59.00	05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60.01         b60.01         b60.01 </td <td>60.00</td> <td></td> <td>159</td> <td>0</td> <td></td> <td></td> <td></td> <td>60.00</td>	60.00		159	0				60.00
61:00         061:00         PBP CLINICAL LAB SERVICES-PROM         0         61:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         62:00         65:00         65:00         65:00         65:00         65:00         65:00         65:00         65:00         65:00         65:00         65:00         66:00         67:00         67:00         67:00         67:00         67:00         67:00         67:00         69:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         70:00         71:00         71:00         71:00         71:00         71:00         71:00         71:00         72:00         73:00         74:00         74:00         74:00         74:00         74:00         74:00         75:00	60.01		0	0				60.01
62.00         06200         WHOLE BLOOD & PACKED RED BLOOD         0         62.00         63.00         66.200         63.00         66.200         63.00         66.200         63.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         67.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         71.00         71.00         71.00         72.00         72.00         73.00         73.00         73.00         73.00         73.00         73.00 <t< td=""><td>61.00</td><td></td><td>0</td><td></td><td></td><td></td><td></td><td>1</td></t<>	61.00		0					1
63:00       06300       BLOOD STORING PROCESSING & TRA       0       0         64:00       06400       INTRAVENUIS THERAPY       0       0         65:00       06500       RESPI RATORY THERAPY       0       0         66:00       06500       RESPI RATORY THERAPY       0       0         67:00       06000       0       0       66:00         67:00       06000       0       0       66:00         68:00       DEECH PATHOLOGY       0       0       0         69:00       ELECTROENCEPHALOGRAPHY       0       0       0         70:01       OZO0       ELEP DI SORDER       0       0       70:00         71:00       07000       ELECTROENCEPHALOGRAPHY       0       0       70:00         70:01       00       OZO0       0       70:01       70:01         71:00       07000       ELECTROENCEPHALOGRAPHY       0       0       71:00         70:01       DIGUEA       SUPPLIES CHARGED TO PAT       0       0       72:00         70:00       07300       RUSA CHARGED TO PATIENTS       0       30:510       72:00         71:00       074:00       RENAL DI ALYSIS       0       0	62.00		0	0				
64.00     06400     INTRAVENOUS THERAPY     0     0       65.00     06500     RESPI RATORY THERAPY     0     0       66.00     06600     PHYSI CAL THERAPY     0     0       67.00     06700     0CCUPATI ONAL THERAPY     0     0       68.00     06800     SPEECH PATHOLOGY     0     0       69.00     06900     ELECTROCARDI OLOGY     0     0       70.00     07000     ELECTROENCEPHALOGRAPHY     0     0       70.01     TOTOTO     SLEEP DI SORDER     0     0       71.00     07000     ELECTROENCEP TO PATI     0     0       72.00     07200     IMEDI CAL SUPPLI ES CHARGED TO PATI     0     0       73.00     07300     DRUGS CHARGED TO PATI ENTS     0     30, 510     73.00       74.00     07400     RNAL DI ALYSIS     0     0     74.00       75.00     7500     ASC (NON-DI STI NCT PART)     0     0     76.00       76.01     70797     CARDI AC REHABILI TATI ON     0     0     76.00       76.00     08800     RIPAL COST CENTERS     0     0     76.00       79.00     09000     CLI NI C     0     0     0       79.00     090000     CLI			0	0				1
65.00       06500       RESPI RATORY THERAPY       0       0       65.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       67.00       66.00       67.00       66.00       67.00       67.00       67.00       67.00       67.00       67.00       70.01       70.01       Klept Juliant Ju			0	0				1
66.00         06400         PHYSI CAL THERAPY         0         0         66.00         67.00         667.00         67.00         67.00         66.00         67.00         66.00         67.00         67.00         68.00         06200         SPEECH PATHOLOGY         0         0         68.00         69.00         67.00         68.00         69.00         69.00         69.00         69.00         69.00         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01         70.01			0	0				1
67.00       06700       0CCUPATI 0NAL THERAPY       0       0       67.00       68.00       06800       SPEECH PATHOLOGY       0       0       68.00       68.00       68.00       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       75.00       75.00       75.00       76.07       76.07       76.07       76.07       76.07 <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>1</td>			0	0				1
68.00       6900       SPEECH PATHOLOGY       0       0       68.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       69.00       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.01       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       <			0					1
69.00       06900       ELECTROCARDIOLOGY       0       0         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0         71.00       07015       SLEP DI SORDER       0       70.01         71.00       07000       MEDI CAL SUPPLI ES CHARGED TO PATI       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       72.00       73.00         73.00       07300       RUGS CHARGED TO PATI ENTS       0       30,510       73.00       73.00         74.00       07400       RENAL DI ALYSI S       0       0       74.00       75.00       75.00       75.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.00       76.97       00/01/01/01/01/01/01/01/01/01/01/01/01/0			0	0				1
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       70.00         70.01       07001       SLEEP DI SORDER       0       70.01         71.00       OT100       MEDI CAL SUPPLIES CHARGED TO PAT       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       30, 510       73.00         74.00       07400       RENAL DI ALYSI S       0       0       74.00       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       75.00       75.00         76.97       CARDI AC REHABI LI TATI ON       0       0       0       76.97         0000       CIRDI AC REHABI LI TATI ON       0       0       0       76.97         00100       FEDERALLY QUALI FIED HEALTH CENTER       0       0       88.00       89.00         89.00       08800       REGENCY       0       0       90.00       90.00       90.00       90.00       91.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00<	69.00		0	0				69.00
70.01       07001       SLEEP DI SORDER       0       0         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0         73.00       07300       RUGS CHARGED TO PATI ENTS       0       0       72.00         74.00       07400       RENAL DI ALYSI S       0       0       0         75.00       07500       ASC (NON-DI STINCT PART)       0       0       74.00         76.00       3950       NUTRI TI ONZO LABETES       0       0       75.00         76.97       CARDI AC REHABI LI TATI ON       0       0       76.97         76.97       CARDI AC REHABI LI TATI ON       0       0       76.97         77.01       0       0       0       88.00       88.00         78.00       08000 RURAL HEALTH CENTER       0       0       89.00       90.00       99.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00       990.00 <td>70.00</td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>70.00</td>	70.00		0	0				70.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PAT       0       0         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       30,510         74.00       07400       RENAL DI ALYSI S       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.00       76.00         76.97       0767       CARDI AC REHABLI LTATION       0       0       76.90       76.90         00100       RUBAL HEALTH CLINIC       0       0       0       76.97         00100       RUBAL HEALTH CLINIC       0       0       90.00       9900       FDERALLY QUALI FIED HEALTH CENTER       88.00         89.00       090000       CLINIC       0       0       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00	70.01		0	0				70.01
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0         73.00       07300       DRUGS CHARGED TO PATIENTS       0       30,510       73.00         74.00       07400       RENAL DI ALYSI S       0       0       74.00       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.00       76.00         76.00       03950       NUTRI TI ON/DI ABETES       0       0       0       76.00         76.97       CARDI AC REHABILITATION       0       0       0       76.97         0UTPATI ENT SERVICE COST CENTERS       0       0       0       88.00         88.00       08800       RURAL HEALTH CLINIC       0       0       89.00         90.00       09000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       90.00         91.00       09100       EMERGENCY       0       0       91.00       91.00       92.00         92.00       092000       DISERVATION BEDS (NON-DI STINCT       0       0       92.00       92.00         94.00       094000       HOME PROGRAM DI ALYSI S       0       0       94.00       95.00         95.00       095000 AMBULANCE SERVICE	71.00		0	0				71.00
73.00       07300       DRUGS CHARGED TO PATIENTS       0       30,510       73.00         74.00       07400       RENAL DI ALYSIS       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       76.00         76.00       03550       NUTRI TI ON/DI ABETES       0       0       76.00         76.97       OR697       CARDI AC REHABILI TATI ON       0       0       76.97         OUTPATI ENT SERVICE COST CENTERS       0       0       0       88.00         88.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       90.00         90.00       09000       CLINIC       0       0       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       90.00       91.00       92.00       92.00 <t< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td>72.00</td></t<>			0	0				72.00
74.00       07400       RENAL DI ALYSI S       0       0       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       75.00         76.00       03950       NUTRI TI ON/DI ABETES       0       0       76.00         76.97       707697       CARDI AC REHABI LI TATI ON       0       0       76.97         07597       OT7697       CARDI AC REHABI LI TATI ON       0       0       76.97         07697       CARDI AC REHABI LI TATI ON       0       0       76.97         00TPATI ENT SERVICE COST CENTERS       0       0       0       88.00         88.00       08900       FDERALLY QUALI FIED HEALTH CENTER       0       0       89.00         90.00       09000 CLI NI C       0       0       0       91.00       91.00         91.00       09100       EMERGENCY       0       0       91.00       91.00       92.00         92.00       OBSERVATION BEDS (NON-DI STI NCT       0       0       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00       92.00			0	30, 510				1
75.00       07500       ASC (NON-DI STINCT PART)       0       0       75.00         76.00       03950       NUTRI TI ON/DI ABETES       0       0       76.00         76.07       OARDI AC REHABILI TATI ON       0       0       0       76.97         0UTPATI ENT SERVI CE COST CENTERS       0       0       0       76.97         0UTPATI ENT SERVI CE COST CENTERS       0       0       88.00       88.00         89.00       08900       FEDERALLY QUALI FI ED HEALTH CENTER       0       0       89.00         90.00       09000       CLI NI C       0       0       90.00       90.00         91.00       091000       EMERGENCY       0       0       91.00       91.00         92.00       OBSERVATI ON BEDS (NON-DI STI NCT       0       0       92.00       92.00         0       09400       HOME PROGRAM DI ALYSIS       0       0       92.00       95.00         95.00       09500       AMBULANCE SERVI CES       0       95.00       95.00       95.00         96.00       09400       HOME PROGRAM DI ALYSIS       0       0       0       97.00         97.00       00700       URABLE MEDI CAL EQUI P-RENTED       0	74.00		0					
76.00       03950       NUTRITION/DIABETES       0       0       76.00         76.07       07697       CARDIAC REHABILITATION       0       0       76.97         0UTPATIENT SERVICE COST CENTERS       0       0       0       76.97         88.00       08800       RURAL HEALTH CLINIC       0       0       88.00         90.00       09000       FEDERALLY QUALIFIED HEALTH CENTER       0       0       89.00         90.00       09000       CLINIC       0       0       90.00         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT       0       0       91.00         94.00       09400       HOME PROGRAM DIALYSIS       0       0       95.00       95.00         95.00       09500       AMBULANCE SERVICES       0       0       95.00       95.00         96.00       09600       DURABLE MEDICAL EQUIP-RENTED       0       0       97.00       97.00         97.00       09700       DURABLE MEDICAL EQUIP-SOLD       0       0       97.00       200.00       201.00       201.00         201.00       Less PBP Clinic Lab. Services-Program			0	0				
76. 97       O7697       CARDI AC REHABI LI TATI ON       0       0       76. 97         OUTPATI ENT SERVI CE COST CENTERS	76.00		0	0				76.00
OUTPATI ENT SERVICE COST CENTERS           88.00         08800         RURAL HEALTH CLINIC         0         0         88.00           89.00         08900         FEDERALLY QUALIFIED HEALTH CENTER         0         0         89.00           90.00         09000         CLINIC         0         0         90.00           91.00         09100         EMERGENCY         0         0         90.00           92.00         OBSERVATION BEDS (NON-DISTINCT         0         0         92.00           0         0         0         0         94.00         94.00           94.00         09400         HOME PROGRAM DIALYSIS         0         0         94.00           95.00         09500         AMBULANCE SERVICES         0         95.00         95.00           95.00         09500         JURABLE MEDI CAL EQUIP-RENTED         0         0         96.00           97.00         09700         DURABLE MEDI CAL EQUIP-SOLD         0         0         97.00         97.00           200.00         Subtotal (see instructions)         159         30,510         200.00         201.00         201.00         201.00	76.97		0	0				
89.00       08900       FEDERALLY QUALIFIED HEALTH CENTER       0       0       89.00         90.00       09000       CLINIC       0       0       90.00         91.00       09100       EMERGENCY       0       0       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT       0       0       92.00         07HER       REIMBURSABLE COST CENTERS       0       0       94.00         94.00       09400       HOME PROGRAM DI ALYSIS       0       0       95.00         95.00       09500       AMBULANCE SERVICES       0       95.00       95.00       95.00         96.00       09600       DURABLE MEDI CAL EQUIP-RENTED       0       0       97.00       97.00         97.00       09700       DURABLE MEDI CAL EQUIP-SOLD       0       0       97.00       97.00         200.00       Subtotal (see instructions)       159       30,510       200.00       201.00         201.00       Only Charges       0       0       0       201.00       201.00								
90.00         09000         CLINIC         0         0         90.00         90.00         90.00         90.00         90.00         91.00         91.00         91.00         91.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         94.00         92.00         94.00         92.00         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         96.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         90.00         90.00         90.00         90.00<	88.00	08800 RURAL HEALTH CLINIC	0	0				88.00
91.00         09100         EMERGENCY         0         0         91.00         91.00         91.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         92.00         94.00         92.00         94.00         92.00         94.00         94.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         95.00         96.00         97.00         97.00         97.00         97.00         97.00         97.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.	89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
92.00         09200         OBSERVATION BEDS (NON-DISTINCT         0         0         92.00           OTHER REIMBURSABLE COST CENTERS         O         0         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         94.00         95.00         95.00         0         95.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         96.00         97.00         200.00         201.00         0         0         96.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         97.00         9	90.00	09000 CLINIC	0	0				90.00
OTHER         REI MBURSABLE         COST         CENTERS           94.00         09400         HOME         PROGRAM         DI ALYSI S         0         94.00           95.00         09500         AMBULANCE SERVI CES         0         95.00         95.00           96.00         09600         DURABLE         MEDI CAL         EQUI P-RENTED         0         96.00           97.00         09700         DURABLE         MEDI CAL         EQUI P-SOLD         0         97.00           200.00         Subtotal         (see instructions)         159         30,510         200.00           201.00         Less         PBP Clinic Lab.         Services-Program         0         201.00         201.00	91.00		0	0				91.00
94.00       09400       HOME       PROGRAM       DI ALYSI S       0       0       94.00         95.00       09500       AMBULANCE       SERVI CES       0       95.00       95.00         96.00       09600       DURABLE       MEDI CAL       EQUI P-RENTED       0       0       96.00         97.00       09700       DURABLE       MEDI CAL       EQUI P-SOLD       0       0       97.00         200.00       Subtotal       (see instructions)       159       30,510       200.00       201.00         201.00       Less PBP Clinic Lab.       Services-Program       0       201.00       201.00       201.00	92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0				92.00
95.00       09500       AMBULANCE SERVICES       0       95.00       95.00         96.00       09600       DURABLE MEDI CAL EQUIP-RENTED       0       0       96.00         97.00       09700       DURABLE MEDI CAL EQUIP-SOLD       0       0       97.00         200.00       Subtotal (see instructions)       159       30,510       200.00         201.00       Less PBP Clinic Lab. Services-Program       0       201.00       201.00		OTHER REIMBURSABLE COST CENTERS						
96. 00         09600         DURABLE MEDI CAL EQUI P-RENTED         0         0         96. 00         97. 00         9700         9700         9700         9700         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97. 00         97				0				1
97.00         09700         DURABLE MEDICAL EQUIP-SOLD         0         97.00           200.00         Subtotal (see instructions)         159         30,510         200.00           201.00         Less PBP Clinic Lab. Services-Program         0         201.00         201.00	95.00	09500 AMBULANCE SERVICES	0					95.00
200.00         Subtotal (see instructions)         159         30, 510         200.00           201.00         Less PBP Clinic Lab. Services-Program         0         0         201.00         201.00		09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
201.00     Less PBP Clinic Lab. Services-Program     0     201.00       0nl y Charges     0     0	97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0				97.00
Only Charges	200.00	Subtotal (see instructions)	159	30, 510				200.00
	201.00	Less PBP Clinic Lab. Services-Program	0					201.00
202.00         Net Charges (line 200 +/- line 201)         159         30, 510         202.00								
	202.00	Net Charges (line 200 +/- line 201)	159	30, 510				202.00

	Financial Systems FLOYE	MEMORIAL HOSE	Provi der C		Peri od:	u of Form CMS- Worksheet D	2002-10
AF F UK I	I ONWENT OF WEDICAE, OTHER HEALTH SERVICES AND	VACCINE COST	FIOVIDEI C	CN. 15-0044	From 01/01/2016 To 09/30/2016	Part V Date/Time Pre	epared:
				e XIX	Hospi tal	2/28/2017 11: Cost	45 am
				Charges	nospi tui	Costs	
	Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
		From	Services (see	Servi ces	Services Not	. ,	
		Worksheet C,	inst.)	Subject To	Subject To		
		Part I, col.		Ded. & Coins	. Ded. & Coins.		
		9		(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS		-		-		
	05000 OPERATING ROOM	0. 129367				0	1
	05100 RECOVERY ROOM	0. 000000			0 0	0	
	05200 DELIVERY ROOM & LABOR ROOM	0. 626524			13 0	0	
	05300 ANESTHESI OLOGY	0.000000			0 0	0	
	05400 RADI OLOGY-DI AGNOSTI C	0. 264678				0	
	05500 RADI OLOGY-THERAPEUTI C	0. 000000			0 0	0	
	05600 RADI OI SOTOPE	0. 000000			0 0	0	
	05700 CT SCAN	0. 035027	0			0	
		0. 034355	0	, .		0	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0. 046744				0	
	06000 BLOOD LABORATORY	0. 130741		000,0		0	
		0. 000000 0. 000000			0 0 0 0	0	61.00
	06100 PBP CLINICAL LAB SERVICES-PRGM 06200 WHOLE BLOOD & PACKED RED BLOOD	0. 000000			0 0	0	
	06300 BLOOD STORING PROCESSING & TRA	0. 000000			0 0	0	
	06400 I NTRAVENOUS THERAPY	0. 183327				0	
	06500 RESPIRATORY THERAPY	0. 160374				0	
	06600 PHYSI CAL THERAPY	0. 221127				0	
	06700 OCCUPATI ONAL THERAPY	0. 000000			0 0	0	
	06800 SPEECH PATHOLOGY	0. 319256				0	
	06900 ELECTROCARDI OLOGY	0. 080936				0	
	07000 ELECTROENCEPHALOGRAPHY	0. 538137	0			0	
	07001 SLEEP DI SORDER	0. 140674	0			0	
	07100 MEDI CAL SUPPLIES CHARGED TO PAT	0. 599921	0			0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	1.015436	C			0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 223092	0	1, 422, 99	93 0	0	73.00
74.00	07400 RENAL DI ALYSI S	0. 000000	0		0 0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0. 000000	0		0 0	0	75.00
76.00	03950 NUTRI TI ON/DI ABETES	0. 000000	0		0 0	0	76.00
	07697 CARDI AC REHABI LI TATI ON	0. 438625	0	13, 14	43 0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
	08800 RURAL HEALTH CLINIC	0. 000000				0	88.00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000				0	
	09000 CLINIC	0. 266140				0	
	09100 EMERGENCY	0. 162792				0	
	09200 OBSERVATION BEDS (NON-DISTINCT	0. 850620	0	171, 10	50 0	0	92.00
	OTHER REIMBURSABLE COST CENTERS		1	1			
	09400 HOME PROGRAM DI ALYSI S	0. 000000			0		94.00
	09500 AMBULANCE SERVICES	0. 000000			0		95.00
	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000			0 0	0	
	09700 DURABLE MEDI CAL EQUI P-SOLD	0. 000000		1	0 0	0	
200.00			0	8, 180, 78		0	200.00
201. 00	Less PBP Clinic Lab. Services-Program Only Charges				0 0		201.00

Heal th Fina	ncial Systems FLOYE	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lieu	u of Form CMS-	2552-10
APPORTI ONME	INT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C	CN: 15-0044	Period:	Worksheet D	
					From 01/01/2016 To 09/30/2016	Part V Date/Time Pre	epared.
					10 07/00/2010	2/28/2017 11:	45 am
			Ti tl	e XIX	Hospi tal	Cost	
		Cos					
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Services	Services Not Subject To				
		Subject To Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
ANCI I	LARY SERVICE COST CENTERS	1 1					
	OPERATING ROOM	116, 872	0				50.00
51.00 05100	RECOVERY ROOM	0	0				51.00
52.00 05200	D DELIVERY ROOM & LABOR ROOM	321	0				52.00
53.00 05300	ANESTHESI OLOGY	0	0				53.00
	D RADI OLOGY-DI AGNOSTI C	254, 120	0				54.00
	RADI OLOGY-THERAPEUTI C	0	0				55.00
	D RADI OI SOTOPE	0	0				56.00
	D CT SCAN	21, 338	0				57.00
58.00 05800		8, 555	0				58.00
	CARDIAC CATHETERIZATION	21, 111	0				59.00
		112, 291	0				60.00
	1 BLOOD LABORATORY DPBP CLINICAL LAB SERVICES-PRGM	0	0				60.01 61.00
	WHOLE BLOOD & PACKED RED BLOOD	0	0				62.00
	BLOOD STORING PROCESSING & TRA	0	0				63.00
	INTRAVENOUS THERAPY	12, 321	0				64.00
	RESPIRATORY THERAPY	9, 360	0				65.00
	PHYSI CAL THERAPY	56, 848	0				66.00
	O OCCUPATI ONAL THERAPY	0	0				67.00
	SPEECH PATHOLOGY	3, 241	0				68.00
69.00 06900	ELECTROCARDI OLOGY	24, 788	0				69.00
	ELECTROENCEPHALOGRAPHY	6, 667	0				70.00
	1 SLEEP DI SORDER	23, 774	0				70.01
	MEDICAL SUPPLIES CHARGED TO PAT	70, 784	0				71.00
	DIMPL. DEV. CHARGED TO PATIENTS	40, 048	0				72.00
	DRUGS CHARGED TO PATIENTS	317, 458	0				73.00
	D RENAL DI ALYSI S	0	0				74.00
	DASC (NON-DISTINCT PART)	0	0				75.00
	D NUTRI TI ON/DI ABETES	0	0				76.00
	7 CARDIAC REHABILITATION	5, 765	0				76.97
	ATIENT SERVICE COST CENTERS	ol	0				
	FEDERALLY QUALIFIED HEALTH CENTER	0	0				88.00 89.00
	CLINIC	43, 869	0				90.00
	DEMERGENCY	217, 811	0				91.00
	OBSERVATION BEDS (NON-DISTINCT	145, 592	0				92.00
	R REIMBURSABLE COST CENTERS	110,072					72.00
	HOME PROGRAM DI ALYSI S	0	0				94.00
	AMBULANCE SERVICES	0	-				95.00
	D DURABLE MEDI CAL EQUI P-RENTED	0	0				96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
200.00	Subtotal (see instructions)	1, 512, 934	0				200.00
201.00	Less PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						
202.00	Net Charges (line 200 +/- line 201)	1, 512, 934	0				202.00

FLOYD	MEMORI AL	HOSPI TAL	&	HEALTH	SVS	

	Financial Systems FLOYD MEMORIAL HOSPIT ATION OF INPATIENT OPERATING COST	AL & HEALIH SVS Provider CCN: 15-0044	Period:	u of Form CMS-2 Worksheet D-1	
			From 01/01/2016 To 09/30/2016	Date/Time Pre	pared:
		Title XVIII	Hospi tal	2/28/2017 11: PPS	45 am
	Cost Center Description	•			
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
. 00	Inpatient days (including private room days and swing-bed day			45, 684	
. 00 . 00	Inpatient days (including private room days, excluding swing Private room days (excluding swing-bed and observation bed day day not correlate this time		orivate room days,	45, 684 0	2.00 3.00
. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation l	bed days)		37, 172	4.00
. 00	Total swing-bed SNF type inpatient days (including private reporting period		per 31 of the cost	0	
. 00	Total swing-bed SNF type inpatient days (including private ra reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6.0
. 00	Total swing-bed NF type inpatient days (including private roo reporting period	om days) through Decembe	er 31 of the cost	0	7.0
. 00	Total swing-bed NF type inpatient days (including private roo reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	8.0
9. 00	Total inpatient days including private room days applicable i newborn days)	to the Program (excludir	ng swing-bed and	18, 902	9.00
0. 00	Swing-bed SNF type inpatient days applicable to title XVIII ( through December 31 of the cost reporting period (see instru		room days)	0	10.00
1.00	Swing-bed SNF type inpatient days applicable to title XVIII (	only (including private	room days) after	0	11.00
2.00	December 31 of the cost reporting period (if calendar year, of Swing-bed NF type inpatient days applicable to titles V or X		ite room days)	0	12.00
3.00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or X			0	13.00
4.00	after December 31 of the cost reporting period (if calendar Medically necessary private room days applicable to the Prog			0	14.0
	Total nursery days (title V or XIX only)		(uujo)	0	
6.00	Nursery days (title V or XIX only)			0	16.0
7.00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	ces through December 31	of the cost	0.00	17.0
8.00	reporting period Medicare rate for swing-bed SNF services applicable to servic	C C		0.00	18.0
9.00	reporting period Medicaid rate for swing-bed NF services applicable to service	es through December 31 c	of the cost	0.00	19.0
0. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20.0
21.00 22.00	reporting period Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)		ting period (line	41, 140, 731 0	
3.00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reporti	ng period (line é	0	23.0
4. 00		er 31 of the cost report	ing period (line	0	24.0
5. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reportir	ng period (line 8	0	25.00
26.00 7.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 41, 140, 731	
	PRIVATE ROOM DI FFERENTI AL ADJUSTMENT			111 1101 101	2/10
8.00	General inpatient routine service charges (excluding swing-be	ed and observation bed o	charges)	0	
9.00	Private room charges (excluding swing-bed charges)			0	
0.00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	· Lino 29)		0 0.000000	
1.00	5 .	- TTHE 28)			
2.00 3.00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
3.00 4.00	Average per diem private room per diem charge (iffie 30 ÷ iffie 4) Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	ictions)	0.00	
5.00	Average per diem private room cost differential (line 34 x li		10 (1 0113)	0.00	
6.00	Private room cost differential adjustment (line 3 x line 35)			0.00	
7.00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	and private room cost c	lifferential (line		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.				
8.00	Adjusted general inpatient routine service cost per diem (see	•		900.55	
39.00	Program general inpatient routine service cost (line 9 x line			17, 022, 196	
	Medically necessary private room cost applicable to the Program			17 022 104	
1.00	Total Program general inpatient routine service cost (line 3	9 + IINE 40)	l	17, 022, 196	41.0

Heal th Finan	cial Systems FLOYD	) MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
COMPUTATI ON	OF INPATIENT OPERATING COST		Provider C	CN: 15-0044 F	eri od:	Worksheet D-1	
					rom 01/01/2016		
				T	o 09/30/2016		epared:
			T; +1 a		lloonitel	2/28/2017 11:	45 am
	Cast Cantan Description	Total		XVIII	Hospital	PPS Program Cost	
	Cost Center Description	Inpatient	Total Inpatient	Average Per Diem (col. 1	Program Days	(col. 3 x	
		Cost	Days	÷ col . 2)		col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00 NURSE	RY (title V & XIX only)	0					42.00
	sive Care Type Inpatient Hospital Units		<u> </u>	0.00			12.00
	SIVE CARE UNIT	4, 688, 517	3, 783	1, 239. 36	1, 930	2, 391, 965	43.00
	ARY CARE UNIT	0	0			0	1
	INTENSIVE CARE UNIT	0				0	
	CAL INTENSIVE CARE UNIT	0				0	1
	SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description		l				
	·					1.00	
48.00 Progr	am inpatient ancillary service cost (Wk	st. D-3, col. 3	3, line 200)			26, 910, 018	48.00
49.00 Total	Program inpatient costs (sum of lines	41 through 48)	(see instructi	ons)		46, 324, 179	49.00
PASS 7	THROUGH COST ADJUSTMENTS						
50.00 Pass	through costs applicable to Program inp	atient routine	services (fro	m Wkst. D, sum	of Parts I and	1, 786, 575	50.00
111)							
	through costs applicable to Program inp	atient ancilla	ry services (f	rom Wkst. D, s	um of Parts II	1, 364, 571	51.00
and I	·						
	Program excludable cost (sum of lines					3, 151, 146	
	Program inpatient operating cost exclu		elated, non-ph	ysician anesth	etist, and	43, 173, 033	53.00
	al education costs (line 49 minus line	52)				L	
	T AMOUNT AND LIMIT COMPUTATION						1 - 4 - 00
	am di scharges					0	
	t amount per discharge					0.00	1
	t amount (line 54 x line 55)				50)	0	
	rence between adjusted inpatient operat	ing cost and ta	arget amount (	line 56 minus	line 53)	0	
	payment (see instructions)		and nr. 100/			0	58.00
	r of lines 53/54 or 55 from the cost re	porting period	ending 1996,	updated and co	mpounded by the	0.00	59.00
	t basket r of lines 53/54 or 55 from prior year	cost roport u	ndatod by the	markot backot		0.00	60.00
	ne 53/54 is less than the lower of line				the amount by	0.00	1
	operating costs (line 53) are less that					0	01.00
	t (line 56), otherwise enter zero (see		13 (11103 04 X		the target		
	f payment (see instructions)					0	62.00
	able Inpatient cost plus incentive paym	ent (see instru	uctions)			0	
	AM INPATIENT ROUTINE SWING BED COST	(					
	are swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost reporti	ng period (See	0	64.00
instr	uctions)(title XVIII only)	0			<b>.</b> .		
65.00 Medi c	are swing-bed SNF inpatient routine cos	ts after Decem	ber 31 of the	cost reporting	period (See	0	65.00
instr	uctions)(title XVIII only)						
	Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line	65)(title XVII	l only). For	0	66.00
	see instructions)						
	V or XIX swing-bed NF inpatient routin	e costs throug	h December 31	of the cost re	porting period	0	67.00
	12 x line 19)						1 1 0 00
	V or XIX swing-bed NF inpatient routin	e costs after l	December 31 of	the cost repo	rting period	0	68.00
	13 x line 20)		(1)	- (0)			1 (0, 00)
	title V or XIX swing-bed NF inpatient					0	69.00
	III - SKILLED NURSING FACILITY, OTHER N ed nursing facility/other nursing facil						70.00
	ted general inpatient routine service c	2		• •		1	71.00
	am routine service cost (line 9 x line			-)		1	72.00
	ally necessary private room cost applic		m (line 14 x l	ine 35)			73.00
	Program general inpatient routine serv					1	74.00
1	al-related cost allocated to inpatient	•		,	art II. column	1	75.00
	ine 45)					l I	
	iem capital-related costs (line 75 ÷ li	ne 2)				1	76.00
1	am capital-related costs (line 9 x line					1	77.00
78.00 Inpat	ient routine service cost (line 74 minu	s line 77)					78.00
	gate charges to beneficiaries for exces		provi der recor	ds)		l	79.00
80.00 Total	Program routine service costs for comp	arison to the o	cost limitatio	n (line 78 min	us line 79)	1	80.00
· · ·	ient routine service cost per diem limi					1	81.00
· · ·	ient routine service cost limitation (I						82.00
	nable inpatient routine service costs (		ns)			1	83.00
0	am inpatient ancillary services (see in						84.00
	zation review - physician compensation	•				1	85.00
	Program inpatient operating costs (sum		hrough 85)			L	86.00
	IV - COMPUTATION OF OBSERVATION BED PAS					0.545	07.00
	observation bed days (see instructions		line 2			8, 512	
-	ted general inpatient routine cost per					900.55	1
os. uu jubser	vation bed cost (line 87 x line 88) (se	e instructions,	)			7, 665, 482	09.00

Health Financial Systems FLOYI	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider C		Period:	Worksheet D-1	
				From 01/01/2016 To 09/30/2016		pared: 45 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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, 948, 493	41, 140, 731	0. 09597	7, 665, 482	735, 695	90.00
91.00 Nursing School cost	0	41, 140, 731	0.0000	0 7, 665, 482	0	91.00
92.00 Allied health cost	0	41, 140, 731	0.0000	0 7, 665, 482	0	92.00
93.00 All other Medical Education	0	41, 140, 731	0.00000			93.00

<sup>2/28/2017 11:45</sup> am

leal th	Financial Systems FLOYD MEMORIAL HOSPITA	AL & HEALTH SVS	In Lie	u of Form CMS-2	2552-1
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0044	Period:	Worksheet D-1	
			From 01/01/2016 To 09/30/2016	Date/Time Pre	narod
			10 09/30/2010	2/28/2017 11:	45 am
		Title XIX	Hospi tal	Cost	TO UIII
	Cost Center Description				
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed day	/s, excluding newborn)		45, 684	1.0
2.00	Inpatient days (including private room days, excluding swing-			45, 684	2.0
3.00	Private room days (excluding swing-bed and observation bed da	ays). If you have only p	orivate room days,	0	3.0
	do not complete this line.				
4.00	Semi-private room days (excluding swing-bed and observation b			37, 172	
5.00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decemb	per 31 of the cost	0	5.0
	reporting period				
b. 00	Total swing-bed SNF type inpatient days (including private ro	oom days) after December	- 31 OF THE COST	0	6.0
7 00	reporting period (if calendar year, enter 0 on this line)	m daya) through December	n 21 of the east	0	7.0
7.00	Total swing-bed NF type inpatient days (including private roc reporting period	lin days) through beceinbe	er si or the cost	0	/.0
3. 00	Total swing-bed NF type inpatient days (including private roo	m days) after December	31 of the cost	0	8.0
5.00	reporting period (if calendar year, enter 0 on this line)	in days) atter becember	ST OF the cost	0	0.0
9.00	Total inpatient days including private room days applicable t	to the Program (excludin	na swina-bed and	484	9.0
	newborn days)		ig oliring bou and		
10.00	Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private	room days)	0	10.0
	through December 31 of the cost reporting period (see instruc	ctions)	5 /		
11.00	Swing-bed SNF type inpatient days applicable to title XVIII of	only (including private	room days) after	0	11.0
	December 31 of the cost reporting period (if calendar year, e				
12.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including priva	ate room days)	0	12.0
	through December 31 of the cost reporting period				
13.00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including priva	ate room days)	0	13.0
	after December 31 of the cost reporting period (if calendar y	/ear, enter O on this li	ne)		
4.00	Medically necessary private room days applicable to the Progr	ram (excluding swing-bed	d days)	0	
15.00	Total nursery days (title V or XIX only)			2, 191	
16.00	Nursery days (title V or XIX only)			29	16.0
17 00	SWING BED ADJUSTMENT	and through December 21	of the east	0.00	17.0
17.00	Medicare rate for swing-bed SNF services applicable to servic reporting period	ces through becember 31	of the cost	0.00	17.0
18.00	Medicare rate for swing-bed SNF services applicable to servic	cas after December 31 of	the cost	0.00	18.0
10.00	reporting period	Les arter December 51 01	the cost	0.00	10.0
19.00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 d	of the cost	0.00	19.0
	reporting period				
20.00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20.0
	reporting period				
21.00	Total general inpatient routine service cost (see instruction			41, 134, 427	21.0
22.00	Swing-bed cost applicable to SNF type services through Decemb	per 31 of the cost repor	ting period (line	0	22.0
	5 x line 17)				
23.00	Swing-bed cost applicable to SNF type services after December	- 31 of the cost reporti	ng period (line 6	0	23.0
	x line 18)	24 . C . I.		0	
24.00	Swing-bed cost applicable to NF type services through December	er 31 of the cost report	ting period (line	0	24.0
	7 x line 19)			0	05.0
25.00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reportin	ng period (iine 8	0	25.0
26.00	Total swing-bed cost (see instructions)			0	26.0
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		41, 134, 427	
_7.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			41, 134, 427	27.0
28.00	General inpatient routine service charges (excluding swing-be	ed and observation bed o	charges)	0	28.0
29.00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi-private room charges (excluding swing-bed charges)			0	
31.00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.00000	
2.00	Average private room per diem charge (line 29 ÷ line 3)	-		0.00	1
3. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.0
84.00	Average per diem private room charge differential (line 32 mi	nus line 33)(see instru	uctions)	0.00	34.0
35.00	Average per diem private room cost differential (line 34 x li	ne 31)		0.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			0	
37.00	General inpatient routine service cost net of swing-bed cost	and private room cost of	differential (line	41, 134, 427	37.0
	27 minus line 36)				1
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ				
38.00	Adjusted general inpatient routine service cost per diem (see			900.41	
39.00	Program general inpatient routine service cost (line 9 x line			435, 798	
40.00	Medically necessary private room cost applicable to the Progr	am (line 14 x line 35)		0	40.0
41.00	Total Program general inpatient routine service cost (line 39	1 + 1 + 1 = 40	1	435, 798	111 0

		MEMORIAL HOSP				u of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provider C		eriod: rom 01/01/2016	Worksheet D-1	
					o 09/30/2016	Date/Time Pre	pared:
						2/28/2017 11:	45 am
	Cast Canton Decenintian	Totol		e XIX	Hospi tal	Cost	
	Cost Center Description	Total Inpatient	Total Inpatient	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x	
		Cost	Days	÷ col. 2)		col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1, 225, 244	2, 191	559. 22	29	16, 217	42.00
	Intensive Care Type Inpatient Hospital Units		r		1		
43.00	I NTENSI VE CARE UNI T	4, 688, 517					
44.00	CORONARY CARE UNIT	0					
45.00 46.00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	0				0	
	OTHER SPECIAL CARE (SPECIFY)	0		0.00	0	0	40.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wk					1, 042, 902	
49.00	Total Program inpatient costs (sum of lines	41 through 48)	(see instructi	ons)		1, 556, 885	49.00
F0 00	PASS THROUGH COST ADJUSTMENTS	ationt routing	oomilooo (fro	m Wkot D oum	of Donto L one	0	
50.00	Pass through costs applicable to Program inp		Services (110	III WKSL. D, SUIII	UI PALLS I AND	0	50.00
51.00	Pass through costs applicable to Program inp	atient ancilla	ry services (f	rom Wkst. D, s	um of Parts II	0	51.00
	and IV)		<b>,</b>				
52.00	Total Program excludable cost (sum of lines					0	
53.00	Total Program inpatient operating cost exclu		elated, non-ph	ysician anesth	etist, and	0	53.00
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					
54.00	Program di scharges					0	54.00
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operat	ing cost and ta	arget amount (	line 56 minus	line 53)	0	57.00
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost re	porting period	endi ng 1996,	updated and co	mpounded by the	0.00	59.00
60.00	market basket Lesser of lines 53/54 or 55 from prior year	cost report u	ndated by the	markat haskat		0.00	60.00
61.00	If line 53/54 is less than the lower of line				the amount by	0.00	
01100	which operating costs (line 53) are less that					Ū	
	amount (line 56), otherwise enter zero (see	instructions)			Ū.		
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see Instr	uctions)			0	63.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Dec	ember 31 of th	e cost reporti	na period (See	0	64.00
	instructions)(title XVIII only)	5			5 1 1 1 1 1		
65.00	Medicare swing-bed SNF inpatient routine cos	ts after Decem	ber 31 of the	cost reporting	period (See	0	65.00
(( 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi						
66.00	CAH (see instructions)	ne costs (inne	64 prus rine	os)(title XVII	i oniy). For	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routin	e costs throug	h December 31	of the cost re	porting period	0	67.00
	(line 12 x line 19)	Ū.			0.1		
68.00	Title V or XIX swing-bed NF inpatient routin	e costs after	December 31 of	the cost repo	rting period	0	68.00
69.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routino costs	(lino 67 - lin	o 69)		0	69.00
07.00	PART III - SKILLED NURSING FACILITY, OTHER N					0	09.00
70.00	Skilled nursing facility/other nursing facil						70.00
71.00	Adjusted general inpatient routine service c	ost per diem (	line 70 ÷ line	2)			71.00
72.00	Program routine service cost (line 9 x line						72.00
73.00	Medically necessary private room cost applic	0	•				73.00
74.00 75.00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient			•	art II columa		74.00
75.00	26, line 45)	routine service		WOLKSHEEL D, F	art II, corumn		/ 5.00
76.00	Per diem capital-related costs (line 75 ÷ li	ne 2)					76.00
77.00	Program capital-related costs (line 9 x line	76)					77.00
78.00	Inpatient routine service cost (line 74 minu	,					78.00
79.00	Aggregate charges to beneficiaries for exces						79.00
80.00	Total Program routine service costs for comp		cost limitatio	n (line /8 mín	us line 79)		80.00
81.00 82.00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		1)				81.00 82.00
82.00	Reasonable inpatient routine service cost film tation (i						82.00
84.00	Program inpatient ancillary services (see in						84.00
85.00	Utilization review - physician compensation		ons)				85.00
86.00	Total Program inpatient operating costs (sum	•					86.00
o= · ·	PART IV - COMPUTATION OF OBSERVATION BED PAS						
87.00 88.00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		÷ line 2)			8, 512 900. 41	
	Observation bed cost (line 87 x line 88) (se					7, 664, 290	
07.00		2 7.131. 401. 013	,			.,001,270	1 0 / 00

Health Financial Systems FLOYI	D MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 01/01/2016 To 09/30/2016		pared: 45 am
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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, 948, 493	41, 134, 427	0.09599	7, 664, 290	735, 695	90.00
91.00 Nursing School cost	0	41, 134, 427	0.0000	0 7, 664, 290	0	91.00
92.00 Allied health cost	0	41, 134, 427	0.0000	7, 664, 290	0	92.00
93.00 All other Medical Education	0	41, 134, 427	0.00000	7, 664, 290	0	93.00

<sup>2/28/2017 11:45</sup> am

NPATIENT A	NCILLARY SERVICE COST APPORTIONMENT	Provider C		Period:	Worksheet D-3	2552-10
				From 01/01/2016 To 09/30/2016		pared:
					2/28/2017 11:	
	Cost Center Description	litle	e XVIII Ratio of Cost	Hospi tal	PPS Inpati ent	
	cost center bescription		To Charges	Inpatient Program	Program Costs	
			10 ondi ges	Charges	(col. 1 x	
					col. 2)	
			1.00	2.00	3.00	
	I ENT ROUTI NE SERVI CE COST CENTERS		1	20 402 027		
	INTENSIVE CARE UNIT			20, 402, 927 3, 267, 212		30.00
	CORONARY CARE UNIT			0,207,212		32.00
	BURN INTENSIVE CARE UNIT			0		33.0
	SURGI CAL I NTENSI VE CARE UNI T			0		34.0
	SUBPROVIDER - IPF			0		40.0
1.00 04100	SUBPROVIDER - IRF			0		41.00
2.00 04200	SUBPROVI DER			0		42.00
	NURSERY					43.00
	LARY SERVICE COST CENTERS		1			
	OPERATING ROOM		0. 12936		3, 345, 335	
	RECOVERY ROOM		0.00000		0	
	DELIVERY ROOM & LABOR ROOM		0. 62652		59, 895	
	ANESTHESI OLOGY		0.00000		0	
	RADI OLOGY-DI AGNOSTI C		0. 26467		1, 460, 513	1
	RADI OLOGY-THERAPEUTI C   RADI OI SOTOPE		0.00000		0	
	CT SCAN		0.03502		223, 209	
8.00 05800			0.03435		95, 859	
	CARDI AC CATHETERI ZATI ON		0.04674		859,856	•
	LABORATORY		0. 13074		2, 583, 664	
	BLOOD LABORATORY		0.00000		0	
	PBP CLINICAL LAB SERVICES-PRGM		0.00000		0	
2.00 06200	WHOLE BLOOD & PACKED RED BLOOD		0. 00000	0 0	0	62.0
3.00 06300	BLOOD STORING PROCESSING & TRA		0.00000	0 0	0	63.0
4.00 06400	INTRAVENOUS THERAPY		0. 18332	7 28, 540	5, 232	64.00
	RESPI RATORY THERAPY		0. 16027		1, 424, 580	
	PHYSI CAL THERAPY		0. 22112		553, 493	
	OCCUPATIONAL THERAPY		0.00000		0	
	SPEECH PATHOLOGY		0. 31925		156, 331	
			0.08093		654, 984	
			0.53813		34, 291	
	SLEEP DI SORDER MEDI CAL SUPPLI ES CHARGED TO PAT		0. 14067		6,634	
	IMPL. DEV. CHARGED TO PATIENTS		0. 59992		3, 156, 632 5, 294, 277	
	DRUGS CHARGED TO PATIENTS		0. 22309		5, 080, 620	
	RENAL DI ALYSI S		0. 00000		0,000,020	
	ASC (NON-DISTINCT PART)		0.00000		0	
	NUTRI TI ON/DI ABETES		0. 00000			
	CARDIAC REHABILITATION		0. 43862			
	TI ENT SERVICE COST CENTERS			- I		1
	RURAL HEALTH CLINIC		0.00000	0	0	88.00
9.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0.00000	0	0	89.00
			0. 26614		112, 558	•
	EMERGENCY		0. 16279			
	OBSERVATION BEDS (NON-DISTINCT		0. 85062	0 957, 563	814, 522	92.0
	REIMBURSABLE COST CENTERS			-		
	HOME PROGRAM DI ALYSI S		0. 00000	0 0	0	
	AMBULANCE SERVICES		0.00000		_	95.0
	DURABLE MEDICAL EQUIP-RENTED		0.00000		0	
1.00 109/00	DURABLE MEDICAL EQUIP-SOLD		0.00000		0 26, 910, 018	
20.00						1 21 11 1 1 1
00. 00 01. 00	Total (sum of lines 50-94 and 96-98) Less PBP Clinic Laboratory Services-Program only charges	(line 41)		139, 598, 642	20, 910, 016	200.00

NPATI FNT	ANCI LLARY SERVICE COST APPORTIONMENT		CN: 15-0044	Peri od:	u of Form CMS-: Worksheet D-3	
		rovider c	CN. 13-0044	From 01/01/2016 To 09/30/2016		
				10 07/30/2010	2/28/2017 11:	
		Ti tl	e XIX	Hospi tal	Cost	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col. 2)	
			1.00	2.00	3.00	
I NP	ATIENT ROUTINE SERVICE COST CENTERS					
	00 ADULTS & PEDIATRICS			990, 177		30.00
	00 I NTENSI VE CARE UNI T			147, 186		31.00
	00 CORONARY CARE UNIT			0		32.0
	00 BURN I NTENSI VE CARE UNI T			0		33.0
	00 SURGI CAL I NTENSI VE CARE UNI T			0		34.0
	00 SUBPROVIDER - IPF			0		40.0
1	00 SUBPROVI DER – I RF			0		41.0
	00 SUBPROVI DER			0		42.00
	00 NURSERY			0		43.00
	I LLARY SERVICE COST CENTERS 00 OPERATING ROOM		0. 12936	816, 581	105, 639	50.0
	00 RECOVERY ROOM		0. 00000		105, 839	51.00
	OO DELIVERY ROOM & LABOR ROOM		0. 62652		130, 204	52.0
	00 ANESTHESI OLOGY		0. 00000		130, 204	53.0
	00 RADI OLOGY-DI AGNOSTI C		0. 26467		56, 703	
	00 RADI OLOGY-THERAPEUTI C		0. 20407		0 0 0	
	00 RADI OLOGI - MERAL EUTIC		0.00000		0	
	00 CT SCAN		0. 03502		7, 396	
	00 MRI		0. 03435		3, 704	58.0
	00 CARDI AC CATHETERI ZATI ON		0. 04674		23, 128	
	00 LABORATORY		0. 13074		108, 708	
	01 BLOOD LABORATORY		0. 00000		00,700	60.0
	00 PBP_CLINICAL_LAB_SERVICES-PRGM		0. 00000		0	
	OO WHOLE BLOOD & PACKED RED BLOOD		0. 00000		0	62.0
	00 BLOOD STORING PROCESSING & TRA		0. 00000		0	63.00
	00 I NTRAVENOUS THERAPY		0. 18332		266	64.0
	00 RESPI RATORY THERAPY		0. 16027		48, 970	
	00 PHYSI CAL THERAPY		0. 22112		16, 115	
	00 OCCUPATI ONAL THERAPY		0.00000		0	67.0
	00 SPEECH PATHOLOGY		0. 31925		4, 978	
	00 ELECTROCARDI OLOGY		0.08093		16, 113	69.0
0. 00 070	00 ELECTROENCEPHALOGRAPHY		0. 53813	1, 268	682	70.0
0. 01 070	01 SLEEP DI SORDER		0. 14067	4, 025	566	1
. 00 071	00 MEDICAL SUPPLIES CHARGED TO PAT		0. 59992	166, 476	99, 872	71.0
2.00 072	00 IMPL. DEV. CHARGED TO PATIENTS		1.01543	36 139, 989	142, 150	72.0
3.00 073	00 DRUGS CHARGED TO PATIENTS		0. 22309	92 893, 208	199, 268	73.0
4.00 074	00 RENAL DI ALYSI S		0.00000	0 0	0	74.0
5.00 075	00 ASC (NON-DISTINCT PART)		0.00000	0 0	0	75.0
. 00 039	50 NUTRI TI ON/DI ABETES		0.00000	0 0	0	76.00
5. 97 076	97 CARDI AC REHABI LI TATI ON		0. 43862	25 0	0	76.9
OUT	PATIENT SERVICE COST CENTERS					
3.00 088	00 RURAL HEALTH CLINIC		0.00000	0 0	0	88.0
	00 FEDERALLY QUALIFIED HEALTH CENTER		0.00000	0 0	0	
	OO CLINIC		0. 26614	10 72, 904	19, 403	90.0
	00 EMERGENCY		0. 16279		32, 308	
2.00 092	00 OBSERVATION BEDS (NON-DISTINCT		0. 85062	20 31, 423	26, 729	92.0
	ER REIMBURSABLE COST CENTERS					
	00 HOME PROGRAM DI ALYSI S		0.00000	0 0	0	
	00 AMBULANCE SERVICES					95.0
	00 DURABLE MEDI CAL EQUI P-RENTED		0.00000		0	
	00 DURABLE MEDI CAL EQUI P-SOLD		0.00000		0	
0.00	Total (sum of lines 50-94 and 96-98)			4, 986, 153	1, 042, 902	
01.00	Less PBP Clinic Laboratory Services-Program only charges (	(line 61)		0		201.0
02.00	Net Charges (line 200 minus line 201)			4, 986, 153		202.0

PMAT A INVATIENT HOSPITAL SERVICES INVERTINGS         PTILIE XVIII         Hospital         PPS           DBG Anounts Other than outlier payments for discharges occurring prior to October 1 (see instructions)         0         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00	LCULA	TION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Date/Time Pre 2/28/2017 11:	
Def A         - INVATION INSERTIAL SERVICES UNDER UPPES         0           DB BG, amounts Other than outlier payments for discharges occurring prior to October 1 (see Instructions)         0         0           DB BG, amounts other than outlier payments for discharges occurring prior to October 1 (see Instructions)         0         0           DB BG, for Orderal specific coperating payment for Model 4 BPCI for discharges occurring on or after Use instructions)         0         0           DB BG, for Orderal specific coperating payment for Model 4 BPCI for discharges occurring on or after Use their structions)         0         0           D Utiler payment for discharges for Model 4 BPCI (see instructions)         0         0         0         0           D Mongod Care Simulated Payments         0         0         0         0         0         0           D Mongod Care Simulated Payments         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< th=""><th></th><th></th><th>Title XVIII</th><th>Hospi tal</th><th></th><th></th></td<>			Title XVIII	Hospi tal		
Def A         - INVATION INSERTIAL SERVICES UNDER UPPES         0           DB BG, amounts Other than outlier payments for discharges occurring prior to October 1 (see Instructions)         0         0           DB BG, amounts other than outlier payments for discharges occurring prior to October 1 (see Instructions)         0         0           DB BG, for Orderal specific coperating payment for Model 4 BPCI for discharges occurring on or after Use instructions)         0         0           DB BG, for Orderal specific coperating payment for Model 4 BPCI for discharges occurring on or after Use their structions)         0         0           D Utiler payment for discharges for Model 4 BPCI (see instructions)         0         0         0         0           D Mongod Care Simulated Payments         0         0         0         0         0         0           D Mongod Care Simulated Payments         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< th=""><th></th><th></th><th></th><th>-</th><th>1 00</th><th><u> </u></th></td<>				-	1 00	<u> </u>
01       Disk anounts other than outlier payments for discharges occurring prior to October 1 (see instructions)       40,254,846         02       DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)       0         03       DRG for Tederal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)       0         04       Declader 1 (see instructions)       624.695         05       Outlier payment for idscharges for Model 4 BPCI (see instructions)       0         06       Utilier reconciliation amount       0         07       Dutilier payment for idscharges for Model 4 BPCI (see instructions)       0         08       Managed Care Simulated Payments       0         09       Outlier payment for idscharges for Model 4 BPCI (see instructions)       0         01       For Econry for allopathic and osteopathic programs for the most recent cost reporting period ending of for horgorams in the most recent cost report ing period ending of for horgorams instructions.       0         08       How Soction 422 reduction amount to the IME Cape as specified under 42 CFR 4312.005(f)(1)(1)(9)(B)(1)       0.00         09       The amount of increase in the hord reas ander for an add-on to the cap instructions.       0         00       MA Soction 422 reduction amount to the IME Cape as specified under 42 CFR 4312.005(f)(1)(1)(9)(B)(1)       0.00	F	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
Instructions)       Instructions)       Instructions         DBC and must softer than outlier payments for discharges occurring on or after October 1 (see instructions)       0         DBC for Faderal specific operating payment for Model 4 BPCI for discharges occurring prior to October 0       0         DBC for Faderal specific operating payment for Model 4 BPCI for discharges occurring on or after 0       0         Outlier payments for discharges. (see instructions)       0.426,650         Outlier payment for discharges. (see instructions)       0,483,760         DB for reacciliation amount to manut to ded by mutter of days in the cost reporting period (see Instructions)       0,483,760         DB for new programs in accordance with 42 CFR 413,79(e)       0         OF FE count for allopathic and ostepathic programs for the most recent cost reporting period ending on or before 12/31/19% (see instructions)       0.00         MA Section 520 reduction amount to the HE Cap as specified under 42 CFR §412,105(f)(1)(1)(0)(10)(10)(10)(10)(10)(10)(10)(1					-	
0.2       DRE amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)       0         0.3       DRE for Tederal specific operating payment for Model 4 BPCI for discharges occurring on or after       0         0.4       DRE for Tederal specific operating payment for Model 4 BPCI for discharges occurring on or after       0         0.5       DRE for Tederal specific operating payment for Model 4 BPCI for discharges cocurring on or after       0         0.5       Duttier reconciliation amount       0         0.5       Utilier reconciliation amount       0         0.5       Duttier reconciliation amount       0         0.6       Red days available divide by number of days in the cost reporting period (see instructions)       181.2         0.6       Diffe count for allopathic and osteopathic programs for the most recent cost reporting period ending of for energy programs in accordance with 42 CFR 413.79(e)       0.00         0.6       DRE days available divide by number of days in the cast specified under 42 CFR 413.105(f)(1)(1)(1)(8)(1)       0.00         0.7       The count for allopathic and osteopathic programs witch meet the criteria for an add-on to the cap for energy to accordance with 42 CFR 413.75(b).141.37(c)(2)(1)(1)(1)(8)(1)       0.00         0.7       The amount of increase and sea divide and secopathic programs in accordance with 42 CFR 413.75(b).141.37(c)(2)(1)(1)(1)(8)(1)       0.00         1.7			ring prior to October 1	(see	40, 254, 846	1.
0.30       DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)       0         0.40       DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after 0 October 1 (see instructions)       624,695         0.41       DRG for federal specific operating payment for Model 4 BPCI (see instructions)       624,695         0.41       Dutiler payment for discharges (see instructions)       0         0.41       Der payment for discharges (see instructions)       0         0.41       Der payment for discharges for Model 4 BPCI (see instructions)       9         0.48.7       Der dischargen status       9         0.49.7       PEE count for all opathic and osteopathic programs for the most recent cost reporting period ending on or before 12/3/1490. (see instructions)       0.00         0.41.7       Der dischargen status       10       0.00         0.42.7       Der dischargen status       10       0.00         0.43.7       Der dischargen status       10       0.00         0.44.5       Der dischargen status       Der dischargen status       0.00         0.44.5       Der dischargen status       Der dischargen status       0.00         0.45.5       Der dischargen status       Der dischargen status       0.00         0.45.5			ring on or after October	1 (see	0	1.
0.0       DRE for Federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)       0.22         0.0       Outlier payments for discharges. (see instructions)       0.244.65         0.0       Managed Carr Shual alder Hayments       9.483.760         0.0       Outlier payment for discharges for Model 4 BPCI (see instructions)       0.433.760         0.0       Managed Carr Shual alder Hayments       9.483.760         0.0       Definition of Carra Shual alder Hayments       9.483.760         0.0       The force ill opath carrage shut the cost reporting period (see instructions)       0.00         0.1       FFE count for all opathic carrograms which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)       0.00         0.1       If the carrod struction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(1)       0.00         0.4       Justment (Increase or decrease) to the FFE count for all opathic and osteopathic programs for the cost report structions.       0.00         0.1       The amount of increase if the hospital was awarded FFE cap slots under section \$503 of the ACA. If the amount of increase if the hospital was awarded FFE cap slots from a closed teaching hospital under section \$500 of ACA. (see instructions)       0.00         0.1       The amount of increase if the hospital was awarded FFE cap slots from allosethic programs in aclosed teaching hospital under section \$500	03	DRG for federal specific operating payment for Model 4 BPCL	for di scharges occurri ng	prior to October	0	1.
00       0.011 lier payments for discharges for Model 4 BPCI (see Instructions)       624,695         02       0.011 lier reconcilial tial on amount       0         03       0.011 lier payment for discharges for Model 4 BPCI (see Instructions)       0         04       0.011 lier payment for discharges for Model 4 BPCI (see Instructions)       0         05       0.02 duttier payment for discharges for Model 4 BPCI (see Instructions)       0.00         06       FEE count for all opathic and osteopathic programs for the most recent cost reporting period ending of or before 12/31/964 (see Instructions)       0.00         07       Definition amount to the MIC ap as specified under 42 CFR §412.105(f)(1)(iv)(2)(1)       0.00         08       Section 427 reduction amount to the FIE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b). 413.9(c)(2)(1)(iv), 64 FR 26340 (May 12.1998), and 67 FR 50069 (August 1, 2002).       0.00         00       Mainsternet (for residents) in dental amarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011 the se marded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011 the programs.       0.00         00       FTE count for all opathic and osteopathic programs.       0.00         00       FTE count for residents in instructions.       0.00         01       FTE count for all opathic amod steopathic programs.       0.00	04 I	DRG for federal specific operating payment for Model 4 BPCI	for di scharges occurri ng	on or after	0	1.
02     Ottlicr payment for discharges for Model 4 BPCI (see instructions)     0       00     Meanged Care Simulated Payments     9,483,760       01     Bed days available divided by number of days in the cost reporting period (see instructions)     181,92       1ndirect Medical Education Adjustment     0.00       00     FE count for all opathic and osteopathic programs for the most recent cost reporting period ending of or before 12/31/96 (see instructions)     0.00       01     FE count for all opathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CR 413,79(e)     0.00       01     AACA Section 422 reduction amount to the IME cap as specified under 42 CR 5412,105(f)(1)(iv)(B)(2)     0.00       02     fif the cost report straddles July 1, 2011 then see instructions.     0.00       03     fif the cost report straddles July 1, 2011, see instructions.     0.00       04     model addition addition and cost and the cost report straddles July 1, 2011, see instructions.     0.00       05     model field programs in accordance with 42 CR 413,75(b), 413,75(b), 413,75(c)(2)(iv), 64 FR 26340 (May 12, 100,00     0.00       05     model field programs in accordance with 42 CR 413,75(b), 413,75(c) (2)(iv), 64 FR 26340 (May 12, 100,00     0.00       05     model field programs in the current year from your records     0.00       05     field cost report straddles July 1, 2011, pus/plinus lines (8, 8,01 and 8,02) (see 1.00,00	00 00	Outlier payments for discharges. (see instructions)				
00     Hanaged Care Simulated Payments     9,483,760       100     Hanaged Care Simulated Payments     9,483,760       111     Participation     181.92       111     Indirect Medical Education Adjustment     0.00       00     rbf Count for allopathic and oscopathic programs for the most recent cost reporting period ending on the for new programs in accordance with 42 CFR 413.79(e)     0.00       01     ACA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)     0.00       02     If the cost report stradide s.10(1), 12, 1201 then see instructions.     0.00       03     affiliated programs in accordance with 42 CFR 413.75(b), 143.79(c)(2)(iv), 64 FR 26340 (May 12, 11)     0.00       04     dijustment (increase or decrease) to the FIE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 143.79(c)(2)(iv), 64 FR 26340 (May 12, 11)     0.00       01     the amount of increase (if the hospital was awarded FIE cap slots under section 550 of the ACA. If the hospital was awarded FIE cap slots from a closed teaching hospital under section 550 of ACA. (see Instructions)     0.00       02     The amount for residents in dental and podiatric programs.     0.00       03     Gurrent year allowable FIE count for the prior year.     0.00       04     Gurrent year resident in the year of the program.     0.00       05     OM distinent for residents in inditi and podiatric programs.     0.00					-	
0.00       Bed days avail lable divided by number of days in the cost reporting period (see instructions)       181.92         1ndirect Medical Education Adjustment       0         0.00       FE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/311996. (see instructions)       0.00         0.00       FE count for allopathic and osteopathic programs for the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.70(c)       0.00         0.01       MAS section 422 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(1)(9)(8)(2)       0.00         0.02       If the cost report straddles July 1, 2011 then see instructions.       0.00         0.03       Adjustment (increase of decrease) to the FE count for allopathic and osteopathic programs for the nost of add (May 12, 1998), and 67 FR 30067 (August 1, 2002).       0.00         0.04       Interaction 503 of AA. (See Instructions).       0.00         0.05       FE count for allopathic and osteopathic programs.       0.00         0.06       FE count for allopathic and osteopathic programs.       0.00         0.07       FE count for residents in dental and podiatric programs.       0.00         0.08       FE count for residents in dental and podiatric programs.       0.00         0.09       FE count for residents in dental and podiatric programs.       0.00         0.00			tions)		-	
Indirect Medical Education Adjustment         0.00           PTE count for allopathic and oscepathic programs for the most recent cost reporting period ending of or before 12/31/1996 (see instructions)         0.00           PTE count for allopathic and oscepathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)         0.00           MMA Section 422 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(2)         0.00           If the cost report straddles July 1, 2011 then see instructions.         0.00           Adjustment (increase or decrease) to the FTE count for allopathic and oscepathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).         0.00           The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.         0.00           Sum of lines 5 plus is minus lines (7 and 7.01) plus/minus lines (8, 8, 01 and 8, 02) (see instructions)         0.00           Sum of lines 5 plus is devised by programs or hospital closure         0.00           O Court for allopathic and osteopathic programs in the current year from your records         0.00           O Total allowable FTE count for the program or hospital closure         0.00           O Court for residents in initial years of the program         0.00           O Adjustment for residents by placed by program or hospital closure		5	orting period (see instr	ructions)		
00       FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending of or before 12/31/1996. (see instructions)       0.00         00       FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)       0.00         01       MAS section 422 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(1)       0.00         02       MA section 422 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(2)       0.00         03       MA (section 503 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(2)       0.00         04       Mas section 503 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(2)       0.00         04       Mad Section 503 reduction amount to the IME cap as specified under 42 CFR 5412.105(f)(1)(iv)(B)(2)       0.00         05       Mad Section 5503 reduction amount to the IME cap as warded FTE cap slots under section 5503 of the ACA. If       0.00         05       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital       0.00         06       FTE count for allopathic and osteopathic programs.       0.00         07       FTE count for allopathic and osteopathic programs.       0.00         08       FTE count for allopathic and osteopathic programs.       0.00         09 <td></td> <td></td> <td></td> <td></td> <td>101.72</td> <td>1</td>					101.72	1
00       FE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)       0.00         01       MA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)       0.00         02       MA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)       0.00         03       AGL Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)       0.00         04       Adjustment (increase of decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b). 413.79(c)(2)(iv). 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2001).       0.00         01       The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.       0.00         02       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)       0.00         03       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8, 01 and 8, 02) (see instructions)       0.00         04       Ecount for residents in dental and podiatric programs.       0.00         05       Total allowable FTE count for the prouver.       0.00         05       Maj usteent for resident is uninitial years of the program       0.00	00 🛛	FTE count for allopathic and osteopathic programs for the mos	st recent cost reporting	period ending on	0.00	5.
00       MAX Section 522 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)       0.00         1ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2)       0.00         1f the cost report straddles July 1, 2011 then see instructions.       0.00         Adjustment (increase or decrease) to the FIE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1990), and 67 FR 50069 (August 1, 2002).       0.00         01       The amount of increase if the hospital was awarded FIE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.       0.00         03       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)       0.00         04       FIE count for residents in dental and podiatric programs.       0.00         05       Current year allowable FIE count for the prior year.       0.00         06       Otal allowable FIE count for the prior year.       0.00         07       Total allowable FIE count for the prior year.       0.00         08       O rises 1 plus dents displaced by program or hospital closure       0.00         09       Adjustment for residents in initial years of the program       0.00         00       Adjustment for residents in sinultial secad by program or hospital closure       0.00	00	FTE count for allopathic and osteopathic programs which meet	the criteria for an add	l-on to the cap	0.00	6
If the cost report straddles July 1, 2011 then see instructions.       0.00         Adjustment (increase) to the FE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b). 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 80696 (August 1. 2002).       0.00         01       The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1. 2011. See instructions.       0.00         02       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)       0.00         03       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8, 01 and 8, 02) (see 0.00       0.00         04       FE count for residents in dental and podiatric programs.       0.00         05       OC total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00       0.00         05       Otal allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00       0.00         06       Adjustment for residents in initial years of the program       0.00         07       Otal allowable FTE count for the penultimate year in hospital closure       0.00         00       Adjustment for residents in initial years of the program       0.00         00       Adjusted rolling average FTE count       0.000000       0.000000       0.00000		1 5	under 42 CFR §412.105(f	<sup>r</sup> )(1)(iv)(B)(1)	0.00	7
00       Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).       0.00         01       The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.       0.00         02       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5500 of ACA. (see instructions)       0.00         03       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)       0.00         04       FTE count for relidents in dental and podiatric programs.       0.00         05       Otto Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.       0.00         05       Sum of lines 12 through 14 divided by 3.       0.00         06       Adjustment for residents in initial years of the program       0.00         07       Adjusted rolling average FTE count       0.00         08       Quiet or visitent - kanaged Care (see instructions)       0.00         09       Otto allowable FTE count for the program or hospital closure       0.00         00       Adjustment for residents in initial years of the program or hospital closure       0.00         00				f)(1)(iv)(B)(2)	0.00	7
1998), and 67 FR 50069 (August 1, 2002).         The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If         0       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital         0       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital         0       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see       0.00         0       Sum of allowable FTE (see instructions)       0.00         0.00       FTE count for residents in dental and podiatric programs.       0.00         0.00       Total allowable FTE count for the prior year.       0.00         0.00       Total allowable FTE count for the prior year.       0.00         0.00       Adjustment for residents in initial years of the program       0.00         0.00       Adjustment for residents in initial years of the program       0.00         0.00       Current year resident to bed ratio (line 18 divided by line 4).       0.000000         0.00       Eristructions)       0.00         0.00       IME payment adj ustment - Managed Care (see instructions)       0.00         0.00       Adjustment for resident to bed ratio (line 18 divided by line 4).       0.00         0.00       IME payment adjustment - Managed Care (see instructions)       0.00				ograms for	0.00	8
the cost report straddles July 1, 2011, see instructions.       0.00         22       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)       0.00         00       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)       0.00         01       FTE count for residents in dental and podiatric programs.       0.00         02       Total allowable FTE count for the prior year.       0.00         03       Total allowable FTE count for the prolutimate year if that year ended on or after September 30, 1997, 0.00       0.00         04       Through FTE count for residents in initial years of the program       0.00         04       Adjustment for residents is liplaced by program or hospital closure       0.00         05       Magnent do trastio (line 18 divided by line 4).       0.000000         06       Current year resident to bed ratio (see instructions)       0.000000         07       Payment adjustment (see instructions)       0.000000         08       Op rear resident to bed ratio (see instructions)       0.000000         00       Adjusted rolling average FTE count       0.000         00       Adjustment for residents in initial was average for sections for section 422 of the MMA       0.000000         00       Derment adjustment (see inst			.79(c)(2)(iv), 64 FR 263	40 (May 12,		
02       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)       0.00         03       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)       0.00         04       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see 0.00       0.00         05       FTE count for all opathic and osteopathic programs in the current year from your records       0.00         05       OF TE count for residents in dental and podiatric programs.       0.00         06       Current year allowable FTE count for the prior year.       0.00         07       Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00       0.00         07       Total allowable FTE count for residents in initial years of the program       0.00         0.00       Adjustment for residents displaced by program or hospital closure       0.00         0.00       Adjustment for resident to bed ratio (see instructions)       0.000000         00       Fite resident to bed ratio (see instructions)       0.000000         00       Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA       0.000000         00       Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA       0.000000         01	01	The amount of increase if the hospital was awarded FTE cap s	lots under section 5503	of the ACA. If	0.00	8
00       Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)       0.00         0.00       FTE count for allopathic and osteopathic programs in the current year from your records       0.00         0.00       FTE count for allopathic and osteopathic programs.       0.00         0.00       FTE count for residents in dental and podiatric programs.       0.00         0.00       Current year allowable FTE count for the prior year.       0.00         0.00       Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.       0.00         0.00       Adjustment for residents in initial years of the program       0.00         0.00       Adjustment for residents to bed ratio (line 18 divided by line 4).       0.000000         0.00       Adjustment for residents to bed ratio (see instructions)       0.000000         0.00       IME payment adjustment (see instructions)       0.000000         0.01       IME payment adjustment (see instructions)       0.00         0.01       IME payment adjustment for the Add-on for Section 422 of the MMA       0.000000         0.01       IME payment adjustment fort cap (see instructions)       0.000000         0.01       IME payment adjustment for the Add-on for Section 422 of the MMA       0.000000         0.00       IME payment adj	02	The amount of increase if the hospital was awarded FTE cap s	lots from a closed teach	i ng hospi tal	0.00	8
0.00FTE count for allopathic and osteopathic programs in the current year from your records0.000.00FTE count for residents in dental and podiatric programs.0.000.00Current year allowable FTE (see instructions)0.000.00Total allowable FTE count for the prior year.0.000.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997.0.000.01Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997.0.000.00Adjustment for residents in initial years of the program0.000.00Adjustment for residents in sinitial years of the program0.000.00Adjustment for residents in sinitial years of the program0.000.00Adjustment for residents in sinitial years of the program0.000.00Current year resident to bed ratio (line 18 divided by line 4).0.0000000.00Derive year resident to bed ratio (see instructions)0.0000000.01IME payment adjustment (see instructions)0.000.01IME payment adjustment for the Add-on for Section 422 of the MMA0.0000000.00IME resident Count Over Cap (see instructions)0.000000.00IME resident count over Cap (see instructions)0.0000000.00IME transmoth amount (see instructions)0.0000000.00IME payment adjustment factor. (see instructions)0.0000000.00IME payment amount - Managed Care (see instructions)0.0000000.00IME add-on adjustment amount (see i	00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin	nes (8, 8,01 and 8,02)	(see	0.00	9
1.00FTE count for residents in dental and podiatric programs.0.002.00Current year allowable FTE (see instructions)0.000.01Total allowable FTE count for the prior year.0.001.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.000.00Adjustment for residents in initial years of the program0.000.00Adjustment for residents displaced by program or hospital closure0.000.00Adjustment for residents in sinitial years of the program0.000.00Adjustent to be dratio (see instructions)0.0000000.00Enter the lesser of lines 19 or 20 (see instructions)0.0000000.00IME payment adjustment (see instructions)0.0000000.01IME payment adjustment for the Add-on for Section 422 of the MMA0.000.00IME payment adjustment for the anount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)0.0000000.00IME payment adjustment factor. (see instructions)0.0000000.00IME payment adjustment factor. (see instructions)0.0000000.00IME payment sadjustment factor. (see instructions)0.0000000.00IME payment sadjustment factor. (see instructions)0.0000000.00IME payment sadjustment factor. (see instructions)0.0000000.00IME payment (sum of lines 22 and 28)00.00IME payment (sum of lines 22 and 28)00.01IME payment (sum of lines 22 and 28)		,	rent year from your reco	ords	0.00	10
3.00Total allowable FTE count for the prior year.0.000.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.000.00Sum of Lines 12 through 14 divided by 3.0.000.00Adjustment for residents in initial years of the program0.000.00Adjustment for residents displaced by program or hospital closure0.000.00Adjusted rolling average FTE count0.000.00Current year resident to bed ratio (line 18 divided by line 4).0.0000000.01DE payment adjustment (see instructions)0.0000000.02IME payment adjustment (see instructions)0.0000000.01IME payment adjustment - Managed Care (see instructions)00.01IME payment adjustment for the Add-on for Section 422 of the MMA0.0000000.01IME payment adjustment for the Add-on for Section 422 or line 24 (see0.000.01IME resident Count Over Cap (see instructions)0.0000000.01IME payment adjustment factor. (see instructions)0.0000000.01IME payment (sum of lines 22 and 28)0.000.01IME add-on adjustment amount (see instructions)0.000.01IME payment (sum of lines 22 and 28)0.000.01IME add-on adjustment factor. (see instruct			· · · · · · · · · · · · · · · · · · ·		0.00	
1.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.002.00Sum of lines 12 through 14 divided by 3.0.003.00Adjustment for residents in initial years of the program0.004.00Adjustment for residents displaced by program or hospital closure0.000.00Adjusted rolling average FTE count0.000.00Current year resident to bed ratio (line 18 divided by line 4).0.0000000.00Prior year resident to bed ratio (see instructions)0.0000000.00IME payment adjustment (see instructions)0.0000000.01IME payment adjustment (see instructions)00.01IME payment adjustment cal divided by line 4).0.0000000.02IME payment adjustment (see instructions)00.01IME payment adjustment for the Add-on for Section 422 of the MMA0.0000000.00Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA0.0000000.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.000.00IME payments adjustment factor. (see instructions)00.0000000.00IME add-on adjustment amount (see instructions)00.0000000.01IME add-on adjustment amount (see instructions)000.01IME add-on adjustment amount (see instructions)000.01IME add-on adjustment amount (see instructions)000.02IME add-on adjustment amount (see i	. 00	Current year allowable FTE (see instructions)			0.00	12
otherwise enter zero.0.005.00Sum of Lines 12 through 14 divided by 3.0.005.00Adjustment for residents in initial years of the program0.007.00Adjustment for residents displaced by program or hospital closure0.007.00Adjusted rolling average FTE count0.008.00Adjusted rolling average FTE count0.0000009.00Current year resident to bed ratio (line 18 divided by line 4).0.0000009.00Derior year resident to bed ratio (see instructions)0.0000009.00Enter the lesser of lines 19 or 20 (see instructions)0.0000009.01IME payment adjustment (see instructions)0.0000009.01IME payment adjustment for the Add-on for Section 422 of the MMA0.0000009.01IME payment of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.1050.009.00IME FTE Resident Count Over Cap (see instructions)0.0000009.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.009.00IME payment adjustment factor. (see instructions)09.00IME add-on adjustment manount (see instructions)09.01IME payment - Managed Care (see instructions)09.02OIME payment - Managed Care (see instructions)09.00IME add-on adjustment manount (see instructions)09.00IME payment sadjustment factor. (see instructions)09.01IME payment - Managed Care (see instructions)09.01<					0.00	
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7.00Adjustment for residents displaced by program or hospital closure0.008.00Adjusted rolling average FTE count0.009.00Current year resident to bed ratio (line 18 divided by line 4).0.000000.00Prior year resident to bed ratio (see instructions)0.0000000.00Enter the lesser of lines 19 or 20 (see instructions)0.0000001.00Enter the lesser of lines 19 or 20 (see instructions)0.0000002.01IME payment adjustment (see instructions)01.01Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA8.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.1050.001.00INF FTE Resident Count Over Cap (see instructions)0.0000002.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.000.00IME payments adjustment factor. (see instructions)00.00IME add-on adjustment amount (see instructions)00.00IME add-on adjustment amount (see instructions)00.00OO00.00IME add-on adjustment amount - Managed Care (see instructions)00.00OO00.00IME add-on adjustment amount - Managed Care (see instructions)00.00OO00.00IME add-on adjustment factor. (see instructions)00.00OO00.00OO0.00OO0.00 <t< td=""><td></td><td></td><td></td><td></td><td>0.00</td><td></td></t<>					0.00	
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.00Enter the lesser of lines 19 or 20 (see instructions)0.000000.00IME payment adjustment (see instructions)0.01IME payment adjustment - Managed Care (see instructions)0.01IME payment adjustment - Managed Care (see instructions)0.01Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA0.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412. 1050.00.01IME FTE Resident Count Over Cap (see instructions)0.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.00.00Resident to bed ratio (divide line 25 by line 4)0.000000.00IME payments adjustment factor. (see instructions)0.00IME add-on adjustment amount (see instructions)0.01IME add-on adjustment amount (see instructions)0.02Total IME payment - Managed Care (see instructions)0.01Disproportionate Share Adjustment0.02Disproportionate Share Adjustment0.02OSum of lines 30 and 3120.70			-).			
IME payment adjustment - Managed Care (see instructions)0Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMANumber of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)00IME FTE Resident Count Over Cap (see instructions).00IME FTE Resident Count Over Cap (see instructions).00IME payments adjustment factor. (see instructions).00.00.00IME payments adjustment factor. (see instructions).00.01.02.03.04.05.05.06.06.07.08.08.09.00.00.01.02.03.04.05.05.06.07.08.08.09.09.00.00.00.01.02.03.04.05.05.06.07.08.08.09.09.00.00.01.02.03.04.05.05.06.07.08.08.08.09.09.00.00.01.02.03 <t< td=""><td></td><td></td><td></td><td></td><td>0.000000</td><td></td></t<>					0.000000	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA0.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.1050.000.01(f) (1) (iv) (C)00IME FTE Resident Count Over Cap (see instructions)0.001.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.001.00Resident to bed ratio (divide line 25 by line 4)0.0000001.00IME payments adjustment factor. (see instructions)0.0000001.00IME add-on adjustment amount (see instructions)01.01IME add-on adjustment amount - Managed Care (see instructions)01.01Total IME payment (sum of lines 22 and 28)01.01Disproportionate Share Adjustment01.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.511.00Sum of lines 30 and 3120.70	. 00	IME payment adjustment (see instructions)			0	22
.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.1050.00(f) (1) (iv) (C)00IME FTE Resident Count Over Cap (see instructions)0.00.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.00.00Resident to bed ratio (divide line 25 by line 4)0.000000.00IME payments adjustment factor. (see instructions)0.000000.00IME add-on adjustment amount (see instructions)0.01IME add-on adjustment amount - Managed Care (see instructions)0.02Total IME payment ( sum of lines 22 and 28)0.03Disproportionate Share Adjustment0.04Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.51.00Sum of lines 30 and 3120.70	-				0	22
1.00IME FTE Resident Count Over Cap (see instructions)0.000.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.000.00Resident to bed ratio (divide line 25 by line 4)0.000000.00IME payments adjustment factor. (see instructions)0.000000.00IME add-on adjustment amount (see instructions)0.000000.01IME add-on adjustment amount - Managed Care (see instructions)00.01IME payment ( sum of lines 22 and 28)00.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)001Disproportionate Share Adjustment002Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.5100Sum of lines 30 and 3120.70	-			Sec. 412.105	0.00	23
5.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.00instructions)Resident to bed ratio (divide line 25 by line 4)0.0000000.00IME payments adjustment factor. (see instructions)0.0000000.00IME add-on adjustment amount (see instructions)0.0000000.01IME add-on adjustment amount (see instructions)00.01IME add-on adjustment amount - Managed Care (see instructions)00.01Total IME payment (sum of lines 22 and 28)00.01Disproportionate Share Adjustment00.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.510.00Percentage of Medicaid patient days (see instructions)5.510.00Sum of lines 30 and 3120.70					0.00	24
b.00Resident to bed ratio (divide line 25 by line 4)0.0000007.00IME payments adjustment factor. (see instructions)0.0000008.00IME add-on adjustment amount (see instructions)08.01IME add-on adjustment amount - Managed Care (see instructions)00.01IME add-on adjustment amount - Managed Care (see instructions)00.01Total IME payment (sum of lines 22 and 28)00.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)001Disproportionate Share Adjustment002.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.511.00Percentage of Medicaid patient days (see instructions)15.192.00Sum of lines 30 and 3120.70	. 00	If the amount on line 24 is greater than -O-, then enter the	lower of line 23 or lin	e 24 (see	0.00	
C.00IME payments adjustment factor. (see instructions)0.00000000IME add-on adjustment amount (see instructions)00.01IME add-on adjustment amount - Managed Care (see instructions)00.01IME add-on adjustment amount - Managed Care (see instructions)00.01Total IME payment (sum of lines 22 and 28)001Total IME payment - Managed Care (sum of lines 22.01 and 28.01)001Disproportionate Share Adjustment002Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.5100Percentage of Medicaid patient days (see instructions)15.190.01Sum of lines 30 and 3120.70					0 000000	26
4. 00       IME add-on adjustment amount (see instructions)       0         6. 01       IME add-on adjustment amount - Managed Care (see instructions)       0         7. 01       IME add-on adjustment amount - Managed Care (see instructions)       0         7. 00       Total IME payment (sum of lines 22 and 28)       0         7. 01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0         9. 01       Disproportionate Share Adjustment       0         9. 00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       5.51         9. 00       Percentage of Medicaid patient days (see instructions)       15.19         9. 00       Sum of lines 30 and 31       20.70						
1       IME add-on adjustment amount - Managed Care (see instructions)       0         2.00       Total IME payment (sum of lines 22 and 28)       0         2.01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0         Disproportionate Share Adjustment       0         0.00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       5.51         0.00       Percentage of Medicaid patient days (see instructions)       15.19         0.00       Sum of lines 30 and 31       20.70						
1       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0         Disproportionate Share Adjustment       0         00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       5.51         00       Percentage of Medicaid patient days (see instructions)       5.51         00       Sum of lines 30 and 31       20.70			s)		0	
Disproportionate Share Adjustment         0.00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       5.51         0.00       Percentage of Medicaid patient days (see instructions)       5.51         0.00       Sum of lines 30 and 31       20.70					-	
0.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)5.51.00Percentage of Medicaid patient days (see instructions)15.192.00Sum of lines 30 and 3120.70			01)		0	29
.00Percentage of Medicaid patient days (see instructions)15.19.00Sum of lines 30 and 3120.70			patient days (see instru	ictions)	5. 51	30
20.70 Sum of lines 30 and 31 20.70				/	15. 19	
					20. 70	
		Allowable disproportionate share percentage (see instruction	s)		6. 29 633, 008	

ALCU	Financial Systems FLOYD MEMORIAL HOSPI ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016		pared
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
			1.00	2.00	
F 00	Uncompensated Care Adjustment		4 404 145 524	0	
5.00			6, 406, 145, 534 0. 000271767	0 0. 00000000	35.C 35.C
5.01		nter zero on this line)	1, 740, 976	0.000000000	35.0
J. UZ	(see instructions)		1, 740, 970	0	35.0
5.03	Pro rata share of the hospital uncompensated care payment a	mount (see instructions)	1, 303, 354	0	35. C
	Total uncompensated care (sum of columns 1 and 2 on line 35	. ,	1, 303, 354		36.0
	Additional payment for high percentage of ESRD beneficiary	discharges (lines 40 throu	ugh 46)		
0.00	Total Medicare discharges on Worksheet S-3, Part I excludin	g discharges for MS-DRGs	0		40.0
	652, 682, 683, 684 and 685 (see instructions)				
1.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682,	683, 684 an 685. (see	0		41.0
	instructions)				
1. 01	Total ESRD Medicare covered and paid discharges excluding M	IS-DRGS 652, 682, 683, 684	4 0		41.0
2.00	an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not qua	lify for adjustment)	0.00		42.0
3.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652,				42.0
5.00	instructions)	002, 003, 004 an 003. (30			+5.0
4.00	Ratio of average length of stay to one week (line 43 divide	d by line 41 divided by 7	0. 000000		44.(
	days)				
5.00	Average weekly cost for dialysis treatments (see instructio	ns)	0.00		45.0
6.00	Total additional payment (line 45 times line 44 times line	41.01)	0		46.
7.00			42, 815, 903		47.
8.00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48.
	only. (see instructions)				
				Amount	
9.00	Total payment for inpatient operating costs (see instructio			1.00 42,815,903	49.0
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I			3, 402, 759	50.
1.00				0, 102, 707	51.
2.00	Direct graduate medical education payment (from Wkst. E-4,			0	52.
3.00				0	53.
4.00	0 1 9			10, 813	54.
4.01	Islet isolation add-on payment				54.
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	69)		0	55.
6.00	Cost of physicians' services in a teaching hospital (see in			0	56.
7.00	Routine service other pass through costs (from Wkst. D, Pt.		through 35).	0	57.
8.00	Ancillary service other pass through costs from Wkst. D, Pt	. IV, col. 11 line 200)		7,083	
9.00	5,			46, 236, 558	
0.00	Primary payer payments	us lips (0)		35, 626	
	Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries			46, 200, 932 4, 102, 095	61. 62.
	Coinsurance billed to program beneficiaries			4, 102, 093	
2.00				273, 969	
2.00 3.00	Allowable bad debts (see instructions)			178, 080	
2.00 3.00 4.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)				
2.00 3.00 4.00 5.00	Adjusted reimbursable bad debts (see instructions)	structions)		105, 393	66.
2.00 3.00 4.00 5.00 6.00	Adjusted reimbursable bad debts (see instructions)	structions)		105, 393 42, 166, 513	
2.00 3.00 4.00 5.00 6.00 7.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in	- -	see instructions)		67.
2.00 3.00 4.00 5.00 6.00 7.00 3.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63)	r applicable to MS-DRGs (s		42, 166, 513	67. 68.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	r applicable to MS-DRGs (s		42, 166, 513 0 0 0	67. 68. 69. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT	r applicable to MS-DRGs (s		42, 166, 513 0 0 0 0	67. 68. 69. 70. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.88	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment	r applicable to MS-DRGs (: ).(For SCH see instruction		42, 166, 513 0 0 0 0 0 0	67. 68. 69. 70. 70. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.88 0.89	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see in	r applicable to MS-DRGs ( ).(For SCH see instruction structions)		42, 166, 513 0 0 0 0 0 0 0 0	67. 68. 69. 70. 70. 70. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.88 0.89 0.90	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions)	r applicable to MS-DRGs ( ).(For SCH see instruction structions)		42, 166, 513 0 0 0 0 0 0 0 0 0 0	67. 68. 69. 70. 70. 70. 70. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.88 0.89 0.90 0.91	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	r applicable to MS-DRGs ( ).(For SCH see instruction structions)		42, 166, 513 0 0 0 0 0 0 0 0 0 0 0	67. 68. 69. 70. 70. 70. 70. 70. 70.
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 0. 00 0. 50 0. 88 0. 89 0. 90 0. 91 0. 92	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	r applicable to MS-DRGs ( ).(For SCH see instruction structions)		42, 166, 513 0 0 0 0 0 0 0 0 0 0 0 0 0 0	66. 67. 68. 69. 70. 70. 70. 70. 70. 70. 70. 70. 70.
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.88 0.89 0.90 0.91	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) RURAL DEMONSTRATION PROJECT SCH or MDH volume decrease adjustment Pioneer ACO demonstration payment adjustment amount (see in HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) HVBP payment adjustment amount (see instructions)	r applicable to MS-DRGs ( ).(For SCH see instruction structions)		42, 166, 513 0 0 0 0 0 0 0 0 0 0 0	67. 68. 70. 70. 70. 70. 70. 70.

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016	Worksheet E Part A Date/Time Pre 2/28/2017 11:	
		Title	XVIII	Hospi tal	PPS	
			FF	Ү (уууу)	Amount	
				0	1.00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i the corresponding federal year for the period prior to 10/1)	n column O		0	0	70.96
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter i the corresponding federal year for the period ending on or af			0	0	70.97
70. 98	Low Volume Payment-3				0	70.98
	HAC adjustment amount (see instructions)				459, 582	
	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			41, 435, 606	71.00
71.01	Sequestration adjustment (see instructions)	,			828, 712	71.0
72.00	Interim payments				40, 394, 251	72.00
3.00	Tentative settlement (for contractor use only)				0	73.0
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72	, and 73)			212, 643	74.0
75.00	Protested amounts (nonallowable cost report items) in accorda CMS Pub. 15-2, chapter 1, §115.2				436, 071	75.0
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			
	Operating outlier amount from Wkst. E, Pt. A, line 2 (see ins	tructions)			0	90.0
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.0
2.00	Operating outlier reconciliation adjustment amount (see instr	ructions)			0	92.0
3.00	Capital outlier reconciliation adjustment amount (see instruc	tions)			0	93.0
4.00	The rate used to calculate the time value of money (see instr	uctions)			0.00	94.0
95.00	Time value of money for operating expenses (see instructions)				0	95.0
96.00	Time value of money for capital related expenses (see instruc	tions)			0	96.0
				Prior to 10/1		
				1.00	2.00	
	HSP Bonus Payment Amount					
	HSP bonus amount (see instructions)			0	0	100. 0
	HVBP Adjustment for HSP Bonus Payment					
	HVBP adjustment factor (see instructions)			0. 000000000	0.000000000	
	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment	IS)		0	0	102.0
	HRR adjustment factor (see instructions)			0.0000	0, 0000	103 0
105.00	HRR adjustment amount for HSP bonus payment (see instructions			0.0000		103.0

In Lieu of Form CMS-2552-10 Worksheet E

Image: transmission of the second s	HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5		F		2/28/2017 11:	pared:
A.         Ine         Wist E. Pt.         10/01         after 10/01         2 and 3           1.00         DRC amounts other than outil is payments         0         1.00         2.00         3.00         4.00           1.01         DRC amounts other than outil is payments for discharges occurring on or after         1.01         40.254.846         40.254.846         40.254.846         40.254.846           1.02         DRC for Federal specific operating payment for World 4 BPCI occurring on or after         1.02         0         0         0         0         0         1.03           2.00         DRC for Federal specific operating payment for World 4 BPCI occurring on or after         1.04         0         0         0         0         0         0         0         1.03           3.00         Det for Federal specific operating payment for World 4 BPCI occurring on or after         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>Hospi tal</td><td>PPS</td><td></td></t<>						Hospi tal	PPS	
A)         A)         A)           1.00         DKS amounts other than outlier payments for discharges accurring prior to 0ctober 1         1.00         40, 254, 846         40, 254, 846         40, 254, 846         1.00           1.00         DKS amounts other than outlier payments for discharges accurring prior to 0ctober 1         1.01         40, 254, 846         40, 254, 846         40, 254, 846         1.02         0         0         1.02           1.00         DKS for federal specific operating payment for Wodel 4 BPCI occurring on or after October 1         0         0         0         0         0         0         1.03           2.00         Dutlier payments for discharges (see Dutlier payments for discharges (see PCI tober 1         2.01         0         0         0         0         0         2.01           3.00         9, 483, 760         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
DBC amounts other than outil or payments INC amounts other than outil or payment INC amounts of discharges (see INC amounts of discharges (see INC amounts for discharges (see INC amounts for discharges for Model 4 2.00         0.01         0.02         0.01         0.02         0.03         0.00         0.01         0.02         0.03           2.00         0.01 (see INC amounts for discharges (see INC amounts for discharges for Model 4 INC amounts (see instructions)         2.00         0.02         0.03         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         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			A, line		10/01	after 10/01	2 and 3)	
1.00         DRG amounts other than outlifer payments of 1.00         40.254.846         40.254.846         40.254.846         40.254.846         1.01           1.00         DRG amounts other than outlifer payments for 1.02         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<			0		2.00	2.00	4.00	
1.01       DRC amounts other than outlier psyments for discharge socuring prior to October 1       1.01       40.254.846       40.254.846       40.254.846       1.01         1.02       DRC for Federal specific operating payment for Model 4 BPCI occurring prior to October for Model 4 BPCI occuring prior to October for Disportionate Share Adu	1 00	DDC amounts other ther outlier reamonts		1.00	2.00	3.00	4.00	1 00
discharges occurring prior to obtainer 1         1.02         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td>40 254 944</td> <td>10 251 044</td> <td></td> <td>10 254 944</td> <td></td>				40 254 944	10 251 044		10 254 944	
1.02       DRG amounts other than outlier payments for discharges occurring protoctober       1.02       0       0       1.02         1.03       DRG for Federal specific operating payment for Model 4 BPC occurring proto 0 October       1.03       0       0       1.03         1.04       DRG for Federal specific operating payment for Model 4 BPC occurring proto 10 October       1.04       0       0       0       1.04         1.04       DRG for Federal specific operating payment October       1.04       0       0       0       0       1.04         0.0       Dutting payments for discharges (see instructions)       1.04       0       0       0       0       2.01         3.00       generating outlier reconciliation       2.01       0.01       0       9.483.760       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	1.01		1.01	40, 254, 840	40, 254, 840		40, 254, 840	1.01
discharges occurring on or after October 1         0         0         0         0         0         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.03         0         0         1.04         0         0         0         1.04         0         0         0         1.04         0         0         0         1.04         0         0         0         0         0         1.04         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1 02		1 02	0		0	0	1 02
1.03         DR6 for Federal specific operating payment for Model 4 BPCI occurring prior to October 1         1.03         0         0         0         1.03           1.04         DR6 for Federal specific operating payment for Model 4 BPCI occurring on or after October 1         1.04         0         0         0         1.04           2.00         Duttlier payments for discharges (see         2.00         624,695         624,695         0         624,695         2.00           2.01         Duttlier payments for discharges for Model 4         2.02         0         0         0         0         2.01           0         Unitier payments for discharges for Model 4         2.02         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.02		1.02	0		Ŭ	0	1.02
for Model 4 BPC occurring prior to October         0         0         1.04         0           1.04         DRG for Federal specific operating payment for Model 4 BPC occurring on after October 1         1.04         0         0         0         1.04           2.00         Outlier payments for discharges (see Instructions)         2.00         624,695         624,695         0         624,695         0         0         0         2.01           3.00         Operating outlier reconciliation         2.01         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>1.03</td> <td></td> <td>1. 03</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>1.03</td>	1.03		1. 03	0	0		0	1.03
for Model 4 BPCI occurring on or after October 1         occupies         occupies <thocupies< th="">         occupies&lt;</thocupies<>		for Model 4 BPCI occurring prior to October						
for Model 4 BPCI occurring on or after October 1         occupies         occupies <thocupies< th="">         occupies&lt;</thocupies<>		1						
October 1         Constructions         Construction	1.04		1.04	0		0	0	1.04
2.00         Outlier payments for discharges (see         2.00         624,695         624,695         0         624,695         2.00           2.01         Outlier payments for discharges for Model 4         2.02         0         0         0         0         2.01           3.00         Operating outlier reconciliation         2.01         0         0         9,483,760         9,483,760         9,483,760         9,483,760         4.00           4.00         Managed care simulated payments         3.00         9,483,760         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
1         instructions)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <								
2.01         Outlier payments for discharges for Model 4         2.02         0         0         0         0         0         0         2.01           3.00         Operating outlier reconciliation         2.01         0         0         0         0         3.00           1.00         Managed care simulated payments         3.00         9.483,760         9.483,760         9.483,760         9.483,760         9.483,760         9.483,760         9.483,760         9.483,760         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	2.00		2.00	624, 695	624, 695	0	624, 695	2.00
BPC1 <td>2 01</td> <td></td> <td>2 02</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>2 01</td>	2 01		2 02	0	0	0	0	2 01
3.00         Operating outlier reconciliation         2.01         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	2.01		2.02	0	0	0	0	2.01
4.00         Managed care simulated payments         3.00         9,483,760         9,483,760         9,483,760         9,483,760         4.00           100         Indirect Medical Education Adjustment         21.00         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         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000	3 00		2 01	0	0	0	0	3 00
Indirect Medical Education Adjustment         Image: Construction of the monostruction of themonostruction of the monostruction of the monostruct				9, 483, 760	9, 483, 760	0	-	
(see Instructions)         22.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				,,		· · · ·	,,	
6.00         IWE payment adjustment (see instructions)         22.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	5.00	Amount from Worksheet E, Part A, line 21	21.00	0. 000000	0. 000000	0. 000000		5.00
6.01         IME payment adjustment for managed care (see         22.01         0         0         0         0         6.01           Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
instructions/         Image: Control of the section of the secti				-		-		
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA         7.00         IME payment adjustment factor (see         7.00         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         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0.00000         0	6.01		22. 01	0	0	0	0	6.01
7.00       IME payment adjustment factor (see       27.00       0.000000       0.000000       0.000000       7.00         8.00       IME adjustment (see instructions)       28.00       0       0       0       0       0       8.00         8.01       IME payment adjustment add on for managed care (see instructions)       28.00       0       0       0       0       0       8.00         9.00       Total IME payment (sum of lines 6 and 8)       29.00       0       0       0       0       0       0       9.00         9.01       Total IME payment for managed care (sum of 29.01       0       0       0       0       9.00         9.01       Disproportionate Share Adjustment       50.00       0.0629       0.0629       0.0629       0.0629       0.0629         10.00       Disproportionate share adjustment (see       34.00       633,008       633,008       0       13.00       11.00         11.01       Uncompensated care payments       36.00       1.303,354       0       1.303,354       0       1.303,354       0       12.00         13.00       Subtotal (see instructions)       47.00       42.815,903       42.815,903       42.815,903       14.00       14.00         additional								
instructions)         28.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	7 00					0,00000		7 00
8.00         IME adjustment (see instructions)         28.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	7.00		27.00	0.000000	0.00000	0.000000		7.00
8.01         IME payment adjustment for managed care (sum of 29.01         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td>8,00</td><td></td><td>28.00</td><td>0</td><td>0</td><td>0</td><td>0</td><td>8.00</td></th<>	8,00		28.00	0	0	0	0	8.00
care (see instructions)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0	0	0	-	
9.01       Total IME payment for managed care (sum of lines 6.01 and 8.01)       9.01       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0								
Lines 6.01 and 8.01)         Disproportionate Share Adjustment           D0 Sproportionate Share Adjustment         33.00         0.0629         0.0629         0.0629         0.0629         10.00           All owable disproportionate share percentage (see instructions)         33.00         0.0629         0.0629         0.0629         0.0629         0.0629         0.0629         10.00           11.00         Disproportionate share adjustment (see         34.00         633,008         633,008         0         633,008         11.00           11.01         Uncompensated care payments         36.00         1,303,354         1,303,354         0         1,303,354         11.00           11.01         Uncompensated care payment for high percentage of ESRD beneficiary discharges         11.00         12.00         11.00           13.00         Subtotal (see instructions)         47.00         42,815,903         42,815,903         13.00           14.00         Hospital specific payments (completed by SCH 48.00         0         0         0         14.00           15.00         Total payment for inpatient operating costs         49.00         42,815,903         42,815,903         42,815,903         15.00           16.00         Payment for inpatient program capital         50.00         3,402,759	9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
Disproportionate Share Adjustment         10.00         All owable disproportionate share percentage (see instructions)         10.00         0.0629         0.0629         0.0629         10.00           11.00         Disproportionate share adjustment (see instructions)         33.00         0.0629         0.0629         0.0629         0.0629         10.00           11.00         Disproportionate share adjustment (see instructions)         34.00         633,008         633,008         0         633,008         11.00           11.01         Uncompensated care payments         36.00         1,303,354         1,303,354         0         1,303,354         11.01           Additional payment for high percentage of ESRD beneficiary discharges         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01         11.01 <td>9.01</td> <td></td> <td>29.01</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>9.01</td>	9.01		29.01	0	0	0	0	9.01
10.00       Allowable disproportionate share percentage (see instructions)       33.00       0.0629       0.0629       0.0629       10.00         11.00       Disproportionate share adjustment (see instructions)       34.00       633,008       633,008       0       633,008       11.00         11.01       Uncompensated care payments       36.00       1,303,354       1,303,354       0       1,303,354       0       1,303,354       11.00         12.00       Total ESRD additional payment for high percentage of ESRD beneficiary discharges       46.00       0       0       0       0       12.00         13.00       Subtotal (see instructions)       47.00       42,815,903       42,815,903       42,815,903       14.00       14.00         14.00       Hospital specific payments (completed by SCH 48.00       0       0       0       0       14.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.00       Special add-on payments for new technologies       55.00       0       0       0								
(see instructions)         (see in				0.0(00	0.0/00	0.0400		40.00
11.00       Disproportionate share adjustment (see instructions)       34.00       633,008       633,008       0       633,008       11.00         11.01       Uncompensated care payments       36.00       1,303,354       1,303,354       0       1,303,354       11.00         12.00       Total ESRD additional payment for high percentage of ESRD beneficiary discharges       11.01       11.01       11.01         13.00       Subtotal (see instructions)       47.00       42,815,903       42,815,903       0       42,815,903       13.00         14.00       Hospital specific payments (completed by SCH 48.00       0       0       0       0       14.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       42,815,903       15.00         16.00       Payment for inpatient program capital       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       0       17.02         18.00	10.00		33.00	0.0629	0.0629	0.0629		10.00
instructions)       36.00       1,303,354       1,303,354       0       1,303,354       11.01         Additional payment for high percentage of ESRD beneficiary discharges       11.01       11.01       11.01       11.01         Additional payment for high percentage of ESRD beneficiary discharges       12.00       0       0       0       0       0       12.00         13.00       Subtotal (see instructions)       47.00       42,815,903       42,815,903       0       42,815,903       13.00         14.00       Hospital specific payments (completed by SCH 48.00       0       0       0       0       0       14.00         and MDH, small rural hospitals only.) (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital 50.00       3,402,759       0       3,402,759       10,813       10,813       10,813       10,813       10,813       10,813       10,813       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0	11 00		34 00	633 008	633 008	0	633 008	11 00
11. 01Uncompensated care payments36.001, 303, 3541, 303, 3541, 303, 35401, 303, 35411. 01Additional payment for high percentage of ESRD beneficiary discharges12. 00Total ESRD additional payment (see instructions)46.00000012.0013. 00Subtotal (see instructions)47.0042, 815, 90342, 815, 903042, 815, 90313.0014. 00Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)49.0042, 815, 90342, 815, 903042, 815, 90315.0015. 00Total payment for inpatient operating costs (see instructions)49.003, 402, 7593, 402, 75903, 402, 75916.0016. 00Payment for inpatient program capital (see instructions)50.003, 402, 7593, 402, 7590017.0017. 01Net organ acquisition cost replaced devices for applicable MS-DRGs55.00000017.0118. 00Capital outlier reconciliation adjustment amount (see instructions)93.00000018.00	11.00		54.00	033,000	033,000	0	033,000	11.00
Additional payment for high percentage of ESRD beneficiary discharges12.00Total ESRD additional payment (see12.00instructions)13.00Subtotal (see instructions)14.00Hospital specific payments (completed by SCH 48.00015.00Total payment for inpatient operating costs49.0042,815,90315.0015.0016.0017.0017.0017.0018.0017.0017.0117.0217.0218.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.0018.00<	11.01		36.00	1, 303, 354	1, 303, 354	0	1, 303, 354	11.01
12.00       Total ESRD additional payment (see       46.00       0       0       0       0       12.00         13.00       Subtotal (see instructions)       47.00       42,815,903       42,815,903       0       42,815,903       13.00         14.00       Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)       48.00       0       0       0       0       14.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital (see instructions)       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       18.00					, ,	· · · · ·	, ,	
13.00       Subtotal (see instructions)       47.00       42,815,903       42,815,903       0       42,815,903       13.00         14.00       Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)       48.00       0       0       0       0       0       14.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital (see instructions)       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       18.00	12.00	Total ESRD additional payment (see			0	0	0	12.00
14.00Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)48.000000014.0015.00Total payment for inpatient operating costs (see instructions)49.0042,815,90342,815,903042,815,90315.0016.00Payment for inpatient program capital50.003,402,7593,402,75903,402,75916.0017.00Special add-on payments for new technologies54.0010,81310,813010,81317.0017.01Net organ acquisition cost55.00000017.0117.02Credits received from manufacturers for replaced devices for applicable MS-DRGs68.00000017.0218.00Capital outlier reconciliation adjustment amount (see instructions)93.00000018.00								
and MDH, small rural hospitals only.) (see instructions)       and MDH, small rural hospitals only.) (see instructions)       and MDH, small rural hospitals only.) (see instructions)         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       18.00				42, 815, 903	42, 815, 903	0		
i nstructions)       instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       0       18.00	14.00		48.00	0	0	0	0	14.00
15.00       Total payment for inpatient operating costs (see instructions)       49.00       42,815,903       42,815,903       0       42,815,903       15.00         16.00       Payment for inpatient program capital       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       18.00								
(see instructions)         50.00         3,402,759         3,402,759         0         3,402,759         16.00           16.00         Payment for inpatient program capital         50.00         3,402,759         3,402,759         0         3,402,759         16.00           17.00         Special add-on payments for new technologies         54.00         10,813         10,813         0         10,813         17.00           17.01         Net organ acquisition cost         55.00         0         0         0         0         17.01           17.02         Credits received from manufacturers for replaced devices for applicable MS-DRGs         8.00         0         0         0         0         17.02           18.00         Capital outlier reconciliation adjustment amount (see instructions)         93.00         0         0         0         0         18.00	15 00	· · ·	40.00	42 015 002	12 015 002	0	42 01E 002	15 00
16.00       Payment for inpatient program capital       50.00       3,402,759       3,402,759       0       3,402,759       16.00         17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       0       18.00	15.00		49.00	42, 015, 905	42, 015, 905	0	42, 013, 903	15.00
17.00       Special add-on payments for new technologies       54.00       10,813       10,813       0       10,813       17.00         17.01       Net organ acquisition cost       55.00       0       0       0       0       17.01         17.02       Credits received from manufacturers for replaced devices for applicable MS-DRGs       68.00       0       0       0       0       17.02         18.00       Capital outlier reconciliation adjustment amount (see instructions)       93.00       0       0       0       0       18.00	16.00		50,00	3, 402, 759	3, 402, 759	0	3,402,759	16,00
17. 01Net organ acquisition cost55. 0000017. 0117. 02Credits received from manufacturers for replaced devices for applicable MS-DRGs68. 00000017. 0118. 00Capital outlier reconciliation adjustment amount (see instructions)93. 000000018. 00								
17. 02Credits received from manufacturers for replaced devices for applicable MS-DRGs68. 0000017. 0218. 00Capital outlier reconciliation adjustment amount (see instructions)93. 000000018. 00				0	0	0		
18.00Capital outlier reconciliation adjustment93.00000018.00amount (see instructions)		Credits received from manufacturers for		0	0	0		
amount (see instructions)								
	18.00		93.00	0	0	0	0	18.00
19. UU  SUBTUTAL     46, 229, 475  U  46, 229, 475  19. 00	10.00				4/ 000 /75	_	44 000 475	10.00
	19.00	SUBIVIAL		I	40, 229, 475	l O	40, 229, 475	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5	6 Provider C	CN: 15-0044	Period: From 01/01/2016 To 09/30/2016		pared:
		Title	XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3.00	4.00	
20.00 Capital DRG other than outlier	1.00	3, 195, 224	3, 195, 22	24 0	3, 195, 224	20.0
20.01 Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	20.0
21.00 Capital DRG outlier payments	2.00	70, 779	70, 77	0 0	70, 779	21.0
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	0		0 0	0	21.0
22.00 Indirect medical education percentage (see instructions)	5.00	0.0000	0.000	0.0000		22.0
23.00 Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.0
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0428	0. 042	0. 0428		24.0
25.00 Disproportionate share adjustment (see	11.00	136, 756	136, 75	6 0	136, 756	25. C
26.00 Total prospective capital payments (see instructions)	12.00	3, 402, 759	3, 402, 75	59 0	3, 402, 759	26. C
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
	0	1.00	2.00	3.00	4.00	
<ul> <li>27.00</li> <li>28.00 Low volume adjustment prior to October 1</li> <li>29.00 Low volume adjustment on or after October 1</li> <li>30.00 HVBP payment adjustment (see instructions)</li> <li>30.01 HVBP payment adjustment for HSP bonus payment (see instructions)</li> </ul>	70. 96 70. 97 70. 93 70. 90	0 0 -150, 526 0		0 03 0 0	0 0 -150, 526 0	29.0
<ul> <li>B1.00 HRR adjustment (see instructions)</li> <li>B1.01 HRR adjustment for HSP bonus payment (see instructions)</li> </ul>	70. 94 70. 91	-120, 799 0	-120, 79	09 0 0 0	-120, 799 0	
					(Amt. to Wkst. E, Pt. A)	
	0	1.00	2.00	3.00	4.00	
A2.00 HAC Reduction Program adjustment (see instructions)	70. 99		459, 58	32 0	459, 582	
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100. 0

Health Financial Systems CALCULATION OF REIMBURSEMENT SETTLEMENT

From 81/07/2016         Pert 8 Pert 8 Pe			n Lieu of Form CN	
This XVIII         Inspiral         PS           PART B - MEDICAL AND OTHER HEATT SERVICES         1.00         1.00         1.00           Loo Hedical and other services (see Instructions)         25,982,447         20,00         25,982,447         20,00         30,669         1.00         25,982,447         20,00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         30,669         1.00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,669         90,00         1.00,679         1.00,679         1.00,679         1.00,679         1.00,679         1.00,679         1.00,799         1.00,799         1.00,799         1.00,799         1.00,799         1.00,799         1.00,799	CALCUL	From 01/01	/2016 Date/Time I	Prepared:
PART 5 - MEDICAL ADD OTHER MEALTY SERVICES         100           100         Redical and table services (see instructions)         27,982,472         200           27,002,001         Redical and table services (see instructions)         27,982,472         200           27,002,001         Redical and table services (see instructions)         27,982,472         200           200         Outling service stress (see instructions)         0,004,400         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,000         0,0000         0,000         0,000		Title XVIII Hospita		
PMAT B - VEDICAL AND OTHER HEALTH SERVICES         930.000           10         Medical and other services reinflursed under OPPS (see instructions)         25.982.447         20.01           2.00         Medical and other services reinflursed under OPPS (see instructions)         10.292.202.202.310         300.000         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         10.00         50.00         60.00         70.00         50.00         10.00         50.00         60.00         70.00         50.00         60.00         70.00         50.00         60.00         70.00         50.00         60.00         70.00         50.00         60.00         70.00         50.00         60.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00				
1.00       Redical and other services reinbursed under OPP (see instructions)       30.069       1.00         2.00       Medical and other services reinbursed under OPP (see instructions)       27.92.72       3.00         3.00       PPS payments       27.92.72       3.00         3.00       Line 2 times in structions)       0.00       27.92.72       3.00         0.00       Line 2 times in s       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       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       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       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       0.00       0.00       0.00       0.00       0.00       <			1.00	
2.00         Medical and other services relabursed under OPS (see instructions)         25, 082, 447         2.00         27, 292, 20         3.00           0.00         Ditller payments         10, 044         4.00         0.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         6.00         7.00         5.00         6.00         7.00         5.00         6.00         7.00         5.00         6.00         7.00         5.00         6.00         7.00         5.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00 <t< td=""><td></td><td></td><td></td><td></td></t<>				
3.00       PFS payments       27, 292, 726       3.00         4.00       Outline payment (see instructions)       0.000       5.00       Enter the hospital spacific payment to cost ratio (see instructions)       0.000       5.00         5.00       Enter the hospital spacific payment (see instructions)       0.000       5.00       6.00         6.00       Transitional corridor payment (see instructions)       0.00       6.00         0.00       Ancillary service other pass through costs from Wst. D. Pt. IV, col. 13, line 200       10.00       0.00         0.00       Total cost (sum of lines 1 and 10) (see instructions)       30.660       11.00         0.00       Total cost (sum of lines 1 and 10) (see instructions)       30.660       11.00         1.00       Organ acquisition charges (sum of lines 12 and 13)       137.975       14.00         1.00       Total costnersy charges (sum of lines 12 and 13)       137.975       14.00         1.00       Total customary charges (see instructions)       0.0000       0.0000       0.0000         1.00       Total customary charges (see instructions)       0.0000       0.0000       107.306       19.00         1.00       Total customary charges (see instructions)       0.0000       0.0000       10.0000       107.335       10.0000       10.0000				
4.00     Outlier payment (see instructions)     10,046     4.00       0.011 er 2 times line 4 divided by line 6     0.00     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 3 plus line 4 divided by line 6     0.00       0.011 er 2 times line 5 time 1 by line 1 er 2 times line 1 divide		, , ,		
5.00       Inter the fospital specific payment to cost ratio (see instructions)       0.000       5.00         6.00       Inter 2 three line 5       0.000       6.00         7.00       Sun of line 3 plus line 4 divided by line 6       0.000       6.00         7.00       Sun of line 3 plus line 4 divided by line 6       0.000       6.00         7.00       Sun of line 3 plus line 4 divided by line 6       0.000       6.00         7.00       Sun of line 3 plus line 4 divided by line 6       0.000       7.00         8.00       Transitional corridor payment (see instructions)       30.001       7.00         9.00       Ancill ary service charges       30.001       30.001         10.00       Organ acquisition charges (from Wst. 0-4, Pt. 111, col. 4, line 69)       0.30.00         11.00       Organ acquisition charges (from divide col from patients liable for payment for services on a charge basis of taxionary charges (see instructions)       10.000000       10.000000         11.00       Total reasonable cost over customer divide cost (complete only if line 18 exceeds line 11) (see instructions)       10.00000000000000000       10.00000000000000000000000000000000000				
7.00       Sum of line 3 plus line 4 divided by line 6       0.00       7.00         8.00       Transitional corridor payment (see instructions)       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       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       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       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       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       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00			0.0	
8.00         Transitional corridor payment (see instructions)         0         8.00           9.00         Ancilizery service other pass through costs from Wkst. D. Pt. IV. col. 13, line 200         0         0.00           0.10.00         Organ acquisitions         0         8.00           0.00         Organ acquisitions         0         0.00           0.00         Organ acquisitions         0         0.00           1.00         Total cost (sum of lines 1 and 10) (see instructions)         0         0.00           1.00         Total reasonable charges         137, 975         14.00           1.00         Total reasonable charges         137, 975         14.00           1.00         Total reasonable charges         0         15.00         Aggregate anount actually collected from patients liable for payment for services on a charge basis had such payment base (see instructions)         0         15.00           1.00         Total castomary charges (see instructions)         0         15.00         0.000001         17.00           1.00         Total castomary charges (see instructions)         0         0         0.000001         17.00           1.00         Total reasonable charges         0.000001         17.00         17.00         17.00         17.00         17.00         17.00 <td>6.00</td> <td></td> <td></td> <td></td>	6.00			
9,00       Ancil Lary service other pass through costs from West. D. Pt. IV, col. 13, line 200       10,00       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       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       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       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       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       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.	
10.00       Organ acquisitions:       0       10.00         10.01       Organ acquisitions:       0       10.00         10.01       Organ acquisitions:       0       10.00         10.00       ConvertATION OF LESSER OF COST OR CHARGES       10.00         10.00       Ancil Lary service: Interges       137, 975       14.00         10.00       Total reasonable charges       137, 975       14.00         10.00       Total reasonable charges       137, 975       14.00         10.00       Total reasonable charges       0       15.00         10.00       Total reasonable charges       0       15.00         10.00       Total reasonable charges (seen network of the set 2 and 13)       16.00         10.00       Total reasonable charges (seen network of the set 2 and 13)       16.00         10.00       Total reasonable charges       0       15.00         10.00       Total reasonable charges       0       15.00         10.00       Total reasonable charges       0       10.00         10.00       Total reasonable charges       0       0       0         10.00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11)       0       0       0       0			10 /	
11.00       Total cost (sum of lines 1 and 10) (see instructions)       30,669       11.00         COMPUTATION OF LESSEN OF COST OR CHARGES       130,075       12.00       Ancillery service charges (sum of lines 12 and 13)       137,075         12.00       Ancillery service charges (sum of lines 12 and 13)       137,075       14.00         15.00       Testomary Charges (sum of lines 12 and 13)       137,075       14.00         15.00       Datatemary Charges (sum of lines 12 and 13)       0       15.00         16.00       Datatemary Charges (sum of lines 12 and 142 (FR patients liable for payment for services on a chargebasis of 16.00       15.00         10.00       Ratio of line 15 to line 16 (not to exceed 1.000000)       0.000000       17.00         17.00       Excess of customary charges (see instructions)       0.000000       0.000000         10.00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see       0.20.00         10.01       Excess of reasonable costs over customary charges (sum of lines 2.2, and 2.3)       0.20.00       2.00         20.01       Excess of reasonable cost over customary charges (sum of lines 2.2, and 2.3)       0.20.00       2.00         21.00       Externation (see instructions)       0       2.00       2.00         22.01       Instructions)       0			10, 6	
COMPUTATION OF LESSER OF COST OR CHARGES           Reasonable charges           12.00 Ancillary service charges           13.00 Graph acquisition charges (from Wkst. D-4, Pt. 111, col. 4, line 69)           14.00 Total reasonable charges (sum of lines 12 and 13)           Caustomery charges           15.00 Aggregate amount actually collected from patients liable for payment for services on a chargebasis           15.00 Aggregate amount actually collected from patients liable for payment for services on a chargebasis           16.00 Total reasonable charges (see instructions)           17.00 Total customery charges (see instructions)           17.00 Total reasonable cost over customary charges (complete only if line 18 exceeds line 11) (see linstructions)           17.00 Inters and residents (see instructions)           20.00 Excess of customery charges ((line 11 mus line 20) (for CAH see instructions)           21.00 Inters and residents (see instructions)           22.00 Inters and residents (see instructions)           23.00 Cost of physicians' services in a teaching hospital (see instructions)           24.00 Department (sum of lines 24 and 26)           25.00 Department (sum of lines 25 and 26) plus the sum of lines 22 and 23] (see linstructions)           26.00 Department (sum of lines 27 through 29)           27.01 ESRM ducte meducation costs (from Wkst. E-4, line 50)           20.00 Department (sum of lines 27 through 29)           22.03.01 Compo			30. 6	
12.00       Ancl Hary service charges       137,975       12.00         13.00       Organ acquisition charges (row Wst. D-4, Pt. 111, col. 4, line 69)       0       13.00         14.00       Total reasonable charges (sun of lines 12 and 13)       137,975       12.00         15.00       Aggregate anount actually collected from patients Hable for payment for services on a charge basis       0       16.00         15.00       Aggregate anount actually collected from patients Hable for payment for services on a charge basis       0       16.00         16.00       Ratio of line 15 to line 16 (not exceed 10.00000)       0.000000       0.000000       17.00         17.00       Excess of reasonable cost over customary charges (see instructions)       0.000000       17.00         17.00       Excess of reasonable cost over customary charges (see instructions)       0.000000       10.00         10.01       Excess of reasonable cost over customary charges (see instructions)       0.0       20.00         20.01       Externs and residents (see instructions)       0.0       20.00       20.00         20.01       Deductibles and coinsurance (row CAH, see instructions)       0.0       22.03       23.00       20.01       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.00       23.0				
13.00       Organ acquisition charges (from West. D-4, Pt. 111, col. 4, line 69)       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       0       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       <		Reasonabl e charges		
14.00       Total reasonable charges (sum of lines 12 and 13)       137,975       14,00         15.00       Aggregate amount actually collected from patients Hable for payment for services on a charge basis       0       15,00         15.00       Aggregate amount actually collected from patients Hable for payment for services on a charge basis       0       16,00         15.00       Aggregate amount actually collected from patients Hable for payment for services on a charge basis       0       16,00         16.00       Rotto of line 15 to line 16 (not to exceed 1,000000)       137,975       18,00       0       0,000000       17,00         18.00       Total customary charges (see instructions)       137,975       18,00       17,306       19,00         10.01       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see       0       00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00       10,00 <td></td> <td></td> <td>137, 9</td> <td></td>			137, 9	
Customary charges         Control           15:00         Aggregate anount actually collected from patients I lable for payment for services on a charge basis         0           16:00         Amounts that would have been realized from patients I lable for payment for services on a charge basis         0           17:00         Ratio of I ine 15 to I ine 16 (not to exceed 1.000000)         0         0           10:00         Total customary charges over reasonable cost (complete only if I ine 18 exceeds I ine 11) (see instructions)         0.000000 17.00           10:00         Excess of customary charges over reasonable cost (complete only if I ine 11 exceeds I ine 18) (see instructions)         0.02.00           20:00         Excess of reasonable cost over customary charges (camplete only if I ine 11 exceeds I ine 18) (see instructions)         0.0640 21.00           21:00         Lesser of cost or charges (line 11 minus I ine 20) (for CAH see instructions)         0.22.00           21:00         Lesser of cost or charges (line 11 minus I ine 20) (for CAH see instructions)         0.25.00           22:01         Total prospective payment (sum of lines 2.4, 8 and 9)         22.13.381           24:00         Deductibles and Coinsurance (ro CAH, see instructions)         5.009, 145 26.00           20:00         Deductibles and coinsurance (ro CAH, see instructions)         5.206, 63 1.00           20:01         Distort (minus Line 31)         22.034, 905			107 (	
15. 00       Aggregate amount actually collected from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)       0       15. 00         10. 00       Aggregate amount actually collected from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)       0       15. 00         10. 00       Total customary charges (see instructions)       0       0.000000       17. 00         10. 00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 18) (see instructions)       107. 306 [9. 00         10. 00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       30. 669 [1. 00         21. 00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       30. 669 [1. 00         22. 00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       22. 00         23. 00       Detact Dipsci diaris services in a teaching hospital (see instructions)       0       23. 00         24. 00       Deductibles and coinsurance (for CAH, see instructions)       0       23. 00         24. 00       Deductible and coinsurance (for CAH, see instructions)       5. 30. 90       22. 03. 90       22. 03. 90       22. 03. 90       22. 03. 90       23. 00	14.00		137, 9	715 14.00
16.00       Amount's that would have been realized from patients liable for payment for services on a chargebasis had sock payment been made in accordance with 42 CFR \$431.31.3(e)       0       16.00         17.00       Ratio of line 15 to line 16 (not to exceed 1.000000)       17.00       18.00       0.000000       17.00         18.00       Total customary charges (see instructions)       13.7,975       18.00       0.1000000       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       17.00       12.00       17.01       18.00       12.00       17.01       18.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.00       12.	15 00		asis	0 15 00
had such payment been made in accordance with 42 CFR §413.13(e)       0         100 Ratio of line 15 to line 16 (not to exceed 1.000000)       0.000000 17.00         18.00       Total customary charges (see instructions)       0.000000 17.00         19.00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 18) (see instructions)       107.306 19.00         100       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       0.00000         21.00       Lesses of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       0.00000         22.00       Interns and residents (see instructions)       0.21.00       0.23.00         23.00       Cost of physic lans' services in a teaching hospital (see instructions)       0.23.00       0.25.00         24.00       Deductibles and coinsurance (for CAH, see instructions)       5.09,145 (see instructions)       5.09,145 (see instructions)         25.00       Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)       5.09,145 (see instructions)       2.03,00 (stotal (see instructions)         26.00       Direct graduate medical education costs (from Wkst. E-4, line 30)       2.04,905 (see instructions)       2.04,905 (see instructions)         20.00       Direct graduate medical education costs (from Wkst. I-5, line 11)       3.00       3.00<				
18.00       Total customary charges (see instructions)       137,975       18.00         19.00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)       137,975       18.00         20.00       Excess of customary charges (complete only if line 11 exceeds line 18) (see instructions)       0       0         21.00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       0       0         22.00       Interns and residents (see instructions)       0       0       0       0         23.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00       0       27,313,381       24.00         24.00       Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)       5,309,145       26.00       27.034,905       27.00       28.00       0       22,034,905       0       22,034,905       0       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       28.00       0       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,034,905       0.00       22,044,90				
19. 00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)       107, 306       19, 00         20. 00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       30, 669       21, 00         21. 00       Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)       30, 669       21, 00         22. 00       Cost of physicians' services in a teaching hospital (see instructions)       0       22, 00         23. 00       Cost of physicians' services in a teaching hospital (see instructions)       0       23, 00         20. 00       Deductibles and coinsurance (for CAH, see instructions)       0       25, 00         24. 00       Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)       5, 309, 145       26, 00         27. 00       Subtotal (Line 20 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)       22, 034, 905       27, 043, 905         28. 00       Direct graduate medical education costs (from Wkst. E-4, line 36)       22, 034, 905       23, 00         20. 01       Direct graduate medical education set (from Wkst. E-4, line 36)       21, 902, 807       23, 00         20. 01       Subtotal (Line 20 minus line 31)       52, 066       33, 00       21, 902, 807       23, 004				
instructions)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <				
20.00Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)020.0021.00Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)022.0020.01Interns and residents (see instructions)022.0021.00Cost of physicians' services in a teaching hospital (see instructions)022.0023.00Cost of physicians' services in a teaching hospital (see instructions)023.0024.00Deductibles and Colnsurance (for CAH, see instructions)025.0025.00Deductibles and colnsurance relating to amount on line 24 (for CAH, see instructions)5.09,14526.0026.00Deductibles and colnsurance relating to amount on line 24 (for CAH, see instructions)028.0027.01Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)22.034,90527.0028.00Divect graduate medical education payments (from Wkst. E-4, line 50)028.0020.00Subtotal (sum of lines 27 through 29)22.034,90532.00030.00Subtotal (sum of lines 31)21.992,81932.0030.00Subtotal (Sum of Kist. E-5, line 11)033.00Allowable bad debts (see instructions)56.3035.0030.00Allowable bad debts (see instructions)24.44.1130.00Omperimentsale bad debts (see instructions)744.47130.00OMERUE ADD DEBTA COMPORESIONAL SERVICES)39.0031.00Composite rate ESR	19.00		3 107, 3	306 19.00
instructions)       instructions)       30,669       21,00         21,00       Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)       30,669       21,00         22,00       Interns and residents (see instructions)       22,00       22,00         23,00       Cost of physicians' services in a teaching hospital (see instructions)       22,01       22,03,00         24,00       Total prospective payment (sum of lines 3, 4, 8 and 9)       27,313,381       24,00         COMPUTATION OF REIMBURSEMENT SETTLEMENT       0       25,00       22,034,905       27,00         25,00       Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)       5,309,145       26,00         26,00       Direct graduate medical education payments (from Wkst. E-4, line 50)       0       22,034,905       27,00         29,00       ESRD direct medical education costs (from Wkst. E-4, line 36)       0       22,034,905       27,00         30,00       Subtotal (sum of lines 27 through 29)       21,982,819       32,00       22,904,90       32,00         31,00       Subtotal (see instructions)       31,00       565,301       32,08       32,982,819       32,00         32,00       AlLOMABLE BAD DEBTS (ERAUDE BAD NEBTS FOR PROFESSIONAL SERVICES)       1,982,819       32,06       31,00	20 00	,	2	0 20 00
22.00         Interns and residents (see instructions)         0         22.00           23.00         Cost of physic lans' services in a teaching hospital (see instructions)         0         23.00           24.00         Total prospective payment (sum of lines 3, 4, 8 and 9)         27.313.381         24.00           25.00         Deductibles and coinsurance (for CAH, see instructions)         5.309.145         25.00           26.00         Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)         5.309.145         26.00           27.00         Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)         22.034.905         27.00           28.00         Direct graduate medical education payments (from Wkst. E-4, line 50)         0         28.00           29.00         ESR0 direct medical education costs (from Wkst. E-4, line 36)         21.034.905         20.034.905           31.00         Primary payer payments         52.086         31.00           32.00         Direct readical education costs (from Wkst. I-5, line 11)         0         0         33.00           ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)         32.04         Allowable bad debts (see instructions)         744,471         36.00           33.00         Malowable bad debts for dual eligible beneficiaries (s	20.00		·	20100
23.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00         24.00       Total prospective payment (sum of lines 3, 4, 8 and 9)       27, 313, 381       24.00         25.00       Deductibles and coinsurance (for CAH, see instructions)       5, 309, 145       26.00         25.00       Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)       5, 309, 145       26.00         27.00       Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)       22, 034, 905       27.00         28.00       Direct graduate medical education payments (from Wkst. E-4, line 36)       0       22, 034, 905       30.00         30.00       Subtotal (sum of lines 27 through 29)       22, 034, 905       32.00       30.00         31.00       Primary payer payments       21, 982, 819       32.00         30.00       Subtotal (see instructions)       21, 982, 819       32.00         31.00       Primary payer payments       21, 882, 819       32.00         32.00       Composite rate ESR0 (from Wkst. 1-5, line 11)       0       33.00         33.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       74.4, 71       36.00         33.00       Mallowable bad debts for dual eligible beneficiaries (see	21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	30, 6	569 21.00
24.00Total prospective payment (sum of lines 3, 4, 8 and 9)27, 313, 38124.00COMPUTATION OF REIMBURSEMENT SETTLEMENTCOMPUTATION OF REIMBURSEMENT SETTLEMENT025.0025.00Deductibles and coinsurance (for CAH, see instructions)5, 309, 14526.0026.00Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)5, 309, 14526.0027.00Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see22, 034, 90527.0028.00Direct graduate medical education payments (from Wkst. E-4, line 50)028.00029.00Subtotal (sum of lines 27 through 29)22, 034, 90530.0050.0030.00Subtotal (sum of lines 27 through 29)21, 982, 81932.0031.00Composite rate ESR0 (from Wkst. I-5, line 11)033.00ALLOWABLE BAD DEBTS (FOR LUDE BAD DEBTS FOR PROFESSIONAL SERVICES)33.0034.0031.00Allowable bad debts (see instructions)565, 30135.0032.00Misted reimbursable bad debts (see instructions)744, 47136.0033.00Misted reimbursable bad debts (see instructions)744, 47136.0033.00OHERA DJUSTMENTS FOR PROFESSIONAL SERVICES)39.9039.9033.00Composite rate ESR0 (from Wkst. I-5, line 11)869, 69434.00Allowable bad debts (see instructions)744, 47136.0035.00Aljusted reimbursable bad debts (see instructions)744, 47136.0036.00Misted reimbursable bad de		, , ,		
COMPUTATION OF RETHNEMENT25:00Deductibles and coinsurance (for CAH, see instructions)025:00Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)025:00Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see127:00Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see22,034,90528:00Direct graduate medical education costs (from Wkst. E-4, line 50)028.0000OSM direct medical education costs (from Wkst. E-4, line 36)022,034,90500.00Subtotal (sum of lines 27 through 29)22,034,90530.0011:00Subtotal (sum of lines 27 through 29)22,034,90530.0020:01Subtotal (sum of lines 27 through 29)21,982,81120:01Subtotal (sum of lines 13)21,982,81120:01ALLOWABLE BAD DEBTS FOR PROFESSIONAL SERVICES)20:01Allowable bad debts (see instructions)869,69431:00Composite rate ESRD (from Wst. 1-5, line 11)001:01Subtotal (see instructions)869,69432:00Allowable bad debts for dual eligible beneficiaries (see instructions)869,69433:00MBV=LCC reconciliation amount from PS&R030:00MBV=LCC reconciliation payment adjustment (see instructions)039:04Partial or full credits received from manufacturers for replaced devices (see instructions)39.9239:99RECOVERY OF ACCELERATED DEPRECIATION450,9240:01 <td></td> <td></td> <td>07 010 /</td> <td></td>			07 010 /	
25.00       Deductibles and coinsurance (for CAH, see instructions)       0       25.00         26.00       Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)       5,309,145       26.00         27.00       Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)       22,034,905       22.034,905       22.003,905         28.00       Direct graduate medical education payments (from Wkst. E-4, line 36)       0       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,034,905       22,040,905       22,034,905       22,034,905<	24.00		27, 313, 3	24.00
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27.00       Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see istructions)       22,034,905       27.00         28.00       Direct graduate medical education payments (from Wkst. E-4, line 50)       0       28.00       29.00       ESRD direct medical education costs (from Wkst. E-4, line 36)       0       29.00       20.01       20.01       22.034,905       30.00         20.00       Primary payer payments       22.034,905       30.00       52.086       31.00         32.00       Subtotal (sum of lines 21 through 29)       21,982,819       32.00         33.00       Composite rate ESRD (from Wkst. I-5, line 11)       0       33.00         ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       33.00       34.00         33.00       Adjusted reimbursable bad debts (see instructions)       6469,694       34.00         36.00       Aljused reimbursable bad debts (see instructions)       744,471       36.00         38.00       MSP-LCC reconciliation amount from PS&R       38.00       39.00       39.00         39.99       RECOVERY OF ACCELERATED DEPRECIATION       39.50       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99       39.99			5, 309, 1	
28.00         Direct gradu <sup>1</sup> ate medical education payments (from Wkst. E-4, line 50)         0         28.00         ESRD direct medical education costs (from Wkst. E-4, line 36)         0         29.00           29.00         ESRD direct medical education costs (from Wkst. E-4, line 36)         22,034,905         30.00           0.00         Subtotal (sum of lines 27 through 29)         22,034,905         30.00           31.00         Primary payer payments         52,086         31.00           32.00         Subtotal (sum of lines 31)         52,086         31.00           ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)         33.00         33.00           33.00         Composite rate ESRD (from Wkst. I-5, line 11)         0         33.00           34.00         Allowable bad debts (see instructions)         565,301         35.00           35.00         Adjusted reimbursable bad debts (see instructions)         744,471         36.00           35.00         MSP-LCC reconciliation amount from PS&R         0         39.00         38.00           39.00         OTHER ADJUSTMENTS FROM PS&R         0         39.00         39.99         39.99         39.99         39.99         39.99         39.90         39.99         39.99         39.90         39.99         39.90         39.99 <td< td=""><td></td><td></td><td>see 22, 034, 9</td><td>905 27.00</td></td<>			see 22, 034, 9	905 27.00
29.00ESRD direct medical education costs (from Wkst. E-4, line 36)029.0030.00Subtotal (sum of lines 27 through 29)22.034,90530.0031.00Primary payer payments52.06831.0032.00Subtotal (line 30 minus line 31)21,982,81932.0033.00Composite rate ESRD (from Wkst. I-5, line 11)033.0034.00Allowable bad debts (see instructions)8669,69434.0035.00Allowable bad debts (see instructions)565,30135.0036.00Allowable bad debts for dual eligible beneficiaries (see instructions)744,47136.0037.00Subtotal (see instructions)744,47136.0039.00OTHER ADJUSTMENTS FROM PS&R039.0099.00OTHER ADJUSTMENTS FROM PS&R039.0099.99Partial or full credits received from manufacturers for replaced devices (see instructions)39.9099.99RECOVERV OF ACCELERATED DEPRECIATION450,96240.0141.00Interim payments22,047,44941.0042.00Tentative settlement (for contractors use only)42.044,0043.0044.00Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.249.0043.0070.00Outlier amount (see instructions)49.0049.0091.00Outlier amount (see instructions)099.0092.00Time Value of Money0.0091.0093.00Time Value of Money0.0092.0093.00<	~~ ~~	,		
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35.00       Adjusted reimbursable bad debts (see instructions)       565,301       35.00         36.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       744,471       36.00         37.00       Subtotal (see instructions)       22,548,120       37.00         38.00       MSP-LCC reconciliation amount from PS&R       0       39.00         39.00       OTHER ADJUSTMENTS FROM PS&R       0       39.00         39.90       Partial or full credits received from manufacturers for replaced devices (see instructions)       0       39.90         39.99       RECOVERY OF ACCELERATED DEPRECIATION       0       39.90         40.00       Subtotal (see instructions)       0       39.92         41.00       Interim payments       22, 548, 120       40.00         42.00       Tentative settlement (for contractors use only)       450, 962       40.01         43.00       Balance due provider/program (see instructions)       49, 709       43.00         44.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 1, 0       44.00         515.2       TO BE COMPLETED BY CONTRACTOR       0       90.00       91.00       91.00       91.00         92.00       The rate used to calculate the Time Value of Money       0.00				
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41.00       Interim payments       22,047,449       41.00         42.00       Tentative settlement (for contractors use only)       0       42.00         43.00       Balance due provider/program (see instructions)       49,709       43.00         44.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,       0       44.00         §115.2       TO BE COMPLETED BY CONTRACTOR       0       90.00         90.00       Original outlier amount (see instructions)       0       90.00         91.00       Outlier reconciliation adjustment amount (see instructions)       0       91.00         92.00       The rate used to calculate the Time Value of Money       0.00       92.00         93.00       Time Value of Money (see instructions)       0       93.00		, ,		
42.00       Tentative settlement (for contractors use only)       0       42.00         43.00       Balance due provider/program (see instructions)       49,709       43.00         44.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,       0       44.00         §115.2       TO BE COMPLETED BY CONTRACTOR       0       90.00       90.00         00.01       Original outlier amount (see instructions)       0       91.00       91.00         91.00       Outlier reconciliation adjustment amount (see instructions)       0       91.00       91.00         92.00       The rate used to calculate the Time Value of Money       0.00       92.00       93.00       93.00       0       93.00				
44.00       Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$\$115.2       0       44.00         TO BE COMPLETED BY CONTRACTOR       0       90.00       0       0       90.00       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       91.00       0       91.00       0       91.00       0       91.00       0       91.00       0       92.00       0       0       92.00       0       93.00       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00       0       93.00 <td></td> <td></td> <td></td> <td></td>				
§115.2       TO BE COMPLETED BY CONTRACTOR         90.00       Original outlier amount (see instructions)       0       90.00         91.00       Outlier reconciliation adjustment amount (see instructions)       0       91.00         92.00       The rate used to calculate the Time Value of Money       0.00       92.00         93.00       Time Value of Money (see instructions)       0       93.00			49, 7	
TO BE COMPLETED BY CONTRACTOR90.00Original outlier amount (see instructions)090.0091.00Outlier reconciliation adjustment amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00	44.00			0 44.00
90.00Original outlier amount (see instructions)090.0091.00Outlier reconciliation adjustment amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00				
91.00Outlier reconciliation adjustment amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00	90 00			0 90 00
92.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00		, , , , , , , , , , , , , , , , , , ,		
			0.	
94.00   lotal (sum of lines 91 and 93) 0 94.00				
	94.00	lotal (sum of lines 91 and 93)		0  94.00

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider C		Period: From 01/01/2016 To 09/30/2016	Date/Time Prep 2/28/2017 11:4	pare
			XVIII	Hospi tal	PPS	
		Inpati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2,00	3.00	4.00	
00	Total interim payments paid to provider		40, 394, 25		21, 853, 849	1.
00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2.
00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.
01	Program to Provider			0 07/10/201/	57, 100	2
01 02	ADJUSTMENTS TO PROVIDER			0 07/12/2016 0 07/15/2016	136, 500	3
02				0	130, 500	3
04				0	0	3
05				0	0	3
	Provider to Program		[	-		
50	ADJUSTMENTS TO PROGRAM			0	0	3
51 52				0	0	3
53				0	0	3
54				0	0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	193, 600	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		40, 394, 25	51	22, 047, 449	4
	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5
	write "NONE" or enter a zero. (1)					
	Program to Provider					
01	TENTATI VE TO PROVIDER			0	0	5
02				0	0	5
03	Provider to Program			0	0	5
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	5
52				0	0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER		212, 64		49, 709	6
02	SETTLEMENT TO PROGRAM		40 606 90	0	0 22, 097, 158	6
00	Total Medicare program liability (see instructions)		40, 606, 89	Contractor	22,097,158 NPR Date	7
				Number	(Mo/Day/Yr)	
		(	)	1.00	2.00	
00	Name of Contractor					8

Health Financial Systems FLOYD MEMORIAL HOSPITAL & HEALTH SVS In Lieu of Form CMS-25									
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0044	Period:	Worksheet E-1					
			From 01/01/2016 To 09/30/2016	Date/Time Pre	nared				
	2/28/2017 11:4								
		Title XVIII	Hospi tal	PPS					
			-	1.00					
	TO DE CONDUCTED DV CONTRACTOR FOR NONCTANRARD COCT DEPORTS			1.00					
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION	1							
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.		o 14	0	1.00				
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8			0	2.00				
3.00									
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8	3-12		0	4.00				
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			0	5.00				
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 l			0	6.00				
7.00	CAH only - The reasonable cost incurred for the purchase of c line 168	certified HIT technology	Wkst. S-2, Pt. I	0	7.00				
8.00	Calculation of the HIT incentive payment (see instructions)			0	8.00				
9.00	Sequestration adjustment amount (see instructions)			0	9.00				
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)		0	10.00				
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH								
30.00	Initial/interim HIT payment adjustment (see instructions)			0					
	31.00 Other Adjustment (specify) 0								
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instructio	ns)	0	32.00				

Heal th	Financial Systems FLOYD MEMORIAL HOSPITAL	& HEALTH SVS	In Lieu	ı of Form CMS-2	2552-10
		Provider CCN: 15-0044	Peri od:	Worksheet E-3	
			From 01/01/2016	Part VII	
			To 09/30/2016	Date/Time Pre 2/28/2017 11:4	
		Title XIX	Hospi tal	Cost	4 <u>5 alli</u>
			Inpatient	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV COMPUTATION OF NET COST OF COVERED SERVICES	/ICES FOR TITLES V OR X	IX SERVICES		
1.00	Inpatient hospital/SNF/NF services		1, 556, 885		1.00
2.00	Medical and other services		1, 000, 000	1, 512, 934	2.00
3.00	Organ acquisition (certified transplant centers only)		0	.,,	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1, 556, 885	1, 512, 934	4.00
5.00	Inpatient primary payer payments		0		5.00
	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1, 556, 885	1, 512, 934	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		4, 986, 153	8, 180, 784	9.00
	Organ acquisition charges, net of revenue		0	0,100,701	10.00
	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		4, 986, 153	8, 180, 784	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13.00
14.00	basis Amounts that would have been realized from patients liable for	novment for convinces	n 0	0	14.00
14.00	a charge basis had such payment been made in accordance with 4		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	E GIR 3413. 13(C)	0. 000000	0. 000000	15.00
	Total customary charges (see instructions)		4, 986, 153	8, 180, 784	16.00
	Excess of customary charges over reasonable cost (complete only	y if line 16 exceeds	3, 429, 268	6, 667, 850	17.00
	line 4) (see instructions)				
18.00	Excess of reasonable cost over customary charges (complete only	y if line 4 exceeds lin	e 0	0	18.00
10.00	16) (see instructions)			0	10.00
	Interns and Residents (see instructions) Cost of physicians' services in a teaching hospital (see instru	uctions)	0	0	19.00 20.00
	Cost of covered services (enter the lesser of line 4 or line 1		1, 556, 885	1, 512, 934	
21.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be a			1,012,701	21.00
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
	Program capital payments		0		24.00
	Capital exception payments (see instructions)		0	-	25.00
	Routine and Ancillary service other pass through costs		0	0	26.00
	Subtotal (sum of lines 22 through 26) Customary charges (title V or XIX PPS covered services only)		0	0	27.00 28.00
	Titles V or XIX (sum of lines 21 and 27)		1, 556, 885	1, 512, 934	
27.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		1, 330, 003	1, 512, 754	27.00
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1, 556, 885	1, 512, 934	31.00
32.00	Deducti bl es		0	0	32.00
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	0	34.00
	Utilization review	22)	1 554 005	1 510 024	35.00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and OTHER ADJUSTMENTS $% \left( \mathcal{A}_{1}^{\prime}\right) =\left( \mathcal{A}_{1}^{\prime}\right) \left( \mathcal{A}_{1}^{\prime}\right$	33)	1, 556, 885 9, 549	1, 512, 934 9, 277	36.00 37.00
	Subtotal (line 36 ± line 37)		1, 566, 434	1, 522, 211	38.00
	Direct graduate medical education payments (from Wkst. E-4)		0	1, 022, 211	39.00
	Total amount payable to the provider (sum of lines 38 and 39)		1, 566, 434	1, 522, 211	40.00
41.00	Interim payments		1, 566, 434	1, 522, 211	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance	ce with CMS Pub 15-2,	0	0	43.00
	chapter 1, §115.2		I	I	

	E SHEET (If you are nonproprietary and do not maintain type accounting records, complete the General Fund column	FIOVIDEI C	F	Period: From 01/01/2016 To 09/30/2016	Worksheet G Date/Time Pre 2/28/2017 11:	
		General Fund	Speci fi c Purpose Fund	Endowment Fund	Plant Fund	
	CURRENT ASSETS	1.00	2.00	3.00	4.00	
. 00	Cash on hand in banks	22, 629, 106	C	0 0	0	1.
. 00	Temporary investments	0			0	
. 00	Notes receivable	0	c c	0 0	0	3.
. 00	Accounts receivable	102, 691, 443	C	0 0	0	4.
. 00	Other receivable	783, 502	C	0 0	0	
00	Allowances for uncollectible notes and accounts receivable			-	0	-
00	Inventory	4, 848, 952		-	0	
00	Prepaid expenses	2, 558, 813			0	
00	Other current assets	0	C		0	
0.00	Due from other funds		C		0	
1.00	Total current assets (sum of lines 1-10) FIXED ASSETS	106, 922, 633	C	0 0	0	11
2.00	Land	6, 437, 951	C	0	0	12
3.00	Land improvements	4, 610, 703			0	
4.00	Accumulated depreciation	-3, 365, 195			0	
5.00	Buildings	135,000,707		-	0	
6.00	Accumulated depreciation	-65, 046, 934			0	
	Leasehold improvements	4, 728, 964		0	0	
8.00	Accumulated depreciation	-3, 276, 955		0 0	0	18
9.00	Fixed equipment	18, 974, 936	c	0 0	0	19
0.00	Accumulated depreciation	-14, 152, 316	C	0 0	0	20
1.00	Automobiles and trucks	0	C	0 0	0	21
2.00	Accumulated depreciation	0	C	0 0	0	22
3.00	Major movable equipment	148, 757, 802			0	
4.00	Accumulated depreciation	-118, 600, 731			0	
5.00	Minor equipment depreciable	515, 218			0	
	Accumulated depreciation	-336, 527			0	
7.00	HIT designated Assets	0	C		0	
8.00	Accumulated depreciation	0	C		0	
9.00	Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)	114, 247, 623			0	
0.00	OTHER ASSETS	114, 247, 023		0	0	1 30
1.00	Investments	7, 107, 276	C C	0	0	31
2.00	Deposits on Leases	0			0	
3.00	Due from owners/officers	0	c c	0 0	0	33
4.00	Other assets	-1, 287, 758	c	0 0	0	34
5.00	Total other assets (sum of lines 31-34)	5, 819, 518	C	0 0	0	35
6.00	Total assets (sum of lines 11, 30, and 35)	226, 989, 774	C	0 0	0	36
	CURRENT LI ABI LI TI ES	1	1	1		
	Accounts payable	13, 053, 758			0	
8.00	Salaries, wages, and fees payable	13, 862, 148			0	
	Payroll taxes payable	0	C		0	
	Notes and loans payable (short term)	1, 081, 464			0	1 .0
1.00	Deferred income		C	0 0	0	
2.00	Accelerated payments Due to other funds	-4, 609, 683	l c	0	0	42
4.00	Other current liabilities	1, 250, 961			0	
5.00	Total current liabilities (sum of lines 37 thru 44)	24, 638, 648			0	
0.00	LONG TERM LIABILITIES	21,000,010		,		
6.00	Mortgage payable	0	C	0	0	46
7.00	Notes payable	o o			0	
8.00	Unsecured Loans	0	C C		0	
9.00	Other long term liabilities	88, 864, 999	C	0	0	
0.00	Total long term liabilities (sum of lines 46 thru 49)	88, 864, 999	c	0	0	50
1.00	Total liabilities (sum of lines 45 and 50)	113, 503, 647	C	0	0	51
	CAPI TAL ACCOUNTS					
2.00	General fund balance	113, 486, 127				52
3.00	Specific purpose fund		C			53
4.00	Donor created - endowment fund balance - restricted			0		54
5.00	Donor created - endowment fund balance - unrestricted			0		55
5.00	Governing body created - endowment fund balance			0	-	56
7.00	Plant fund balance - invested in plant				0	
8.00	Plant fund balance - reserve for plant improvement,				0	58
9.00	replacement, and expansion Total fund balances (sum of lines 52 thru 58)	113, 486, 127	~	0	0	59
9.00 0.00	Total liabilities and fund balances (sum of lines 51 and	226, 989, 774			0	
	rotar maximumes and rund barances (sum or mines of and	220, 707, 114		/ U	0	

Heal th Financia STATEMENT OF C	al Systems FLOYD HANGES IN FUND BALANCES	MEMORIAL HOSPI	TAL & HEALTH		Perio	d:	u of Form CMS- Worksheet G-1	
					From ( To (	01/01/2016 09/30/2016	Date/Time Pre 2/28/2017 11:	epared: 45 am
		General	Fund	Speci al	Purpos	e Fund	Endowment Fund	
		1.00	2.00	3.00		4.00	5.00	
2.00 Net inco 3.00 Total (s 4.00 Addition 5.00 6.00 7.00 8.00 9.00 10.00 Total ac 11.00 Subtotal 12.00 Deduction 13.00 14.00 15.00 16.00 17.00 18.00 Total de 19.00 Fund bal	ances at beginning of period ome (loss) (from Wkst. G-3, line 29) sum of line 1 and line 2) ns (credit adjustments) (specify) dditions (sum of line 4-9) (line 3 plus line 10) ons (debit adjustments) (specify) eductions (sum of lines 12-17) ance at end of period per balance		133, 339, 845 -19, 853, 718 113, 486, 127 0 113, 486, 127 0 113, 486, 127 0 113, 486, 127			0 0 0 0 0 0		5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
sheet (I	ine 11 minus line 18)	Endowment Fund	Pl ant	Fund				
		6.00	7.00	8.00				
2.00 Net inco 3.00 Total (s	ances at beginning of period ome (loss) (from Wkst. G-3, line 29) sum of line 1 and line 2) ns (credit adjustments) (specify)	0	0 0 0 0 0		0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
11.00 Subtotal	dditions (sum of line 4–9) (line 3 plus line 10) ons (debit adjustments) (specify)	0 0	0 0 0 0 0 0 0 0 0 0		0			9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
19.00 Fund bal	eductions (sum of lines 12–17) ance at end of period per balance ine 11 minus line 18)	0 0			0 0			18.00 19.00

TEMEI	Financial Systems FLOYD MEMORIAL HOSPIT NT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	CN: 15-0044		In Lieu riod: om 01/01/2016 09/30/2016	Worksheet G- Parts I & II Date/Time Pr 2/28/2017 11	epare
	Cost Center Description		I npati ent		Outpati ent	Total	
			1.00		2.00	3.00	
_	PART I – PATIENT REVENUES						_
	General Inpatient Routine Services						_
	Hospi tal		56, 051, 6			56, 051, 69	
	SUBPROVIDER - IPF			0			0 2
	SUBPROVIDER – IRF			0			0 3
	SUBPROVI DER			0			0 4
	Swing bed - SNF			0			0 5
	Swing bed - NF			0			0 6
00 5	SKILLED NURSING FACILITY			0			0 7
00	NURSING FACILITY			0			0 8
0 0	OTHER LONG TERM CARE			0			0 9
00 T	Total general inpatient care services (sum of lines 1-9)		56, 051, 6	91		56, 051, 69	1 10
	ntensive Care Type Inpatient Hospital Services						
	INTENSIVE CARE UNIT		7, 170, 1	79		7, 170, 17	9 11
00 0	CORONARY CARE UNI T			0			ol 12
	BURN I NTENSI VE CARE UNI T			0			0 13
	SURGI CAL I NTENSI VE CARE UNI T			0			0 14
	OTHER SPECIAL CARE (SPECIFY)			Ŭ			15
	Total intensive care type inpatient hospital services (sum o	flines	7, 170, 1	70		7, 170, 17	
	11-15)	i iiies	7,170,1	17		7,170,17	10
	Total inpatient routine care services (sum of lines 10 and 1	6)	63, 221, 8	70		63, 221, 87	0 17
	Ancillary services	0)	266, 919, 6		387, 674, 008	654, 593, 67	
	Dutpati ent services		12, 211, 8		49, 302, 663	61, 514, 53	
	RURAL HEALTH CLINIC		12, 211, 0				
				0	0		
	FEDERALLY QUALIFIED HEALTH CENTER			0	-		-
	HOME HEALTH AGENCY			~	4, 328, 702	4, 328, 70	
	AMBULANCE SERVICES			0	0		0 23
				_	0		0 24
	CORF			0	0		0 24
	AMBULATORY SURGICAL CENTER (D. P. )			0	0		0 25
	HOSPICE			0	0		0 26
	IDENTIFIED ON TRIAL BALANCE		16, 228, 2	47	66, 546, 329	82, 774, 57	6 27
00   1	Total patient revenues (sum of lines 17-27)(transfer column	3 to Wkst.	358, 581, 6	56	507, 851, 702	866, 433, 35	8 28
	G-3, line 1)						_
	PART II - OPERATING EXPENSES						
	Operating expenses (per Wkst. A, column 3, line 200)				275, 091, 342		29
	EXPENSES NOT INCLUDED ON WORKSHEET A		18, 614, 0	22			30
00				0			31
00				0			32
00				0			33
00				0			34
00				0			35
00 T	Total additions (sum of lines 30-35)			1	18, 614, 022		36
	DEDUCT (SPECIFY)			0			37
00	- /			0			38
00				0			39
00				0			40
00				0			41
	Total deductions (sum of lines 37-41)			9	0		41
	Total operating expenses (sum of lines 29 and 36 minus line	12) (transfor			293, 705, 364		42
UUII	to Wkst. G-3, line 4)	42) ( transier			273, 103, 304		43

Heal th	Financial Systems FLOYD MEMORIAL HOSPITA	AL & HEALTH SVS	In Lieu	u of Form CMS-2	2552-10
STATEM	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0044	Peri od:	Worksheet G-3	
			From 01/01/2016 To 09/30/2016	Date/Time Pre 2/28/2017 11:	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lir			866, 433, 358	
2.00	Less contractual allowances and discounts on patients' accour	nts		588, 190, 355	2.00
3.00	Net patient revenues (line 1 minus line 2)			278, 243, 003	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		293, 705, 364	
5.00	Net income from service to patients (line 3 minus line 4)			-15, 462, 361	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			-7, 695, 138	
8.00	Revenues from telephone and other miscellaneous communication	n servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			796, 169	
12.00	Parking lot receipts			307, 440	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			902, 444	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other t	than patients		0	16.00
17.00				0	17.00
18.00				13, 658	
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
	Rental of vending machines			142, 520	
22.00				30, 924	
23.00				1, 946, 595	
	IDENTIFIED ON TRIAL BALANCE			-835, 969	
	Total other income (sum of lines 6-24)			-4, 391, 357	
	Total (line 5 plus line 25)			-19, 853, 718	
	OTHER EXPENSES (SPECIFY)			0	27.00
	Total other expenses (sum of line 27 and subscripts)			0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			-19, 853, 718	29.00

	inancial Systems S OF HOSPITAL-BASED HOME HEALT		MEMORIAL HOSPI	Provi der CC		Peri od:	u of Form CMS-2 Worksheet H	
				HHA CCN:	15-7152	From 01/01/2016 To 09/30/2016		epared
						Home Health	2/28/2017 11: PPS	
						Agency I	PP3	
		Sal ari es		Transportati o		u Other Costs	Total (sum of	
			Benefits	n (see instructions)	rchased Servi ces		cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	ENERAL SERVICE COST CENTERS							
	Capital Related - Bldg. & Fixtures			0		0	0	1.0
bo c	Capital Related - Movable			0		3, 245	3, 245	2.
	quipment		0	0		0 0		3.
	Plant Operation & Maintenance Transportation	0	0	0 144, 754		0 0	0 144, 754	
00 A	Administrative and General	2, 119, 383	0	0	119, 14	45 505, 932		
	HA REIMBURSABLE SERVICES							
	Skilled Nursing Care Physical Therapy	0	0	0		0 0		
	Occupational Therapy	0	Ő	0		0 0	0	
	Speech Pathology	0	О	0		0 0	0	
	ledical Social Services	0	0	0		0 0	0	
	Home Health Aide Supplies (see instructions)	0	0	0		0 0 0 31, 943	0 31, 943	
	rugs	0	0	0		0 637	637	
00 D	DME	0	0	0		0 0	0	14.
	HA NONREI MBURSABLE SERVI CES							1 45
	Home Dialysis Aide Services Respiratory Therapy	0	0	0		0 0		
	Private Duty Nursing	0	0	0		0 0		
00 C	Clinic	0	О	0		0 0	0	18.
	lealth Promotion Activities	0	0	0		0 0	0	
	Day Care Program	0	0	0		0 0	0	
	lome Delivered Meals Program lomemaker Service	0	0	0		0 0	0	
	II Others (specify)	0	0	0		0 0	0	
	el emedi ci ne	0	О	0		0 0	0	
00 T	otal (sum of lines 1-23)	2, 119, 383 Recl assi fi cat	0 Recl assi fi ed	144,754 Adjustments	119, 14		2, 925, 039	24.
		ion	Trial Balance	Aujustments	Net Expenses for	>		
			(col. 6 +		Allocation			
			col . 7)		(col. 8 +			
		7.00	8.00	9.00	<u>col. 9)</u> 10.00	-		1
GI	ENERAL SERVICE COST CENTERS						I	
	Capital Related - Bldg. &	0	0	0		0		1.
	ixtures Capital Related - Movable	0	3, 245	0	3, 24	15		2.
	apital kerated - Movable Equipment		3, 245	0	3, 22			<sup>2.</sup>
0 P	Plant Operation & Maintenance	0	0	0		0		3.
	ransportation	0	144, 754	0	144, 75			4.
	Administrative and General HA REIMBURSABLE SERVICES	-1, 507, 941	1, 236, 519	-426, 966	809, 55	53		5.
	Skilled Nursing Care	798, 795	798, 795	0	798, 79	95		6.
)0 P	Physical Therapy	476, 437		0	476, 43			7.
	Occupational Therapy	133, 521	133, 521	0	133, 52			8.
	Speech Pathology ledical Social Services	49, 170 16, 955	49, 170 16, 955	0	49, 17 16, 95			9. 10.
	lome Health Aide	33, 063	33, 063	0	33, 06			11.
	Supplies (see instructions)	0	31, 943	0	31, 94			12.
	rugs	0	637	0	63	37		13.
00 D	ME HA NONREI MBURSABLE SERVI CES	0	0	0		0		14.
	HA NUNREIMBURSABLE SERVICES Iome Dialysis Aide Services	0	0	0		0		15.
	Respiratory Therapy	0	0	0		0		16.
00 H 00 R		0	0	0		0		17.
00 H 00 R 00 P	Private Duty Nursing		0	0		0		18.
00 H 00 R 00 P 00 C	Clinic	0		0		0		19
00 H 00 R 00 P 00 C 00 H	Clinic Health Promotion Activities	0	0	0		0		1 20
00 H 00 R 00 P 00 C 00 H 00 D	Clinic Health Promotion Activities Day Care Program		0	0		0		
00 H 00 R 00 P 00 C 00 H 00 D 00 H	Clinic Health Promotion Activities		0 0 0 0	0 0 0 0		0 0 0		21.
00 H 00 R 00 P 00 C 00 H 00 D 00 H 00 H 00 A	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service NII Others (specify)	0 0 0 0	0	0 0 0 0		0 0 0		20. 21. 22. 23.
00 H 00 R 00 P 00 C 00 H 00 D 00 H 00 H 00 A 50 T	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service		0 0 0 0	0 0 0	2, 498, 07	0 0 0 0		21. 22.

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 2/28/2017 11:45 am

	Financial Systems ALLOCATION - HHA GENERAL SERVICE		MEMORIAL HOSP	TAL & HEALTH		In Lie Period:	u of Form CMS-2 Worksheet H-1	
				HHA CCN:	15-7152	From 01/01/2016 To 09/30/2016	Part I Date/Time Pre	pared:
						Home Health	2/28/2017 11: PPS	<u>45 am</u>
			Capital Rel	ated Costs		Agency I		
			•					
		Net Expenses for Cost	Bl dgs & Fi xtures	Movable Equipment	Plant Operation &	Transportatio	Subtotal (cols. 0-4)	
		Allocation	TT Xtures	Equipment	Maintenance			
		(from Wkst. H, col. 10)						
		0	1.00	2.00	3.00	4.00	4A. 00	
	GENERAL SERVICE COST CENTERS							1
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	3, 245		3, 245			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	0	
4.00 5.00	Transportation Administrative and General	144, 754 809, 553	0	0 3, 245		0 144, 754 0 0	812, 798	4.00 5.00
	HHA REIMBURSABLE SERVICES		-			-		1
6.00 7.00	Skilled Nursing Care Physical Therapy	798, 795 476, 437	0	0		0 72,086 0 44,461	870, 881 520, 898	6.00 7.00
8.00	Occupational Therapy	133, 521	0	0		0 12, 549	146, 070	
9.00	Speech Pathology	49, 170	0	0		0 3, 046	52, 216	9.00
10.00 11.00	Medical Social Services Home Health Aide	16, 955 33, 063	0	0		0 1, 674 0 10, 938	18, 629 44, 001	
12.00	Supplies (see instructions)	31, 943	0	0		0 10, 938	31, 943	
13.00	Drugs	637	0	0		0	637	
14.00	DME HHA NONREI MBURSABLE SERVI CES	0	0	0		0 0	0	14.00
15.00	Home Dialysis Aide Services	0	0	0		0 0	0	15.00
16.00	Respiratory Therapy	0	0	0		0 0	0	
17.00 18.00	Private Duty Nursing Clinic	0	0	0		0 0 0 0	0	
18.00	Health Promotion Activities	0	0	0		0 0	0	
20.00	Day Care Program	0	Ō	0		0 0	0	20.00
21.00	Home Delivered Meals Program	0	0	0		0 0	0	21.00
22.00 23.00	Homemaker Service All Others (specify)	0	0	0		0 0	0	22.00 23.00
23.50	Tel emedi ci ne	0	Ő	0		0 0	0	23.50
24.00	Total (sum of lines 1-23)	2, 498, 073 Admi ni strati v	0 Total (cols.	3, 245		0 144, 754	2, 498, 073	24.00
		e & General	4A + 5)					
		5.00	6.00					
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &							1.00
2.00	Fixtures Capital Related - Movable							2.00
2.00	Equipment							
3.00	Plant Operation & Maintenance							3.00
4.00 5.00	Transportation Administrative and General	812, 798						4.00 5.00
	HHA REIMBURSABLE SERVICES		I					1
6.00 7.00	Skilled Nursing Care Physical Therapy	420, 021 251, 226	1, 290, 902 772, 124					6.00 7.00
7.00 8.00	Occupational Therapy	70, 449	216, 519					8.00
9.00	Speech Pathology	25, 183	77, 399					9.00
10. 00 11. 00	Medical Social Services Home Health Aide	8, 985	27, 614 65, 222					10.00
12.00	Supplies (see instructions)	21, 221 15, 406	47, 349					12.00
13.00	Drugs	307	944					13.00
14.00		0	0					14.00
15.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00 18.00	Private Duty Nursing	0	0 0					17.00 18.00
18.00 19.00	Clinic Health Promotion Activities	0	0					18.00
20.00		0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00 23.00	Homemaker Service All Others (specify)	0	0					22.00 23.00
23.00 23.50	Tel emedi ci ne	0	0					23.00
24.00			2, 498, 073					24.00

COST A	LLOCATION - HHA STATISTICAL BAS	SI S		Provider C	CN: 15-0044	Period:	Worksheet H-1	
				HHA CCN:	15-7152	From 01/01/2016 To 09/30/2016		pared:
						Home Health	PPS	<u>+5 ulli</u>
						Agency I		
		Capital Rel	ated Costs					
				<b></b> .				
		BIdgs &	Movabl e	Plant		o Reconciliatio		
		Fixtures	Equipment	Operation &	n (MILEAGE)	n	e & General	
		(SQUARE FEET)	(DOLLAR VALUE)	Maintenance (SQUARE FEET)			(ACCUM. COST)	
		1.00	2.00	3. 00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1.00	071.00	0.00	
1.00	Capital Related - Bldg. &	0				0		1.00
	Fixtures							
2.00	Capital Related - Movable		19, 814			0		2.00
	Equi pment							
3.00	Plant Operation & Maintenance	0	0	C		0		3.00
4.00	Transportation (see	0	0	C	23, 09	93		4.00
F 00	instructions)	0	10 014	C		0 -812,798	1 (05 075	F 00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	19, 814	L C	/	0 -812, 798	1, 685, 275	5.00
6.00	Skilled Nursing Care	0	0	C	11, 50	0 0	870, 881	6.00
7.00	Physical Therapy	0	0				520, 898	
8.00	Occupational Therapy	0	0	C	2,00		146, 070	
9.00	Speech Pathology	0	0	C	48		52, 216	
10.00	Medical Social Services	0	0	C	26		18, 629	
11.00	Home Health Aide	0	0	C	1,74	15 0	44, 001	11.00
12.00	Supplies (see instructions)	0	0	C		0 0	31, 943	12.00
13.00	Drugs	0	0	C		0	637	
14.00	DME	0	0	C	)	0 0	0	14.00
	HHA NONREI MBURSABLE SERVI CES				1			
15.00	Home Dialysis Aide Services	0	0	C		0 0	0	
16.00 17.00	Respiratory Therapy Private Duty Nursing	0	0	C	2	0 0	0	16.00 17.00
17.00	Clinic	0	0			0 0	0	17.00
18.00	Health Promotion Activities	0	0			0 0		19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0	c c		0 0	0	21.00
22.00	Homemaker Service	0 0	0	C		0 0	0	22.00
23.00	All Others (specify)	0	0	C		0 0	0	23.00
23.50	Tel emedi ci ne	0	0	C		0 0	0	23.50
24.00	Total (sum of lines 1-23)	0	19, 814	C	23, 09	-812, 798	1, 685, 275	
25.00	Cost To Be Allocated (per	0	3, 245	C	144, 75	54	812, 798	25.00
	Worksheet H-1, Part I)							
26.00	Unit Cost Multiplier	0. 000000	0. 163773	0.000000	6. 26830	)6	0. 482294	26.00

	n Financial Systems ATION OF GENERAL SERVICE COSTS		MEMORIAL HOSP	Provider C		Period:	u of Form CMS-2 Worksheet H-2	
	STOR OF GENERAL SERVICE COSTS			HHA CCN:	15-7152	From 01/01/2016 To 09/30/2016	Part I Date/Time Pre 2/28/2017 11:	pared:
						Home Health Agency I	PPS	
			CAPI TAL REL	ATED COSTS		Agency		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMI NI STRATI V E & GENERAL	
		0	1.00	2.00	4. 00	4A	5.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to	0 1, 290, 902 772, 124 216, 519 77, 399 27, 614 65, 222 47, 349 944 0 0 0 0 0 0 0 0 0 0 0 0 0		21, 093 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	225, 6 294, 8 175, 8 49, 2 18, 1 6, 2 12, 2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	30, 256 194, 426	$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ \end{array}$
	<u>6 decimal places.</u> Cost Center Description	MAINTENANCE &		LAUNDRY &	HOUSEKEEPI N	G DI ETARY	CAFETERI A	
		REPAI RS 6.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	11.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 7.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	5, 747 6, 258 2, 996 928 317 197 681 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 14.00 15.00 14.00 19.50

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
2/28/2017 11:45 am

ALLOCA	TION OF GENERAL SERVICE COSTS	TO HHA COST CEN	NTERS	Provider C		Period: From 01/01/2016		
				HHA CCN:	15-7152	To 09/30/2016	Date/Time Pre 2/28/2017 11:	epared: 45 am
						Home Health Agency I	PPS	
	Cost Center Description	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50 20.00 21.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Home Delivered Meals Program Home Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         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	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 10.00 10.00 11.00 12.00 13.00 14.00 14.00 15.00 14.00 15.00 15.00 14.00 15.00 14.00 15.00 14.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.
	Cost Center Description	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00         2.00         3.00         4.00         5.00         6.00         7.00         3.00         9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service				1, 786, 4 1, 067, 1 299, 3 107, 5 38, 2 87, 5 53, 1	14         146, 822           99         87, 712           17         24, 601           79         8, 842           22         3, 141           99         7, 200           54         4, 369	1, 154, 911 323, 918 116, 421 41, 363 94, 799	3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 14. 00 16. 00 17. 00 18. 00 18. 00 17. 00 18. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 10. 00 10. 00 10. 00 10. 00 11. 00 11. 00 12. 00 14. 00 14. 00 14. 00 14. 00 14. 00 15. 00 10. 00 11. 00 14. 00 15. 00 16. 00 17. 00 18.
9.50 0.00 1.00	Telemedicine Total (sum of lines 1-19) (2)	0	0 3, 723, 318	0	3, 723, 3	0 0 18 282, 774 0. 082189	0 3, 723, 318	19.5

ALLOCA	ATION OF GENERAL SERVICE COSTS	FO HHA COST CEN	MEMORIAL HOSP				eri od:	u of Form CMS-2 Worksheet H-2	
BASI S				HHA CCN:	15-7152	Fi To		Date/Time Pre 2/28/2017 11:	
							Home Health Agency I	PPS	
		CAPI TAL REL	ATED COSTS				Agency		
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	Reconciliati n	iο	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	MAI NTENANCE & REPAI RS (SQUARE FEET)	
		1.00	2.00	SALARI ES) 4. 00	5A		5.00	6.00	
1.00 2.00 3.00 4.00 5.00 6.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services		19, 814 0 0 0 0 0	611, 442 798, 795 476, 437 133, 521 49, 170 16, 955		0 0 0 0 0	246, 771 1, 585, 730 947, 973 265, 800 95, 547 33, 872	0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00
7.00 8.00 9.00 10.00 11.00	Home Heal th Ai de Supplies (see instructions) Drugs DME Home Dialysis Aide Services		0 0 0 0 0	10, 933 33, 063 0 0 0 0 0		0 0 0 0 0	77, 425 47, 349 944 0	0 0 0 0 0 0	7.00 8.00 9.00 10.00
12.00 13.00 14.00 15.00 16.00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	0 0 0 0	0 0 0 0	0 0 0 0 0 0		0 0 0 0	0 0 0 0 0	0 0 0 0 0	12.00 13.00 14.00 15.00 16.00
17.00 18.00 19.00 19.50 20.00	Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19)		0 0 0 19, 814	0 0 0 2, 119, 383		0 0 0 0	0 0 0 3, 301, 411	0 0 0 0 0	17.00 18.00 19.00 19.50 20.00
21.00 22.00	Total cost to be allocated Unit cost multiplier Cost Center Description	0 0. 000000 0PERATI ON OF	21, 093	782, 245 0. 369091 HOUSEKEEPI NG			404, 783 0. 122609 CAFETERI A	0 0. 000000 MAI NTENANCE	21.00 22.00
		PLANT (SQUARE FEET)	(POUNDS OF LAUNDRY)		(MEALS SERVED)		(PRODUCTI VE HOURS)	OF PERSONNEL (NUMBER HOUSED)	
1 00	Administrative and Cananal	7.00	8.00	9.00	10.00	0	11.00	12.00	1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)		0 0 0 0 0 0 0 0				20, 086 21, 874 10, 470 3, 242 1, 107 689 2, 380 0	0 0 0 0 0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
9.00 10.00 11.00 12.00 13.00 14.00 15.00	Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities					0 0 0 0 0 0		0 0 0 0 0 0 0 0	9.00 10.00 11.00 12.00 13.00 14.00
16.00 17.00 18.00 19.00 19.50 20.00	Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19)			0 0 0 0 0 0 0 0 0			0 0 0 0 59, 848 17, 124		16.00 17.00 18.00 19.00 19.50 20.00
21.00	Total cost to be allocated Unit cost multiplier	0.000000	0 0. 000000	0.00000	0.0000	U 00(	17, 124 0. 286125	0. 000000	21.0 22.0

Heal th	Financial Systems	FLOYD	MEMORIAL HOSPIT	AL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
ALLOCA BASI S	ATION OF GENERAL SERVICE COSTS	TO HHA COST CEN	TERS STATI STI CAL	Provider C	CN: 15-0044 15-7152	Period: From 01/01/2016 To 09/30/2016		
					10 7 102		2/28/2017 11:	
						Home Health	PPS	
						Agency I		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL	PARAMED ED	
		ADMI NI STRATI O	SERVICES &	(COSTED	RECORDS &	SERVI CE	PRGM-PHARMACY	
		N (DLDECT	SUPPLY	REQUIS.)	LI BRARY	(ASSI GNED	RESI DENCY	
		(DI RECT NRSI NG HRS)	(COSTED REQUIS.)		(TIME SPENT	) TIME)	(ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	13.00	14.00	15.00	10.00	0 0	23.00	1.00
2.00	Skilled Nursing Care	0	0	0			0	2.00
3.00	Physical Therapy	0	0	0		0 0	0	3.00
4.00	Occupational Therapy	0	0	0		0 0	0	4.00
5.00	Speech Pathology	0	0	0		0 0	0	5.00
6.00	Medical Social Services	0	o	0		0 0	0	6.00
7.00	Home Health Aide	0	o	0		0 0	0	7.00
8.00	Supplies (see instructions)	0	0	0	)	0 0	0	8.00
9.00	Drugs	0	0	0		0 0	0	9.00
10.00	DME	0	0	0	)	0 0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0		0 0	0	11.00
12.00	Respiratory Therapy	0	0	0		0 0	0	12.00
13.00	Private Duty Nursing	0	0	0		0 0	0	13.00
14.00	Clinic	0	0	0		0 0	0	1
15.00	Health Promotion Activities	0	0	0		0 0	0	1 .0.00
16.00	Day Care Program	0	0	0		0 0	0	1 101 00
17.00	Home Delivered Meals Program	0	0	0		0 0	0	17.00
18.00	Homemaker Service	0	0	0		0 0	0	18.00
19.00	All Others (specify)	0	0	0		0 0	0	19.00
19.50	Tel emedi ci ne	0	0	0		0 0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0		0 0	0	20.00
21.00	Total cost to be allocated	0	0	0	0.0000	0 0	0	21.00
22.00	Unit cost multiplier	0. 000000	0. 000000	0.00000	0.0000	0.00000	0. 000000	22.00

Hoal th	Financial Systems	EL OVE			SVIS	India	u of Form CMS (	DEE2 10
	Financial Systems TONMENT OF PATIENT SERVICE COST		MEMORIAL HUSP	PITAL & HEALTH		Period:	u of Form CMS-2 Worksheet H-3	
AFFORI	TOWMENT OF PATIENT SERVICE COS	15		HHA CCN:	15-7152	From 01/01/2016 To 09/30/2016	Part I	pared:
				Title	× XVIII	Home Health Agency I	PPS	
	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line		Shared Ancillary Costs (from	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷	
			Part I)	Part II)			col . 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE	PROGRAM COST,	AGGREGATE OF T	HE PROGRAM LI	WITATION COST, C	OR BENEFICIARY	
	COST LIMITATION Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1, 933, 236	1	1, 933, 23	6 11, 500	168. 11	1.00
2.00	Physical Therapy	3.00						
3.00	Occupational Therapy	4.00					161.80	
4.00	Speech Pathology	5.00						
4.00 5.00	Medical Social Services	6.00			41, 36		154.92	4.00 5.00
6.00	Home Heal th Ai de	7.00			94, 79		54.33	6.00
7.00	Total (sum of lines 1-6)	7.00	3, 664, 648				54.55	7.00
7.00			3,004,040	0	Program Visit			7.00
						.5		
					Pa	nrt B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject			
	cost center beschiption	0031 ETIM 13			to	Deducti bl es		
					Deductibles			
					Coi nsurance			
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation	•						
8.00	Skilled Nursing Care		31140	0	7,43	4		8.00
9.00	Physical Therapy		31140	0	4, 23	4		9.00
10.00	Occupational Therapy		31140	0	1, 35	3		10.00
11.00	Speech Pathology		31140	0	32	3		11.00
12.00	Medical Social Services		31140	0	18	4		12.00
13.00	Home Health Aide		31140	0	1, 56	4		13.00
14.00	Total (sum of lines 8-13)			0				14.00
	Cost Center Description	From Wkst.	Facility	Shared	Total HHA		Ratio (col. 3	
		H-2 Part I,	Costs (from	Ancillary	Costs (cols.		÷ col. 4)	
		col. 28, line		Costs (from	1 + 2)	Records)		
			Part I)	Part II)				
		0	1.00	2.00	3.00	4.00	5.00	
15 00	Supplies and Drugs Cost Comput		57.500		57.50	0 05 (50	0 (01000	15 00
15.00		8.00 9.00						
16.00	Cost of Drugs		1,147 Program Visits		1,14 Cost of	7 0	0. 000000	16.00
			Program visits	•	Services			
			Par	t B	Jervices	Part B		
	Cost Center Description	Part A	Not Subject	Subject to	Part A	Not Subject	Subject to	
	cost center beschiption		to	Deducti bl es &		to	Deductibles &	
			Deductibles &			Deductibles &		
			Coi nsurance	oor nour anoo		Coi nsurance	oor nour anoo	
		6.00	7.00	8.00	9.00	10,00	11.00	
	PART I - COMPUTATION OF LESSER					WITATION COST. C		
	COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,434			0 1, 249, 730		1.00
2.00	Physical Therapy	0	4, 234			0 689, 380		2.00
3.00	Occupational Therapy	0	1, 353			0 218, 915		3.00
4.00	Speech Pathology	0	323			0 77, 375		4.00
5.00	Medical Social Services	0	184			0 28, 505		5.00
6.00	Home Health Aide	0	1, 564			0 84, 972		6.00
7.00	Total (sum of lines 1-6)	0	15, 092			0 2, 348, 877		7.00

Heal th	Fi nanci	al	Systems	

FLOYD MEMORIAL	HOSPI TAL	&	HEALTH S	/S

Health Financial Systems		FLUIL	MEMORIAL HUSP					2552-10
APPORTIONMENT OF PATIENT S	SERVICE COST	TS		Provider CC	CN: 15-0044	Peri od:	Worksheet H-3	
						From 01/01/2016	Part I	
				HHA CCN:	15-7152	To 09/30/2016		
					NO 11 1 1	11	2/28/2017 11:	45 am
				Intre	XVIII	Home Health	PPS	
						Agency I		
Cost Center De	escription							
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Com					1			-
8.00 Skilled Nursing Car	~e							8.00
9.00 Physical Therapy								9.00
10.00 Occupational Therap	зу							10.00
11.00 Speech Pathology								11.00
12.00 Medical Social Serv	vi ces							12.00
13.00 Home Health Aide								13.00
14.00 Total (sum of lines	s 8-13)							14.00
		Prog	ram Covered Cha	irges	Cost of			
					Servi ces			
			Par	† R		Part B		
Cost Center De	escrintion	Part A	Not Subject	Subject to	Part A	Not Subject	Subject to	
cost center be	escription		to	Deductibles &		to	Deductibles &	
			Deductibles &	Coi nsurance		Deductibles &	Coi nsurance	
				corrisul ance		Coi nsurance	corrisul ance	
		6.00	Coi nsurance 7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs	Coot Comput		7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs			70.007	0	1	0 4( 0(1	C	1 1 5 00
15.00 Cost of Medical Sup	pries	0		0		0 46, 961	-	
16.00 Cost of Drugs		<b>T</b> 1 1 5	0	0		0	C	16.00
Cost Center De	escription	Total Program						
		Cost (sum of						
		col s. 9-10)						1
		12.00						
COST LIMITATION	N OF LESSER		PROGRAM COST, /	AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFICIARY	
			PROGRAM COST, /	AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFICIARY	
Cost Per Visit Comp	outation	OF AGGREGATE		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFICIARY	
1.00 Skilled Nursing Car	outation	0F AGGREGATE		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, (	DR BENEFICIARY	1.00
<ol> <li>1.00 Skilled Nursing Car</li> <li>2.00 Physical Therapy</li> </ol>	outation re	OF AGGREGATE		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	R BENEFICIARY	1.00 2.00
1.00 Skilled Nursing Car	outation re	0F AGGREGATE		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFICIARY	•
<ol> <li>1.00 Skilled Nursing Car</li> <li>2.00 Physical Therapy</li> </ol>	outation re	0F AGGREGATE 1, 249, 730 689, 380		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00
1.00Skilled Nursing Car2.00Physical Therapy3.00Occupational Therap	outation re by	0F AGGREGATE 1, 249, 730 689, 380 218, 915		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00
1.00Skilled Nursing Car2.00Physical Therapy3.00Occupational Therap4.00Speech Pathology	outation re by	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00
<ol> <li>1.00 Skilled Nursing Car</li> <li>2.00 Physical Therapy</li> <li>3.00 Occupational Therapy</li> <li>4.00 Speech Pathology</li> <li>5.00 Medical Social Serv</li> <li>6.00 Home Health Aide</li> </ol>	outation re by vices	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00
1.00Skilled Nursing Car2.00Physical Therapy3.00Occupational Therapy4.00Speech Pathology5.00Medical Social Serv6.00Home Health Aide7.00Total (sum of lines)	outation re by vices s 1-6)	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00
<ol> <li>1.00 Skilled Nursing Car</li> <li>2.00 Physical Therapy</li> <li>3.00 Occupational Therapy</li> <li>4.00 Speech Pathology</li> <li>5.00 Medical Social Serv</li> <li>6.00 Home Health Aide</li> </ol>	outation re by vices s 1-6)	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therap         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)	outation re by vices s 1-6) escription	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Cost Center De         Limitation Cost Com	outation re by vices s 1-6) rescription nputation	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Cost Center De         Limitation Cost Com         8.00       Skilled Nursing Car	outation re by vices s 1-6) rescription nputation	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00 8.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Cost Center Do         Limitation Cost Com         8.00       Skilled Nursing Car         9.00       Physical Therapy	putation re by vices s 1-6) escription nputation re	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Limitation Cost Comm         8.00       Skilled Nursing Car         9.00       Physical Therapy         10.00       Occupational Therapy	putation re by vices s 1-6) escription nputation re	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Limitation Cost Com         8.00       Skilled Nursing Car         9.00       Physical Therapy         10.00       Occupational Therap         11.00       Speech Pathology	outation re by vices s 1-6) escription nputation re by	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	DR BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00 - - - 8.00 9.00 10.00 11.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines)         Cost Center Du         Limitation Cost Com         8.00       Skilled Nursing Car         9.00       Physical Therapy         10.00       Speech Pathology         11.00       Speech Pathology         12.00       Medical Social Serv	outation re by vices s 1-6) escription nputation re by	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	BENEFI CI ARY	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
1.00       Skilled Nursing Car         2.00       Physical Therapy         3.00       Occupational Therapy         4.00       Speech Pathology         5.00       Medical Social Serv         6.00       Home Health Aide         7.00       Total (sum of lines         Cost Center Do         Skilled Nursing Car         8.00       Skilled Nursing Car         9.00       Physical Therapy         10.00       Occupational Therap         11.00       Speech Pathology	outation re by vices s 1-6) eescription nputation re by vices	0F AGGREGATE 1, 249, 730 689, 380 218, 915 77, 375 28, 505 84, 972 2, 348, 877		AGGREGATE OF TH	HE PROGRAM LI	MITATION COST, C	BENEFICIARY	2.00 3.00 4.00 5.00 6.00 7.00 - - - 8.00 9.00 10.00 11.00

Heal th	Financial Systems	FLOYD	MEMORIAL HOSP	ITAL & HEALTH	SVS	In Lie	u of Form CMS-2	2552-10
APPORT	TIONMENT OF PATIENT SERVICE COST	S		Provider C	CN: 15-0044	Period: From 01/01/2016	Worksheet H-3 Part II	
				HHA CCN:	15-7152	To 09/30/2016	Date/Time Pre 2/28/2017 11:	
				Title	e XVIII	Home Health	PPS	
						Agency I		
	Cost Center Description	From Wkst. C,	Cost to	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Charge Ratio	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVI	CES FURNI SHED I	BY SHARED HOSP	ITAL DEPARTME	ENTS		
1.00	Physi cal Therapy	66.00	0. 221127	0		0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67.00	0. 000000	0		Ocol. 2, line 3	. 00	2.00
3.00	Speech Pathology	68.00	0. 319256	0		0 col. 2, line 4	. 00	3.00
4.00	Cost of Medical Supplies	71.00	0. 599921	0		0 col. 2, line 1	5.00	4.00
5.00	Cost of Drugs	73.00	0. 223092	0		0 col. 2, line 1	6. 00	5.00

<sup>2/28/2017 11:45</sup> am

LCUL	ATION OF HHA REIMBURSEMENT SETTLEMENT				i od:	Worksheet H-4	
		HHA CCN:	15-7152	Fro To	m 01/01/2016 09/30/2016	Date/Time Pre	
		Title	XVIII	Н	lome Health	2/28/2017 11: PPS	45
					Agency I Par	t B	
			Part A		Not Subject	Subject to	
					to	Deductibles &	
					eductibles &	Coi nsurance	
			1.00		Coi nsurance 2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUST	OMARY CHARGE					
	Reasonable Cost of Part A & Part B Services						
0	Reasonable cost of services (see instructions)			0	0	-	
0	Total charges			0	0	0	2
00	Customary Charges Amount actually collected from patients liable for payment fo	or services		0	0	0	3
-	on a charge basis (from your records)			Ĩ	0	Ŭ	
00	Amount that would have been realized from patients liable for			0	О	0	4
	for services on a charge basis had such payment been made in	accordance					
0	with 42 CFR §413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	000	0. 000000	0.000000	5
0	Total customary charges (see instructions)		0.0000	0	0.000000	0.000000	
0	Excess of total customary charges over total reasonable cost	(complete		0	Ō	0	
	only if line 6 exceeds line 1)						
0	Excess of reasonable cost over customary charges (complete or	nlyifline		0	0	0	8
0	1 exceeds line 6) Primary payer amounts			0	0	0	q
0					Part A	Part B	
					Servi ces	Servi ces	
					1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT Total reasonable cost (see instructions)				0	0	10
	Total PPS Reimbursement - Full Episodes without Outliers				0	2, 508, 733	
-	Total PPS Reimbursement - Full Episodes with Outliers				0	24, 913	
00	Total PPS Reimbursement - LUPA Episodes				0	49, 713	
00	Total PPS Reimbursement - PEP Episodes	_			0	19, 719	
00 00	Total PPS Outlier Reimbursement - Full Episodes with Outliers Total PPS Outlier Reimbursement - PEP Episodes	5			0	4, 820 56	
	Total Other Payments				0	- 300	
	DME Payments				0	0	
	Oxygen Payments				0	0	
	Prosthetic and Orthotic Payments				0	0	
	Part B deductibles billed to Medicare patients (exclude coins Subtotal (sum of lines 10 thru 20 minus line 21)	surance)			0	0 2, 607, 654	
	Excess reasonable cost (from line 8)				0	2,007,034	
	Subtotal (line 22 minus line 23)				Ő	2, 607, 654	
00	Coinsurance billed to program patients (from your records)					0	25
	Net cost (line 24 minus line 25)				0	2, 607, 654	
	Reimbursable bad debts (from your records) Reimbursable bad debts for dual eligible boneficiaries (see i	netructions'	<b>`</b>				27
00 00	Reimbursable bad debts for dual eligible beneficiaries (see i Total costs – current cost reporting period (line 26 plus lir		1		0	2, 607, 654	28
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	,			0	2,007,004	
50	Pioneer ACO demonstration payment adjustment (see instruction	ıs)			Ō	0	
	Subtotal (see instructions)				0	2, 607, 654	
	Sequestration adjustment (see instructions)				0	52, 153	
	Interim payments (see instructions) Tentative settlement (for contractor use only)				0	2, 555, 501 0	
00	Balance due provider/program (line 31 minus lines 31.01, 32,	and 33)			0	0	
00							

Image:		Provider CCN: 15-0044 HHA CCN: 15-7152		eriod:	Worksheet H-5	
				com 01/01/2016 09/30/2016	Date/Time Prepar	
				Home Health	PPS	45 ai
	Inpatient Part A				t B	
-	mm/dd/yyyy	Amount	_	mm/dd/yyyy	Amount	
	1.00	2.00		3.00	4.00	
Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONF" or enter a zero			0		2, 555, 501 0	1. 2.
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.
			0		0	3.
			0		0	3
			0		0	3
			0		0	3
			0		0	3
Provider to Program						
						3
						3
						3
						3
Subtatal (sum of lipos 2 01 2 40 minus sum of lipos			-			3
			U		0	3
Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate,			0		2, 555, 501	4
TO BE COMPLETED BY CONTRACTOR				1		
List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5
Program to Provider			-			
						5
						5 5
Provider to Program			0		0	0
			0		0	5
			0		0	5
			0		0	5
Subtotal (sum of lines 5.01–5.49 minus sum of lines			0		0	5
Determined net settlement amount (balance due) based on the cost report. (1)						6
SETTLEMENT TO PROVIDER			0		0	6
SETTLEMENT TO PROGRAM			0		0	6
Total Medicare program liability (see instructions)			0			7
		2				
	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment 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 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32) TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider	Total interim payments paid to provider         Interim payments payable on individual bills, either         submitted or to be submitted to the contractor for         services rendered in the cost reporting period. If none,         write "NONE" or enter a zero         List separately each retroactive lump sum adjustment         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         Provider to Program         Subtotal (sum of lines 3.01-3.49 minus sum of lines         3.50-3.98)         Total interim payments (sum of lines 1, 2, and 3.99)         (triansfer to Wkst. H-4, Part II, column as appropriate,         line 32)         To BE COMPLETED BY CONTRACTOR         List separately each tentative settlement payment after         desk review. Also show date of each payment. If none,         write "NONE" or enter a zero. (1)         Provider to Program         Subtotal (sum of lines 5.01-5.49 minus sum of lines         5.50-5.98)         Determined net settlement amount (balance due) based on the cost report. (1)         SETTLEMENT TO PROKRAM         Total Medicare program liability (see instructions)	mm/dd/yyyy         Amount           Total interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment 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	mm/dd/yyyy         Amount           1.00         2.00           Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retractive 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)         0           Program to Provider         0         0         0           Provider to Program         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)         0         0         0           Otal interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)         0         0         0           Program to Provider         0         0         0         0         0           Program to Provider         0         0         0         0         0           Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)         0         0         0         0           Provider to Program         0         0         0         0         0         0           Subtotal (sum of lines 5.01-5.49 mi	Inpatient Part A         Agency I           Inpatient Part A         Par           mm/dd/yyyy         Amount         mm/dd/yyyy           1.00         2.00         3.00           Interim payments payable on individual bills, either submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero         0         0           List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)         0           Program to Provider         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)         0         0         0           Otal interim payments (sum of lines 1.2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)         0         0           Vite Souther or eacro. (1)         0         0         0         0           Program to Provider         0         0         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)         0         0         0         0           It is separately each totatil ve settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)         0         0           Program to Provider	Agency I         Inpatient Part A         Part B           mm/dd/yyyy         Amount         mm/dd/yyyy         Amount           Total interim payments paid to provider         1.00         2.00         3.00         4.00           Interim payments payable on individual bills, either services rendered in the cost reporting period. If none, 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)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 01/01/2016 To 09/30/2016		
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
. 00	Capital DRG other than outlier	3, 195, 224	1.0		
. 01	Model 4 BPCI Capital DRG other than outlier			0	1.C
. 00 . 01	Capital DRG outlier payments Model 4 BPCI Capital DRG outlier payments			70, 779 0	2.0
. 00	Total inpatient days divided by number of days in the cost	reporting period (see ins	tructions)	151.61	3.0
. 00	Number of interns & residents (see instructions)	reporting period (see this		0.00	4.0
. 00	Indirect medical education percentage (see instructions)			0.00	5.0
. 00	Indirect medical education adjustment (multiply line 5 by 1	the sum of lines 1 and 1.0	1. columns 1 and	0.00	6.0
	1.01) (see instructions)				
. 00	Percentage of SSI recipient patient days to Medicare Part 4 30) (see instructions)	E, part A line	5. 51	7.0	
. 00	Percentage of Medicaid patient days to total days (see inst		15.19	8.0	
. 00	Sum of Lines 7 and 8				9.0
0. 00	Allowable disproportionate share percentage (see instruction	ons)		4. 28	
1.00	Disproportionate share adjustment (see instructions)			136, 756	
2.00	Total prospective capital payments (see instructions)			3, 402, 759	12.0
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
. 00	Program inpatient routine capital cost (see instructions)	<b>、</b>		0	1.0
00	Program inpatient ancillary capital cost (see instructions)	)		0	2.0
. 00 . 00	Total inpatient program capital cost (line 1 plus line 2) Capital cost payment factor (see instructions)			0	3.0 4.0
. 00	Total inpatient program capital cost (line 3 x line 4)			0	
00					5.0
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			1.00	
00	Program inpatient capital costs (see instructions)			0	1.0
00	Program inpatient capital costs for extraordinary circumsta	ances (see instructions)		0	2.0
00	Net program inpatient capital costs (line 1 minus line 2)			0	3.0
00	Applicable exception percentage (see instructions)			0.00	4.0
00	Capital cost for comparison to payments (line 3 x line 4)			0	5.0
00	Percentage adjustment for extraordinary circumstances (see	,		0.00	6.0
00	Adjustment to capital minimum payment level for extraordina	ary circumstances (line 2	x line 6)	0	7.0
00	Capital minimum payment level (line 5 plus line 7)			0	8.0
00	Current year capital payments (from Part I, line 12, as app			0	9. ( 10. (
1.00	Current year comparison of capital minimum payment level to Carryover of accumulated capital minimum payment level over			0	11. (
0 00	Worksheet L, Part III, line 14)	novmente (line 10 plus li	po 11)		12
2.00	Net comparison of capital minimum payment level to capital Current year exception payment (if line 12 is positive, ent			0	12. 13.
3.00 4.00	Carryover of accumulated capital minimum payment level over			-	13.0
+. UU	(if line 12 is negative, enter the amount on this line)	apital payment for the	ion owing period	0	14.0
					1
5 00		instructions)		0	15
5.00 6.00	Current year allowable operating and capital payment (see i Current year operating and capital costs (see instructions)			0	