PART II - CERTIFICATION

(3) Settled with Audit

(4) Reopened (5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (15-0082) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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.

]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Si gned)						
	Offi cer	or	Admi ni strator	of	Provi der(s)	
T: 41 -						-
Title						
Date						

number of times reopened = 0-9.

			Title XVIII				
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-969, 259	91, 000	0	0	1. 00
2.00	Subprovider - IPF	0	4, 499	0		0	2. 00
3.00	Subprovider - IRF	0	0	0		0	3. 00
5.00	Swing bed - SNF	0	0	0		0	5. 00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-964, 760	91, 000	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

i i date di discharge. Is the								
reporting period different f	from the method used in the	prior cos	it					
reporting period? In column	ı 2, enter "Y" for yes or "N	l" for no.						
In-State In-State					Out-of	Medi cai d	0ther	
	M	ledi cai d	Medi cai d	State	State	HMO days	Medi cai d	
	pa	aid days	eligible	Medi cai d	Medi cai d	,	days	
	'	, , , , , , , , , , , , , , , , , , ,	unpai d	paid days	eligible		,	
			days	' '	unpai d			
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
24.00 If this provider is an IPPS	hospital, enter the	3, 708	1, 068	798	693	18, 542	248	24. 00
in-state Medicaid paid days	in column 1, in-state							
Medicaid eligible unpaid day	rs in column 2,							
out-of-state Medicaid paid d	lays in column 3,							
out-of-state Medicaid eligib	le unpaid days in column							
4, Medicaid HMO paid and eli	gible but unpaid days in							
column 5, and other Medicaid	I days in column 6.							
•		·						

	FTEs	FTEs in	(col. 1 + col.	
	Nonprovi der	Hospi tal	2))	
	Si te	·	, ,	
	1. 00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings	This base year	is your cost r	eporti ng	
period that begins on or after July 1, 2009 and before June 30, 2010.				i
Enter in column 1, if line 63 is yes, or your facility trained residents	0.00	0.00	0. 000000	64.00
in the base year period, the number of unweighted non-primary care				
resident FTEs attributable to rotations occurring in all nonprovider				
settings. Enter in column 2 the number of unweighted non-primary care				
resident FTEs that trained in your hospital. Enter in column 3 the ratio				
of (column 1 divided by (column 1 + column 2)). (see instructions)				l

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0082 Peri od: Worksheet S-2 From 10/01/2018 Part I Date/Time Prepared: 09/30/2019 2/27/2020 7:55 am Program Code Unwei ghted Unwei ghted Program Name Ratio (col. 3/ (col. 3 + col FTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 FAMILY PRACTICE 2. 30 16. 16 0. 124594 65. 00 65.00 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 resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unwei ghted Unwei ghted Ratio (col. 1/ FTEs FTEs in (col. 1 + col Nonprovi der Hospi tal 2)) Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 66.00 0.00 0. 00 0.000000 66.00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Unwei ghted Ratio (col. 3/ Program Code Unwei ahted FTES FTEs in (col. 3 + col Nonprovi der Hospi tal 4)) Si te 2.00 3. 00 1.00 4.00 5.00 67.00 Enter in column 1, the program FAMILY PRACTICE 0. 167495 67. 00 1350 3.37 16.75 name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)) (see instructions) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most Ν O N 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF Ν 75.00 subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)

	1. 00	
110.00 Did this hospital participate in the Rural Community Hospital Demonstration project (§410A	N	110.00
Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes,		
complete Worksheet E, Part A, Lines 200 through 218, and Worksheet E-2, Lines 200 through 215, as		
applicable.		

Health Financial Systems DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0082 Peri od: Worksheet S-2 From 10/01/2018 Part I 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am 3.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number

141. 00 Name: DEACONESS HEALTH SYSTEM Contractor's Name: WPS Contractor's Number: 08001 141 00 142.00 Street: 600 MARY STREET PO Box: 142.00 143.00 City: EVANSVILLE 47710 143. 00 State: Zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? γ 144. 00 1. 00 2.00 145.00 of costs for renal services are claimed on Wkst. A, line 74, are the costs for 145.00 inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, \$4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1.00 147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. 148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. 147. 00 Ν 148 00 N 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no Ν 149.00 Part A Part B Title V Title XIX 1.00 2.00 3.00 4.00 Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13) 155.00 Hospi tal N N 155.00 156.00 Subprovider - IPF Ν Ν Ν Ν 156.00 157.00 Subprovi der - IRF 157 00 Ν Ν Ν N 158. 00 SUBPROVI DER 158. 00 159.00 SNF Ν Ν Ν Ν 159. 00 160.00 HOME HEALTH AGENCY 160. 00 Ν Ν Ν Ν 161.00 CMHC Ν Ν N 161. 00 1.00 Multicampus 165.00 s this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 165.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 166.00 If line 165 is yes, for each 0.00 166.00 campus enter the name in column 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) 1.00

reasonable cost incurred for the HIT assets (see instructions)			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a	hardshi p		168. 01
exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N	l"), enter the	9. 9	9169. 00
transition factor. (see instructions)			
	Begi nni ng	Endi ng	
	1. 00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting			170. 00
period respectively (mm/dd/yyyy)			
	1. 00	2. 00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in	N	(171. 00
section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter			
"Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section			
1876 Medicare days in column 2. (see instructions)			

167 00

168.00

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

168.00 of this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the

167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.

Report data for corrections of other PS&R Report

information? If yes, see instructions.

	Financial Systems DEACONESS AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CCN: 15-0082	Peri od:	u of Form CMS- Worksheet S-2			
				From 10/01/2018 To 09/30/2019	Part II Date/Time Pre 2/27/2020 7:5			
		Descr	i pti on	Y/N	Y/N			
			0	1. 00	3. 00			
20. 00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00		
		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		N		21.00		
					1. 00			
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS I	HOSPI TALS)					
2 00	Capital Related Cost	a i natruationa				1 22 0		
22. 00 23. 00	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense			ing the cost		22. 00		
23.00	reporting period? If yes, see instructions.	due to apprais	Sai S illaue uui	ing the cost		23.00		
24. 00	Were new leases and/or amendments to existing leases entered if yes, see instructions	ed into during	this cost re	porting period?		24. 00		
5. 00	Have there been new capitalized leases entered into during	the cost repo	rting period?	If yes, see		25. 0		
	instructions.							
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	he cost report	ing period? I	f yes, see		26. 00		
27. 00	Has the provider's capitalization policy changed during the copy.	yes, submit		27. 00				
8. 00	Unterest Expense Were new Loans, mortgage agreements or Letters of credit en	ntered into du	ring the cost	reporting		28. 0		
	period? If yes, see instructions.		Ü	. 0				
9. 00	Did the provider have a funded depreciation account and/or		ebt Service R	eserve Fund)		29. 0		
80. 00	treated as a funded depreciation account? If yes, see insti Has existing debt been replaced prior to its scheduled matu		debt? If yes	, see		30.0		
1. 00	instructions. Has debt been recalled before scheduled maturity without is	•	-			31. 0		
	instructions. Purchased Services							
32. 00	Have changes or new agreements occurred in patient care se	rvices furnish	ed through co	ntractual		32. 0		
	arrangements with suppliers of services? If yes, see instru							
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app	plied pertaini	ng to competi	tive bidding? If		33. 0		
	no, see instructions. Provider-Based Physicians					1		
4. 00	Are services furnished at the provider facility under an a	rrangement wit	h provi der-ba	sed physicians?		34.0		
	If yes, see instructions.	Ü	·	. ,				
35. 00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		nts with the	provi der-based		35. 00		
	priyst crans darring the cost reporting period. It yes, see it	instructions.		Y/N	Date			
				1. 00	2. 00			
	Home Office Costs							
	Were home office costs claimed on the cost report?			Y		36. 00		
37. 00	If line 36 is yes, has a home office cost statement been p	repared by the	home office?	Y		37. 0		
38. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home of	fice different	from that of	N		38. 0		
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other			, Ү		39. 0		
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see	N		40. 00		
	instructions							
		1	. 00	2.	00			
	Cost Report Preparer Contact Information							
11. 00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	ERI C		HENDERSON		41.0		
42. 00	respectively. Enter the employer/company name of the cost report	DEACONESS HOSI	PITAL			42.00		
13. 00	preparer. Enter the telephone number and email address of the cost	812-450-6856		FRIC. HENDERSON	@DFACONESS COM	43. 0		
.5. 50	00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.							

Health Fina	ncial Systems	DEACONESS	HOSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI TAL AN	ND HOSPITAL HEALTH CARE REIMBURSEMENT	QUESTI ONNAI RE	Provi der 0	CCN: 15-0082	Peri od:	Worksheet S-2		
					From 10/01/2018 To 09/30/2019	Part II Date/Time Pre	nared:	
					10 07/30/2017	2/27/2020 7:5	5 am	
			3	. 00				
Cost	Report Preparer Contact Information							
	er the first name, last name and the		REIMBURSEMENT	COORDI NATOR			41. 00	
	l by the cost report preparer in colur	mns 1, 2, and 3,						
	ecti vel y.							
42.00 Ente	r the employer/company name of the co	ost report					42. 00	
	arer.							
	r the telephone number and email add						43. 00	
repo	ort preparer in columns 1 and 2, respo	ecti vel y.						

Health Financial Systems DEAG HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provi der CCN: 15-0082

| Peri od: | Worksheet S-3 | From 10/01/2018 | Part | To 09/30/2019 | Date/Time Prepared:

						10	09/30/2019	2/27/2020 7:5	
								I/P Days / 0/P	
								Visits / Trips	
	Component	Worksheet A	No	of Beds	Bed Days		CAH Hours	Title V	
	55p5.115112	Line Number		0. 2000	Avai I abl e		57 II. 115 GI 5		
		1.00		2. 00	3.00		4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		456	168, 9	04	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and								
	Hospice days) (see instructions for col. 2								
	for the portion of LDP room available beds)								
2.00	HMO and other (see instructions)								2.00
3.00	HMO IPF Subprovider								3.00
4.00	HMO IRF Subprovider								4.00
5.00	Hospital Adults & Peds. Swing Bed SNF							0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF							0	6. 00
7.00	Total Adults and Peds. (exclude observation			456	168, 9	04	0.00	0	7. 00
	beds) (see instructions)								
8.00	INTENSIVE CARE UNIT	31. 00		67	24, 4	55	0.00	0	8. 00
9.00	CORONARY CARE UNIT	32. 00		16	5, 8	40	0.00	0	9. 00
10.00	BURN INTENSIVE CARE UNIT								10.00
11. 00	SURGICAL INTENSIVE CARE UNIT								11.00
12.00	OTHER SPECIAL CARE (SPECIFY)								12.00
13.00	NURSERY								13.00
14.00	Total (see instructions)			539	199, 1	99	0.00	0	14.00
15. 00	CAH visits							0	15. 00
16.00	SUBPROVI DER - I PF	40. 00		16	5, 8	40		0	16. 00
17. 00	SUBPROVI DER - I RF								17. 00
18. 00	SUBPROVI DER								18. 00
19. 00	SKILLED NURSING FACILITY								19. 00
20.00	NURSING FACILITY								20.00
21. 00	OTHER LONG TERM CARE								21. 00
22. 00	HOME HEALTH AGENCY								22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)								23. 00
24. 00	HOSPI CE								24. 00
24. 10	HOSPICE (non-distinct part)	30. 00							24. 10
25. 00	CMHC - CMHC								25. 00
26. 00	RURAL HEALTH CLINIC								26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00						0	26. 25
27. 00	Total (sum of lines 14-26)			555					27. 00
28. 00	Observation Bed Days							0	28. 00
29. 00	Ambul ance Tri ps								29. 00
30.00	Employee discount days (see instruction)								30. 00
31. 00	Employee discount days - IRF								31. 00
32. 00	Labor & delivery days (see instructions)			0		0			32. 00
32. 01	Total ancillary labor & delivery room								32. 01
	outpatient days (see instructions)								
33. 00	LTCH non-covered days								33. 00
33. 01	LTCH site neutral days and discharges								33. 01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0082

Period: Worksheet S-3 From 10/01/2018 Part I

29.00

30.00

31.00

32.00

32.01

33.00

33.01

09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am Full Time Equivalents I/P Days / O/P Visits / Trips Component Title XVIII Title XIX Total All Total Interns Employees On Pati ents & Residents Payrol I 6.00 7.00 8.00 9.00 10.00 1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 52, 430 3, 799 121, 164 1.00 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 24, 975 20, 167 2 00 HMO and other (see instructions) 2 00 3.00 HMO IPF Subprovider 318 1, 169 3.00 HMO IRF Subprovider 4.00 4.00 5.00 Hospital Adults & Peds. Swing Bed SNF 0 0 5.00 C Hospital Adults & Peds. Swing Bed NF 6.00 0 6.00 7.00 Total Adults and Peds. (exclude observation 52, 430 3, 799 121, 164 7.00 beds) (see instructions) INTENSIVE CARE UNIT 17, 918 8.00 8, 123 769 8.00 CORONARY CARE UNIT 4, 418 9.00 1,876 322 9.00 10.00 BURN INTENSIVE CARE UNIT 10.00 11.00 SURGICAL INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 12.00 13.00 NURSERY 13.00 14.00 Total (see instructions) 62, 429 4,890 143,500 19.85 4, 330. 51 14.00 CAH visits 15.00 15.00 SUBPROVIDER - IPF 1.043 407 3.518 21.35 16.00 0.00 16.00 SUBPROVIDER - IRF 17.00 17.00 18.00 SUBPROVI DER 18.00 19.00 SKILLED NURSING FACILITY 19.00 20 00 NURSING FACILITY 20 00 21.00 OTHER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 22.00 23.00 AMBULATORY SURGICAL CENTER (D. P.) 23.00 HOSPI CE 24 00 24 00 24. 10 HOSPICE (non-distinct part) 44 24. 10 CMHC - CMHC 25.00 25.00 26, 00 RURAL HEALTH CLINIC 26, 00 FEDERALLY QUALIFIED HEALTH CENTER 0.00 0.00 26.25 0 C 0 26.25 27.00 Total (sum of lines 14-26) 19.85 4, 351.86 27.00 28.00 Observation Bed Days 2, 362 9,822 28.00

0

0

C

0

0

0

0

29.00

30.00

31.00

32.00

32.01

33.00

Ambul ance Trips

Employee discount days (see instruction)

Labor & delivery days (see instructions) Total ancillary labor & delivery room

outpatient days (see instructions)

33.01 LTCH site neutral days and discharges

Employee discount days - IRF

LTCH non-covered days

Full Time Discharges Disc						0 77 307 201 7	2/27/2020 7:5	
Nonpaid Workers Title V Title XIV Total All Patients			Full Time		Di sch	arges		
Norkers			Equi val ents			· ·		
No.		Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
1.00								
8 exclude Swing Bed. Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2			11. 00	12. 00			15. 00	
Hospi ce days) (šee Instructions for col. 2 for the portion of LDP room available beds)	1.00			0	13, 470	1, 181	32, 144	1. 00
For the portion of LDP room avail able beds)								
2.00 HMO and other (see instructions) 3,776 1,47 3,00 4.00 HMO IRF Subprovider 0 0 0 0 5.00 HMO IRF Subprovider 0 0 0 6.00 Hospital Adults & Peds. Swing Bed SNF 6,00 6.00 Hospital Adults & Peds. Swing Bed SNF 6,00 7.00 Hospital Adults & Peds. (exclude observation beds) (see instructions) 0 0 8.00 1NTENSIVE CARE UNIT 0 0 9.00 0 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 0 10.00 0 0 10.00 0 0 10.00 0 0 10.00 0 0 10.00 0 0 10.00 0								
3.00 HMO IPF Subprovider								
4. 00 HMO IRF Subprovider		, ,			4,6/4			
5.00		· ·						
6.00 Hospital Adults & Peds. Swing Bed NF 7.00 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 10.00 BURN INTENSIVE CARE UNIT 11.00 11.00 SURGICAL INTENSIVE CARE UNIT 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 INTENSIVE CARE UNIT 14.00 Total (see instructions) 16.00 SUBPROVIDER - IPF 17.00 CAH vi sit ts 18.00 SUBPROVIDER - IPF 18.00 SUBPROVIDER - IRF 19.00 SUBPROVIDER - IRF 19.00 SKILLED NURSING FACILITY 19.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 HOSPICE 24.00 HOSPICE 24.00 HOSPICE 25.00 CHIC - CMIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Ambulance Trips 29.00 Ambulance Trips 20.00 Eapl oved discount days - IRF 20.00 Eapl oved discount days (see instructions) 29.00 Labor & delivery days (see instructions) 20.01 Lot non-covered days 20.00 Lotton outpatient days (see instructions) 20.01 Lotton outpatient days (see instructions) 20.00 Labor & delivery days (see instructions) 20.01 Lotton outpatient days (see instructions) 20.00 Labor & delivery days (see instructions) 20.00 Lotton outpatient days (see instructions) 20.00		1				0		
7. 00 Total Adults and Peds. (exclude observation beds) (see instructions) beds) (see instructions)								
Deds) (see instructions) 8.00 1NTENSIVE CARE UNIT 9.00 9.00 1.00								
8. 00 INTENSIVE CARE UNIT	7.00	· ·						7.00
9.00 CORONARY CARE UNIT 9.00 10.00 BURN INTENSIVE CARE UNIT 11.00 12.00 OTHER SPECIAL CARE (SPECIFY) 13.00 NAMESERY 12.00 14.00 Total (see instructions) 0.00 0 13,470 1,181 32,144 14.00 15.00 CAH visits 15.00 16.00 SUBPROVIDER - IPF 0.00 0 91 46 405 16.00 17.00 SUBPROVIDER - IRF 18.00 18.00 SUBPROVIDER - IRF 19.00 19.00 SKILLED NURSING FACILITY 19.00 19.00 SKILLED NURSING FACILITY 20.00 10.00 TOTER LONG TERM CARE 21.00 22.00 HOME HEALTH AGENCY 23.00 24.10 HOSPICE (non-distinct part) 24.10 25.00 CAMPC - CAMPC 26.00 26.25 FEDERALLY QUALIFIED HEALTH CENTER 0.00 27.00 Total (sum of lines 14-26) 0.00 28.00 Ambul ance Trips 29.00 29.00 Camployee discount days (see instructions) 31.00 31.00 Employee discount days (see instructions) 32.00 32.01 Total ancil I ary I abor & delivery room outpatient days (see instructions) 33.00 33.00 Total ancil I ary I abor & delivery room outpatient days (see instructions) 33.00 33.00 Total ancil I ary I abor & delivery room outpatient days (see instructions) 33.00	0.00							0 00
10. 00 BURN INTENSIVE CARE UNIT								
11. 00 SURGICAL INTENSIVE CARE (UNIT 12. 00 OTHER SPECIAL CARE (SPECIFY) 13. 00 NURSERY 14. 00 Total (see instructions) 15. 00 CAI visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IPF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 SKILLED NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 HOME HEALTH AGENCY 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 10 HOSPICE (non-distinct part) 25. 00 CAMIC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 27. 00 OSUBROVIDER HEALTH CENTER 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 31. 00 33. 00 LTCH non-covered days 30. 01 Total nancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days								
12. 00 OTHER SPECIAL CARE (SPECIFY) 13. 00 NURSERY 14. 00 Total (see instructions) 15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 SKILLED NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CINIC 26. 00 RURAL HEALTH CINIC 26. 00 OSSERVATION BED Days 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days								
13. 00 NURSERY 13. 00 14. 00 Total (see instructions) 0. 00 0 13, 470 1, 181 32, 144 14. 00 15. 00 CAH visits 16. 00 CAH visit								
14. 00 Total (see instructions)								
15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER 18. 00 SUBPROVIDER 19. 00 SKILLED NURSING FACILITY 19. 00 NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 OTHER LONG TERM CARE 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 HOSPICE 24. 00 HOSPICE 24. 00 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 20. 00 Empl oyee discount days (see instruction) 28. 00 Deservation Bed Days 29. 00 Ambul ance Trips 29. 00 Sepol of the second days 20. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days			0.00	0	12 470	1 101	22 144	•
16.00 SUBPROVIDER - IPF		1 '	0.00	U	13,470	1, 101	32, 144	
17. 00 SUBPROVIDER - IRF			0.00	0	0.1	16	405	
18. 00 19			0.00	0	7	40	403	
19. 00 20. 00 NURSING FACILITY 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 00 HOSPICE 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Observation Bed Days 29. 00 Ambul ance Trips 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Outpatient days (see instructions) 33. 00 LTCH non-covered days					•			1
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21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 44.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 31.00 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 0 21.00 22.00 23.00 24.10 24.10 24.10 24.10 25.00 26.00 26.00 27.00 28.00 29.00 30.00 Employee discount days (see instruction) 31.00 32.01 33.00 LTCH non-covered days								
22. 00 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPI CE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 27. 00 28. 00 Observati on Bed Days 29. 00 Ambul ance Trips 29. 00 Bripl oyee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days								
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24. 00 24. 10 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days Observation Bed Days 29. 00 Employee discount days (see instruction) Employee discount days (see instructions) 32. 00 Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 24. 00 24. 10 25. 00 26. 00 26. 00 27. 00 28. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 20.								
24. 10 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 RURAL Graph HEALTH CENTER 28. 00 RURAL Graph HEALTH CENTER 29. 00 RURAL HEALTH CENTER 20. 00 21. 00 RURAL HEALTH CENTER 20. 00 22. 00 RURAL HEALTH CENTER 20. 00 22. 00 RURAL HEALTH CENTER 20. 00 22. 00 RURAL HEALTH CENTER 22. 00 23. 00 RURAL HEALTH CENTER 24. 10 25. 00 26. 00 26. 00 27. 00 28. 00 27. 00 28. 00 29. 00 Ambul ance Tri ps 29. 00 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 31. 00 Rural HEALTH CENTER 31. 00 32. 00 33. 00 Labor & delivery days (see instructions) 32. 01 outpatient days (see instructions) 33. 00 LTCH non-covered days 0 33. 00					•			
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27.00 Total (sum of lines 14-26) 0.00 27.00 28.00 0bservation Bed Days 28.00 29.00 Ambulance Trips 29.00 2			0.00					
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31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 31.00 32.00 32.01								
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32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 32.01								l
outpatient days (see instructions) 33.00 LTCH non-covered days 0 33.00								
33.00 LTCH non-covered days 0 33.00	52.51							52.51
	33.00				0			33. 00
	33. 01	LTCH site neutral days and discharges			0			33. 01

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared: | 2007/2020 | 2007/2020 | Period: | 2007/2020 | 2007/2020 | Period: | 2007/2

						o 09/30/2019	Date/lime Pre 2/27/2020 7:5	
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)		Average Hourly Wage (col. 4 ÷ col. 5)	
		1. 00	2. 00	3.00	4. 00	5. 00	6. 00	
·	PART II - WAGE DATA							
1.00	SALARIES Total salaries (see	200. 00	293, 976, 245	-1, 343, 869	292, 632, 376	9, 025, 114. 02	32. 42	1.00
2. 00	instructions) Non-physician anesthetist Part		0	0	(0.00	0. 00	2.00
3. 00	A Non-physician anesthetist Part		2, 404, 837	0	2, 404, 837	26, 666. 74	90. 18	3.00
4. 00	B Physician-Part A -		4, 513, 885	0				
	Admi ni strati ve		4, 313, 003		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non		42, 418, 206	1, 520, 850 0	42, 418, 206			
6. 00	Physician-Part B Non-physician-Part B for hospital-based RHC and FOHC		0	0	C	0.00	0.00	6. 00
7. 00	services Interns & residents (in an	21. 00	0	1, 620, 352	1, 620, 352	46, 761. 03	34. 65	7. 00
7. 01	approved program) Contracted interns and residents (in an approved		0	0	C	0.00	0.00	7. 01
8.00	programs) Home office and/or related organization personnel		74, 689, 690	0	74, 689, 690	2, 916, 109. 33	25. 61	8. 00
9.00	SNF	44. 00	0	0	(17, 045, 546	0.00		
10. 00	Excluded area salaries (see instructions)		15, 569, 134	1, 646, 409	17, 215, 543	515, 683. 77	33. 38	10.00
11. 00	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		2, 725, 719	0	2, 725, 719	24, 487. 96	111. 31	11.00
12. 00	Care Contract Labor: Top Level		0	0	(0.00	0.00	12.00
	management and other management and administrative services							
13. 00	Contract Labor: Physician-Part A - Administrative		8, 776, 920	0	8, 776, 920	75, 073. 88	116. 91	13. 00
14. 00	Home office and/or related organization salaries and wage-related costs		0	0	C	0.00	0.00	14.00
14. 01 14. 02	Home office salaries Related organization salaries		53, 494, 974 18, 062, 475		53, 494, 974 18, 062, 475			14. 01 14. 02
15. 00	Home office: Physician Part A - Administrative		281, 348		281, 348			15. 00
16. 00	Home office and Contract Physicians Part A - Teaching		0	0	C	0.00	0.00	16. 00
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		66, 264, 771	0	66, 264, 771			17. 00
18. 00	instructions) Wage-related costs (other) (see instructions)							18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		16, 065, 069 0	0	16, 065, 069			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		325, 817	0	325, 817	,		21.00
22. 00	B Physician Part A -		301, 594	0	301, 594			22. 00
22. 01	Administrative Physician Part A - Teaching		193, 113	0	193, 113	3		22. 01
23. 00	Physician Part B		2, 781, 076	0	2, 781, 076			23. 00
24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		0 343, 341	0)		24. 00 25. 00
25. 50	approved program) Home office wage-related		15, 331, 869	0				25. 50
25. 51	(core) Related organization		3, 661, 444	0				25. 51
25. 52	wage-related (core) Home office: Physician Part A		49, 650		,			25. 52
_5.52	- Administrative - wage-related (core)		. 7, 550		17, 330			
25. 53	Wage-related (core) Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	C			25. 53
26.00	OVERHEAD COSTS - DIRECT SALARIE	ES 4. 00	1 002 204	80, 141	2 072 425	62 742 00	22 51	26. 00
26. 00 27. 00	Employee Benefits Department Administrative & General	4. 00 5. 00	1, 992, 284 47, 746, 675					26.00

| Peri od: | Worksheet S-3 | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared:

West								2/27/2020 7: 5	
1.00 2.00 3.00 4.00 5.00 6.00			Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
28.00 Administrative & General under contract (see inst.) 29.00 Maintenance & Repairs 6.00 7.00			Number	Reported	on of Salaries		Related to	Wage (col. 4 ÷	
1.00 2.00 3.00 4.00 5.00 6.00					`	(col.2 ± col.		col . 5)	
28. 00 Admin istrative & General under contract (see inst.) 8, 435, 295 0 8, 435, 295 46, 407.03 181.77 28. 00 29. 00 Maintenance & Repairs 6. 00 0 0 0 0.00 0.00 0.00 29. 00 30. 00 Operation of Plant 7. 00 3, 560, 687 128, 960 3, 689, 647 131, 725.00 28. 01 30. 00 31. 00 Laundry & Linen Service 8. 00 720, 731 20, 266 740, 997 51, 889.00 14. 28 31. 00 32. 00 Housekeeping 9. 00 4, 699, 067 92, 293 4, 791, 360 322, 298.00 14. 87 32. 00 33. 00 Housekeeping under contract (see instructions) 0 0 0 0.00 0.00 0.00 0.00 33. 00 34. 00 Di etary 10. 00 4, 350, 591 -2, 091, 729 2, 258, 862 141, 877.00 15. 92 34. 00 35. 00 Di etary under contract (see instructions) 0 0 0 0.00 0.00 0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td></td>						/			
Contract (see inst.) Contract (see instructions) Contract (see ins									
29. 00 Maintenance & Repairs 6. 00 0 0 0 0. 00 29. 00 30. 00 Operation of Plant 7. 00 3, 560, 687 128, 960 3, 689, 647 131, 725. 00 28. 01 30. 00 31. 00 Laundry & Linen Service 8. 00 720, 731 20, 266 740, 997 51, 889. 00 14. 28 31. 00 32. 00 Housekeeping 9. 00 4, 699, 067 92, 293 4, 791, 360 322, 298. 00 14. 87 32. 00 33. 00 Housekeeping under contract (see instructions) 0 0 0 0. 00 0. 00 0. 00 33. 00 34. 00 Di etary 10. 00 4, 350, 591 -2, 091, 729 2, 258, 862 141, 877. 00 15. 92 34. 00 35. 00 Di etary under contract (see instructions) 11. 00 0 1, 337, 570 1, 337, 570 98, 327. 00 13. 60 36. 00 37. 00 Maintenance of Personnel 12. 00 0 0 0 0. 00 0. 00 0. 00 0. 00	28. 00			8, 435, 295	0	8, 435, 295	46, 407. 03	181. 77	28. 00
30. 00 Operation of Plant 7. 00 3, 560, 687 128, 960 3, 689, 647 131, 725. 00 28. 01 30. 00 31. 00 Laundry & Linen Service 8. 00 720, 731 20, 266 740, 997 51, 889. 00 14. 28 31. 00 32. 00 Housekeeping 9. 00 4, 699, 067 92, 293 4, 791, 360 322, 298. 00 14. 87 32. 00 33. 00 Housekeeping under contract (see instructions) 10. 00 4, 350, 591 -2, 091, 729 2, 258, 862 141, 877. 00 15. 92 34. 00 35. 00 Di etary under contract (see instructions) 11. 00 0 1, 337, 570 98, 327. 00 13. 60 36. 00 36. 00 Cafeteria 11. 00 0 0 0 0 0 0 37. 00 Mai ntenance of Personnel 12. 00 0 0 0 0 0 38. 00 Nursing Administration 13. 00 2, 744, 388 45, 447 2, 789, 835 114, 655. 00 24. 33 38. 00 39. 00 Central Services and Supply 14. 00 2, 041, 975 48, 042 2, 090, 017 107, 313. 00 19. 48 39. 00 40. 00 Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 42. 00 Social Service 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00		, ,							
31. 00 Laundry & Linen Service		· ·			0	0		1	
32. 00 Housekeeping Housekeeping under contract (see instructions) 34. 00 Di etary under contract (see instructions) 36. 00 Cafeteria									
33. 00 Housekeeping under contract (see instructions) 10. 00 4,350,591 -2,091,729 2,258,862 141,877.00 15. 92 34. 00 35. 00 Dietary under contract (see instructions) 11. 00 0 1,337,570 1,337,570 98,327.00 13. 60 36. 00 37. 00 Maintenance of Personnel 12. 00 0 0 0 0 0 0 0 0 0		1 -					,	1	
See instructions See instruc	32.00	Housekeepi ng	9. 00	4, 699, 067	92, 293	4, 791, 360	322, 298. 00	14. 87	32.00
34. 00 Di etary under contract (see instructions) 36. 00 Cafeteria	33.00	Housekeeping under contract		0	0	0	0.00	0. 00	33.00
35. 00 Di etary under contract (see instructions) 36. 00 Cafeteria 11. 00 0 1, 337, 570 98, 327. 00 13. 60 36. 00 37. 00 Mai ntenance of Personnel 12. 00 0 0 0 0 0. 00 0. 00 37. 00 38. 00 Nursi ng Admi ni strati on 13. 00 2, 744, 388 45, 447 2, 789, 835 114, 655. 00 24. 33 38. 00 39. 00 Central Services and Supply 14. 00 2, 041, 975 48, 042 2, 090, 017 107, 313. 00 19. 48 39. 00 40. 00 Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 41. 00 Medi cal Records & Medi cal Records & Medi cal Records Li brary 42. 00 Soci al Service 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00									
instructions) 36.00 Cafeteria	34.00		10. 00	4, 350, 591	-2, 091, 729	2, 258, 862	141, 877. 00		
36. 00 Cafeteria 11. 00 0 1, 337, 570 98, 327. 00 13. 60 36. 00 0 0 0 0 0 0. 00 37. 00 38. 00 Nursi ng Administration 13. 00 2, 744, 388 45, 447 2, 789, 835 114, 655. 00 24. 33 38. 00 9. 00 Central Services and Supply 14. 00 2, 041, 975 48, 042 2, 090, 017 107, 313. 00 19. 48 39. 00 40. 00 Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 40. 00 Medical Records & Medical Records & Medical Records Library 17. 00 Social Service 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00	35.00			0	0	0	0.00	0. 00	35.00
37. 00 Maintenance of Personnel 12. 00 0 0 0 0. 00 37. 00 38. 00 Nursing Administration 13. 00 2, 744, 388 45, 447 2, 789, 835 114, 655. 00 24. 33 38. 00 39. 00 Central Services and Supply 14. 00 2, 041, 975 48, 042 2, 090, 017 107, 313. 00 19. 48 39. 00 40. 00 Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 41. 00 Medical Records & Medical Records & Medical Records Library Social Service 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00		·							
38. 00 Nursing Administration 13. 00 2, 744, 388 45, 447 2, 789, 835 114, 655. 00 24. 33 38. 00 39. 00 Central Services and Supply 14. 00 2, 041, 975 48, 042 2, 090, 017 107, 313. 00 19. 48 39. 00 40. 00 Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 41. 00 Medical Records & Medical Records Library 42. 00 Social Service 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00	36. 00	Cafeteri a			1, 337, 570	1, 337, 570	98, 327. 00		
39.00 Central Services and Supply 14.00 2,041,975 48,042 2,090,017 107,313.00 19.48 39.00 40.00 Pharmacy 15.00 9,120,351 48,285 9,168,636 255,002.00 35.96 40.00 Medical Records & Medical Records & Medical Records Library 42.00 Social Service 17.00 5,394,297 22,484 5,416,781 154,817.00 34.99 42.00		N .			0	0		1	
40. 00 Pharmacy Pharmacy 15. 00 9, 120, 351 48, 285 9, 168, 636 255, 002. 00 35. 96 40. 00 41. 00 Records Li brary 16. 00 2, 286, 984 13, 146 2, 300, 130 125, 230. 00 18. 37 41. 00 42. 00 Soci al Servi ce 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00	38. 00	Nursing Administration	13. 00	2, 744, 388	45, 447	2, 789, 835	114, 655. 00	24. 33	38. 00
41. 00 Redi cal Records & Medi cal Records Li brary 16. 00 2, 286, 984 13, 146 2, 300, 130 125, 230. 00 18. 37 41. 00 42. 00 Soci al Servi ce 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00	39. 00	Central Services and Supply	14. 00	2, 041, 975	48, 042	2, 090, 017	107, 313. 00	19. 48	39.00
Records Library 42.00 Social Service 17.00 5, 394, 297 22, 484 5, 416, 781 154, 817.00 34.99 42.00	40.00	Pharmacy	15. 00	9, 120, 351	48, 285	9, 168, 636	255, 002. 00	35. 96	40.00
42. 00 Soci al Servi ce 17. 00 5, 394, 297 22, 484 5, 416, 781 154, 817. 00 34. 99 42. 00	41.00	Medical Records & Medical	16. 00	2, 286, 984	13, 146	2, 300, 130	125, 230. 00	18. 37	41.00
43, 00 0ther General Service 18, 00 0 0 0 0, 00 0, 00 43, 00		1	1		22, 484	5, 416, 781	154, 817. 00	1	
	43.00	Other General Service	18. 00	0	0	0	0.00	0.00	43.00

| Peri od: | Worksheet S-3 | From 10/01/2018 | Part III | To 09/30/2019 | Date/Time Prepared:

					'	0 77 007 2017	2/27/2020 7:5	
	·	Worksheet A	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2.00	3.00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		182, 898, 807	-4, 485, 071	178, 413, 736	5, 811, 716. 39	30. 70	1. 00
	instructions)							
2.00	Excluded area salaries (see		15, 569, 134	1, 646, 409	17, 215, 543	515, 683. 77	33. 38	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		167, 329, 673	-6, 131, 480	161, 198, 193	5, 296, 032. 62	30. 44	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		83, 341, 436	0	83, 341, 436	2, 862, 978. 34	29. 11	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		85, 609, 328	0	85, 609, 328	0.00	53. 11	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		336, 280, 437	-6, 131, 480	330, 148, 957	8, 159, 010. 96	40. 46	6. 00
7.00	Total overhead cost (see		93, 093, 325	-4, 570, 015	88, 523, 310	3, 024, 575. 03	29. 27	7. 00
	instructions)							

Health Fina	ncial Systems	DEACONESS HOS	PI TAL				In Lieu	of Form	CMS-2552	-10
HOSPI TAL WA	GE RELATED COSTS		Provi der	CCN: 15-0	082	Peri o	d:	Workshee	t S-3	_
							10/01/2018			

	To 09/30/2019	Date/Time Prep 2/27/2020 7:5	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	7, 350, 546	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6, 412, 853	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	11, 827	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan	243, 909	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	47, 609, 527	8. 02
8.03	Health Insurance (Purchased)	0	8. 03
9.00	Prescription Drug Plan	0	9. 00
10.00	Dental, Hearing and Vision Plan	1, 113, 416	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	206, 123	11. 00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3, 604, 320	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
15.00	'Workers' Compensation Insurance	1, 439, 572	15. 00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16. 00
	Non cumulative portion)		
	TAXES		
17.00	FICA-Employers Portion Only	15, 486, 592	17. 00
18.00	Medicare Taxes - Employers Portion Only	0	18. 00
19.00	Unemployment Insurance	47, 065	19. 00
20.00	State or Federal Unemployment Taxes	550	20. 00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above. (see	854, 512	21. 00
	instructions))		
22.00	Day Care Cost and Allowances	1, 048, 631	22. 00
23.00	Tuition Reimbursement	845, 340	23. 00
24.00	Total Wage Related cost (Sum of lines 1 -23)	86, 274, 783	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0082	Peri od: Worksheet S-3 From 10/01/2018 Part V To 09/30/2019 Date/Time Prepared:

		0 09/30/2019	2/27/2020 7:5	
	Cost Center Description	Contract Labor		o diii
		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	Subprovi der - I PF	0	0	3. 00
4.00	Subprovi der - I RF			4. 00
5. 00	Subprovi der - (Other)	0	0	5. 00
6. 00	Swing Beds - SNF	0	0	6. 00
7. 00	Swing Beds - NF	0	0	7. 00
8. 00	Hospi tal -Based SNF			8. 00
9.00	Hospi tal -Based NF			9. 00
10.00	Hospi tal -Based OLTC			10.00
11. 00	Hospi tal -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospi tal -Based Hospi ce			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15. 00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospi tal -Based-CMHC			16.00
17. 00	Renal Di al ysi s	0	0	17.00
18. 00	Other	0	0	18. 00

رSPI T	Financial Systems DEACONESS HOSE			In Lie	u of Form CMS-2	2552-		
	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der CC	N: 15-0082	Peri od: From 10/01/2018	Worksheet S-1	0		
				To 09/30/2019	Date/Time Pre 2/27/2020 7:5			
					1. 00			
	Uncompensated and indigent care cost computation				1.00			
. 00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 di	vided by li	ne 202 columi	า 8)	0. 215844	1.		
	Medicaid (see instructions for each line)							
. 00	Net revenue from Medicaid				52, 638, 059	•		
. 00	Did you receive DSH or supplemental payments from Medicaid?	.	- 6 N!:	-: -10	N	3. 4.		
00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid? If line 4 is no, then enter DSH and/or supplemental payments from Medicaid							
. 00	Medicaid charges	i oiii wedi cai i	J		0 359, 183, 151	5. 6.		
. 00	Medicaid cost (line 1 times line 6)				77, 527, 528			
. 00	Difference between net revenue and costs for Medicaid program	(line 7 min	us sum of lin	nes 2 and 5; if	24, 889, 469			
	< zero then enter zero)							
	Children's Health Insurance Program (CHIP) (see instructions fo	or each line	e)					
. 00	Net revenue from stand-alone CHIP				0	9.		
0.00	Stand-alone CHIP charges				0	10.		
1. 00 2. 00	Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP	(line 11 mi	nus line O: i	f / zero then	0	11. 12.		
2.00	enter zero)	(TITIE IT IIII)	ius iiile 7, i	TI V Zero trien		12.		
	Other state or local government indigent care program (see ins	tructions fo	or each line))				
3. 00	Net revenue from state or local indigent care program (Not inc				0	13.		
1. 00	Charges for patients covered under state or local indigent care	e program (I	Not included	in lines 6 or	0	14.		
	10)							
	State or local indigent care program cost (line 1 times line 1. Difference between net revenue and costs for state or local in		program (li	ao 15 minus lino	0	15. 16.		
5. 00	13; if < zero then enter zero)	urgent care	program (iii	ie is illitius title	U	10.		
	Grants, donations and total unreimbursed cost for Medicaid, CHI instructions for each line)	IP and state	e/Local indio	gent care program	ns (see			
7. 00	Private grants, donations, or endowment income restricted to fi	undi ng char	tv care		0	17.		
	Government grants, appropriations or transfers for support of				0	18.		
9. 00	Total unreimbursed cost for Medicaid , CHIP and state and loca 8, 12 and 16)	l indigent (care programs	s (sum of lines	24, 889, 469	19.		
			Uni nsured	Insured	Total (col. 1			
			patients	pati ents	+ col . 2)	1		
			1.00	2. 00				
	Uncomposed Cara (see instructions for each line)				3. 00			
	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire fac	cility	47, 672, 6			20.		
0. 00	Charity care charges and uninsured discounts for the entire far (see instructions)		47, 672, 6	5, 425, 934	53, 098, 544			
0. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discou			5, 425, 934	53, 098, 544			
1. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discount instructions)	unts (see	47, 672, 6 10, 289, 8	5, 425, 934 5, 425, 934	53, 098, 544 15, 715, 781	21.		
1. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discou	unts (see	47, 672, 6	5, 425, 934 5, 425, 934	53, 098, 544 15, 715, 781	21.		
0. 00 1. 00 2. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured disco instructions) Payments received from patients for amounts previously written	unts (see	47, 672, 6 10, 289, 8	5, 425, 934 5, 425, 934 6, 099	53, 098, 544 15, 715, 781 13, 715	21. 22.		
0. 00 1. 00 2. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discordinstructions) Payments received from patients for amounts previously written charity care	unts (see	47, 672, 6 10, 289, 8 7, 6	5, 425, 934 5, 425, 934 6, 099	53, 098, 544 15, 715, 781 13, 715 15, 702, 066	21. 22.		
0. 00 1. 00 2. 00 3. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discoinstructions) Payments received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22)	unts (see off as	47, 672, 6 10, 289, 8 7, 6 10, 282, 2	5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835	53, 098, 544 15, 715, 781 13, 715 15, 702, 066	21. 22. 23.		
0. 00 1. 00 2. 00 3. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discounts received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care	unts (see off as nt days beyond program?	47, 672, 6 10, 289, 8 7, 6 10, 282, 2	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1. 00 N	21. 22. 23. 24.		
0. 00 1. 00 2. 00 3. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discounts tructions) Payments received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patients	unts (see off as nt days beyond program?	47, 672, 6 10, 289, 8 7, 6 10, 282, 2	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit	53, 098, 544 15, 715, 781 13, 715 15, 702, 066	21. 22. 23. 24.		
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discordinatructions) Payments received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care If line 24 is yes, enter the charges for patient days beyond the	unts (see off as nt days bey program? he indigent	47, 672, 6 10, 289, 8 7, 6 10, 282, 2	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1. 00 N	21. 22. 23. 24. 25.		
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discordinstructions) Payments received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see insumedicare reimbursable bad debts for the entire hospital complex	unts (see off as nt days beyn program? he indigent structions) x (see inst	47, 672, 6 10, 289, 8 7, 6 10, 282, 2 and a Length care prograi	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1. 00 N	21. 22. 23. 24. 25. 26.		
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 7. 00 7. 01	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discounts for patients approved for charity care and uninsured discounts for patients received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care of line 24 is yes, enter the charges for patient days beyond the stay limit for the charges for the entire hospital complex (see insuedicare reimbursable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (se	unts (see off as nt days beyn program? he indigent structions) x (see inst	47, 672, 6 10, 289, 8 7, 6 10, 282, 2 and a Length care prograi	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1, 00 N 0 21, 212, 529 1, 564, 357 2, 406, 704	21. 22. 23. 24. 25. 26. 27. 27.		
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 7. 01 8. 00	Charity care charges and uninsured discounts for the entire fact (see instructions) Cost of patients approved for charity care and uninsured discountinstructions) Payments received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see insumedicare allowable bad debts for the entire hospital complex (son-Medicare bad debt expense (see instructions)	unts (see off as nt days beyone program? he indigent structions) x (see instructions)	47, 672, 6 10, 289, 8 7, 6 10, 282, 2 ond a Length care program ructions)	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit m's length of	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1. 00 N 0 21, 212, 529 1, 564, 357 2, 406, 704 18, 805, 825	21. 22. 23. 24. 25. 26. 27. 27. 28.		
0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 7. 01	Charity care charges and uninsured discounts for the entire far (see instructions) Cost of patients approved for charity care and uninsured discounts for patients approved for charity care and uninsured discounts for patients received from patients for amounts previously written charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care of line 24 is yes, enter the charges for patient days beyond the stay limit for the charges for the entire hospital complex (see insuedicare reimbursable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (see insuedicare allowable bad debts for the entire hospital complex (se	unts (see off as nt days beyone program? he indigent structions) x (see instructions)	47, 672, 6 10, 289, 8 7, 6 10, 282, 2 ond a Length care program ructions) tions)	10 5, 425, 934 47 5, 425, 934 16 6, 099 31 5, 419, 835 of stay limit m's length of	53, 098, 544 15, 715, 781 13, 715 15, 702, 066 1, 00 N 0 21, 212, 529 1, 564, 357 2, 406, 704	21. 22. 23. 24. 25. 26. 27. 27. 28. 29.		

Control Cont	Health Financial Systems	DEACONESS H		N 45 0000 5		u of Form CMS-2	2552-10
Cost Center Description	RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	- EXPENSES	Provider CC		rom 10/01/2018	Worksheet A	
Cost Center Description					To 09/30/2019		
Color Colo	Coot Contan Decement on	Colorioo	O+hon	Tatal (asl 1	Dool oosi fi sati		5 am
Debt-Bull Service (OS) Centers 1.00	Cost Center Description	Sararres	other				
				1 (01. 2)	ons (see A o)		
SHERBEL SERVICE COST CRITICAL 1.00 00000 APRIL COSTS RIVER A FIXT 1.00 00000 APRIL COSTS RIVER & FIXT 1.00 000000 APRIL COSTS RIVER & FIXT 1.00 00000 APRIL COSTS RIVER & FIXT 1.00 000000 APRIL COSTS RIVER & FIXT 1.00 00000 APRIL COSTS RIVER & FIXT 1.00 00000 APRIL COSTS RIVER & FIXT 1.00 000000 APRIL COSTS RIVER & FIXT 1.00 000000 APRIL COSTS RIVER & FIXT 1.00 000000 A							
0.000 CORP REL COSTS-BLUCA & FIXT 7.500		1. 00	2.00	3. 00	4. 00	5. 00	
1.01 001001 CAP REL COSTS-HELDE & FIXT 1.09 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 2.01 7.99 7.				00 740 07		10 700 05/	
2.00 DOZDO CAP REL COSTS-MANILE DUILP 1, 922 28 53,096,271 2, 98,271 2, 913,194 31,779,465 2, 00 00 00 00 00 00 00			33, /19, 8/4				
0.00 CORRESPONDED SIRE FILE SILEMAN SILE SILEMAN SILE SILE SILEMAN	I I		7 596 271	-			
0.00 0.000 D. MIMIN STRATION 1.00 1.000 1.		1, 992, 284					
8.00 0.0000 LAURGIPY SELVINES SERVICE							5. 00
9.00 0.000 DIUSEKEEN ING	· · · · · · · · · · · · · · · · · · ·						
10.00 01000 DETARY	· · · · · · · · · · · · · · · · · · ·				1 ' 1		
11-10 0 0 11-00 (AFETERIA 0 0 0 0 2,775,948 2,775,948 13,943 13,00 0 1300 (MURSING ADMINISTRATION 2,744,388 1,843,189 4,585,577 777,779 4,1013,389 13,00 13,00 13,00 (MURSING ADMINISTRATION 2,744,388 1,843,189 4,585,543 -151,767 3,1013,761 14,00 15,	· · · · · · · · · · · · · · · · · · ·						
13.00 01300 MURSING ADMINISTRATION 2,744,388 1,843,189 4,587,577 -577,179 3,916,76 14.00 14.00 01400 01500 PHARMALY 2,041,975 2,285,894 4,755,734 -73,040,709 1.175,707 10.00 15.00 PHARMALY 2,286,894 -4,818.83 1,685,101 -4,83,921 1,755,709 10.00 1.	I I	4, 330, 341	5,024,278				
14.00 01400 CENTRAL SERVICES & SUPPLY 2 0.911,775 2 .213,568 4 .255,743 -351,767 3 .300,776 14.00 15.00		2, 744, 388	1, 843, 189	-			
16.00 16.00 MEDICAL RECORDS & LIBRARY 2, 286, 984							14. 00
17.00 0 1700 SOCIAL SERVICE 5, 394, 297 887, 802 6, 282, 189 54, 134 6, 336, 323 17.00 22.00 0200 148 SERVICES-GALRY & FEINGES APREVD 0 0 0 0 0 1, 915, 474 1, 915, 474 22.00 23.00 02300 02800 02							
21.00 0200 [148 SERVICES-SALARY & FRINCES APPRIVD 0 0 0 1,620,392 1,620,392 21 00 0200 [148 SERVICES-SCHER PROM COSTS APPRIVD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
22.00 02000 IAR SERVICES-OTHER PROIL COSTS APPRVD 0 0 0 0 0 0 0 39, 803 39, 803 312, 981 23.00 233 040 040 0							
23.00 02300 PARAMED ED PREM-PHARMACY 215, 024 58, 154 273, 178 39, 803 312, 981 23.01 23.01 02301 PARAMED ED PREM-CHAPLAIN 0 0 0 523, 3640 233, 640 230, 013, 0233, PARAMED ED PREM-LURSING 0 0 0 523, 307 523, 307 23.03 102, 0230 10		0	0				
23.01		215, 024	58, 154	-			
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190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 1,741,302 1,741,302 190. 00 192. 00 19200 19200 19200 19201 19201 19202		279, 629, 799	561, 477, 673	841, 107, 472	-62, 297	841, 045, 175	118. 00
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Health Financial Systems	DEACONESS H	OSPI TAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CO		eri od:	Worksheet A	
				rom 10/01/2018 o 09/30/2019	Date/Time Pre 2/27/2020 7:5	
Cost Center Description	Sal ari es	0ther	•	Recl assi fi cati		
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col . 4)	
	1. 00	2.00	3. 00	4. 00	5. 00	
194. 03 07953 THE HEART HOSPI TAL	0	0	C	0	0	194. 03
194. 04 07954 PR	822, 994	792, 723	1, 615, 717	13, 983	1, 629, 700	194. 04
194. 05 07955 CHILD CARE CENTER	1, 944, 148	620, 855	2, 565, 003	41, 800	2, 606, 803	194. 05
194.06 07956 CENTER OF LIFE BALANCE	o	2, 684	2, 684	-2, 688	-4	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	o	0	C	0	0	194. 07
194. 08 07958 HEALTHSOUTH	o	0	C	0	0	194. 08
194. 09 07959 HOME OFFICE	o	0	C	0	0	194. 09
200.00 TOTAL (SUM OF LINES 118 through 199)	293, 976, 245	593, 882, 880	887, 859, 125	0	887, 859, 125	200. 00

 Health Financial
 Systems
 DEACON

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Peri od: From 10/01/2018 To 09/30/2019

Worksheet A
Date/Time Prepared:
2/27/2020 7:55 am

The content of the property of the content of the				2/27/2020 7: 5	5 am
BUTTON SERVICE TOOL CONTENTES 0.00 7.00 1.	Cost Center Description	Adjustments	Net Expenses		
MERSON STRIVET COST CENTERS		(See A-8)	For Allocation		
0.00 0.00					
0.00 0.00	GENERAL SERVICE COST CENTERS				
1.01 0.0010 CAP PET COSTS-ARIDE & FINT 0 16.3, 965 2.0 0.00000 PET CLIC COSTS - ARIDE & CEPANUS 2.0 0.00000 ARIM STREAM CEPANUS 2.70, 685 3.0 0.00000 ARIM STREAM CEPANUS 2.70, 685 0.000000 ARIM STREAM CEPANUS 2.70, 685 0.00000 ARIM STREAM CEPANUS 2.70, 685 0.00000 ARIM STREAM CEPANUS 2.70, 685 0.000000 ARIM STREAM CEPANUS 2.70, 685 0.000000 ARIM STREAM CEPANU		707. 398	41, 496, 754		1.00
2.00 00000 CAUP NELL COSIS-MINISTER EDUTY 10 37, 179, 466 4.0 0.0000 CAUPENTE SERRET IS DEFATIVENT -20, 481, 410 37, 816, 409 4.6 0.0000 CAUPENTE SERVET IS DEFATIVENT -77, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVICE -73, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVICE -73, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVICE -73, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVICE -73, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVICE -73, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET IS SERVET -70, 1016, 571 5.0 0.0000 CAUPENTE SERVET -70, 1016, 571 5.0 0.0000 CAUPEN					
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5 00 00000 ADMINISTRATIVE & GENERAL 77, 016, 871				•	1
7. 00 00 0000 DOZIGO PLANEI IN CHARMACY 1. IN STATION 7. TO 1. TO				•	
8.00 00000 LAURDRY at LINEN SERVICE -432, 755 994, 797 8.00 00000 DOSCECEPIN MC -1,700, 756 5,90 12,00 10,00				•	
9.00 0000 00000 00000 00000 00000 00000 00000 00000 00000 000				•	
10.00 10000 DETARY -770, 215 3, 966, 969 10, 00 10. 01 10.	8.00 00800 LAUNDRY & LINEN SERVICE	-432, 755	964, 797		8. 00
11.00 01100 CAFTERIA -11.286 2.764.657 11.00 11.00 11.00 CAFTERIA 13.00 11.00 11.00 CAFTERIA 13.00 CAFTERIA 13.0	9. 00 00900 HOUSEKEEPI NG	-1, 570, 076	5, 439, 612		9. 00
11.00 01100 CAFTERIA -11.286 2.764.657 11.00 11.00 11.00 CAFTERIA 13.00 11.00 11.00 CAFTERIA 13.00 CAFTERIA 13.0	10. 00 01000 DI ETARY	-770, 215	3, 966, 959		10.00
13.00 0.1300 MURSING ADMINISTRATION -1-66. 515 3. 843 883 13.00		-11, 286			
14.00 0 1400 CENTRAL SERVICES & SUPPLY				1	
15.00 01500 PHARMACY -3, 452, 161 8, 018, 864 15.00 17.00 01700 SUCIAL SERVICE -1, 228, 330 -232, 427 17.00					
16.00 01-00 MEDICAL RECORDS & LIBRARY -1, 228, 330 528, 429 10, 00 17.0				•	
17.00 1700 SOCIAL SERVICES - SALARY & FRINGES APPRVD 0 1,915 474 22 0 0				l .	
21.00					
22.00		-1, 078, 701			
23.00	21.00 02100 1 & R SERVICES-SALARY & FRINGES APPRVD	0	1, 620, 352		21. 00
23.01	22.00 02200 &R SERVICES-OTHER PRGM COSTS APPRVD	0	1, 915, 474		22. 00
23.01	23. 00 02300 PARAMED ED PRGM-PHARMACY	l ol	312, 981		23. 00
23.03		o		•	
INVADIT ENT ROUTINE SERVICE COST CENTERS 30.00 30.00 31.00 3					
30.00		<u> </u>	020, 077		20.00
31.00 03100 INTENSIVE CARE UNIT 0 14,696,858 33.00 03200 CRROMARY CARE UNIT 0 3,632,552 32.00 04000 CORROMARY CARE UNIT 0 1,175,327 40.00 04000 CORROMARY CARE UNIT 0 1,175,327 40.00 05000 CORROMARY CARE UNIT 0 0.00 05500 CORROMARY CARE UNIT 0 0.00 0.00 05500 CORROMARY CARE UNIT 0 0.00 0.		25 444 210	60 247 000		20 00
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MOCILLARY SERVICE COST CENTERS 50.00 550.00 05400 0FERATING ROM -36,572,698 74,231,108 55.00 55.00 05500 RADIOLOGY-ID AGNOSTI C -283,921 11,296,213 54.00 55.00 05500 RADIOLOGY-INEAPEUTI C -113,34,168 8,345,941 55.00 550.00 05500 RADIOLOGY-INEAPEUTI C -113,34,168 8,345,941 55.00 55.00 05500 RADIOLOGY-INEAPEUTI C -113,34,168 8,345,941 55.00 56.00 05600 RADIOLOGY-INEAPEUTI C -12,34,168 8,345,941 55.00 56.00 05600 RADIOLOGY-INEAPEUTI C -275,596 58.00 58.00 05800 MAGNETI C RESONANCE INGING (MRI) -474,840 11,308,070 59.00 05900 CARDIAC CATHETERI ZATI ON -474,840 11,308,070 59.00 05900 CARDIAC CATHETERI ZATI ON -312,295 36,069,557 60.00 60.00 60.000 LABORATORY -3,312,295 36,069,557 60.00 60.00 60.000 LABORATORY -3,65,98 5,860,028 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 RESPIRATORY THERAPY -3,65,98 5,860,028 65.00 66.00 66.00 69.00 60000 LECTROCARDIOLOGY -597,483 3,471,171 66.00 69.01 60.00 60.00 60000 LECTROCARDIOLOGY -597,483 3,471,171 66.00 69.01 60.00 6		1		•	
50.00	40. 00 04000 SUBPROVI DER - 1 PF	0	1, 175, 327		40. 00
54. 00 05400 RADIOLOGY-ID AGNOSTI C -283, 921 11, 296, 213 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -11, 334, 168 8, 345, 941 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -11, 334, 168 8, 345, 941 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -12, 205 56. 00 05500 RADIOLOGY-IHERAPEUTI C -2474, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -46, 070 05600 CARDIA CATHETERI ZATI ON -56, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 07200 THUR DELV CHARGED TO PATI ENTS 0 8, 347, 052 771, 00 07100 DELOCAL SUPPLIES CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00	ANCILLARY SERVICE COST CENTERS				
54. 00 05400 RADIOLOGY-ID AGNOSTI C -283, 921 11, 296, 213 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -11, 334, 168 8, 345, 941 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -11, 334, 168 8, 345, 941 55. 00 550 00 05500 RADIOLOGY-IHERAPEUTI C -12, 205 56. 00 05500 RADIOLOGY-IHERAPEUTI C -2474, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -444, 840 11, 308, 070 55. 00 05500 CARDIA C CATHETERI ZATI ON -46, 070 05600 CARDIA CATHETERI ZATI ON -56, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06500 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 07200 THUR DELV CHARGED TO PATI ENTS 0 8, 347, 052 771, 00 07100 DELOCAL SUPPLIES CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 26, 119, 395 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00 730, 00 7300 DRUIS CHARGED TO PATI ENTS 0 72, 00	50. 00 05000 OPERATING ROOM	-36, 572, 698	74, 231, 108		50.00
55.00 05500 ABJOLLOGY-THERAPEUTIC -11, 334, 168 8, 345, 941 55.00 67.00 05700 CT SCAN 0 4, 192, 282 57.00 67.00 05700 CT SCAN 0 4, 192, 282 57.00 67.00 05900 ABJOLLOGY TERSONANCE LIMAGING (MRI) 0 2, 755, 956 58.00 05900 ABJOLLOGY TERSONANCE LIMAGING (MRI) 0 4, 192, 282 57.00 05900 ABJOLLOGY TERSONANCE LIMAGING (MRI) 0 4, 192, 282 57.00 05900 ABJOLLOGY 63.00 05900 ABDOLLAG CATHETERIZATION 14, 484 11, 308, 070 59.00 064.00 06400 LABORATORY 312, 295 36, 609, 557 60.00 064.00 06400 INTRAVENOUS THERAPY -312, 295 36, 60.028 65.00 065.00 05900 RESPIRATORY THERAPY -6, 571, 994 10, 274, 667 06.00 06900 RESPIRATORY THERAPY -6, 971, 994 10, 274, 667 06.00 06900 PHYSICAL THERAPY -6, 971, 994 10, 274, 667 06.00 06900 PHYSICAL THERAPY -6, 971, 994 10, 274, 667 06.00 06900 RESPIRATORY 074, 667 074, 667 074, 667 074, 074, 074, 074, 074, 074, 074, 074,				•	54.00
56.00 05600 RADIO ISOTOPE 0 2, 052, 948 55.00				•	
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S8.00 OSBOO MAGNETIC RESOMANCE IMAGING (MRI) 0 2, 765, 966 88.00 0590 OSBOO CARDI ACC ATHEERIZATI ON -474, 840 11, 308, 070 59.00 0500 CARDI ACC ATHEERIZATI ON -312, 295 36, 069, 557 0.00 0.00 0.00 OLGADI ACC ATHEERIZATI ON -312, 295 36, 069, 557 0.00 0.00 0.00 INTERVENOUS THERAPY -36, 598 5, 860, 028 0.50 0.00 0.00 OSBOO INTERVENOUS THERAPY -36, 598 5, 860, 028 0.50 0.00					
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60.00 06.000 LABORATORY -312, 295 36, 069, 557 06.00 06.00 INTRAVENOUS THERAPY 0 2, 126, 625 06.4 00 06.00 INTRAVENOUS THERAPY -36, 598 5, 860, 028 05.00 06.501 06.501 DESPIRATORY THERAPY -6, 971, 994 10, 274, 667 66. 01 06.00 06.00 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06.00 06.00 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 66. 00 06.00 06.00 DESPIRATORY THERAPY -6, 971, 994 10, 274, 667 670, 467 69, 00 071, 00 07200 INTRAVENOUS THERAPY 0 8, 00 071, 00 07100 INTRAVENOUS CHERAGED TO PATIENTS 0 8, 347, 052 71, 00 071, 00 07100 INTRAVENOUS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 74, 00 07400 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73, 00 07300 DRUGS CHARGED TO PATIENTS 0 74, 00 07400 DRUGS CHARGED TO PATIENTS 0 74, 00 074,				•	
64. 00 0.0400 INTRAVENOUS THERAPY -36,598 5.860,028 6.5 00 0.500		-474, 840	11, 308, 070		
55. 00 0.5	60. 00 06000 LABORATORY	-312, 295	36, 069, 557		60.00
65. 00 0.0500 RESPIRATORY THERAPY -36, 598 5, 800, 0.28 0.0500 0.0500 PLIJANDARY REHAB 0 0.22, 477 0.050, 0.0500 0.0500 PLIJANDARY REHAB 0 0.22, 477 0.050, 0.0500 0.0500 PLIJANDARY REHAB 0.050, 0.0500 0	64.00 06400 INTRAVENOUS THERAPY	0	2, 126, 625		64. 00
65.01 OSO1 PULINONARY REHAB 0 22,477 660 660 660 660 660 660 670 660 670 660 670 660 670	65, 00 06500 RESPIRATORY THERAPY	-36, 598			65. 00
66.00 06600 PHYSI CAL THERAPY -6, 971, 994 10, 274, 667 69, 00 6900 06900 LECTROCARDIOLOGY -597, 483 3, 447, 117 69, 00 69, 01 6900 LECTROCARDIOLOGY -597, 483 3, 447, 117 69, 00 69, 01 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 8, 347, 052 71.00 72.00 7200 IMPL. DEV. CHARGED TO PATIENTS 0 26, 119, 835 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 72, 934, 740 74.00 74.00 74.000		0		1	
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73.00 73.0		1		•	
74. 00 07400 RENAL DI ALYSI S -1, 189 1, 614, 097		0	26, 119, 835		72. 00
OUTPATI ENT SERVICE COST CENTERS	73.00 07300 DRUGS CHARGED TO PATIENTS	0	72, 934, 740		73. 00
OUTPATI ENT SERVICE COST CENTERS	74.00 07400 RENAL DIALYSIS	-1, 189	1, 614, 097		74.00
90. 00 09000 CLINI C -182,015 2,297,975 90. 00 09001 FAMILY PRACTICE CLINI C -110,037 1,317,036 90. 01 90. 01 90. 01 90. 02 0007 14 14 15 15 15 15 15 15	OUTPATIENT SERVICE COST CENTERS				1
90. 01 09001 FAMILLY PRACTICE CLINIC		-182 015	2 297 975		90.00
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES				•	
90. 03 09003 CHEMO 0 1, 642, 532 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS -1, 315, 452 1, 088, 029 90. 04 90. 05 09005 PAIN MANAGEMENT -699, 628 3, 056, 619 90. 05 90. 06 09006 WOUND CARE -221, 780 1, 444, 848 90. 06 90. 07 09007 SLEEP CENTER -1, 300, 936 640, 231 90. 08 90. 08 09008 HEMATOLOGY -9, 636 640, 231 90. 08 90. 09 09009 MULTI - SPECI ALTY CLINI C -235, 990 352, 763 90. 09 91. 00 09100 EMERGENCY -13, 020, 379 21, 166, 690 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 92. 00 92. 01 09201 OBSERVATI ON UNI T 0 4, 537, 728 92. 01 96. 00 O9000 DURABLE MEDI CAL EQUI P-RENTED -8, 425 9, 422, 887 96. 00 97. 00 SPECI AL PURPOSE COST CENTERS 96. 00 97, 746, 692 192. 01 98. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1, 741, 302 192. 00 192. 01 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 9, 746, 692 192. 01 192. 02 19202 HEARTCARE 0 0 192. 01 192. 03 19203 FAMILLY PHARMACY 0 24, 864, 540 192. 03 194. 00 07950 OTHER ROUNEL MEDISABLE COST CENTERS 0 2, 722, 735 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 86, 844 194. 01 194. 02 07952 OTHER FACI LI TI LES 0 3, 415, 338 194. 00 194. 03 07953 THE HEART HOSPITAL 0 0 0				1	l
90. 04 09004 PRI MARY CARE FOR SENIORS -1, 315, 452 1, 088, 029 90. 04 90. 05 90005 9010 MANAGEMENT -699, 628 3, 056, 619 90. 05 90006 WOUND CARE -221, 780 1, 444, 484 849, 00. 05 90007 SLEEP CENTER -1, 300, 936 2, 233, 825 90. 07 90. 08 90008 MEMATOLOGY -9, 636 640, 231 90. 08 90. 09 90009 MULTI -SPECI ALTY CLINIC -235, 990 352, 763 90. 09 91. 00 90009 MULTI -SPECI ALTY CLINIC -235, 990 352, 763 90. 09 91. 00 92. 00 92. 00 092. 00 08SERVATI ON BEDS (NON-DISTINCT PART) 92. 01 92. 01 92. 01 08SERVATI ON BEDS (NON-DISTINCT PART) 92. 01 92. 01 095.					
90. 05 09005 PAI N MANAGEMENT	l l			•	
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91. 00	90.09 09009 MULTI-SPECIALTY CLINIC			•	90. 09
92. 00 92. 01 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 92. 00 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED -8, 425 9, 422, 887 96. 00 SPECI AL PURPOSE COST CENTERS 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 190. 00 192. 00 192. 00 192. 01 192. 01 192. 01 192. 02 192. 01 192. 02 192. 02 192. 03 192. 03 192. 05 192. 05 192. 06 192. 07 192. 07 192. 07 192. 07 192. 07 192. 07 192. 07 192. 08 192. 09 192. 09 192. 01 192. 01 192. 02 192. 01 192. 02 192. 03 192. 05 192. 06 192. 07 192. 07 192. 07 192. 07 192. 08 192. 08 192. 09 192. 09 192. 01 192. 01 192. 02 192. 03 192. 05 192. 06 192. 07 192. 07 192. 07 192. 08 192. 08 192. 08 192. 09 192. 09 192. 01 192. 02 192. 03 192. 05 192. 06 192. 07 1					
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96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED -8, 425 9, 422, 887 96. 00 SPECI AL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LI NES 1 through 117) -212, 193, 171 628, 852, 004 118. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1, 741, 302 1900 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 9, 746, 692 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 192. 02 19202 HEARTCARE 0 0 0 192. 03 19203 FAMI LY PHARMACY 0 24, 864, 540 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 2, 722, 735 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 86, 844 194. 01 194. 02 07952 OTHER FACI LITIES 0 3, 415, 338 194. 02 194. 03 07953 THE HEART HOSPI TAL 0 0 0		ا ا	4, 551, 128	1	72.01
SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) -212, 193, 171 628, 852, 004 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1, 741, 302 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 9, 746, 692 192. 01 19201 DEACONESS URGENT CARE 0 0 192. 01 192. 01 19202 HEARTCARE 0 0 192. 01 192. 03 19203 FAMILLY PHARMACY 0 24, 864, 540 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 2, 722, 735 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 86, 844 194. 01 194. 02 194. 03 07953 THE HEART HOSPI TAL 0 0 0 194. 03		0.40=	0 400 007		0, 00
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190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1,741,302 190. 00 192. 00 19200 19200 19200 19200 19201 DEACONESS URGENT CARE 0 0 192. 01 192. 01 192. 02 19202 HEARTCARE 0 0 0 192. 02 192. 03 19203 FAMILY PHARMACY 0 24,864,540 192. 03 192	118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-212, 193, 171	628, 852, 004		118. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 1,741,302 190. 00 192. 00 19200 19200 19200 19200 19201 DEACONESS URGENT CARE 0 0 192. 01 192. 01 192. 02 19202 HEARTCARE 0 0 0 192. 02 192. 03 19203 FAMILY PHARMACY 0 24,864,540 192. 03 192					1
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194. 02 07952 OTHER FACILITIES 0 3, 415, 338 194. 02 194. 03 07953 THE HEART HOSPITAL 0 0 194. 03		0		•	
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Heal th Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0082

Period: From 10/01/2018 To 09/30/2019

Date/Time Prepared: 2/27/2020 7:55 am

			2/2//2020 /: 55	o am
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6. 00	7. 00		
194. 05 07955 CHILD CARE CENTER	0	2, 606, 803		194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	-4		194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0		194. 07
194. 08 07958 HEALTHSOUTH	0	0		194. 08
194. 09 07959 HOME OFFICE	0	0		194. 09
200.00 TOTAL (SUM OF LINES 118 through 199)	-212, 193, 171	675, 665, 954		200. 00

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared: 2/27/2020 7:55 am Provider CCN: 15-0082

COAX CONTECT						10 07/30/20	2/27/2020 7:55 am
A			Increases				
A							
APP REL COSIS-BLUE & FIXE 1.00			3. 00	4. 00	5. 00		
2.00 ADMINISTRATIVE & GENERAL 5.00 0 13.7c2 2.00 3.00 0 1.00	1 00		1 00	ام	7 527 050		1.00
3.00 0.00		I		- 1			•
1.00		ADMINISTRATIVE & GENERAL					•
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2.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00		B - EQUIPMENT DEPRECIATION					
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5.00			· •				•
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B. 00				- 1			•
10.00 110			0.00	0	0		•
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39. 00 40. 00 41. 00 41. 00 42. 00 43. 00 44. 00 43. 00 44. 00 45. 00 46. 00 46. 00 47. 00 48. 00 49. 00 C - INTEREST EXPENSE D - CAFETERIA 1. 00 C -							
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C - INTEREST EXPENSE 1. 00 CAP REL COSTS-MVBLE EQUI P		0			23, 337, 828		
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D - CAFETERIA 1. 00 CAFETERIA 1. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 839, 035 0 2. 00 CANTEEN 3. 00 4. 00 CAFETERIA 1. 00 0 0 0 3. 00 4. 00 CAFETERIA 5. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 1, 438, 373 5. 00 GI FT, FLOWER, COFFEE SHOP & 190. 00 0 902, 267 CANTEEN 6. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00						3.00
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	6 00	CANTEEN	0 00	0	0		6.00
	5. 55			2, 176, 605	<u></u>		5. 50
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Peri od: From 10/01/2018 To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

		Increases			2/27/2020 7:5	ob am
	Cost Center	Increases Line #	Sal ary	Other		
	2.00	3.00	4.00	5. 00		
	E - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	71, 300	0		1. 00
2.00	OPERATION OF PLANT	7. 00	108, 886	0		2. 00
3.00	LAUNDRY & LINEN SERVICE	8. 00	20, 946	0		3.00
4.00	HOUSEKEEPI NG	9.00	95, 578	0		4.00
5. 00 6. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	91, 024 51, 738	0		5. 00 6. 00
7. 00	CENTRAL SERVICES & SUPPLY	14. 00	49, 616	0		7. 00
8. 00	PHARMACY	15. 00	160, 939	0		8. 00
9. 00	MEDICAL RECORDS & LIBRARY	16. 00	2, 851	0		9. 00
10.00	SOCI AL SERVI CE	17. 00	61, 937	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	554, 109	0		11. 00
12.00	INTENSIVE CARE UNIT	31. 00	156, 740	0		12. 00
13. 00	CORONARY CARE UNIT	32.00	29, 624	0		13.00
14. 00	SUBPROVI DER – I PF	40.00	14, 582	0		14.00
15. 00 16. 00	OPERATING ROOM RADIOLOGY-DIAGNOSTIC	50.00	220, 445	0		15. 00 16. 00
17. 00	RADI OLOGY-THERAPEUTI C	54. 00 55. 00	160, 315 46, 959	0		17. 00
18. 00	CARDI AC CATHETERI ZATI ON	59.00	94, 131	0		18. 00
19. 00	LABORATORY	60.00	267, 128	0		19. 00
20.00	INTRAVENOUS THERAPY	64.00	13, 852	0		20. 00
21.00	RESPIRATORY THERAPY	65. 00	47, 094	0		21. 00
22. 00	ELECTROCARDI OLOGY	69. 00	19, 988	0		22. 00
23.00	CARDI AC REHAB	69. 01	7, 070	0		23. 00
24. 00	CLINIC	90.00	20, 781	0		24. 00
25. 00	FAMILY PRACTICE CLINIC	90. 01	31, 344	0		25. 00
26. 00	OUTPATIENT PSYCHIATRIC SERVICES	90. 02	11, 311	U		26. 00
27. 00	CHEMO	90. 03	13, 492	0		27. 00
28. 00	PRIMARY CARE FOR SENIORS	90. 04	26, 745	0		28. 00
29. 00	PAIN MANAGEMENT	90. 05	31, 079	0		29. 00
30.00	WOUND CARE	90. 06	21, 773	0		30. 00
31. 00	SLEEP CENTER	90. 07	30, 681	0		31. 00
32. 00	HEMATOLOGY	90. 08	9, 024	0		32. 00
33. 00	MULTI-SPECIALTY CLINIC	90. 09	1, 768	0		33.00
34.00	EMERGENCY	91.00	105, 487	0		34.00
35. 00 36. 00	OBSERVATION UNIT DURABLE MEDICAL EQUIP-RENTED	92. 01 96. 00	38, 122 18, 563	0		35. 00 36. 00
37. 00	PHYSICIANS' PRIVATE OFFICES	192.00	27, 541	0		37.00
38. 00	FAMILY PHARMACY	192. 03	28, 347	0		38. 00
39. 00	OTHER NONREI MBURSABLE COST	194. 00	25, 399	0		39. 00
	CENTERS					
40.00	OCCUPATI ONAL HEALTH	194. 01	177	0		40. 00
41. 00	PR	194. 04	16, 823	0		41. 00
42. 00	CHILD CARE CENTER	194. 05	35, 528	0		42.00
43. 00			000	$ \frac{0}{0}$		43. 00
	F - LEASES		2, 040, 037	U		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ol	488, 524		1. 00
2. 00	CAP REL COSTS-MVBLE EQUIP	2.00	o	350, 056	İ	2. 00
3.00		0.00	ó	0		3. 00
4.00		0.00	0	0		4. 00
5.00		0.00	0	0		5. 00
6.00		0.00	0	0		6. 00
7. 00			0	0		7. 00
	U		0	838, 580		
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	72, 934, 740		1. 00
2.00	BROOS STARROLD TO TARTENTS	0.00	Ö	72, 731, 710		2. 00
				72, 934, 740		
	H - RESIDENTS					
1.00	I&R SERVICES-SALARY &	21. 00	1, 620, 352	0		1. 00
	FRI NGES APPRVD			_		
2.00	I &R SERVI CES-OTHER PRGM	22. 00	1, 520, 850	0		2. 00
3. 00	COSTS APPRVD I&R SERVICES-OTHER PRGM	22. 00		394, 624	-	3. 00
5.00	COSTS APPRVD	22.00	٩	374, 024		3.00
4.00	333.3747.00	0.00	o	0		4. 00
5. 00		0.00	ol	0	İ	5. 00
6.00		0.00	0	0		6. 00
	[O	$=$ \top	3, 141, 202	394, 624		
	·	·	•			

RECLASSI FI CATIONS

Provider CCN: 15-0082

Peri od: Worksheet A-6 From 10/01/2018 To 09/30/2019 Date/Time Prepared:

2/27/2020 7:55 am Increases Cost Center Sal ary 0ther Line # 2.00 3.00 4.00 5.00 - PASTORAL EDUCATION 1.00 PARAMED ED PRGM-CHAPLAIN 23.01 208, 996 1.00 PARAMED ED PRGM-CHAPLAIN 2.00 23.01 24, 644 2.00 3.00 0.00 Ω 3.00 4.00 0.00 4.00 208, 996 24, 644 J - INSURANCE 1.00 CAP REL COSTS-BLDG & FIXT 1.00 816, 233 1.00 5, 400 2.00 CAP REL COSTS-BLDG & FIXT 1.01 0 2.00 OTHER NONREI MBURSABLE COST 3.00 194.00 0 74 3.00 CENTERS 4 00 194.02 OTHER FACILITIES 0 4.00 11, 767 5.00 0.00 5.00 ō 833, 474 K - PUBLIC RELATIONS ADMINISTRATIVE & GENERAL 1.00 198 5.00 1.00 2.00 ADMINISTRATIVE & GENERAL 5.00 0 3, 413 2.00 0 3.00 0.00 3.00 4.00 4.00 0.00 3, 413 198 - NURSING EDUCATION 523, 397 1.00 PARAMED ED PRGM-NURSING 23.03 0 1.00 2.00 0.00 0 2.00 3.00 0.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 0 6.00 0.00 0 6.00 7.00 0.00 0 0 7.00 8.00 0.00 0 0 8.00 0 0.00 0 9.00 9.00 0 0 10.00 0.00 10.00 11.00 0.00 0 0 11.00 0.00 12.00 0 0 12.00 13 00 0.00 0 13 00 523, 397 - MEDICAL SUPPLIES CHARGED 1.00 MEDICAL SUPPLIES CHARGED TO 71.00 0 8, 347, 052 1.00 PATI ENTS 2.00 IMPL. DEV. CHARGED TO 0 26, 119, 835 72.00 2.00 PATI ENTS 3.00 0.00 0 3.00 4.00 0.00 0 0 4.00 0 5.00 0.00 0 5.00 6.00 0.00 0 0 6.00 7.00 0.00 o 0 7.00 0 8.00 0.00 0 8.00 0 0 9.00 0.00 9.00 10.00 0.00 0 0 10.00 11.00 0.00 0 0 11.00 0 00 0 12 00 12 00 13.00 0.00 0 13.00 14.00 0.00 o 14.00 0 15.00 0.00 15.00 0 0 00 0 16.00 16.00 17.00 0.00 0 0 17.00 18.00 0.00 0 18.00 0 19.00 0.00 0 19.00 0 20 00 0 20.00 0.00 21.00 0.00 21.00 ō 34, 466, 887 - BENEFITS EMPLOYEE BENEFITS DEPARTMENT 1.00 4.00 0 3, 186, 527 1.00 2.00 0.00 2.00 3.00 0.00 0 3.00 ADMINISTRATIVE & GENERAL 18, 600 5.00 0 4.00 4.00 5.00 0.00 5.00 18, 600 3, 186, 527 O - PROPERTY TAXES CAP REL COSTS-BLDG & FIXT 1.00 1.00 27.665 1.00 2.00 CAP REL COSTS-MVBLE EQUIP 2.00 0 100, 790 2.00 0 3.00 0.00 3.00 128, 455

| Peri od: | Worksheet A-6 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared: 2/27/2020 7:55 am

					2/27/2020 7:55	5 am
		Increases				
	Cost Center	Li ne #	Salary	Other		
	2.00	3. 00	4. 00	5. 00		
1. 00	P - DISABILITY EMPLOYEE BENEFITS DEPARTMENT	4.00	O	7, 405		1. 00
2. 00	ADMINISTRATIVE & GENERAL	5.00	o	136, 376	-	2. 00
3. 00	OPERATION OF PLANT	7.00	o	7, 325		3. 00
4. 00	LAUNDRY & LINEN SERVICE	8. 00	o	5, 684		4. 00
5.00	HOUSEKEEPI NG	9.00	0	26, 844		5.00
6.00	DI ETARY	10.00	0	27, 759		6.00
7.00	NURSING ADMINISTRATION	13.00	0	20, 358		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	0	11, 002		8. 00
9. 00	PHARMACY	15. 00	0	138, 045		9. 00
10.00	MEDI CAL RECORDS & LI BRARY	16.00	0	7, 187		10.00
11.00	SOCIAL SERVICE	17.00	0	46, 821		11.00
12. 00 13. 00	ADULTS & PEDIATRICS	30. 00 31. 00	0	363, 607		12. 00 13. 00
14. 00	INTENSIVE CARE UNIT	32.00	0	85, 953 23, 560		14. 00
15. 00	SUBPROVI DER - I PF	40.00	0	7, 301		15. 00
16. 00	OPERATING ROOM	50.00	Ö	123, 916		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	89, 098		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55. 00	o	4, 948		18. 00
19.00	CARDI AC CATHETERI ZATI ON	59.00	O	20, 968		19.00
20.00	LABORATORY	60.00	0	110, 927		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	10, 450		21.00
22. 00	RESPIRATORY THERAPY	65.00	0	25, 203		22. 00
23. 00	ELECTROCARDI OLOGY	69.00	0	35, 419		23.00
24. 00	CLINIC	90.00	0	4, 326		24. 00
25. 00	FAMILY PRACTICE CLINIC	90. 01	0	3, 502		25. 00
26. 00	OUTPATIENT PSYCHIATRIC	90. 02	0	5, 231		26. 00
27.00	SERVI CES	00.03	0	12 250		27.00
27. 00 28. 00	CHEMO	90. 03 90. 04	0	12, 350		27. 00
28. 00 29. 00	PRIMARY CARE FOR SENIORS PAIN MANAGEMENT	90.04	0	2, 492 2, 965	-	28. 00 29. 00
30. 00	WOUND CARE	90.06	o	1, 800		30.00
31. 00	SLEEP CENTER	90. 07	Ö	15, 373		31. 00
32. 00	HEMATOLOGY	90. 08	o	340		32. 00
33. 00	MULTI-SPECIALTY CLINIC	90. 09	o	843		33. 00
34. 00	EMERGENCY	91.00	o	136, 552		34. 00
35. 00	OBSERVATION UNIT	92. 01	0	16, 323		35. 00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	13, 428		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21, 310		37.00
38. 00	FAMILY PHARMACY	192. 03	0	10, 716		38. 00
39. 00	OTHER NONREI MBURSABLE COST	194. 00	0	13, 307		39. 00
40.00	CENTERS	404.05		0.040		10.00
40. 00	CHILD CARE CENTER	194.05		3, 818		40. 00
	Q - SALARY IN NON-SALARY ACCO	L 2TINITO	<u> </u>	1, 600, 832		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	300	0		1. 00
2. 00	ADMINISTRATIVE & GENERAL	5. 00	6, 249	0		2. 00
3. 00	OPERATION OF PLANT	7. 00	1, 000	0		3. 00
4.00	LAUNDRY & LINEN SERVICE	8. 00	700	0		4. 00
5.00	HOUSEKEEPI NG	9.00	625	0		5.00
6.00	DI ETARY	10.00	1, 675	0		6.00
7.00	NURSING ADMINISTRATION	13. 00	500	0		7. 00
8.00	CENTRAL SERVICES & SUPPLY	14. 00	100	0		8. 00
9. 00	PHARMACY	15. 00	1, 900	0		9. 00
10.00	MEDI CAL RECORDS & LI BRARY	16.00	1, 300	0		10.00
11.00	SOCIAL SERVICE	17.00	2, 170	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	67, 206	0		12.00
13. 00 14. 00	INTENSIVE CARE UNIT	31. 00 32. 00	1, 720	0	1	13. 00 14. 00
15. 00	SUBPROVI DER - I PF	40. 00	7, 223 495	0		15. 00
16. 00	OPERATING ROOM	50.00	23, 909	0		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	2, 350	0		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55.00	325	0		18. 00
19. 00	CARDIAC CATHETERIZATION	59. 00	150	0		19. 00
20. 00	LABORATORY	60.00	3, 575	Ö		20. 00
21. 00	INTRAVENOUS THERAPY	64.00	100	0		21. 00
22. 00	RESPIRATORY THERAPY	65.00	750	0		22. 00
23. 00	ELECTROCARDI OLOGY	69.00	125	0		23. 00
24. 00	CLINIC	90.00	650	0		24. 00
25. 00	FAMILY PRACTICE CLINIC	90. 01	25, 340	0		25. 00
26. 00	OUTPATIENT PSYCHIATRIC	90. 02	200	0		26. 00
07.00	SERVI CES	22.2		_		07.00
27. 00	CHEMO	90.03	400	0	· · · · · · · · · · · · · · · · · · ·	27. 00
28. 00	PRIMARY CARE FOR SENIORS	90. 04	3, 660	0	<u> </u>	28. 00

Peri od: From 10/01/2018 To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

					2/2//2020 /: 55	aiii
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
29. 00	PAIN MANAGEMENT	90. 05	1, 025	0		29. 00
30. 00	WOUND CARE	90.06	870	0		30. 00
31. 00	SLEEP CENTER	90. 07	864	0		31. 00
32.00	HEMATOLOGY	90. 08	3, 000	0		32.00
33.00	MULTI-SPECIALTY CLINIC	90.09	3, 205	0		33.00
34.00	EMERGENCY	91.00	9, 088	0		34.00
35.00	OBSERVATION UNIT	92. 01	413	0		35.00
36. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	100	0		36.00
37. 00	PHYSICIANS' PRIVATE OFFICES	192.00	10, 795	0		37. 00
38. 00	OTHER NONREI MBURSABLE COST	194.00	325	Ô		38. 00
00.00	CENTERS	.,	020	ŭ		00.00
39. 00	OTHER FACILITIES	194. 02	11, 094	0		39. 00
40. 00	PR	194. 04	135	0		40. 00
		l .	100	_		
41. 00	CHILD CARE CENTER	1 <u>94.</u> 05		0		41. 00
	D DADT A DUVELCUAN		195, 711	U		
	R - PART A PHYSICIAN	04.00	470 (70	-		
1.00	INTENSIVE CARE UNIT	31.00	178, 670	0		1. 00
2.00	INTENSIVE CARE UNIT	31. 00	0	36, 480		2. 00
3.00		0.00	0	0		3. 00
4.00	L	0.00	0	0		4. 00
	0		178, 670	36, 480		
	S - HSB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1. 01	0	158, 565		1.00
2.00		0.00	0	0		2.00
			— — <u> </u>	158, 565		
	T - ACTIVITY THERAPY	l l	- 1			
1.00	SUBPROVI DER - I PF	40.00	34, 639	0		1. 00
2.00	South Services	0.00	0 1, 55 7	0		2. 00
3.00	SUBPROVI DER - I PF	40.00	o	4, 684		3. 00
	SUBPROVIDER - IFI	l .	0	•		
4. 00				0		4. 00
	U DEC ACCRUAL		34, 639	4, 684		
4 00	U - PTO ACCRUAL	4 00	45.04/			4 00
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	15, 946	0		1. 00
2.00	OPERATION OF PLANT	7. 00	26, 399	0		2. 00
3.00	LAUNDRY & LINEN SERVICE	8. 00	4, 304	0		3. 00
4.00	HOUSEKEEPI NG	9. 00	22, 934	0		4. 00
5.00	DI ETARY	10.00	19, 936	0		5.00
6.00	NURSING ADMINISTRATION	13.00	13, 567	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	9, 328	0		7.00
8.00	PHARMACY	15. 00	63, 290	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16. 00	16, 182	0		9. 00
10.00	SOCI AL SERVI CE	17. 00	29, 710	0		10.00
11. 00	PARAMED ED PRGM-PHARMACY	23. 00	27,710	0		11. 00
12. 00	ADULTS & PEDIATRICS	30.00	203, 292	0		12. 00
13. 00	INTENSIVE CARE UNIT	31.00	54, 880	0		13. 00
14. 00		32.00		0		14. 00
	CORONARY CARE UNIT	l .	12, 769	0		
15. 00	SUBPROVI DER - I PF	40.00	4, 952	0		15.00
16.00	OPERATING ROOM	50.00	99, 550	0		16.00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	73, 612	0		17. 00
18. 00	RADI OLOGY-THERAPEUTI C	55. 00	13, 360	0		18. 00
19. 00	CARDIAC CATHETERIZATION	59. 00	30, 590	0		19. 00
20.00	LABORATORY	60.00	83, 041	0		20. 00
21.00	I NTRAVENOUS THERAPY	64.00	5, 828	0		21.00
22.00	RESPI RATORY THERAPY	65.00	18, 809	0		22. 00
23.00	PULMONARY REHAB	65. 01	39	0		23.00
24.00	ELECTROCARDI OLOGY	69.00	9, 469	0		24.00
25. 00	CARDI AC REHAB	69. 01	3, 955	0		25. 00
26. 00	RENAL DIALYSIS	74. 00	69	n		26. 00
27. 00	CLINIC	90.00	9, 456	0		27. 00
28. 00	FAMILY PRACTICE CLINIC	90. 01	16, 431	0		28. 00
29. 00	OUTPATIENT PSYCHIATRIC	90.01	4, 085	0		29. 00
∠7. UU	SERVICES	90.02	4, 065	U		Z 7. UU
20.00		00.00	4 704	^		20 00
30.00	CHEMO	90.03	6, 724	0		30.00
31.00	PRIMARY CARE FOR SENIORS	90.04	9, 610	0		31.00
32.00	PAIN MANAGEMENT	90.05	19, 776	0		32.00
33. 00	WOUND CARE	90. 06	6, 751	0		33. 00
34.00	SLEEP CENTER	90. 07	15, 563	0		34.00
35.00	HEMATOLOGY	90. 08	2, 896	0		35.00
36.00	MULTI-SPECIALTY CLINIC	90. 09	2, 048	0		36.00
37.00	EMERGENCY	91.00	102, 749	0		37.00
38. 00	OBSERVATION UNIT	92. 01	13, 759	0		38. 00
39. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	17, 055	n		39. 00
40. 00	PHYSICIANS' PRIVATE OFFICES	192.00	20, 740	o		40.00
41. 00	FAMILY PHARMACY	192.03	10, 512	o		41. 00
	1		.5,512	٥		

Peri od: Worksheet A-6
From 10/01/2018
To 09/30/2019 Date/Time Prepared:

					To 09/30/201	9 Date/Time Prepared: 2/27/2020 7:55 am
		Increases		'		2,27,2020 7, 00 4
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
42. 00	OTHER NONREIMBURSABLE COST CENTERS	194. 00	9, 934	0		42. 00
43.00	OCCUPATI ONAL HEALTH	194. 01	384	0		43.00
44.00	OTHER FACILITIES	194. 02	1, 797	0		44. 00
45.00	PR	194. 04	5, 644	0		45. 00
46.00	CHILD CARE CENTER	194. 05	10, 555	0		46. 00
47.00		0.00	0	0		47. 00
	0		1, 122, 284			
	V - PHARMACY RESIDENCY					
1. 00	PARAMED ED PRGM-PHARMACY	23. 00	39, 799	0		1. 00
2.00		0.00		0		2. 00
	0		39, 799	0		
	W - RADI OLOGY	5, 00		al		1.00
1.00	RADI OI SOTOPE	56.00	630, 942	0		1. 00
2.00	CT SCAN	57.00	2, 513, 248	0		2. 00
3. 00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1, 446, 353	U		3. 00
4.00		0.00	0	0		4. 00
5.00	RADI OI SOTOPE	56.00	0	1, 447, 074		5. 00
6.00	CT SCAN	57.00	0	2, 371, 144		6. 00
7. 00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1, 403, 948		7. 00
8. 00	<u> </u>	0.00		0		8. 00
	0		4, 590, 543	5, 222, 166		
4 00	X - OBSERVATION UNIT	20.00	F/0 00/			1.00
1. 00 2. 00	ADULTS & PEDIATRICS	30. 00 0. 00	560, 086	0		1. 00 2. 00
3. 00	ADULTS & PEDIATRICS	30.00	O O	0 103, 408		3. 00
4. 00	ADULIS & PEDIATRICS	0.00	0	103, 406		4.00
4.00			560, 086	103, 408		4.00
	Y - A&G		300, 000	103, 400		
1.00	ADMINISTRATIVE & GENERAL	5.00	0	659, 213		1. 00
2. 00	Tom World VE & GENERAL	0.00	0	0 0		2. 00
3.00		0.00	0	0		3.00
4. 00		0.00	0	0		4.00
5. 00		0.00	ol	ol		5. 00
6. 00		0.00	ol	o		6. 00
7. 00		0.00	o	0		7. 00
	TOTALS — — — — —	-	— — 	659, 213		
500.00	Grand Total: Increases		15, 631, 567	154, 358, 988		500. 00
	•	. '				,

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 10/01/2018 To 09/30/2019 Date/Ti me Prepared: 2/27/2020 7:55 am Provider CCN: 15-0082

	Decreases Decreases						
	Cost Center	Li ne #	Salary	0ther 9.00	Wkst. A-7 Ref.		
	A - BUI LDI NG DEPRECI ATI ON	7. 00	8. 00	9.00	10. 00	<u> </u>	
1.00		0.00	0	0			1. 00
2.00	ODEDATION OF DIANT	0.00	0	7 540 000	1		2.00
3. 00 4. 00	OPERATION OF PLANT OTHER NONREIMBURSABLE COST	7. 00 194. 00	0	7, 548, 238 3, 374			3. 00 4. 00
4.00	CENTERS CONTRACT MBORSABLE COST	174.00					4.00
	0 — — — — —		0	7, 551, 612			
1 00	B - EQUIPMENT DEPRECIATION	0.00	٥	0	ا		1 00
1. 00 2. 00	CAP REL COSTS-BLDG & FIXT	0. 00 1. 00	0	0 1, 110, 009			1. 00 2. 00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	ő	29, 446	1		3. 00
4.00	ADMINISTRATIVE & GENERAL	5. 00	О	12, 112, 686			4. 00
5.00	OPERATION OF PLANT	7. 00	0	323, 986			5. 00
6. 00 7. 00	LAUNDRY & LINEN SERVICE HOUSEKEEPING	8. 00 9. 00	0	136, 112 41, 631			6. 00 7. 00
8. 00	DI ETARY	10.00	o	231, 136			8. 00
9.00	NURSING ADMINISTRATION	13. 00	О	642, 109	9		9. 00
10.00	CENTRAL SERVICES & SUPPLY	14. 00	0	255, 328	1		10.00
11. 00 12. 00	PHARMACY MEDICAL RECORDS & LIBRARY	15. 00 16. 00	0	124, 615 67, 375			11. 00 12. 00
13. 00	SOCI AL SERVI CE	17. 00	o	5, 901	9		13. 00
14.00	ADULTS & PEDIATRICS	30. 00	О	815, 382			14. 00
15.00	INTENSIVE CARE UNIT	31.00	0	157, 731			15. 00
16. 00 17. 00	CORONARY CARE UNIT SUBPROVIDER - IPF	32. 00 40. 00	0	28, 491 299	9		16. 00 17. 00
18. 00	OPERATING ROOM	50.00	o	2, 531, 206			18. 00
19.00	RADI OLOGY-DI AGNOSTI C	54.00	О	1, 416, 626	9		19. 00
20.00	RADI OLOGY-THERAPEUTI C	55.00	0	13, 500			20.00
21. 00	MAGNETIC RESONANCE IMAGING (MRI)	58. 00	O	43, 464	9		21. 00
22. 00	CARDI AC CATHETERI ZATI ON	59.00	o	786, 468	9		22. 00
23. 00	LABORATORY	60.00	0	804, 160	9		23. 00
24. 00	I NTRAVENOUS THERAPY	64.00	0	14, 655			24. 00
25. 00 26. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65. 00 66. 00	0	61, 506 21, 332			25. 00 26. 00
27. 00	ELECTROCARDI OLOGY	69.00	o	363, 164			27. 00
28. 00	CARDI AC REHAB	69. 01	0	10, 268	9		28. 00
29. 00	RENAL DI ALYSI S	74.00	0	9, 752			29. 00
30. 00 31. 00	CLINIC FAMILY PRACTICE CLINIC	90. 00 90. 01	0	5, 121 35, 744			30. 00 31. 00
32. 00	OUTPATIENT PSYCHIATRIC	90.01	o	1, 606			32.00
	SERVI CES						
33.00	CHEMO	90.03	0	22, 159			33. 00
34. 00 35. 00	PRIMARY CARE FOR SENIORS PAIN MANAGEMENT	90. 04 90. 05	0	11, 803 80, 851			34. 00 35. 00
36. 00	WOUND CARE	90.06	o	9, 052			36. 00
37.00	SLEEP CENTER	90. 07	О	59, 521	9		37. 00
38. 00	HEMATOLOGY	90.08	0	305			38. 00
39. 00 40. 00	MULTI-SPECIALTY CLINIC EMERGENCY	90. 09 91. 00	0	12, 261 290, 679	- 1		39. 00 40. 00
41. 00	OBSERVATION UNIT	92. 01	o	99, 324			41. 00
42.00	DURABLE MEDICAL EQUIP-RENTED	96.00	О	290, 926	9		42. 00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	134, 347			43. 00
44. 00 45. 00	FAMILY PHARMACY OTHER NONREIMBURSABLE COST	192. 03 194. 00	0	42, 733 33, 657	- 1		44. 00 45. 00
43.00	CENTERS	174.00		33, 037			43.00
46. 00	OTHER FACILITIES	194. 02	0	37, 557			46. 00
47. 00	PR	194. 04	0	4, 873			47. 00
48. 00 49. 00	CHILD CARE CENTER CENTER OF LIFE BALANCE	194. 05 194. 06	0	4, 283 2, 688	1		48. 00 49. 00
17.00	0			23, 337, 828			17.00
	C - INTEREST EXPENSE						
1.00		0. 00 0. 00	0	0			1.00
2. 00 3. 00	CAP REL COSTS-BLDG & FIXT	1. 00	0	0 532, 216	1		2. 00 3. 00
0.00	0			532, 216]
	D - CAFETERIA						
1.00		0.00	0	0	1		1.00
2. 00 3. 00	DI ETARY	0. 00 10. 00	2, 176, 605	0			2. 00 3. 00
4. 00		0.00	0	0	ol ol		4. 00
5.00	5.57457	0.00	o	0	0		5. 00
6. 00	DI ETARY		0 2, 176, 605	<u>2, 340, 640</u> 2, 340, 640			6. 00
	<u> </u>	ı	2, 170, 000	2, 340, 040	1	l .	<u> </u>

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Provider CCN: 15-0082

					Т.	ime Prepared: 020 7:55 am
	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.	
	6. 00	7. 00	8.00	9.00	10. 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 14. 00 15. 00 16. 00 17. 00 18. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 33. 00 34. 00 35. 00 36. 00 37. 00 38. 00 39. 00 39. 00	Cost Center 6.00 E - INCENTIVE COMPENSATION	Li ne # 7.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Sal ary 8.00 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	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 29. 00 30. 00 31. 00 31. 00 32. 00 33. 00 34. 00 35. 00 36. 00 37. 00 38. 00 39. 00 40. 00
41. 00 42. 00 43. 00	ADMI NI STRATI VE & GENERAL	0. 00 0. 00 5. 00	0 0 2, 840, 837	0 0 0	O	41. 00 42. 00 43. 00
	0 F - LEASES		2, 840, 837	0		
4.00	ADMINI STRATI VE & GENERAL DI ETARY RADI OLOGY-DI AGNOSTI C DURABLE MEDI CAL EQUI P-RENTED PHYSI CI ANS' PRI VATE OFFI CES O	0.00 0.00 5.00 10.00 54.00 96.00 192.00	0 0 0 0 0	0 0 147, 442 274 492, 936 48, 048 	10 10 10 10 10 10	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
1. 00	G - DRUGS	0.00	0	0	0	1. 00
2. 00	PHARMACY	<u>15.</u> 00	0	72, 93 <u>4, 7</u> 40 72, 934, 740	0	2. 00
4 60	H - RESIDENTS		-1			1.00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00	FAMILY PRACTICE CLINIC FAMILY PRACTICE CLINIC ADMINISTRATIVE & GENERAL O	0. 00 0. 00 0. 00 90. 01 90. 01 5. 00	0 0 0 3, 098, 550 0 0 3, 098, 550	0 0 0 394, 624 42, 652 437, 276	0 0 0 0	1. 00 2. 00 3. 00 4. 00 5. 00 6. 00
1. 00 2. 00 3. 00 4. 00	I - PASTORAL EDUCATION ADMINISTRATIVE & GENERAL O	0. 00 0. 00 5. 00 5. 00	0 0 208, 996 0 208, 996	0 0 0 	0 0 0	1. 00 2. 00 3. 00 4. 00

RECLASSI FI CATIONS

Provider CCN: 15-0082

Peri od: Worksheet A-6 From 10/01/2018 To 09/30/2019 Date/Ti me Prepared:

2/27/2020 7:55 am Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 - INSURANCE 1.00 0.00 12 1.00 0 2.00 0.00 0 12 2.00 3.00 0.00 0 0 12 3.00 4.00 0.00 0 0 12 4.00 5.00 ADMINISTRATIVE & GENERAL 5.00 0 833, 474 12 5.00 833, 474 K - PUBLIC RELATIONS 1.00 0.00 0 0 0 1.00 2.00 0.00 0 0 0 2.00 3 00 lpr. 194 04 198 0 3 00 0 4.00 PR 194.04 3, 413 0 4.00 3, 413 - NURSING EDUCATION 1 00 0 00 0 1 00 0 2.00 ADMINISTRATIVE & GENERAL 5.00 31, 474 0 0 2.00 3.00 SOCIAL SERVICE 17.00 24, 512 0 0 3.00 4.00 ADULTS & PEDIATRICS 30.00 203, 266 0 0 4.00 0 134, 281 5 00 INTENSIVE CARE UNIT 31 00 0 5 00 0 6.00 OPERATING ROOM 50.00 41, 859 0 6.00 CARDIAC CATHETERIZATION 0 7.00 59.00 25, 101 0 7.00 0 INTRAVENOUS THERAPY 64.00 8.00 0 8.00 50 9.00 ELECTROCARDI OLOGY 69.00 902 0 0 9.00 PAIN MANAGEMENT 90.05 2, 228 0 10.00 10.00 WOUND CARE 90.06 12, 787 0 0 11.00 11.00 91.00 12 00 EMERGENCY 15, 989 0 0 12 00 13.00 OBSERVATION UNIT 92.01 30, 948 0 13.00 523, 397 0 M - MEDICAL SUPPLIES CHARGED 1 00 0 00 0 0 1 00 2.00 0.00 0 0 0 2.00 3.00 NURSING ADMINISTRATION 13.00 0 375 0 3.00 0 CENTRAL SERVICES & SUPPLY 0 4.00 14.00 155.383 4.00 5.00 PHARMACY 15.00 0 129.784 5.00 6.00 ADULTS & PEDIATRICS 30.00 0 108, 997 0 6.00 0 7.00 INTENSIVE CARE UNIT 31.00 0 30, 069 7.00 CORONARY CARE UNIT 0 32.00 0 8.00 4.166 8.00 9.00 OPERATING ROOM 50.00 0 16, 324, 032 9.00 RADI OLOGY-DI AGNOSTI C 10.00 54.00 0 1, 666, 257 0 10.00 0 11.00 RADI OI SOTOPE 56.00 o 25, 168 11.00 0 ICT SCAN 57,00 0 693, 408 12.00 12.00 13.00 MAGNETIC RESONANCE IMAGING 58.00 0 84, 345 0 13.00 (MRI) 14.00 CARDIAC CATHETERIZATION 59.00 0 14, 179, 270 0 14.00 INTRAVENOUS THERAPY 0 0 15.00 64.00 227, 474 15 00 16.00 RESPIRATORY THERAPY 65.00 0 128, 443 0 16.00 17.00 ELECTROCARDI OLOGY 69.00 o 9, 253 0 17.00 PAIN MANAGEMENT 90.05 0 217, 000 0 18.00 18.00 0 0 WOUND CARE 90.06 19.00 288,000 19.00 20.00 EMERGENCY 91.00 0 188, 932 0 20.00 OBSERVATION UNIT 21.00 92.01 6,531 0 21.00 ō 34, 466, 887 - BENEFITS 1.00 0.00 0 0 1.00 2.00 ADMINISTRATIVE & GENERAL 5.00 0 1, 796, 757 0 2.00 FAMILY PHARMACY 0 0 3.00 192.03 1, 389, 770 3.00 4.00 0.00 0 0 4 00 5.00 18,600 0 5.00 ADMINISTRATIVE & GENERAL 5.00 ō 3, 205, 127 O - PROPERTY TAXES 1.00 0.00 0 0 13 1.00 2.00 0.00 0 0 13 2.00 3.00 <u>ADMINISTRATIVE & GENERAL</u> 5.00 Q 128, 455 3.00 13 128, 455 P - DISABILITY 1.00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 7, 405 0 0 1.00 ADMINISTRATIVE & GENERAL 5.00 136, 376 0 0 2.00 2.00 0 3.00 OPERATION OF PLANT 7.00 7, 325 0 3.00 LAUNDRY & LINEN SERVICE 8.00 5, 684 0 0 4.00 4.00 0 5.00 HOUSEKEEPI NG 9.00 26, 844 0 5.00 27, 759 0 DI FTARY 10.00 0 6.00 6.00 7.00 NURSING ADMINISTRATION 13.00 20, 358 0 0 7.00 0 8.00 CENTRAL SERVICES & SUPPLY 14.00 11,002 0 8.00 PHARMACY 15.00 138, 045 0 9.00 9 00

Peri od: From 10/01/2018 To 09/30/2019

Date/Time Prepared: 2/27/2020 7:55 am

		Decreases				2/2//2020 7.3	JJ alli
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
10.00	MEDICAL RECORDS & LIBRARY	16.00	7, 187	0			10.00
11.00	SOCIAL SERVICE	17.00	46, 821	0	0		11.00
12. 00 13. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	363, 607 85, 953	0	0		12. 00 13. 00
14. 00	CORONARY CARE UNIT	31.00	23, 560	0	0		14. 00
15. 00	SUBPROVI DER - I PF	40.00	7, 301	0	0		15. 00
16. 00	OPERATING ROOM	50.00	123, 916	0	0		16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	89, 098	0	o		17. 00
18.00	RADI OLOGY-THERAPEUTI C	55.00	4, 948	0	0		18. 00
19.00	CARDIAC CATHETERIZATION	59.00	20, 968	0	0		19. 00
20.00	LABORATORY	60.00	110, 927	0	0		20. 00
21. 00	I NTRAVENOUS THERAPY	64.00	10, 450	0	0		21. 00
22. 00	RESPIRATORY THERAPY	65.00	25, 203	0	0		22. 00
23. 00 24. 00	ELECTROCARDI OLOGY CLI NI C	69. 00 90. 00	35, 419 4, 326	0	0		23.00
25. 00	FAMILY PRACTICE CLINIC	90.00	3, 502	0	0		25. 00
26. 00	OUTPATIENT PSYCHIATRIC	90.02	5, 231	0	l o		26. 00
	SERVI CES		5, 25	_			
27.00	СНЕМО	90. 03	12, 350	0	0		27. 00
28. 00	PRIMARY CARE FOR SENIORS	90. 04	2, 492	0	0		28. 00
29. 00	PAIN MANAGEMENT	90. 05	2, 965	0	0		29. 00
30.00	WOUND CARE	90.06	1, 800	0	0		30.00
31.00	SLEEP CENTER	90.07	15, 373	0	0		31.00
32. 00 33. 00	HEMATOLOGY MULTI-SPECIALTY CLINIC	90. 08 90. 09	340 843	0	0		32. 00 33. 00
34. 00	EMERGENCY	91.00	136, 552	0	0		34. 00
35. 00	OBSERVATION UNIT	92. 01	16, 323	0	o o		35. 00
36. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	13, 428	0	0		36. 00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	21, 310	0	0		37. 00
38. 00	FAMILY PHARMACY	192. 03	10, 716	0	0		38. 00
39. 00	OTHER NONREI MBURSABLE COST	194. 00	13, 307	0	0		39. 00
40.00	CENTERS	104.05	2 010	0	0		40.00
40. 00	CHILD CARE CENTER	194.05	3, 818 1, 600, 832	0			40.00
	Q - SALARY IN NON-SALARY ACCO	DUNTS	, ,				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	300			1. 00
2.00	ADMINISTRATIVE & GENERAL	5. 00	0	6, 249			2. 00
3.00	OPERATION OF PLANT	7.00	0	1, 000	0		3. 00
4. 00 5. 00	LAUNDRY & LINEN SERVICE	8. 00 9. 00	0	700 435	0		4. 00 5. 00
6.00	HOUSEKEEPI NG DI ETARY	10.00	0	625 1, 675	0		6. 00
7. 00	NURSING ADMINISTRATION	13.00	0	500	0		7. 00
8. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	100	0		8. 00
9.00	PHARMACY	15. 00	o	1, 900	O		9. 00
10.00	MEDICAL RECORDS & LIBRARY	16. 00	0	1, 300	0		10. 00
11. 00	SOCIAL SERVICE	17. 00	0	2, 170	0		11. 00
12.00	ADULTS & PEDIATRICS	30.00	0	67, 206	0		12.00
13.00	INTENSIVE CARE UNIT CORONARY CARE UNIT	31. 00 32. 00	0	1, 720 7, 223	0		13. 00 14. 00
14. 00 15. 00	SUBPROVIDER - IPF	40.00	0	7, 223 495			15. 00
16. 00	OPERATING ROOM	50.00	0	23, 909			16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 350	1		17. 00
18.00	RADI OLOGY-THERAPEUTI C	55.00	О	325			18. 00
19.00	CARDIAC CATHETERIZATION	59.00	0	150	0		19. 00
20.00	LABORATORY	60.00	0	3, 575			20. 00
21. 00	INTRAVENOUS THERAPY	64.00	0	100	1		21. 00
22. 00	RESPIRATORY THERAPY	65.00	0	750 125	0		22. 00
23. 00 24. 00	ELECTROCARDI OLOGY CLI NI C	69. 00 90. 00	0	125 650			23.00
25. 00	FAMILY PRACTICE CLINIC	90.00	0	25, 340	1		25. 00
26. 00	OUTPATIENT PSYCHIATRIC	90. 02	ő	200			26. 00
	SERVI CES						
27. 00	СНЕМО	90. 03	0	400	0		27. 00
28. 00	PRIMARY CARE FOR SENIORS	90.04	0	3, 660	0		28. 00
29. 00	PAIN MANAGEMENT	90.05	0	1, 025	0		29. 00
30.00	WOUND CARE	90.06	0	870			30.00
31. 00 32. 00	SLEEP CENTER HEMATOLOGY	90. 07 90. 08	0	864 3, 000	0		31. 00 32. 00
33. 00	MULTI-SPECIALTY CLINIC	90.08	0	3, 205			33. 00
34. 00	EMERGENCY	91.00	0	9, 088			34. 00
35. 00	OBSERVATION UNIT	92. 01	0	413	1		35. 00
36. 00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	100			36. 00
37. 00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10, 795	0		37. 00

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared: 2/27/2020 7:55 am Provider CCN: 15-0082

						2	/27/2020 7:55 am
		Decreases	0.1	0.11	w		
	Cost Center 6.00	Li ne # 7. 00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
38. 00	OTHER NONREI MBURSABLE COST	194. 00	8.00	325	10.00		38. 00
30. 00	CENTERS	174.00	٩	323	Ĭ		30.00
39. 00	OTHER FACILITIES	194. 02	0	11, 094	O		39. 00
40.00	PR	194. 04	0	135	0		40. 00
41. 00	CHILD CARE CENTER	194. 05		100	0		41. 00
	O R - PART A PHYSICIAN		0	195, 711			
1. 00	R - PART A PHISICIAN	0.00	O	0	0		1. 00
2. 00		0.00	o	O	o		2. 00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	178, 670	0	o		3. 00
4.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	36, 480	o		4. 00
	0		178, 670	36, 480			
4 00	S - HSB DEPRECIATION	0.00					4.00
1. 00 2. 00	CAP REL COSTS-BLDG & FIXT	0. 00 1. 00	0	0 158, 565	9		1. 00
2.00	O REE COSTS-BEDG & TIXT			158, 565			2.00
	T - ACTIVITY THERAPY			100, 000			
1.00		0.00	0	0	0		1. 00
2.00	ADULTS & PEDIATRICS	30.00	34, 639	0	0		2. 00
3.00		0.00	0	0	0		3.00
4. 00	ADULTS & PEDIATRICS	30.00	0	4, 684	0		4. 00
	U - PTO ACCRUAL		34, 639	4, 684			
1.00	O TTO ACCROAL	0.00	O	0	0		1. 00
2.00		0.00	Ö	Ö	o		2. 00
3.00		0.00	О	0	O		3. 00
4.00		0. 00	0	0	0		4. 00
5.00		0.00	0	0	0		5. 00
6. 00 7. 00		0. 00 0. 00	0	0 0	0		6. 00 7. 00
8. 00		0.00	0	0	0		8. 00
9. 00		0.00	Ö	o	o		9. 00
10.00		0.00	0	0	0		10.00
11. 00		0.00	0	0	0		11. 00
12. 00		0.00	0	0	0		12. 00
13.00		0.00	0	0	0		13. 00
14. 00 15. 00		0. 00 0. 00	0	0 0	0		14. 00 15. 00
16. 00		0.00	0	0	0		16. 00
17. 00		0.00	Ö	Ö	o		17. 00
18.00		0.00	0	0	o		18. 00
19. 00		0.00	0	0	0		19. 00
20. 00		0.00	0	0	0		20.00
21. 00		0.00	0	0	0		21. 00 22. 00
22. 00 23. 00		0. 00 0. 00	0	0	0		23. 00
24. 00		0.00	o	o	ol		24. 00
25.00		0.00	O	0	O		25. 00
26.00		0.00	0	0	0		26. 00
27. 00		0.00	0	0	0		27. 00
28. 00		0.00	0	0	0		28. 00
29. 00 30. 00		0. 00 0. 00	0	0 0	0		29. 00 30. 00
31. 00		0.00	0	0	0		31.00
32. 00		0.00	Ö	Ö	O		32. 00
33.00		0.00	0	0	o		33. 00
34.00		0.00	0	0	0		34.00
35. 00		0.00	0	0	0		35. 00
36. 00		0. 00 0. 00	0	0 0	0		36.00
37. 00 38. 00		0.00	0	0	0		37. 00 38. 00
39. 00		0.00	0	0	0		39. 00
40. 00		0.00	Ö	Ö	O		40.00
41. 00		0.00	Ö	Ō	Ö		41. 00
42.00		0.00	О	0	O		42. 00
43.00		0.00	0	0	0		43. 00
44. 00		0.00	0	0	0		44.00
45. 00 46. 00		0. 00 0. 00	0	0 0	0		45. 00 46. 00
47. 00	ADMINISTRATIVE & GENERAL	5. 00	1, 12 <u>2, 2</u> 84				47. 00
55	0	<u> </u>	1, 122, 284	0	— — —		17.50
	•	. !		-1	1		į.

Health Financial Systems RECLASSIFICATIONS DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 15-0082

| Peri od: | Worksheet A-6 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared:

						10 09/30/2019 Date/lime F 2/27/2020 7	repared: ':55 am
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	V - PHARMACY RESIDENCY						
1.00		0.00	0	0	0		1. 00
2.00	PHARMACY	15. 00	39, 799	0	0		2. 00
	0		39, 799	0			
	W - RADI OLOGY						
1.00		0.00	0	0	0		1. 00
2.00		0.00	0	0	0		2. 00
3.00		0.00	0	0	0		3. 00
4.00	RADI OLOGY-DI AGNOSTI C	54.00	4, 590, 543	0	0		4. 00
5.00		0.00	0	0	0		5. 00
6.00		0.00	0	0	0		6. 00
7.00		0.00	0	0	0		7. 00
8.00	RADI OLOGY-DI AGNOSTI C	54. 00	0_	5, 222, 166	0		8. 00
	0		4, 590, 543	5, 222, 166			
	X - OBSERVATION UNIT				_		
1.00		0.00	0	0	0		1. 00
2.00	OBSERVATION UNIT	92. 01	560, 086	0	0		2. 00
3.00		0.00	0	0	0		3. 00
4.00	OBSERVATION UNIT	<u> </u>	•	10 <u>3, 4</u> 08			4. 00
	0		560, 086	103, 408			
	Y - A&G						
1.00		0. 00	0	0			1. 00
2.00	OPERATION OF PLANT	7. 00	0	336, 056			2. 00
3.00	SOCI AL SERVI CE	17. 00	0	7, 100			3. 00
4.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	66, 000			4. 00
5.00	RADI OLOGY-THERAPEUTI C	55. 00	0	206, 659			5. 00
6.00	CARDIAC CATHETERIZATION	59. 00	0	40, 063			6. 00
7.00	DURABLE MEDICAL EQUIP-RENTED	<u>96.</u> 00	•	3, 335			7. 00
	TOTALS		0	659, 213			
500.00	Grand Total: Decreases		16, 975, 436	153, 015, 119	1		500.00

				Ť	09/30/2019	Date/Time Prep 2/27/2020 7:5	
				Acqui si ti ons		2,27,2020 710	<u> </u>
		Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	24, 872, 125	1, 699, 851	0	1, 699, 851	245, 712	1. 00
2.00	Land Improvements	0	0	0	0	0	2. 00
3.00	Buildings and Fixtures	721, 973, 760	21, 167, 424	0	21, 167, 424	32, 205, 412	3. 00
4.00	Building Improvements	0	0	0	0	0	4. 00
5.00	Fi xed Equipment	271, 758, 711	84, 012, 589	0	84, 012, 589	52, 729, 351	5. 00
6.00	Movable Equipment	0	0	0	0	0	6. 00
7.00	HIT designated Assets	0	0	0	0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	1, 018, 604, 596	106, 879, 864	0	106, 879, 864	85, 180, 475	8. 00
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	1, 018, 604, 596	106, 879, 864	0	106, 879, 864	85, 180, 475	10. 00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6. 00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	26, 326, 264	0				1.00
2.00	Land Improvements	0	0				2. 00
3.00	Buildings and Fixtures	710, 935, 772	0				3. 00
4.00	Building Improvements	0	0				4. 00
5.00	Fi xed Equipment	303, 041, 949	0				5. 00
6.00	Movable Equipment	0	0				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	1, 040, 303, 985	0				8. 00
9.00	Reconciling Items	0	0				9. 00
10. 00	Total (line 8 minus line 9)	1, 040, 303, 985	0				10. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CO	F	Period: From 10/01/2018 To 09/30/2019		pared:
	SUMMARY OF CAPITAL					
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11. 00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	IN 2, LINES 1 a	nd 2			
1.00 CAP REL COSTS-BLDG & FLXT	21, 637, 486	0	12, 082, 388	0	0	1.00
1.01 CAP REL COSTS-BLDG & FLXT	0	0	(0	0	1. 01
2.00 CAP REL COSTS-MVBLE EQUIP	0	7, 596, 271	(0	0	2.00
3.00 Total (sum of lines 1-2)	21, 637, 486	7, 596, 271	12, 082, 388	o o	0	3.00
	SUMMARY O	F CAPITAL				
Cost Center Description	Other	Total (1) (sum				
	Capi tal -Relate	of cols. 9				
	d Costs (see	through 14)				
	instructions)					
	14.00	15. 00				
PART II - RECONCLILATION OF AMOUNTS FROM WORK	(SHEET A COLUM	IN 2 LINES 1 a	nd 2			1

		d Costs (see	through 14)		
		instructions)			
		14.00	15. 00		
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	RKSHEET A, COLUM	N 2, LINES 1 a	nd 2	
1.00	CAP REL COSTS-BLDG & FIXT	0	33, 719, 874		1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0		1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	0	7, 596, 271		2.00
3.00	Total (sum of lines 1-2)	0	41, 316, 145		3.00
		·			

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period: From 10/01/2018 To 09/30/2019	Date/Time Prep 2/27/2020 7:55	
		COMF	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
		1.00	2. 00	3. 00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE						
1.00	CAP REL COSTS-BLDG & FIXT	737, 262, 036	0			•	1.00
1.01	CAP REL COSTS-BLDG & FLXT	0	0		0. 000000	0	1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	303, 041, 949	0	303, 041, 94		0	2. 00
3.00	Total (sum of lines 1-2)	1, 040, 303, 985	0	1, 040, 303, 98			3. 00
		ALLOCAT	TION OF OTHER (CAPI TAL	SUMMARY 0	F CAPITAL	
	Cost Center Description	Taxes	Other Capi tal -Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6. 00	7. 00	8.00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CE	ENTERS					
1.00	CAP REL COSTS-BLDG & FLXT	0	0		0 27, 908, 080	488, 524	1.00
1.01	CAP REL COSTS-BLDG & FLXT	0	0		0 158, 565	0	1. 01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 23, 337, 828	7, 946, 327	2.00
3.00	Total (sum of lines 1-2)	0	0		0 51, 404, 473	8, 434, 851	3. 00
			Sl	JMMARY OF CAPI	TAL		
	Cost Center Description		Insurance (see			Total (2) (sum	
			instructions)	instructions)	Capi tal -Rel ate		
					d Costs (see	through 14)	
		44.00	40.00	40.00	instructions)	45.00	
	DART III DECONCILIATION OF CARLTAL COCTE OF	11. 00	12. 00	13.00	14. 00	15. 00	
1 00	PART III - RECONCILIATION OF CAPITAL COSTS CE		01/ 000	27.77	-	41 407 754	1 00
1. 00 1. 01	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT	12, 256, 252	816, 233 5, 400			,	1. 00 1. 01
2.00	CAP REL COSTS-BLDG & FIXT	394, 520	5, 400	•		31, 779, 465	2. 00
2. 00 3. 00	Total (sum of lines 1-2)	12, 650, 772	•				2. 00 3. 00
3.00	Total (Suii of Titles 1-2)	12,000,772	821, 033	128, 45	ပ <u> </u>	73, 440, 184	3.00

| Period: | Worksheet A-8 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared: Provider CCN: 15-0082

Expense Class Floating or Wintersheet A To/From Which the Amount is to be Adjusted Cost Center Description Basis/Code (2) Amount Cost Center Line Mist A-7 Ref.	To 09/30/2019						Date/Time Prep 2/27/2020 7:55	
Cost Center Description								o alli
1.00 Investment Income - CAP REL 8					To/From Which the Amount is	to be Adjusted		
1.00 Investment Income - CAP REL 8								
1.00 Investment Income - CAP REL 8								
1.00 Investment income - CAP REL B		Cost Center Description						
Investment income CAP REL OCAP REL COSTS-BLDG & FIXT 1.01 0 1.01	1. 00							1. 00
Investment income - CAP REL OCAP REL COSTS-MANBLE EDUIP 2,00 0, 2,00 0, 3,00 0, 3,00 0, 3,00 0, 4,00 0, 4,00 0, 1,00	1. 01			0	CAP REL COSTS-BLDG & FIXT	1. 01	0	1. 01
COSTS-MUNEL EQUIP (Chapter 2) Computer 2 Chapter 3) Computer 3 Country (Chapter 2) Chapter 2) Chapter 2) Chapter 3) Chapter 3) Chapter 3) Chapter 3) Chapter 3) Chapter 4) Chapter 5) Chapter 6) Chapter 6) Chapter 6) Chapter 6) Chapter 7) C	2 00			0	CAP REL COSTS-MVRLE FOULP	2 00	0	2 00
Chapter 2)		COSTS-MVBLE EQUIP (chapter 2)		0	0/11 NEE 00010 11175EE E4011			
di scounts (chapter 8)	3.00	(chapter 2)		U		0.00	U	3.00
5.00 Refunds and rebates of expenses (Chapter 8) 0 0 0 0 0 0 0 0 0	4. 00		В	-29, 924	ADMINISTRATIVE & GENERAL	5. 00	0	4. 00
6.00 Rental of provider space by suppliers (Chapter 8) 0 0 0 0 0 0 0 0 0	5.00	Refunds and rebates of		0	ADMINISTRATIVE & GENERAL	5. 00	0	5. 00
Telephone services (pay stations excluded) (chapter 21) Section Sectio	6. 00			0		0.00	0	6. 00
Stations excluded) (Chapter 21) 0 0 0 0 0 0 0 0 0	7 00			0		0.00	0	7 00
10 10 10 10 10 10 10 10	7.00	stations excluded) (chapter		0		0.00		7.00
9.00 Parking lof (chapter 21) B -26, 200CAP REL COSTS-BLDG & FIXT 1.00 9 9.00 10.00 Provider-based physician A-8-2 -57, 605, 024 0 10.00 11.00 Sale of Scrap, waste, etc. (chapter 23) 11.00 12.00 12.00 Related organization A-8-1 -117, 065, 626 0 12.00 13.00 Laundry and I line nervice 0 0 0 0 13.00 14.00 Cafeter ia-employees and guests B -11, 280CAFETERIA 11.00 0 14.00 15.00 Rental of quarters to employee and others 0 0 0 0 0 0 16.00 Sale of medical and surgical supplies to other than patients 0 0 0 0 0 0 17.00 Sale of medical feed and surgical supplies to other than patients 0 0 0 0 0 0 18.00 Sale of medical records and abstracts 0 0 0 0 0 0 0 19.00 Nursing and allied health education (full flore, fees, books, etc.) 0 0 0 0 0 0 0 0 20.00 Vending machines 0 0 0 0 0 0 0 0 0 21.00 Income from imposition of interest, finance or penalty charges (chapter 21) 0 0 0 0 0 0 0 0 0	8. 00			0		0.00	0	8. 00
10.00 Provi der-based physic an all authent A-8-2 -57,605,024 0 0.00 0 11.00 0 0 0 0 0 0 0 0 0	9 00		B	-26 200	CAP REL COSTS-BLDG & FLXT	1 00	9	9 00
1. 00 Safe of scrap, waste, etc. 0 0 0 0 0 0 0 11. 00		Provi der-based physi ci an				1.00	ó	
A-8-1	11. 00			0		0.00	0	11. 00
transactions (chapter 10) 13.00 14.00 16.00 16.00 17.00 18.0	12 00		Λ_8_1	_117_065_626				12 00
14.00 Cafeteria-employees and guests B -11,286 (AFETERIA 11.00 0.40 0.50 0.50 0.50 0.60 0.50		transactions (chapter 10)	701	117,000,020				
16.00 Sale of medical and surgical supplies to other than patients 0 0.00 0 16.00			В	0 -11, 286	CAFETERI A		1	
16.00 Sale of medical and surgical supplies to other than patients 0 0 0 0 0 0 16.00	15. 00			0		0.00	O	15. 00
Datients Sale of drugs to other than patients Sale of medical records and abstracts O O O O O O O O O	16. 00	Sale of medical and surgical		0		0.00	О	16. 00
Datients Sale of medical records and abstracts Sale of medical records and abstracts 19.00 Nursing and allied health 0 0 0 0 0 18.00 0 19.00 0 0 0 0 0 0 0 0 0								
18.00 Sale of medical records and abstracts 19.00 Nursing and allied health education (tuition, fees, books, etc.) 20.00 Vending machines 0 0 0 0 0 0 0 0 0	17. 00			0		0.00	0	17. 00
19.00 Nursing and allied health education (tuition, fees, books, etc.) 0 0 0 0 0 0 0 0 0	18. 00	Sale of medical records and		0		0.00	0	18. 00
Dooks, etc. Dooks, etc.	19. 00			0		0.00	0	19. 00
20. 00 Vending machines								
interest, finance or penal ty charges (chapter 21) 22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments and borrowings to repay Medicare overpayments 23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14) 24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14) 25.00 Utilization review - physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 28.00 CAP REL COSTS-MVBLE EQUIP 29.00 O 0 22.00 O 0 27.00 O 0 27.00 O 0 27.00		Vending machines		0	ADMINI OTRATINE A DENERAL			
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments Adjustment for respiratory therapy costs in excess of limitation (chapter 14) 24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14) 25.00 Utilization review - physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 27.00 CAP REL COSTS-MVBLE EQUIP 28.00 CAP REL COSTS-MVBLE EQUIP 29.00 O 27.00	21.00		В	-5, 194	ADMINISTRATIVE & GENERAL	5.00	O	21. 00
overpayments and borrowings to repay Medicare overpayments Adjustment for respiratory therapy costs in excess of limitation (chapter 14) 24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14) 25.00 Utilization review - physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 28.00 CAP REL COSTS-MVBLE EQUIP 29.00 O 27.00	22 00			0		0.00	0	22 00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14) 24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14) 25.00 Utilization review - physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 28.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 29.00 CAP REL COSTS-MVBLE EQUIP 20.00 CAP REL COSTS-MVBLE EQUIP	22.00	overpayments and borrowings to		0		0.00	J	22.00
I imitation (chapter 14) Adjustment for physical A-8-3 A-8-3 OPHYSICAL THERAPY 66.00 24.00	23. 00		A-8-3	0	RESPIRATORY THERAPY	65. 00		23. 00
24.00 Adj ustment for physical therapy costs in excess of limitation (chapter 14) 25.00 Utilization review - physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 26.01 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 Depreciation - CAP REL COSTS-BLDG & FIXT 27.00 CAP REL COSTS-MVBLE EQUIP 27.00 CAP REL COSTS-MVBLE EQUIP 27.00 CAP REL COSTS-MVBLE EQUIP								
Iimitation (chapter 14) Utilization review - O*** Cost Center Deleted *** 114.00 25.00	24. 00	Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66. 00		24. 00
physicians' compensation (chapter 21) 26.00 Depreciation - CAP REL COSTS-BLDG & FIXT								
Chapter 21) Depreciation - CAP REL OCAP REL COSTS-BLDG & FIXT 1.00 0 26.00	25. 00			0	*** Cost Center Deleted ***	114. 00		25. 00
26. 01 Depreciation - CAP REL COSTS-BLDG & FIXT Depreciation - CAP REL COSTS-BLDG & FIXT 1. 01 0 26. 01 COSTS-BLDG & FIXT Depreciation - CAP REL COSTS-MVBLE EQUIP 2. 00 0 27. 00 CAP REL COSTS-MVBLE EQUIP	04.00	(chapter 21)			OAD DEL COCTO DIDO A FLYT	4 00		04.00
27. 00 COSTS-BLDG & FIXT Depreciation - CAP REL COSTS-MVBLE EQUIP 2. 00 0 27. 00	26. 00			0	CAP REL COSTS-BLDG & FIXT	1.00	U	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP 2.00 0 27.00 CAP REL COSTS-MVBLE EQUIP	26. 01			0	CAP REL COSTS-BLDG & FIXT	1.01	0	26. 01
	27. 00	Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	o	27. 00
28. 00 Non-physician Anesthetist 0 *** Cost Center Deleted *** 19. 00 28. 00	28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00 Physicians' assistant		1 3	A-8-3	0	*** Cost Center Deleted ***		1	
therapy costs in excess of	55.00	therapy costs in excess of		0	SSSC SSITTOL BOLOTON	07.00		55. 50
limitation (chapter 14) 30. 99 Hospice (non-distinct) (see OADULTS & PEDIATRICS 30. 00 30. 99	30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
i nstructi ons)		instructions)						

Peri od: Provi der CCN: 15-0082 Worksheet A-8 | Period: | Worksheet A-8 | From 10/01/2018 | To 09/30/2019 | Date/Time Prepared:

				To	09/30/2019	Date/Time Pre 2/27/2020 7:5	pared:
				Expense Classification on	Worksheet A	2/21/2020 1.3	o alli
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1. 00	2.00	3.00	4. 00	5. 00	
31. 00	Adjustment for speech	A-8-3	0	*** Cost Center Deleted ***	68. 00		31. 00
	pathology costs in excess of						
	limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0.00	0	32. 00
	Depreciation and Interest						
33. 00	OTHER ADJUSTMENTS (SPECIFY)		0		0. 00	0	33. 00
	(3)	_				_	
33. 01	MISC OPERATING INCOME	В		PRIMARY CARE FOR SENIORS	90.04	l .	33. 01
33. 02	MWI SE NORTH - NON OP REVENUE	В		PRIMARY CARE FOR SENIORS	90.04	0	33. 02
33. 03	MWI SE EAST NON OP REVENUE	В		PRIMARY CARE FOR SENIORS	90.04	0	33. 03
33. 04	GW CONFERENCE CENTER REVENUE	В		CAP REL COSTS-BLDG & FIXT	1.00	9	33. 04
33. 05	WEIGHT LOSS PROGRAM	В	-15, 955		90.00		33. 05
33. 06	AMENITY SUITE CHARGES	В		CAP REL COSTS-BLDG & FIXT	1.00	9	33. 06
33. 07	DELAY THE DISEASE	В	-2, 090	OUTPATIENT PSYCHIATRIC	90. 02	0	33. 07
00.00	DDODEDTY TAY DENTAL DDODEDTY		4 004 774	SERVICES	F 00		00.00
33. 08	PROPERTY TAX - RENTAL PROPERTY	1		ADMINISTRATIVE & GENERAL	5. 00	0	33. 08
33. 09	FAMILY PRACTICE GRANT	A		FAMILY PRACTICE CLINIC	90. 01	0	33. 09
33. 10	PHYSI CI AN RECRUI TMENT	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 10
33. 11	FITNESS CENTER MEMBERSHIP FEE	В	•	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33. 11
33. 12	AMORTIZATION PHASE II	A		CAP REL COSTS-BLDG & FIXT	1.00	9	33. 12
33. 13	AMORTI ZATI ON PHASE I	A		CAP REL COSTS-BLDG & FIXT	1.00	9	33. 13
33. 14	1982 AMORTIZATION A & G COSTS	A		CAP REL COSTS-BLDG & FIXT	1.00	9	33. 14
33. 15	FEDERAL I NCOME TAX	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 15
33. 16	STATE INCOME TAX	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 16
33. 17	SALES TAX	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 17
33. 18	DEFEASANCE	A	2,019,113	CAP REL COSTS-BLDG & FIXT	1.00	11	
33. 19	OTHER ADJUSTMENTS (SPECIFY)		U		0. 00	0	33. 19
33. 20	(3) HAF	A	27 502 662	ADMINISTRATIVE & GENERAL	5. 00	0	33. 20
33. 21	OTHER ADJUSTMENTS (SPECIFY)	^	-37, 303, 003	ADMINISTRATIVE & GENERAL	0.00	0	33. 21
33. 21	(3)		O		0.00		33. 21
33. 22	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33. 22
	(3)					_	
33. 23	ADULTS & PEDS	A	-404, 622	ADULTS & PEDIATRICS	30.00	0	33. 23
33. 24	SURGERY	A	-130, 521	OPERATING ROOM	50.00	0	33. 24
33. 25	CLINIC	A	-5, 056	EMERGENCY	91.00	0	33. 25
33. 26	PRIMARY CARE SENIORS	A	-46, 672	PRIMARY CARE FOR SENIORS	90.04	0	33. 26
33. 27	PAIN MGMT	A	-31, 334	PAIN MANAGEMENT	90.05	0	33. 27
33. 28	WOUND CARE	A	-7, 045	WOUND CARE	90.06	0	33. 28
33. 29	SLEEP CENTER	A	-47, 545	SLEEP CENTER	90. 07	0	33. 29
33. 30	NEURO OP	A	-5, 760	MULTI-SPECIALTY CLINIC	90.09	0	33. 30
33. 31	EMERGENCY	A	-201, 873	EMERGENCY	91.00	0	33. 31
33. 32	PENSI ON	A	2, 150, 054	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33. 32
43. 01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43. 01
	(3)						
43. 02	OTHER ADJUSTMENTS (SPECIFY)		0		0. 00	0	43. 02
	(3)						
43. 03	ADVERTI SEMENT	A		DURABLE MEDICAL EQUIP-RENTED	96.00	0	
50.00	TOTAL (sum of lines 1 thru 49)		-212, 193, 171				50. 00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

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

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

B. Amount Received - if cost cannot be determined.

⁽³⁾ Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0082 | Period: From 10/01/2018 | To 09/30/2019 | Date/Time Prepare

002				To 09/30/2019	Date/Time Pre 2/27/2020 7:5	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	- Cum
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR	CLAI MED	
1.00	4. 00	EMPLOYEE BENEFITS DEPARTMENT	FACILITY RENT	2, 102	0	1.00
2.00	5. 00	ADMINISTRATIVE & GENERAL	FACILITY RENT	110, 250	70, 276	2.00
3.00	16. 00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	15, 580	4, 674	3.00
4.00	54.00	RADI OLOGY-DI AGNOSTI C	FACILITY RENT	184, 118	142, 688	4.00
4. 01	55. 00	RADI OLOGY-THERAPEUTI C	FACILITY RENT	6, 566	o	4. 01
4.02	60.00	LABORATORY	FACILITY RENT	51, 832	62, 007	4. 02
4.03	66.00	PHYSI CAL THERAPY	FACILITY RENT	112, 398	219, 954	4.03
4.04	90.04	PRIMARY CARE FOR SENIORS	FACILITY RENT	34, 483	71, 310	4. 04
4. 05		PALN MANAGEMENT	FACILITY RENT	93, 776	134, 448	4. 05
4. 06	1	OPERATING ROOM	CONTRACT SERVICES	14, 768, 181	31, 885, 814	4. 06
4. 07		PHYSI CAL THERAPY	CONTRACT THERAPY	9, 423, 286	16, 287, 724	4. 07
4. 08		ADMINISTRATIVE & GENERAL	FACILITY RENT	89, 112	89, 112	4. 08
4. 09		PHARMACY	FACILITY RENT	2, 264	2, 264	4. 09
4. 10		OPERATING ROOM	FACILITY RENT	234, 881	234, 881	4. 10
4. 10		RADI OLOGY-DI AGNOSTI C	FACILITY RENT	399, 943	399, 943	4. 10
4. 11		LABORATORY	FACILITY RENT			
4. 12			FACILITY RENT	105, 462	105, 462	4. 12 4. 13
	l .			71, 922	71, 922	
4. 14		k	FACILITY RENT	12, 771	12, 771	4. 14
4. 15	l control of the cont	RADI OLOGY-THERAPEUTI C	CONTRACT SERVICES	4, 713, 037	16, 053, 771	4. 15
4. 16	l control of the cont	OPERATING ROOM	CONTRACT SERVICES	4, 113, 678	5, 563, 418	4. 16
4. 17		OPERATING ROOM	CONTRACT SERVICES	3, 610, 591	4, 361, 920	4. 17
4. 18		CARDI AC CATHETERI ZATI ON	CONTRACT SERVICES	2, 281, 889	2, 756, 729	4. 18
4. 19		OPERATING ROOM	CONTRACT SERVICES	12, 491, 818	15, 027, 772	4. 19
4. 20	l control of the cont	l .	CONTRACT SERVICES	2, 302, 168	2, 329, 712	4. 20
4. 21	l control of the cont		DC LIVE	206, 713	0	4. 21
4. 22	l .		HOME OFFICE	33, 180, 882	56, 016, 886	4. 22
4. 23	l control of the cont	l .	HOME OFFICE	65, 374, 435	102, 910, 262	4. 23
4. 24	l control of the cont	OPERATION OF PLANT	HOME OFFICE	18, 702, 855	25, 894, 798	4. 24
4. 25	8. 00	LAUNDRY & LINEN SERVICE	HOME OFFICE	1, 808, 828	2, 241, 583	4. 25
4. 26	9. 00	HOUSEKEEPI NG	HOME OFFICE	5, 105, 548	6, 675, 624	4. 26
4. 27	10.00	DI ETARY	HOME OFFICE	2, 806, 726	3, 576, 941	4. 27
4. 28	13. 00	NURSING ADMINISTRATION	HOME OFFICE	2, 501, 796	2, 668, 311	4. 28
4. 29	14. 00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	3, 343, 598	3, 686, 040	4. 29
4.30	15. 00	PHARMACY	HOME OFFICE	8, 679, 327	12, 131, 488	4. 30
4. 31			HOME OFFICE	3, 818, 416	5, 057, 652	4. 31
4. 32		SOCIAL SERVICE	HOME OFFICE	4, 878, 248	5, 956, 949	4. 32
5. 00	TOTALS (sum of lines 1-4).			205, 639, 480	322, 705, 106	5. 00
	Transfer column 6, line 5 to				, ,	2. 20
	Worksheet A-8, column 2,					
	line 12.					

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

			Related Organization(s) and/or Home Office		
Symbol (1)	Name	Percentage of	Name	Percentage of	
		Ownershi p		Ownershi p	
1. 00	2. 00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HO	ME OFFICE:			

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

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

6.00	В		100.00 DEACONESS HEALT	0.00	6. 00
7.00	В		100.00 DEACONESS HEALT	0.00	7.00
8.00	В		100.00 DEACONESS HEALT	0.00	8.00
9.00	В		100.00 DEACONESS HEALT	0.00	9.00
10.00	В		100.00 DEACONESS HEALT	0.00	10.00
10. 01	В		100.00 DEACONESS HEALT	0.00	10. 01
10. 03	В		100.00 DEACONESS HEALT	0.00	10. 03
10. 04	В		100.00 DEACONESS HEALT	0.00	10.04
10. 05	С		0.00 EVANSVILLE SURG	50.00	10. 05
10.06	С		0.00 PROGRESSI VE HEA	51. 00	10.06
10. 07	А	DEACONESS HEALT	100.00 DEACONESS CLINI	100.00	10. 07

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0082

Peri od: Worksheet A-8-1

From 10/01/2018
To 09/30/2019 Date/Ti me Prepared:

					2/27/2020 7:5	5 am
				Related Organization(s) and/	or Home Office	1
						i
						i
						i
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownershi p		Ownershi p	i
	1. 00	2.00	3. 00	4. 00	5. 00	
10. 08	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 08
10. 09	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 09
10. 10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 10
10. 11	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 11
10. 12	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 12
10. 13	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 13
10. 14	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10. 14
10. 15	С		0.00	TROC	51.00	10. 15
10. 16	С		0.00	MAINSPRING MANA	51.00	10. 16
10. 17	С		0.00	VASCMED, LLC	51.00	10. 17
10. 18	С		0.00	VASCMED, LLC	51.00	10. 18
10. 19	С		0.00	ORTHOALI GN	51.00	10. 19
10. 20	С		0.00	HRS	95. 00	10. 20
10. 21	В		100.00	DEACONESS HEALT	0.00	10. 21
10. 22	В		100.00	DEACONESS HEALT	0.00	10. 22
10. 23	В		100.00	DEACONESS HEALT	0.00	10. 23
10. 24	В		100.00	DEACONESS HEALT	0.00	10. 24
10. 25	В		100.00	DEACONESS HEALT	0.00	10. 25
10. 26	В		100.00	DEACONESS HEALT	0.00	10. 26
10. 27	В		100.00	DEACONESS HEALT	0.00	10. 27
10. 28	В		100.00	DEACONESS HEALT	0.00	10. 28
10. 29	В		100.00	DEACONESS HEALT	0.00	10. 29
10. 30	В		100.00	DEACONESS HEALT	0.00	10. 30
10. 31	В		100.00	DEACONESS HEALT	0.00	10. 31
10. 32	В		100.00	DEACONESS HEALT	0.00	10. 32
100.00	G. Other (financial or					100.00
	non-financial) specify:					

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

OTTTOL	00313				To 09/30/2019	Date/Time Pro 2/27/2020 7:5	
	Net	Wkst. A-7 Ref.				2/2//2020 7.0	o alli
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
			MENTS REQUIRED AS A RESULT OF TH	RANSACTIONS WITH RELATED C	ORGANIZATIONS OR (CLAIMED	
	HOME OFFICE CO						4 00
1.00	2, 102						1.00
2.00	39, 974	0					2.00
3.00	10, 906						3.00
4.00	41, 430						4. 00
4. 01 4. 02	6, 566 -10, 175						4. 01 4. 02
4. 02	-107, 556						4. 02
4. 03	-36, 827	0					4. 03
4. 04	-40, 672						4. 04
4. 06	-17, 117, 633						4. 06
4. 07	-6, 864, 438						4. 00
4. 07	-0, 804, 436	0					4. 07
4. 09		0					4. 09
4. 10		0					4. 10
4. 11		Ö					4. 11
4. 12	0	0					4. 12
4. 13	0	0					4. 13
4. 14	0	0					4. 14
4. 15	-11, 340, 734	0					4. 15
4. 16	-1, 449, 740	0					4. 16
4.17	-751, 329	0					4. 17
4. 18	-474, 840	0					4. 18
4. 19	-2, 535, 954						4. 19
4. 20	-27, 544						4. 20
4. 21	206, 713						4. 21
4. 22	-22, 836, 004						4. 22
4. 23	-37, 535, 827	0					4. 23
4. 24	-7, 191, 943						4. 24
4. 25	-432, 755						4. 25
4. 26	-1, 570, 076						4. 26
4. 27	-770, 215						4. 27
4. 28	-166, 515						4. 28
4. 29	-342, 442						4. 29
4. 30	-3, 452, 161	0					4. 30
4. 31	-1, 239, 236						4. 31
4. 32	-1, 078, 701	0					4. 32
5.00	-117, 065, 626						5. 00

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

Related Organization(s)						
and/or Home Office						
Type of Business						
6. 00						
 B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	HEALTH SYSTEM		6.00
7.00	HEALTH SYSTEM		7.00
8.00	HEALTH SYSTEM		8.00
9.00	HEALTH SYSTEM		9.00
10.00	HEALTH SYSTEM	10	0.00
10. 01	HEALTH SYSTEM	10	0. 01
10.03	HEALTH SYSTEM	10	0.03
10.04	HEALTH SYSTEM	10	0.04
10.05	SURGERY	10	0.05
10.06	THERAPY SERVICE	10	0.06
10.07	CLINIC	10	0.07
10.08	CLINIC	10	0.08
10.09	CLINIC	10	0.09
10. 10	CLINIC	10	0. 10

				10 09/30/2019	2/27/2020 7:5	
	Related Organization(s)					
	and/or Home Office					
	Type of Business					
	/ 00					
10. 11	6. <u>00</u>					10. 11
	CLINIC CLINIC					10. 11
	CLINIC					10. 12
	CLINIC					10. 13
	RADIATION THERA					10. 14
	SURGERY					10. 15
	SURGERY					10. 10
	SURGERY					10. 17
	SURGERY					10. 19
	REV CYCLE BILLI					10. 17
	HEALTH SYSTEM					10. 21
	HEALTH SYSTEM					10. 22
	HEALTH SYSTEM					10. 23
	HEALTH SYSTEM					10. 24
10. 25	HEALTH SYSTEM					10. 25
10. 26	HEALTH SYSTEM					10. 26
10. 27	HEALTH SYSTEM					10. 27
10. 28	HEALTH SYSTEM					10. 28
10. 29	HEALTH SYSTEM					10. 29
	HEALTH SYSTEM					10. 30
	HEALTH SYSTEM					10. 31
	HEALTH SYSTEM					10. 32
100.00						100.00
(1) Hec	the fellowing cymbols to inc	dicato interrolationship to relate	od organizations:			

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

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

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

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

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

Period: Worksheet A-8-2 From 10/01/2018 To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

						07/30/2017	2/27/2020 7:5	
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component	
		radittitie	Remarier a troit	Component	oomponerre		Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1. 00	5. 00	AGGREGATE-ADMINISTRATIVE &	141, 068	0	141, 068	179, 000	1, 643	1. 00
2.00	30. 00	GENERAL AGGREGATE-ADULTS & PEDIATRICS	27, 081, 615	24, 616, 649	2, 464, 966	211, 500	19, 865	2. 00
3.00	50.00	AGGREGATE-OPERATING ROOM	15, 096, 787	13, 960, 170	1, 136, 617	246, 400	4, 299	3. 00
4. 00		AGGREGATE-RADI OLOGY-DI AGNOST	681, 958		681, 958			4. 00
5. 00	60.00	AGGREGATE - LABORATORY	751, 263	142, 592	608, 671	260, 300	3, 589	5. 00
6. 00		AGGREGATE-RESPI RATORY THERAPY	44, 936		9, 840			6. 00
7.00	69. 00	AGGREGATE-ELECTROCARDI OLOGY	597, 483	597, 483	0	211, 500	o	7. 00
8.00		AGGREGATE-RENAL DIALYSIS	3, 731	0	3, 731	211, 500	25	8. 00
9.00		AGGREGATE CLINIC	179, 279	· ·	26, 325	211, 500		9. 00
10. 00	90.01	AGGREGATE-FAMILY PRACTICE	172, 832	172, 832	0	179, 000	0	10. 00
11. 00	90. 04	AGGREGATE-PRIMARY CARE FOR SENIORS	1, 288, 884	1, 205, 118	83, 766	211, 500	1, 020	11. 00
12.00	90. 05	AGGREGATE-PAIN MANAGEMENT	655, 154	627, 622	27, 532	211, 500	452	12.00
13.00		AGGREGATE-WOUND CARE	217, 145	214, 735	2, 410	211, 500	52	13.00
14. 00		AGGREGATE-SLEEP CENTER	1, 267, 525		15, 011	211, 500		14. 00
15. 00	•	AGGREGATE HEMATOLOGY	10, 707		1, 071	211, 500		15. 00
16. 00		AGGREGATE-MULTI-SPECIALTY CLINIC	252, 804	228, 384	24, 420	211, 500	222	16. 00
17. 00 200. 00		AGGREGATE-EMERGENCY	20, 038, 107 68, 481, 278		7, 848, 270 13, 075, 656		71, 051 105, 321	17. 00
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physi ci an Cost	200.00
		I denti fi er	Limit		Memberships &	Component	of Mal practice	
				Limit	Continuing	Share of col.	Insurance	
	1. 00	2.00	8. 00	9. 00	Education 12.00	12 13. 00	14. 00	
1.00		AGGREGATE-ADMINISTRATIVE &	141, 393		12.00			1. 00
	0.00	GENERAL	, 6, 6	,,,,,				00
2.00	30. 00	AGGREGATE-ADULTS & PEDI ATRI CS	2, 019, 927	100, 996	0	0	0	2. 00
3.00	•	AGGREGATE-OPERATING ROOM	509, 266	· ·	0	0	0	3. 00
4. 00	54. 00	AGGREGATE-RADI OLOGY-DI AGNOST	356, 607	17, 830	0	0	0	4. 00
5.00	60.00	AGGREGATE-LABORATORY	449, 143	22, 457	0	0	0	5. 00
6.00	65. 00	AGGREGATE-RESPI RATORY	8, 338	417	0	0	0	6. 00
7. 00	(0.00	THERAPY		0	0	0	0	7. 00
8. 00		AGGREGATE-ELECTROCARDI OLOGY AGGREGATE-RENAL DI ALYSI S	2, 542	0 127	0	0	0	8. 00
9. 00		AGGREGATE-CLINIC	13, 219		0	ļ	1	9. 00
10.00		AGGREGATE-FAMILY PRACTICE	0	0	Ö	Ö	Ö	10. 00
		CLINIC						
11. 00		AGGREGATE-PRIMARY CARE FOR SENIORS	103, 716	5, 186	0	0	0	11. 00
12.00		AGGREGATE-PAIN MANAGEMENT	45, 961	· ·				
13.00		AGGREGATE WOUND CARE	5, 288		0			13.00
14. 00 15. 00		AGGREGATE-SLEEP CENTER AGGREGATE-HEMATOLOGY	14, 134 2, 440		0	0	0	14. 00 15. 00
16. 00		AGGREGATE-MULTI - SPECI ALTY	22, 574		0	0	0	16. 00
	70.07	CLI NI C	22,07.	.,,				
17. 00	91. 00	AGGREGATE-EMERGENCY	7, 224, 657				0	17. 00
200.00	Wkst. A Line #	Coot Contar/Dhygi ai an	10, 919, 205		0	0	0	200. 00
	WKST. A LINE #	Cost Center/Physician Identifier	Provider Component	Adjusted RCE Limit	RCE Di sal I owance	Adjustment		
		r deliter i i ei	Share of col.	2111111	Di Sai i Gilance			
			14					
1.00	1.00	2.00	15. 00	16.00	17. 00	18. 00		4.60
1. 00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	141, 393	0	0		1. 00
2.00	30. 00	AGGREGATE-ADULTS &	0	2, 019, 927	445, 039	25, 061, 688		2. 00
3.00	50 00	PEDIATRICS AGGREGATE-OPERATING ROOM	0	509, 266	627, 351	14, 587, 521		3. 00
4. 00		AGGREGATE-RADI OLOGY-DI AGNOST	o o	356, 607	325, 351	325, 351		4. 00
5. 00	60.00	I C AGGREGATE-LABORATORY	0	449, 143	159, 528	302, 120		5. 00
6. 00		AGGREGATE-EABORATORY	0		1, 502			6. 00
		THERAPY		5,550	.,552			50
7. 00		AGGREGATE-ELECTROCARDI OLOGY	0		0			7. 00
8.00		AGGREGATE CLANIC	0	· ·				8. 00
9. 00	J 90.00	AGGREGATE-CLI NI C	0	13, 219	13, 106	166, 060		9. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10			
PROVIDER BASED PHYSICIAN ADJUSTMENT	Provi der CCN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019 Date/Ti me Prepared: 2/27/2020 7:55 am			

							2/27/2020 7:5	55 am
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14					
	1. 00	2.00	15. 00	16. 00	17. 00	18. 00		
10.00	90. 01	AGGREGATE-FAMILY PRACTICE	0	0	0	172, 832		10.00
		CLI NI C						
11.00	90. 04	AGGREGATE-PRIMARY CARE FOR	0	103, 716	0	1, 205, 118		11.00
		SENI ORS						
12.00	90. 05	AGGREGATE-PAIN MANAGEMENT	0	45, 961	0	627, 622		12.00
13.00	90.06	AGGREGATE-WOUND CARE	0	5, 288	0	214, 735		13.00
14.00	90. 07	AGGREGATE-SLEEP CENTER	0	14, 134	877	1, 253, 391		14.00
15.00	90. 08	AGGREGATE-HEMATOLOGY	0	2, 440	0	9, 636		15. 00
16.00	90. 09	AGGREGATE-MULTI-SPECIALTY	0	22, 574	1, 846	230, 230		16. 00
		CLI NI C						
17.00	91.00	AGGREGATE-EMERGENCY	0	7, 224, 657	623, 613	12, 813, 450		17. 00
200.00			0	10, 919, 205	2, 199, 402	57, 605, 024		200.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0082

					1	0 09/30/2019	Date/lime Pre 2/27/2020 7:5	
				CAP	TAL RELATED CO	STS	272772020 7.0	o din
		Cost Center Description	Net Expenses	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	
			for Cost				BENEFITS	
			Allocation (from Wkst A				DEPARTMENT	
			col. 7)					
			0	1. 00	1. 01	2. 00	4. 00	
	GENER	AL SERVICE COST CENTERS						
1.00		CAP REL COSTS-BLDG & FIXT	41, 496, 754	41, 496, 754				1. 00
1. 01	1	CAP REL COSTS-BLDG & FIXT	163, 965	0	163, 965			1. 01
2.00		CAP REL COSTS-MVBLE EQUIP	31, 779, 465	120 0/0	11 707	31, 779, 465	27 070 055	2.00
4. 00 5. 00		EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	37, 815, 493 60, 089, 174	120, 869 805, 944		30, 956 12, 828, 962	37, 979, 055 5, 676, 965	4. 00 5. 00
7. 00	1	OPERATION OF PLANT	6, 988, 769	30, 001	0		482, 274	7. 00
8. 00	1	LAUNDRY & LINEN SERVICE	964, 797	0		143, 092	96, 856	8. 00
9.00		HOUSEKEEPI NG	5, 439, 612	10, 745	0	43, 766	626, 279	9. 00
10.00	1	DI ETARY	3, 966, 959	85, 956	0	113, 319	295, 256	10. 00
11. 00		CAFETERI A	2, 764, 657	683, 052		79, 868	174, 834	11. 00
13.00		NURSI NG ADMI NI STRATI ON	3, 843, 883	0		675, 037	364, 659	13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	3, 561, 334 8, 018, 864	12, 084 0		550, 308 800, 809	273, 186 1, 198, 432	
16. 00		MEDICAL RECORDS & LIBRARY	528, 429	13, 450		70, 830	300, 650	
17. 00		SOCIAL SERVICE	5, 257, 622	0		6, 204	708, 027	17. 00
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD	1, 620, 352	114, 801	0	o	211, 796	21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD	1, 915, 474	36, 778		0	198, 790	
23. 00		PARAMED ED PRGM-PHARMACY	312, 981	9, 983		18, 459	33, 308	
23. 01		PARAMED ED PRGM-CHAPLAIN	233, 640	43, 766			27, 318	
23. 03		PARAMED ED PRGM-NURSING I ENT ROUTINE SERVICE COST CENTERS	523, 397	57, 768	0	8, 967	68, 413	23. 03
30. 00		ADULTS & PEDIATRICS	60, 267, 890	9, 285, 124	0	1, 508, 218	8, 446, 864	30. 00
31. 00	1	INTENSIVE CARE UNIT	14, 696, 858	1, 509, 433			1, 512, 005	31. 00
32. 00		CORONARY CARE UNIT	3, 632, 552	227, 579		29, 812	371, 496	
40.00		SUBPROVIDER - IPF	1, 175, 327	135, 633	0	314	137, 903	40. 00
		LARY SERVICE COST CENTERS			_			
50.00	1	OPERATING ROOM	74, 231, 108	3, 540, 067			3, 814, 397	50.00
54. 00 55. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	11, 296, 213 8, 345, 941	842, 853 440, 761		1, 555, 146 14, 192	935, 065 250, 293	54. 00 55. 00
56. 00		RADI OI SOTOPE	2, 052, 848	148, 821	0	321, 608	82, 470	
57. 00		CT SCAN	4, 192, 282	230, 495		1, 562, 374	328, 616	
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)	2, 765, 956	283, 823		1, 210, 296	189, 053	
59. 00		CARDI AC CATHETERI ZATI ON	11, 308, 070	913, 179		1, 237, 466	652, 016	
60. 00	1	LABORATORY	36, 069, 557	1, 390, 955		1, 579, 466	1, 899, 506	
64.00		I NTRAVENOUS THERAPY	2, 126, 625	33, 495		15, 407	187, 075	64.00
65. 00 65. 01		RESPI RATORY THERAPY PULMONARY REHAB	5, 860, 028 22, 477	200, 415 0		128, 885	525, 134 2, 371	65. 00 65. 01
66. 00		PHYSI CAL THERAPY	10, 274, 667	203, 279		22, 426	2, 3/1	66. 00
69. 00		ELECTROCARDI OLOGY	3, 447, 117	549, 625		381, 787	273, 748	
69. 01	06901	CARDI AC REHAB	650, 487	132, 192		10, 795	60, 589	69. 01
		MEDICAL SUPPLIES CHARGED TO PATIENTS	8, 347, 052	0			0	
		IMPL. DEV. CHARGED TO PATIENTS	26, 119, 835	0		_	0	
73. 00 74. 00	1	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	72, 934, 740 1, 614, 097	15 447			7 205	
74.00		TIENT SERVICE COST CENTERS	1,014,097	15, 447	0	10, 232	7, 305	74. 00
90. 00		CLI NI C	2, 297, 975	240, 977	0	5, 384	263, 666	90. 00
90. 01		FAMILY PRACTICE CLINIC	1, 317, 036	97, 699		37, 577	113, 596	
90. 02		OUTPATIENT PSYCHIATRIC SERVICES	933, 493	0	0	1, 688	78, 071	90. 02
90. 03		CHEMO	1, 642, 532	364, 657		23, 295	143, 963	
90. 04		PRIMARY CARE FOR SENIORS	1, 088, 029	0	1	12, 408	233, 132	
90. 05 90. 06		PAIN MANAGEMENT WOUND CARE	3, 056, 619 1, 444, 848	235, 460		84, 997 9, 516	328, 348 148, 022	
90. 00	1	SLEEP CENTER	2, 233, 825	94, 415 89, 765		62, 573	377, 543	
90. 08		HEMATOLOGY	640, 231	88, 504		321	69, 984	
90. 09		MULTI-SPECIALTY CLINIC	352, 763	188, 541		12, 890	59, 219	90. 09
91. 00		EMERGENCY	21, 166, 690	1, 249, 963	0	305, 585	2, 909, 067	91. 00
92.00	1	OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
92. 01		OBSERVATI ON UNI T	4, 537, 728	852, 888	0	104, 417	499, 699	92. 01
96. 00		REIMBURSABLE COST CENTERS DURABLE MEDICAL EQUIP-RENTED	9, 422, 887	129, 959	0	305, 845	358, 496	96. 00
90.00		AL PURPOSE COST CENTERS	9,422,001	129, 939	0	300, 640	330, 490	90.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	628, 852, 004	25, 741, 201	74, 200	31, 298, 331	35, 995, 755	118. 00
	NONRE	IMBURSABLE COST CENTERS						
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 741, 302	291, 310		50, 090	109, 670	
		PHYSI CLANS' PRI VATE OFFI CES	9, 746, 692	1, 628, 043		298, 802	1, 062, 288	
		DEACONESS URGENT CARE HEARTCARE	0	0		0		192. 01 192. 02
		FAMILY PHARMACY	24, 864, 540	100, 904		ı "I	193, 228	
	,		, , , , , , , , , , , , , , , ,	,			,	

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS In Lieu of Form CMS-2552-10 DEACONESS HOSPITAL Provider CCN: 15-0082

					2/27/2020 7:5	5 am
		CAPI	TAL RELATED CO	STS		
Cost Center Description	Net Expenses	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	
	for Cost				BENEFITS	
	Allocation				DEPARTMENT	
	(from Wkst A					
	col. 7)					
	0	1. 00	1. 01	2. 00	4. 00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	2, 722, 735	280, 251	58, 779	35, 383	159, 961	194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	86, 844	0	0	0	9, 123	194. 01
194. 02 07952 OTHER FACILITIES	3, 415, 338	1, 621, 738	0	39, 483	78, 871	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	1, 629, 700	121, 316	0	5, 123	110, 502	194. 04
194. 05 07955 CHILD CARE CENTER	2, 606, 803	0	0	4, 503	259, 657	194. 05
194.06 07956 CENTER OF LIFE BALANCE	-4	0	0	2, 826	0	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	9, 195	0	0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	345, 322	0	0	0	194. 08
194. 09 07959 HOME OFFICE	o	11, 357, 474	30, 986	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	675, 665, 954	41, 496, 754	163, 965	31, 779, 465	37, 979, 055	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2018 | Part I | To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am

					077 307 2017	2/27/2020 7:5	
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE	0.00	10.00	
GENEDA	AL SERVICE COST CENTERS	5. 00	7. 00	8. 00	9. 00	10. 00	
	CAP REL COSTS-BLDG & FIXT						1.00
	CAP REL COSTS-BLDG & FIXT						1. 01
•	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4. 00
	ADMINISTRATIVE & GENERAL	79, 460, 684					5. 00
	OPERATION OF PLANT	1, 807, 520	9, 649, 164				7. 00
	LAUNDRY & LINEN SERVICE	250, 848	199, 609				8. 00
	HOUSEKEEPI NG	889, 724	119, 113		7, 129, 239	F 257 700	9.00
	DI ETARY CAFETERI A	643, 122	134, 920		103, 090 154, 394	5, 357, 780 0	10. 00 11. 00
	NURSING ADMINISTRATION	496, 092 668, 469	202, 065 50, 001	7, 712 0	38, 205	0	13.00
	CENTRAL SERVICES & SUPPLY	667, 666	180, 250	_	137, 726	0	14. 00
	PHARMACY	1, 433, 579	109, 989		84, 041	0	15. 00
	MEDICAL RECORDS & LIBRARY	167, 659	67, 386		51, 489	0	16. 00
	SOCIAL SERVICE	845, 972	47, 009		35, 919	0	17. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	267, 733	33, 961	0	25, 949	0	21. 00
	I&R SERVICES-OTHER PRGM COSTS APPRVD	293, 309	10, 880		8, 313	0	22. 00
	PARAMED ED PRGM-PHARMACY	51, 004	2, 953		2, 256	0	23. 00
	PARAMED ED PRGM-CHAPLAIN	43, 072	19, 553		14, 940	0	23. 01
	PARAMED ED PRGM-NURSING	90, 331	17, 089	0	13, 058	0	23. 03
	I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	10, 919, 189	2, 746, 788	907, 163	2, 098, 779	3, 831, 661	30.00
	INTENSIVE CARE UNIT	2, 428, 475	446, 531			543, 556	31.00
•	CORONARY CARE UNIT	579, 497	67, 324			133, 038	32. 00
•	SUBPROVIDER - IPF	197, 886	40, 124				40. 00
	LARY SERVICE COST CENTERS	, , , , , , , , , , , , , , , , , , , ,					
50. 00 05000	OPERATING ROOM	11, 492, 250	1, 047, 246	164, 737	800, 184	0	50. 00
	RADI OLOGY-DI AGNOSTI C	1, 965, 320	249, 338	· ·	190, 515	0	54. 00
	RADI OLOGY-THERAPEUTI C	1, 192, 741	130, 389		99, 628	0	55. 00
	RADI OI SOTOPE	344, 115	44, 025		33, 639	0	56.00
	CT SCAN	842, 902	68, 186		52, 100	0	57. 00
	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	590, 962 1, 877, 987	83, 962 270, 143		64, 154 206, 411	0	58. 00 59. 00
	LABORATORY	5, 449, 159	411, 481	1, 854	314, 406	0	60.00
	INTRAVENOUS THERAPY	319, 946	9, 909		7, 571	0	64. 00
	RESPI RATORY THERAPY	908, 817	59, 288		45, 301	0	65. 00
	PULMONARY REHAB	3, 394	0	16, 037	0	0	65. 01
66.00 06600	PHYSI CAL THERAPY	1, 363, 179	60, 135	0	45, 948	0	66. 00
69. 00 06900	ELECTROCARDI OLOGY	623, 324	162, 594	15, 650	124, 235	0	69. 00
	CARDI AC REHAB	115, 160	39, 106	386	29, 880	0	69. 01
	MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 083, 631	0	0	0	0	71. 00
	IMPL. DEV. CHARGED TO PATIENTS	3, 390, 929	0	0	0	0	72.00
•	DRUGS CHARGED TO PATIENTS	9, 468, 534	4.570	0	2 402	0	73.00
	RENAL DIALYSIS TIENT SERVICE COST CENTERS	214, 347	4, 570	0	3, 492	U	74. 00
	CLINIC	383, 184	71, 287	623	54, 469	0	90.00
	FAMILY PRACTICE CLINIC	211, 322	28, 902				
	OUTPATIENT PSYCHIATRIC SERVICES	137, 063	0	0	0	0	90. 02
	СНЕМО	292, 471	107, 875	6, 228	82, 426	0	90. 03
	PRIMARY CARE FOR SENIORS	319, 062	0	167	0	0	90. 04
•	PAIN MANAGEMENT	504, 263	69, 655			0	90. 05
	WOUND CARE	230, 749	27, 931	3, 104	21, 341	0	90.06
	SLEEP CENTER	385, 486	26, 555		20, 290	0	90. 07
	HEMATOLOGY	108, 682	26, 182		20, 005	0	90.08
	MULTI-SPECIALTY CLINIC EMERGENCY	83, 822 3, 533, 206	55, 776 369, 772		42, 617 282, 537	0 44, 433	90. 09 91. 00
	OBSERVATION BEDS (NON-DISTINCT PART)	3, 555, 200	307, 112	103, 209	202, 557	44, 433	92.00
	OBSERVATION UNIT	813, 581	252, 307	543	192, 784	358, 090	92. 01
	REI MBURSABLE COST CENTERS	010,001	202, 007	0.10	172, 701	000, 070	/2.01
	DURABLE MEDICAL EQUIP-RENTED	1, 351, 765	38, 445	0	29, 375	0	96. 00
SPECI /	AL PURPOSE COST CENTERS		·		· '		
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	72, 342, 500	8, 210, 604	1, 624, 371	6, 030, 058	5, 014, 217	118. 00
NONREI	MBURSABLE COST CENTERS						
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	294, 302	86, 177	1, 428	65, 847		190. 00
	PHYSI CI ANS' PRI VATE OFFI CES	1, 728, 504	481, 619		367, 997		192. 00
	DEACONESS URGENT CARE	0	0	0	0		192. 01
192. 02 19202		0 205 (()	0	0	0		192. 02
	FAMILY PHARMACY	3, 285, 644	29, 850		22, 808		192. 03
	OTHER NONREIMBURSABLE COST CENTERS OCCUPATIONAL HEALTH	434, 155 13, 104	220, 398	22, 525	168, 402	343, 563	194. 00
	OTHER FACILITIES	674, 865	479, 753	0	366, 572		194. 01
	THE HEART HOSPITAL	0,4,005	477, 733 N	0	000, 372 0		194. 02
194. 04 07954		250, 145	35, 888	_	27, 422		194. 04
					· · ·		

Health Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0082
From 10/01/2018
From 10/01/2018
To 09/30/2019
Date/Time Prepared: 2/27/2020 7:55 am

						2/2//2020 /:5	5 am
	Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL	PLANT	LINEN SERVICE			
		5. 00	7.00	8. 00	9. 00	10.00	
194. 05 07955	CHILD CARE CENTER	391, 074	0	6, 794	0	0	194. 05
194. 06 07956	CENTER OF LIFE BALANCE	367	0	0	0	0	194. 06
194. 07 07957	UNIT 3200 - DEACONESS VNA	1, 194	2, 720	0	2, 078	0	194. 07
194. 08 07958	HEALTHSOUTH	44, 830	102, 155	0	78, 055	0	194. 08
194. 09 07959	HOME OFFICE	0	0	0	0	0	194. 09
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers	0	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118 through 201)	79, 460, 684	9, 649, 164	1, 655, 202	7, 129, 239	5, 357, 780	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 10/01/2018 Part I
To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

			10	09/30/2019	2/27/2020 7:5	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
	11. 00	13. 00	SUPPLY 14.00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS	11.00	10.00	11.00	10.00	10.00	
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
1.01 O0101 CAP REL COSTS-BLDG & FIXT						1. 01
2.00 O0200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 00500 ADMI NI STRATI VE & GENERAL						5. 00
7. 00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG						8. 00 9. 00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERI A	4, 562, 674					11. 00
13. 00 01300 NURSING ADMINISTRATION	76, 930	5, 717, 184				13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	71, 949	O	5, 454, 503			14.00
15. 00 01500 PHARMACY	171, 017	0	62, 880	11, 879, 611		15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	83, 987	0	25	0	1, 283, 905	16. 00
17. 00 01700 SOCIAL SERVICE	103, 773	0	40	0	0	17. 00
21. 00 02100 1 &R SERVI CES-SALARY & FRINGES APPRVD	31, 132	0	0	0	0	21.00
22. 00 02200 L&R SERVICES-OTHER PRGM COSTS APPRVD	8, 717	0	0	0	0	22. 00
23. 00 02300 PARAMED ED PRGM-PHARMACY 23. 01 02301 PARAMED ED PRGM-CHAPLAIN	4, 566 8, 302	U	0	0	0	23. 00 23. 01
23. 03 02303 PARAMED ED PRGM-NURSING	10, 931	0	0	0	0	23. 01
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	10, 731	<u> </u>	O _I	<u> </u>		25.05
30. 00 03000 ADULTS & PEDIATRICS	1, 203, 346	2, 546, 077	203, 417	1, 309	91, 432	30. 00
31.00 03100 INTENSIVE CARE UNIT	251, 406	531, 933	107, 773	454	31, 576	31. 00
32.00 03200 CORONARY CARE UNIT	61, 018	129, 104	28, 695	83	8, 190	32. 00
40. 00 04000 SUBPROVI DER - I PF	29, 471	62, 357	0	0	4, 005	40. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	401, 254	848, 985	960, 196	2, 822	215, 622	50.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	170, 879	0	163, 505	1, 303	66, 121	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	42, 616	0	01 013	41, 073	30, 308	55.00
56. 00 05600 RADI 01 SOTOPE 57. 00 05700 CT SCAN	12, 314 56, 729	0	81, 812 92, 715	44 288	13, 149 75, 689	56. 00 57. 00
58. 00 05800 MAGNETI C RESONANCE MAGING (MRI)	30, 302	0	31, 286	155	23, 180	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	86, 339	182, 678	157, 536	339	52, 231	59. 00
60. 00 06000 LABORATORY	448, 436	0	803, 968	175	107, 676	60.00
64. 00 06400 I NTRAVENOUS THERAPY	25, 321	53, 574	36, 474	12	3, 556	64.00
65. 00 06500 RESPI RATORY THERAPY	89, 936	o	62, 548	52	42, 245	65. 00
65. 01 06501 PULMONARY REHAB	415	0	48	4	1	65. 01
66. 00 06600 PHYSI CAL THERAPY	0	0	21, 274	299	37, 062	66. 00
69. 00 06900 ELECTROCARDI OLOGY	44, 276	0	50, 697	612	31, 296	69. 00
69. 01 06901 CARDI AC REHAB	13, 283	0	274	11	1, 801	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	581, 581	0	18, 332	71.00
72.00 O7200 IMPL. DEV. CHARGED TO PATIENTS 73.00 O7300 DRUGS CHARGED TO PATIENTS	0	0	1, 819, 914 0	9, 004, 725	42, 070 173, 868	72. 00 73. 00
74. 00 07400 RENAL DI ALYSI S	830		716	549	4, 982	74.00
OUTPATIENT SERVICE COST CENTERS	030	<u> </u>	710	547	4, 702	74.00
90. 00 09000 CLINIC	41, 232	87, 241	7, 099	0	2, 303	90. 00
90.01 09001 FAMILY PRACTICE CLINIC	25, 459		1, 562	12, 355	2, 083	
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	18, 679	39, 522	63	36	2, 282	90. 02
90. 03 09003 CHEMO	25, 182	53, 281	23, 033	7	12, 169	90. 03
90. 04 09004 PRI MARY CARE FOR SENI ORS	25, 874	54, 745	1, 793	9, 469	1, 052	90. 04
90. 05 09005 PAIN MANAGEMENT	59, 358		22, 450	1, 646	17, 853	90. 05
90. 06 09006 WOUND CARE	24, 629	52, 110	22, 790	419	4, 888	90.06
90. 07 09007 SLEEP CENTER 90. 08 09008 HEMATOLOGY	48, 704	103, 049	2, 437	(3)	4, 555	90. 07 90. 08
90. 08 09008 HEMATOLOGY 90. 09 09009 MULTI - SPECIALTY CLINIC	17, 434 10, 101	36, 887 21, 371	222 462	63	1, 857 591	90.08
91. 00 09100 EMERGENCY	246, 149		68, 012	1, 301	120, 818	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	240, 147	320,007	00, 012	1, 301	120,010	92. 00
92. 01 09201 0BSERVATI ON UNI T	101, 144	214, 003	19, 902	2	7, 369	92. 01
OTHER REIMBURSABLE COST CENTERS		,		<u>'</u>	,	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	85, 785	0	0	1, 684	15, 480	96. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 269, 205	5, 717, 184	5, 437, 199	9, 081, 291	1, 267, 692	118. 00
NONREI MBURSABLE COST CENTERS						
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41, 371	0	0	0		190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	76, 238		1, 719	20, 755		192.00
192. 01 19201 DEACONESS URGENT CARE 192. 02 19202 HEARTCARE	0	0	0	O		192. 01 192. 02
192.03 19203 FAMILY PHARMACY	29, 748	0	14, 836	2, 775, 565	14, 959	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	34, 591		674	2, 775, 565		194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	1, 384	o	43	2, 550		194. 00
194. 02 07952 OTHER FACILITIES	3, 597	Ö	13	Ö		194. 02
194. 03 07953 THE HEART HOSPITAL	0	· · · · · · · · · · · · · · · · · · ·	0	O		194. 03
<u> </u>	•		<u> </u>			

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS DEACONESS HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0082

Peri od: Worksheet B
From 10/01/2018 Part I
To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

						2/2//2020 /.0	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVICES &		RECORDS &	
				SUPPLY		LI BRARY	
		11. 00	13.00	14.00	15. 00	16. 00	
194. 04 07954	PR	17, 987	0	19	0	0	194. 04
194. 05 07955	CHILD CARE CENTER	88, 553	0	0	0	0	194. 05
194. 06 07956	CENTER OF LIFE BALANCE	0	0	0	0	0	194. 06
194. 07 07957	UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194. 07
194. 08 07958	HEALTHSOUTH	0	0	0	0	0	194. 08
194. 09 07959	HOME OFFICE	0	0	0	0	0	194. 09
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers	0	0	0	0	0	201.00
202. 00	TOTAL (sum lines 118 through 201)	4, 562, 674	5, 717, 184	5, 454, 503	11, 879, 611	1, 283, 905	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 10/01/2018 Part I
To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

				, ,	09/30/2019	2/27/2020 7:5	
			INTERNS &	RESI DENTS			
	Coot Conton Decemintion	COCLAL CEDVICE	CEDVI CEC CALAD	CEDVICES OTHER	DADAMED ED	DADAMED ED	
	Cost Center Description	SUCTAL SERVICE	Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-CHAPLAIN	
		17. 00	21.00	22.00	23. 00	23. 01	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT						1. 01
2.00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						4.00
5. 00 7. 00	00700 OPERATION OF PLANT						5. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						8.00
9. 00	00900 HOUSEKEEPI NG						9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION						13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15.00	01500 PHARMACY						15.00
16. 00 17. 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	7, 004, 566					16. 00 17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	7,004,566	2, 305, 724				21.00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	0	2, 303, 724	2, 472, 261			22. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY	0		2,2, 20.	435, 510		23. 00
23. 01	02301 PARAMED ED PRGM-CHAPLAIN	0				402, 764	23. 01
23. 03	02303 PARAMED ED PRGM-NURSING	31, 839					23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	5, 731, 009			0		30.00
31. 00	03100 I NTENSI VE CARE UNI T	445, 745	l	1	0	0	31.00
32. 00	03200 CORONARY CARE UNIT	286, 550	l e		0		32.00
40. 00	04000 SUBPROVI DER - I PF ANCI LLARY SERVI CE COST CENTERS	0	0	0	0	0	40. 00
50. 00	05000 OPERATING ROOM	0	189, 409	203, 089	0	0	50.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	15, 985		0	l	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56.00	05600 RADI 0I SOTOPE	0	0	0	0	0	56. 00
57. 00	05700 CT SCAN	0	0	0	0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	0	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	32, 104	34, 423	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64. 00 65. 00	06400 NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	0	0		0	0	64. 00 65. 00
65. 01	06501 PULMONARY REHAB	0	0		0	0	65. 01
66. 00	06600 PHYSI CAL THERAPY	0	0	o o	0	Ö	66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	Ö	ō	0	Ō	69. 00
69. 01	06901 CARDI AC REHAB	0	0	0	0	0	69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	07300 DRUGS CHARGED TO PATIENTS	0	0	0	435, 510		73. 00
74. 00	07400 RENAL DIALYSIS	0	0	0	0	0	74. 00
90. 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	0	0	0	0	0	90.00
90. 00	09001 FAMILY PRACTICE CLINIC	0	754, 376	808, 862	0	0	90.00
90. 01	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	754, 570	000, 002	0	0	90.02
90. 03	09003 CHEMO	0	Ö	ő	0	o o	90. 03
90.04	09004 PRIMARY CARE FOR SENIORS	0	35, 899	38, 492	0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	0	11, 788	12, 639	0	0	90. 05
90. 06	09006 WOUND CARE	0	0	0	0	0	90. 06
90. 07	09007 SLEEP CENTER	0	0	0	0	0	90. 07
90. 08	09008 HEMATOLOGY	0	0		0	0	90.08
90. 09 91. 00	09009 MULTI -SPECIALTY CLINIC 09100 EMERGENCY	509, 423	139, 400	149, 468	0	0	90. 09 91. 00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	509, 423	139, 400	149, 400	0	0	92.00
92. 01	09201 OBSERVATION UNIT	0	0	0	0	0	92. 01
72.0.	OTHER REIMBURSABLE COST CENTERS			<u> </u>			,2.0.
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
	SPECIAL PURPOSE COST CENTERS						
118.00		7, 004, 566	2, 305, 724	2, 472, 261	435, 510	402, 764	118. 00
	NONREI MBURSABLE COST CENTERS	T		1 -			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	•	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0		0	0	•	192. 00 192. 01
	19201 DEACONESS URGENT CARE 2 19202 HEARTCARE				0	l	192. 01
	19203 FAMILY PHARMACY	0		n n	0		192. 02
	07950 OTHER NONREIMBURSABLE COST CENTERS	0		o o	0		194. 00
	07951 OCCUPATI ONAL HEALTH	0	, o	o	0	0	194. 01
	07952 OTHER FACILITIES	0	0	0	0	0	194. 02
				<u>'</u>			

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2018 | Part I | To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS DEACONESS HOSPITAL Provider CCN: 15-0082

					2/2//2020 /:5	<u> </u>
		INTERNS &	RESI DENTS			
Cost Center Description	SOCIAL SERVICES	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		PARAMED ED PRGM-CHAPLAIN	
	17. 00	21. 00	22. 00	23. 00	23. 01	
194. 03 07953 THE HEART HOSPITAL	0	0	0	0	0	194. 03
194. 04 07954 PR	0	0	0	0	0	194. 04
194. 05 07955 CHI LD CARE CENTER	0	0	0	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	0	0	0	0	194. 07
194. 08 07958 HEALTHSOUTH	0	0	0	0	0	194. 08
194.09 07959 HOME OFFICE	0	0	0	0	0	194. 09
200.00 Cross Foot Adjustments		0	0	0	0	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	7, 004, 566	2, 305, 724	2, 472, 261	435, 510	402, 764	202. 00

In Lieu of Form CMS-2552-10 Health Financial Systems DEACONESS HOSPITAL COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0082 Peri od: Worksheet B From 10/01/2018 Part I 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am Cost Center Description PARAMED ED Total Subtotal Intern & PRGM-NURSI NG Residents Cost & Post Stepdown Adjustments 23.03 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-BLDG & FIXT 1.01 1.01 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21 00 21 00 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 02300 PARAMED ED PRGM-PHARMACY 23.00 23.00 23. 01 02301 PARAMED ED PRGM-CHAPLAIN 23.01 02303 PARAMED ED PRGM-NURSING 23.03 821, 793 23 03 INPATIENT ROUTINE SERVICE COST CENTERS 112, 809, 160 30.00 03000 ADULTS & PEDIATRICS 357, 055 -2, 261, 075 110, 548, 085 30.00 23, 397, 664 31.00 03100 INTENSIVE CARE UNIT 237, 463 -73.836 23, 323, 828 31.00 32 00 03200 CORONARY CARE UNIT 5, 681, 781 5, 681, 781 32 00 04000 SUBPROVI DER - I PF 40.00 1, 921, 567 1, 921, 567 40.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 72, 806 102, 842, 679 -392, 498 102, 450, 181 50.00 54.00 17, 488, 446 05400 RADI OLOGY-DI AGNOSTI C 17, 521, 571 -33.12554.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0 10, 587, 942 10, 587, 942 55.00 05600 RADI OI SOTOPE 0 56.00 3, 136, 705 0 3, 136, 705 56.00 57.00 05700 CT SCAN 0 7, 520, 977 0 7, 520, 977 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58 00 0 5, 293, 176 Λ 5, 293, 176 58 00 05900 CARDIAC CATHETERIZATION 17, 096, 313 17, 029, 786 59.00 59.00 44, 126 -66, 527 60.00 06000 LABORATORY 0 48, 476, 639 0 48, 476, 639 60.00 06400 I NTRAVENOUS THERAPY 2.819.076 64.00 2, 819, 076 0 64.00 111 0 65.00 06500 RESPIRATORY THERAPY 0 7, 922, 891 7, 922, 891 65.00 44, 747 65.01 06501 PULMONARY REHAB 0 44, 747 65.01 06600 PHYSI CAL THERAPY 0 12, 028, 269 12, 028, 269 66.00 66.00 5, 706, 124 06900 ELECTROCARDI OLOGY 0 5, 706, 124 69.00 1, 163 69.00 69.01 06901 CARDI AC REHAB 0 1, 053, 964 1, 053, 964 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 10, 030, 596 10, 030, 596 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 31, 372, 748 0 31, 372, 748 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0 92, 017, 377 92, 017, 377 73.00 74.00 07400 RENAL DIALYSIS 1, 876, 587 1, 876, 587 74.00 OUTPATIENT SERVICE COST CENTERS 90 00 3, 455, 440 3, 455, 440 90 00 09000 CLI NI C 90.01 09001 FAMILY PRACTICE CLINIC 0 3, 487, 515 -1, 563, 238 1, 924, 277 90.01 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 1, 210, 897 90.02 1, 210, 897 90.02 0 09003 CHEMO 2, 777, 119 2. 777. 119 90.03 90.03 0 90.04 09004 PRIMARY CARE FOR SENIORS 0 1, 820, 122 -74, 391 1, 745, 731 90 04 90.05 09005 PAIN MANAGEMENT 3, 986 4, 599, 809 -24, 427 4, 575, 382 90.05 09006 WOUND CARE 90.06 22, 146 2, 106, 908 2, 106, 908 90.06 3, 354, 782 90 07 09007 SLEEP CENTER 3, 354, 782 0 90 07 0 09008 HEMATOLOGY 90.08 0 1,010,372 0 1,010,372 90.08 90.09 09009 MULTI-SPECIALTY CLINIC 828, 153 828, 153 90.09 91.00 09100 EMERGENCY 28,070 31, 827, 912 -288, 868 31, 539, 044 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92 00 92 00 09201 OBSERVATION UNIT 92.01 54,867 8,009,324 0 8, 009, 324 92.01 OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUIP-RENTED 96.00 0 11, 739, 721 0 11, 739, 721 96, 00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 118.00 821, 793 597, 386, 627 -4, 777, 985 592, 608, 642 118.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 2. 681. 497 2. 681. 497 190. 00 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 15, 413, 995 0 15, 413, 995 192.00 192. 01 19201 DEACONESS URGENT CARE 0 192. 01 0 192. 02 19202 HEARTCARE 0 0 192. 02 0

31, 377, 006

4, 483, 417

110, 498

0

31, 377, 006

4, 483, 417

110, 498

192. 03

194.00

194. 01

192. 03 19203 FAMILY PHARMACY

194. 01 07951 OCCUPATIONAL HEALTH

194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS

Health Financial Systems	DEACONESS HOSPITAL	In Lieu	of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COST	S Provider CCN		Worksheet B
		From 10/01/2018	Part I

				Го 09/30/2019	Date/Time Prepared: 2/27/2020 7:55 am
Cost Center Description	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-NURSING		Residents Cos	t	
			& Post		
			Stepdown		
			Adjustments		
	23. 03	24.00	25. 00	26.00	
194. 02 07952 OTHER FACILITIES	0	6, 680, 230	(6, 680, 230	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	(0	194. 03
194. 04 07954 PR	0	2, 198, 102		2, 198, 102	194. 04
194. 05 07955 CHI LD CARE CENTER	0	3, 357, 384		3, 357, 384	194. 05
194.06 07956 CENTER OF LIFE BALANCE	O	3, 189	(3, 189	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	O	15, 187		15, 187	194. 07
194. 08 07958 HEALTHSOUTH	O	570, 362		570, 362	194. 08
194. 09 07959 HOME OFFICE	O	11, 388, 460		11, 388, 460	194. 09
200.00 Cross Foot Adjustments	O	0		0	200. 00
201.00 Negative Cost Centers	0	0	(0	201. 00
202.00 TOTAL (sum lines 118 through 201)	821, 793	675, 665, 954	-4, 777, 98!	670, 887, 969	202. 00

| Period: | Worksheet B | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082

Cost Center Description						To	09/30/2019	Date/Time Pre	
ASSIGNED ASSIGNED					CAPI	TAL RELATED CC	STS	2/2//2020 7:5	5 am
ASSIGNED ASSIGNED				D: 11	DI DO A FLYT	DI DO A FLYT	M/DLE FOLLID		
			Cost Center Description	,	BLDG & FIXI	BLDG & FIXI	MARTE EGOLD	Subtotal	
CENTRAL SERVICE COSTS CENTERS									
SINEMAL SERVICE COST CENTERS					1 00	1 01	2.00	2.4	
1.00		GENER	AL SERVICE COST CENTERS	0	1.00	1.01	2.00	ZA ZA	
2.00	1.00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
0.0400 EMPLOYEE RENEFITS DEPARTMENT 0 120, 869 11, 737 30, 966 13.5, 562 4.00									
DOBDO ADMINISTRATIVE & GENERAL 0 805, 944 59, 639 12, 828, 962 13, 694, 845 5, 00 8.00 00800 LAUNRY & LINEN SERVICE 0 0 0 0 143, 092 134, 092 18, 094, 845 1, 00 0 0 0 0 0 0 0 0 0				0	120, 869	11. 737	30, 956	163, 562	
0.0000 LANDRY & LINEN SERVICE 0 0 0 143, 092 143, 092 16, 00 10, 00 10000 DICTARY 0 10, 745 0 0 43, 766 54, 511 9, 00 10, 00 10000 DICTARY 0 85, 956 0 113, 319 199, 275 10, 00 10, 00 10000 LANDRY & LINEN & LINE				o		· ·			
9.00 00000 HOUSEKEPING 0 10.745 0 44.766 54.511 9.00 11.00 01000 DIFTARY 0 68.956 0 173.319 109.275 10.00 11.00 01000 DIFTARY 0 682.052 0 79.868 762.920 11.00 11.00 01000 CAFETRI A 0 683.052 0 79.868 762.920 11.00 11.00 01000 UNISING ADMINISTRATION 0 0 0 675.037 675.037 13.00 13.00 01300 UNISING ADMINISTRATION 0 0 0 675.037 675.037 13.00 16.00 01400 CENTRAL SERVI CES & SUPPLY 0 12.084 0 550.308 562.392 14.00 16.00 01600 MEDICAL RECORDS & LIBRARY 0 13.450 0 70.830 84.280 16.00 16.00 01600 MEDICAL RECORDS & LIBRARY 0 13.450 0 6.204 6.204 17.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 14.861 0 0 0 114.861 17.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 36.778 0 13.450 0 14.861 21.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 36.778 0 13.450 0 14.861 21.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 36.778 0 13.450 0 14.861 21.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 36.778 0 18.95 0 14.861 21.00 17.00 01700 SOCIAL SERVI CES * SALARY & FRINGES APPRIVD 0 47.766 2 , 824 9 , 349 55.993 35.00 17.00 01700 PARAMED ED PROIL				0					
10.00 01000 DIETARY 0 88,956 0 113,319 199,275 10.00 10.00 CAFETERIA 0 683,0562 0 79,868 762,927 11.00 11.00 CAFETERIA 0 683,0562 0 79,868 762,927 13.00 13.00 0300 NURSING ADMINISTRATION 0 10 0 0 0 655,038 562,329 14.00 15.00 01500 PINARMACY 0 10.00 0 0 0 0 0 0 0 0 0		1		0	-			•	
13.00 01300 NURSIN & ADMIN ISTRATION 0 0 0 0 675, 037 675, 037 13.00		1	l .	0					
14. 00 01400 CENTRAL SERVICES & SUPPLY 0 12,084 0 550,308 562,392 14. 00 16. 00 1000 MEDICAL RECORDS & LIBRARY 0 13,450 0 70,830 84,280 16. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 11. 14. 801 21. 00 21. 00 220. 00 220. 00 220. 01 8R SERVICES-SALARY & FRINGES APPRVD 0 31,450 0 0 34,6778 22. 00 220. 01 8R SERVICES-SOLARY & FRINGES APPRVD 0 36,778 20. 00 32. 00 18. SERVICES-SOLARY & FRINGES APPRVD 0 9,983 0 18,459 28,442 23. 00 23. 00 23.00 PARAMED ED PROM-CHAPLAIN 0 43,766 2,824 9,349 55,999 23. 01 20. 20. 00 220. 00 PARAMED ED PROM-CHAPLAIN 0 57,768 0 8,967 66,735 23. 03 10. 20. 20. 00 20.		1	l .	o		_			
15. 00 O1500 PHARMACY 0 0 0 800, 800 800, 800 16. 00 16. 00 10		1	l .	0	-				
16. 00 01-600 MEDICAL RECORDS & LI BRARY 0 13, 450 0 70, 830 84, 280 16. 00 17. 00 1700 02100 SOCIAL SERVI CE 0 0 0 0 0 0 0 0 114, 801 2. 00 0200 02200 R8 SERVI CES-SALARY & FRINGES APPRVD 0 34, 6778 0 0 0 36, 778 22. 00 02300 R8 SERVI CES-OTHER PROM COSTS APPRVD 0 9, 983 0 18, 459 28, 442 23. 00 23. 01 02301 PARAMED ED PROM-PHARMACY 0 0 9, 983 0 18, 459 28, 442 23. 00 23. 01 02301 PARAMED ED PROM-PHARMACY 0 0 57, 768 0 8, 967 66, 735 23. 03 10, 2201 PARAMED ED PROM-PHARMACY 0 0 57, 768 0 8, 967 66, 735 23. 03 10, 2201 PARAMED ED PROM-PHARMACY 0 0 57, 768 0 8, 967 66, 735 23. 03 10, 2201 PARAMED ED PROM-PHARMACY 0 0 0, 27, 759 0 0 1, 508, 218 10, 793, 342 30. 00 10, 2000 1, 2				0					
21.00 02100 IAS ERRY ICES-SALARY & FRI NEES APPRVD 0 114, 801 0 0 0 114, 801 21, 00 22.00 02200 IAS ERRY ICES-SO-THER PREMI COSTS APPRVD 0 9, 993 0 18, 459 22, 442 23, 00 23.01 02301 PARAMED ED PREMI-PHARMACY 0 9, 993 0 18, 459 28, 442 23, 00 10, 00 20, 00		1	•	0	13, 450	_		•	
22.00				0	o ₁				
23.00 02300 PARMED ED PROM_CHARMINCY 0 9, 983 0 18, 459 22, 442 23.00 23.01 23.031 PARAMED ED PROM_CHAPLAIN 0 43.766 2, 824 9, 349 55.99 23.01 23.031 23.031 PARAMED ED PROM_CHAPLAIN 0 57, 768 0 8, 967 66, 735 23.031 23.031 PARAMED ED PROM_CHAPLAIN 0 57, 768 0 8, 967 66, 735 23.031 23.031 PARAMED ED PROM_CHAPLAIN 0 57, 768 0 1, 508, 218 10, 793, 342 30.00 30.000 ADULTS & PEDIATRICS 0 9, 285, 124 0 1, 508, 218 10, 793, 342 30.00 31.00 31.00 13.000 1				0			0		
23.01				o			18, 459		
INPATI ENT ROUTINE SERVICE COST CENTERS 0 9, 285, 124 0 1,505, 218 10, 793, 342 30 0		1	i e	O	43, 766				23. 01
30.00 03000 ADULTS & PEDIATRICS 0 9, 285, 124 0 1, 508, 218 10, 793, 342 30. 00 31. 00 33.00 1045, 358 1, 673, 791 31. 00 32.00 32.00 03200 CORONARY CARE UNIT 0 227, 579 0 29, 812 257, 391 32. 00 32. 00 ADULTS & PEDIATRICS 0 155, 633 0 314 135, 947 40. 00 ADULTS & PEDIATRICS 0 31.60 31	23. 03			0	57, 768	0	8, 967	66, 735	23. 03
31.00 03100 INTENSIVE CARE UNIT 0 1.509, 433 0 164, 358 1.673, 791 31.00	30 00			O	9 285 124	0	1 508 218	10 793 342	30 00
40.00 04000 SUBPROVI DER - IPF 0 135,633 0 314 135,947 40.00		03100	INTENSIVE CARE UNIT	o					
ANCI LLARY SERVICE COST CENTERS				0					
SO 00 05000 05000 05000 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05400 05500 05500 05500 0560	40. 00			0	135, 633	0	314	135, 947	40.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 0 440, 761 0 14, 192 454, 953 55. 00	50. 00			0	3, 540, 067	0	4, 858, 507	8, 398, 574	50. 00
56. 00 05600 RADI OI SOTOPE 0 148, 821 0 321, 608 470, 429 56, 00 570 07500 CT SCAN 0 0 0 230, 495 0 1, 562, 374 1, 792, 869 570, 00 5800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 283, 823 0 1, 210, 296 1, 494, 119 58, 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 283, 823 0 1, 210, 296 1, 494, 119 58, 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 913, 179 0 1, 237, 466 2, 150, 645 59, 00 60, 00 0 0 0 0 0 1, 390, 955 0 1, 579, 466 2, 970, 421 60, 00 0 0 0 0 0 0 0 0				O					
57. 00 05700 CT SCAN 0 230, 495 0 1, 562, 374 1, 792, 869 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 283, 823 0 1, 210, 296 1, 494, 119 58. 00 05900 CARDI AC CATHETERI ZATI ON 0 913, 179 0 1, 237, 466 2, 150, 645 59. 00 69. 00 06000 LABORATORY 0 1, 390, 955 0 1, 579, 466 2, 970, 421 60. 00 64. 00 64. 00 64. 00 64. 00 64. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 66. 00				0					
58. 00 05800 MAGNETI C RESONANCE I MAGING (MRI) 0 283,823 0 1,210,296 1,494,119 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 913,179 0 1,237,466 2,150,645 59. 00 60. 00 06000 LABORATORY 0 1,390,955 0 1,579,466 2,970,421 60. 00 60. 00 06400 INTRAVENOUS THERAPY 0 33,495 0 15,407 48,902 64. 00 65. 01 06501 PLINONARY REHAB 0 0 0 0 0 0 0 0 0				0		-			
60. 00 06000 LABORATORY 0 1,390,955 0 1,579,466 2,970,421 60. 00 64.00 1NTRAVENOUS THERAPY 0 33,495 0 15,407 48,902 64. 00 65. 00 06500 RESPI RATORY THERAPY 0 200,415 0 128,885 329,300 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	o					
64. 00 06400 INTRAVENOUS THERAPY 0 33, 495 0 15, 407 48, 902 64. 00 65. 01 65. 01 06501 PULMONARY REHAB 0 0 0 0 0 0 0 0 0				0		-			
65. 00 06500 RESPIRATORY THERAPY 0 200, 415 0 128, 885 329, 300 65. 00 65. 01 66. 00 06501 PULMONARY REHAB 0 0 0 0 065. 01 65. 01 66. 00 06600 PVLMONARY REHAB 0 0 203, 279 0 22, 426 225, 705 66. 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. 01		1	l control of the cont	0		-			
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92. 01 09201 0BSERVATI ON UNI T 0 852, 888 0 104, 417 957, 305 92. 01				0	852, 888	0	104, 417		
OTHER REIMBURSABLE COST CENTERS		OTHER	REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 129, 959 0 305, 845 435, 804 96. 00	96. 00			0	129, 959	0	305, 845	435, 804	96. 00
SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 0 25, 741, 201 74, 200 31, 298, 331 57, 113, 732 118. 00	118 00			O	25 741 201	74 200	31 298 331	57 113 732	118 00
NONREI MBURSABLE COST CENTERS	110.00			<u> </u>	25, 741, 201	74, 200	31, 270, 331	37, 113, 732	1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 291, 310 0 50, 090 341, 400 190. 00		19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 1, 628, 043 0 298, 802 1, 926, 845 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01				0		0			
192. 02 19202 HEARTCARE 0 0 0 0 192. 01				ol	-	0	~ 		
192. 03 19203 FAMI LY PHARMACY 0 100, 904 0 44, 924 145, 828 192. 03	192. 03	19203	FAMILY PHARMACY	0				145, 828	192. 03
194. 00 07950 0THER NONREIMBURSABLE COST CENTERS 0 280, 251 58, 779 35, 383 374, 413 194. 00	194.00	η υ 7950	UTHER NUNRETMBURSABLE COST CENTERS	O	280, 251	58, 779	35, 383	374, 413	194. 00

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		CAPI	TAL RELATED CO	STS		
	5	BLBO & FLVT	BLBO & ELVE	10 (D) E EOU B		
Cost Center Description	Directly	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP	Subtotal	
	Assigned New					
	Capi tal					
	Related Costs					
	0	1. 00	1. 01	2. 00	2A	
194. 01 07951 0CCUPATI ONAL HEALTH	0	0	0	0		194. 01
194. 02 07952 OTHER FACILITIES	0	1, 621, 738	0	39, 483	1, 661, 221	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	0	121, 316	0	5, 123	126, 439	194. 04
194. 05 07955 CHI LD CARE CENTER	0	0	0	4, 503	4, 503	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	2, 826	2, 826	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	9, 195	0	0	9, 195	194. 07
194. 08 07958 HEALTHSOUTH	0	345, 322	0	0	345, 322	194. 08
194. 09 07959 HOME OFFICE	0	11, 357, 474	30, 986	0	11, 388, 460	194. 09
200.00 Cross Foot Adjustments					0	200. 00
201.00 Negative Cost Centers		0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	o	41, 496, 754	163, 965	31, 779, 465	73, 440, 184	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

| Period: | Worksheet B | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am

Separate Separate		Coot Contar Decement on	EMDL OVEE	ADMINI CTDATI VE	ODEDATION OF	1 AUNDDY 0	2/27/2020 7:5	
STATEMENT STREET OF COSTS CHYPTERS		Cost Center Description	BENEFITS	ADMINISTRATIVE & GENERAL		LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
1.00 00000 CAP REL COSTS-BLUCG & FIXT				5. 00	7.00	8. 00	9. 00	
1.01 1.00					1			
2.00 00000 CAP SFI CRISTS-AWAIE FOUR 9 0.00000 ADDITIVE SERVITE DEMATRICATY 18,4502 13,718,697 0.00000 ADDITIVE SERVITE DEMATRICATY 18,4502 13,718,697 0.00000 ADDITIVE SERVITE COST CRISTAN 0.00000 ADDITIVE SERVITE COST CRISTAN 1.000 00000 ADDITIVE SERVITE COST CRISTAN 1.100 00000 ADDITIVE SERVITE COST CRISTAN 1.100 00000 ADDITIVE SERVITE COST CRISTAN 1.100 000000 ADDITIVE SERVITE COST CRISTAN 1.100 00000 ADDITIVE SERVITE COST CRISTAN 1.100 00000 ADDITIVE SERVITE COST CRISTAN 1.100								•
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10.00 01000 DETARY 1,277 111,036 9,778 1,841 3,177 10.00 110.00						200, 983		•
11-00 0 1100 CAFETERIA 7		l I				o l		•
13.00 0300 MIRSH NG ABMINI STRATION		1						•
14.00 0 1400 CENTRAL SERVICES A SUPPLY 1.177 115,774 12,791 0 4.236 14.00 15.00 15.00 16.00 10.00 HAMBACY 5.162 247,510 7,805 0 2.58 15.00 16.00 10.00 HAMBACY 7.10 10.00 170 0 2.58 15.00 16.00 10.00 HAMBACY 8.11BAGY 7.10 10.00 170 0 2.58 15.00 1.584 117.00 170 0 1		1						1
15.00 01500 PHABMACY		1						1
17. 00 01700 SOCIAL SERVICE 3.000 146, 0059 3.326 0 1.005 17.00 2200 02200 IAR SERVICES-THER PROK COSTS APPRVO 980 50.040 77.72 0 220 22.00 23.00 2330 02300 PARABEL DE PIRKEN-LHARMACY 14.3 8.800 27.00 0.00 6.00 23.01 23.	15. 00					0		1
21.00 02100 IAS SERVICES-SALARY & FENNESS APPRIVD 912 46, 225 2, 410 0 798 21.00 220.00 220.00 230.00 2						0		1
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23.00 02500 PARAMED ED PROM-CHAPALAIN 148 8,806 210 0 69 23.00 23.01 2303 PARAMED ED PROM-CHAPALAIN 118 7,436 1,388 0 460 23.01 23.03 PARAMED ED PROM-NURSING 295 15,566 1,213 0 402 23.03 PARAMED ED PROM-NURSING 295 15,566 1,213 0 402 23.03 PARAMED ED PROM-NURSING 295 15,566 1,213 0 402 23.03 PARAMED ED PROM-NURSING 295 110,554 1,213 0 402 23.03 PARAMED ED PROM-NURSING 295						0		1
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30 00 30000 ADULTS & PEDIATRICS 36, 361 1, 865, 217 194, 927 110, 154 64, 551 30, 00 3200 INTENSIVE CARE UNIT 1, 600 100, 051 4, 778 9, 156 1, 822 32, 00 00, 000 00000 SUBPROVIDES - IPF 594 34, 165 2, 447 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 447 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 447 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 447 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 447 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 477 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 477 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 477 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 477 540 943 40, 00 00, 000 SUBPROVIDES - IPF 594 34, 165 2, 477 540 94, 2		1						1
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12.00 03200 COROMARY CARE UNIT 1,600 100,051 4,778 9,156 1,582 32,00			-					1
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55.00 OSDO RADIO LOGY-THERAPEUTIC 1, 078 205, 929 9, 253 0 3, 046 55.00 57.00 OSTOOPE 355 59, 412 3, 124 226 1, 035 56.00 57.00 OSTOO CT SCAN 1, 415 145, 529 4, 839 2, 259 1, 002 57.00 59.00 OSDOO MARCHETIC RESONANCE I MAGI NG (NRI) 814 102, 031 5, 958 2, 434 1, 973 58.00 05900 OARDIO LAC CATHETER ZATI ON 2, 808 324, 238 19, 171 5, 1011 6, 349 59.00 0600 OBDOO LABORATORY 8, 182 940, 807 29, 201 225 9, 677 60.00 0600 OBDOO LABORATORY 2, 262 16, 909 4, 207 29, 211 225 9, 677 60.00 0600 DESPIRATORY HERAPY 2, 262 166, 909 4, 207 29 1, 393 65.00 0500 DESPIRATORY HERAPY 2, 262 166, 909 4, 207 29 1, 393 65.00 0500 DESPIRATORY HERAPY 3, 265 3, 355 4, 267 0 1, 417 0 65.00 0500 PYSI CALL HERAPY 3, 265 3, 355 4, 267 0 1, 417 0 65.00 0500 PYSI CALL HERAPY 3, 265 3, 355 4, 267 0 1, 417 0 65.00 0500 PYSI CALL HERAPY 3, 261 1, 179 107, 618 11, 538 1, 900 3, 821 69.00 0690 LECETROCARDIOLOGY 1, 179 107, 618 11, 538 1, 900 3, 821 69.00 0700 0700 0710 MEDICAL SUPPLIES CHARGED TO PATIENTS 261 187, 7091 2, 775 47 919 69.01 0710 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 187, 7091 324 0 0 0 0 0 0 0 0 0	50.00		16, 430	1, 984, 126	74, 318	20, 003	24, 611	50.00
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59.00 05900 CARDIAC CATHETERIZATION 2,808 324,238 19,171 5,011 6,349 99.00 60.00 60.00 LABORATORY 8.06 55,239 7.03 0 233 64,00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.01 65.01 65.01 65.01 65.01 65.01 65.01 65.01 66.00 66.00 RESPIRATORY THERAPY 2,262 156,909 4,207 29 1,393 65.00 65.01 66.00 66.00 RESPIRATORY THERAPY 0 235,355 4,267 0 1,413 66.00		1	-					•
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71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 187,091 0 0 0 0 71. 00 72. 00 72. 00 72.00 1MPL. DEV. CHARGED TO PATIENTS 0 585, 450 0 0 0 72. 00 73. 00 73. 00 73. 00 74. 00 7						1, 900		1
72 00 07200 IMPL DEV. CHARGED TO PATIENTS 0 5.85, 450 0 0 0 72.00								1
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 1,634,759 0 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 74. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 107 75. 00 07400 RENAL DIALYSIS 31 37.007 324 0 0 0 0 76. 00 07400 RENAL DIALYSIS 336 23,664 0 0 0 0 0 0 76. 00 09000 RIMIT SERVICE SERVICES 336 23,664 0 0 0 0 0 0 76. 00 09006 PAIL MARY CARE FOR SENIORS 1,004 87.062 4,943 1,449 1,637 90. 05 76. 00 09006 PAIL MANAGEMENT 1,414 87.062 4,943 1,449 1,637 90. 05 76. 00 09006 PAIL MANAGEMENT 1,626 66.555 1,884 0 624 90. 07 76. 00 09007 SLEEP CENTER 1,626 66.555 1,884 0 615 90. 06 76. 00 09000 HEMATOLOGY 301 18,764 1,858 0 615 90. 06 76. 00 09000 MULTI - SPECI ALLY CLINIC 255 14,472 3,958 0 1,311 90. 09 77. 00 09100 EMERGENCY 12,530 610,014 26,241 22,246 8,690 91. 00 78. 00 090			_		1	-		1
74.00 07400 RENAL DI ALYSIS 31 37,007 324 0 107 74.00			_				_	1
OUTPATT ENT SERVICE COST CENTERS		1			1			1
90. 00 09000 CLINIC	7 11 00		0.1	0,,00,	02.	<u> </u>	107	7 00
90. 02 09002 0JTPATI ENT PSYCHI ATRI C SERVI CES 336 23, 664 0 0 0 90. 02 90. 03 09003 CHEMO 620 50, 496 7, 655 756 2, 535 90. 03 90. 04 09004 PRI MARY CARE FOR SENI ORS 1,004 55, 087 0 20 0 90. 04 90. 05 09005 PAI N MANAGEMENT 1,414 87, 062 4,943 1,449 1,637 90. 05 90. 06 09006 WOUND CARE 638 39, 839 1,982 377 656 90. 06 90. 07 09007 SLEEP CENTER 1,626 66,555 1,884 0 624 90. 07 90. 08 09008 HEMATOLOGY 301 18, 764 1,858 0 615 90. 08 90. 09 09009 MULTI - SPECI ALTY CLINI C 255 14, 472 3,958 0 1,311 90. 09 09009 MULTI - SPECI ALTY CLINI C 255 14, 472 3,958 0 1,311 91. 00 09100 EMERGENCY 12,530 610, 014 26,241 22,246 8,690 91. 00 92. 01 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 92. 00 92. 01 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 92. 00 92. 01 09201 0DSERVATI ON UNIT 2,152 140,466 17,905 66 5,929 92. 01 94. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 1,544 233,385 2,728 0 90. 00 95. 01 SUBTOTALS (SUM OF LI NES 1 through 117) 155,020 12,490,030 582,663 197,240 185,465 118. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 472 50,812 6,116 173 2,025 190. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 192. 01 192. 01 19202 HEARTCARE 0 0 0 0 0 192. 01 192. 01 19202 HEARTCARE 0 0 0 0 0 192. 01 192. 01 19202 HEARTCARE 0 0 0 0 0 192. 01 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 340 116,517 34,046 0 11,275 194. 02 194. 01 07951 OCCUPATI ONAL HEALTH 39 2,262 0 0 0 11,275 194. 02 194. 01 07952 OTHER FACIL LI TIES 340 116,517 34,046 0 11,275 194. 02	90.00		1, 136	66, 157	5, 059	76	1, 675	90.00
90. 03 09003 CHEMO						89		1
90. 04 09004 PRI MARY CARE FOR SENI ORS 1,004 55,087 0 20 0 90.04 90. 05 09005 PAI N MANAGEMENT 1,414 87,062 4,943 1,449 1,637 90. 06 09006 WOUND CARE 638 39,839 1,982 377 656 90.06 90. 07 09007 SLEEP CENTER 1,626 66,555 1,884 0 624 90.07 90. 08 09008 HEMATOLOGY 301 18,764 1,858 0 615 90.08 90. 09 09009 MULTI - SPECI ALTY CLINI C 255 14,472 3,958 0 1,311 90.09 91. 00 09100 EMERGENCY 12,530 610,014 26,241 22,246 8,690 91.00 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 7,255 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNIT 2,152 140,466 17,905 66 5,929 92. 01 09600 DURABLE MEDI CAL EQUI P-RENTED 1,544 233,385 2,728 0 90.04 96. 00 SPECI AL PURPOSE COST CENTERS 15,540 12,490,030 582,663 197,240 185,465 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 155,020 12,490,030 582,663 197,240 185,465 192. 00 19200 PHYSI CI ANS' PRI VATE OFFICES 4,576 298,429 34,178 10 11,319 192.00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 192.01 192. 02 19202 HEARTCARE 0 0 0 0 0 192.01 192. 03 19203 FAMI LY PHARMACY 832 567,272 2,118 0 702 192.02 194. 00 07951 OTHER NONREI MBURSABLE COST CENTERS 5,180 194.01 194. 01 07951 OTHER FACILITIES 340 116,517 34,046 0 11,275 194.01 194. 02 07952 OTHER FACILITIES 340 116,517 34,046 0 11,275 194.02		l				-		
90. 05								1
90. 06 09006 WOUND CARE 638 39, 839 1, 982 377 656 90. 06 90. 07 09007 SLEEP CENTER 1, 626 66, 555 1, 884 0 624 90. 07 90. 08 09008 HEMATOLOGY 301 18, 764 1, 858 0 615 90. 09 09009 MULTI - SPECI ALTY CLINIC 255 14, 472 3, 958 0 1, 311 90. 09 09100 EMERGENCY 12,530 610, 014 26, 241 22, 246 8, 690 91. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 01 94. 00 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 01 95. 01 OPERATION OF A CONTROL OF A		l I						•
90. 07		l I						ı
90. 08 09008 HEMATOLOGY 301 18, 764 1, 858 0 615 90. 08 90. 09 90. 00 9		l I						1
91. 00 09100 EMERGENCY 12,530 610,014 26,241 22,246 8,690 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART) 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 2,152 140,466 17,905 66 5,929 92. 01 09201 OBSERVATI ON UNI T 0,544 233,385 2,728 0 904 904 906.00 OBSERVATI ON UNI T 0,544 233,385 2,728 0 904 906.00 OBSERVATI ON UNI T 0,544 233,385 2,728 0 904 906.00 OBSERVATI ON UNI T 0,544 233,385 2,728 0 904 906.00 906.00 OBSERVATI ON UNI T 0,544 233,385 2,728 0 906.00 906.00 OBSERVATI ON UNI T 0,544 233,385 2,728 0 906.00						0		1
92. 00 92. 01 09200 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 092. 01 09201 0BSERVATI ON UNIT 0THER REI MBURSABLE COST CENTERS 96. 00 96. 00 97. 00 98. 00 99. 01 99. 00 99. 01 99. 00 99. 01 99. 00 99. 01 99. 00 99. 01 99. 00	90. 09	09009 MULTI-SPECIALTY CLINIC	255	14, 472	3, 958	0	1, 311	90. 09
92. 01 09201 0BSERVATI ON UNI T 2, 152 140, 466 17, 905 66 5, 929 92. 01			12, 530	610, 014	26, 241	22, 246	8, 690	•
OTHER REIMBURSABLE COST CENTERS 96. 00 904 96. 00 SPECIAL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 155, 020 12, 490, 030 582, 663 197, 240 185, 465 118. 00 NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 472 50, 812 6, 116 173 2, 025 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 4, 576 298, 429 34, 178 10 11, 319 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE 0 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 832 567, 272 2, 118 0 702 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 689 74, 958 15, 640 2, 735 5, 180 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 39 2, 262 0 0 0 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02			0.450		47.005			1
96. 00 9600 DURABLE MEDI CAL EQUI P-RENTED 1,544 233,385 2,728 0 904 96. 00 SPECI AL PURPOSE COST CENTERS 118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 155,020 12,490,030 582,663 197,240 185,465 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT., FLOWER, COFFEE SHOP & CANTEEN 472 50,812 6,116 173 2,025 190. 00 192. 00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 4,576 298,429 34,178 10 11,319 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 192. 01 192. 02 192.02 HEARTCARE 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 832 567,272 2,118 0 702 192. 03 194. 00 197. 00 194. 01 197. 01 197. 01 197. 02 197. 02 197. 03 197. 02 197. 03 197. 04 197. 05	92. 01		2, 152	140, 466	17, 905	66	5, 929	92.01
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 155,020 12,490,030 582,663 197,240 185,465 118.00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 472 50,812 6,116 173 2,025 190.00 192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 4,576 298,429 34,178 10 11,319 192.00 192.01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192.01 192.02 19202 HEARTCARE 0 0 0 0 0 0 192.01 192.02 19202 HEARTCARE 0 0 0 0 0 192.02 192.03 19203 FAMI LY PHARMACY 832 567,272 2,118 0 702 192.03 194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 689 74,958 15,640 2,735 5,180 194.00 194.01 07951 OCCUPATI ONAL HEALTH 39 2,262 0 0 0 194.01 194.02 07952 OTHER FACILITIES 340 116,517 34,046 0 11,275 194.02	96 00		1 5//	222 285	2 728	O	904	96 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 155, 020 12, 490, 030 582, 663 197, 240 185, 465 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 472 50, 812 6, 116 173 2, 025 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 4, 576 298, 429 34, 178 10 11, 319 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE 0 0 0 0 0 0 192. 01 192. 03 19203 FAMI LY PHARMACY 832 567, 272 2, 118 0 702 192. 03 192. 03 192. 03 192. 03 192. 03 192. 05 0 0 0 0 0 0 192. 03 194. 01 07951 OCCUPATI ONAL HEALTH 39 2, 262 0 0 0 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02 194. 02 194. 04 194. 05	70.00		1, 544	233, 300	2, 120	U U	704	70.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 472 50, 812 6, 116 173 2, 025 190. 00 192. 00 19200 19200 19200 19200 19200 19201 19201 19201 19201 19202 19202 19202 19202 19202 19203 19	118. 00		155, 020	12, 490, 030	582, 663	197, 240	185, 465	118. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 4,576 298,429 34,178 10 11,319 192.00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 192.01 192. 02 192. 03 19202 HEARTCARE 0 0 0 0 0 0 192.02 192. 03 19203 FAMI LY PHARMACY 832 567, 272 2, 118 0 702 192.03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 689 74, 958 15, 640 2, 735 5, 180 194.02 194. 02 07952 OTHER FACILITIES 39 2, 262 0 0 0 194.02 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194.02		NONREI MBURSABLE COST CENTERS						
192. 01 1920								1
192. 02 19202 HEARTCARE 0 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 832 567, 272 2, 118 0 702 192. 03 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 689 74, 958 15, 640 2, 735 5, 180 194. 00 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02								1
192. 03 19203 FAMILY PHARMACY 832 567, 272 2, 118 0 702 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 689 74, 958 15, 640 2, 735 5, 180 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 39 2, 262 0 0 0 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02			_	0		-		
194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 689 74, 958 15, 640 2, 735 5, 180 194. 00 194. 01 07951 OCCUPATIONAL HEALTH 39 2, 262 0 0 0 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02			_	567 272	2 110	-		1
194. 01 07951 OCCUPATI ONAL HEALTH 39 2, 262 0 0 194. 01 194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02						Ŭ		
194. 02 07952 OTHER FACILITIES 340 116, 517 34, 046 0 11, 275 194. 02								
194. 03 07953 THE HEART HOSPITAL 0 0 0 0 194. 03	194. 02	07952 OTHER FACILITIES	340	116, 517		O	11, 275	194. 02
	194. 03	07953 THE HEART HOSPITAL	0	0	0	0	0	194. 03

Health Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

Period:
From 10/01/2018
From 10/01/2018
To 09/30/2019
Date/Time Prepared:

			'	0 077 007 2017	2/27/2020 7:5	
Cost Center Description	EMPLOYEE	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	BENEFITS	& GENERAL	PLANT	LINEN SERVICE		
	DEPARTMENT					
	4.00	5. 00	7. 00	8. 00	9. 00	
194. 04 07954 PR	476	43, 188	2, 547	0	843	194. 04
194. 05 07955 CHI LD CARE CENTER	1, 118	67, 520	0	825	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	63	0	0	0	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA	0	206	193	0	64	194. 07
194. 08 07958 HEALTHSOUTH	0	7, 740	7, 249	0	2, 401	194. 08
194. 09 07959 HOME OFFICE	0	o	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	163, 562	13, 718, 997	684, 750	200, 983	219, 274	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082

| Peri od: | Worksheet B | From 10/01/2018 | Part | I | To 09/30/2019 | Date/Time Prepared:

				To	09/30/2019	Date/Time Pre 2/27/2020 7:5	pared: 5 am
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES &	PHARMACY	
		10.00	11. 00	13. 00	SUPPLY 14. 00	15. 00	
4 00	GENERAL SERVICE COST CENTERS						4 00
1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 16. 00 17. 00 21. 00 22. 00 23. 00 23. 01 23. 03	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I &R SERVICES-SALARY & FRINGES APPRVD 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 02301 PARAMED ED PRGM-PHARMACY 02303 PARAMED ED PRGM-PHARMACY 02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	326, 170 0 0 0 0 0 0 0 0 0	869, 348 14, 658 13, 709 32, 585 16, 002 19, 772 5, 932 1, 661 870 1, 582 2, 083	811, 401 0 0 0 0 0 0 0 0	709, 579 8, 180 3 5 0 0 0 0	1, 104, 636 0 0 0 0 0 0 0	1. 00 1. 01 2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 21. 00 22. 00 23. 01 23. 03
30. 00	03000 ADULTS & PEDIATRICS	233, 263	229, 277	361, 347	26, 462	122	30. 00
31. 00	03100 INTENSIVE CARE UNIT	33, 091	47, 902		14, 020	42	31. 00
32.00	03200 CORONARY CARE UNIT	8, 099	11, 626		3, 733	8	32. 00
40. 00	04000 SUBPROVI DER - I PF ANCI LLARY SERVI CE COST CENTERS	6, 297	5, 615	8, 850	0	0	40. 00
50. 00	05000 OPERATING ROOM	O	76, 453	120, 491	124, 912	262	50. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	o	32, 558		21, 270	121	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	o	8, 120	0	0	3, 819	55. 00
56.00	05600 RADI OI SOTOPE	0	2, 346	0	10, 643	4	56. 00
57. 00	05700 CT SCAN	0	10, 809	0	12, 061	27	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	5, 774	0	4, 070	14	58. 00
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	16, 451 85, 443	25, 926	20, 494 104, 588	32 16	59. 00 60. 00
64. 00	06400 I NTRAVENOUS THERAPY	0	4, 824	7, 603	4, 745	10	64. 00
65. 00	06500 RESPIRATORY THERAPY		17, 136		8, 137	5	65. 00
65. 01	06501 PULMONARY REHAB		79		6	0	65. 01
66. 00	06600 PHYSI CAL THERAPY	o	0	Ö	2, 767	28	66. 00
69.00	06900 ELECTROCARDI OLOGY	o	8, 436	0	6, 595	57	69. 00
69. 01	06901 CARDI AC REHAB	0	2, 531	0	36	1	69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75, 658	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	236, 757	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	837, 320	73. 00
74. 00	07400 RENAL DIALYSIS OUTPATIENT SERVICE COST CENTERS	0	158	0	93	51	74. 00
90 00	09000 CLINIC	O	7, 856	12, 381	923	0	90. 00
	09001 FAMILY PRACTICE CLINIC		4, 851		203	1, 149	
	09002 OUTPATIENT PSYCHIATRIC SERVICES	o	3, 559		8	3	90. 02
	09003 CHEMO	0	4, 798	7, 562	2, 996	1	90. 03
	09004 PRI MARY CARE FOR SENI ORS	0	4, 930		233	880	
90. 05	09005 PAIN MANAGEMENT	0	11, 310		2, 920	153	
90. 06 90. 07	09006 WOUND CARE 09007 SLEEP CENTER	0	4, 693 9, 280		2, 965 317	39 0	90. 06 90. 07
90. 07	09008 HEMATOLOGY		3, 322		29	6	90.07
90. 09	09009 MULTI -SPECIALTY CLINIC		1, 925		60	0	90.09
91. 00	09100 EMERGENCY	2, 705	46, 900		8, 848	121	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		•				92. 00
92. 01	09201 OBSERVATION UNIT	21, 800	19, 271	30, 372	2, 589	0	92. 01
96. 00	OTHER REIMBURSABLE COST CENTERS 09600 DURABLE MEDICAL EQUI P-RENTED	0	16, 345	0	0	157	96. 00
118. 00	, J ,	305, 255	813, 432	811, 401	707, 326	844, 439	118. 00
100.00	NONREI MBURSABLE COST CENTERS		7.000		-1		100.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7, 883		0		190.00
	19200 PHYSICIANS' PRIVATE OFFICES 19201 DEACONESS URGENT CARE	0	14, 526 0		224		192. 00 192. 01
	19202 HEARTCARE		0	0	ol O		192. 01
	19203 FAMI LY PHARMACY	o	5, 668	_	1, 930	258, 081	
	07950 OTHER NONREIMBURSABLE COST CENTERS	20, 915	6, 591		88		194. 00
	07951 OCCUPATI ONAL HEALTH	0	264		6		194. 01
	07952 OTHER FACILITIES	0	685		2		194. 02
194. 03	07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03

Health Financial Systems

DEACONESS HOSPITAL

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0082
From 10/01/2018
To 09/30/2019
Date/Time Prepared:

					2/27/2020 7:5	5 am
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	
			ADMI NI STRATI ON	SERVICES &		
				SUPPLY		
	10.00	11. 00	13. 00	14. 00	15. 00	
194. 04 07954 PR	0	3, 427	0	3	0	194. 04
194. 05 07955 CHILD CARE CENTER	0	16, 872	0	0	0	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	0	0	0	194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	o	0	0	o	0	194. 07
194. 08 07958 HEALTHSOUTH	o	0	0	o	0	194. 08
194. 09 07959 HOME OFFICE	o	0	0	o	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	o	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	326, 170	869, 348	811, 401	709, 579	1, 104, 636	202.00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082

				0773072017	2/27/2020 7:5	
			INTERNS &	RESI DENTS		
Cost Center Description	MEDI CAL	SOCIAL SERVICE	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	
000 t 0011to. 20001 1 pt. 011	RECORDS &	0001712 021171 02	Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	
	LI BRARY					
CENEDAL CEDILLOS COCT CENTEDO	16. 00	17. 00	21. 00	22. 00	23. 00	
GENERAL SERVICE COST CENTERS 1. 00 O0100 CAP REL COSTS-BLDG & FIXT						1.00
1. 01 00101 CAP REL COSTS-BLDG & FIXT						1. 01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 00 00500 ADMINISTRATIVE & GENERAL						5. 00
7. 00 00700 OPERATION OF PLANT 8. 00 00800 LAUNDRY & LINEN SERVICE						7. 00 8. 00
9. 00 00900 HOUSEKEEPING						9. 00
10. 00 01000 DI ETARY						10. 00
11. 00 01100 CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION						13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY						14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	136, 893					15. 00 16. 00
17. 00 01700 SOCIAL SERVICE	130, 673	179, 531				17. 00
21. 00 02100 1 &R SERVI CES-SALARY & FRINGES APPRVI		0				21. 00
22.00 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV		0		90, 963		22. 00
23.00 02300 PARAMED ED PRGM-PHARMACY	0	0			38, 540	
23. 01 02301 PARAMED ED PRGM-CHAPLAIN	0	0				23. 01
23. 03 02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	0	816				23. 03
30. 00 03000 ADULTS & PEDIATRICS	9, 697	146, 889				30. 00
31. 00 03100 I NTENSI VE CARE UNI T	3, 349					31. 00
32. 00 03200 CORONARY CARE UNIT	869	7, 344				32. 00
40. 00 04000 SUBPROVI DER - I PF	425	0				40. 00
ANCILLARY SERVICE COST CENTERS 50. 00 O5000 OPERATING ROOM	22 504	1 0			I	F0 00
50. 00 05000 OPERATI NG ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	23, 586 7, 013					50. 00 54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	3, 215					55. 00
56. 00 05600 RADI OI SOTOPE	1, 395					56. 00
57. 00 05700 CT SCAN	8, 028		1			57. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	2, 459					58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	5, 540 11, 420					59. 00 60. 00
64. 00 06400 NTRAVENOUS THERAPY	377					64. 00
65. 00 06500 RESPI RATORY THERAPY	4, 481	Ö				65. 00
65. 01 06501 PULMONARY REHAB	0	0				65. 01
66. 00 06600 PHYSI CAL THERAPY	3, 931	0				66. 00
69. 00 06900 ELECTROCARDI OLOGY	3, 319	0				69.00
69. 01 06901 CARDI AC REHAB 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	191 S 1, 944					69. 01 71. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	4, 462					72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	18, 441	Ö				73. 00
74.00 07400 RENAL DIALYSIS	528	0				74. 00
OUTPATIENT SERVICE COST CENTERS	1				ı	
90.00 09000 CLINIC 90.01 09001 FAMILY PRACTICE CLINIC	244 221	0				90. 00 90. 01
90. 01 09001 FAMILY PRACTICE CLINIC 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	242		1			90.01
90. 03 09003 CHEMO	1, 291	Ö	1			90. 03
90.04 09004 PRIMARY CARE FOR SENIORS	112	0				90. 04
90. 05 09005 PAI N MANAGEMENT	1, 894					90. 05
90. 06 09006 WOUND CARE	518	ł .				90.06
90. 07 09007 SLEEP CENTER 90. 08 09008 HEMATOLOGY	483 197					90. 07 90. 08
90. 09 09009 MULTI - SPECIALTY CLINIC	63	ł .				90.09
91. 00 09100 EMERGENCY	12, 814	ł .				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92. 00
92. 01 09201 OBSERVATI ON UNIT	782	0				92. 01
OTHER REIMBURSABLE COST CENTERS	1 (4)	Ιο				96. 00
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	1, 642	1 0				90.00
118.00 SUBTOTALS (SUM OF LINES 1 through 1	17) 135, 173	179, 531	0	0	0	118. 00
NONREI MBURSABLE COST CENTERS	, ,	, , , , , , , , , , , , , , , , , , , ,				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	133					192. 00
192.01 19201 DEACONESS URGENT CARE	0	0				192. 01
192. 02 19202 HEARTCARE 192. 03 19203 FAMI LY PHARMACY	1, 587					192. 02 192. 03
194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS	0					194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0				194. 01

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS DEACONESS HOSPITAL Provider CCN: 15-0082

					2/27/2020 7:5	<u>5 am</u>
			INTERNS &	RESI DENTS		
Cost Center Description		SOCIAL SERVICE		SERVI CES-OTHER		
	RECORDS &		Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	
	LI BRARY					
	16. 00	17. 00	21. 00	22. 00	23. 00	
194. 02 07952 OTHER FACILITIES	0	0				194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0				194. 03
194. 04 07954 PR	0	0				194. 04
194. 05 07955 CHI LD CARE CENTER	0	0				194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0				194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	0	0				194. 07
194. 08 07958 HEALTHSOUTH	0	0				194. 08
194. 09 07959 HOME OFFICE	0	0				194. 09
200.00 Cross Foot Adjustments			171, 078	90, 963	38, 540	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	136, 893	179, 531	171, 078	90, 963	38, 540	202. 00

In Lieu of Form CMS-2552-10 Health Financial Systems DEACONESS HOSPITAL ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0082 Peri od: Worksheet B From 10/01/2018 Part II 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am Cost Center Description PARAMED ED PARAMED ED Intern & Subtotal Total PRGM-CHAPLAIN PRGM-NURSI NG Residents Cost & Post Stepdown Adjustments 23.01 23.03 24.00 25.00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-BLDG & FIXT 1.01 1.01 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 01100 CAFETERI A 11.00 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15 00 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17.00 17.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21 00 21 00 22.00 02200 I &R SERVICES-OTHER PRGM COSTS APPRVD 22.00 02300 PARAMED ED PRGM-PHARMACY 23.00 23.00 23. 01 02301 PARAMED ED PRGM-CHAPLAIN 66, 923 23.01 02303 PARAMED ED PRGM-NURSING 87, 140 23 03 23.03 INPATIENT ROUTINE SERVICE COST CENTERS 14, 091, 609 30.00 03000 ADULTS & PEDIATRICS 14, 091, 609 30.00 31.00 03100 INTENSIVE CARE UNIT 2, 336, 206 0 2, 336, 206 31.00 03200 CORONARY CARE UNIT 424 560 0 424, 560 32 00 32 00 04000 SUBPROVI DER - I PF 40.00 196, 223 196, 223 40.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 10, 863, 766 10, 863, 766 50.00 54.00 0 2, 832, 196 05400 RADI OLOGY-DI AGNOSTI C 2, 832, 196 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 689, 431 689, 431 55.00 0 0 0 0 0 0 05600 RADI OI SOTOPE 548, 969 56 00 548, 969 56.00 57.00 05700 CT SCAN 1, 979, 438 1, 979, 438 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 1, 619, 646 58 00 1, 619, 646 58 00 05900 CARDIAC CATHETERIZATION 2, 576, 665 2, 576, 665 59.00 59.00 60.00 06000 LABORATORY 4, 159, 973 4, 159, 973 60.00 06400 INTRAVENOUS THERAPY 123, 433 64.00 123, 433 64.00 65.00 06500 RESPIRATORY THERAPY 523, 859 523, 859 65.00 65.01 06501 PULMONARY REHAB 2,628 0 0 2,628 65.01 06600 PHYSI CAL THERAPY 473, 466 473, 466 66.00 66.00 06900 ELECTROCARDI OLOGY 1, 075, 875 1, 075, 875 69.00 69.00 69.01 06901 CARDI AC REHAB 169, 631 0 0 0 169, 631 69.01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 264, 693 264, 693 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 826, 669 72.00 826, 669 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 2, 490, 520 2, 490, 520 73.00 74.00 07400 RENAL DIALYSIS 63, 998 0 63, 998 74.00 OUTPATIENT SERVICE COST CENTERS 90 00 341, 868 341, 868 90 00 09000 CLI NI C 90.01 09001 FAMILY PRACTICE CLINIC 189, 138 0 189, 138 90.01 09002 OUTPATIENT PSYCHIATRIC SERVICES 90.02 35, 109 0 0 0 0 0 0 0 0 0 35, 109 90.02 09003 CHEMO 90.03 466, 662 90.03 466, 662 90.04 09004 PRIMARY CARE FOR SENIORS 82, 444 82, 444 90 04 90.05 09005 PAIN MANAGEMENT 451, 063 451, 063 90.05 09006 WOUND CARE 90.06 163, 034 163, 034 90.06 90 07 09007 SLEEP CENTER 247, 732 247, 732 90 07 09008 HEMATOLOGY 90.08 119, 152 119, 152 90.08 90.09 09009 MULTI-SPECIALTY CLINIC 226, 508 90.09 226, 508 91.00 09100 EMERGENCY 2, 393, 629 2, 393, 629 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92 00 92 00 09201 OBSERVATION UNIT 92.01 1, 198, 637 1, 198, 637 92.01 OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 692, 509 0 692, 509 96.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS 118.00 0 0 54, 940, 939 0 54, 940, 939 118. 00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 408.881 0 408, 881 190. 00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 2, 292, 170 0 2, 292, 170 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 192. 01 0 192. 02 19202 HEARTCARE n 0 192. 02 192. 03 19203 FAMILY PHARMACY 984, 018 984, 018 192. 03 194. 00 07950 OTHER NONREIMBURSABLE COST CENTERS 501, 395 0 501, 395 194. 00

2.571

2, 571 194. 01

194. 01 07951 OCCUPATIONAL HEALTH

					2/27/2020 7:5	5 am
Cost Center Description	PARAMED ED	PARAMED ED	Subtotal	Intern &	Total	
	PRGM-CHAPLAI N	PRGM-NURSING		Residents Cost		
				& Post		
				Stepdown		
				Adjustments		
	23. 01	23. 03	24. 00	25. 00	26. 00	
194. 02 07952 OTHER FACILITIES			1, 824, 086	0	1, 824, 086	194. 02
194. 03 07953 THE HEART HOSPI TAL			0	0	0	194. 03
194. 04 07954 PR			176, 923	0	176, 923	194. 04
194. 05 07955 CHI LD CARE CENTER			90, 838	0	90, 838	194. 05
194.06 07956 CENTER OF LIFE BALANCE			2, 889	0	2, 889	194. 06
194.07 07957 UNIT 3200 - DEACONESS VNA			9, 658	0	9, 658	194. 07
194. 08 07958 HEALTHSOUTH			362, 712	0	362, 712	194. 08
194.09 07959 HOME OFFICE			11, 388, 460	0	11, 388, 460	194. 09
200.00 Cross Foot Adjustments	66, 923	87, 140	454, 644	0	454, 644	200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	66, 923	87, 140	73, 440, 184	0	73, 440, 184	202. 00

	ALLOCATION - STATISTICAL BASIS	DEACONESS		CN: 15-0082 F	Peri od:	Worksheet B-1	
				F T	rom 10/01/2018 o 09/30/2019	Date/Time Pre	pared:
		045	LTAL DELATED OF		1	2/27/2020 7:5	5 am
		CAPITAL RELATED COSTS					
	Cost Center Description	BLDG & FIXT	BLDG & FIXT	MVBLE EQUIP		ADMI NI STRATI VE	
		(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)		& GENERAL	
					DEPARTMENT (GROSS	(ACCUM. COST)	
		1.00		0.00	SALARI ES)	5.00	
	GENERAL SERVICE COST CENTERS	1.00	1. 01	2. 00	4. 00	5. 00	
1.00	00100 CAP REL COSTS-BLDG & FIXT	1, 579, 613					1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT	0	49, 355	1			1. 01
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	4, 601	3, 533	30, 229, 273 29, 44 <i>6</i>			2. 00 4. 00
5. 00	00500 ADMINISTRATIVE & GENERAL	30, 679				612, 072, 584	1
7. 00	00700 OPERATION OF PLANT	1, 142	l .			13, 923, 066	1
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0 409) 136, 112) 41, 631		1, 932, 249 6, 853, 412	
10.00	1	3, 272		1			
11. 00	1	26, 001	0			3, 821, 326	11. 00
13. 00 14. 00		0 460	-	642, 109 523, 464			
15. 00		0				1	
16. 00		512		67, 375	2, 300, 130	1, 291, 451	16. 00
17. 00 21. 00		0 4, 370				6, 516, 398 2, 062, 307	
21.00		1, 400		1			
23. 00		380	O	1,	254, 827	392, 873	23. 00
23. 01	1	1, 666 2, 199		1			1
23. 03	02303 PARAMED ED PRGM-NURSING INPATIENT ROUTINE SERVICE COST CENTERS	2, 199		8, 530	523, 397	095, 607	23. 03
30. 00	03000 ADULTS & PEDIATRICS	353, 447		1 ' '			
31. 00 32. 00		57, 458 8, 663		1,			
40. 00		5, 163				1, 524, 288	
	ANCILLARY SERVICE COST CENTERS						1
50. 00 54. 00	1	134, 756 32, 084		4, 621, 511 1, 479, 287			1
55. 00		16, 778					1
56.00	05600 RADI OI SOTOPE	5, 665	0	305, 920	630, 942	2, 650, 666	56. 00
57. 00 58. 00		8, 774 10, 804					
59. 00		34, 761		1,,			
60.00	1	52, 948		1, 502, 420	14, 532, 215	41, 974, 077	60.00
64. 00 65. 00	1	1, 275 7, 629		1		2, 464, 495 7, 000, 484	1
65. 01		7,029) 122, 340			1
66. 00		7, 738					
		20, 922 5, 032		363, 164 10, 268			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0,032) 10, 200	0	8, 347, 052	
	1	0	0		0	26, 119, 835	
73. 00 74. 00		588		9, 752	0 2 55, 889	72, 934, 740 1, 651, 080	
74.00	OUTPATIENT SERVICE COST CENTERS	300		, ,,,,,,,,	33,007	1,031,000	74.00
		9, 173					•
90. 01 90. 02		3, 719	0			1, 627, 779 1, 055, 774	
90. 03	09003 CHEMO	13, 881	o	22, 159		2, 252, 858	90. 03
90. 04		0	0	11, 803			
90. 05 90. 06		8, 963 3, 594		80, 851 9, 052		l	1
90. 07	1	3, 417		59, 521			1
90. 08	1	3, 369		305			1
90. 09 91. 00	1	7, 177 47, 581) 12, 261 290, 679		645, 668 27, 215, 769	1
92. 00		17,001		2,0,0,,	22, 200, 000	27,210,707	92.00
92. 01		32, 466	0	99, 324	3, 822, 957	6, 266, 898	92. 01
96 00	OTHER REIMBURSABLE COST CENTERS O9600 DURABLE MEDICAL EQUIP-RENTED	4, 947	0	290, 926	2, 742, 684	10, 412, 447	96. 00
70.00	SPECIAL PURPOSE COST CENTERS	1,717			2,712,001	10, 112, 117	70.00
118.00	3 7	979, 863	22, 335	29, 771, 608	275, 386, 659	557, 242, 245	118. 00
190 00	NONREIMBURSABLE COST CENTERS 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11, 089	Ι ο	47, 647	839, 035	2, 266, 966	190. 00
192.00	0 19200 PHYSICIANS' PRIVATE OFFICES	61, 973		1	1	13, 314, 415	192. 00
	1 19201 DEACONESS URGENT CARE	0	0		0		192. 01
	2 19202 HEARTCARE 3 19203 FAMILY PHARMACY	3, 841			0 1, 478, 295	l .	192. 02 192. 03
	in the second se				, , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

			To	09/30/2019	Date/Time Pre 2/27/2020 7:5	pared:
	САРІ	TAL RELATED CO	2720		2/21/2020 1.5	3 alli
	O/II I	TAL KELATED OF	5515			
Cost Center Description	BLDG & FLXT	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	ADMI NI STRATI VE	
, , , , , , , , , , , , , , , , , , ,	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS	& GENERAL	
	,	,		DEPARTMENT	(ACCUM. COST)	
				(GROSS	, ,	
				SALARI ES)		
	1. 00	1. 01	2. 00	4. 00	5. 00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	10, 668	17, 693	33, 657	1, 223, 786	3, 344, 234	194. 00
194. 01 07951 OCCUPATI ONAL HEALTH	0	0	0	69, 797	100, 936	194. 01
194. 02 07952 OTHER FACILITIES	61, 733	0	37, 557	603, 407	5, 198, 389	194. 02
194. 03 07953 THE HEART HOSPI TAL	0	0	0	0	0	194. 03
194. 04 07954 PR	4, 618	0	4, 873	845, 398	1, 926, 827	194. 04
194. 05 07955 CHI LD CARE CENTER	0	0	4, 283	1, 986, 513	3, 012, 389	194. 05
194.06 07956 CENTER OF LIFE BALANCE	0	0	2, 688	0		194. 06
194. 07 07957 UNIT 3200 - DEACONESS VNA	350		0	0		194. 07
194. 08 07958 HEALTHSOUTH	13, 145		0	0	345, 322	
194. 09 07959 HOME OFFI CE	432, 333	9, 327	0	0	0	194. 09
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	41, 496, 754	163, 965	31, 779, 465	37, 979, 055	79, 460, 684	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	26. 270203	3. 322156	1. 051281	0. 130710		
204.00 Cost to be allocated (per Wkst. B,				163, 562	13, 718, 997	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part				0. 000563	0. 022414	205. 00
NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						207.00
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)	1		1		l	

Care Care	Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
Coat Center Description				Provi der Co			Worksheet B-1	
Control Cont						rom 10/01/2018	Date/Time Pre	nared:
CAMPAIN SERVICE OST CENTERS 1.00 DOTOCO AND REL COSTS -BLOCK & F.T.X.T 1.00 DOTOCO AND REL COSTS -BLOCK & F							2/27/2020 7:5	5 am
SUBJECT SUBJECT CONTINUES OF C)		Cost Center Description						
CO						- (MEALS SERVED)	(FIE'S)	
BARBAN SARAM STATEMENT 1.00					()			
1.00 001000 CAP PEL COSTS-BUELD & FIXT					9. 00	10.00	11. 00	
1.01 1.00		GENERAL SERVICE COST CENTERS						
2.00 DODGO LAP PELL COSIS - WINEL ECULIP 4.00 DODGO LABUR IN STANI THE & CENERAL 1.241 6.27								•
0.000 O.000 D.000 C.								
5.00 00000 DOSOD ARMIN STRATIVE & CENERAL 2.5 685 4.999, 228 1.200.000 1.0								
1.00								
0.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.000000 0.000000 0.00000000		00700 OPERATION OF PLANT	1, 241, 621					
10.00 01000 DETARY 17, 361 45,781 17, 361 473,161 3, 97 11.00 33,97 11.00 13.00 11.00 11.00 11.00 13.0			1	4, 999, 228				
11.00 01100 CAFETERIA 26,001 23,293 26,001 0 32,976 11.00 11.00 0			1	· ·				ł
13.00 01300 MURSING ADMINISTRATION			1				32 076	1
14.00 01400 CHIRAL SERVICE'S & SUPPLY 23,194 0 23,194 0 5.20 14.00 15								1
16.00 16.00 MEDICAL, RECORDS & LIBRARY 8, 671 0 6, 014 0 750 17.00 17.00 017.00			1	0				ı
17.00 0700 SOLIAL SERVICE, SALARY & FRINGES APPRVD 1, 400 0 1, 400 0 3.20 2.20 0.20 1.87 SERVICES-OLIFIER PROMI COSTS APPRVD 1, 400 0 1, 400 0 3.30 0.			14, 153	0	14, 153	0	1, 236	
21.00		1		0				
22.00 0200 184 SERVICES-OTHER PROM COSTS APPRIVD 1,400 0 1,400 0 33 23.00 0300 0300 0 380				0				
23.00				0				ı
23.01				0				
INPATE ENT ROUTINE SERVICE COST CENTERS 35.00 00.00 03.00				0				
0.000 0.0000 DULTS & PEDIATRICS 353, 447 2,739,923 353, 447 338,385 8,697 30,00 30.00 3100 0.3100 INTENSIVE CARE UNIT 57,458 226,749 57,458 48,003 1,817 31.00 0.3200 CORONARY CARE UNIT 57,458 313,404 5,163 9,135 213 40,00 4000 0.000 0.00000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000000	23. 03		2, 199	0	2, 19	9 0	79	23. 03
13.10 03100 INTENSIVE CARE UNIT 57, 458 226, 749 57, 458 48,003 1, 817 31,00 0300 03000 CRROMARY CARE UNIT 8,663 227,736 8,663 117,749 441 32,00 40,000 SUBPROVIDER - I-PF 5,163 13,440 5,163 9,135 213 40,00 04000 SUBPROVIDER - I-PF 5,163 13,440 5,163 9,135 213 40,00 0500 05000 OPERATING ROOM 124,756 497,557 134,756 0 2,900 50,00 05000 OPERATING ROOM 1,235 54,00 05500 RADI OLOGY-DIAGNOSTIC 16,778 0 308 55,00 05500 RADI OLOGY-THERAPEUTIC 16,6778 0 308 55,00 05500 RADI OLOGY-THERAPEUTIC 16,778 0 308 55,00 05500 RADI OLOGY-THERAPEUTIC 1,6778 0 308 55,00 05500 RADI OLOGY-THERAPEUTIC 1,6778 0 410 57,00 0 57,00								
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A0. 00			1					
AMCILLARY SERVICE COST CENTERS			1	•				
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57.00 05700 CT SCAN CT SCAN S. 774 S. 181 S. 774 O 410 57.00 59.00 05900 MAGNETIC RESONANCE IMAGING (MRI) 10, 804 60, 549 10, 804 0 219 58.00 05900 CARDINAC CATHETERIZATION 34, 761 124, 633 34, 761 0 6.24 59.00 06.00 06000 LABORATORY 52, 948 0 3, 241 60.00 0600 LABORATORY 52, 948 0 3, 241 60.00 06.00 0500 0.8500		1 1	1	_				1
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65. 00 0.5		1 1	1	5, 599			3, 241	1
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66.00 06600 PHYSI CAL THERAPY 7,738 0 7,738 0 0 66.00			1					ı
69-00 06900 CARDIA CREHAB 1,000 06900 CARDIA CREHAB 1,000 06900 06900 CARDIA CREHAB 1,000 0710		1	-					
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172.00 07200 IMPL DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 0	69. 01	06901 CARDI AC REHAB	5, 032	1, 166	5, 032	0	96	69. 01
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 588 0 0 588 0 0 74.00			1	0	•			ı
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92. 00			1	0				1
92. 01			47, 581	553, 347	47, 58	3, 924	1, 779	
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96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 4, 947 0 4, 947 0 620 96. 00	72.01		02, 100	1,007	02, 100	51, 52 1	701	72.01
18. 00 SUBTOTALS (SUM OF LINES 1 through 117) 1,056,512 4,906,108 1,015,500 442,820 30,855 118. 00	96.00	09600 DURABLE MEDICAL EQUIP-RENTED	4, 947	0	4, 94	7 0	620	96. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 11, 089 4, 312 11, 089 0 299 190. 00 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 61, 973 254 61, 973 0 551 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE 0 0 0 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 3, 841 0 3, 841 0 215 192. 02 194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 28, 360 68, 033 28, 360 30, 341 250 194. 00 194. 01 07951 OCCUPATI ONAL HEALTH 0 0 0 0 0 194. 01	118. 00		1, 056, 512	4, 906, 108	1, 015, 500	442, 820	30, 855	118. 00
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192. 03 19203 FAMI LY PHARMACY				0				
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			1	68, 033				
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Health Financial Systems	DEACONESS HOSPITAL		In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0082	Peri od:	Worksheet B-1

CUST ALLUCA	ITUN - STATISTICAL BASIS		Provider C		rom 10/01/2018	worksneet B-1	
					o 09/30/2019		
						2/27/2020 7:5	5 am
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
			LINEN SERVICE	7	(MEALS SERVED)	(FTE' S)	
		(SQUARE FEET -	(POUNDS OF	(C)			
		C)	LAUNDRY)				
		7. 00	8. 00	9. 00	10. 00	11. 00	
	THE HEART HOSPITAL	0	0	0	0		194. 03
194. 04 07954		4, 618	0	4, 618	0		194. 04
	CHILD CARE CENTER	0	20, 521	0	0		194. 05
	CENTER OF LIFE BALANCE	0	0	0	0		194. 06
	UNIT 3200 - DEACONESS VNA	350	0	350			194. 07
	HEALTHSOUTH	13, 145	0	13, 145	0		194. 08
194. 09 07959	HOME OFFICE	0	0	0	0	0	194. 09
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202. 00	Cost to be allocated (per Wkst. B,	9, 649, 164	1, 655, 202	7, 129, 239	5, 357, 780	4, 562, 674	202. 00
	Part I)						
203.00	Unit cost multiplier (Wkst. B, Part I)	7. 771425	0. 331092	5. 938019	11. 323376	138. 363476	203. 00
204.00	Cost to be allocated (per Wkst. B,	684, 750	200, 983	219, 274	326, 170	869, 348	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 551497	0. 040203	0. 182636	0. 689343	26. 363052	205. 00
	[11]						
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						[

Cast Center Description	COST A	ALLOCATION - STATISTICAL BASIS		Provi der CC		eriod: rom 10/01/2018	Worksheet B-1	
Cost Center Description								
ADMINISTRATION SERVICE A COSTED RECORDS CHARGES) COSTED RECORDS CHARGES) COSTED RECORDS CHARGES COSTED		Cost Center Description	NUPSLNG	CENTRAL	DHADMACV	MEDI CAI		5 am
CHITTS CONTROL S. CONTROL CO		cost center bescription					SOCIAL SERVICE	
				SUPPLY			(TIME SPENT)	
DEBERAL SERVICE COST CENTERS			,			7		
DEBISHER SERVICE OST LEBRIES					15 00		17 00	
1.01 OD 1070 [CAP REL COSTS-HUEL & 11X] 2.00 DO DODO [CAP REL COSTS-HUEL SCHIP] 3.00 DO DODO [CAP REL COSTS-HUEL] 3.00		GENERAL SERVICE COST CENTERS	10.00	11.00	10.00	10.00	17.00	
2.00								
4.00								
5.00 00000 CARMIN ISTRATIVE & CEREBAL								
B.00 OSCOOL LAURIDRY & LITHEN SERVICE		1 1						
0.000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000		1 1						
10.00 01000 DETARY								
11.00 01300 (CAFTERIA 13.00 1300 (CAFTERIA 13.00 1300 (CAFTERIA 13.00 1300 (CAFTERIA 13.00 1300 (CAFTERIA) 13.00 13.00 (CAFTERIA) 1								
14.00 01400 CFRITARI, SERVICE & SUPPLY 0 78, 284, 688 14.00 15.00 01500 PHRANICCY 0 90, 472 96, 290, 130 15.00 15.00 01600 PHRANICCY 0 90, 472 96, 290, 130 15.00 15.00 16.00 16.00 17.00 1700								
15.00 10150 PHARMACY 0 902, 472 96, 220, 130 15.00 17.0			1					
16. 00 1000 IEDICAL RECORDS & LIBRARY 0 365 0 2,789, 638, 796 16. 00 21. 00 210. 00 200 12. 00 220.		1 1	1		06 220 120			
17.00 01700 SCOLAL SERVICE 0 5-09 0 0 0 220 17.00 2210 0220 18F SERVICES-SALARY & FRINGES APPRVD 0 0 0 0 0 0 0 22.00		1 1	0		96, 220, 130			
22.00		1 1	O		0	0	220	
23.00 02300 PARAMED ED PROM-CHAPLAIN 0 0 0 0 0 0 23.00			0	0	0	0	-	
23.01 02301 PARAMED ED PROM_UNESTING 0 0 0 0 1 23.01			0	0	0	0	-	
23.03		1 1	0	0	0	0	0	
30.00 30.00 ADULTS & PEDIATRICS 8,697 2,919,512 10,600 197,905,083 180 30.00 31.00			Ö	Ö	0	0	1	
31.00 03100 INTENSIVE CARE UNIT								
32.00 03200 CORDANRY CARE UNIT		1 1	1					
0.00 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000000			1					
50.00			1					
54.00 05400 RADIOLOGY-DIAGNOSTIC 0 2.346.681 10.551 143.119,766 0 54.00 56.00 05500 RADIOLOGY-THERPREPUTIC 0 0 1.174.193 3.60 28.460.894 0 56.00 56.00 05500 RADIOLOGY-THERPREPUTIC 0 1.174.193 3.60 28.460.894 0 56.00 58.00 05800 RADIOLOGY-THERPREPUTIC 0 1.174.193 3.60 28.460.894 0 56.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 449.023 1.253 50.173.494 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 449.023 1.253 50.173.494 0 58.00 0.00 0.000 CARDIA CATHETER ZATION 0 11.538.836 1.418 233.064.665 0 60.00 0.00 0.0000 LARDIATORY 183 52.3481 99 7.066.236 0.640.00 0.6500 MAGNETIC RESONANCE HERAPY 0 897.171 419 91.439.236 0 65.00 0.500 0.5000 RESPIRATORY THERAPY 0 897.171 419 91.439.236 0 65.00 0.500 0.5000 0.6500 0.6								
55.00 GS500 RADIO LOGY-THERAPEUTIC 0 0 332,672 65.602,811 0 55.00			2, 900					
6.6 0.0 0.6500 RADIO ISOTOPE 0 1, 174, 193 3.06 28, 460, 894 0 56. 00 57. 00 0.570 0.570 0.570 0.570 0.570 0.570 0.570 0.570 0.570 0.570 0.580 0.0 0.6800 MAGNETIC RESONANCE IMAGING (MRI) 0 449, 023 1, 253 50, 173, 494 0 56. 00 0.590 0.6900 CARDI AC. CATHETERI ZATI ON 6.24 2, 261, 005 2, 745 113, 053, 352 0 59. 00 0.6000 LABORATORY 0 11, 538, 836 1, 418 233, 064, 665 0 60. 00 0.6000 INTRAURMOUS THERAPY 183 523, 491 99 7, 690, 236 0.64, 00 0.6400 INTRAURMOUS THERAPY 0 897, 717 419 97, 690, 236 0.65, 00 0.6500 RESPIRATORY THERAPY 0 897, 717 419 97, 690, 236 0.65, 00 0.6500 PHSI CALT HERAPY 0 305, 236 2, 421 80, 221, 615 0.66, 00 0.6600 PHSI CALT HERAPY 0 305, 236 2, 421 80, 221, 615 0.66, 00 0.6900 CARDI AC. REHAB 0 30, 336 86 33, 897, 511 0.69, 01 0.6901 CARDI AC REHAB 0 3, 340 86 83, 897, 511 0.69, 01 0.6901 MRJ LEVEV, CHARGED TO PATI ENTS 0 8, 347, 052 0 39, 680, 538 0 71, 00 0.7100 MRJ LEVEV, CHARGED TO PATI ENTS 0 8, 347, 052 0 39, 680, 538 0 71, 00 0.7100 MRJ LEVEV, CHARGED TO PATI ENTS 0 10, 272 4, 740 376, 337, 818 0 73, 00 0.7300 DRIJL DEV CHARGED TO PATI ENTS 0 10, 272 4, 740 376, 337, 818 0 73, 00 0.7300 DRIJL DEV CHARGED TO PATI ENTS 0 10, 272 4, 740 376, 337, 818 0 73, 00 0.7300 DRIJL DEV CHARGED TO PATI ENTS 0 10, 272 0.7200 0		1 1	0					
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 449, 022 1,253 50, 173, 494 0 58. 00 59. 00 05900 CARDIAC CATHETERIZATION 624 2,261,000 2,745 113, 053, 352 0 59. 00 06. 00 06.000 LABORATORY 0 11,538, 836 1,418 233, 064, 665 0 60. 00 64. 00 06400 INTRAVENDUIS THERAPY 183 523, 481 99 7,696, 236 0 65. 00 65. 00 06500 RESPIRATORY THERAPY 0 897, 717 419 91,439, 236 0 65. 00 65. 00 06500 RESPIRATORY THERAPY 0 682 32 1,310 0 65. 01 06501 PULINOMARY REHAB 0 682 32 1,310 0 65. 01 06501 PULINOMARY REHAB 0 682 32 1,310 0 65. 01 06501 PULINOMARY REHAB 0 689, 00 06900 LECITROCARDI OLOGY 0 727, 620 4,953 67,740,970 0 69. 00 06900 LECITROCARDI OLOGY 0 727, 620 4,953 67,740,970 0 69. 00 06901 CARDI ACREHAB 0 3,936 86 3,897,511 0 69. 01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 8,347,052 0 39,680,538 0 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 6,119,835 0 72,934,740 376,337,818 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 6,119,835 0 72,934,740 376,337,818 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 10,272 4,444 10,782,765 0 74. 00 07400 RENAL DIALYSI S 0 10,272 4,444 10,782,765 0 74. 00 07400 RENAL DIALYSI S 0 10,272 4,444 10,782,765 0 74. 00 07400 RENAL DIALYSI S 0 10,272 4,444 10,782,765 0 74. 00 07400 RENAL DIALYSI S 0 10,272 4,444 10,782,765 0 74. 00 07400 RENAL DIALYSI S 0 07400		1 1	Ö					
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72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 26, 119, 835 0 91, 059, 721 0 72, 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 72, 934, 740 376, 337, 818 0 73.00 07400 RENAL DIALYSIS 0 10, 272 4, 444 10, 782, 765 0 74.00 07400 RENAL DIALYSIS 0 10, 272 4, 444 10, 782, 765 0 74.00 07400 RENAL DIALYSIS 0 10, 272 4, 444 10, 782, 765 0 74.00 07400 RENAL DIALYSIS 0 074.00 07400 RENAL DIALYSIS 0 074.00 09000 CLI IN IC 298 101, 883 0 4, 985, 038 0 90.00 09000 09000 CLI IN IC 184 22, 425 100, 069 4, 507, 595 0 90.01 09001 FAMILY PRACTICE CLINIC 184 22, 425 100, 069 4, 507, 595 0 90.01 09001 09001 FAMILY PRACTICE SERVICES 135 906 292 4, 939, 070 0 90.02 09003 09003 09003 09003 09003 09003 09003 09003 09003 09004		l l	o				-	
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OTHER REIMBURSABLE COST CENTERS O O O 13, 643 33, 506, 008 O 96. 00			721	205 (20	17	15 040 044	0	
96. 00	92.01		/31	285, 639	10	15, 949, 840	0	92.01
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 19, 529 78, 036, 331 73, 554, 875 2, 745, 546, 087 220 118. 00	96.00		0	0	13, 643	33, 506, 008	0	96. 00
NONRE MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 00								
190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 0 0 190. 00 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 0 24, 665 168, 110 2, 714, 063 0 192. 00 192. 01 19201 DEACONESS URGENT CARE 0 0 0 0 0 0 192. 01 192. 02 19202 HEARTCARE 0 0 0 0 0 0 0 0 0 192. 02 192. 03 19203 FAMI LY PHARMACY 0 212, 929 22, 480, 949 32, 378, 646 0 192. 03 194. 00 07950 0THER NONREI MBURSABLE COST CENTERS 0 9, 680 16, 196 0 0 0194. 00	118.00		19, 529	78, 036, 331	73, 554, 875	2, 745, 546, 087	220	118. 00
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES 0 24, 665 168, 110 2, 714, 063 0 192.00 192.01 19201 DEACONESS URGENT CARE 0 0 0 0 192.01 192.02 19202 HEARTCARE 0 0 0 0 0 192.02 192.03 19203 FAMI LY PHARMACY 0 212, 929 22, 480, 949 32, 378, 646 0 192.03 194.00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 9, 680 16, 196 0 0 194.00	190 00		0	O	0	0	0	190 00
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194. 00 07950 OTHER NONREI MBURSABLE COST CENTERS 0 9, 680 16, 196 0 0 194. 00			0	0	0	0		

COST ALLOCATION - STATISTICAL BASIS

207.00

NAHE unit cost multiplier (Wkst. D,

Parts III and IV)

Provi der CCN: 15-0082

Peri od: Worksheet B-1 From 10/01/2018 09/30/2019

207. 00

Date/Time Prepared: 2/27/2020 7:55 am Cost Center Description NURSI NG CENTRAL PHARMACY MEDI CAL SOCIAL SERVICE ADMI NI STRATI ON SERVICES & (COSTED RECORDS & REQUIS.) LI BRARY SUPPLY (TIME SPENT) (FTE'S (COSTED (GROSS NURSI NG) REQUIS.) CHARGES) 15.00 17.00 13.00 14.00 16.00 194.02 07952 OTHER FACILITIES 189 0 194. 02 194. 03 07953 THE HEART HOSPITAL 0 0 194. 03 0 0 0 0 0 0 0 0 0 0 0 194. 04 07954 PR 0 194. 04 278 194. 05 07955 CHILD CARE CENTER 0 194. 05 C 194.06 07956 CENTER OF LIFE BALANCE 0 0 0 194.06 194. 07 07957 UNIT 3200 - DEACONESS VNA 0 0 0 194. 07 194. 08 07958 HEALTHSOUTH 0 0 194. 08 C 194. 09 07959 HOME OFFICE 0 C 0 0 0 194. 09 200.00 Cross Foot Adjustments 200. 00 Negative Cost Centers 201.00 201. 00 11, 879, 611 1, 283, 905 202.00 Cost to be allocated (per Wkst. B, 5, 717, 184 5, 454, 503 7, 004, 566 202. 00 Part I) 203.00 Unit cost multiplier (Wkst. B, Part I) 292. 753546 0.069675 0.123463 0. 000462 31, 838. 936364 203. 00 204.00 Cost to be allocated (per Wkst. B, 709, 579 1, 104, 636 136, 893 179, 531 204. 00 811, 401 Part II) 0.011480 816. 050000 205. 00 205.00 Unit cost multiplier (Wkst. B, Part 41. 548518 0.009064 0.000049 II) 206.00 NAHE adjustment amount to be allocated 206. 00 (per Wkst. B-2)

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0082

					o 09/30/2019 	Date/lime Pre 2/27/2020 7:5	
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES (ASSI GNED TI ME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-CHAPLAIN (ASSIGNED TIME)	PARAMED ED PRGM-NURSI NG (ASSI GNED TI ME)	
		21.00	22.00	23.00	23. 01	23. 03	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01 2. 00	00101 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 01 2. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00	00500 ADMINISTRATIVE & GENERAL						5. 00
7.00	00700 OPERATION OF PLANT						7. 00
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A						10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON			•			13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY						14. 00
15.00	01500 PHARMACY						15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY						16. 00
17. 00	01700 SOCIAL SERVICE	F4 (00					17. 00
21. 00 22. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	51, 639	51, 639				21. 00 22. 00
23. 00	02300 PARAMED ED PRGM-PHARMACY		31,039	100			23. 00
23. 01	02301 PARAMED ED PRGM-CHAPLAIN			100	100		23. 01
23. 03	02303 PARAMED ED PRGM-NURSING					14, 843	23. 03
	INPATIENT ROUTINE SERVICE COST CENTERS			1			
30.00	03000 ADULTS & PEDIATRICS	24, 437	24, 437	1			1
31. 00 32. 00	03100 NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	798	798 0	i			31. 00 32. 00
40. 00	04000 SUBPROVI DER - I PF	l o	Ö	1		-	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4, 242	4, 242	1			1
54.00	05400 RADI OLOGY - DI AGNOSTI C	358	358	1	_	-	54.00
55. 00 56. 00	O5500 RADI OLOGY-THERAPEUTI C O5600 RADI OI SOTOPE	0	0		_	0	55. 00 56. 00
57. 00	05700 CT SCAN	0	0	_	_	0	57.00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		_	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	719	719	0	0	797	59. 00
60.00	06000 LABORATORY	0	0		_	0	60.00
64. 00 65. 00	06400 I NTRAVENOUS THERAPY	0	0	0		2	64.00
65. 01	06500 RESPI RATORY THERAPY 06501 PULMONARY REHAB		0	0	_	0	65. 00 65. 01
66. 00	06600 PHYSI CAL THERAPY	0	0	ő	_	Ö	66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	0	21	69. 00
69. 01	06901 CARDI AC REHAB	0	0	0	0	0	69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0				72. 00 73. 00
	07400 RENAL DIALYSIS	l o	Ö	1		Ĭ	
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLI NI C	0	0	0	_	0	
90. 01	09001 FAMILY PRACTICE CLINIC	16, 895	16, 895	i		-	
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO	0	0	0	_	0	90. 02 90. 03
90. 03		804	804		0	0	90.03
90. 05	09005 PAIN MANAGEMENT	264	264	1	0	72	1
90. 06	09006 WOUND CARE	0	0	0	0	400	
90. 07	09007 SLEEP CENTER	0	0	0	0	0	90. 07
90.08	09008 HEMATOLOGY 09009 MULTI -SPECIALTY CLINIC	0	0	0	0	0	90. 08 90. 09
91.00	09100 EMERGENCY	3, 122	3, 122	0	0	507	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,				92.00
92. 01		0	0	0	0	991	92. 01
	OTHER REIMBURSABLE COST CENTERS		_	1	_		
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	96. 00
118. 00		51, 639	51, 639	100	100	14 843	118. 00
110.00	NONREI MBURSABLE COST CENTERS	01,007	01,007	100	100	11,010	1110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0		192. 00
	19201 DEACONESS URGENT CARE 19202 HEARTCARE	0	0	0	0		192. 01 192. 02
	19202 HEARTCARE 19203 FAMILY PHARMACY		0	0			192. 02
	07950 OTHER NONREIMBURSABLE COST CENTERS		Ö	ő			194. 00
					·		

				''	0 09/30/2019	2/27/2020 7:5	
		INTERNS & F	RESI DENTS			272772020 710	<u> </u>
Cos	st Center Description	SERVI CES-SALAR S	ERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
		Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM-CHAPLAIN	PRGM-NURSI NG	
		(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	(ASSI GNED	
		TIME)	TI ME)	TIME)	TIME)	TIME)	
		21. 00	22. 00	23. 00	23. 01	23. 03	
	CUPATI ONAL HEALTH	0	0	0	0		194. 01
194. 02 07952 OTH		0	0	0	0		194. 02
	E HEART HOSPITAL	0	0	0	0		194. 03
194. 04 07954 PR	LB OARE OFFITER	0	0	0	0		194. 04
194. 05 07955 CHI		0	0	0	0		194. 05
	ITER OF LIFE BALANCE	0	0	0	0		194. 06
	T 3200 - DEACONESS VNA	0	0	0	0		194. 07
194. 08 07958 HEA		0	0	0	0		194. 08
194. 09 07959 HOM		0	O	0	0		194. 09
	oss Foot Adjustments						200. 00
	gative Cost Centers	0 005 704	0 470 0/4	105 510	400 7/4		201. 00
	st to be allocated (per Wkst. B,	2, 305, 724	2, 472, 261	435, 510	402, 764	821, 793	202.00
	t I) t cost multiplier (Wkst. B, Part I)	44. 650826	47. 875850	4, 355. 100000	4, 027. 640000	55. 365694	202 00
1 1	st to be allocated (per Wkst. B,	171, 078	90, 963	4, 355. 100000 38, 540		87, 140	
	to be allocated (per wkst. b,	171,078	70, 703	30, 340	00, 723	67, 140	204.00
	t cost multiplier (Wkst. B, Part	3, 312961	1. 761517	385. 400000	669. 230000	5. 870781	205. 00
11)		0.0.270.		000. 100000	0071200000	0.070701	200.00
	HE adjustment amount to be allocated			0	0	0	206. 00
	er Wkst. B-2)						
	HE unit cost multiplier (Wkst. D,			0. 000000	0. 000000	0. 000000	207. 00
Par	rts III and IV)						

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0082 Peri od: Worksheet C From 10/01/2018 Part I 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am Title XVIII Hospi tal PPS Costs Cost Center Description Total Cost Therapy Limit Total Costs RCF Total Costs from Wkst. B, Adj Di sal I owance Part I, col. 26) 1.00 2.00 3.00 4.00 5.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 30 00 03000 ADULTS & PEDIATRICS 110, 548, 085 110 548 085 445.039 110, 993, 124 23, 323, 828 23, 323, 828 03100 INTENSIVE CARE UNIT 23, 323, 828 31.00 31.00 03200 CORONARY CARE UNIT o 32.00 5, 681, 781 5, 681, 781 5, 681, 781 32.00 04000 SUBPROVIDER - IPF 40.00 1, 921, 567 1, 921, 567 1, 921, 567 40.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 102, 450, 181 102, 450, 181 627.351 103, 077, 532 50.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 17, 488, 446 17, 488, 446 325, 351 17, 813, 797 54.00 05500 RADI OLOGY-THERAPEUTI C 55 00 10, 587, 942 10, 587, 942 10, 587, 942 0 55 00 56.00 05600 RADI OI SOTOPE 3, 136, 705 3, 136, 705 0 3, 136, 705 56.00 57.00 05700 CT SCAN 7, 520, 977 7, 520, 977 0 7, 520, 977 57.00 5, 293, 176 05800 MAGNETIC RESONANCE I MAGING (MRI) 5, 293, 176 5, 293, 176 0 58.00 58.00 05900 CARDIAC CATHETERIZATION 17, 029, 786 59.00 17, 029, 786 0 17, 029, 786 59.00 60.00 06000 LABORATORY 48, 476, 639 48, 476, 639 159, 528 48, 636, 167 60.00 06400 INTRAVENOUS THERAPY 2, 819, 076 2, 819, 076 64.00 2, 819, 076 64.00 7, 922, 891 7, 922, 891 06500 RESPIRATORY THERAPY 1, 502 7, 924, 393 65 00 65 00 06501 PULMONARY REHAB 65.01 44,747 44, 747 44, 747 65.01 06600 PHYSI CAL THERAPY 12, 028, 269 12, 028, 269 0 12, 028, 269 66.00 66.00 06900 ELECTROCARDI OLOGY 69.00 5, 706, 124 5, 706, 124 0 5, 706, 124 69.00 06901 CARDI AC REHAB 0 1 053 964 1, 053, 964 1, 053, 964 69 01 69 01 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 10, 030, 596 10, 030, 596 0 10, 030, 596 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 31, 372, 748 31, 372, 748 0 31, 372, 748 72.00 73 00 07300 DRUGS CHARGED TO PATIENTS 92, 017, 377 92, 017, 377 ol 92, 017, 377 73 00 07400 RENAL DIALYSIS 74.00 1,876,587 1, 876, 587 1, 189 1,877,776 74.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 3, 455, 440 3, 455, 440 13, 106 3, 468, 546 90.00 09001 FAMILY PRACTICE CLINIC 90 01 1, 924, 277 1, 924, 277 1, 924, 277 90 01 90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES 1, 210, 897 1, 210, 897 0 1, 210, 897 90.02 09003 CHEMO 2, 777, 119 2, 777, 119 0 2, 777, 119 90.03 90.03 90.04 09004 PRIMARY CARE FOR SENIORS 1, 745, 731 1, 745, 731 0 1, 745, 731 90.04 09005 PAIN MANAGEMENT 4, 575, 382 4, 575, 382 90.05 4, 575, 382 0 90.05 90.06 09006 WOUND CARE 2, 106, 908 2, 106, 908 0 2, 106, 908 90.06 09007 SLEEP CENTER 3, 354, 782 3, 354, 782 3, 355, 659 90.07 877 90.07 90.08 09008 HEMATOLOGY 1, 010, 372 1, 010, 372 1, 010, 372 90.08 90.09 09009 MULTI-SPECIALTY CLINIC 829, 999 828, 153 828, 153 1.846 90.09 91.00 09100 EMERGENCY 31, 539, 044 31, 539, 044 623, 613 32, 162, 657 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 8, 322, 868 8, 322, 868 8, 322, 868 92.00 09201 OBSERVATION UNIT 8, 009, 324 8, 009, 324 92.01 8,009,324 92.01 OTHER REIMBURSABLE COST CENTERS 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 11, 739, 721 11, 739, 721 11, 739, 721 96.00 200.00 Subtotal (see instructions) 600, 931, 510 600, 931, 510 2, 199, 402 603, 130, 912 200. 00 8, 322, 868 201. 00

8, 322, 868

592, 608, 642

8, 322, 868

2, 199, 402

594, 808, 044 202. 00

592, 608, 642

201.00

202.00

Less Observation Beds

Total (see instructions)

	Titianciai Systems	DEACONESS			TIT LIE	u or rorm cws	2332-10
COMPUT	FATION OF RATIO OF COSTS TO CHARGES		Provider Co		Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Pre 2/27/2020 7:5	pared: 5 am
			Title	XVIII	Hospi tal	PPS	
			Charges	<u>'</u>			
	Cost Center Description	Inpatient	Outpati ent	Total (col. (Cost or Other	TEFRA	
	·	'		+ col. 7)	Ratio	Inpati ent	
						Rati o	
		6.00	7. 00	8.00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	183, 429, 582		183, 429, 58	2		30.00
31. 00	03100 I NTENSI VE CARE UNI T	66, 369, 919		66, 369, 91			31. 00
32. 00	03200 CORONARY CARE UNIT	17, 347, 015		17, 347, 01			32. 00
40. 00	04000 SUBPROVI DER - I PF	8, 668, 860		8, 668, 86	0		40. 00
	ANCILLARY SERVICE COST CENTERS	1					
50. 00	05000 OPERATING ROOM	201, 966, 117	266, 373, 838			0. 000000	
54.00	05400 RADI OLOGY-DI AGNOSTI C	40, 314, 719	102, 805, 047			0. 000000	
55. 00	05500 RADI OLOGY-THERAPEUTI C	1, 824, 449	63, 778, 362			0. 000000	
56. 00	05600 RADI 0I SOTOPE	5, 574, 086	22, 886, 808			0.000000	
57. 00	05700 CT SCAN	50, 075, 200	113, 753, 283			0. 000000	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	10, 355, 888	39, 817, 606			0.000000	
59.00	05900 CARDI AC CATHETERI ZATI ON	66, 033, 063	47, 020, 289			0.000000	
60.00	06000 LABORATORY	83, 497, 975	149, 566, 690			0.000000	
64. 00	06400 NTRAVENOUS THERAPY	7, 426, 706	269, 530			0.000000	
65.00	06500 RESPI RATORY THERAPY	83, 268, 052	8, 171, 184			0.000000	65. 00
65. 01	06501 PULMONARY REHAB	0	1, 310			0.000000	
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	50, 072, 688	30, 148, 927			0.000000	
69. 00	06901 CARDI AC REHAB	25, 868, 566 5, 090	41, 872, 405 3, 892, 421	3, 897, 51		0. 000000 0. 000000	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25, 108, 452	14, 572, 086			0.000000	
71.00	07200 I MPL. DEV. CHARGED TO PATTENTS	65, 574, 972	25, 484, 749			0. 000000	
73. 00	07300 DRUGS CHARGED TO PATIENTS	158, 428, 570	217, 909, 249			0.000000	
74.00	07400 RENAL DIALYSIS	9, 695, 708	1, 087, 057			0. 000000	
74.00	OUTPATIENT SERVICE COST CENTERS	7, 073, 700	1,007,037	10, 762, 70	0.174030	0.000000	74.00
90. 00	09000 CLINIC	15, 008	4, 970, 030	4, 985, 03	8 0. 693162	0. 000000	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	17, 184	4, 490, 411			0. 000000	
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	4, 939, 070			0. 000000	
90. 03	09003 CHEMO	199, 101	26, 141, 424			0. 000000	
90. 04	09004 PRIMARY CARE FOR SENIORS	13, 950	2, 262, 192			0. 000000	
90. 05	09005 PAIN MANAGEMENT	34, 036	38, 609, 219			0. 000000	
90. 06	09006 WOUND CARE	687, 881	9, 893, 144			0. 000000	
90. 07	09007 SLEEP CENTER	9, 121	9, 851, 234			0. 000000	
90. 08	09008 HEMATOLOGY	17, 563	4, 001, 025			0. 000000	
90. 09	09009 MULTI - SPECIALTY CLINIC	618	1, 279, 623			0.000000	
91.00	09100 EMERGENCY	94, 465, 186	167, 044, 672			0.000000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 460, 234	13, 371, 791			0. 000000	
92. 01	09201 OBSERVATI ON UNIT	6, 950, 630	8, 999, 216			0. 000000	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	33, 506, 008	33, 506, 00	8 0. 350377	0. 000000	96. 00
200.00	Subtotal (see instructions)	1, 266, 776, 189	1, 478, 769, 900	2, 745, 546, 08	9		200. 00
201.00	Less Observation Beds						201. 00
202.00	Total (see instructions)	1, 266, 776, 189	1, 478, 769, 900	2, 745, 546, 08	9		202. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Peri od: Worksheet C
		From 10/01/2018 Part I
		T- 00 (20 (2010 D-+- /T: D

				To 09/30/2019	
			Title XVIII	Hospi tal	PPS
	Cost Center Description	PPS Inpatient			
		Ratio			
		11. 00			
	NPATIENT ROUTINE SERVICE COST CENTERS				
	3000 ADULTS & PEDI ATRI CS				30.00
	3100 INTENSIVE CARE UNIT				31.00
	3200 CORONARY CARE UNIT				32.00
_	4000 SUBPROVI DER - I PF				40.00
	NCILLARY SERVICE COST CENTERS				
	5000 OPERATING ROOM	0. 220091			50.00
	5400 RADI OLOGY-DI AGNOSTI C	0. 124468			54. 00
	5500 RADI OLOGY-THERAPEUTI C	0. 161395			55. 00
	5600 RADI OI SOTOPE	0. 110211			56. 00
57. 00 0	5700 CT SCAN	0. 045908			57. 00
58. 00 0	5800 MAGNETIC RESONANCE IMAGING (MRI)	0. 105497			58. 00
59. 00 0	5900 CARDI AC CATHETERI ZATI ON	0. 150635			59.00
60.00 0	6000 LABORATORY	0. 208681			60.00
64.00 0	6400 I NTRAVENOUS THERAPY	0. 366293			64. 00
65.00 0	6500 RESPI RATORY THERAPY	0. 086663			65. 00
65. 01 0	6501 PULMONARY REHAB	34. 158015			65. 01
66. 00 0	6600 PHYSI CAL THERAPY	0. 149938			66. 00
69. 00 0	6900 ELECTROCARDI OLOGY	0. 084234			69.00
69. 01 0	6901 CARDI AC REHAB	0. 270420			69. 01
71. 00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 252784			71.00
72. 00 0	7200 IMPL. DEV. CHARGED TO PATIENTS	0. 344529			72. 00
73. 00 0	7300 DRUGS CHARGED TO PATIENTS	0. 244507			73. 00
74. 00 0	7400 RENAL DIALYSIS	0. 174146			74. 00
Ol	UTPATIENT SERVICE COST CENTERS				
90. 00 0	9000 CLI NI C	0. 695791			90.00
90. 01 0	9001 FAMILY PRACTICE CLINIC	0. 426897			90. 01
90. 02 0	9002 OUTPATIENT PSYCHIATRIC SERVICES	0. 245167			90. 02
90. 03 0	9003 CHEMO	0. 105431			90. 03
90. 04 0	9004 PRIMARY CARE FOR SENIORS	0. 766969			90. 04
90. 05 0	9005 PAIN MANAGEMENT	0. 118401			90. 05
90. 06 0	9006 WOUND CARE	0. 199121			90.06
90. 07 0	9007 SLEEP CENTER	0. 340318			90. 07
90. 08 0	9008 HEMATOLOGY	0. 251425			90. 08
	9009 MULTI-SPECIALTY CLINIC	0. 648315			90. 09
	9100 EMERGENCY	0. 122988			91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 494466			92.00
	9201 OBSERVATI ON UNI T	0. 502157			92. 01
	THER REIMBURSABLE COST CENTERS	2.002.07			,2.01
_	9600 DURABLE MEDICAL EQUIP-RENTED	0. 350377			96. 00
200.00	Subtotal (see instructions)				200. 00
201.00	Less Observation Beds				201. 00
202.00	Total (see instructions)				202. 00
	(/	1			1=32. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der Co		Period: From 10/01/2018 Fo 09/30/2019	Worksheet C Part I Date/Time Pre 2/27/2020 7:5	pared:
		Ti tl	e XIX	Hospi tal	PPS	<u> </u>
				Costs		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	110, 548, 085		110, 548, 08	445, 039	110, 993, 124	
31.00 03100 INTENSIVE CARE UNIT	23, 323, 828		23, 323, 82		-,, -	31. 00
32. 00 03200 CORONARY CARE UNIT	5, 681, 781		5, 681, 78			
40. 00 04000 SUBPROVI DER - I PF	1, 921, 567		1, 921, 56	7 0	1, 921, 567	40. 00
ANCILLARY SERVICE COST CENTERS	T.	T	T.			
50. 00 05000 OPERATI NG ROOM	102, 450, 181		102, 450, 18		103, 077, 532	50. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	17, 488, 446		17, 488, 44		17, 813, 797	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	10, 587, 942		10, 587, 94		10, 587, 942	55. 00
56. 00 05600 RADI OI SOTOPE	3, 136, 705		3, 136, 70		3, 136, 705	56. 00
57. 00 05700 CT SCAN	7, 520, 977		7, 520, 97		7, 520, 977	57. 00
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 59. 00 05900 CARDIAC CATHETERIZATION	5, 293, 176		5, 293, 17		5, 293, 176	58. 00 59. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	17, 029, 786 48, 476, 639		17, 029, 78		17, 029, 786	
64. 00 06400 I NTRAVENOUS THERAPY	2, 819, 076		48, 476, 63° 2, 819, 07°		48, 636, 167 2, 819, 076	60. 00 64. 00
65. 00 06500 RESPI RATORY THERAPY	7, 922, 891				7, 924, 393	65. 00
65. 01 06501 PULMONARY REHAB	44, 747				44, 747	65. 01
66. 00 06600 PHYSI CAL THERAPY	12, 028, 269				12, 028, 269	66. 00
69. 00 06900 ELECTROCARDI OLOGY	5, 706, 124		5, 706, 12		5, 706, 124	69. 00
69. 01 06901 CARDI AC REHAB	1, 053, 964		1, 053, 96		1, 053, 964	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 030, 596		10, 030, 59		10, 030, 596	71. 00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	31, 372, 748		31, 372, 74		31, 372, 748	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	92, 017, 377		92, 017, 37		92, 017, 377	73. 00
74.00 07400 RENAL DIALYSIS	1, 876, 587		1, 876, 58		1, 877, 776	74. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	3, 455, 440		3, 455, 440	13, 106	3, 468, 546	90.00
90.01 09001 FAMILY PRACTICE CLINIC	1, 924, 277		1, 924, 27	7 0	1, 924, 277	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 210, 897		1, 210, 89	7 0	1, 210, 897	90. 02
90. 03 09003 CHEMO	2, 777, 119		2, 777, 11		2, 777, 119	90. 03
90.04 09004 PRIMARY CARE FOR SENIORS	1, 745, 731		1, 745, 73		1, 745, 731	90. 04
90. 05 O9005 PAIN MANAGEMENT	4, 575, 382		4, 575, 38		4, 575, 382	90. 05
90. 06 09006 WOUND CARE	2, 106, 908		2, 106, 90		2, 106, 908	90. 06
90. 07 09007 SLEEP CENTER	3, 354, 782		3, 354, 78		3, 355, 659	90. 07
90. 08 09008 HEMATOLOGY	1, 010, 372		1, 010, 37		1, 010, 372	90. 08
90. 09 09009 MULTI - SPECIALTY CLINIC	828, 153		828, 153		829, 999	90. 09
91. 00 09100 EMERGENCY	31, 539, 044		31, 539, 04		32, 162, 657	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 322, 868		8, 322, 86		8, 322, 868	92.00
92. 01 09201 OBSERVATI ON UNI T OTHER REI MBURSABLE COST CENTERS	8, 009, 324		8, 009, 32	4 0	8, 009, 324	92. 01
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED	11, 739, 721		11, 739, 72	1 0	11, 739, 721	96. 00
200.00 Subtotal (see instructions)	600, 931, 510					
201.00 Less Observation Beds	8, 322, 868		8, 322, 86		8, 322, 868	
202.00 Total (see instructions)	592, 608, 642					202. 00
	1 3,2,333,012	1	1 0,2,000,01.		37.1,000,011	

	ATION OF RATIO OF COSTS TO CHARGES		Provider Co	CN: 15-0082	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Pre 2/27/2020 7:5	
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpati ent	+ col . 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	T	6. 00	7. 00	8. 00	9. 00	10. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS				_1		
30.00	03000 ADULTS & PEDI ATRI CS	183, 429, 582		183, 429, 58			30. 00
31. 00	03100 I NTENSI VE CARE UNI T	66, 369, 919		66, 369, 91			31. 00
32.00	03200 CORONARY CARE UNIT	17, 347, 015		17, 347, 01			32.00
40. 00	04000 SUBPROVI DER - I PF	8, 668, 860		8, 668, 86	0		40. 00
F0 00	ANCILLARY SERVICE COST CENTERS	004 077 447	0// 070 000	4/0.000.05	0.040750	0.00000	F0 00
50.00	05000 OPERATING ROOM	201, 966, 117	266, 373, 838			0.000000	
54.00	05400 RADI OLOGY - DI AGNOSTI C	40, 314, 719	102, 805, 047	143, 119, 76		0.000000	
55.00	05500 RADI OLOGY-THERAPEUTI C	1, 824, 449	63, 778, 362	65, 602, 81		0.000000	
56.00	05600 RADI OI SOTOPE	5, 574, 086	22, 886, 808			0.000000	
57. 00	05700 CT SCAN	50, 075, 200	113, 753, 283	163, 828, 48		0.000000	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	10, 355, 888	39, 817, 606			0.000000	
59.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	66, 033, 063	47, 020, 289	113, 053, 35		0.000000	
60. 00 64. 00	06400 I NTRAVENOUS THERAPY	83, 497, 975	149, 566, 690	233, 064, 66		0. 000000 0. 000000	
	1	7, 426, 706	269, 530				
65. 00	06500 RESPIRATORY THERAPY	83, 268, 052 0	8, 171, 184	91, 439, 23		0.000000	
65. 01	06501 PULMONARY REHAB	_	1, 310			0.000000	
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	50, 072, 688 25, 868, 566	30, 148, 927 41, 872, 405	80, 221, 61 67, 740, 97		0. 000000 0. 000000	
69. 00	06901 CARDI AC REHAB	25, 868, 566	3, 892, 421	3, 897, 51		0. 000000	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25, 108, 452	14, 572, 086	39, 680, 53		0. 000000	
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	65, 574, 972	25, 484, 749			0. 000000	
73. 00	07300 DRUGS CHARGED TO PATIENTS	158, 428, 570	217, 909, 249			0. 000000	
74. 00	07400 RENAL DIALYSIS	9, 695, 708	1, 087, 057	10, 782, 76		0. 000000	
74.00	OUTPATIENT SERVICE COST CENTERS	7,075,700	1,007,037	10, 762, 70	5 0. 174030	0.000000	74.00
90. 00	09000 CLINIC	15, 008	4, 970, 030	4, 985, 03	8 0. 693162	0. 000000	90.00
90. 01	09001 FAMILY PRACTICE CLINIC	17, 184	4, 490, 411	4, 507, 59		0. 000000	
90. 01	09002 OUTPATIENT PSYCHIATRIC SERVICES	17, 104	4, 939, 070			0. 000000	
90. 02	09003 CHEMO	199, 101	26, 141, 424	26, 340, 52		0. 000000	
90. 04	09004 PRI MARY CARE FOR SENI ORS	13, 950	2, 262, 192	2, 276, 14		0. 000000	
90. 05	09005 PAIN MANAGEMENT	34, 036	38, 609, 219	38, 643, 25		0. 000000	
90. 06	09006 WOUND CARE	687, 881	9, 893, 144	10, 581, 02		0. 000000	
90. 07	09007 SLEEP CENTER	9, 121	9, 851, 234	9, 860, 35		0. 000000	
90. 08	09008 HEMATOLOGY	17, 563	4, 001, 025	4, 018, 58		0. 000000	
90. 09	09009 MULTI -SPECIALTY CLINIC	618	1, 279, 623	1, 280, 24		0. 000000	
91. 00	09100 EMERGENCY	94, 465, 186	167, 044, 672	261, 509, 85		0. 000000	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3, 460, 234	13, 371, 791	16, 832, 02		0. 000000	
92. 01	09201 OBSERVATI ON UNI T	6, 950, 630	8, 999, 216			0. 000000	
, 2. 31	OTHER REIMBURSABLE COST CENTERS	5,755,666	3, , , , , 210	1 .5, , . , , 6 1	5. 552 107	3. 333000	1
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	33, 506, 008	33, 506, 00	8 0. 350377	0. 000000	96. 00
200.00		_	1, 478, 769, 900				200. 00
201.00							201. 00
202.00		1, 266, 776, 189	1, 478, 769, 900	2, 745, 546, 08	9		202. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 15-0082	Peri od: Worksheet C
		From 10/01/2018 Part I
		T- 00 (20 (2010 D-+- /T: D

				To 09/30/2019	Part Date/Time Prepared: 2/27/2020 7:55 am
			Title XIX	Hospi tal	PPS
	Cost Center Description	PPS Inpatient			
	,	Ratio			
		11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDI ATRI CS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32. 00
40.00	04000 SUBPROVI DER - I PF				40.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATI NG ROOM	0. 220091			50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 124468			54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 161395			55. 00
56.00	05600 RADI 0I SOTOPE	0. 110211			56. 00
57.00	05700 CT SCAN	0. 045908			57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 105497			58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 150635			59. 00
60.00	06000 LABORATORY	0. 208681			60. 00
64.00	06400 I NTRAVENOUS THERAPY	0. 366293			64. 00
65.00	06500 RESPI RATORY THERAPY	0. 086663			65. 00
65. 01	06501 PULMONARY REHAB	34. 158015			65. 01
66.00	06600 PHYSI CAL THERAPY	0. 149938			66. 00
69. 00	06900 ELECTROCARDI OLOGY	0. 084234			69. 00
69. 01	06901 CARDI AC REHAB	0. 270420			69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 252784			71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 344529			72.00
	07300 DRUGS CHARGED TO PATIENTS	0. 244507			73. 00
74.00	07400 RENAL DI ALYSI S	0. 174146			74. 00
	OUTPATIENT SERVICE COST CENTERS				
	09000 CLI NI C	0. 695791			90.00
	09001 FAMILY PRACTICE CLINIC	0. 426897			90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 245167			90. 02
	09003 CHEM0	0. 105431			90. 03
	09004 PRI MARY CARE FOR SENI ORS	0. 766969			90. 04
90. 05	09005 PAIN MANAGEMENT	0. 118401			90. 05
	09006 WOUND CARE	0. 199121			90.06
	09007 SLEEP CENTER	0. 340318			90. 07
	09008 HEMATOLOGY	0. 251425			90. 08
	09009 MULTI - SPECIALTY CLINIC	0. 648315			90.09
	09100 EMERGENCY	0. 122988			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 494466			92.00
92. 01	09201 OBSERVATI ON UNI T	0. 502157			92. 01
04 00	OTHER REIMBURSABLE COST CENTERS	0.250277			0/ 00
	09600 DURABLE MEDICAL EQUIP-RENTED	0. 350377			96.00
200. 00 201. 00					200. 00 201. 00
201.00	1				201.00
202.00	Trotal (see Histructions)	1			_{[202} , 00

Heal th Financial Systems

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY Provider CCN: 15-0082

					10 09/30/2019	2/27/2020 7:5	pared: 5 am
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	Total Cost	Capital Cost	Operating Cos	t Capi tal	Operating Cost	
		(Wkst. B, Part	(Wkst. B, Part	Net of Capita	I Reduction	Reduction	
		I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
				col . 2)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS				_		
50. 00	05000 OPERATI NG ROOM	102, 450, 181	10, 863, 766			-	50. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	17, 488, 446					54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	10, 587, 942				-	55. 00
56. 00	05600 RADI OI SOTOPE	3, 136, 705				-	56. 00
57.00	05700 CT SCAN	7, 520, 977					57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5, 293, 176				_	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	17, 029, 786				-	59. 00
60. 00	06000 LABORATORY	48, 476, 639					60. 00
64. 00	06400 I NTRAVENOUS THERAPY	2, 819, 076				-	64.00
65. 00	06500 RESPI RATORY THERAPY	7, 922, 891	523, 859				65. 00
65. 01	06501 PULMONARY REHAB	44, 747	2, 628				65. 01
66. 00	06600 PHYSI CAL THERAPY	12, 028, 269	473, 466	11, 554, 80		_	66. 00
69. 00	06900 ELECTROCARDI OLOGY	5, 706, 124	1, 075, 875	4, 630, 24			69. 00
69. 01	06901 CARDI AC REHAB	1, 053, 964	169, 631	884, 33	3 0	0	69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 030, 596	264, 693	9, 765, 90	3 0	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	31, 372, 748	826, 669	30, 546, 07	9 0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	92, 017, 377	2, 490, 520	89, 526, 85	7 0	0	73. 00
74.00	07400 RENAL DI ALYSI S	1, 876, 587	63, 998	1, 812, 58	9 0	0	74. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	3, 455, 440			2 0	0	90. 00
90. 01	09001 FAMILY PRACTICE CLINIC	1, 924, 277	189, 138	1, 735, 13	9 0	0	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 210, 897	35, 109	1, 175, 78	8 0	0	90. 02
90. 03	09003 CHEMO	2, 777, 119	466, 662	2, 310, 45	7 0	0	90. 03
90. 04	09004 PRIMARY CARE FOR SENIORS	1, 745, 731	82, 444	1, 663, 28	7 0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	4, 575, 382	451, 063	4, 124, 31	9 0	0	90. 05
90.06	09006 WOUND CARE	2, 106, 908		1, 943, 87	4 0	0	90. 06
90. 07	09007 SLEEP CENTER	3, 354, 782	247, 732	3, 107, 05	0 0	0	90. 07
90.08	09008 HEMATOLOGY	1, 010, 372	119, 152	891, 22	0 0	0	90. 08
90.09	09009 MULTI-SPECIALTY CLINIC	828, 153	226, 508	601, 64	5 0	0	90. 09
91.00	09100 EMERGENCY	31, 539, 044	2, 393, 629	29, 145, 41	5 0	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 322, 868	1, 056, 663	7, 266, 20	5 0	0	92. 00
92. 01	09201 OBSERVATI ON UNI T	8, 009, 324	1, 198, 637	6, 810, 68	7 0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	11, 739, 721	692, 509	11, 047, 21	2 0	0	96. 00
200.00	Subtotal (sum of lines 50 thru 199)	459, 456, 249	38, 949, 004	420, 507, 24	5 0	0	200. 00
201.00	Less Observation Beds	8, 322, 868	1, 056, 663	7, 266, 20			201. 00
202.00	Total (line 200 minus line 201)	451, 133, 381	37, 892, 341	413, 241, 04	0 0	0	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet C | From 10/01/2018 | Part II | To 09/30/2019 | Date/Time Prepared: 2/27/2020 7:55 am REDUCTIONS FOR MEDICALD ONLY

						2/27/2020 7:55 am
				e XIX	Hospi tal	PPS
	Cost Center Description	Cost Net of	Total Charges			
		Capital and	(Worksheet C,			
		Operating Cost			6	
		Reducti on	8)	/ col. 7)		
		6. 00	7. 00	8. 00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	102, 450, 181	468, 339, 955	0. 21875	52	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	17, 488, 446	143, 119, 766	0. 12219	94	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	10, 587, 942	65, 602, 811	0. 16139	95	55. 00
56.00	05600 RADI OI SOTOPE	3, 136, 705	28, 460, 894	0. 11021	1	56. 00
57.00	05700 CT SCAN	7, 520, 977	163, 828, 483	0. 04590)8	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5, 293, 176	50, 173, 494	0. 10549	97	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	17, 029, 786	113, 053, 352	0. 15063	35	59.00
60.00	06000 LABORATORY	48, 476, 639	233, 064, 665	0. 20799	97	60.00
64.00	06400 I NTRAVENOUS THERAPY	2, 819, 076	7, 696, 236	0. 36629	93	64. 00
65.00	06500 RESPI RATORY THERAPY	7, 922, 891	91, 439, 236	0. 08664	<u>1</u> 7	65. 00
65. 01	06501 PULMONARY REHAB	44, 747	1, 310	34. 15801	5	65. 01
66.00	06600 PHYSI CAL THERAPY	12, 028, 269	80, 221, 615	0. 14993	38	66. 00
69.00	06900 ELECTROCARDI OLOGY	5, 706, 124	67, 740, 971	0. 08423	34	69.00
69. 01	06901 CARDI AC REHAB	1, 053, 964			20	69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10, 030, 596				71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	31, 372, 748				72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	92, 017, 377		1		73. 00
74. 00	07400 RENAL DI ALYSI S	1, 876, 587				74. 00
	OUTPATIENT SERVICE COST CENTERS	, , , , , ,				
90.00	09000 CLI NI C	3, 455, 440	4, 985, 038	0. 69316	2	90.00
	09001 FAMILY PRACTICE CLINIC	1, 924, 277		•		90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1, 210, 897				90. 02
90. 03	09003 CHEMO	2, 777, 119				90. 03
	09004 PRIMARY CARE FOR SENIORS	1, 745, 731		•		90. 04
	09005 PAIN MANAGEMENT	4, 575, 382				90. 05
90. 06	09006 WOUND CARE	2, 106, 908				90.06
90. 07	09007 SLEEP CENTER	3, 354, 782		•		90. 07
90. 08	09008 HEMATOLOGY	1, 010, 372		•		90. 08
90. 09	09009 MULTI -SPECIALTY CLINIC	828, 153				90.09
91. 00	09100 EMERGENCY	31, 539, 044				91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 322, 868				92.00
92. 01	09201 OBSERVATION UNIT	8, 009, 324				92. 01
72.01	OTHER REIMBURSABLE COST CENTERS	0,007,324	15, 747, 040	0.30210	′′	72.01
96 00	09600 DURABLE MEDICAL EQUIP-RENTED	11, 739, 721	33, 506, 008	0. 35037	17	96. 00
200.00			2, 469, 730, 713		'	200.00
201.00		8, 322, 868		1		201. 00
201.00			2, 469, 730, 713	1		202. 00
202.00		1 401, 100, 301	Z, +U7, /JU, / IJ	'l	1	1202.00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider Co		Period: From 10/01/2018 To 09/30/2019	Date/Time Pre 2/27/2020 7:5	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
		Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
		(from Wkst. B,		Related Cost			
		Part II, col.		(col. 1 - col			
		26)		2)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14, 091, 609		, ,			
31.00	INTENSIVE CARE UNIT	2, 336, 206		2, 336, 20	6 17, 918	130. 38	
32.00	CORONARY CARE UNIT	424, 560		424, 56	0 4, 418	96. 10	32. 00
40.00	SUBPROVI DER - I PF	196, 223	0	196, 22	3, 518	55. 78	40.00
200.00	Total (lines 30 through 199)	17, 048, 598		17, 048, 59	8 156, 840		200. 00
	Cost Center Description	I npati ent	I npati ent				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6. 00	7. 00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	52, 430	5, 640, 419				30. 00
31.00	INTENSIVE CARE UNIT	8, 123	1, 059, 077				31. 00
32.00	CORONARY CARE UNIT	1, 876	180, 284				32. 00
40.00	SUBPROVIDER - IPF	1, 043	58, 179				40.00
200.00	Total (lines 30 through 199)	63, 472	6, 937, 959				200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Pre 2/27/2020 7:5	pared: 5 am
		Ti tl e	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cost	Inpati ent	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	10, 863, 766				1, 812, 784	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 832, 196				359, 637	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	689, 431			·		55. 00
56. 00 05600 RADI 0I SOTOPE	548, 969				59, 004	56. 00
57. 00 05700 CT SCAN	1, 979, 438					57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 619, 646				138, 560	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 576, 665		1		687, 031	
60. 00 06000 LABORATORY	4, 159, 973				641, 488	60. 00
64.00 06400 INTRAVENOUS THERAPY	123, 433				55, 291	64. 00
65. 00 06500 RESPI RATORY THERAPY	523, 859		1		228, 623	65. 00
65. 01 06501 PULMONARY REHAB	2, 628				0	65. 01
66. 00 06600 PHYSI CAL THERAPY	473, 466				147, 598	66. 00
69. 00 06900 ELECTROCARDI OLOGY	1, 075, 875				191, 394	69. 00
69. 01 06901 CARDI AC REHAB	169, 631				88	69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 693				66, 263	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	826, 669				263, 821	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 490, 520				457, 920	73. 00
74. 00 07400 RENAL DIALYSIS	63, 998	10, 782, 765	0. 00593	5, 703, 227	33, 849	74.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	341, 868			9 7, 294	500	90.00
90.01 09001 FAMILY PRACTICE CLINIC	189, 138			- '	198	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	35, 109				0	90. 02
90. 03 09003 CHEMO	466, 662			73, 727	1, 306	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	82, 444			1 9, 175	332	90. 04
90. 05 09005 PAI N MANAGEMENT	451, 063	38, 643, 255	0. 01167	2 1, 766	21	90. 05
90. 06 09006 WOUND CARE	163, 034	10, 581, 025			4, 722	90. 06
90. 07 09007 SLEEP CENTER	247, 732	9, 860, 355	0. 02512	4 1, 358	34	90. 07
90. 08 09008 HEMATOLOGY	119, 152	4, 018, 588	0. 02965	0 8, 061	239	90. 08
90. 09 09009 MULTI-SPECIALTY CLINIC	226, 508	1, 280, 241	0. 17692	6 0	0	90. 09
91. 00 09100 EMERGENCY	2, 393, 629	261, 509, 858	0. 00915	39, 383, 389	360, 476	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 056, 663	16, 832, 025	0. 06277	7 2, 449, 732	153, 787	92. 00
92. 01 09201 OBSERVATION UNIT	1, 198, 637	15, 949, 846	0. 07515	0 3, 522, 682	264, 730	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	692, 509				0	96. 00
200.00 Total (lines 50 through 199)	38, 949, 004	2, 469, 730, 713	3	431, 348, 739	6, 188, 579	200. 00

Wealth Financial Systems	DEACONESS	HOSDITAL		In Lie	eu of Form CMS-:	2552 10
Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA		TS Provi der C	F	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part III Date/Time Pre 2/27/2020 7:5	pared:
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Nursing School	Allied Health	Allied Health	All Other	
	Post-Stepdown		Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	C	0	(759, 819	0	30.00
31.00 03100 INTENSIVE CARE UNIT	C	0		237, 463	0	31.00
32. 00 03200 CORONARY CARE UNIT	C	ol o) (0	0	32.00
40. 00 04000 SUBPROVI DER - 1 PF				0	0	40.00
200.00 Total (lines 30 through 199)				997, 282	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient	
	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,	,-			
	instructions)					
	4.00	5.00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		•	•			
30. 00 03000 ADULTS & PEDI ATRI CS	C	759, 819	130, 986	5. 80	52, 430	30.00
31.00 03100 INTENSIVE CARE UNIT		237, 463	17, 918	13. 25	8, 123	31.00
32. 00 03200 CORONARY CARE UNIT		0	4, 418	0.00	1, 876	32.00
40. 00 04000 SUBPROVI DER - 1 PF	0	ol o	3, 518	0.00	1, 043	40.00
200.00 Total (lines 30 through 199)		997, 282			63, 472	200.00
Cost Center Description	I npati ent	· ·		<u>'</u>		
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	0.00					

9.00

304, 094 107, 630

0 0 411, 724 30. 00 31. 00

32.00

40. 00 200. 00

30. 00 03000 ADULTS & PEDIATRICS
31. 00 03100 INTENSIVE CARE UNIT

32. 00 | 03200 | CORONARY CARE UNIT 40. 00 | 04000 | SUBPROVI DER - I PF 200. 00 | Total (lines 30 through 199)

| Peri od: | Worksheet D | Part IV | To | 09/30/2019 | Date/Time | Prepared: | 2/2/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 | 7/5/2020 THROUGH COSTS

				'	0 07/30/2017	2/27/2020 7:5	
			Titl∈	XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	·	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1. 00	2A	2. 00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0) (0	72, 806	50. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0) (0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0) (0	0	55. 00
56.00	05600 RADI OI SOTOPE	0	0) (0	0	56. 00
57.00	05700 CT SCAN	0	0) (0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0) (0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0) (0	44, 126	59. 00
60.00	06000 LABORATORY	0	0) (0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0	0) (o	111	64. 00
65.00	06500 RESPI RATORY THERAPY	0	0) (o	0	65. 00
65. 01	06501 PULMONARY REHAB	0	0) (o	0	65. 01
66.00	06600 PHYSI CAL THERAPY	0	0) (o	0	66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0) (o	1, 163	69. 00
69. 01	06901 CARDI AC REHAB	0	Ö) (o	0	69. 01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	Ö) (o	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	Ö) (o	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0) (o	435, 510	73. 00
74.00	07400 RENAL DIALYSIS	0	0) (o	0	74. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0)	0	0	90. 00
90. 01	09001 FAMILY PRACTICE CLINIC	0	0) (0	0	90. 01
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0) (0	0	90. 02
90. 03	09003 CHEMO	0	0) (0	0	90. 03
90.04	09004 PRIMARY CARE FOR SENIORS	0	0) (0	0	90. 04
90.05	09005 PAIN MANAGEMENT	0	0) (0	3, 986	90. 05
90.06	09006 WOUND CARE	0	0) (0	22, 146	90. 06
90. 07	09007 SLEEP CENTER	0	0) (0	0	90. 07
90. 08	09008 HEMATOLOGY	0	Ö) (o	0	90. 08
90.09	09009 MULTI - SPECIALTY CLINIC	0	Ö) (o	0	90. 09
91.00	09100 EMERGENCY	0	Ö) (o	28, 070	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				56, 978	92. 00
92. 01	09201 OBSERVATION UNIT	0	0) (o	54, 867	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	C)	0	0	96. 00
200.00	Total (lines 50 through 199)	0	0) (0	719, 763	200. 00

Health Financial Systems	DEACONESS HOSPITAL		In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS Provider CO	N: 15-0082 Peri	od: Worksheet D

From 10/01/2018 Part IV To 09/30/2019 Date/Tim THROUGH COSTS Date/Time Prepared: 2/27/2020 7:55 am Title XVIII Hospi tal All Other Cost Center Description Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost Cost (sum of 1, 2, 3, and Part I, col. (col. 5 ÷ col 4) col s. 2, 3, 8) and 4) 4.00 5.00 6.00 7.00 8.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 00 72, 806 468, 339, 955 0.000155 50.00 72, 806 54.00 05400 RADI OLOGY-DI AGNOSTI C 143, 119, 766 0.000000 54.00 05500 RADI OLOGY-THERAPEUTI C 65, 602, 811 0.000000 55.00 00000000000 0 55.00 05600 RADI OI SOTOPE 28, 460, 894 0.000000 56.00 0 56.00 05700 CT SCAN 163, 828, 483 0.000000 57.00 Ω 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 50, 173, 494 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 44, 126 44, 126 113, 053, 352 0.000390 59.00 06000 LABORATORY 0.000000 60 00 C O 233, 064, 665 60 00 06400 I NTRAVENOUS THERAPY 64.00 111 111 7, 696, 236 0.000014 64.00 65.00 06500 RESPIRATORY THERAPY 91, 439, 236 0.000000 65.00 06501 PULMONARY REHAB 65.01 0 0 1, 310 0.000000 65.01 06600 PHYSI CAL THERAPY 80, 221, 615 0 000000 66 00 66 00 0 69.00 06900 ELECTROCARDI OLOGY 1, 163 1, 163 67, 740, 971 0.000017 69.00 06901 CARDI AC REHAB 0 0 3, 897, 511 0.000000 69.01 0 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 39, 680, 538 71 00 O 0.000000 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 91, 059, 721 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 0 435, 510 435, 510 376, 337, 819 0.001157 73.00 74.00 07400 RENAL DIALYSIS 10, 782, 765 0.000000 74.00 OUTPATIENT SERVICE COST CENTERS 00 90.00 09000 CLI NI C 4, 985, 038 0.000000 90.00 09001 FAMILY PRACTICE CLINIC 4, 507, 595 0.000000 90.01 90.01 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0000000000 0 0 4, 939, 070 0.000000 90.02 90.03 09003 CHEMO 0 26, 340, 525 0.000000 90.03 Ω 09004 PRIMARY CARE FOR SENIORS 90.04 0 2, 276, 142 0.000000 90.04 3, 986 09005 PAIN MANAGEMENT 3, 986 0.000103 90.05 38, 643, 255 90.05 09006 WOUND CARE 10, 581, 025 90.06 22, 146 22, 146 0.002093 90.06 9, 860, 355 09007 SLEEP CENTER 0.000000 90.07 C 0 90.07 90.08 09008 HEMATOLOGY 0 4, 018, 588 0.000000 90.08 C 09009 MULTI-SPECIALTY CLINIC 90.09 1, 280, 241 0.000000 90.09 91.00 09100 EMERGENCY 28, 070 28.070 261, 509, 858 0.000107 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 56, 978 56, 978 16, 832, 025 0.003385 92 00 <u>54</u>, 867 09201 OBSERVATION UNIT 54, 867 15, 949, 846 0.003440 92.01 92.01 OTHER REIMBURSABLE COST CENTERS 0.000000 96.00 09600 DURABLE MEDICAL EQUIP-RENTED 33, 506, 008 96, 00

719, 763

719, 763 2, 469, 730, 713

200.00

200.00

Total (lines 50 through 199)

Health Financial Systems	DEACONESS H	HOSPI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provi der CCN: 15-008.	Peri od: From 10/01/2018 To 09/30/2019	1
		Title XVIII	Hospi tal	PPS
Cost Center Description	Outpati ent	Inpatient Inpatie	nt Outpatient	Outpati ent

THROUGH COSTS			To	09/30/2019	Date/Time Prep 2/27/2020 7:5	pared: 5 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col. 8		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9. 00	10. 00	11. 00	12. 00	13. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 000155	78, 150, 716		52, 263, 230	8, 101	50. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	18, 173, 564	0	27, 256, 276	0	54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	680, 374	0	25, 123, 699	0	55. 00
56. 00 05600 RADI OI SOTOPE	0. 000000	3, 058, 969	0	7, 828, 121	0	56. 00
57. 00 05700 CT SCAN	0. 000000	20, 835, 368	0	32, 949, 908	0	57. 00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	4, 292, 310	0	9, 794, 423	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000390	30, 143, 532	11, 756	20, 615, 511	8, 040	59.00
60. 00 06000 LABORATORY	0. 000000	35, 939, 730	0	15, 655, 371	0	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000014	3, 447, 521	48	84, 266	1	64.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	39, 906, 213	0	2, 089, 727	0	65.00
65. 01 06501 PULMONARY REHAB	0. 000000	0	0	0	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	25, 008, 153	0	816, 673	0	66.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000017	12, 050, 986	205	15, 996, 016	272	69.00
69. 01 06901 CARDI AC REHAB	0. 000000	2, 030	0	1, 675, 787	0	69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	9, 932, 927	0	4, 219, 087	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	29, 061, 564	0	9, 816, 626	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001157	69, 193, 163	80, 056	83, 444, 944	96, 546	73.00
74. 00 07400 RENAL DIALYSIS	0. 000000	5, 703, 227	0	41, 178	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0. 000000	7, 294	0	2, 029, 959	0	90.00
90. 01 09001 FAMILY PRACTICE CLINIC	0. 000000	4, 722	0	397, 766	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 000000	0	0	185, 713	0	90. 02
90. 03 09003 CHEMO	0. 000000	73, 727	0	10, 306, 730	0	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	0. 000000	9, 175	0	1, 427, 955	0	90. 04
90. 05 09005 PAIN MANAGEMENT	0. 000103	1, 766	0	15, 578, 835	1, 605	90. 05
90. 06 09006 WOUND CARE	0. 002093	306, 486	641	5, 332, 036	11, 160	90. 06
90. 07 09007 SLEEP CENTER	0. 000000	1, 358	0	2, 839, 171	0	90. 07
90. 08 09008 HEMATOLOGY	0. 000000	8, 061	0	1, 605, 273	0	90. 08
90. 09 09009 MULTI - SPECIALTY CLINIC	0. 000000	0	0	470, 701	0	90. 09
91. 00 09100 EMERGENCY	0. 000107	39, 383, 389	4, 214	32, 382, 115	3, 465	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 003385	2, 449, 732	8, 292	2, 479, 561	8, 393	92.00
92. 01 09201 0BSERVATI ON UNI T	0. 003440	3, 522, 682	12, 118		8, 176	92. 01
OTHER REIMBURSABLE COST CENTERS		.,,	,	, 2. 2, . 0 1	2, .70	
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0	0	O	0	96. 00
200.00 Total (lines 50 through 199)		431, 348, 739	129, 443	387, 083, 442	145, 759	
, , , , , , , , , , , , , , , , , , , ,	1					

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co		Peri od:	Worksheet D	
				From 10/01/2018		
				To 09/30/2019		
			\0.00 L L		2/27/2020 7:5	5 am
		litle	XVIII	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to Charge			Cost	PPS Services	
	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4. 00	5. 00	
ANCI LLARY SERVI CE COST CENTERS				<u> </u>	•	
50. 00 05000 OPERATING ROOM	0. 218752	52, 263, 230		0 13	11, 432, 686	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 122194					
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 161395	,		4 3, 532	4, 054, 839	1
56. 00 05600 RADI 0I SOTOPE	0. 101373			0 0,532		
					862, 745	1
57. 00 05700 CT SCAN	0. 045908			-	1, 512, 664	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 105497			0	1, 033, 282	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 150635			0 10	3, 105, 417	59. 00
60. 00 06000 LABORATORY	0. 207997	15, 655, 371		0	3, 256, 270	60.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 366293	84, 266		0	30, 866	64.00
65. 00 06500 RESPIRATORY THERAPY	0. 086647	2, 089, 727		0 0	181, 069	65. 00
65. 01 06501 PULMONARY REHAB	34. 158015	0		o o	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0. 149938			o o	122, 450	1
69. 00 06900 ELECTROCARDI OLOGY	0. 084234			o o	1, 347, 408	
69. 01 06901 CARDI AC REHAB	0. 270420			o o	453, 166	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 252784			0 0	1, 066, 518	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 344529					
· · · · · · · · · · · · · · · · · · ·	1				-,,	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 244507			·	20, 402, 873	
74. 00 07400 RENAL DI ALYSI S	0. 174036	41, 178		0 0	7, 166	74. 00
OUTPATIENT SERVICE COST CENTERS		1	Г			4
90. 00 09000 CLI NI C	0. 693162			0		
90.01 09001 FAMILY PRACTICE CLINIC	0. 426897			0 80		1
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 245167	185, 713		0	45, 531	90. 02
90. 03 09003 CHEMO	0. 105431	10, 306, 730		0 0	1, 086, 649	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	0. 766969	1, 427, 955		1, 023	1, 095, 197	90. 04
90. 05 09005 PALN MANAGEMENT	0. 118401	15, 578, 835		o o	1, 844, 550	90. 05
90. 06 09006 WOUND CARE	0. 199121			6 5, 298	1, 061, 720	90.06
90. 07 09007 SLEEP CENTER	0. 340229			0 0	965, 968	
90. 08 09008 HEMATOLOGY	0. 251425			o o	403, 606	
90. 09 09009 MULTI -SPECIALTY CLINIC	0. 646873			0 0	304, 484	
91. 00 09100 EMERGENCY	0. 120604			0 124		
						1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 494466			0 43	1, 226, 059	
92. 01 09201 OBSERVATI ON UNI T	0. 502157	2, 376, 784		0 58	1, 193, 519	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	0. 350377	l .		0	1	
200.00 Subtotal (see instructions)		387, 083, 442	41	7 353, 849	70, 291, 675	200. 00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)		387, 083, 442	41	7 353, 849	70, 291, 675	202. 00

In Lieu of Form CMS-2552-10
Worksheet D
01/2018 Part V
030/2019 Date/Time Prepared:
2/27/2020 7:55 am
tal PPS Heal th FinancialSystemsDEACONESSAPPORTIONMENT OFMEDICAL, OTHER HEALTH SERVICES AND VACCINE COST DEACONESS HOSPITAL Provider CCN: 15-0082 Peri od: From 10/01/2018 To 09/30/2019 Title XVIII Hospi tal Costs

		COS	515		1
	Cost Center Description	Cost	Cost		
	0001 0011101 B0001 1 pt 1 011	Rei mbursed	Rei mbursed		
		Servi ces	Servi ces Not		
		Subject To	Subject To		
		Ded. & Coins.	Ded. & Coins.		
		(see inst.)	(see inst.)		
		6.00	7. 00		
	ANCILLADY CEDVICE COST CENTERS	0.00	7.00		_
	ANCILLARY SERVICE COST CENTERS			T	4
	05000 OPERATI NG ROOM	0	3		50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	2	1, 813		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	1	570		55. 00
56. 00	05600 RADI OI SOTOPE	,	0	1	56. 00
	l l			l .	1
57. 00	05700 CT SCAN	0	0		57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	2		59. 00
60.00	06000 LABORATORY	1	0		60.00
64. 00	06400 I NTRAVENOUS THERAPY		٥		64. 00
		0	0		1
65. 00	06500 RESPI RATORY THERAPY	0	0		65. 00
65. 01	06501 PULMONARY REHAB	0	0		65. 01
66.00	06600 PHYSI CAL THERAPY	0	0		66. 00
69.00	06900 ELECTROCARDI OLOGY	0	1 0		69. 00
69. 01	06901 CARDI AC REHAB	1	1		69. 01
	1 1		0		1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1	l .	71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	1	72. 00
	07300 DRUGS CHARGED TO PATIENTS	95	80, 402		73. 00
74.00	07400 RENAL DIALYSIS	0	0		74. 00
	OUTPATIENT SERVICE COST CENTERS				1
90.00	09000 CLI NI C	0	0		90.00
	09001 FAMILY PRACTICE CLINIC	1	34		90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES		0	•	90. 02
		0		i e	
	09003 CHEMO	0	0		90. 03
	09004 PRIMARY CARE FOR SENIORS	1	785		90. 04
90.05	09005 PAIN MANAGEMENT	0	0		90. 05
90.06	09006 WOUND CARE	1	1, 055		90. 06
90. 07	09007 SLEEP CENTER	1	0	•	90. 07
	09008 HEMATOLOGY		0	l .	90. 08
		0	· -	l .	
90. 09	09009 MULTI - SPECIALTY CLINIC	0	0		90. 09
91.00	09100 EMERGENCY	0	15		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21		92.00
	09201 OBSERVATION UNIT	0	29		92. 01
	OTHER REIMBURSABLE COST CENTERS				1
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96. 00
200.00	1 1	100		1	1
			1		200. 00
201.00		0			201. 00
	Only Charges				1
202.00	Net Charges (line 200 - line 201)	100	84, 729		202. 00
		•			•

Health Financial Systems	DEACONESS				u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der Co		Peri od:	Worksheet D	
		Component		From 10/01/2018 To 09/30/2019	Part II Date/Time Pre 2/27/2020 7:5	pared: 5 am
		Title	XVIII	Subprovider - IPF	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cost	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	10, 863, 766	468, 339, 955	0. 02319	6 44, 392	1, 030	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 832, 196	143, 119, 766	0. 01978	3, 818	76	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	689, 431	65, 602, 811	0. 01050	9 0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	548, 969	28, 460, 894	0. 01928	9 0	0	56.00
57. 00 05700 CT SCAN	1, 979, 438				120	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 619, 646				0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 576, 665				0	59.00
60. 00 06000 LABORATORY	4, 159, 973				1, 563	
64. 00 06400 I NTRAVENOUS THERAPY	123, 433				0	64. 00
65. 00 06500 RESPI RATORY THERAPY	523, 859				0	65. 00
65. 01 06501 PULMONARY REHAB	2, 628				0	65. 01
66. 00 06600 PHYSI CAL THERAPY	473, 466				0	66.00
69. 00 06900 ELECTROCARDI OLOGY	1, 075, 875		0. 01588		0	69.00
69. 01 06901 CARDI AC REHAB	169, 631				0	69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 693				0	1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	826, 669		0.00007		0	,
73. 00 07300 DRUGS CHARGED TO PATIENTS	2, 490, 520				1, 275	
74. 00 07400 RENAL DIALYSIS	63, 998				1, 2/3	1
OUTPATIENT SERVICE COST CENTERS	03, 770	10, 762, 703	0.00373	.5 0	0	74.00
90. 00 09000 CLINIC	341, 868	4, 985, 038	0. 06857	9 0	0	90.00
90. 01 09001 FAMILY PRACTICE CLINIC	189, 138				0	90.00
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	35, 109				0	90.01
90. 02 09002 001PATTENT PSYCHIATRIC SERVICES 90. 03 09003 CHEMO	1				0	90.02
90. 03 09003 CHEMO 90. 04 09004 PRI MARY CARE FOR SENI ORS	466, 662				0	90.03
	82, 444				0	
	451, 063				-	90.05
90. 06 09006 WOUND CARE	163, 034				0	90.06
90. 07 09007 SLEEP CENTER	247, 732				0	
90. 08 09008 HEMATOLOGY	119, 152				0	90. 08
90. 09 09009 MULTI - SPECIALTY CLINIC	226, 508		0. 17692		0	90. 09
91. 00 09100 EMERGENCY	2, 393, 629				1, 863	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	
92. 01 09201 0BSERVATI ON UNI T	1, 198, 637	15, 949, 846	0. 07515	0	0	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	692, 509				0	
200.00 Total (lines 50 through 199)	37, 892, 341	2, 469, 730, 713		543, 169	5, 927	200. 00

Health Financial Systems	DEACONESS HOS	PI TAL	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0082 Component CCN: 15-S082	Peri od: From 10/01/2018 To 09/30/2019	Date/Time Prepared:
				2/27/2020 7:55 am
		Title XVIII	Subprovi der -	PPS

					2/2//2020 7:5	5 am
		Titl∈	XVIII	Subprovi der -	PPS	
				I PF		
Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	Anesthetist	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS	<u>'</u>		•	*		
50. 00 05000 OPERATI NG ROOM	0	C	(0	72, 806	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	Ó		0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	Ó		0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	0	0		0	0	56. 00
57. 00 05700 CT SCAN	0	0		0	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	Ô			l o	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	o o	Ö			44, 126	
60. 00 06000 LABORATORY	o o	Ö			0	1
64. 00 06400 I NTRAVENOUS THERAPY	Ŏ	Ö		o o	111	64.00
65. 00 06500 RESPIRATORY THERAPY	Ŏ	Ö		o o	1	65. 00
65. 01 06501 PULMONARY REHAB	0	0			1 0	65. 01
66. 00 06600 PHYSI CAL THERAPY	0				0	66. 00
69. 00 06900 ELECTROCARDI OLOGY					1, 163	
69. 01 06901 CARDI AC REHAB					1, 103	69. 01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					1	71.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATTENTS 72. 00 07200 IMPL. DEV. CHARGED TO PATTENTS	0			0	0	71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	
	0	0	1	0	435, 510	
74. 00 O7400 RENAL DI ALYSI S	U			U U	0	74. 00
OUTPATIENT SERVICE COST CENTERS				<u></u>		00.00
90. 00 09000 CLINIC	0	0	1	-	0	
90. 01 09001 FAMILY PRACTICE CLINIC	0	0		0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		0	0	90. 02
90. 03 09003 CHEMO	0	0		0	0	90. 03
90. 04 O9004 PRI MARY CARE FOR SENI ORS	0	0	(0	0	90. 04
90. 05 O9005 PAIN MANAGEMENT	0	0	9	0	3, 986	
90. 06 09006 WOUND CARE	0	0	(0	22, 146	
90. 07 09007 SLEEP CENTER	0	0	(0	0	
90. 08 09008 HEMATOLOGY	0	0	(0	0	90. 08
90. 09 09009 MULTI -SPECIALTY CLINIC	0	0	(0	0	90. 09
91. 00 09100 EMERGENCY	0	0	(0	28, 070	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		(0	
92. 01 09201 OBSERVATI ON UNI T	0	0	(0	54, 867	92. 01
OTHER REIMBURSABLE COST CENTERS				_		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		1			70.00
200.00 Total (lines 50 through 199)	0	0	(0	662, 785	200. 00

	Financial Systems ONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	DEACONESS BYLCE OTHER PASS		^N: 15_0082 I	Peri od:	u of Form CMS-: Worksheet D	2552-1
ΓHROUGH		KVICE OTHER TAS	i i ovi dei ci		From 10/01/2018	Part IV	
1111100011	00010		Component	CCN: 15-S082	Го 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared:
			Title	: XVIII	Subprovi der -	PPS	J alli
					I PF		
	Cost Center Description	All Other	Total Cost	Total	Total Charges		
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of	Part I, col.		
			4)	col s. 2, 3, and 4)	8)	7)	
		4. 00	5. 00	6.00	7. 00	8. 00	
Α	NCILLARY SERVICE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
	05000 OPERATING ROOM	0	72, 806	72, 800	468, 339, 955	0. 000155	50.00
54. 00 O	05400 RADI OLOGY-DI AGNOSTI C	0	0		143, 119, 766	0. 000000	
	05500 RADI OLOGY-THERAPEUTI C	0	0		65, 602, 811	0. 000000	1
56. 00 O	05600 RADI OI SOTOPE	0	0		28, 460, 894	0.000000	56.00
57. 00 O	05700 CT SCAN	0	0		163, 828, 483	0.000000	57.00
8. 00 0	D5800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		50, 173, 494	0.000000	58.00
59. 00 O	05900 CARDI AC CATHETERI ZATI ON	0	44, 126	44, 120	113, 053, 352	0.000390	59.00
60. 00 C	06000 LABORATORY	0	0		233, 064, 665	0.000000	60.0
4.00 0	06400 INTRAVENOUS THERAPY	0	111	11.	7, 696, 236	0. 000014	64.0
55.00 0	06500 RESPI RATORY THERAPY	0	0	(91, 439, 236	0. 000000	65.00
5. 01 0	06501 PULMONARY REHAB	0	0	(1, 310	0. 000000	65. 0
	06600 PHYSI CAL THERAPY	0	0	(80, 221, 615	0. 000000	66. 0
	06900 ELECTROCARDI OLOGY	0	1, 163	1, 163		0. 000017	
	06901 CARDI AC REHAB	0	-		3, 897, 511	0. 000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-		39, 680, 538	0. 000000	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0		1	91, 059, 721	0. 000000	
	07300 DRUGS CHARGED TO PATIENTS	0				0. 001157	•
	07400 RENAL DIALYSIS	0	0	[(10, 782, 765	0. 000000	74.0
	OUTPATIENT SERVICE COST CENTERS				4 005 000	0.00000	
	09000 CLINIC	0			4, 985, 038	0.000000	
	09001 FAMILY PRACTICE CLINIC	0			4, 507, 595	0.000000	
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0			4, 939, 070 26, 340, 525	0. 000000 0. 000000	
	09004 PRIMARY CARE FOR SENIORS	0			26, 340, 323	0. 000000	
	09005 PAIN MANAGEMENT	0			-,,	0. 000103	
	09006 WOUND CARE	0				0. 002093	
	09007 SLEEP CENTER	0		1	9, 860, 355	0.002093	1
	09008 HEMATOLOGY	0			4, 018, 588	0. 000000	
1	09009 MULTI -SPECIALTY CLINIC	0			1, 280, 241	0. 000000	
	09100 EMERGENCY	0	-	l '		0. 000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	,		16, 832, 025	0. 000107	
	09201 OBSERVATION UNIT	0		54, 86		0. 003440	
-	OTHER REIMBURSABLE COST CENTERS		37,307	37,00	. 10, 747, 040	3.003740	1 /2.0
	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	(33, 506, 008	0. 000000	96.0
		0		1	55, 555, 666	0.00000	200. 0

Heal th	Financial Systems	DEACONESS H	OSPLTAL		In lie	u of Form CMS-2	2552-10
	TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER		Provi der CC	N: 15-0082	Peri od:	Worksheet D	2002 10
THROUG	SH COSTS				From 10/01/2018	Part IV	
			Component (CCN: 15-S082	To 09/30/2019	Date/Time Pre 2/27/2020 7:5	
			Ti tl e	XVIII	Subprovi der - I PF	PPS	o alli
	Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.		Costs (col. 8	3	Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9. 00	10. 00	11. 00	12.00	13. 00	
	ANCILLARY SERVICE COST CENTERS						
50. 00	05000 OPERATING ROOM	0. 000155	44, 392		7 0	0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	3, 818		0 0	0	
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	0	
56.00	05600 RADI OI SOTOPE	0. 000000	0		0 0	0	
57. 00	05700 CT SCAN	0. 000000	9, 940		0	0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	0		0 0	0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000390	0		0 0	0	1
60. 00	06000 LABORATORY	0. 000000	87, 557		0 0	0	
64. 00	06400 I NTRAVENOUS THERAPY	0. 000014	0		0 0	0	
65. 00	06500 RESPI RATORY THERAPY	0. 000000	0		0	0	
65. 01	06501 PULMONARY REHAB	0. 000000	0		0	0	
66. 00	06600 PHYSI CAL THERAPY	0. 000000	0		0	0	1
69. 00	06900 ELECTROCARDI OLOGY	0. 000017	0		0	0	
69. 01	06901 CARDI AC REHAB	0. 000000	0		0 0	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	0		0 0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0.000000	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 001157	192, 617	22		0	
74. 00	07400 RENAL DIALYSIS	0. 000000	0		0 0	0	74. 00
00.00	OUTPATIENT SERVICE COST CENTERS	0.000000	0				
90.00	09000 CLINIC	0.000000	0		0 0	0	
90. 01	09001 FAMILY PRACTICE CLINIC	0. 000000 0. 000000	0		0 0	0	
90. 02 90. 03	09002 OUTPATIENT PSYCHIATRIC SERVICES 09003 CHEMO	0. 000000	0		0 0	0	
90. 03	09004 PRIMARY CARE FOR SENIORS	0. 000000	0		0 0	0	1
90. 04	09005 PALN MANAGEMENT	0. 000000	0		0 0	0	
90.03	09006 WOUND CARE	0. 000103	0		0 0	0	
90.08		0. 002093	0		0 0	0	
90.07	09007 SLEEP CENTER 09008 HEMATOLOGY	0.000000	0		0 0	0	
90.08	09009 MULTI - SPECIALTY CLINIC	0. 000000	0		0 0	0	
90.09	09100 EMERGENCY	0. 000000	203, 504	2		0	
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000107	1, 341		0 0	0	
92. 00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0. 003440	1, 341		0 0	0	
7Z. UI	OTHER REIMBURSABLE COST CENTERS	0.003440			<u> </u>	0	72.01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 000000	0		ol ol	0	96. 00
200.00	1 1	3. 000000	543, 169	25			200.00
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	5 .5, 107	20	-ı ºı	Ü	1-30.00

Heal th	Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider Co	<u> </u>	Period: From 10/01/2018 Fo 09/30/2019	Date/Time Pre 2/27/2020 7:5	
				e XIX	Hospi tal	PPS	
	Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
		Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
		(from Wkst. B,		Related Cost			
		Part II, col.		(col. 1 - col.			
		26)		2)			
		1.00	2. 00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS	14, 091, 609	0	14, 091, 60	9 130, 986	107. 58	30. 00
31.00	INTENSIVE CARE UNIT	2, 336, 206		2, 336, 20	5 17, 918	130. 38	31. 00
32.00	CORONARY CARE UNIT	424, 560		424, 560	4, 418	96. 10	32. 00
40.00	SUBPROVI DER - I PF	196, 223	0	196, 22	3, 518	55. 78	40. 00
200.00	Total (lines 30 through 199)	17, 048, 598		17, 048, 59	156, 840		200. 00
	Cost Center Description	I npati ent	I npati ent				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)				
		6. 00	7. 00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS	3, 799	408, 696	,			30. 00
31.00	INTENSIVE CARE UNIT	769	100, 262				31.00
32.00	CORONARY CARE UNIT	322	30, 944				32.00
40.00	SUBPROVI DER - I PF	407	22, 702	!			40.00
200.00	Total (lines 30 through 199)	5, 297	562, 604				200. 00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provi der C		Peri od:	Worksheet D	
				From 10/01/2018	Part II	
				To 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared:
		Ti +I	e XIX	Hospi tal	PPS	o alli
Cost Center Description	Capi tal	Total Charges			Capital Costs	
oust defiter beschiptron	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col		column 4)	
	Part II, col.	8)	2)	. ona. goo	00. 4	
	26)					
	1.00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	•		•			
50. 00 05000 OPERATING ROOM	10, 863, 766	468, 339, 955	0. 02319	6 3, 227, 693	74, 870	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 832, 196		0. 01978		23, 098	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	689, 431	65, 602, 811	0. 01050	9 60, 835	639	55. 00
56. 00 05600 RADI OI SOTOPE	548, 969	28, 460, 894	0. 01928	9 134, 254	2, 590	56. 00
57. 00 05700 CT SCAN	1, 979, 438	163, 828, 483	0. 01208	2 1, 389, 674	16, 790	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 619, 646				8, 189	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 576, 665	113, 053, 352	0. 02279	2 861, 235	19, 629	59. 00
60. 00 06000 LABORATORY	4, 159, 973	233, 064, 665	0. 01784		43, 709	60.00
64.00 06400 INTRAVENOUS THERAPY	123, 433	7, 696, 236	0. 01603	8 277, 420	4, 449	64. 00
65. 00 06500 RESPIRATORY THERAPY	523, 859	91, 439, 236	0. 00572	9 2, 984, 109	17, 096	65. 00
65. 01 06501 PULMONARY REHAB	2, 628	1, 310	2. 00610	7 0	0	65. 01
66. 00 06600 PHYSI CAL THERAPY	473, 466	80, 221, 615	0. 00590	2 1, 084, 883	6, 403	66. 00
69. 00 06900 ELECTROCARDI OLOGY	1, 075, 875	67, 740, 971	0. 01588	2 434, 615	6, 903	69. 00
69. 01 06901 CARDI AC REHAB	169, 631	3, 897, 511	0. 04352	3 0	0	69. 01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264, 693	39, 680, 538	0. 00667	1 425, 739	2, 840	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	826, 669	91, 059, 721	0. 00907	864, 799	7, 851	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	2, 490, 520	376, 337, 819	0. 00661	8 4, 705, 641	31, 142	73. 00
74. 00 07400 RENAL DI ALYSI S	63, 998	10, 782, 765	0. 00593	5 344, 550	2, 045	74.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	341, 868	4, 985, 038	0. 06857	9 0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	189, 138	4, 507, 595	0. 04196	0 1, 246	52	90. 01
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES	35, 109	4, 939, 070	0. 00710	8 0	0	90. 02
90. 03 09003 CHEMO	466, 662	26, 340, 525	0. 01771	7 1, 124	20	90. 03
90. 04 09004 PRIMARY CARE FOR SENIORS	82, 444	2, 276, 142	0. 03622		0	90. 04
90. 05 09005 PAIN MANAGEMENT	451, 063	38, 643, 255	0. 01167	2 234	3	90. 05
90. 06 09006 WOUND CARE	163, 034	10, 581, 025	0. 01540	8 12, 528	193	90. 06
90. 07 09007 SLEEP CENTER	247, 732	9, 860, 355	0. 02512	4 0	0	90. 07
90. 08 09008 HEMATOLOGY	119, 152			0 0	0	90. 08
90. 09 09009 MULTI-SPECIALTY CLINIC	226, 508				0	90. 09
91. 00 09100 EMERGENCY	2, 393, 629	261, 509, 858			27, 961	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 056, 663				5, 837	92. 00
92. 01 O9201 OBSERVATION UNIT	1, 198, 637	15, 949, 846	0. 07515	0 194, 749	14, 635	92. 01
OTHER REIMBURSABLE COST CENTERS						
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED	692, 509				0	96. 00
200.00 Total (lines 50 through 199)	38, 949, 004	2, 469, 730, 713	1	24, 022, 784	316, 944	200. 00

	DEAGONECO	HOCDI TAI			6.5. 046	0550 40
Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	DEACONESS SS THROUGH COS			Peri od: From 10/01/2018 To 09/30/2019		pared:
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School	Nursing School	Allied Health	Allied Health	All Other	
	Post-Stepdown	_	Post-Stepdowr	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	C	0		0 759, 819	0	30.00
31.00 03100 INTENSIVE CARE UNIT		0		0 237, 463	0	31.00
32. 00 03200 CORONARY CARE UNIT		ol o		0	0	32.00
40. 00 04000 SUBPROVI DER - I PF		ol o		0 0	0	40.00
200.00 Total (lines 30 through 199)		ol o		997, 282	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient	
, , , , , , , , , , , , , , , , , , ,	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)					
	4, 00	5.00	6, 00	7. 00	8, 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	C	759, 819	130, 98	6 5.80	3, 799	30.00
31. 00 03100 INTENSIVE CARE UNIT		237, 463			769	31.00
32. 00 03200 CORONARY CARE UNIT		0	4, 41			
40. 00 04000 SUBPROVI DER - PF	0	0	3, 51		l .	40.00
200.00 Total (lines 30 through 199)		997, 282				200.00
Cost Center Description	I npati ent	7717202	100,01	<u> </u>	5,2,,	200.00
occi contor posci i per on	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9.00					
INDATIENT DOUTINE CEDVICE COCT CENTEDS						

22, 034 10, 189

0 32, 223

0

30. 00 31. 00

32.00

40. 00 200. 00

30. 00 03000 ADULTS & PEDIATRICS
31. 00 03100 INTENSIVE CARE UNIT

32. 00 | 03200 | CORONARY CARE UNIT 40. 00 | 04000 | SUBPROVI DER - I PF 200. 00 | Total (lines 30 through 199)

In Lieu of Form CMS-2552-10

Period: Worksheet D
From 10/01/2018 Part IV
To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am THROUGH COSTS

Non Physician Nursing School Nursing School Allied Health PPS							2/27/2020 7:5	5 am
Anesthetist Cost				Ti tl	e XIX	Hospi tal	PPS	
ANCI LLARY SERVI CE COST CENTERS Adj ustments Adj ustments 1.00 2A 2.00 3A 3.00 3.		Cost Center Description	Non Physician	Nursing School	Nursing Schoo	I Allied Health	Allied Health	
ANCI LLARY SERVI CE COST CENTERS		·	Anesthetist	Post-Stepdown				
ANCI LLARY SERVI CE COST CENTERS			Cost	Adjustments		Adjustments		
50. 00 05000 OPERATI NG ROOM 0 0 0 72,806 50. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0 0 0 0 0 54. 00 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 55. 00 56. 00 05600 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 0 0 0 55. 00 57. 00 05600 RADI OLOGY-THERAPEUTI C 0 <t< td=""><td></td><td></td><td>1.00</td><td>2A</td><td>2.00</td><td>3A</td><td>3. 00</td><td></td></t<>			1.00	2A	2.00	3A	3. 00	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 0 0 0 0 54. 00 55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 55. 00 56. 00 05600 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 55. 00 56. 00 05600 RADI OLOGY-THERAPEUTI C 0		ANCILLARY SERVICE COST CENTERS						
55. 00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 55. 00 56. 00 05600 RADI OLSOTOPE 0 0 0 0 0 56. 00 57. 00 05700 CT SCAN 0 0 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 60. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 111 64. 00	50.00	05000 OPERATING ROOM	0	0		0 0	72, 806	50. 00
56. 00 056.00 RADI OI SOTOPE 0 0 0 0 56. 00 57. 00 05700 CT SCAN 0 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 0 0 111 64. 00	54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	1	0	0	54.00
57. 00 05700 CT SCAN 0 0 0 0 57. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0 0 0 0 0 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 0 0 0 111 64. 00	55.00	05500 RADI OLOGY-THERAPEUTI C	0	O	1	0 0	0	55. 00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0 0 0 0 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 0 60. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 111 64. 00	56.00	05600 RADI OI SOTOPE	0	O	1	0 0	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 0 60. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 111 64. 00	57.00	05700 CT SCAN	0	O	1	0 0	0	57. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON 0 0 0 44, 126 59. 00 60. 00 06000 LABORATORY 0 0 0 0 0 0 60. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 111 64. 00	58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	o	O)	0 0	0	58. 00
60. 00 06000 LABORATORY 0 0 0 0 0 60. 00 64. 00 06400 I NTRAVENOUS THERAPY 0 0 0 0 0 111 64. 00			o	0)	o o	44, 126	59. 00
	60.00	06000 LABORATORY	o	0)	o o		60.00
	64.00	06400 I NTRAVENOUS THERAPY	0	0	,	0	111	64.00
	65. 00		0	0	,	0		1
65. 01 06501 PULMONARY REHAB 0 0 0 0 0 65. 01			0	0	,	0	0	ł
66. 00 06600 PHYSI CAL THERAPY 0 0 0 0 66. 00			0	Ö	,	0	0	1
69. 00 06900 ELECTROCARDI OLOGY 0 0 1, 163 69. 00			0	Ö	,	0	1. 163	
69. 01 06901 CARDI AC REHAB 0 0 0 69. 01		1 1	0	Ö	,	0		ı
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 71.00			0	Ö	,	0	0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72. 00			0	Ö	,	0	0	1
73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 435, 510 73. 00			0	Ö	,	0	435, 510	
74. 00 07400 RENAL DI ALYSI S 0 0 0 74. 00			0	Ö	,	0		1
OUTPATIENT SERVICE COST CENTERS			- 1	_		-		
90. 00 09000 CLI NI C 0 0 0 0 0 90. 00	90.00		0	0		0 0	0	90.00
90. 01 09001 FAMILY PRACTICE CLINIC 0 0 0 0 90. 01			0	Ö	1			1
90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 0 0 0 0 90. 02			0	Ö	,	0	0	1
90. 03 09003 CHEMO 0 0 0 90. 03			0	Ö	,	0	0	
90. 04 09004 PRI MARY CARE FOR SENI ORS 0 0 0 0 90. 04			0	Ö	,	0	0	
90. 05 09005 PALN MANAGEMENT 0 0 0 3, 986 90. 05			0	Ö	,	0	3, 986	
90. 06 09006 WOUND CARE 0 0 0 22, 146 90. 06			0	Ö	,	0		
90. 07 09007 SLEEP CENTER 0 0 0 90. 07			0	Ö		0		
90. 08 09008 HEMATOLOGY			0	0		0	1	l
90. 09 09009 MULTI - SPECIALTY CLINIC 0 0 0 90. 09			Ö	Ö		0		
91.00 09100 EMERGENCY 0 0 0 28,070 91.00			Ö	Ö		0	_	
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0 0 92. 00			Ö		ì	0		1
92. 01 09201 0BSERVATI ON UNI T 0 0 0 54, 867 92. 01			Ö	0		0	-	
OTHER REI MBURSABLE COST CENTERS	,2.01		<u>ا</u>		1	<u> </u>	01,007	,2.01
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0 0 0 0 96. 00	96.00		O	0		0 0	0	96. 00
200.00 Total (lines 50 through 199) 0 0 662, 785 200.00			l ől		1			1

Health Financial Systems	SPI TAL	In Lie	u of Form CMS-2552-10	
APPORTIONMENT OF INPATIENT/OUTPATIEN	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0082	Peri od:	Worksheet D

From 10/01/2018 Part IV To 09/30/2019 Date/Time Prepared: THROUGH COSTS 2/27/2020 7:55 am Title XIX Hospi tal All Other Cost Center Description Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols Outpati ent Education Cost Cost (sum of 1, 2, 3, and Part I, col. (col. 5 ÷ col 4) col s. 2, 3, 8) and 4) 4.00 5.00 7.00 8.00 6.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 00 72, 806 468, 339, 955 0.000155 50.00 72, 806 54.00 05400 RADI OLOGY-DI AGNOSTI C 143, 119, 766 0.000000 54.00 05500 RADI OLOGY-THERAPEUTI C 65, 602, 811 0.000000 55.00 00000000000 0 55.00 05600 RADI OI SOTOPE 28, 460, 894 0.000000 56.00 0 56.00 05700 CT SCAN 163, 828, 483 0.000000 57.00 Ω 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 50, 173, 494 0.000000 58.00 59.00 05900 CARDIAC CATHETERIZATION 44, 126 44, 126 113, 053, 352 0.000390 59.00 06000 LABORATORY 0.000000 60 00 C O 233, 064, 665 60 00 06400 I NTRAVENOUS THERAPY 64.00 111 111 7, 696, 236 0.000014 64.00 65.00 06500 RESPIRATORY THERAPY 91, 439, 236 0.000000 65.00 06501 PULMONARY REHAB 65.01 0 0 1, 310 0.000000 65.01 06600 PHYSI CAL THERAPY 80, 221, 615 0 000000 66 00 66 00 0 69.00 06900 ELECTROCARDI OLOGY 1, 163 1, 163 67, 740, 971 0.000017 69.00 06901 CARDI AC REHAB 0 0 3, 897, 511 0.000000 69.01 0 69.01 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 39, 680, 538 71 00 O 0.000000 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 91, 059, 721 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 0 435, 510 435, 510 376, 337, 819 0.001157 73.00 0.000000 74.00 07400 RENAL DIALYSIS 10, 782, 765 74.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 4, 985, 038 0.000000 90.00 00000000000 09001 FAMILY PRACTICE CLINIC 4, 507, 595 0.000000 90.01 90.01 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0 0 4, 939, 070 0.000000 90.02 90.03 09003 CHEMO 0 26, 340, 525 0.000000 90.03 Ω 09004 PRIMARY CARE FOR SENIORS 90.04 0 2, 276, 142 0.000000 90.04 09005 PAIN MANAGEMENT 3, 986 3, 986 0.000103 90.05 38, 643, 255 90.05 09006 WOUND CARE 10, 581, 025 90.06 22, 146 22, 146 0.002093 90.06 09007 SLEEP CENTER 9, 860, 355 0.000000 90.07 C 0 90.07 90.08 09008 HEMATOLOGY 0 4, 018, 588 0.000000 90.08 C 09009 MULTI-SPECIALTY CLINIC 90.09 1, 280, 241 0.000000 90.09 91.00 09100 EMERGENCY 261, 509, 858 0.000107 91.00 28,070 28, 070 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00 16, 832, 025 0.000000 92 00 09201 OBSERVATION UNIT 54, 867 15, 949, 846 0.003440 92.01 92.01 54,867 OTHER REIMBURSABLE COST CENTERS

0

662, 785

0.000000

96, 00

200.00

33, 506, 008

662, 785 2, 469, 730, 713

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

Total (lines 50 through 199)

Health Financial Systems	DEACONESS HOSPI TAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0082	Peri od: Worksheet D

Cost Center Description	APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provi der CCN: 15-0082		Peri od: From 10/01/2018 To 09/30/2019	2/27/2020 7:5	: IV e/Time Prepared: //2020 7:55 am	
Ratio of Cost to Charges (col. 6 e col. 7)								
Charges		Cost Center Description						
Col. 6 5 Col. Costs (col. 8 Costs (col. 9 x col. 10) x col. 12) x col. 10 x col. 10 x col. 12 x col. 10 x col. 12 x col. 10 x col. 10 x col. 12 x col. 10 x col. 10 x col. 12 x col. 10 x col. 12 x col. 10								
ANCILLARY SERVICE COST CENTERS				Charges				
ANCILLARY SERVICE COST CENTERS						8		
ANCILLARY SERVICE COST CENTERS								
SOLO 05000 05000 05000 0 0 0 0		ANOLLI ADV. CEDVI OF COCT. CENTEDO	9.00	10.00	11.00	12.00	13.00	
54 00 05400 RADI OLOGY-DIACNOSTIC 0.000000 1, 167, 213 0 0 0 54. 00 055. 00 05500 RADI OLOGY-THERAPEUTIC 0.000000 134, 254 0 0 0 55. 00 05. 00 055. 00 057. 00 057. 00 05700 CT SCAN 0.000000 134, 254 0 0 0 0 055. 00 058. 00 05800 MADITIC RESONANCE IMAGING (MRI) 0.000000 253, 667 0 0 0 0 0 0 0 0 0	FO 00		0.000155	2 227 (02		20	0	F0 00
55.00 05500 RADI OLOGY-THERAPEUTI C								
56. 00 05500 RADIO I SOTOPE 0.000000 1.34, 254 0 0 0 56. 00		· ·				-	Ĭ	1 0 11 00
57.00 05700 CT SCAN 0.000000 1,389,674 0 0 0 0.57.00						0	_	1
68.0 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.000000 253,667 0 0 0 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000009 861,235 336 0 0 59.00 64.00 06000 LABORATORY 0.000000 2,448,808 0 7						0	_	
59.00 05900 05900 05800 CARDI AC CATHETERI ZATI ON 0.000390 861, 235 336 0 0 59.00							_	
60.00 06.000 LABORATORY 0.000000 2.448,808 0 0 0 60.00								1
64.00 06400 INTRAVENOUS THERAPY 0.000014 277, 420 4 0 0 64.00 65.00 06500 RESPI RATORY THERAPY 0.000000 2,884,109 0 0 0 0 65.00 065.01 065.01 065.01 PULMONARY REHAB 0.000000 0 0 0 0 0 0 0					•		_	
65. 00 06500 RESPIRATORY THERAPY 0.000000 2,984,109 0 0 0 0 65.00 65. 01 06501 PULMONARY REHAB 0.000000 0 0 0 0 65.01 66. 00 06600 PHYSICAL THERAPY 0.000000 1,084,883 0 0 0 0 66.00 69. 01 06901 CARDIAC REHAB 0.000000 0 0 0 0 69.01 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 245,739 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.000000 864,799 0 0 0 0 0 74. 00 07400 RENAL DIALYSIS 0.001157 4,705,641 5,444 0 0 73.00 74. 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 74. 00 07400 RENAL DIALYSIS 0.000000 0 0 0 0 74. 00 07900 CLINIC 0.000000 0 0 0 0 79. 01 09000 CLINIC 0.000000 0 0 0 0 79. 02 09002 OUTPATIENT SERVICE COST CENTERS 79. 03 09003 CHEMO 0.000000 0 0 0 0 0 79. 04 09004 PRI MARY CARE FOR SENI ORS 0.000000 0 0 0 0 0 79. 05 09005 PAIN MANAGEMENT 0.000000 0 0 0 0 79. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 0 79. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 79. 09 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 70. 09 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 09009 0	60.00	06000 LABORATORY				0	0	60. 00
65. 01 06501 PULMONARY REHAB 0.000000 0 0 0 0 65. 01 66. 00 06600 PHYSI CAL THERAPY 0.000000 1,084,883 0 0 0 0 66. 00 69. 01 06900 CELECTROCARDI OLOGY 0.0000017 434,615 7 0 0 69. 00 69. 01 06901 CARDI AC REHAB 0.000000 0 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0.000000 864,799 0 0 0 0 72. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.000000 864,799 0 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0.001157 4,705,641 5,444 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 0 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 00 09000 CLINIC 0.000000 0 0 0 0 0 09. 01 09001 FAMI LY PRACTICE CLINIC 0.000000 1,246 0 0 0 0 09. 02 09002 OUTPATI ENT SYCHIATRIC SERVICES 0.000000 0 0 0 0 09. 03 09003 CHEMO 0.000000 0 0 0 0 0 09. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 0 0 0 09. 05 09005 PAI N MANAGEMENT 0.000000 0 0 0 0 09. 06 09006 WOUND CARE 0.002093 12,528 26 0 0 0 09. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 09. 08 09008 HEMATOLOGY 0.000000 0 0 0 09. 09. 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 090. 09009 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 090. 09009 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 090. 09009 09009 MULTI -SPECI ALTY CLINIC 0.000000 0 0 0 09000 09000 09SERVATI ON BEDS (NON-DISTINCT PART) 0.000000 0 0 0 09000 09000 09000 09SERVATI ON BEDS (NON-DISTINCT PART) 0.000000 0 0 0 09000 09000 09000 09000 00000 0	64.00		0. 000014	277, 420		4 0	0	64. 00
66. 00 06600 PHYSI CAL THERAPY 0.000000 1,084,883 0 0 0 66. 00 69. 00 06900 CAERCEROCARDI OLOGY 0.000017 434,615 7 0 0.69.00 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 0.000000 425,739 0 0 0 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0.000000 864,799 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0.0010000 344,550 0 0 0 0 74. 00 07400 RENAL DI ALYSI S 0.001057 4,705,641 5,444 0 0 73. 00 74. 00 07400 RENAL DI ALYSI S 0.000000 344,550 0 0 0 0 74. 00 07400 CLI NI C 0.000000 0 0 0 0 75. 00 09000 CLI NI C 0.000000 0 0 0 0 76. 00 09000 CLI NI C 0.000000 0 0 0 0 77. 00 09000 CLI NI C 0.000000 0 0 0 0 78. 00 09000 CLI NI C 0.000000 0 0 0 0 79. 01 09001 FAMI LY PRACTI CE CLI NI C 0.000000 0 0 0 0 79. 02 09002 0UTPATI ENT PSYCHI ATRI C SERVI CES 0.000000 0 0 0 0 0 79. 03 09003 CHEMO 0.000000 0 0 0 0 0 79. 04 09004 PRI MARY CARE FOR SENI ORS 0.000000 0 0 0 0 0 79. 05 09005 PAI N MANAGEMENT 0.000000 0 0 0 0 79. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 0 79. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 79. 09 09009 MULTI - SPECI ALTY CLI NI C 0.000000 0 0 0 0 79. 09 09000 DISERVATI ON BEDS (NON-DI STI NCT PART) 0.000000 0 0 0 0 70. 09 09000 DISERVATI ON NI DEDS (NON-DI STI NCT PART) 0.0003440 194,749 670 0 0 70. 09 09000 DISERVATI ON UNI T 0.003440 194,749 670 0 0 70. 09 09000 DISERVATI ON UNI T 0.003440 194,749 670 0 0 70. 09 09000 DISERVATI ON UNI T 0.003440 194,749 670 0 0 70. 09 09000 DISERVATI ON UNI T 0.000000 0 0 0 0 70. 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000	65.00	06500 RESPI RATORY THERAPY		2, 984, 109		0 0	0	65. 00
69. 00 06900 CARDI AC REHAB 0.000017 434, 615 7 0 0 69. 00 69. 01 06901 CARDI AC REHAB 0.000000 0 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.000000 425, 739 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 864, 799 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.001157 4, 705, 641 5, 444 0 0 0 74. 00 07400 RENAL DI ALYSIS 0.000000 344, 550 0 0 0 0017PATIENT SERVICE COST CENTERS 0.000000 0 0 0 0 90. 01 09001 FAMILLY PRACTICE CLINIC 0.000000 1, 246 0 0 0 0 90. 02 09002 017PATIENT PSYCHI ATRIC SERVICES 0.000000 1, 124 0 0 0 0 90. 03 09003 CHEMO 0.000000 0 0 0 0 0 90. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 0 0 0 90. 05 09005 PAIN MANAGEMENT 0.000103 234 0 0 0 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 90. 09009 MULTI -SPECIALTY CLINIC 0.000000 0 0 0 0 90. 09009 09009 MULTI -SPECIALTY CLINIC 0.000000 0 0 0 90. 01 09100 EMERGENCY 0.000000 0 0 0 0 90. 02 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0.003440 194, 749 670 0 0 90. 04 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 06 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 08 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 09 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 0 90. 00 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 0 90. 00 09600 DURBALE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 0 0 90. 00 09600 0000000000000 0 0 0 0 0	65. 01	06501 PULMONARY REHAB	0. 000000	0		0	0	65. 01
69. 01 06901 CARDIAC REHAB 0.000000 0 0 0 0 69. 01 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.000000 425, 739 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 864, 799 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.001157 4, 705, 641 5, 444 0 0 73. 00 74. 00 07400 RENAL DIALYSI S 0.000000 344, 550 0 0 0 90. 00 09000 CLI NI C 0.000000 0 0 0 0 90. 01 09001 FAMILY PRACTICE CLINIC 0.000000 1, 246 0 0 0 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0.000000 0 0 0 0 90. 03 09003 CHEMO 0.000000 0 1, 246 0 0 0 90. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 1, 124 0 0 0 90. 05 09005 PAI N MANAGEMENT 0.000103 2334 0 0 0 0 90. 06 09006 WOUND CARE 0.000000 0 0 0 0 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 90. 09 09009 MULTI - SPECI ALTY CLINIC 0.000000 0 0 0 90. 09 09009 MULTI - SPECI ALTY CLINIC 0.000000 0 0 0 90. 01 09100 BERGENCY 0.000107 3,054,791 327 0 0 91. 00 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0.000000 0 0,00010 90. 01 09201 OBSERVATI ON UNIT 0.003440 194,749 670 0 0 90. 04 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 90. 06 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 90. 07 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 08 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 09 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 09 09600 DURBBLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 90. 09 09600 09600 09600 09600 09600 09600 09600 09600 09600 09600 096000 09600 096000 096000 096000 096000 096000 096000 096000 096000 096000 096000 096000 096000 096000 09	66.00	06600 PHYSI CAL THERAPY	0. 000000	1, 084, 883		0 0	0	66. 00
71. 00	69.00	06900 ELECTROCARDI OLOGY	0. 000017	434, 615		7 0	0	69. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 864,799 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.001157 4,705,641 5,444 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 90. 00 00 00 0 0 0 0 90. 01 09001 FAMILY PRACTICE CLINIC 0.000000 1,246 0 0 0 0 90. 01 09001 FAMILY PRACTICE CLINIC 0.000000 1,246 0 0 0 0 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0.000000 1,124 0 0 0 0 90. 03 09003 CHEMO 0.000000 0 0 0 0 0 90. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 0 0 0 90. 05 09005 PAIN MANAGEMENT 0.000103 234 0 0 0 90. 05 90. 06 09006 WOUND CARE 0.002093 12,528 26 0 0 90. 06 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 90. 08 09009 MULTI - SPECIALTY CLINIC 0.000000 0 0 0 0 91. 00 09100 EMERGENCY 0.000000 0 0 0 0 92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0 0 0 0 92. 01 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 0 0	69. 01	06901 CARDI AC REHAB		0		0	0	69. 01
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 864,799 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0.001157 4,705,641 5,444 0 0 73. 00 74. 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 90. 00 00 00 0 0 0 0 90. 01 09001 FAMILY PRACTICE CLINIC 0.000000 1,246 0 0 0 0 90. 01 09001 FAMILY PRACTICE CLINIC 0.000000 1,246 0 0 0 0 90. 02 09002 OUTPATIENT PSYCHIATRIC SERVICES 0.000000 1,124 0 0 0 0 90. 03 09003 CHEMO 0.000000 0 0 0 0 0 90. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 0 0 0 90. 05 09005 PAIN MANAGEMENT 0.000103 234 0 0 0 90. 05 90. 06 09006 WOUND CARE 0.002093 12,528 26 0 0 90. 06 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 90. 08 09009 MULTI - SPECIALTY CLINIC 0.000000 0 0 0 0 91. 00 09100 EMERGENCY 0.000000 0 0 0 0 92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.000000 0 0 0 0 92. 01 OTHER REIMBURSABLE COST CENTERS 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 96. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 0 97. 00 09600 DURABLE MEDICAL EQUIP-RENTED 0.000000 0 0 0 0 0 0 0	71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	425, 739		0 0	0	71. 00
74. 00 07400 RENAL DIALYSIS 0.000000 344,550 0 0 0 0 74. 00 0UTPATI ENT SERVICE COST CENTERS 90. 00 09000 CLI NI C 0.000000 0 0 0 0 0 0 0 90. 00 90. 01 90. 01 FAMILLY PRACTICE CLINIC 0.000000 1, 246 0 0 0 0 90. 01 90. 01 90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVICES 0.000000 0 0 0 0 0 90. 02 90. 03 09003 CHEMO 0.000000 1, 124 0 0 0 0 90. 03 90. 04 09004 PRI MARY CARE FOR SENIORS 0.000000 0 0 0 0 0 0 90. 03 90. 04 90. 05 09005 PAI N MANAGEMENT 0.000103 234 0 0 0 0 90. 05 90. 05 09005 PAI N MANAGEMENT 0.000103 234 0 0 0 0 90. 05 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 0 0 90. 05 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 0 0 90. 06 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 0 0 0 90. 08 90. 09 09009 MULTI - SPECI ALTY CLINIC 0.000000 0 0 0 0 0 0 90. 09 91. 00 09100 EMERGENCY 0.000000 0 0 0 0 0 0 92. 00 92. 00 9200 OBSERVATI ON BEDS (NON-DI STINCT PART) 0.000000 0 0 0 0 0 0 92. 00 09200 OBSERVATI ON UNI T 0.003440 194, 749 670 0 0 92. 01 OTHER REI MBURSABLE COST CENTERS	72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		864, 799		0 0	0	72. 00
90. 00 09000 CLINIC 0.000000 0 0 0 0 0 0 0	73.00	07300 DRUGS CHARGED TO PATIENTS	0. 001157	4, 705, 641	5, 44	14 0	0	73. 00
90. 00	74.00	07400 RENAL DIALYSIS	0. 000000	344, 550		0 0	0	74. 00
90. 01		OUTPATIENT SERVICE COST CENTERS						
90. 02	90.00	09000 CLI NI C	0. 000000	0		0 0	0	90.00
90. 03	90. 01	09001 FAMILY PRACTICE CLINIC	0. 000000	1, 246		0 0	0	90. 01
90. 04 09004 PRI MARY CARE FOR SENI ORS 0.000000 0 0 0 0 0 90. 04 90. 05 09005 PAI N MANAGEMENT 0.000103 234 0 0 0 90. 05 90. 06 09006 WOUND CARE 0.002093 12,528 26 0 0 90. 06 90. 07 09007 SLEEP CENTER 0.000000 0 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 0 90. 08 90. 09 09009 MULTI - SPECI ALTY CLI NI C 0.000000 0 0 0 0 90. 09 91. 00 09100 EMERGENCY 0.000000 0 0 0 0 91. 00 92. 01 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0.000000 92, 977 0 0 0 92. 00 92. 01 OTHER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 0 96. 00	90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 000000	0		0	0	90. 02
90. 05	90. 03	09003 CHEMO	0. 000000	1, 124		0 0	0	90. 03
90. 06 09006 WOUND CARE 0. 002093 12,528 26 0 0 90.06 90. 07 09007 SLEEP CENTER 0. 000000 0 0 0 0 0 90. 08 09008 HEMATOLOGY 0. 000000 0 0 0 0 0 90. 09 09009 MULTI - SPECI ALTY CLINI C 0. 000000 0 0 0 0 0 91. 00 09100 EMERGENCY 0. 000107 3,054,791 327 0 0 91.00 92. 00 09200 08SERVATI ON BEDS (NON-DI STINCT PART) 0. 000000 92,977 0 0 0 92.00 92. 01 09201 08SERVATI ON UNI T 0. 003440 194,749 670 0 92.01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 96.00	90.04	09004 PRIMARY CARE FOR SENIORS	0. 000000	0		0	0	90. 04
90. 07 09007 SLEEP CENTER 0. 000000 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0. 000000 0 0 0 0 90. 08 90. 09 09009 MULTI - SPECI ALTY CLINI C 0. 000000 0 0 0 0 0 91. 00 09100 EMERGENCY 0. 000107 3, 054, 791 327 0 0 91. 00 92. 00 09200 08SERVATI ON BEDS (NON-DI STINCT PART) 0. 000000 92, 977 0 0 0 92. 00 92. 01 09201 08SERVATI ON UNI T 0. 003440 194, 749 670 0 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 0 96. 00	90. 05	09005 PAIN MANAGEMENT	0. 000103	234		0 0	0	90. 05
90. 07 09007 SLEEP CENTER 0. 000000 0 0 0 0 90. 07 90. 08 09008 HEMATOLOGY 0. 000000 0 0 0 0 90. 08 90. 09 09009 MULTI - SPECI ALTY CLINI C 0. 000000 0 0 0 0 0 91. 00 09100 EMERGENCY 0. 000107 3, 054, 791 327 0 0 91. 00 92. 00 09200 08SERVATI ON BEDS (NON-DI STINCT PART) 0. 000000 92, 977 0 0 0 92. 00 92. 01 09201 08SERVATI ON UNI T 0. 003440 194, 749 670 0 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 0 96. 00	90.06	09006 WOUND CARE	0. 002093	12, 528	:	26 0	0	90. 06
90. 08 09008 HEMATOLOGY 0.000000 0 0 0 0 0 90. 08 90. 09 09009 MULTI - SPECI ALTY CLI NI C 0.000000 0 0 0 0 0 90. 09 91. 00 09100 EMERGENCY 0.000107 3.054, 791 327 0 0 0 91. 00 92. 00 09200 09SERVATI ON BEDS (NON-DI STI NCT PART) 0.000000 92, 977 0 0 0 0 92. 00 92. 01 09201 09201 09201 09201 09201 09201 09201 09201 00000000000000000000000000000000000	90. 07	09007 SLEEP CENTER	0. 000000			0 0	0	90. 07
91. 00 09100 EMERGENCY 0. 000107 3, 054, 791 327 0 0 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0. 000000 92, 977 0 0 0 92. 00 09201 0BSERVATI ON UNI T 0. 003440 194, 749 670 0 0 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 0 96. 00 0 96. 00 0 0 0 0 0 0 0 0 0	90. 08		0. 000000	0		0 0	0	90. 08
91. 00 09100 EMERGENCY 0. 000107 3, 054, 791 327 0 0 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0. 000000 92, 977 0 0 0 92. 00 09201 0BSERVATI ON UNI T 0. 003440 194, 749 670 0 0 92. 01 07HER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 0 96. 00 0 96. 00 0 0 0 0 0 0 0 0 0	90. 09	09009 MULTI - SPECIALTY CLINIC	0. 000000	0		0 0	O	90. 09
92. 00 09200 085ERVATI ON BEDS (NON-DISTINCT PART) 0. 000000 92, 977 0 0 0 92. 00 09201 085ERVATI ON UNI T 0. 003440 194, 749 670 0 92. 01 071ER REI MBURSABLE COST CENTERS 096. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 0 96. 00				3, 054, 791	32	27 0	l o	
92. 01 09201 0BSERVATI ON UNI T 0. 003440 194, 749 670 0 0 92. 01 0THER REI MBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 96. 00							0	92.00
OTHER REIMBURSABLE COST CENTERS 96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0.000000 0 0 0 96. 00					•	70 0	0	92. 01
96. 00 09600 DURABLE MEDI CAL EQUI P-RENTED 0. 000000 0 0 0 96. 00								
	96.00		0. 000000	0		0 0	0	96. 00
	200.00	Total (lines 50 through 199)	1	24, 022, 784	7, 3		0	200.00

Hear th	Financiai Systems	DEACONESS H	IUSPI TAL		In Lie	u of Form CMS-2	<u> 2552-10</u>
APP0R1	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der C	CN: 15-0082	Peri od:	Worksheet D Part V	
					From 10/01/2018 To 09/30/2019	Date/Time Pre	pared:
						2/27/2020 7:5	5 am
			Ti tl	e XIX	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge P			Cost	PPS Services	
			Services (see		Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
				(see inst.)			
	ANOLILIADY OF DUI OF COOT OF STEED	1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS	0.040750			0 470 400		
50.00	05000 OPERATING ROOM	0. 218752	0	1	0 2, 173, 429	0	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 122194	0		0 1, 725, 710	0	
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 161395	0	2	0 623, 858	0	00.00
56. 00	05600 RADI OI SOTOPE	0. 110211	0)	0 266, 862	0	56. 00
57. 00	05700 CT SCAN	0. 045908	0	1	0 1, 949, 562	0	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 105497	0	1	0 289, 961	0	00.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 150635	0)	0 331, 916	0	07.00
60.00	06000 LABORATORY	0. 207997	0)	0 2, 759, 078	0	60.00
64. 00	06400 I NTRAVENOUS THERAPY	0. 366293	0	1	0 4, 374	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	0. 086647	0)	0 165, 697	0	00.00
65. 01	06501 PULMONARY REHAB	34. 158015	0)	0	0	00.0.
66. 00	06600 PHYSI CAL THERAPY	0. 149938	0	1	0 118, 507	0	00.00
69. 00	06900 ELECTROCARDI OLOGY	0. 084234	0	1	0 228, 458	0	07.00
69. 01	06901 CARDI AC REHAB	0. 270420	0)	0	0	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 252784	0)	0 163, 675	0	71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 344529	0)	0 247, 657	0	, 2. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 244507	0)	0 2, 032, 645	0	,
74. 00	07400 RENAL DIALYSIS	0. 174036	0		0 39, 066	0	74.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0. 693162	0	1	0 32, 884	0	
90. 01	09001 FAMILY PRACTICE CLINIC	0. 426897	0	1	0 255, 589	0	
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0. 245167	0	1	0	0	
90. 03	09003 CHEMO	0. 105431	0	1	0 163, 665	0	, 0. 00
90. 04	09004 PRI MARY CARE FOR SENI ORS	0. 766969	0)	0 0	0	,
90. 05	09005 PAIN MANAGEMENT	0. 118401	0)	0 203, 086	0	, , , , , ,
90. 06	09006 WOUND CARE	0. 199121	0	1	0 168, 245	0	
90. 07	09007 SLEEP CENTER	0. 340229	0)	0 111, 129	0	,
90. 08	09008 HEMATOLOGY	0. 251425	0)	0 32, 761	0	
90. 09	09009 MULTI - SPECIALTY CLINIC	0. 646873	0)	0 8, 164	0	,
91. 00	09100 EMERGENCY	0. 120604	0)	0 6, 452, 190	0	/ 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 494466	0	1	0 411, 600	0	
92. 01	09201 OBSERVATI ON UNI T	0. 502157	0		0 257, 042	0	92. 01
	OTHER REIMBURSABLE COST CENTERS						
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 350377	0		0 0	0	, , , , , ,
200.00	,		0	ין	0 21, 216, 810	0	200.00
201.00					0		201. 00
202.00	Only Charges (Line 200 Line 201)		^	J	0 21 21/ 010	_	202 00
202.00	Net Charges (line 200 - line 201)	1	0	יו	0 21, 216, 810	0	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 10/01/2018 | Part V | Date/Time Prepared: | 2/27/2020 7:55 am Heal th FinancialSystemsDEACONESSAPPORTIONMENT OFMEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provi der CCN: 15-0082

						2/27/2020 7:55 am
			Ti tl	e XIX	Hospi tal	PPS
		Cos				
	Cost Center Description	Cost	Cost	1		
	cost center bescription					
		Rei mbursed	Rei mbursed			
		Servi ces	Services Not			
		Subject To	Subj ect To			
		Ded. & Coins.	Ded. & Coins.			
		(see inst.)	(see inst.)			
		6.00	7. 00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM	0	475, 442	ol .		50.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	210, 871	1		54.00
				1		
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	100, 688	1		55. 00
56. 00	05600 RADI OI SOTOPE	0	29, 411	1		56. 00
57. 00	05700 CT SCAN	0	89, 500			57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	30, 590)		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	49, 998	8		59.00
60.00	06000 LABORATORY	o	573, 880	ol		60.00
64. 00	06400 I NTRAVENOUS THERAPY	0	1, 602	1		64. 00
65. 00	06500 RESPIRATORY THERAPY	0	14, 357			65. 00
65. 01	06501 PULMONARY REHAB		14, 357	1		
		0		1		65. 01
66. 00	06600 PHYSI CAL THERAPY	0	17, 769			66. 00
69. 00	06900 ELECTROCARDI OLOGY	0	19, 244			69. 00
69. 01	06901 CARDI AC REHAB	0	C)		69. 01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41, 374			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	85, 325			72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	496, 996	,		73. 00
	07400 RENAL DIALYSIS	0	6, 799			74. 00
7 1. 00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0, 177	1		71.00
90. 00	09000 CLINIC		22, 794	1		90, 00
		0		1		
90. 01	09001 FAMILY PRACTICE CLINIC	0	109, 110			90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	C	1		90. 02
90. 03	09003 CHEMO	0	17, 255	5		90. 03
90.04	09004 PRIMARY CARE FOR SENIORS	0	C)		90. 04
90.05	09005 PALN MANAGEMENT	0	24, 046			90. 05
90.06	09006 WOUND CARE	0	33, 501			90.06
90. 07	09007 SLEEP CENTER	0	37, 809			90. 07
90. 08	09008 HEMATOLOGY		8, 237			90. 08
90. 09	09009 MULTI -SPECIALTY CLINIC		5, 281			90.09
		0		1		
91. 00	09100 EMERGENCY	0	778, 160			91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	203, 522			92. 00
92. 01	09201 OBSERVATI ON UNI T	0	129, 075	i		92. 01
	OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	C			96. 00
200.00		0	3, 612, 636			200. 00
201.00	,		., , 300			201. 00
201.00	Only Charges					[201.00
202.00		0	3, 612, 636	,		202. 00
202.00	I her onarges (True 200 - True 201)	ı o	5,012,030	1		1202.00

Health Financial Systems		DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT AND	ILLARY SERVICE CAPITA	L COSTS	Provi der Co	CN: 15-0082	Peri od:	Worksheet D	
			Component		From 10/01/2018 To 09/30/2019	Part II Date/Time Pre	
			Ti +1	e XIX	Subprovi der -	2/27/2020 7:5 PPS	5 am
			11 (1	e vi v	I PF	FF3	
Cost Center Descri	ption	Capi tal	Total Charges	Ratio of Cost		Capital Costs	
	p		(from Wkst. C,		Program	(column 3 x	
		(from Wkst. B,				column 4)	
		Part II, col.	8)	2)		ĺ	
		26)	ĺ	ĺ			
		1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST (CENTERS						
50. 00 05000 OPERATING ROOM		10, 863, 766	468, 339, 955	0. 02319	6 0	0	50.00
54. 00 05400 RADI OLOGY-DI AGNOST	TC	2, 832, 196	143, 119, 766	0. 01978	9 1, 177	23	54.00
55. 00 05500 RADI OLOGY-THERAPEU	ITI C	689, 431	65, 602, 811	0. 01050	9 0	0	55. 00
56. 00 05600 RADI 0I SOTOPE		548, 969	28, 460, 894	0. 01928	9 0	0	56.00
57.00 05700 CT SCAN		1, 979, 438	163, 828, 483	0. 01208	2, 206	27	57.00
58. 00 05800 MAGNETI C RESONANCE	IMAGING (MRI)	1, 619, 646				0	58. 00
59. 00 05900 CARDI AC CATHETERI Z		2, 576, 665				0	
60. 00 06000 LABORATORY		4, 159, 973				752	60.00
64. 00 06400 I NTRAVENOUS THERAP	Υ	123, 433			•	0	
65. 00 06500 RESPIRATORY THERAP		523, 859				0	65.00
65. 01 06501 PULMONARY REHAB		2, 628				0	
66. 00 06600 PHYSI CAL THERAPY		473, 466				0	
69. 00 06900 ELECTROCARDI OLOGY		1, 075, 875				5	69.00
69. 01 06901 CARDI AC REHAB		169, 631		0. 04352		Ö	
71. 00 07100 MEDICAL SUPPLIES C	HARGED TO PATLENTS	264, 693				0	
72. 00 07200 MPL. DEV. CHARGED		826, 669		0. 00907		Ö	
73. 00 07300 DRUGS CHARGED TO P		2, 490, 520				230	
74. 00 07400 RENAL DIALYSIS	ATT ENTS	63, 998				0	
OUTPATIENT SERVICE COST	CENTERS	00,770	10,702,700	0.00070	0		7 1. 00
90. 00 09000 CLI NI C		341, 868	4, 985, 038	0. 06857	9 0	0	90.00
90.01 09001 FAMILY PRACTICE CL	INIC	189, 138	4, 507, 595	0. 04196	0	0	90. 01
90. 02 09002 OUTPATIENT PSYCHIA		35, 109			8 0	0	90. 02
90. 03 09003 CHEMO		466, 662				0	90. 03
90. 04 09004 PRIMARY CARE FOR S	ENI ORS	82, 444				0	
90. 05 09005 PAIN MANAGEMENT		451, 063				0	90. 05
90. 06 09006 WOUND CARE		163, 034				0	
90. 07 09007 SLEEP CENTER		247, 732				0	
90. 08 09008 HEMATOLOGY		119, 152				0	
90. 09 09009 MULTI - SPECIALTY CL	LNLC	226, 508		0. 17692		ő	
91. 00 09100 EMERGENCY		2, 393, 629				768	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 373, 027			•	0	
92. 01 09201 OBSERVATION UNIT		1, 198, 637				0	
OTHER REIMBURSABLE COST	CENTERS	1, 1, 0, 007	10, 717, 040	0.07515	S ₁		1 72.01
96. 00 09600 DURABLE MEDICAL EC		692, 509	33, 506, 008	0. 02066	8 0	0	96. 00
200.00 Total (lines 50 th		1	2, 469, 730, 713		166, 988		200.00
11.121		1 2., 2.=, 31.	,,, ,	ı		., 555	

Health Financial Systems	PI TAL	In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS	Provider CCN: 15-0082 Component CCN: 15-S082	Peri od: From 10/01/2018 To 09/30/2019	
		Title XIX	Subprovi der -	PPS

			Ti tl	e XIX	Subprovi der -	PPS	<u> </u>
	Cost Center Description	Non Physician	Nursing School	Nursing School		Allied Health	
	'	Anestheti st	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS				_		
50. 00	05000 OPERATI NG ROOM	C	0) (0	72, 806	50.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	C	0) (0	0	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	C	0)	0	0	55. 00
56. 00	05600 RADI OI SOTOPE	C	0)	0	0	56. 00
57. 00	05700 CT SCAN	C	0)	0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	C	0)	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	C	0)	0	44, 126	
60.00	06000 LABORATORY	C	0)	0	0	60. 00
64. 00	06400 I NTRAVENOUS THERAPY	C	0)	0	111	64. 00
65. 00	06500 RESPI RATORY THERAPY	C	0)	0	0	
65. 01	06501 PULMONARY REHAB	C	0)	0	0	65. 01
66. 00	06600 PHYSI CAL THERAPY	C	0)	0	0	66. 00
69. 00	06900 ELECTROCARDI OLOGY	C	0)	0	1, 163	
	06901 CARDI AC REHAB	C	0)	0	0	
		C	0)	0	0	71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	C	0)	0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	C	0)	0	435, 510	
74. 00	07400 RENAL DI ALYSI S	C	0) (0	0	74. 00
	OUTPATIENT SERVICE COST CENTERS		1				
90.00	09000 CLI NI C	C	1 ~	1	0	0	90.00
	09001 FAMILY PRACTICE CLINIC	C	0) (0	0	90. 01
	09002 OUTPATIENT PSYCHIATRIC SERVICES	C	0)	0	0	90. 02
	09003 CHEMO	C	0)	0	0	90. 03
	09004 PRIMARY CARE FOR SENIORS	C	0)	0	0	90. 04
90. 05	09005 PAIN MANAGEMENT	C	0		0	3, 986	90. 05
90. 06	09006 WOUND CARE	C	0		0	22, 146	
	09007 SLEEP CENTER	C	0		0	0	90. 07
90. 08	09008 HEMATOLOGY	C			0	0	90. 08
90. 09	09009 MULTI -SPECIALTY CLINIC	C			0	0	90. 09
	09100 EMERGENCY	C)	0	28, 070	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	C]	(0	92. 00
92. 01	09201 OBSERVATI ON UNI T	C	0) (0	54, 867	92. 01
04 00	OTHER REIMBURSABLE COST CENTERS						0, 00
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	C				(42.705	, 0. 00
200.00	Total (lines 50 through 199)	C	0	y C	0	662, 785	1200.00

	Financial Systems	DEACONESS				u of Form CMS-	2552-10
	ONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ERVICE OTHER PASS	Provider C		Period: From 10/01/2018	Worksheet D Part IV	
THROUGH	1 COSTS		Component		To 09/30/2019	Date/Time Pre	pared:
			T: 11	- VIV	Code managed all and	2/27/2020 7:5 PPS	5 am
			1111	e XIX	Subprovi der - I PF	PP3	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost		Cost (sum of		$(col. 5 \div col.$	
			4)	col s. 2, 3,	8)	7)	
		4.00	5. 00	and 4) 6.00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
	05000 OPERATING ROOM	0	72, 806	72, 800	468, 339, 955	0. 000155	50.00
	05400 RADI OLOGY-DI AGNOSTI C	0	0		143, 119, 766	0. 000000	54.00
	05500 RADI OLOGY-THERAPEUTI C	0	0		65, 602, 811	0. 000000	55. 00
56. 00	05600 RADI OI SOTOPE	0	0		28, 460, 894	0.000000	56.00
57. 00	05700 CT SCAN	0	0		163, 828, 483	0.000000	57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		50, 173, 494	0.000000	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	44, 126	44, 120	113, 053, 352	0.000390	59.00
60.00	06000 LABORATORY	0	0	(233, 064, 665	0.000000	60.00
64. 00	06400 INTRAVENOUS THERAPY	0	111	11.	1 7, 696, 236	0. 000014	64.00
65. 00	06500 RESPI RATORY THERAPY	0	0	(91, 439, 236	0. 000000	65.00
65. 01	06501 PULMONARY REHAB	0	0	(1, 310	0. 000000	65. 01
	06600 PHYSI CAL THERAPY	0	0	(80, 221, 615	0. 000000	
	06900 ELECTROCARDI OLOGY	0	1, 163	1, 163		0. 000017	
	06901 CARDI AC REHAB	0	0		3, 897, 511	0. 000000	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	39, 680, 538	0. 000000	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		91, 059, 721	0. 000000	
	07300 DRUGS CHARGED TO PATIENTS	0	435, 510	1		0. 001157	
	07400 RENAL DI ALYSI S	0	0	(10, 782, 765	0. 000000	74.00
	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	0	0	1 /	4, 985, 038	0.000000	90.00
	09001 FAMILY PRACTICE CLINIC	0	0		4, 507, 595	0. 000000	
	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0		4, 939, 070	0. 000000	
	09003 CHEMO	0	Ö		26, 340, 525	0. 000000	
	09004 PRIMARY CARE FOR SENIORS	0	0		2, 276, 142	0. 000000	
	09005 PAIN MANAGEMENT	0	3, 986	3, 986		0. 000103	
	09006 WOUND CARE	0	22, 146	1		0. 002093	
	09007 SLEEP CENTER	0	0		9, 860, 355	0. 000000	
	09008 HEMATOLOGY	0	0	•	4, 018, 588	0. 000000	
	09009 MULTI -SPECIALTY CLINIC	0	Ö		1, 280, 241	0. 000000	
	09100 EMERGENCY	0	28, 070			0. 000107	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	, , , ,	16, 832, 025	0. 000000	
	09201 OBSERVATI ON UNI T	0	54, 867	54, 86		0. 003440	
Ī	OTHER REIMBURSABLE COST CENTERS						
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED	0		(33, 506, 008	0. 000000	96.00
200. 00	Total (lines 50 through 199)	0	662, 785	l 662 781	2, 469, 730, 713		200.00

Used the Fire and all Counts		DEACONECC III	OCDI TAI		1-11-	6	2552 10
Health Financial System	ems TIENT/OUTPATIENT ANCILLARY SE	DEACONESS H	Provider C	N. 15 0000	Peri od:	u of Form CMS- Worksheet D	2552-10
THROUGH COSTS	TIENT/OUTPATTENT ANCILLARY SE	KVICE UINEK PASS	Provider Co	JN. 13-0062	From 10/01/2018	Part IV	
THROUGH COSTS			Component	CCN: 15-S082	To 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared: 5 am
			Ti tl	e XIX	Subprovider - IPF	PPS	
Cost Cent	er Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9. 00	10.00	11. 00	12.00	13.00	
	CE COST CENTERS						
50. 00 05000 OPERATI NG		0. 000155	0		0	0	1
54. 00 05400 RADI OLOGY		0. 000000	1, 177		0	0	
55. 00 05500 RADI OLOGY		0. 000000	0		0	0	
56. 00 05600 RADI 0I SOT	OPE	0. 000000	0		0	0	
57.00 05700 CT SCAN		0. 000000	2, 206		0	0	
	RESONANCE IMAGING (MRI)	0. 000000	0		0	0	
59. 00 05900 CARDI AC C	ATHETERI ZATI ON	0. 000390	0		0	0	59. 00
60. 00 06000 LABORATOR	Υ	0. 000000	42, 130		0	0	60. 00
64. 00 06400 I NTRAVENO	US THERAPY	0. 000014	0		0	0	64. 00
65. 00 06500 RESPI RATO	RY THERAPY	0. 000000	0		0	0	65. 00
65. 01 06501 PULMONARY	REHAB	0. 000000	0		0	0	65. 01
66. 00 06600 PHYSI CAL	THERAPY	0. 000000	0		0	0	66. 00
69. 00 06900 ELECTROCA	RDI OLOGY	0. 000017	300		0	0	69. 00
69. 01 06901 CARDI AC R	EHAB	0. 000000	0		0	0	69. 01
71.00 07100 MEDICAL S	UPPLIES CHARGED TO PATIENTS	0. 000000	0		0	0	71. 00
72.00 07200 IMPL. DEV	. CHARGED TO PATIENTS	0. 000000	0		0	0	72. 00
73.00 07300 DRUGS CHA	RGED TO PATIENTS	0. 001157	34, 697	4	10 0	0	73. 00
74.00 07400 RENAL DIA	LYSIS	0. 000000	0		0	0	74.00
OUTPATIENT SERV	ICE COST CENTERS						
90. 00 09000 CLINIC		0. 000000	0		0 0	0	90.00
90. 01 09001 FAMILY PR	ACTICE CLINIC	0. 000000	0		0	0	90. 01
90. 02 09002 OUTPATI EN	T PSYCHIATRIC SERVICES	0. 000000	0		0	0	90. 02
90. 03 09003 CHEMO		0. 000000	0		0	0	90. 03
90. 04 09004 PRIMARY C	ARE FOR SENIORS	0. 000000	0		0	0	90. 04
90. 05 09005 PAIN MANA	GEMENT	0. 000103	0		0	0	90. 05
90.06 09006 WOUND CAR	E	0. 002093	0		0	0	90.06
90. 07 09007 SLEEP CEN	TER	0. 000000	0		0	0	90. 07
90. 08 09008 HEMATOLOG	Υ	0. 000000	0		0 0	0	90. 08
90. 09 09009 MULTI -SPE	CIALTY CLINIC	0. 000000	0		0 0	0	90. 09
91. 00 09100 EMERGENCY		0. 000107	83, 945		9 0	0	91.00
92. 00 09200 OBSERVATI	ON BEDS (NON-DISTINCT PART)	0. 000000	2, 533		0 0	0	92. 00
92. 01 09201 OBSERVATI		0. 003440	0		0 0	0	92. 01
OTHER REIMBURSA	BLE COST CENTERS						
96.00 09600 DURABLE M	EDICAL EQUIP-RENTED	0. 000000	0		0 0		96. 00
200.00 Total (li	nes 50 through 199)		166, 988	4	19 0	0	200. 00

Health Financial Systems	DEACONE	DEACONESS HOSPITAL		
COMPUTATION OF INPATIENT	OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 7:55 am
		Title XVIII	Hospi tal	PPS

-		Title XVIII	Hospi tal	2/27/2020 7:5 PPS	5 am
Cost Center Description					
	1. 00				
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			130, 986	1. 00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days) Private room days (excluding swing-bed and observation bed days). If you have only private room days,			130, 986	2.00
3. 00	do not complete this line.	(S). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation bed days)				4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	0	5. 00		
6. 00	reporting period Total swing-bed SNF type inpatient days (including private roo	om davs) after December (R1 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	on days) arter becember .	or the cost	O	0.00
7. 00	Total swing-bed NF type inpatient days (including private roor reporting period	n days) through December	31 of the cost	0	7. 00
8. 00	Teporting period Total swing-bed NF type inpatient days (including private room	n davs) after December 3	of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)			_	
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	52, 430	9. 00
10. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or	nlv (including private ro	oom davs)	0	10. 00
	through December 31 of the cost reporting period (see instruc-	tions)	,		
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, en		oom days) after	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI)		e room davs)	0	12. 00
	through December 31 of the cost reporting period	3 .	,		
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)			0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17. 00
00	reporting period	oo tiii oogii boooiiiboi o'i o'		0.00	.,, 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost			0.00	19. 00
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	ne cost	0.00	20. 00
	reporting period				
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through Decembe		ng period (line	110, 993, 124 0	21. 00 22. 00
22.00	5 x line 17)	or or the cost reports	ng perrou (rine	O	22.00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	ng period (line	0	24. 00
25. 00	7 x line 19)	21 of the cost reporting	poriod (line 9	0	25. 00
25.00	Swing-bed cost applicable to NF type services after December $(x \mid x \mid$	of the cost reporting	perrou (Trie 8	U	25.00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(line 21 minus line 26)		110, 993, 124	27. 00
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	29. 00
30.00	Semi - pri vate room charges (excluding swing-bed charges)	1: 20)		0	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 -	Filne 28)		0. 000000 0. 00	31. 00 32. 00
33. 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33. 00
34. 00	Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	tions)	0.00	34. 00
35. 00	Average per diem private room cost differential (line 34 x line)		11 0115)	0.00	35. 00
36. 00	Private room cost differential adjustment (line 3 x line 35)	ic 31)		0.00	36. 00
37.00		and private room cost di	fferential (line	110, 993, 124	37. 00
37.00	O General inpatient routine service cost net of swing-bed cost and private room cost differential (line 110,993,124 3 27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see	instructions)		847. 37	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	•		44, 427, 609	39. 00
40.00	Medically necessary private room cost applicable to the Progra	,		0	40.00
41.00	Total Program general inpatient routine service cost (line 39	+ IIne 40)	l	44, 427, 609	41.00

Heal th	Financial Systems	DEACONESS H	_		<u>In L</u> ie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019	Worksheet D-1	pared:
	Cost Center Description	Total Inpatient Costl	Total	Average Per Diem (col. 1		PPS Program Cost (col. 3 x col.	5 diii
		1.00	2.00	col. 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)						42. 00
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	23, 323, 828	17, 918	1, 301.	70 8, 123	10, 573, 709	43.00
44. 00 45. 00 46. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	5, 681, 781	4, 418				
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk					81, 190, 105	
	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	<u> </u>		,	C Davida I and	138, 604, 053	
50. 00	Pass through costs applicable to Program inpa	atient routine s	services (from	I WKST. D, SU	m or Parts I and	7, 291, 504	50.00
51. 00	Pass through costs applicable to Program inpa and IV)	,	/ services (fr	rom Wkst. D,	sum of Parts II	6, 318, 022	
52. 00 53. 00	Total Program excludable cost (sum of lines! Total Program inpatient operating cost exclumedical education costs (line 49 minus line!	ding capital rel	ated, non-phy	rsician anest	hetist, and	13, 609, 526 124, 994, 527	
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.00
	Target amount per discharge						55. 00
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ng cost and tar	get amount (I	ine 56 minus	line 53)	0	
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re market basket	porting period e	ending 1996, ເ	pdated and c	ompounded by the	0 0. 00	58. 00 59. 00
60. 00 61. 00	60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0. 00 0	60. 00 61. 00
62. 00	amount (line 56), otherwise enter zero (see Relief payment (see instructions)	instructions)				0	62. 00
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instruc	ctions)			0	63. 00
64. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts through Decem	nber 31 of the	cost report	ing period (See	0	64. 00
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after Decembe	er 31 of the c	ost reportin	g period (See	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routil CAH (see instructions)	·	•	, ,	•	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)						67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)			·	orting period	0	
69. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU					0	69.00
70.00	Skilled nursing facility/other nursing facil	ty/ICF/IID rout	ine service d	ost (line 37)		70.00
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ne /0 ÷ line	2)			71. 00 72. 00
73.00	Medically necessary private room cost application	able to Program					73. 00
74. 00 75. 00	Total Program general inpatient routine servicapital-related cost allocated to inpatient (26. line 45)		,		Part II, column		74. 00 75. 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus	s line 77)					78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				nus line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limi	tati on		, /O			81.00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (:						82. 00 83. 00
84. 00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00	Utilization review - physician compensation	•	•				85. 00 86. 00
86. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ougn obj				00.00
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per					9, 822 847-37	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (see		11116 2)			8, 322, 868	

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 10/01/2018 To 09/30/2019		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUG	H COST					
90.00 Capital -related cost	14, 091, 609	110, 993, 124	0. 12695	9 8, 322, 868	1, 056, 663	90.00
91.00 Nursing School cost	0	110, 993, 124	0.00000	8, 322, 868	0	91.00
92.00 Allied health cost	759, 819	110, 993, 124	0. 00684	6 8, 322, 868	56, 978	92.00
93.00 All other Medical Education	o	110, 993, 124	0. 000000	8, 322, 868	0	93. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2018	Worksheet D-1
	Component CCN: 15-S082	To 09/30/2019	Date/Time Prepared: 2/27/2020 7:55 am
	Title XVIII	Subprovi der -	PPS

		II tile XVIII	I PF	FF3	
	Cost Center Description			4.00	
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			3, 518	
2. 00 3. 00	Inpatient days (including private room days, excluding swing-berivate room days (excluding swing-bed and observation bed day		vata room dave	3, 518 0	2. 00 3. 00
3.00	do not complete this line.	75). IT you have only pri	vate room days,	U	3.00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		3, 518	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room	om days) through Decembe	r 31 of the cost	0	5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private room)	om davs) after December :	31 of the cost	0	6. 00
0.00	reporting period (if calendar year, enter 0 on this line)	om days) arter becomber t	31 01 1110 0031	o o	0.00
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	arter becember 5	i or the cost	O	0.00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	1, 043	9. 00
10. 00	<pre>newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or</pre>	alv (i neludi na privato re	nom dave)	0	10. 00
10.00	through December 31 of the cost reporting period (see instructions)		Join days)	U	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		noom days)	0	12. 00
12.00	through December 31 of the cost reporting period	Comy (including private	e room days)	U	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13.00
14. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra	·	′	0	14. 00
15. 00	Total nursery days (title V or XIX only)	diii (exciduring swirig-bed t	uays)	0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17.00	SWING BED ADJUSTMENT	thus	e 414	0.00	17.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 of	r the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
19. 00	reporting period	through Docombon 21 of	the cost	0.00	19. 00
19.00	Medicaid rate for swing-bed NF services applicable to services reporting period	s till ought beceiliber 31 of	the cost	0.00	19.00
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s after December 31 of th	ne cost	0. 00	20. 00
21. 00	Total general inpatient routine service cost (see instructions			1, 921, 567	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December 17)	er 31 of the cost reporti	ing period (line	0	22. 00
23. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	a period (line 6	0	23. 00
	x line 18)				
24. 00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
04 00	x line 20)				04 00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		0 1, 921, 567	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			177217007	27.00
	General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)		28. 00
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0. 00	
33. 00 34. 00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mir	oue lino 22)(eoo inetrue	tions)	0. 00 0. 00	
35. 00	Average per diem private room cost differential (line 34 x line)	, ,	ti ons)	0.00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	·		0	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	1, 921, 567	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU				
38. 00	Adjusted general inpatient routine service cost per diem (see			546. 21	
39. 00 40. 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Program			569, 697 0	39. 00 40. 00
41. 00	Total Program general inpatient routine service cost (line 39	,		569, 697	

<u>Ith Financial Syste</u> MPUTATION OF INPATIE		DEACONESS HO	Provider C	^N: 15_0082	Peri od:	u of Form CMS-: Worksheet D-1	
PUTATION OF INPATTE	NI OPERATING COST			CCN: 15-0082 CCN: 15-S082	From 10/01/2018 To 09/30/2019	Date/Time Pre	par
			Title	xVIII	Subprovi der - I PF	2/27/2020 7:5 PPS	5 a
Cost Cente	r Description	Total Inpatient Costli	Total npatient Days		Program Days	Program Cost (col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
00 NURSERY (title	/ & XIX only)	1.00	2.00	0.00	1. 00	0.00	42
	ype Inpatient Hospital Units	<u> </u>		•			
00 INTENSIVE CARE		0	0			0	
00 CORONARY CARE U		0	0	0.	00 0	0	
00 BURN INTENSIVE							45
00 SURGICAL INTENS							46
00 OTHER SPECIAL C	r Description						47
COST CENTE	Description					1. 00	
00 Program inpatie	nt ancillary service cost (Wk	st. D-3, col. 3,	line 200)			101, 760	48
	npatient costs (sum of lines			ns)		671, 457	
PASS THROUGH CO:							
	sts applicable to Program inp	atient routine s	ervices (from	ı Wkst. D, su	m of Parts I and	58, 179	50
00 Dags through as	sta annliaghla ta Dragram inn	ationt anaillass	comiless (fr	om Wko+ D	oum of Donto II	/ 170	E.
00 Pass through co	sts applicable to Program inp	аттент анстітагу	services (Tr	OIII WKSt. D, S	Sum UI FdI LS II	6, 179	5
	cludable cost (sum of lines	50 and 51)				64, 358	52
9	npatient operating cost exclu		ated, non-phy	sician anestl	hetist, and	607, 099	
medical educati	on costs (line 49 minus line					·	1
	ID LIMIT COMPUTATION						
00 Program dischar						0	
00 Target amount p 00 Target amount (er discnarge ine 54 x line 55)					0. 00 0	1
	een adjusted inpatient operat	ing cost and tar	net amount (1	ine 56 minus	line 53)	0	1
	see instructions)	ing cost and tary	get amount (i	THE 30 IIITIGS	11110 33)	0	
	53/54 or 55 from the cost re	porting period e	nding 1996, ເ	pdated and c	ompounded by the	0.00	
market basket		. 31	3	•			
	53/54 or 55 from prior year					0.00	
	s less than the lower of line					0	6
	costs (line 53) are less tha), otherwise enter zero (see		(Tines 54 x	60), or 1% o	r the target		
	(see instructions)	instructions)				0	62
	ent cost plus incentive paym	ent (see instruc	tions)			0	
PROGRAM I NPATI EI	IT ROUTINE SWING BED COST						
	ped SNF inpatient routine cos	ts through Deceml	per 31 of the	cost report	ing period (See	0	64
	tle XVIII only) bed SNF inpatient routine cos	ts after December	c 21 of the c	ost roportin	a pariod (Saa	0	65
	tle XVIII only)	ts after beceiliber	31 Of the C	ost reporting	g perrou (see	0	00
	swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVI	II only). For	0	66
CAH (see instru	ctions)	•		, ,	3,		
	swing-bed NF inpatient routin	e costs through I	December 31 c	of the cost r	eporting period	0	67
(line 12 x line		o costo often b	20mbo= 21 - C	the cost :	orting pori	_	,,
00 Title V or XIX (line 13 x line	swing-bed NF inpatient routing 20)	e costs arter Dec	Lember 31 Of	the cost rep	orting period	0	68
`	· XIX swing-bed NF inpatient	routine costs (I	ne 67 + line	: 68)		0	69
	ED NURSING FACILITY, OTHER N						1
	facility/other nursing facil)		70
	inpatient routine service c		ne 70 ÷ line	2)			7
	service cost (line 9 x line		(lino 14 :: ''	no 3E)			72
1	sary private room cost applic eneral inpatient routine serv		•	ne 30)			73
5 5	cost allocated to inpatient			orksheet B	Part II column		75
26, line 45)	Tit a osatou to impati dit	JOI VI GO 1	(110m W		, c , GOT GIIIIT		'`
00 Per diem capita	-related costs (line 75 ÷ li						76
	-related costs (line 9 x line						7
	ne service cost (line 74 minu		nul dos s	le)			78
	es to beneficiaries for exces outine service costs for comp				nus line 70)		80
9	ne service costs foi comp ne service cost per diem limi		st iim tati Ol	(1116 /0 1111)	1143 11110 <i>11)</i>		8
	ne service cost limitation (I						82
	tient routine service costs ()				83
	nt ancillary services (see in						84
	ew - physician compensation						85
	npatient operating costs (sum		ough 85)				86
	ATION OF OBSERVATION BED PASS on bed days (see instructions					0	87
oo liotai onseivati	inpatient routine cost per		ino 2)			0.00	
00 Adjusted genera							

Provider CCN: 15-082 Period: From 10/01/2018 To 09/30/2019 Date/Time Prepared: 2/27/2020 7: 55 am	Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
Component CCN: 15-S082 To 09/30/2019 Date/Time Prepared: 2/27/2020 7: 55 am Title XVIII Subprovider - IPF Cost Center Description Cost (from line 21) Column 1 ÷ column 2 Cost (from line 21) Description Bed Pass Through Cost (col. 3 x col. 4) (see instructions) 1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST	COMPUTATION OF INPATIENT OPERATING COST		Provider CC				
Cost Center Description Cost Routine Cost (from line 21) Routine Cost (column 1 ÷ column 2 description (from line 21) Cost Center Description Cost Routine Cost (column 1 ÷ column 2 description (bservation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) 1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST			Component (Date/Time Pre	
(from line 21) column 2 Observation Bed Pass Through Cost (ine 89) (col. 3 x col. 4) (see instructions) 1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST			Title	XVIII		PPS	
Bed Cost (from Through Cost (col. 3 x col. 4) (see instructions) 1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST			(from line 21)	column 2	Observati on	Bed Pass	
4) (see instructions) 1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
1.00 2.00 3.00 4.00 5.00 COMPUTATION OF OBSERVATION BED PASS THROUGH COST						4) (see	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						instructions)	
		1.00	2.00	3. 00	4. 00	5. 00	
90. 00 Capital -related cost 196, 223 1, 921, 567 0. 102116 0 90. 00	COMPUTATION OF OBSERVATION BED PASS THROUGH C	0ST					
	90.00 Capital -related cost	196, 223	1, 921, 567	0. 10211	6 0	0	90.00
91. 00 Nursi ng School cost 0 1, 921, 567 0. 000000 0 91. 00	91.00 Nursing School cost	0	1, 921, 567	0.00000	0	0	91.00
92.00 Allied health cost 0 1,921,567 0.000000 0 92.00	92.00 Allied health cost	0	1, 921, 567	0. 00000	0 0	0	92. 00
93. 00 All other Medical Education 0 1,921,567 0.000000 0 93. 00	93.00 All other Medical Education	0	1, 921, 567	0. 00000	0 0	0	93. 00

Health Financial Systems	DEACONESS HOSPITAL	DEACONESS HOSPITAL In Lieu		
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0082	Peri od: From 10/01/2018	Worksheet D-1	
		To 09/30/2019	Date/Time Pre 2/27/2020 7:5	
	Title XIX	Hospi tal	PPS	
Cost Center Description				

-		Title XIX	Hospi tal	2/27/2020 7: 5: PPS	5 am
	Cost Center Description	TI LIE XIX	nospi tai	113	
	·			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			130, 986	1. 00
2.00	Inpatient days (including private room days, excluding swing-			130, 986	2. 00
3.00	Private room days (excluding swing-bed and observation bed day do not complete this line.	ys). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		121, 164	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through December	31 of the cost	0	5. 00
/ 00	reporting period	om dava) after December (01 of the cost	0	4 00
6. 00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	om days) arter becember .	si di the cost	0	6. 00
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
0.00	reporting period			0	0.00
8. 00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	n days) arter becember 3	or the cost	0	8. 00
9.00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	3, 799	9. 00
10.00	newborn days)	-1 (:1!		0	10.00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instructions)		oom days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	oom days) after	0	11. 00
12 00	December 31 of the cost reporting period (if calendar year, en		room dovo)	0	12 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XIX through December 31 of the cost reporting period	confy (including private	e room days)	U	12. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13. 00
14.00	after December 31 of the cost reporting period (if calendar ye			0	14 00
14. 00 15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	am (excluding swing-bed o	iays)	0	14. 00 15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
47.00	SWING BED ADJUSTMENT			0.00	47.00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 of	the cost	0.00	17. 00
18.00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
10.00	reporting period	- +b	464	0.00	10.00
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through becember 31 or	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of th	ne cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	-)		110, 993, 124	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	0	22. 00
	5 x line 17)				
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reportin	ng period (line	0	24. 00
25 00	7 x line 19)	of the cost reporting	nominal (line O	0	25 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	or the cost reporting	perrod (Trie 8	U	25. 00
26. 00	Total swing-bed cost (see instructions)			0	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		110, 993, 124	27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation bed cha	arges)	0	28. 00
29. 00	Pri vate room charges (excluding swing-bed charges)		9/	0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)	1. 00)		0	30.00
31. 00 32. 00	General inpatient routine service cost/charge ratio (line 27 - Average private room per diem charge (line 29 ÷ line 3)	Fine 28)		0. 000000 0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34.00	Average per diem private room charge differential (line 32 mir	nus line 33)(see instruct	tions)	0.00	
35.00	Average per diem private room cost differential (line 34 x lin	ne 31)	·	0.00	35. 00
36. 00	Private room cost differential adjustment (line 3 x line 35)			0	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	ferential (line	110, 993, 124	37. 00
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see	•		847. 37	
39.00	Program general inpatient routine service cost (line 9 x line	•		3, 219, 159	
40. 00 41. 00	Medically necessary private room cost applicable to the Progra Total Program general inpatient routine service cost (line 39			0 3, 219, 159	40. 00 41. 00
	, 3 3 3	,	l	-, -, , , , ,	

	Financial Systems	DEACONESS F	_	ON 45 55		u of Form CMS-2	
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C	CN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Pre 2/27/2020 7:5	pared:
				e XIX	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Costl		col . 2)	÷	Program Cost (col. 3 x col. 4)	
42.00	MUDSEDY (+i+Lo V & VLV oply)	1.00	2. 00	3.00	4. 00	5. 00	42.00
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units						J 42. UC
43. 00	INTENSIVE CARE UNIT	23, 323, 828	17, 918	1, 301.	70 769	1, 001, 007	43.00
44. 00	CORONARY CARE UNIT	5, 681, 781	4, 418	1, 286.	05 322	414, 108	
45. 00	BURN INTENSIVE CARE UNIT						45. 00 46. 00
	OTHER SPECIAL CARE (SPECIFY)						47. 00
	Cost Center Description	1		'	<u> </u>	1 00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3. col. 3.	line 200)			1. 00 4, 309, 872	48. 00
	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS			ons)		8, 944, 146	
50. 00	Pass through costs applicable to Program inp	atient routine s	services (from	n Wkst. D, su	m of Parts I and	572, 125	50. 00
51. 00	Pass through costs applicable to Program inpland IV)	atient ancillar	y services (fr	om Wkst. D,	sum of Parts II	324, 258	51. 00
52. 00	Total Program excludable cost (sum of lines	50 and 51)				896, 383	52.00
53. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION		ated, non-phy	sician anest	hetist, and	8, 047, 763	53.00
54. 00	Program di scharges					0	54.00
55. 00	Target amount per discharge						55.00
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operat	ing cost and ta	sast amount (ino E4 minus	lino E2)	0	56. 00 57. 00
58. 00	Bonus payment (see instructions)	ing cost and tai	get amount (i	THE 30 IIITIUS	111le 55)	0	
59. 00	Lesser of lines 53/54 or 55 from the cost re market basket	porting period o	endi ng 1996, ເ	ipdated and c	ompounded by the		59. 00
60. 00	Lesser of lines 53/54 or 55 from prior year					0.00	60.00
61. 00	If line 53/54 is less than the lower of line					0	61.00
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see		s (lines 54 x	60), or 1% o	f the target		
62. 00	Relief payment (see instructions)	riisti ucti olis)				0	62.00
63. 00	Allowable Inpatient cost plus incentive paym	ent (see instru	ctions)			0	63.00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decer	nber 31 of the	cost report	ing period (See	0	64.00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	· ·		•		0	65. 00
66. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi					0	
67. 00	CAH (see instructions)					0	
	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routin	· ·					68. 00
	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient			·	or tring period		
J 7. UU	PART III - SKILLED NURSING FACILITY, OTHER N					0	69.00
70.00	Skilled nursing facility/other nursing facil	,		•)		70.00
71. 00 72. 00	Adjusted general inpatient routine service c Program routine service cost (line 9 x line		ne /0 ÷ line	2)			71.00
73. 00	Medically necessary private room cost applic		(line 14 x li	ne 35)			73.00
74. 00	Total Program general inpatient routine serv						74.00
75. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service	costs (from V	lorksheet B,	Part II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ li						76.00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77.00
79. 00	Aggregate charges to beneficiaries for exces		rovi der record	ls)			79.00
80. 00	Total Program routine service costs for comp	arison to the co			nus line 79)		80.00
81.00	Inpatient routine service cost per diem limi						81.00
82. 00 83. 00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (82.00
84. 00	Program inpatient ancillary services (see in		-/				84.00
85. 00	Utilization review - physician compensation	(see instruction					85. 00
86. 00	Total Program inpatient operating costs (sum		ough 85)				86.00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PAST Total observation bed days (see instructions					9, 822	87.00
	Adjusted general inpatient routine cost per		Line 2)			847. 37	1
88. 00	Adjusted general impatrent routine cost per	diem (iiie 27 ÷	11116 2)			047.37	00.00

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 10/01/2018 To 09/30/2019	Date/Time Prep 2/27/2020 7:55	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH O	OST					
90.00 Capital -related cost	14, 091, 609	110, 993, 124	0. 12695	9 8, 322, 868	1, 056, 663	90.00
91.00 Nursing School cost	0	110, 993, 124	0.00000	0 8, 322, 868	0	91.00
92.00 Allied health cost	759, 819	110, 993, 124	0. 00684	6 8, 322, 868	56, 978	92.00
93.00 All other Medical Education	0	110, 993, 124	0. 00000	0 8, 322, 868	0	93. 00

Health Financial Systems	DE	ACONESS HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT	OPERATI NG COST	Provi der CCN: 15-0082	Peri od: From 10/01/2018	Worksheet D-1
		Component CCN: 15-S082	To 09/30/2019	Date/Time Prepared: 2/27/2020 7:55 am
		Title XIX	Subprovi der -	PPS

		II ti e XIX	I PF	FF3	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days			3, 518	1. 00
2.00	Inpatient days (including private room days, excluding swing-b			3, 518	
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.	s). If you have only pri	vate room days,	0	3. 00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		3, 518	4. 00
5.00	Total swing-bed SNF type inpatient days (including private roo		31 of the cost	0	5. 00
	reporting period				, 00
6. 00	Total swing-bed SNF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	om days) after becember 3	or the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00
	reporting period				
8. 00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December 31	of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	407	9. 00
	newborn days)				
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10. 00
11. 00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or		nom days) after	o	11. 00
11.00	December 31 of the cost reporting period (if calendar year, er	nter 0 on this line)	om days) arter	ĭ	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XI>		room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI)	only (including private	room days)	o	13. 00
13.00	after December 31 of the cost reporting period (if calendar ve			٥	13.00
14.00	Medically necessary private room days applicable to the Progra	-	,	0	14. 00
15. 00	Total nursery days (title V or XIX only)			0	15. 00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 of	the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of t	he cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0.00	19. 00
17.00	reporting period	o tin dagii bedeiibei di di	the cost	0.00	17.00
20. 00	Medicaid rate for swing-bed NF services applicable to services	after December 31 of th	ie cost	0. 00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	.)		1, 921, 567	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ng period (line	0	22. 00
	5 x line 17)	·			
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	period (line 6	0	23. 00
24. 00	x line 18) Swing-bed cost applicable to NF type services through December	31 of the cost reportin	a period (line	0	24. 00
	7 x line 19)		9		
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
26. 00	x line 20) Total swing-bed cost (see instructions)			o	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1, 921, 567	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed	l and observation bed cha	irges)		28. 00
29. 00 30. 00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29. 00 30. 00
31. 00	General inpatient routine service cost/charge ratio (line 27 =	· line 28)		0. 000000	
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0. 00	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	1: 22) (:		0.00	
34. 00 35. 00	Average per diem private room charge differential (line 32 mir Average per diem private room cost differential (line 34 x lir	, ,	1 0115)	0. 00 0. 00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	·= = ·/		0.00	36. 00
37. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost dif	ferential (line	1, 921, 567	37. 00
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	STMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			546. 21	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line			222, 307	39. 00
40.00	Medically necessary private room cost applicable to the Program	•		222 207	40.00
41. 00	Total Program general inpatient routine service cost (line 39	+ 1111C 4U)		222, 307	41.00

	Financial Systems	DEACONESS H				u of Form CMS-2	
OMPUT	ATION OF INPATIENT OPERATING COST		Provi der Co		Period: From 10/01/2018	Worksheet D-1	
			Component	CCN: 15-S082	To 09/30/2019	Date/Time Prep 2/27/2020 7:55	
			Ti tl	e XIX	Subprovi der -	PPS	0 4.
	Cost Center Description	Total	Total	Average Per	IPF Program Days	Program Cost	
	<u>'</u>	Inpatient Cost I	npatient Days	Diem (col. 1		(col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4.00	4) 5. 00	
2. 00	NURSERY (title V & XIX only)		2. 00	0.00	1.00	0.00	42
	Intensive Care Type Inpatient Hospital Units		0	0.4	00	0	43
3. 00 1. 00	INTENSIVE CARE UNIT	0	0			0	
. 00	BURN INTENSIVE CARE UNIT					1	45
. 00	SURGICAL INTENSIVE CARE UNIT						46
. 00	OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47
	oost center bescriptron					1. 00	
	Program inpatient ancillary service cost (Wk					29, 124	
. 00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)(s	ee instructio	ns)		251, 431	49
. 00	Pass through costs applicable to Program inp	atient routine s	ervices (from	Wkst. D, sur	n of Parts I and	22, 702	50
			•				
. 00	Pass through costs applicable to Program inpland IV)	atient ancillary	services (fr	om Wkst. D, s	sum of Parts II	1, 854	51
2. 00	Total Program excludable cost (sum of lines	50 and 51)				24, 556	52
3. 00	Total Program inpatient operating cost exclu	ding capital rel	ated, non-phy	sician anesth	netist, and	226, 875	
	medical education costs (line 49 minus line	52)					
. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54
. 00	Target amount per discharge					0.00	
. 00	Target amount (line 54 x line 55)				50)	0	
. 00	Difference between adjusted inpatient operat Bonus payment (see instructions)	ing cost and tar	get amount (I	ine 56 minus	Tine 53)	0	1
. 00	Lesser of lines 53/54 or 55 from the cost re	porting period e	nding 1996, u	pdated and co	ompounded by the	0.00	
	market basket						
0. 00 1. 00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				the amount by	0.00	60
1.00	which operating costs (line 53) are less than					ı	
	amount (line 56), otherwise enter zero (see	instructions)					١.,
2. 00 3. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ent (see instruc	tions)			0	62
. oo	PROGRAM I NPATIENT ROUTINE SWING BED COST	(300 111311 40					
1. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decem	ber 31 of the	cost reporti	ng period (See	0	64
5. 00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos</pre>	ts after Decembe	er 31 of the c	ost reporting	n period (See	o	65
J. 00	instructions)(title XVIII only)	to arter becombe	01 01 110 0	ost roportring	, perrou (occ	Ĭ	
5. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVII	I only). For	0	66
7. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 o	f the cost re	eporting period	0	67
	(line 12 x line 19)				.par arrig parria]	
3. 00	Title V or XIX swing-bed NF inpatient routin	e costs after De	cember 31 of	the cost repo	orting period	0	68
0. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (L	ine 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER N	URSING FACILITY,	AND ICF/IID	ONLY			
	Skilled nursing facility/other nursing facil	-)		70
2. 00	Adjusted general inpatient routine service c Program routine service cost (line 9 x line		ne /U ÷ IIne	2)			71
	Medically necessary private room cost applic		(line 14 x li	ne 35)			73
1.00	Total Program general inpatient routine serv				_		74
. 00	Capital-related cost allocated to inpatient 26, line 45)	routine service	costs (from W	orksneet B, F	rart II, column		75
5. 00	Per diem capital-related costs (line 75 ÷ li	ne 2)					70
. 00	Program capital -related costs (line 9 x line						7
. 00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		ovi den record	s)			78
. 00	Total Program routine service costs for comp				nus line 79)		80
. 00	Inpatient routine service cost per diem limi	tati on			ŕ		81
2.00	Inpatient routine service cost limitation (I						82
3. 00 4. 00	Reasonable inpatient routine service costs (Program inpatient ancillary services (see in		•)				84
5. 00	Utilization review - physician compensation		ıs)				85
5. 00	Total Program inpatient operating costs (sum					i	86
			cag., cc)				1
	PART IV - COMPUTATION OF OBSERVATION BED PAS Total observation bed days (see instructions	S THROUGH COST	oug oo,			0	87

Health Financial Systems	DEACONESS	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
		Component (CCN: 15-S082	From 10/01/2018 To 09/30/2019		
		Ti tl	e XIX	Subprovi der - I PF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (COST					
90.00 Capital -related cost	196, 223	1, 921, 567	0. 10211	6 0	0	90.00
91.00 Nursing School cost	0	1, 921, 567	0.00000	0 0	0	91.00
92.00 Allied health cost	0	1, 921, 567	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	1, 921, 567	0. 00000	0	0	93. 00
90.00 Capital-related cost 91.00 Nursing School cost 92.00 Allied health cost	1.00 COST	2. 00 1, 921, 567 1, 921, 567 1, 921, 567	3. 00 0. 10211 0. 00000 0. 00000	Bed Cost (from line 89) 4.00 6 0 0 0 0 0 0 0 0	Through Cost (col. 3 x col. 4) (see instructions) 5.00	91. 00 92. 00

Health Financial Systems	DEACONESS HOSE	PLTAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provi der C		Peri od: From 10/01/2018	Worksheet D-3	
				To 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared: 5 am
		Titl∈	: XVIII	Hospi tal	PPS	
Cost Center Description			Ratio of Cost	Inpati ent	Inpati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
20 00 02000 ADULTO A DEDIATRICO				70 (40 100		1 20 00

	Cost Center Description	Ratio of Cost	I npati ent	Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2. 00	3. 00	
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1		1	
30.00	03000 ADULTS & PEDI ATRI CS		72, 640, 129		30.00
31. 00	03100 I NTENSI VE CARE UNI T		29, 727, 474		31. 00
32. 00	03200 CORONARY CARE UNIT		7, 224, 885	l	32. 00
40. 00	04000 SUBPROVI DER - I PF		0		40. 00
	ANCI LLARY SERVI CE COST CENTERS	0.000001	70 450 747	17.000.010	
50.00	05000 OPERATI NG ROOM	0. 220091	78, 150, 716		50.00
54.00	05400 RADI OLOGY - DI AGNOSTI C	0. 124468	18, 173, 564		54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 161395	680, 374		55. 00
56.00	05600 RADI OI SOTOPE	0. 110211	3, 058, 969	l	56. 00
57. 00	05700 CT SCAN	0. 045908	20, 835, 368		
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 105497	4, 292, 310		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 150635	30, 143, 532		59. 00
60.00	06000 LABORATORY	0. 208681	35, 939, 730		60.00
64.00	06400 I NTRAVENOUS THERAPY	0. 366293	3, 447, 521		64.00
65. 00	06500 RESPI RATORY THERAPY	0. 086663	39, 906, 213		65.00
65. 01	06501 PULMONARY REHAB	34. 158015	0	_	65. 01
66.00	06600 PHYSI CAL THERAPY	0. 149938	25, 008, 153		66. 00
69. 00	06900 ELECTROCARDI OLOGY	0. 084234	12, 050, 986		69. 00
69. 01	06901 CARDI AC REHAB	0. 270420	2, 030		69. 01
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 252784	9, 932, 927		
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 344529	29, 061, 564		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 244507	69, 193, 163		73.00
74. 00	07400 RENAL DI ALYSI S	0. 174146	5, 703, 227	993, 194	74. 00
00.00	OUTPATIENT SERVICE COST CENTERS	0 (05704	7.004	F 075	00.00
90.00	09000 CLINIC	0. 695791	7, 294		90.00
90. 01	09001 FAMILY PRACTICE CLINIC	0. 426897	4, 722		90. 01
90. 02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES	0. 245167	0	_	90. 02
90. 03	09003 CHEMO	0. 105431	73, 727		90. 03
90. 04	09004 PRI MARY CARE FOR SENI ORS	0. 766969	9, 175		90. 04
90.05	09005 PAIN MANAGEMENT	0. 118401	1, 766	l .	90. 05
90.06	09006 WOUND CARE	0. 199121	306, 486	l	90.06
90. 07	09007 SLEEP CENTER	0. 340318	1, 358		90. 07
90. 08	09008 HEMATOLOGY	0. 251425	8, 061	2, 027	90. 08
90. 09	09009 MULTI -SPECIALTY CLINIC	0. 648315	0		90. 09
91.00	09100 EMERGENCY	0. 122988	39, 383, 389		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 494466	2, 449, 732		92.00
92. 01	09201 OBSERVATI ON UNI T	0. 502157	3, 522, 682	1, 768, 939	92. 01
	OTHER REIMBURSABLE COST CENTERS			1	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0. 350377	0	_	96. 00
200.00			431, 348, 739		
201.00			0		201. 00
202. 00	Net charges (line 200 minus line 201)	I I	431, 348, 739	Ί	202. 00

Health Financial Systems DEACONES INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	SS HOSPITAL Provider C		Peri od:	worksheet D-3	
	Component		From 10/01/2018 To 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared: 5 am
	Ti tl d	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	<u>.</u>	Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	0.00	
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.0
31. 00 03100 INTENSIVE CARE UNIT			0		31.0
32. 00 03200 CORONARY CARE UNIT			0		32. 0
40. 00 04000 SUBPROVI DER - 1 PF			2, 564, 666		40.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 22009	1 44, 392	9, 770	50.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 12446		475	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0. 16139		0	
56. 00 05600 RADI 0I SOTOPE		0. 11021		0	
57. 00 05700 CT SCAN		0. 04590	· ·	456	
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 10549		0	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 15063		0	59.0
60. 00 06000 LABORATORY		0. 20868		18, 271	
64.00 06400 INTRAVENOUS THERAPY 65.00 06500 RESPIRATORY THERAPY		0. 36629 0. 08666		0	
65. 00 06500 RESPI RATORY THERAPY 65. 01 06501 PULMONARY REHAB		34. 15801		0	
66. 00 06600 PHYSI CAL THERAPY		0. 14993		0	
69. 00 06900 ELECTROCARDI OLOGY		0. 14443		0	
69. 01 06901 CARDI AC REHAB		0. 27042		0	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 25278		Ö	
72. 00 O7200 I MPL. DEV. CHARGED TO PATIENTS		0. 34452		ő	1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 24450		47, 096	1
74. 00 07400 RENAL DIALYSIS		0. 17414	· ·	'	1
OUTPATIENT SERVICE COST CENTERS		•	<u> </u>		1
90. 00 09000 CLI NI C		0. 69579	0 1	0	90.00
90. 01 09001 FAMILY PRACTICE CLINIC		0. 42689	7 0	0	90.0
90. 02 09002 OUTPATI ENT PSYCHI ATRI C SERVI CES		0. 24516	7 0	0	90. 0
90. 03 09003 CHEMO		0. 10543		0	
90. 04 09004 PRI MARY CARE FOR SENI ORS		0. 76696		0	90.0
90. 05 09005 PAI N MANAGEMENT		0. 11840		0	
90. 06 09006 WOUND CARE		0. 19912		0	
90. 07 09007 SLEEP CENTER		0. 34031		0	
90. 08 09008 HEMATOLOGY		0. 25142		0	
90. 09 09009 MULTI - SPECIALTY CLINIC		0. 64831		0	90.0
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 12298		25, 029 663	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION UNIT		0. 49446 0. 50215		663	
OTHER REIMBURSABLE COST CENTERS		0.50215	0		72.0
96. 00 09600 DURABLE MEDICAL EQUIP-RENTED		0. 35037	7 0	0	96.00
200 00 Total (sum of lines 50 through 94 and 96 through 98)	0.00007	543 169	-	

Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

101, 760 200. 00 201. 00 202. 00

543, 169

543, 169

200.00

201. 00 202. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONM	Provi der CCN: 15-0082	Peri od: Worksheet D-3 From 10/01/2018 To 09/30/2019 Date/Time Prepared:

I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0082	Peri od:	Worksheet D-3	
				From 10/01/2018 To 09/30/2019	Data/Tima Dra	narodi
				10 09/30/2019	Date/Time Pre 2/27/2020 7:5	
		Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos	t Inpatient	Inpatient	
	·		To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2. 00	3. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS			6, 415, 808		30.00
31. 00	03100 I NTENSI VE CARE UNI T			2, 884, 941		31.00
32.00	03200 CORONARY CARE UNIT			1, 154, 711		32. 00
40.00	04000 SUBPROVI DER - I PF			0		40. 00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATI NG ROOM		0. 2200			1
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1244			54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C		0. 1613			1
56. 00	05600 RADI 0I SOTOPE		0. 1102			
57. 00	05700 CT SCAN		0. 04590			1
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 1054			1
59. 00	05900 CARDI AC CATHETERI ZATI ON		0. 1506			1
60.00	06000 LABORATORY		0. 2086			
64. 00	06400 I NTRAVENOUS THERAPY		0. 3662	· ·		1
65. 00	06500 RESPI RATORY THERAPY		0. 0866			1
65. 01	06501 PULMONARY REHAB		34. 1580°		·	
66. 00	06600 PHYSI CAL THERAPY		0. 1499:			1
69. 00	06900 ELECTROCARDI OLOGY		0. 0842			1
69. 01	06901 CARDI AC REHAB		0. 27042		1	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 25278			
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS		0. 3445			1
73. 00	07300 DRUGS CHARGED TO PATIENTS		0. 24450			1
74. 00	07400 RENAL DI ALYSI S		0. 1741	16 344, 550	60, 002	74. 00
00.00	OUTPATIENT SERVICE COST CENTERS		0 (057)	24		00.00
90.00	09000 CLINIC		0. 69579			
90. 01	09001 FAMILY PRACTICE CLINIC		0. 42689			1
90. 02	09002 OUTPATI ENT PSYCHI ATRI C SERVI CES		0. 2451		0	
90. 03	09003 CHEMO		0. 1054:			
90. 04	09004 PRI MARY CARE FOR SENI ORS		0. 7669		1	
90. 05	09005 PAIN MANAGEMENT		0. 11840		l e	1
90.06	O9006 WOUND CARE O9007 SLEEP CENTER		0. 1991:			1
90. 07 90. 08	09008 HEMATOLOGY		0. 3403		1	
90.08	09009 MULTI -SPECIALTY CLINIC		0. 25142			90.08
90.09			0. 6483			1
91.00	09100 EMERGENCY		0. 12298			1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 4944			
92. U l	O9201 OBSERVATI ON UNI T OTHER REI MBURSABLE COST CENTERS		0. 5021!	57 194, 749	97, 795	92. 01
96. 00	09600 DURABLE MEDICAL EQUIP-RENTED		0. 3503	77 0	0	96. 00
200.00			0. 3503	24, 022, 784		1
200.00		(line 61)		24, 022, 704	4, 307, 072	200.00
201.00		(TITIE OI)		24, 022, 784		201.00
202.00	proceedings (True 200 militas True 201)		I	24, 022, 704	I	1202.00

I NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0082 CCN: 15-S082	Peri od: From 10/01/2018 To 09/30/2019	Date/Time Pre	pared:
		Ti tl	e XIX	Subprovi der - I PF	2/27/2020 7:5 PPS	5 am
	Cost Center Description		Ratio of Cos To Charges	t Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	INDATIENT DOUTINE SERVICE COST CENTERS		1.00	2. 00	3. 00	
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS		I	0	I	30.00
31. 00	03100 I NTENSI VE CARE UNIT			0	•	31.00
32. 00	03200 CORONARY CARE UNIT			0		32.00
40. 00	04000 SUBPROVI DER - I PF			1, 001, 442		40.00
40.00	ANCILLARY SERVICE COST CENTERS		1	1,001,442	L	40.00
50. 00	05000 OPERATING ROOM		0. 22009	91 0	0	50.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 12446			
55. 00	05500 RADI OLOGY-THERAPEUTI C		0. 16139			55. 0
56. 00	05600 RADI OI SOTOPE		0. 1102		0	56.0
57. 00	05700 CT SCAN		0. 04590		1	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 10549	· ·	0	58. 0
59. 00	05900 CARDI AC CATHETERI ZATI ON		0. 15063		0	1
60.00	06000 LABORATORY		0. 20868		8, 792	
64.00	06400 I NTRAVENOUS THERAPY		0. 36629			1
65. 00	06500 RESPI RATORY THERAPY		0. 08666		0	65.0
65. 01	06501 PULMONARY REHAB		34. 1580	15 0	0	65.0
66. 00	06600 PHYSI CAL THERAPY		0. 14993	38 0	0	66.0
69. 00	06900 ELECTROCARDI OLOGY		0. 08423	300	25	69.0
69. 01	06901 CARDI AC REHAB		0. 27042	20 0	0	69.0
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 25278	34 0	0	71.0
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 34452	29 0	0	72.0
73.00	07300 DRUGS CHARGED TO PATIENTS		0. 24450	34, 697	8, 484	73.0
74.00	07400 RENAL DIALYSIS		0. 17414	16 0	0	74.0
	OUTPATIENT SERVICE COST CENTERS					ļ
90. 00	09000 CLI NI C		0. 69579			
90. 01	09001 FAMILY PRACTICE CLINIC		0. 42689		-	90.0
90. 02	09002 OUTPATIENT PSYCHIATRIC SERVICES		0. 24516		· -	90. 02
90. 03	09003 CHEMO		0. 10543		· -	90.0
90. 04	09004 PRI MARY CARE FOR SENI ORS		0. 76696		0	90.0
90.05	09005 PAIN MANAGEMENT		0. 11840		0	90. 0
90.06	09006 WOUND CARE		0. 19912		0	
90. 07	09007 SLEEP CENTER		0. 34031		0	90.0
90. 08 90. 09	09008 HEMATOLOGY		0. 25142		0	90.0
90. 09	09009 MULTI - SPECIALTY CLINIC 09100 EMERGENCY		0. 6483° 0. 12298		1	90.0
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 12298	· ·		
92. 00	09201 OBSERVATION UNIT		0. 50215			
12.01	OTHER RELIMBURSABLE COST CENTERS		1 0. 302 13	0,1		ا ، ۲۷

166, 988

166, 988

0. 350377

96.00 0

29, 124 200. 00 201. 00 202. 00

OTHER REIMBURSABLE COST CENTERS

96. 00 09600 DURABLE MEDICAL EQUIP-RENTED

200.00 201. 00 202. 00 Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0082	Peri od: Worksheet E From 10/01/2018 Part A To 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am

				2/27/2020 7:5	5 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurri	0	1. 01		
	instructions)				
1. 02	DRG amounts other than outlier payments for discharges occurri	ng on or after October	l (see	125, 329, 371	1. 02
1 02	instructions)	or dicabangsa sasurring l	orior to Ootobor	0	1 02
1. 03	DRG for federal specific operating payment for Model 4 BPCl for (see instructions)	or discharges occurring p	or to october	0	1. 03
1.04	DRG for federal specific operating payment for Model 4 BPCI fo	or discharges occurring o	on or after	0	1. 04
	October 1 (see instructions)				
2.00	Outlier payments for discharges. (see instructions)				2. 00
2. 01	Outlier reconciliation amount			0	2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructi			0	2. 02
2.03	Outlier payments for discharges occurring prior to October 1			0	2. 03
2. 04	Outlier payments for discharges occurring on or after October	1 (see instructions)		2, 499, 837	2. 04
3.00	Managed Care Simulated Payments			45, 141, 977	3.00
4. 00	Bed days available divided by number of days in the cost report	rting period (see instru	ctions)	518. 72	4. 00
5. 00	Indirect Medical Education Adjustment FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	port od onding on	15. 30	5.00
5.00	or before 12/31/1996. (see instructions)	recent cost reporting p	berroa enaring on	15. 30	3.00
6. 00	FTE count for allopathic and osteopathic programs that meet t	ne criteria for an add-o	n to the cap for	0.00	6. 00
0.00	new programs in accordance with 42 CFR 413.79(e)	ic criteria for an add of	r to the cap rol	0.00	0.00
7.00	MMA Section 422 reduction amount to the IME cap as specified u	under 42 CFR §412.105(f)	(1) (i v) (B) (1)	0.00	7. 00
7.01	ACA § 5503 reduction amount to the IME cap as specified under	42 CFR §412.105(f)(1)(i	/)(B)(2) If the	0.00	7. 01
	cost report straddles July 1, 2011 then see instructions.				
8.00	Adjustment (increase or decrease) to the FTE count for allopa			0. 89	8. 00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.	79(c)(2)(iv), 64 FR 26340) (May 12,		
0.01	1998), and 67 FR 50069 (August 1, 2002).	-+	101 LE 11	0.00	0.01
8. 01	The amount of increase if the hospital was awarded FTE cap sloreport straddles July 1, 2011, see instructions.	ots under § 5503 of the A	ACA. IT the cost	0. 00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slo	nts from a closed teachi	na hosnital	0.00	8. 02
0.02	under § 5506 of ACA. (see instructions)	ots from a crosed teachin	ig nospi tai	0.00	0.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line	es (8, 8,01 and 8,02) (s	see	16. 19	9. 00
	instructions)	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
10.00	FTE count for allopathic and osteopathic programs in the curre	ent year from your record	ds	19. 85	10.00
11. 00	FTE count for residents in dental and podiatric programs.			0.00	11. 00
12. 00	Current year allowable FTE (see instructions)			16. 19	
13. 00	Total allowable FTE count for the prior year.			15. 30	•
14. 00	Total allowable FTE count for the penultimate year if that year	ar ended on or after Sep	tember 30, 1997,	15. 30	14. 00
15 00	otherwise enter zero.			15 (0	15 00
15. 00 16. 00	Sum of lines 12 through 14 divided by 3. Adjustment for residents in initial years of the program				15. 00 16. 00
	Adjustment for residents displaced by program or hospital clos	sure			17. 00
	Adjusted rolling average FTE count	341 6			18. 00
	Current year resident to bed ratio (line 18 divided by line 4)).		0. 030074	1
	Prior year resident to bed ratio (see instructions)	, .		0. 032774	1
	Enter the lesser of lines 19 or 20 (see instructions)			0.030074	21.00
22.00	IME payment adjustment (see instructions)			2, 042, 743	22. 00
22. 01	IME payment adjustment - Managed Care (see instructions)			735, 769	22. 01
	Indirect Medical Education Adjustment for the Add-on for § 422				
23. 00	Number of additional allopathic and osteopathic IME FTE reside	ent cap slots under 42 Cl	FR 412. 105	2. 22	23. 00
24.00	(f)(1)(iv)(C).			2 //	24.00
24. 00	IME FTE Resident Count Over Cap (see instructions)	lower of line 22 or line	24 (600	3. 66	ı
25.00	If the amount on line 24 is greater than -0-, then enter the linstructions)	lower of time 23 or time	24 (See	2. 22	25. 00
26. 00	Resident to bed ratio (divide line 25 by line 4)			0. 004280	26. 00
	IME payments adjustment factor. (see instructions)			0. 001142	
28. 00	IME add-on adjustment amount (see instructions)			143, 126	1
28. 01	IME add-on adjustment amount - Managed Care (see instructions))		51, 552	•
29.00	Total IME payment (sum of lines 22 and 28)			2, 185, 869	29. 00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.0	1)		787, 321	29. 01
	Disproportionate Share Adjustment				
30. 00	Percentage of SSI recipient patient days to Medicare Part A pa	atient days (see instruc [.]	tions)	4. 61	1
31. 00	Percentage of Medicaid patient days (see instructions)			17. 46	1
32. 00	Sum of lines 30 and 31			22. 07	ı
	Allowable disproportionate share percentage (see instructions) Disproportionate share adjustment (see instructions))		7.42	ı
34.00	pri spri opor ti una te snare aujustinent (see ilisti ucti uns)		l	2, 324, 860	J 34. UU

	· · · · · · · · · · · · · · · · · · ·	NESS HOSP			eu of Form CMS-2	2552-1
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019		
			Title XVIII	Hospi tal	PPS	
					On/After 10/1	
	Uncompensated Care Adjustment			1. 00	2. 00	
35. 00	Total uncompensated care amount (see instructions)			С	8, 272, 872, 447	35. 0
35. 01	Factor 3 (see instructions)			0. 000000000	0. 000704238	35. 0
35. 02	Hospital uncompensated care payment (If line 34 is zero	o, enter	zero on this line) (s	ee C	5, 826, 075	35. 0
35. 03	instructions) Pro rata share of the hospital uncompensated care payme	ent amoun	t (see instructions)	C	5, 826, 075	35.0
	Total uncompensated care (sum of columns 1 and 2 on lir	ne 35.03)	,	5, 826, 075		36. 0
	Additional payment for high percentage of ESRD benefici				T	
40. 00	Total Medicare discharges on Worksheet S-3, Part I excl 652, 682, 683, 684 and 685 (see instructions)	luding di	scharges for MS-DRGs	C		40.0
	032, 002, 003, 004 and 003 (see That detrois)			Before 1/1	On/After 1/1	
				1. 00	1. 01	
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652,	682, 683	, 684 an 685. (see	C	0	41. 0
41. 01	instructions) Total ESRD Medicare covered and paid discharges excludi	ina MS-DR	Gs 652 682 683 68	4	0	41.0
	an 685. (see instructions)	gc 2	00 002, 002, 000, 00			•
42.00	Divide line 41 by line 40 (if less than 10%, you do not			0.00		42. 0
43. 00	Total Medicare ESRD inpatient days excluding MS-DRGs (instructions)	652, 682,	683, 684 an 685. (se	e C		43.0
44. 00	Ratio of average length of stay to one week (line 43 di	ivided by	line 41 divided by 7	0. 000000		44.0
	days)		, and the second			
15. 00 16. 00	Average weekly cost for dialysis treatments (see instru Total additional payment (line 45 times line 44 times l		1)	0.00	0.00	45. C
17. 00	Subtotal (see instructions)	1111e 41. U	1)	138, 166, 012		47.0
48. 00	Hospital specific payments (to be completed by SCH and	MDH, sma	II rural hospitals	C		48. 0
	only. (see instructions)					
					Amount 1.00	
49. 00	Total payment for inpatient operating costs (see instru	uctions)			138, 953, 333	49. 0
50. 00	Payment for inpatient program capital (from Wkst. L, Pi			•	10, 987, 669	•
51. 00 52. 00	Exception payment for inpatient program capital (Wkst. Direct graduate medical education payment (from Wkst. E				0 859, 150	
53. 00	Nursing and Allied Health Managed Care payment	E-4, IIIIE	49 See Thistructions)		509, 593	
54. 00	Special add-on payments for new technologies				0	1
54. 01	Islet isolation add-on payment	(0)			0	
55. 00 56. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, Cost of physicians' services in a teaching hospital (se		tions)		0	55. C
57. 00	Routine service other pass through costs (from Wkst. D,			through 35).	411, 724	
58. 00	Ancillary service other pass through costs from Wkst. [•	129, 443	
59.00	Total (sum of amounts on lines 49 through 58)				151, 850, 912	
50. 00 51. 00	Primary payer payments Total amount payable for program beneficiaries (line 59)	9 minus l	ine 60)		89, 799 151, 761, 113	1
52. 00	Deductibles billed to program beneficiaries	,			12, 655, 086	1
53. 00	Coinsurance billed to program beneficiaries				536, 544	1
64.00	Allowable bad debts (see instructions)				1, 068, 700	
55. 00 56. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (se	ee instru	ctions)		694, 655 504, 115	1
7. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)				139, 264, 138	1
8. 00	Credits received from manufacturers for replaced device				141	1
9. 00 0. 00	Outlier payments reconciliation (sum of lines 93, 95 ar OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	nd 96).(F	or SCH see instructio	ns)	0 0	
70. 50	Rural Community Hospital Demonstration Project (§410A [Demonstra	tion) adjustment (see	instructions)		1
70. 87	Demonstration payment adjustment amount before sequestr	rati on	, ,	,	0	70. 8
70. 88	SCH or MDH volume decrease adjustment (contractor use of		ctions)		0	
70. 89 70. 90	Pioneer ACO demonstration payment adjustment amount (se HSP bonus payment HVBP adjustment amount (see instructi		CTIONS)		0	70. 8
70. 9 0 70. 91	HSP bonus payment HRR adjustment amount (see instruction	. *			0	1
	Bundled Model 1 discount amount (see instructions)	,			0	70. 9
70. 92	III/DD normant adjustment amount (ass instructions)				-831, 163	70. 9
70. 92 70. 93 70. 94	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)				-1, 566, 624	

			From 10/01/2018 To 09/30/2019		
	Title	xVIII	Hospi tal	PPS	J alli
	11 11 0		(уууу)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (Enter in	column 0		0	0	70. 96
the corresponding federal year for the period prior to 10/1)					
70.97 Low volume adjustment for federal fiscal year (yyyy) (Enter in	column 0		0	0	70. 97
the corresponding federal year for the period ending on or aft	er 10/1)				
70.98 Low Volume Payment-3				0	70. 98
70.99 HAC adjustment amount (see instructions)				0	70. 99
71.00 Amount due provider (line 67 minus lines 68 plus/minus lines 6	9 & 70)			136, 866, 210	71. 00
71.01 Sequestration adjustment (see instructions)				2, 737, 324	71. 01
71.02 Demonstration payment adjustment amount after sequestration				0	71. 02
72.00 Interim payments				135, 098, 145	72. 00
73.00 Tentative settlement (for contractor use only)				0	73. 00
74.00 Balance due provider/program (line 71 minus lines 71.01, 71.02	2, 72, and			-969, 259	74. 00
73)					
75.00 Protested amounts (nonallowable cost report items) in accordan	nce with			3, 693, 862	75. 00
CMS Pub. 15-2, chapter 1, §115.2					1
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		T		_	
90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of	f 2.03			0	90.00
plus 2.04 (see instructions)					04.00
91.00 Capital outlier from Wkst. L, Pt. I, line 2				0	
92.00 Operating outlier reconciliation adjustment amount (see instru	,			0	
93. 00 Capital outlier reconciliation adjustment amount (see instruct				0	
94. 00 The rate used to calculate the time value of money (see instru	ictions)			0.00	
95. 00 Time value of money for operating expenses (see instructions)	: ana)			0 0	
96.00 Time value of money for capital related expenses (see instruct	.1 0115)		Dr. or to 10/1		96.00
				On/After 10/1	
HSP Bonus Payment Amount			1. 00	2. 00	
100.00 HSP bonus amount (see instructions)				0	100. 00
HVBP Adjustment for HSP Bonus Payment				0	100.00
101. 00 HVBP adjustment factor (see instructions)				0.0000000000	101 00
102.00 HVBP adjustment amount for HSP bonus payment (see instructions	:)				102.00
HRR Adjustment for HSP Bonus Payment	,,				102.00
103. 00 HRR adjustment factor (see instructions)				0.000	103. 00
104.00 HRR adjustment amount for HSP bonus payment (see instructions)					104.00
Rural Community Hospital Demonstration Project (§410A Demonstr		stment			1.0 00
200.00 Is this the first year of the current 5-year demonstration per					200. 00
Century Cures Act? Enter "Y" for yes or "N" for no.					
Cost Reimbursement					1
201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	49)				201. 00
202.00 Medicare discharges (see instructions)					202. 00
203.00 Case-mix adjustment factor (see instructions)					203. 00
Computation of Demonstration Target Amount Limitation (N/A in	first year	of the currer	it 5-year demonst	tration	
peri od)					
204.00 Medicare target amount					204. 00
205.00 Case-mix adjusted target amount (line 203 times line 204)					205. 00
206.00 Medicare inpatient routine cost cap (line 202 times line 205)					206. 00
Adjustment to Medicare Part A Inpatient Reimbursement					1
207.00 Program reimbursement under the §410A Demonstration (see instr					207. 00
208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	line 59)				208. 00
209.00 Adjustment to Medicare IPPS payments (see instructions)					209. 00
210.00 Reserved for future use					210. 00
211.00 Total adjustment to Medicare IPPS payments (see instructions)					211. 00
Comparision of PPS versus Cost Reimbursement					
212.00 Total adjustment to Medicare Part A IPPS payments (from line 2	211)				212. 00
213.00 Low-volume adjustment (see instructions)					213. 00
218.00 Net Medicare Part A IPPS adjustment (difference between PPS ar (line 212 minus line 213) (see instructions)	na cost reim	nbursement)			218. 00
					1

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Peri od: Worksheet E From 10/01/2018 Part A Exhi bi t 4 To 09/30/2019 Date/Ti me Prepared: 2/27/2020 7:55 am Provider CCN: 15-0082

						077 307 2017	2/27/2020 7:5	
	,	l			XVIII	Hospi tal	PPS	
			Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Peri od On/After 10/01	Total (Col 2	
		line 0	1.00	2.00	3.00	4. 00	through 4) 5.00	
1. 00	DRG amounts other than outlier	1.00	0	0	0.00		0.00	1. 00
	payments							
1. 01	DRG amounts other than outlier	1. 01	0	0	(0	1. 01
	payments for discharges							
1. 02	occurring prior to October 1 DRG amounts other than outlier	1. 02	125, 329, 371	0		125, 329, 371	125, 329, 371	1. 02
1.02	payments for discharges	1.02	123, 327, 371	J		125, 527, 571	120, 327, 371	1.02
	occurring on or after October							
	1							
1. 03	DRG for Federal specific	1. 03	0	0	(0	1. 03
	operating payment for Model 4							
	BPCI occurring prior to October 1							
1.04	DRG for Federal specific	1. 04	o	0		0	0	1. 04
	operating payment for Model 4						_	
	BPCI occurring on or after							
	October 1	0.00						
2. 00	Outlier payments for discharges (see instructions)	2. 00						2. 00
2. 01	Outlier payments for	2. 02	0	0	(0	0	2. 01
	discharges for Model 4 BPCI						_	
2.02	Outlier payments for	2. 03	o	0	2, 499, 83	7	0	2. 02
	discharges occurring prior to							
2. 03	October 1 (see instructions)	2. 04	2, 499, 837	0		0	0	2. 03
2.03	Outlier payments for discharges occurring on or	2. 04	2, 499, 037	U		U	0	2.03
	after October 1 (see							
	instructions)							
3.00	Operating outlier	2. 01	0	0	(0	0	3. 00
4 00	reconciliation	2.00	45 141 077	0	,	45 141 077	45 141 077	4 00
4. 00	Managed care simulated payments	3. 00	45, 141, 977	U		45, 141, 977	45, 141, 977	4. 00
	Indirect Medical Education Adju	ustment						
5.00	Amount from Worksheet E, Part	21. 00	0. 030074	0. 030074	0. 030074	0.030074		5.00
	A, line 21 (see instructions)			_				
6. 00	IME payment adjustment (see instructions)	22. 00	2, 042, 743	O	(2, 042, 743	2, 042, 743	6. 00
6. 01	IME payment adjustment for	22. 01	735, 769	0	(735, 769	735, 769	6. 01
	managed care (see							
	instructions)							
7.00	Indirect Medical Education Adju		e Add-on for Sec 0.001142			0.004440		7 00
7. 00	IME payment adjustment factor (see instructions)	27. 00	0.001142	0. 001142	0. 001142	0. 001142		7. 00
8.00	IME adjustment (see	28. 00	143, 126	0		143, 126	143, 126	8. 00
	instructions)							
8. 01	IME payment adjustment add on	28. 01	51, 552	0	(51, 552	51, 552	8. 01
	for managed care (see							
9. 00	instructions) Total IME payment (sum of	29. 00	2, 185, 869	0	,	2, 185, 869	2, 185, 869	9. 00
7. 00	lines 6 and 8)	27.00	2, 103, 007	J	`	2, 103, 007	2, 103, 007	7.00
9. 01	Total IME payment for managed	29. 01	787, 321	0	(787, 321	787, 321	9. 01
	care (sum of lines 6.01 and							
	8.01) Disproportionate Share Adjustme	nt.						
10. 00	Allowable disproportionate	33. 00	0. 0742	0. 0742	0. 0742	0. 0742		10.00
2.00	share percentage (see			2.0,12		3.0.12		
	instructions)							
11. 00	Di sproporti onate share	34.00	2, 324, 860	0	(2, 324, 860	2, 324, 860	11. 00
11. 01	adjustment (see instructions)	36. 00	5, 826, 075	0	,	5, 826, 075	5, 826, 075	11 01
11.01	Uncompensated care payments Additional payment for high per					5, 826, 075	3, 020, 073	1 1.01
12. 00	Total ESRD additional payment	46.00	O	0	(0	0	12. 00
	(see instructions)							
13.00	Subtotal (see instructions)	47.00	138, 166, 012	0	2, 499, 83	135, 666, 175	138, 166, 012	
14. 00	Hospital specific payments (completed by SCH and MDH,	48. 00	이	0	·	0 ال	0	14. 00
	small rural hospitals only.)							
	(see instructions)							
15.00	Total payment for inpatient	49. 00	138, 953, 333	0	2, 499, 83 ⁻	136, 453, 496	138, 953, 333	15. 00
	operating costs (see							
1/ 00	instructions)	E0.00	10 007 //2	_		10 007 (10	10 007 //0	1/ 00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I,	50. 00	10, 987, 669	0	·	10, 987, 669	10, 987, 669	16.00
	if applicable)							
	. , , ,	. '	. '	'	-	. '		

LOW VC	LUME CALCULATION EXHIBIT 4			Provi der CC		Period: From 10/01/2018 To 09/30/2019		pared:
					XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4. 00	5. 00	
17. 00	Special add-on payments for new technologies	54. 00	0	0		0 0	0	17. 00
17. 01 17. 02	Net organ aquisition cost Credits received from manufacturers for replaced	68. 00	141	0		0 141	141	17. 01 17. 02
18. 00	devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0		0 0	0	18. 00
19.00	SUBTOTAL			0	2, 499, 83	7 147, 441, 306	149, 941, 143	19. 00
		W/S L, line	(Amounts from L)					
		0	1. 00	2.00	3.00	4. 00	5. 00	
20. 00	Capital DRG other than outlier	1. 00	10, 124, 119	0		0 10, 124, 119	10, 124, 119	20. 00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0		0 0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	270, 277	0		0 270, 277	270, 277	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0129	0. 0129	0. 012	9 0. 0129		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	130, 601	0		0 130, 601	130, 601	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0457	0. 0457	0. 045	7 0. 0457		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	462, 672	0		0 462, 672	462, 672	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	10, 987, 669	0		0 10, 987, 669	10, 987, 669	26. 00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4. 00	5. 00	
27. 00	Low volume adjustment factor				0. 00000	0. 000000		27. 00
28. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96				0	0	28. 00
29. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100. 00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0082 Peri od: Worksheet E From 10/01/2018 Part A Exhibit 5 09/30/2019 Date/Time Prepared: 2/27/2020 7:55 am Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on Wkst. E, Pt. 10/01 A. line after 10/01 and 3) A) 2.00 3. 00 4. 00 0 1.00 1.00 DRG amounts other than outlier payments 1. 00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 1.01 discharges occurring prior to October 1 1.02 DRG amounts other than outlier payments for 125, 329, 371 125, 329, 371 125, 329, 371 1.02 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 1.03 0 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 O 2.01 **BPCI** 2 02 Outlier payments for discharges occurring 2 03 2, 499, 837 Ω 2 02 prior to October 1 (see instructions) Outlier payments for discharges occurring on 2.03 2.04 2, 499, 837 2.03 0 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 3.00 Managed care simulated payments 45, 141, 977 45, 141, 977 45, 141, 977 0 4.00 3.00 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.030074 0.030074 0.030074 5.00 (see instructions) IME payment adjustment (see instructions) 6.00 22.00 2,042,743 0 2, 042, 743 2,042,743 6.00 IME payment adjustment for managed care (see 0 6.01 22.01 735, 769 735, 769 735, 769 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0.001142 0.001142 0.001142 7.00 instructions) 8 00 IME adjustment (see instructions) 28 00 143 126 143, 126 8 00 0 143 126 8.01 IME payment adjustment add on for managed 28.01 51, 552 0 51, 552 51, 552 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 29.00 9.00 2, 185, 869 0 2. 185. 869 2, 185, 869 9.00 Total IME payment for managed care (sum of 787, 321 9.01 29.01 787, 321 0 787, 321 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment Allowable disproportionate share percentage 0.0742 10.00 33.00 0.0742 0.0742 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 2. 324. 860 0 2, 324, 860 2, 324, 860 11.00 instructions) 11.01 5, 826, 075 5, 826, 075 Uncompensated care payments 36, 00 0 5, 826, 075 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46. 00 12.00 instructions) 47.00 13 00 2, 499, 837 135, 666, 175 Subtotal (see instructions) 138, 166, 012 138, 166, 012 13 00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 49.00 138, 953, 333 2, 499, 837 138, 953, 333 15.00 15.00 136, 453, 496 (see instructions) 16.00 50 00 10.987.669 10. 987, 669 10, 987, 669 16.00 Payment for inpatient program capital (from 0 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 17.00 C 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 68.00 141 0 141 141 17.02 17.02 replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 18.00 0 0 amount (see instructions)

2, 499, 837

147, 441, 306

149, 941, 143

SUBTOTAL

19.00

				T	09/30/2019	Date/Time Pre 2/27/2020 7:5	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	10, 124, 119	0	10, 124, 119	10, 124, 119	20. 00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0	0	0	20. 01
21. 00	Capital DRG outlier payments	2.00	270, 277	0	270, 277	270, 277	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0	0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0129	0. 0129	0. 0129		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	130, 601	0	130, 601	130, 601	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0457	0. 0457	0. 0457		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	462, 672	0	462, 672	462, 672	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	10, 987, 669	0	10, 987, 669	10, 987, 669	26. 00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt.				
		A, TITIC	A)				
		0	1.00	2.00	3. 00	4. 00	
27. 00							27. 00
28.00	Low volume adjustment prior to October 1	70. 96	0	0		0	28. 00
29.00	Low volume adjustment on or after October 1	70. 97	0		0	0	29. 00
30.00	HVBP payment adjustment (see instructions)	70. 93	-831, 163	0	-831, 163	-831, 163	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0	0	0	0	30. 01
31.00	HRR adjustment (see instructions)	70. 94	-1, 566, 624	0	-1, 566, 624	-1, 566, 624	31.00
31. 01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	0	0	0	31. 01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3. 00	4. 00	
32. 00	HAC Reduction Program adjustment (see instructions)	70. 99		0	0	0	32. 00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

Health Financial Systems	DEACONESS HOSPITAL	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0082	Peri od: Worksheet E From 10/01/2018 Part B To 09/30/2019 Date/Time Prepared:

			10 09/30/2019	2/27/2020 7:5	
		Title XVIII	Hospi tal	PPS	o um
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			84, 829	1. 00
2.00	Medical and other services reimbursed under OPPS (see instruc	ti ons)		70, 145, 916	
3.00	OPPS payments			81, 487, 347	3. 00
4.00	Outlier payment (see instructions)			32, 208	
4. 01	Outlier reconciliation amount (see instructions)	-+:>		0	4. 01
5. 00 6. 00	Enter the hospital specific payment to cost ratio (see instru	ctions)		0.000	5. 00 6. 00
7. 00	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8. 00	Transitional corridor payment (see instructions)			0.00	8.00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt.	IV col 13 line 200		145, 759	
10. 00	Organ acquisitions	14, 601. 10, 11116 200		0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			84, 829	
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				1
12.00	Ancillary service charges			354, 266	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	13. 00
14.00	Total reasonable charges (sum of lines 12 and 13)			354, 266	14.00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for			0	
16. 00	Amounts that would have been realized from patients liable for		n a chargebasis	0	16. 00
17. 00	had such payment been made in accordance with 42 CFR §413.13(e)		0. 000000	17. 00
18. 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			354, 266	
19. 00	Excess of customary charges over reasonable cost (complete on	lv if line 18 exceeds li	ne 11) (see	269, 437	
17.00	instructions)	Ty TT TTHE TO EXCEEDED TH	(300	207, 107	17.00
20.00	Excess of reasonable cost over customary charges (complete on	ly if line 11 exceeds li	ne 18) (see	0	20.00
	instructions)		, ,		
21. 00	Lesser of cost or charges (see instructions)			84, 829	21.00
22. 00	Interns and residents (see instructions)			0	22. 00
23.00	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			81, 665, 314	24.00
05.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				05 00
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions	•	uati ana)	14 005 010	25. 00
26. 00 27. 00	Deductibles and Coinsurance amounts relating to amount on line Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)]			14, 985, 019 66, 765, 124	
27.00	instructions)	prus the sum of filles 22	and 23] (See	00, 703, 124	27.00
28. 00	Direct graduate medical education payments (from Wkst. E-4, I)	ine 50)		434, 291	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	1
30.00	Subtotal (sum of lines 27 through 29)			67, 199, 415	30.00
31.00	Primary payer payments			19, 590	31.00
32.00	Subtotal (line 30 minus line 31)			67, 179, 825	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE)	CES)			
33. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
	Allowable bad debts (see instructions)			1, 331, 328	1
35. 00	Adjusted reimbursable bad debts (see instructions)			865, 363	
36.00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		950, 582	
37. 00	,			68, 045, 188	1
38. 00 39. 00	MSP-LCC reconciliation amount from PS&R OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			-603 0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions	c)		1	39. 50
39. 50	Demonstration payment adjustment amount before sequestration	3)		0	39. 50
39. 97 39. 98	Partial or full credits received from manufacturers for replace	ced devices (see instruc	tions)	10, 837	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	coa acvices (see instruc		0, 837	39. 99
40. 00	Subtotal (see instructions)			68, 045, 791	1
40. 01	Sequestration adjustment (see instructions)			1, 360, 916	1
40. 02	Demonstration payment adjustment amount after sequestration			0	1
41.00	Interim payments			66, 593, 875	
42. 00	Tentative settlement (for contractors use only)			0	42. 00
43.00	Balance due provider/program (see instructions)			91, 000	43.00
44.00	Protested amounts (nonallowable cost report items) in accordan	nce with CMS Pub. 15-2,	chapter 1,	1, 603, 513	44.00
	§115. 2			L	1
00.00	TO BE COMPLETED BY CONTRACTOR				00.00
90.00	Original outlier amount (see instructions)			0	l
91.00	Outlier reconciliation adjustment amount (see instructions)			0.00	
92. 00 93. 00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
	Total (sum of lines 91 and 93)			0	
74.00	Total (Said Of Titles /T and /S)			, 0	1 /4.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet E-1 |
| From 10/01/2018 | Part |
| To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am | Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0082

					2/27/2020 7:55	5 am
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3. 00	4.00	
1.00	Total interim payments paid to provider		135, 098, 14	5	66, 593, 875	1. 00
2.00	Interim payments payable on individual bills, either			0	0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none, write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3. 00
0.00	amount based on subsequent revision of the interim rate					0.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider			•		
3.01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3.02				0	0	3. 02
3.03				0	0	3. 03
3.04				0	0	3.04
3.05				0	0	3. 05
	Provider to Program			_		
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3. 51				0	0	3. 51
3. 52				0	0	3. 52
3. 53				0	0	3. 53
3. 54				0	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
4 00	3.50-3.98)		125 000 14	-	// 502 075	4 00
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		135, 098, 14	0	66, 593, 875	4. 00
	appropriate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
0.00	desk review. Also show date of each payment. If none,					0.00
	write "NONE" or enter a zero. (1)					
	Program to Provider			•		
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5.02				0	0	5. 02
5.03				0	0	5. 03
	Provider to Program					
5.50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5. 99
6.00	Determined net settlement amount (balance due) based on					6. 00
	the cost report. (1)			_		
6. 01	SETTLEMENT TO PROVI DER		'	U	91, 000	6. 01
6. 02	SETTLEMENT TO PROGRAM		969, 25		0	6. 02
7. 00	Total Medicare program liability (see instructions)		134, 128, 88		66, 684, 875	7. 00
				Contractor	NPR Date	
		1)	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor			1.00	2.00	8. 00
0.00	maine of contractor			1	ı J	5. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet E-1 | From 10/01/2018 | Part I | To 09/30/2019 | Date/Time Prepared: | 2/27/2020 7:55 am | PPS Health Financial Systems

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0082 Component CCN: 15-S082 Subprovi der -Title XVIII

		litle	XVIII	Subprovider - IPF	PPS	
		I npati en	t Part Δ		t B	
		T Tipa t T C T	t rait A	rai	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		676, 352		0	1.00
2.00	Interim payments payable on individual bills, either		0		0	2. 00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
3. 00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3. 00
3.00	amount based on subsequent revision of the interim rate					3.00
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider			<u>I</u>		
3. 01	ADJUSTMENTS TO PROVIDER		0		0	3. 01
3.02			0		0	3. 02
3.03			0		0	3. 03
3.04			0		0	3.04
3.05			0		0	3. 05
	Provider to Program			1		
3. 50	ADJUSTMENTS TO PROGRAM		0		0	3. 50
3. 51			0		0	3. 51
3. 52			0		0	3. 52
3. 53 3. 54			0		0	3. 53 3. 54
3. 54 3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		0		0	3. 54 3. 99
3. 99	3. 50-3. 98)		0		ا	3. 99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		676, 352		0	4. 00
1. 00	(transfer to Wkst. E or Wkst. E-3, line and column as		070,002		Ĭ	1. 00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5.00
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		0		0	5. 01
5. 02 5. 03			0		0	5. 02 5. 03
5.03	Provider to Program		0		U	5. 03
5. 50	TENTATI VE TO PROGRAM		0		0	5. 50
5. 51	TENTITIVE TO TROOK IIII		0		Ö	5. 51
5. 52			0		o l	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		ol	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVI DER		4, 499		0	6. 01
6. 02	SETTLEMENT TO PROGRAM		0		0	6. 02
7. 00	Total Medicare program liability (see instructions)		680, 851	Contractor	0 NDD Data	7. 00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		()	1. 00	2. 00	
8. 00	Name of Contractor		,	1.00	2.00	8. 00
00	1			ļi	' '	00

Heal th	Financial Systems DEACONESS HO	SPI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provi der CCN: 15-0082	Peri od:	Worksheet E-1	
			From 10/01/2018 To 09/30/2019		pared:
				2/27/2020 7:5	
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				4
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1. 00	Total hospital discharges as defined in AARA §4102 from Wkst.		14		1. 00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8	-12			2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3. 00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8	-12			4. 00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5. 00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 l	ine 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of c	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
	line 168	33			
8.00	Calculation of the HIT incentive payment (see instructions)				8. 00
9.00	Sequestration adjustment amount (see instructions)				9. 00
10.00	10.00 Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30. 00
31.00	Other Adjustment (specify)				31.00
22 00	Delenes due provider (line 0 (er line 10) minus line 20 and l	ing 21) (and imptyuntion	۵)		22.00

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

30. 00 31. 00 32. 00

Title XVIII

	IPF)I -	PPS	
	,			
	DADT II MEDICADE DADT A CEDWICEC IDE DDC		1. 00	
1. 00	PART II - MEDICARE PART A SERVICES - IPF PPS Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	-	802, 980	1. 00
2.00	Net IPE PPS Outlier Payments		002, 700	2.00
3. 00	Net IPF PPS ECT Payments	l	4, 980	3. 00
4. 00	Unweighted intern and resident FTE count in the most recent cost report filed on or before Novemb	er	0.00	4. 00
	15, 2004. (see instructions)	.	,	
4. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced program or hospital closure, that would not be counted without a temporary cap adjustment under 4 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0. 00	4. 01
5. 00	New Teaching program adjustment. (see instructions)		0. 00	5. 00
6. 00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "	new	0. 00	6. 00
7 00	teaching program" (see instuctions)		0.00	7 00
7. 00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "teaching program" (see instructions)	new	0.00	7. 00
8. 00 9. 00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0. 00 9. 638356	8. 00 9. 00
10.00	Average Daily Census (see instructions) Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.		0. 000000	10.00
11. 00		ŀ	0.000000	11. 00
12. 00			807, 960	12. 00
13. 00		l	0	13. 00
14. 00			-	14. 00
15. 00		İ	0	15. 00
16.00		İ	807, 960	16. 00
17. 00	Primary payer payments		0	17. 00
18.00	Subtotal (line 16 less line 17).		807, 960	18.00
19. 00			73, 224	
20. 00			734, 736	20. 00
21. 00			44, 581	
22. 00	, ,		690, 155	
23. 00			6, 676	
24. 00	· · · · · · · · · · · · · · · · · · ·		4, 339	24. 00
25. 00			2, 680	25. 00
26. 00			694, 494	
27. 00 28. 00			0 252	27. 00 28. 00
29. 00			232	29. 00
30. 00			0	30. 00
30. 50			Ö	30. 50
30. 99	Demonstration payment adjustment amount before sequestration	l	0	30. 99
31. 00			694, 746	31. 00
31. 01		İ	13, 895	31. 01
31. 02			0	31. 02
32.00			676, 352	32. 00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		4, 499	34.00
35. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35. 00
	TO BE COMPLETED BY CONTRACTOR			
50.00			0	50.00
51. 00	, , , , , , , , , , , , , , , , , , ,		0	51. 00
52. 00	,		0. 00	
53. 00	Time Value of Money (see instructions)	ļ	0	53. 00

	Financial Systems DEACONESS HO	_			u of Form CMS-2	
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider Co	CN: 15-0082	Peri od: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prep 2/27/2020 7:5!	pared
		Title	xVIII	Hospi tal	PPS	<u>. anı</u>
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00	
. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.				18. 00	
. 00 . 00	Unweighted FTE resident cap add-on for new programs per 42 CF Amount of reduction to Direct GME cap under section 422 of MN		1) (see instr	ructions)	0. 00 1. 40	2. (3. (
. 01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	with 42 CFR	§413.79 (m).	(see	0.00	3.
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	0. 93	4.
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst straddling 7/1/2011)	ructions for	cost reporti	ng periods	0. 00	4.
. 02	ACA Section 5506 number of additional direct GME FTE cap slot periods straddling 7/1/2011)	s (see inst	ructions for	cost reporting	0. 00	4.
. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl 4.02 plus applicable subscripts	us or minus	line 4 plus l	ines 4.01 and	17. 53	5.
. 00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	20. 12	6.
7. 00	Enter the lesser of line 5 or line 6		D.:: C	0+1	17. 53	7.
			Primary Care	e <u>Other</u> 2.00	Total 3.00	
. 00	Weighted FTE count for physicians in an allopathic and osteop program for the current year.	athi c	20.		20. 12	8.
. 00	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amount for the second of the second		17. !	0.00	17. 53	9.
0. 00 0. 01	Weighted dental and podiatric resident FTE count for the curr Unweighted dental and podiatric resident FTE count for the cu			0. 00 0. 00		10. 10.
1. 00	Total weighted FTE count	iireiit yeai	17. !			11.
2. 00	Total weighted resident FTE count for the prior cost reportin instructions)	ng year (see	16. (0.00		12.
3. 00	Total weighted resident FTE count for the penultimate cost re year (see instructions)	eporting	16. (0.00		13.
4. 00	Rolling average FTE count (sum of lines 11 through 13 divided	l by 3).	16.	I I		14.
5. 00 5. 01	Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new p	rograme	0.0	1		15. 15.
6. 00			0.0	1		16.
6. 01	Unweighted adjustment for residents displaced by program or h		0. (I I		16.
7. 00	Adjusted rolling average FTE count		16. 9	I I		17.
8. 00 9. 00	Per resident amount Approved amount for resident costs		132, 001. 8 2, 232, 1	I I	2, 232, 151	18. 19.
					1. 00	
O. 00	Additional unweighted allopathic and osteopathic direct GME F Sec. 413.79(c)(4)	TE resident	cap slots red	cei ved under 42	0.00	20.
1. 00	Direct GME FTE unweighted resident count over cap (see instru	ıcti ons)			2. 59	21.
2. 00	Allowable additional direct GME FTE Resident Count (see instr				0. 00	
3.00				0.00		
4. 00 5. 00	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				0 2, 232, 151	24. 25.
			Inpatient Pa	rt Managed care	=, ===,	
			1. 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
6. 00 7. 00	Inpatient Days (see instructions) Total Inpatient Days (see instructions)		63, 4 ⁻ 147, 0 ⁻			26. 27.
7. 00 8. 00	Ratio of inpatient days (see instructions)		0. 4317			27. 28.
9. 00	Program direct GME amount		963, 68	I I		29.
80. 00	Reduction for direct GME payments for Medicare Advantage			54, 262		30.
	Net Program direct GME amount		1	1	1, 293, 441	31.

Heal th	Financial Systems DEACONESS HO	SPI TAI	In lie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider CCN: 15-0082	Peri od:	Worksheet E-4	
	L EDUCATION COSTS		From 10/01/2018 To 09/30/2019	Date/Time Pre 2/27/2020 7:5	pared:
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL EDUCATION COSTS)	E XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	d 23, lines 74	0	32. 00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt.	I, col. 8, sum of lines	74 and 94)	10, 782, 765	33. 00
34.00	Ratio of direct medical education costs to total charges (lin	e 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35. 00
36.00	Medicare outpatient ESRD direct medical education costs (line			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
37. 00				139, 275, 510	
38. 00				0	38. 00
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	39. 00
	Primary payer payments (see instructions)			89, 799	
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		139, 185, 711	41. 00
40.00	Part B Reasonable Cost			70.077.504	40.00
42. 00				70, 376, 504	
43.00	Primary payer payments (see instructions) Total Part B reasonable cost (line 42 minus line 43)			19, 590	
	Total reasonable cost (sum of lines 41 and 44)			70, 356, 914 209, 542, 625	
	Ratio of Part A reasonable cost to total reasonable cost (lin		0. 664236	•	
	Ratio of Part B reasonable cost to total reasonable cost (IIII			0. 335764	
47.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA			0. 333704	47.00
48 00	Total program GME payment (line 31)	INT D		1, 293, 441	48 00
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)	(see instructions)		859, 150	1
	Part B Medicare GME payment (line 47 x 48) (title XVIII only)			434, 291	
55.50	1. 2. 2 2 22. 3 S pays.r (1.1.5 1. 1. 1.5) (2. 1.6 1.7)	(222 1.1.321 4321 3.1.3)	I	10.7271	, 30.00

Health Financial Systems

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

Provider CCN: 15-0082

Peri od: Worksheet G From 10/01/2018 To 09/30/2019 Date/Ti me Prepared: 2/27/2020 7:55 am

Different Assets 1.00			General Fund	Speci fi c	Endowment Fund	2/27/2020 7:5 Plant Fund	5 am
Classent Assirts Discount D				Purpose Fund			
Cash on hand in banks		CURRENT ASSETS	1.00	2.00	3.00	4.00	
Notes receivable 0	1.00		83, 503, 991	(0	0	1.00
4.00		' '	78, 838		1		
0			0	(0		
A Lowances for uncell ectible notes and accounts receivable 7, 388,374 0 0 0 0 6, 80			126, 768, 494				
1.00			0				
Prepaid expenses 12,922,146			7 388 324				
0.00 Other current assets 31,213,948 0 0 0 0.00					ol ol		
1.00 Total current assets (sum of lines 1-10) 261,775,741 0 0 0 11.00	9.00		31, 213, 948	(o	0	9. 00
FIXED ASSETS			0	(0		
12.00 Land Improvements	11. 00		261, 775, 741	(0	0	11. 00
13.00 Land Improvements	12 00		17 272 424			0	12 00
14.00 Accumulated depreciation -5, 290, 712 0 0 14.00					1		
15.00 Bull dings		· •					
17.00 Leasehold improvements				į (o o		
18. 00 Accumul ated depreciation -229, 343, 496 0 0 0 18. 00	16.00	Accumulated depreciation	-346, 440, 792	(o	0	16. 00
19.00 Fixed equipment		•			0		
20.00 Accumulated depreciation 0 0 0 0 20.00			-229, 343, 496	(0		
21.00			0				
22 00 Accumul ated depreciation 0 0 0 0 22 00		· •	0				
23.00 Major movable equipment			0				
24.00 Accumulated depreciation 0 0 0 24.00 0 0 25.00 Accumulated depreciation 0 0 0 0 25.00 Accumulated depreciation 0 0 0 0 25.00 Accumulated depreciation 0 0 0 0 0 26.00 Accumulated depreciation 0 0 0 0 0 27.00 Accumulated depreciation 0 0 0 0 0 27.00 Accumulated depreciation 0 0 0 0 0 27.00 Accumulated depreciation 0 0 0 0 0 28.00 Accumulated depreciation 0 0 0 0 28.00 Accumulated depreciation 0 0 0 0 28.00 Accumulated depreciation 0 0 0 0 28.00 Accumulated depreciation 0 0 0 0 29.00 Accumulated depreciation 0 0 0 0 0 0 0 0 0		1	o		ol ol		
26. 00 Accumulated depreciation	24.00	Accumul ated depreciation	0	(o	0	24. 00
27. 00	25. 00		0	(0		
28. 00 Accumulated depreciation 0 0 0 0 28. 00 0 0 0 0 0 0 0 0 0		· •	0	(0		
29, 00 Minor equipment-nondepreciable 0 0 0 0 29, 00 30.00 Total fixed assets (sum of lines 12-29) 459, 228, 985 0 0 0 31.00 OTHER ASSETS			0	(0		
Total Fixed assets (sum of lines 12-29) 459, 228, 985 0 0 0 0 0 0 0 0 0		· •	0	(
STHER ASSETS STREET		1	459 228 985				
31.00 Investments	00.00		107, 220, 700		<u> </u>	<u> </u>	30.00
33.00 Due from owners/officers 0 0 0 0 33.00 34.00 Other assets 0 0 0 0 0 34.00 34.00 Other assets (sum of lines 31-34) 917, 259, 911 15, 725, 770 0 0 35.00 35.00 Total other assets (sum of lines 11, 30, and 35) 1, 638, 264, 637 15, 725, 770 0 0 35.00 36.00 CURRENT LIABILITIES	31. 00		811, 730, 231	15, 725, 770	0	0	31. 00
34.00 Other assets 35.00 Total other assets (sum of lines 31-34) 35.00 Total other assets (sum of lines 31-34) 36.00 Total assets (sum of lines 11, 30, and 35) 36.00 Total assets (sum of lines 11, 30, and 35) 36.00 Total assets (sum of lines 11, 30, and 35) 36.00 Total assets (sum of lines 11, 30, and 35) 36.00 Total assets (sum of lines 11, 30, and 35) 36.00 Total assets (sum of lines 11, 30, and 35) 37.00 Accounts payable 42.308,899 90 93.00 Payroll taxes payable 42.308,899 90 90 93.00 Payroll taxes payable (short term) 9, 404,455 00 00 40.00 Notes and loans payable (short term) 9, 404,455 00 00 42.00 Accelerated payments 00 42.00 Accelerated payments 00 42.00 Accelerated payments 10, 203,209 00 00 044.00 44.00 Other current liabilities 10, 203,209 00 00 044.00 45.00 Total current liabilities (sum of lines 37 thru 44) 101,924,377 100 100 100 100 100 100 100		·	0	(0		
35.00 Total other assets (sum of lines 31-34) 917, 259, 911 15, 725, 770 0 0 35.00			0	(0		1
36.00 Total assets (sum of lines 11, 30, and 35) 1,638.264,637 15,725,770 0 0 36.00							
CURRENT LIABILITIES 37. 00 Accounts payable		1					
37.00 Accounts payable 47, 264, 850 0 0 0 33.00 38.00 Sal aries, wages, and fees payable 42,308, 899 0 0 0 38.00 40.00 Notes and loans payable (short term) 9,404, 455 0 0 0 0 41.00 Deferred income 0 0 0 0 0 42.00 Accelerated payments 0 0 0 0 0 43.00 Due to other funds 0 0 0 0 0 44.00 Other current liabilities 1,203, 209 0 0 0 0 45.00 Total current liabilities (sum of lines 37 thru 44) 101,924, 377 0 0 0 0 45.00 LONG TERM LIABILITIES 0 0 0 0 0 48.00 Unsecured loans 0 0 0 0 0 49.00 Other long term liabilities (sum of lines 46 thru 49) 339,645,136 0 0 0 0 0 49.00 Other long term liabilities (sum of lines 46 thru 49) 550,704,020 0 0 0 51.00 CAPITAL ACCOUNTS 550,000 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 55.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 53.00 58.00 58.00 Capital fund balance - reserve for plant improvement, replacement, and expansion 53.00 58.00 58.00 58.00 58.00 58.00 59.00	30. 00		1,030,204,037	15, 725, 770	9	<u> </u>	30.00
39.00 Payroll taxes payable 1,742,964 0 0 0 39.00 40.00 Notes and loans payable (short term) 9,404,455 0 0 0 0 41.00 Deferred income 0 0 0 0 42.00 Accelerated payments 0 0 0 0 43.00 Due to other funds 0 0 0 0 0 44.00 Other current liabilities 1,203,209 0 0 0 0 45.00 Total current liabilities (sum of lines 37 thru 44) 101,924,377 0 0 0 0 45.00 Total current liabilities 1,203,209 0 0 0 0 46.00 Mortgage payable 0 0 0 0 0 47.00 Notes payable 339,645,136 0 0 0 0 0 48.00 Unsecured loans 0 0 0 0 0 0 49.00 Other long term liabilities (sum of lines 46 thru 49) 448,779,643 0 0 0 0 50.00 50.00 Total liabilities (sum of lines 45 and 50) 550,704,020 0 0 0 51.00 52.00 CAPITAL ACCOUNTS 52.00 General fund balance 1,087,560,617 53.00 Specific purpose fund 55.00 Donor created - endowment fund balance 1,087,560,617 55.00 Donor created - endowment fund balance 57.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 58.00 58.00	37.00		47, 264, 850	(0	0	37. 00
40. 00 Notes and I oans payable (short term) 9, 404, 455 0 0 0 40. 00 41. 00 Deferred income 0 0 0 0 0 41. 00 42. 00 Accelerated payments 0 0 0 0 0 0 42. 00 43. 00 Due to other funds 0 0 0 0 0 0 0 43. 00 44. 00 Other current I i abilities (sum of lines 37 thru 44) 101, 924, 377 0 0 0 0 0 44. 00 45. 00 Total current I i abilities (sum of lines 37 thru 44) 101, 924, 377 0 0 0 0 0 44. 00 46. 00 Mortgage payable 0 101, 924, 377 0 0 0 0 0 46. 00 47. 00 Notes payable 339, 645, 136 0 0 0 0 48. 00 49. 00 Other long term I i abilities (sum of lines 46 thru 49) 109, 134, 507 0 0 0 0 48. 00 50. 00 Total long term I i abilities (sum of lines 46 thru 49) 448, 779, 643 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	38. 00		42, 308, 899	(o	0	38. 00
41.00 Deferred income 42.00 Accelerated payments 0 0 0 0 0 42.00 43.00 Due to other funds 0 0 0 0 0 0 0 43.00 44.00 Other current liabilities 1,203,209 0 0 0 0 44.00 45.00 Total current liabilities (sum of lines 37 thru 44) 101,924,377 0 0 0 0 45.00 LONG TERM LIABILITIES 46.00 Mortgage payable 47.00 Notes payable 48.00 Unsecured loans 48.00 Unsecured loans 49.00 Other liabilities (sum of lines 46 thru 49) 448,779,643 0 0 0 0 48.00 50.00 Total long term liabilities (sum of lines 46 thru 49) 448,779,643 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(0		
42. 00			9, 404, 455	(0		
43.00 Due to other funds 44.00 Other current liabilities 45.00 Total current liabilities (sum of lines 37 thru 44) 45.00 Total current liabilities (sum of lines 37 thru 44) 46.00 Mortgage payable 46.00 Notes payable 48.00 Unsecured loans 49.00 Other long term liabilities 49.00 Total long term liabilities 49.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total long term liabilities 40.00 Total liabilities 4			0	(0	
44.00 Other current liabilities		1	0	(n	1
45. 00 Total current liabilities (sum of lines 37 thru 44) 101, 924, 377 0 0 0 45. 00			1, 203, 209				
LONG TERM LIABILITIES		Total current liabilities (sum of lines 37 thru 44)		1	o o	_	
47. 00 Notes payable 339, 645, 136 0 0 0 47. 00 48. 00 Unsecured Loans 0 0 0 0 0 48. 00 49. 00 Other Long term Liabilities (sum of Lines 46 thru 49) 448, 779, 643 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
48.00 Unsecured Loans 49.00 Other Long term Liabilities 50.00 Total Long term Liabilities (sum of Lines 46 thru 49) Total Liabilities (sum of Lines 45 and 50) CAPITAL ACCOUNTS General fund balance Specific purpose fund 52.00 Donor created - endowment fund balance - restricted Donor created - endowment fund balance - unrestricted Governing body created - endowment fund balance For the sum of Lines 45 and 50) Total Liabilities (sum of Lines 45 and 50) Total Liabilities (sum of Lines 45 and 50) Total Liabilities (sum of Lines 46 thru 49) Total Liabilities (sum of Lines 45 thru 49) Total Liabilities (sum of Lines 45 thru 49) Total Liabilities (sum of Lines 45 thru 49) Total			0	(0		
49.00 Other long term liabilities			339, 645, 136	i e			
Total long term liabilities (sum of lines 46 thru 49) 448,779,643 0 0 0 50.00			100 104 507	·	1		
Total liabilities (sum of lines 45 and 50) 550, 704, 020 0 0 0 51.00					1		
CAPITAL ACCOUNTS 52. 00 General fund balance 52. 00 Specific purpose fund 53. 00 Donor created - endowment fund balance - restricted 55. 00 Donor created - endowment fund balance - unrestricted 56. 00 Governing body created - endowment fund balance 57. 00 Plant fund balance - invested in plant 58. 00 Plant fund balance - reserve for plant improvement, replacement, and expansion		,			1		
52.00 General fund balance 52.00 Specific purpose fund 53.00 Specific purpose fund 53.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 52.00 53.00 53.00 54.00 55.00 55.00 56.00 57.00 67.00 68.00 69.00	01.00		000,701,020		<u> </u>	<u> </u>	01.00
54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 54.00 54.00 55.00 55.00 55.00 55.00 56.	52.00		1, 087, 560, 617				52. 00
55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 55.00 coverning body created - endowment fund balance 56.00 coverning body created - endowment fund balance 57.00 plant fund balance - reserve for plant improvement, coverning body created - endowment fund balance 58.00 coverning body created - endowment	53.00	Specific purpose fund		15, 725, 770			53. 00
56.00 Governing body created - endowment fund balance 57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 56.00 56.00 57.00 58.00					0		54.00
57.00 Plant fund balance - invested in plant 58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion 57.00 Plant fund balance - invested in plant 0 57.00 58.00					0		55. 00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion					0	_	
replacement, and expansion		'					1
	30.00						30.00
	59. 00		1 087 560 617	15 725 770		0	59 00
60.00 Total liabilities and fund balances (sum of lines 51 and	(0.00	Total fully balances (Sum of Titles 52 thru 56)	1,007,000,017	10, ,20, ,,	9	U	07.00
59)	60.00	Total liabilities and fund balances (sum of lines 51 and					

Provider CCN: 15-0082

				10	09/30/2019	2/27/2020 7:55	
		Genera	I Fund	Special Pu	rpose Fund	Endowment Fund	J dill
				·	•		
		1.00	2.00	2.00	4. 00	F 00	
1. 00	Fund balances at beginning of period	1.00	2. 00 1, 056, 537, 424	3. 00	15, 712, 432	5. 00	1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		157, 277, 598		13, /12, 432		2. 00
3.00	Total (sum of line 1 and line 2)		1, 213, 815, 022		15, 712, 432		3. 00
4. 00	RESTRICTED CONTRIBUTIONS	0	1, 213, 013, 022	668, 862	15, 712, 452	0	4. 00
5. 00	INVESTMENT RETURN	0		45, 850		Ö	5. 00
6.00	RESTRICTED REALIZED INVESTMENT INCOM	0		-648, 790		Ö	6. 00
7. 00	ROUNDI NG	1		-2		ő	7. 00
8.00		0		0		ol	8. 00
9.00	RECLASSIFICATION OF NET UNREALIZED	4, 645, 143		0		0	9. 00
10.00	Total additions (sum of line 4-9)		4, 645, 144		65, 920		10.00
11. 00	Subtotal (line 3 plus line 10)		1, 218, 460, 166		15, 778, 352		11.00
12.00	TRANSFERS	84, 123, 685		0		o	12.00
13.00	BENEFIT RELATED CHANGES	46, 775, 864		0		o	13.00
14.00	CHANGE IN BENEFICIAL TRUST	0		36, 449		o	14.00
15.00	NET UNREALIZED LOSS ON INVESTMENTS	0		16, 133		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		130, 899, 549		52, 582		18.00
19. 00	Fund balance at end of period per balance		1, 087, 560, 617		15, 725, 770		19.00
	sheet (line 11 minus line 18)		51				
		Endowment Fund	PI ant	Funa			
		6. 00	7. 00	8. 00			
1.00	Fund balances at beginning of period	0.00	7.00	0.00			1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)	_					2. 00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	RESTRICTED CONTRIBUTIONS		0				4.00
5.00	INVESTMENT RETURN		0				5.00
6.00	RESTRICTED REALIZED INVESTMENT INCOM		0				6.00
7.00	ROUNDI NG		0				7.00
8.00			0				8.00
9.00	RECLASSIFICATION OF NET UNREALIZED		0				9. 00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11. 00	Subtotal (line 3 plus line 10)	0		0			11. 00
12.00	TRANSFERS		0				12.00
13. 00	BENEFIT RELATED CHANGES		0				13. 00
14. 00	CHANGE IN BENEFICIAL TRUST		0				14. 00
15.00	NET UNREALIZED LOSS ON INVESTMENTS		0				15. 00
16.00			0				16.00
17. 00	T-+-1		0				17. 00
18.00	Total deductions (sum of lines 12-17)			0			18.00
19. 00	Fund balance at end of period per balance						19. 00
	sheet (line 11 minus line 18)	I				ı	

Health Financial Systems
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0082

DART PATIENT REVENUES 1.00 2.00 3.00				0 09/30/2019	2/27/2020 7:5	
PART I - PATENT REVENUES General Inpatient Routine Services 1.00		Cost Center Description	I npati ent	Outpati ent		
Ceneral Inpatient Routine Services 220,750,481 220,750,481 2.00,750,481		·	1.00	2. 00	3. 00	
1.00		PART I - PATIENT REVENUES				
2.00 SUBPROVIDER IPF		General Inpatient Routine Services				
3.00 AURO SUBRIOVIDER IRF	1.00	Hospi tal	220, 750, 481		220, 750, 481	1. 00
SUBPROVIDER	2.00	SUBPROVI DER - I PF	8, 668, 860		8, 668, 860	2. 00
Sung bed = NF	3.00	SUBPROVI DER - I RF				3. 00
Swing bed - NF Swin	4.00	SUBPROVI DER				4. 00
7. 00	5.00	Swing bed - SNF			0	5. 00
8.00 NURSING FACILITY Second Price Second P	6.00	Swing bed - NF			0	6. 00
9, 00 OTHER LONG TERM CARE 10, 00 10, 00 10, 00 11, 00 10, 00 11, 00	7.00	SKILLED NURSING FACILITY				7. 00
10.00 Total general inpatient care services (sum of lines 1-9) 229, 419, 341 10.00 1	8.00	NURSING FACILITY				8. 00
10.00 Total general inpatient care services (sum of lines 1-9) 229, 419, 341 10.00 1	9.00	OTHER LONG TERM CARE				9. 00
Intensive Care Type Inpatient Hospital Services			229, 419, 341		229, 419, 341	10.00
11.00 NTENSIVE CARE UNIT 66, 974, 387 1.00 17, 484, 558 12.00 17, 484, 558 12.00 17, 484, 558 12.00 17, 484, 558 17, 484, 558 12.00 17, 484, 558 18.00 17, 484, 558 18.00				'		
17, 484, 558 12, 00 17, 484, 558 17, 484, 558 12, 00 18, 00 18, 00 19, 00 1	11. 00		66, 974, 387	,	66, 974, 387	11. 00
13.00 BURN INTENSIVE CARE UNIT	12.00	CORONARY CARE UNIT	17, 484, 558	3		12. 00
14. 00 SURGICAL INTENSIVE CARE UNIT 14. 00 OTHER SPECIAL CARE (SPECIFY) 15. 00 OTHER SPECIAL CARE (SPECIFY) 16. 00 OTHER SPECIAL CARE (SPECIFY) 16. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) 17. 00 OTHER SPECIAL CARE (SPECIFY) OTHER SPECIAL CARE	13. 00		, ,		, ,	13. 00
15. 00 OTHER SPECIAL CARE (SPECIFY) Total intensive care type inpatient hospital services (sum of lines 84, 458, 945 15, 00 11-15) 17. 00 Total inpatient routine care services (sum of lines 10 and 16) 313, 878, 286 313, 878, 286 17. 00 17.						
10. 0 Total intensive care type inpatient hospital services (sum of lines 10 and 16)						
11-15 Total inpatient routine care services (sum of lines 10 and 16) 313, 878, 286 313, 878, 286 17. 00 18. 00 Ancillary services 911, 008, 921 1, 158, 042, 371 2, 069, 051, 292 18. 00 19. 00			84, 458, 945		84. 458. 945	
17.00 Total inpatient routine care services (sum of lines 10 and 16) 313, 878, 286 911, 008, 921 1, 158, 042, 371 2, 069, 051, 292 18.00 00 00 00 00 00 00 00		1			2 1, 120, 110	
18.00 Ancillary services 19.00 Outpatient services 20.00 RURAL HEALTH CLINIC 21.00 FEDERALLY QUALIFIED HEALTH CENTER 22.00 HOME HEALTH AGENCY 23.00 AMBULANCE SERVICES 24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 26.00 TOTAL patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1) PART II - OPERATING EXPENSES 29.00 ADD (SPECIFY) 30.00	17. 00		313, 878, 286		313, 878, 286	17. 00
19,00 Outpatient services 104,426,684 433,315,205 537,741,889 19,00 20.00 RURAL HEALTH CLINIC 0 0 0 0 21.00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULANCE SERVICES 22.00 24.00 25.00 AMBULANCE SERVICES 0 0 0 0 0 25.00 0 0 0 0 0 0 0 0 0						
20. 00 RURAL HEALTH CLINIC						
21. 00 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 21. 00 22. 00 0 22. 00 0 0 22. 00 0 22. 00 0 0 22. 00 0 22. 00 0 0 23. 00 0 24. 00 24. 00 24. 00 25. 00 0 0 0 0 0 0 0 0 0			1			
22. 00 HOME HEALTH AGENCY 22. 00 23. 00 AMBULANCE SERVICES 23. 00 24. 00 25. 00 24. 00 25. 00 25. 00 26. 00 40. 00 27. 00 27. 00 28. 00 28. 00 28. 00 29. 00						
23. 00			· ·		o l	
24. 00 25. 00 26. 00 4MBULATORY SURGICAL CENTER (D.P.) 46. 00 4MBULATORY SURGICAL CENTER (D.P.) 46. 00 4MBULATORY SURGICAL CENTER (D.P.) 46. 00 27. 00 28. 00 70 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. 1, 329, 313, 891 1, 591, 357, 576 2, 920, 671, 467 28. 00 27. 00 28. 00 70 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. 1, 329, 313, 891 1, 591, 357, 576 2, 920, 671, 467 28. 00 29. 00 30. 00 31. 00 31. 00 32. 00 33. 00 34. 00 33. 00 34. 00 35. 00 36. 00 37. 00 38. 00 37. 00 38. 00 39. 00 40. 00 41. 00 41. 00 42. 00 43. 00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer 887, 859, 125 43. 00						
25. 00 26. 00 HOSPI CE						
26. 00			ı			
27. 00 OTHER (SPECIFY) 28. 00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.						
28.00 Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.					0	
G-3, line 1)			1 320 313 801	1 501 357 576		
PART II - OPERATING EXPENSES 29. 00 30. 00 31. 00 31. 00 31. 00 32. 00 33. 00 34. 00 35. 00 36. 00 37. 00 36. 00 37. 00 38. 00 38. 00 39. 00 40. 00 41. 00 42. 00 43. 00 Total deductions (sum of lines 37-41) Total operating expenses (per Wkst. A, column 3, line 200) 29. 00 30. 00 31. 00 31. 00 31. 00 32. 00 33. 00 34. 00 35. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20.00	, , , , , , , , , , , , , , , , , , , ,	1,027,010,071	1,071,007,070	2, 720, 071, 107	20.00
29. 00 30. 00 31. 00 31. 00 32. 00 33. 00 33. 00 34. 00 35. 00 35. 00 36. 00 37. 00 38. 00 37. 00 38. 00 39. 00 40. 00 41. 00 42. 00 Total deductions (sum of lines 37-41) 43. 00 Total operating expenses (per Wkst. A, column 3, line 200) 887, 859, 125 9887, 859, 125 887, 859, 125 9887, 859, 125 99. 00 30. 00 31. 00 32. 00 33. 00 34. 00 35. 00 36. 00 37. 00 38. 00 39. 00 40. 00 41. 00 42. 00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer) 887, 859, 125 99. 00 887, 859, 125						
30.00 ADD (SPECIFY) 0 30.00 31.00 32.00 33	29. 00			887, 859, 125		29. 00
31.00 32.00 33.00 33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY) 0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer) 0 31.00 32.00 33.00 33.00 33.00 34.00 35.00 0 36.00 37.00 38.00 0 0 40.00 41.00 42.00 70 tall deductions (sum of lines 37-41) 70 42.00 887,859,125	30.00					30.00
33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) 0 37.00 DEDUCT (SPECIFY) 0 37.00 38.00 39.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 0 33.00 34.00 35.00 0 36.00 0 37.00 0 38.00 0 0 40.00 0 41.00 42.00 887,859,125						
33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) 0 37.00 DEDUCT (SPECIFY) 0 37.00 38.00 39.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 0 33.00 34.00 35.00 0 36.00 0 37.00 0 38.00 0 0 40.00 0 41.00 42.00 887,859,125						
34.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY) 0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer) 0 34.00 35.00 36.00 37.00 37.00 38.00 0 0 0 49.00 41.00 42.00 887,859,125						
35.00 36.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer 0 35.00 36.00 37.00 36.00 37.00 37.00 38.00 0 0 0 40.00 41.00 0 887,859,125						
36.00 Total additions (sum of lines 30-35) 0 36.00 37.00 38.00 39.00 0 0 39.00 0 0 0 0 0 0 0 0 0						
37. 00 38. 00 39. 00 0 38. 00 39. 00 0 39. 00 40. 00 41. 00 42. 00 Total deductions (sum of lines 37-41) 43. 00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43. 00		Total additions (sum of lines 30-35)		0		
38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43.00						
39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43.00						
40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43.00						
41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43.00						
42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 42.00						
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 887, 859, 125 43.00		Total deductions (sum of lines 37-41)		n		
			sfer	887, 859 125		
				1		

	· · · · · · · · · · · · · · · · · · ·	SS HOSPITAL	_	u of Form CMS-2	
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0082	Peri od:	Worksheet G-3	
			From 10/01/2018 To 09/30/2019	Date/Time Pre	pared:
	<u> </u>			2/27/2020 7:5	5 am
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3			2, 920, 671, 467	
2.00	Less contractual allowances and discounts on patients' a	accounts		1, 959, 938, 353	
3.00	Net patient revenues (line 1 minus line 2)			960, 733, 114	
4.00	Less total operating expenses (from Wkst. G-2, Part II,			887, 859, 125	1
5.00	Net income from service to patients (line 3 minus line	1)		72, 873, 989	5. 00
	OTHER I NCOME			_	
6. 00	Contributions, donations, bequests, etc			0	6. 00
7. 00	Income from investments			19, 244, 791	1
8. 00	Revenues from telephone and other miscellaneous communic	cation services		0	
9.00	Revenue from television and radio service			0	
10. 00	Purchase di scounts			0	
	Rebates and refunds of expenses			0	
12. 00	Parking Lot receipts			0	
13.00	Revenue from laundry and linen service			0	1
	Revenue from meals sold to employees and guests			0	
	Revenue from rental of living quarters			0	1
	Revenue from sale of medical and surgical supplies to of	ther than patients		0	1
	Revenue from sale of drugs to other than patients			0	
18.00	Revenue from sale of medical records and abstracts			0	18. 00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19. 00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20. 00
21.00	Rental of vending machines			0	21. 00
22.00	Rental of hospital space			0	22. 00
23.00	Governmental appropriations			0	23. 00
24.00	OTHER OPERATING REVENUE			65, 158, 817	24. 00
25.00	Total other income (sum of lines 6-24)			84, 403, 608	25. 00
26.00	Total (line 5 plus line 25)			157, 277, 597	26. 00
27 00	POLINDI NO			1	27 00

27. 00

28. 00

157, 277, 598 29. 00

27. 00 ROUNDING

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

Health Financial Systems DEACONESS HOS CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0082	Peri od:	u of Form CMS-2 Worksheet L	
			From 10/01/2018 To 09/30/2019	Parts I-III Date/Time Pre	
		Title XVIII	Hospi tal	2/27/2020 7:5 PPS	o alli
	DART I FULLY PROCRECTIVE METHOD			1. 00	
	PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT				
1. 00	Capital DRG other than outlier			10, 124, 119	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			10, 124, 117	1. 01
2. 00	Capital DRG outlier payments			270, 277	2.00
2. 01	Model 4 BPCI Capital DRG outlier payments			0	2.0
3. 00	Total inpatient days divided by number of days in the cost	t reporting period (see inst	tructions)	393. 15	3.00
4. 00	Number of interns & residents (see instructions)			17. 82	4.00
5. 00	Indirect medical education percentage (see instructions)			1. 29	5.00
5. 00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)			130, 601	6. 00
7. 00	Percentage of SSI recipient patient days to Medicare Part 30) (see instructions)	,	E, part A line	4. 61	7.00
3. 00	Percentage of Medicaid patient days to total days (see instructions)			17. 46	8.00
9.00	Sum of lines 7 and 8			22. 07	9.00
10. 00 11. 00	3 (4. 57 462, 672	
12.00				10, 987, 669	
12.00	Total prospective capital payments (see mistractions)			10, 907, 009	12.00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions) Total inpatient program capital cost (line 1 plus line 2)		0	2.00	
3. 00 4. 00	Capital cost payment factor (see instructions)			0	3. 00 4. 00
4. 00 5. 00	Total inpatient program capital cost (line 3 x line 4)			0	
<u> </u>	Trotal Tripatront program saprear sost (Trino o X Trino 1)				0.00
	DART LLL COMPUTATION OF EVOEDTION DAVMENTS			1. 00	
1.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions)			0	1.00
2. 00	Program inpatient capital costs (see instructions)	tances (see instructions)		0	2.00
3. 00	Net program inpatient capital costs (line 1 minus line 2)	tunes (see That detrons)		0	3.00
4. 00	Applicable exception percentage (see instructions)			0.00	
5. 00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6. 00	Percentage adjustment for extraordinary circumstances (see			0.00	6.00
7. 00	Adjustment to capital minimum payment level for extraordir	nary circumstances (line 2 >	k line 6)	0	
3. 00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9. 00	Current year capital payments (from Part I, line 12, as ap			0	9. 00
10.00	Current year comparison of capital minimum payment level t	1 1 3 1	,	0	10.00
11. 00	Carryover of accumulated capital minimum payment level over Worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital			0	12.00
13. 00 14. 00	Current year exception payment (if line 12 is positive, er Carryover of accumulated capital minimum payment level over		·	0	13. 00 14. 00
1 7. 00	(if line 12 is negative, enter the amount on this line)	or capital payment for the i	orrowing period	U	14.00
15. 00	Current year allowable operating and capital payment (see	instructions)		0	15.00
	Current year operating and capital costs (see instructions			0	16.00
16.00	current year operating and capital costs (see mistractions	9)	I	•	1